

Preventive Benefits

Preventive and Diagnostic Services

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| 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

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| 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

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

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| Fixed band type..... | only with prior authorization, limited to children under age 19 |
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Oral Surgery (includes local anesthesia and routine postoperative care)

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| 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)

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| 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 |
| Surgical periodontics..... | limited to two additional recalls in the first year following complex surgery (including post-surgical visits) |
| 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)

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| 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 | |

Basic Benefits



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

Restorations..... limited to once every two years per tooth
(amalgam, composite and sedative fillings) (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 denture to replace extracted natural teeth

Major Benefits

Restorative Services..... 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.

- 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