

2019

Dental Health:

Included Benefits

Dental Health Benefits Included with Every Plan

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 now includes preventative dental services in all benefit offerings.

Premiums and Benefits	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)
Dental Services <ul style="list-style-type: none"> Preventive Oral Exam & Cleaning 	<p>In Network:</p> <p>\$0 copay for a preventive dental exam and cleaning</p> <p>Out of Network:</p> <ul style="list-style-type: none"> \$25 to \$50 copay for each preventive dental service. <p>Services</p> <ul style="list-style-type: none"> Office Visit, D9430, 1 every 6 months Periodic oral evaluation, D0120, 1 every 6 months. Limited oral evaluation, D0140, 1 every 6 months. Comprehensive oral evaluation, D0150, 1 every 3 years. Re-evaluation, limited, problem focused, D0170, 1 every 6 months Dental cleanings, Prophylaxis, adult, D1110, every 6 months. 	<p>In Network:</p> <p>\$0 copay for a preventive dental exam and cleaning</p> <p>Out of Network:</p> <ul style="list-style-type: none"> \$25 to \$50 copay for each preventive dental service. <p>Services</p> <ul style="list-style-type: none"> Office Visit, D9430, 1 every 6 months. Periodic oral evaluation, D0120, 1 every 6 months. Limited oral evaluation, D0140, 1 every 6 months. Comprehensive oral evaluation, D0150, 1 every 3 years. Re-evaluation, limited, problem focused, D0170, 1 every 6 months. Dental cleanings, Prophylaxis, adult, D1110, every 6 months.

HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a Medicare Advantage organization with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.

<ul style="list-style-type: none"> X-Rays 	<p>Intraoral, complete series of radiographic images, D0210, 1 every 3 years.</p> <p>Intraoral, periapical, first radiographic images, D0220, 2 every 12 months.</p> <p>Intraoral, periapical, first radiographic images, D0230, 2 every 12 months.</p> <p>Bitewing, single radiographic image, D0270, 4 every 12 months.</p> <p>Bitewings, two radiographic images, D0272, 2 every 12 months.</p> <p>Bitewings, three radiographic images, D0273, 1 every 12 months.</p> <p>Bitewings, four radiographic images, D0274, 1 every 12 months.</p> <p>Panoramic image, D0330, 1 every 3 years.</p>	<p>Intraoral, complete series of radiographic images, D0210, 1 every 3 years.</p> <p>Intraoral, periapical, first radiographic images, D0220, 2 every 12 months.</p> <p>Intraoral, periapical, first radiographic images, D0230, 2 every 12 months.</p> <p>Bitewing, single radiographic image, D0270, 4 every 12 months.</p> <p>Bitewings, two radiographic images, D0272, 2 every 12 months.</p> <p>Bitewings, three radiographic images, D0273, 1 every 12 months.</p> <p>Bitewings, four radiographic images, D0274, 1 every 12 months.</p> <p>Panoramic image, D0330, 1 every 3 years.</p>
<p>Premiums and Benefits</p>	<p>HealthTeam Advantage Plan I (PPO)</p>	<p>HealthTeam Advantage Plan II (PPO)</p>
<ul style="list-style-type: none"> Periodontics 	<p>\$25-\$50 copay for periodontic</p> <p>Periodontal scaling & root planing, four or more teeth per quadrant, D4341, \$50 per quadrant, 4 quadrants every 2 years.</p> <p>Periodontal scaling & root planing, one to three teeth per quadrant, D4342, \$25 per quadrant, 4 quadrants every 2 years.</p> <p>Full mouth debridement, D4355, \$25 per quadrant, 1 every 2 years.</p> <p>Annual \$500 maximum benefit.</p> <p>Out-of-Network:</p> <p>\$25 to \$50 copay for a preventive dental exam and cleaning</p> <p>\$50 copay for a Medicare-covered comprehensive dental services</p>	<p>\$25-\$50 copay for periodontics</p> <p>Periodontal scaling & root planing, four or more teeth per quadrant, D4341, \$50 per quadrant, 4 quadrants every 2 years.</p> <p>Periodontal scaling & root planing, one to three teeth per quadrant, D4342, \$25 per quadrant, 4 quadrants every 2 years.</p> <p>Full mouth debridement, D4355, \$25 per quadrant, 1 every 2 years.</p> <p>Annual \$500 maximum benefit.</p> <p>Out-of-Network:</p> <p>\$25 to \$50 copay for a preventive dental exam and cleaning</p> <p>\$45 copay for a Medicare-covered comprehensive dental services</p>