

DENTAL HEALTH

Taking care of your health includes caring for your teeth, too.

At HealthTeam Advantage, we believe your dental health can have a direct impact on your overall health and well-being, and may have an influence on the development of certain conditions, such as diabetes and heart disease.

HealthTeam Advantage’s Dental Rider helps meet most of your everyday dental needs. The rider covers services most often used, without the need for a referral or preauthorization. Members receive all of the services with only a \$25 additional monthly premium.

Exams – choose two per year (either two A’s or one A and one B):

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
A	D0120	Recall Exam	Up to 2 per year	\$0
B	D0150	Comprehensive Exam	1 per year; New Patients only; Limited to 1 every 3 years	\$0

Cleanings:

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
A	D1110	Routine Cleaning	2 per year	\$0

X-Rays – choose one per year (A or B):

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
A	D0270/D0272/D0273/D0274	Bitewing X-Rays	1 set per year	\$0
B	D0210	Full Mouth X-Rays	1 set per year; Allowed once every 3 years	\$0

Fillings:

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
A	D2140	Amalgam Filling - one surface	Up to 4 total fillings per year	\$35
B	D2150	Amalgam Filling - two surfaces		\$45
C	D2160	Amalgam Filling - three surfaces		\$55
D	D2330	Resin-Based Composite - one surface, anterior		\$50
E	D2331	Resin-Based Composite - two surfaces, anterior		\$65
F	D2332	Resin-Based Composite - three surfaces, anterior		\$80

Scaling and Root Planing:

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
	D4341	Scaling and Root Planing (per quadrant)	Up to 2 quads per year	\$50 copay per quadrant

Denture Adjustments:

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
	D5410 or D5411	Denture Adjustment	Total of 2 per year	\$0

Extractions:

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
A	D7140	Extraction, Erupted Tooth	Up to 2 per year	\$40
B	D7210	Extraction, Surgical		\$75

Crowns:

	ADA CODE	DESCRIPTION	LIMITATIONS	COPAY
A	D2751	Crown - Porcelain Fused to Base Metal	Total of 2 per year. Crowns have a 6 month waiting period.	\$305
B	D2752	Crown - Porcelain Fused to Noble Metal		\$320
C	D2791	Crown - Full Cast Base Metal		\$307
D	D2792	Crown - Full Cast Noble Metal		\$305

OUT-OF-NETWORK BENEFIT

Member reimbursed according to the current out-of-network fee schedule reimbursement rate. Member must submit bill showing paid in full to provider. For more information contact the plan.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, provider network, premium and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.