

## Covered Services

### Preventive Benefits

#### Preventive & Diagnostic Services

Routine Oral Examinations.....	limited to two visits per year
Prophylaxis (cleaning).....	limited to two each year
Topical application of fluoride.....	limited to two treatments each year to children under age 18
Bitewing x-rays.....	limited to one set each year
Vertical Bitewing x-rays.....	limited to once every three years (7-8 films)
Periapical x-rays.....	limited to five films per year
Full mouth x-rays..... (complete series or panoramic)	limited to once every three years

### Basic Benefits

#### Diagnostic Services

Emergency/limited oral examinations	
Office visit after hours .....	for emergencies only
Referral consultations and examinations performed by a specialist	
Extraoral x-rays	
Emergency palliative treatment	

#### Space Maintainers

Fixed band type.....	only with prior authorization limited to children under age 19
----------------------	---

#### Oral Surgery (includes local anesthesia and routine postoperative care)

##### Extractions

- Simple single tooth extractions
- Root removal-exposed roots

##### Surgical Extractions

- Removal of an erupted tooth (uncomplicated)

##### Incision and drainage of abscess

Biopsy and examination	
General anesthesia or intravenous sedation .....	only when necessary and provided in connection with oral surgery

#### Restorative Services (includes local anesthesia. Multiple restorations on single surface considered as a single restoration)

##### Restorations

Amalgam, composite and sedative fillings .....	limited to once every two years per tooth (same surfaces only)
--	--

Pins-pin retention as part of restoration when used instead of gold or crown restoration

Stainless steel crowns when tooth cannot be adequately restored with filling material

Recementation of inlays, onlays, crowns, bridges, and space maintainers

Repairs to crowns and bridges

#### Full and Partial Denture Repairs

Repair broken, complete or partial dentures.

Replacement of broken teeth on complete or partial denture repair.

Additions to partial denture to replace extracted natural teeth.

## Major Benefits

**Restorative Services**..... limited to once in five years on same tooth  
Gold restorations and crowns are covered only as treatment for decay or traumatic injury and only when teeth cannot be restored with a filling material or when the tooth is an abutment to a covered partial denture or fixed bridge.

- Inlays
- Onlays
- Crowns
- Post and Core

**Oral Surgery** (includes local anesthesia and routine postoperative care)

Surgical extractions

- Removal of impacted tooth-soft tissue
- Removal of impacted tooth-partially bony
- Removal of impacted tooth-completely bony
- Removal of impacted tooth-completely bony, with complications
- Surgical removal of residual roots

Pre-prosthetic oral surgery

- Alveoloplasty and vestibuloplasty

### Prosthodontic Services

Fixed bridge.....	limited to one original or replacement prosthesis every five years
Complete upper or lower denture.....	limited to one original or replacement prosthesis every five years
Partial upper or lower denture.....	limited to one original or replacement prosthesis every five years
Relining and rebasing.....	limited to once every three years

## Additional Benefits \*\*

**Periodontic Services** (includes local anesthesia and routine postoperative care)

Emergency treatment (periodontal abscess, acute periodontitis, etc.)

Periodontal scaling and root planning.... limited to four quadrants each year as a definitive treatment when pocket depths of at least 4mm are demonstrated

Surgical periodontics

(includes post-surgical visits) ..... limited to two additional recalls in the first year following complex surgery

Gingivectomy, Osseous and muco-gingival surgery, Gingival grafting

Guided Tissue Regeneration

Periodontal maintenance procedure..... limited to two each year following a history of periodontal disease

### Sealants

Permanent molar teeth ..... limited to children under 15 years of age and once every five years per tooth

**Endodontic Services** (includes local anesthesia and routine postoperative care)

Root canal therapy, traditional

Retreatment of previous root canal ..... must be at least three years following previous root canal on same tooth

Recalcification and Apexification

**\*Orthodontic Benefits Refer to Plan design for Individual Lifetime Maximum**

Comprehensive Orthodontic Treatment

Other Orthodontic Treatment ..... limited to one appliance per individual

Appliance for tooth guidance

Orthodontic retention appliance

All benefits paid toward orthodontia services by your current employers previous dental carrier(s) will be applied to the Dental Care Plus lifetime orthodontia maximum.

\* May or may not apply to your specific plan. Please refer to your benefit sheet in your packet or your benefits administrator for details.