

## INDIVIDUAL BENEFITS

This is a summary only. A complete description of covered services, limitations and exclusions is available in the member handbook or certificate of insurance.

### Preventive Benefits

#### PREVENTIVE AND DIAGNOSTIC SERVICES

- Routine oral examinations:** limited to two visits each 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 each year
- Full-mouth X-Rays:** limited to once every three years (complete series or panoramic)

### 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**

#### SEALANTS & PREVENTIVE RESIN RESTORATIONS

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

#### SPACE MAINTAINERS

- Space maintainer – fixed, unilateral:** limited to children under 19 years of age
- Distal shoe space maintainer – fixed, unilateral:** limited to children under 8 years of age

#### 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

#### PERIODONTIC SERVICES

*Includes local anesthesia and routine postoperative care*

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

**Periodontal scaling and root planing:** limited to four quadrants each year as definitive treatment when pocket depths of at least 4mm are demonstrated

##### Scaling in presence of generalized moderate or severe gingival inflammation:

limited to once in a 24 month period when clinical documentation demonstrates that 30% or more of teeth are involved.

**Surgical periodontics (including 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

#### 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

#### 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**

**Additions to partial dentures to replace extracted natural teeth**

### Major Benefits

#### RESTORATIVE SERVICES

##### Inlays, Onlays, Crowns, Post and Core

*Limited to once in five years on the 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.

#### 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

**Call us at (888) 253-3279 or visit our website at [MyDentalCarePlus.com](http://MyDentalCarePlus.com)  
with any questions you have about service or coverage.**