## Covered Services

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

**General anesthesia or intravenous sedation**

**PERIODONTIC SERVICES**

- **Includes local anesthesia and routine postoperative care**
- **Emergency treatment (periodontal abscess, acute periodontitis, etc.)**
- **Peri-procthetic 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
- **Recalification 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

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