

# FAX COVER PAGE

TO: UCCI Subscriber  
PHONE: 0  
FAX: 4154853043

FROM: UCCI Automated Service  
PHONE:  
FAX: (800)990-4209

JOB: 8618  
TRANSACTION#:

COMMENTS:

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E N R O L L M E N T   I N F O R M A T I O N

DATE: 02/04/2013  
 PATIENT CONTRACT NUMBER: PROTECTED FIELD  
 REQUESTED MONTH: 02/04/2013

RELATIONSHIP	FIRST NAME	MI	LAST NAME	EFFECTIVE DATE	CANCELLATION DATE	NOTES
POLICY HOLDER						

ENROLLMENT INFORMATION MAY CHANGE DUE TO COVERAGE ALTERATIONS AND CANCELLATIONS

TYPE OF PLAN: CONCORDIA FLEX  
 GROUP NUMBER: 855326  
 GROUP NAME: CITY OF SAN RAFAEL CA  
 LINE OF BUSINESS : UNITED CONCORDIA - FEE FOR SERVICE

D E N T A L   B E N E F I T S   S U M M A R Y

BENEFIT INFORMATION MAY CHANGE DUE TO ALTERATIONS OR CANCELLATIONS

THIS BENEFIT SUMMARY DOES NOT TAKE THE PLACE OF A DETAILED BENEFIT REPORT. THE PERCENTAGES LISTED BELOW ARE ONLY FOR ELIGIBLE SERVICES. TO VERIFY PATIENT SPECIFIC BENEFITS, WE RECOMMEND YOU REQUEST A DETAILED BENEFIT REPORT AND PATIENT HISTORY REPORT.

CLEANINGS, 2 IN A CALENDAR YEAR, FLUORIDE UNDER AGE 19, 2 IN A CALENDAR YEAR	100% OF ALLOWANCE
SEALANTS UNDER AGE 16 ON ALL TEETH	100% OF ALLOWANCE
SPACE MAINTAINERS UNDER AGE 19 ON PRIMARY TEETH ONLY	100% OF ALLOWANCE
EXAMS, 2 IN A CALENDAR YEAR, FULL MOUTH X-RAYS, 1 IN 36 MONTHS	100% OF ALLOWANCE
BITEWING X-RAYS, 2 IN A CALENDAR YEAR	100% OF ALLOWANCE
FILLINGS, ALTERNATE BENEFIT FOR POSTERIOR RESIN FILLINGS	80% OF ALLOWANCE
PALLIATIVE TREATMENT	100% OF ALLOWANCE
SIMPLE EXTRACTIONS, ENDODONTICS	80% OF ALLOWANCE
SURGICAL AND NON SURGICAL PERIODONTIC SERVICES	80% OF ALLOWANCE
STAINLESS STEEL CROWNS, PREFABRICATED RESIN CROWN, BUILDUPS	80% OF ALLOWANCE
CROWN REPAIR	80% OF ALLOWANCE
SINGLE CROWNS, 1 IN 5 YEARS	80% OF ALLOWANCE
INLAYS AND ONLAYS, 1 IN 5 YEARS	50% OF ALLOWANCE
DENTURE REPAIRS, RELINING AND REBASING	80% OF ALLOWANCE

DENTURE ADJUSTMENTS, FIXED AND REMOVABLE PROSTHETICS	50% OF ALLOWANCE
IMPLANT RELATED CROWNS	NOT COVERED
MISSING TOOTH	NOT APPLIED
ORTHODONTIC TREATMENT UNDER AGE 19	50% OF ALLOWANCE
ORTHODONTIC LIFETIME MAXIMUM	\$1000 PER CHILD
DENTAL ORAL SURGERY SERVICES	80% OF ALLOWANCE
MEDICAL ORAL SURGERY SERVICES	80% OF ALLOWANCE
CALENDAR YEAR PROGRAM MAXIMUM	\$1500
CALENDAR YEAR PROGRAM DEDUCTIBLE	\$25 PER INDIVIDUAL, \$75 PER FAMILY

## PAYMENT INFORMATION

## DESCRIPTION

INDIVIDUAL DEDUCTIBLE IS \$25.00 PER PERSON PER CALENDAR YEAR.

FAMILY AGGREGATE DEDUCTIBLE IS \$75.00 PER CALENDAR YEAR.

DEDUCTIBLE APPLIES TO ALL ELIGIBLE SERVICES EXCEPT FOR THE FOLLOWING:

- EVALUATIONS (D0120, D0140, D0150, D0170, D0180)
- FULL MOUTH OR PANORAMIC X-RAY (D0210, D0330)
- PERIAPICAL X-RAYS (D0220, D0230)
- INTRAORAL AND EXTRAORAL IMAGES (D0240, D0250, D0260)
- BITEWING X-RAYS (D0270, D0272, D0273, D0274, D0277)
- SKULL X-RAYS (D0290)
- SIALOGRAPHY (D0310)
- TMJ ANTHROGRAM (D0320)
- OTHER TEMPOROMANDIBULAR JOINT IMAGES, BY REPORT (D0321)
- TOMOGRAPHIC SURVEY (D0322)
- ORAL FACIAL PHOTOGRAPHIC IMAGES (D0350)
- COLLECTION OF MICROORGANISM FOR CULTURE AND SENSITIVITY (D0415)
- PULP VITALITY TESTS (D0460)
- DIAGNOSTIC CASTS (D0470)
- ACCESSION OF TISSUE (D0472, D0473, D0474)
- LABORATORY ACCESSION OF TRANSEPIHELIAL CYTOLOGIC SAMPLE (D0486)
- ORAL PATHOLOGY PROCEDURE (D0502)
- UNSPECIFIED DIAGNOSTIC PROCEDURE (D0999)
- CLEANINGS (D1110, D0120)
- FLUORIDE TREATMENTS (D1206, D1208)
- NUTRITIONAL COUNSELING (D1310)
- SEALANTS (D1351)
- SPACE MAINTAINERS (D1510, D1515, D1520, D1525, D1550, D1555)
- LABIAL VENEERS (CHAIRSIDE) (D2960)
- BIOPSY OF ORAL TISSUE (D7285, D7286)

- CYTOLOGY SAMPLE COLLECTION (D7287)  
 - BRUSH BIOPSY (D7288)  
 - PALLIATIVE TREATMENT (D9110)  
 - FIXED PARTIAL DENTURE SECTIONING (D9120)  
 - CONSULTATIONS (D9310)  
 - OFFICE VISITS (D9430, D9440)  
 - CASE PRESENTATION (D9450)  
 - ORTHODONTIC SERVICES  
 PROGRAM DOLLAR MAXIMUM IS \$1500.00 PER PERSON  
 PER CALENDAR YEAR.

MAXIMUM APPLIES TO ALL ELIGIBLE SERVICES EXCEPT FOR THE  
 FOLLOWING:

-ORTHODONTIC SERVICES

PROVIDERS IN CONCORDIA ADVANTAGE PLUS NATIONAL FEE FOR  
 SERVICE NETWORKS ARE CONSIDERED PARTICIPATING.  
 PROVIDERS WHO PARTICIPATE IN BOTH THE CONCORDIA ADVANTAGE  
 AND THE NATIONAL FEE FOR SERVICE NETWORKS WILL BE PAID AT  
 THE CONCORDIA ADVANTAGE ALLOWANCE.

PARTICIPATING PROVIDERS WILL RECEIVE PAYMENTS AND  
 NON-PAYMENT EXPLANATION OF BENEFITS (EOBS).

ASSIGNMENT OF BENEFITS - NON-PARTICIPATING PROVIDERS WILL  
 RECEIVE PAYMENTS IF BENEFITS ARE ASSIGNED TO THE PROVIDER,  
 BY THE MEMBER. NON-PARTICIPATING PROVIDERS WILL RECEIVE  
 EOBS.

MEMBERS WILL RECEIVE PAYMENTS FOR SERVICES WHICH HAVE  
 BEEN PAID IN ADVANCE OR FOR SERVICES PERFORMED BY NON-  
 PARTICIPATING PROVIDERS WHEN BENEFITS ARE NOT ASSIGNED TO  
 THE PROVIDER. MEMBERS WILL RECEIVE EOBS FOR ALL CLAIMS  
 VIA U.S. MAIL OR ONLINE.

#### PREVENTIVE DENTAL SERVICES DESCRIPTION

DENTAL PREVENTIVE SERVICES COULD CONSIST OF THE FOLLOWING:  
 CLEANINGS, FLUORIDE, SPACE MAINTAINERS AND SEALANTS.  
 (PLEASE REFER TO THE DETAIL BELOW.)

THE FOLLOWING PREVENTIVE DENTAL SERVICES ARE  
 INELIGIBLE:

-TOBACCO COUNSELING (D1320)  
 -ORAL HYGIENE INSTRUCTION (D1330)  
 -PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES  
 RISK PATIENT - PERMANENT TOOTH (D1352)  
 -RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS  
 (D2990)  
 -FLUORIDE GEL CARRIER (D5986)  
 -TOPICAL MEDICAMENT CARRIER (D5991)  
 SPACE MAINTAINERS (D1510, D1515, D1520, D1525) THAT REPLACE  
 PREMATURELY LOST TEETH ARE ONLY ELIGIBLE FOR MEMBERS UNDER  
 AGE 19.  
 SPACE MAINTAINERS (D1510, D1515, D1520, D1525) ARE  
 ELIGIBLE FOR MISSING PRIMARY TEETH (A THROUGH T)  
 ONLY.  
 TOPICAL APPLICATION OF FLUORIDE (D1206, D1208) IS

COVERED FOR ELIGIBLE MEMBERS UNDER AGE 19.  
 SEALANTS ARE ELIGIBLE ON ALL TEETH FOR MEMBERS  
 UNDER AGE 16.  
 TWO ROUTINE CLEANINGS (D1110, D1120) ARE ELIGIBLE PER  
 CALENDAR YEAR PERIOD.  
 PREGNANT WOMEN MAY RECEIVE AN ADDITIONAL CLEANING (D1110)  
 DURING PREGNANCY.  
 TWO TOPICAL APPLICATIONS OF FLUORIDE (D1206, D1208)  
 ARE ELIGIBLE IN A CALENDAR YEAR.  
 PAYMENT IS MADE AT 100% OF THE ALLOWANCE FOR ALL ELIGIBLE  
 PREVENTIVE DENTAL SERVICES.

RESTORATIVE DENTAL SERVICES  
 DESCRIPTION

MINOR RESTORATIVE SERVICES COULD CONSIST OF THE FOLLOWING:  
 AMALGAM AND RESIN-BASED COMPOSITE FILLINGS. (PLEASE REFER TO  
 THE DETAIL BELOW.)

THE FOLLOWING MINOR RESTORATIVE SERVICES ARE INELIGIBLE:

- POST REMOVAL (D2955)
  - ENAMEL MICROABRASION (D9970)
- COMPOSITE FILLINGS (D2391, D2392, D2393, D2394) ARE NOT  
 COVERED WHEN PERFORMED ON POSTERIOR TEETH. HOWEVER, AN  
 ALLOWANCE MAY BE MADE FOR A COMPARABLE AMALGAM FILLING.  
 ELIGIBLE AMALGAM AND COMPOSITE FILLINGS ARE LIMITED TO ONCE  
 IN A 12 MONTH PERIOD.  
 PAYMENT IS MADE AT 100% OF THE ALLOWANCE FOR LABIAL VENEERS  
 (CHAIRSIDE) (D2960).

PAYMENT IS MADE AT 80% OF THE ALLOWANCE FOR ALL REMAINING  
 ELIGIBLE MINOR RESTORATIVE DENTAL SERVICES.

GENERAL DENTAL SERVICES  
 DESCRIPTION

DENTAL GENERAL SERVICES COULD CONSIST OF THE FOLLOWING:  
 ENDODONTIC PROCEDURES, SIMPLE EXTRACTIONS, DENTURE REPAIRS,  
 RECEMENTATIONS AND PALLIATIVE EMERGENCY TREATMENT. (PLEASE  
 REFER TO THE DETAIL BELOW.)

THE FOLLOWING GENERAL DENTAL SERVICES ARE INELIGIBLE:

- HOUSE CALL (D9410)
- HOSPITAL OR AMBULATORY SURGICAL CENTER CALL (D9420)
- THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS,  
 DIFFERENT MEDICATIONS (D9612)
- DRUGS OR MEDICATION (D9630)
- DESENSITIZING MEDICAMENTS (D9910, D9911)
- BLEACHING (D9972, D9973, D9974, D9975)

PULPAL THERAPY (D3230, D3240) IS ELIGIBLE UNDER  
 AGE 6 ON PRIMARY ANTERIOR TEETH AND UNDER AGE 12 ON  
 PRIMARY POSTERIOR TEETH.

PRIOR TO 1/1/05, INCOMPLETE ENDODONTIC THERAPY (D3332) IS  
 ONLY ELIGIBLE BY REPORT; 1/1/05 AND AFTER, THIS SERVICE IS  
 NOT COVERED

INTERNAL ROOT REPAIR OF PERFORATION DEFECTS (D3333) IS ONLY  
 ELIGIBLE BY REPORT.

PARTIAL PULPOTOMY FOR APEXOGENESIS (D3222) IS ELIGIBLE  
 ON PERMANENT TEETH ONLY.

PULPAL REGENERATION (D3354) IS ELIGIBLE UNDER AGE 15 ON PERMANENT TEETH.

PAYMENT IS MADE AT 100% OF THE ALLOWANCE FOR THE FOLLOWING SERVICES:

- PALLIATIVE TREATMENT (D9110)
- OFFICE VISITS (D9430, D9440)
- CASE PRESENTATION, DETAILED AND EXTENSIVE TREATMENT PLANNING (D9450)

PAYMENT IS MADE AT 80% OF THE ALLOWANCE FOR ALL REMAINING ELIGIBLE GENERAL DENTAL SERVICES.

RECEMENTATIONS (D2910, D2920, D6930) ARE ELIGIBLE ONCE IN A 12 MONTH PERIOD.

RECEMENT CAST OR PREFABRICATED POST AND CORE (D2915) IS ELIGIBLE ONCE IN A 12 MONTH PERIOD.

RECEMENTATION (D2910, D2920, D6930) WITHIN 12 MONTHS OF THE PLACEMENT OF A PROSTHESIS OR PREVIOUS RECEMENTATION, BY THE SAME PROVIDER, IS INTEGRAL.

RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN (D6092) IS ELIGIBLE ONCE IN A 12 MONTH PERIOD.

RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE (D6093) IS ELIGIBLE ONCE IN A 12 MONTH PERIOD.

RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN (D6092) WITHIN 12 MONTHS OF THE PLACEMENT OF A PROSTHESIS OR PREVIOUS RECEMENTATION, BY THE SAME PROVIDER, IS INTEGRAL.

RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE (D6093) WITHIN 12 MONTHS OF THE PLACEMENT OF A PROSTHESIS OR PREVIOUS RECEMENTATION, BY THE SAME PROVIDER, IS INTEGRAL.

PULPAL THERAPY (D3230, D3240) IS LIMITED TO ONCE PER TOOTH PER LIFETIME.

INITIAL ENDODONTIC THERAPY (D3310, D3320, D3330) AND ENDODONTIC RETREATMENT (D3346, D3347, D3348) IS LIMITED TO ONCE PER TOOTH PER LIFETIME.

PARTIAL PULPOTOMY FOR APEXOGENESIS (D3222) IS LIMITED TO ONCE PER TOOTH PER LIFETIME.

PULPAL REGENERATION (D3354) IS LIMITED TO ONCE PER TOOTH PER LIFETIME.

#### PERIODONTAL SERVICES DESCRIPTION

PERIODONTAL SERVICES COULD CONSIST OF THE FOLLOWING:

SURGICAL AND NON-SURGICAL PERIODONTAL PROCEDURES. (PLEASE REFER TO THE DETAIL BELOW.)

ALL PERIODONTAL SERVICES ARE ELIGIBLE.  
THE FOLLOWING PERIODONTAL SERVICES ARE INTEGRAL AND, THEREFORE, ARE INELIGIBLE AS A SEPARATE SERVICE:

- GINGIVECTOMY, PER TOOTH (D4212)
- APICALLY POSITIONED FLAP (D4245)
- SURGICAL REVISION (D4268)

TWO PERIODONTAL CLEANINGS (D4910) ARE ELIGIBLE WITHIN A TWELVE (12) CONSECUTIVE MONTH PERIOD.

ELIGIBLE PERIODONTAL SCALING AND ROOT PLANING PROCEDURES ARE LIMITED TO ONE PER 24 MONTHS, PER AREA OF THE MOUTH.

ELIGIBLE SURGICAL PERIODONTAL PROCEDURES ARE LIMITED TO ONE PER 24 MONTHS, PER AREA OF THE MOUTH.

PAYMENT IS MADE AT 80% OF THE ALLOWANCE FOR ALL ELIGIBLE

## PERIODONTAL SERVICES.

ONE CROWN LENGTHENING (D4249) PER TOOTH PER LIFETIME IS ELIGIBLE.

GUIDED TISSUE REGENERATION (D4266, D4267) IS LIMITED TO ONCE PER SITE PER LIFETIME.

CROWNS, INLAYS, ONLAYS  
DESCRIPTION

CROWN, INLAY AND ONLAY SERVICES COULD CONSIST OF THE FOLLOWING: CROWNS, INLAYS, ONLAYS, BUILDUPS, POST AND CORES AND REPAIRS TO CROWNS, INLAYS AND ONLAYS NOT AS AN ABUTMENT OR PONTIC TO FIXED PARTIAL DENTURES. (PLEASE REFER TO THE DETAIL BELOW.)

THE FOLLOWING CROWN, INLAY AND ONLAY SERVICES IS INELIGIBLE:

- PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH (D2929)
- COPING (D2975)

THE FOLLOWING CROWN, INLAY AND ONLAY SERVICES ARE INTEGRAL AND THEREFORE, ARE INELIGIBLE AS A SEPARATE SERVICE:

- EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH (D2953)

- EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH (D2957)  
CROWN BUILDUPS (D2950, D2952, D2954) ARE INELIGIBLE WHEN PERFORMED ON PRIMARY TEETH.

ELIGIBLE STAINLESS STEEL CROWNS ARE COVERED UNDER AGE 14. REPLACEMENT OF CROWNS, INLAYS, ONLAYS, BUILD-UPS, POST AND CORES AND GOLD FOILS IS LIMITED TO ONCE IN A FIVE YEAR PERIOD.

ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING PARTIAL DENTURE FRAMEWORK (D2971) IS ELIGIBLE ONCE IN A FIVE YEAR PERIOD.

PAYMENT IS MADE AT 50% OF THE ALLOWANCE FOR THE FOLLOWING SERVICE:

- INLAYS (D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652)
- ONLAYS (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664)
- CROWN TITANIUM (D2794)

PAYMENT IS MADE AT 80% OF THE ALLOWANCE FOR ALL REMAINING ELIGIBLE CROWN, INLAY AND ONLAY SERVICES

STAINLESS STEEL CROWNS (D2930, D2931, D2933, D2934), PREFABRICATED RESIN CROWNS (D2932) AND TEMPORARY CROWNS (D2970) ARE ELIGIBLE ONCE PER TOOTH PER LIFETIME.

PROSTHETIC DENTAL SERVICES  
DESCRIPTION

DENTAL PROSTHODONTIC SERVICES COULD CONSIST OF THE FOLLOWING: FIXED PARTIAL DENTURES, INCLUDING INLAYS AND CROWNS AS RETAINERS, PARTIAL OR COMPLETE DENTURES, THE ADDITION OF TEETH TO A DENTURE, RELINING AND REBASING OF DENTURES, REPAIRS OF FIXED PARTIAL DENTURES (RETAINERS AND PONTIC CROWNS, INLAYS, ONLAYS, ETC) OR DENTURES. (PLEASE REFER TO THE DETAIL BELOW.)

THE FOLLOWING PROSTHETIC DENTAL SERVICES ARE INELIGIBLE:

- REPLACEMENT OF PRECISION ATTACHMENT (D5867, D6091)
- IMPLANT RELATED PROSTHETICS (D5875, D6053 - D6079)
- TRISMUS APPLIANCES (D5937)
- INTERIM ABUTMENT (D6051)
- CONNECTOR BAR (D6920)
- STRESS BREAKERS (D6940)
- PRECISION ATTACHMENT (D6950)
- COPING (D6975)
- OCCLUSAL ORTHOTIC DEVICE (D7880)
- OCCLUSAL GUARD (D9940)
- ATHLETIC MOUTHGUARDS (D9941)
- REPAIR/RELINING OF OCCLUSAL GUARD (D9942)

RELINING OR REBASING OF A DENTURE WITHIN 6 MONTHS OF THE INSERTION OF AN INITIAL OR REPLACEMENT DENTURE, BY THE SAME PROVIDER, IS INTEGRAL AND THEREFORE, INELIGIBLE AS A SEPARATE SERVICE.

THE INITIAL INSERTION OF PARTIAL OR FULL DENTURES INCLUDES ADJUSTMENTS AND ROUTINE POST DELIVERY CARE PROVIDED WITHIN THE 6 MONTH PERIOD FOLLOWING THE INSERTION. THEREFORE, ADJUSTMENTS PERFORMED WITHIN 6 MONTHS OF THE INSERTION OF AN INITIAL OR REPLACEMENT DENTURE, BY THE SAME PROVIDER, ARE INTEGRAL AND THEREFORE, INELIGIBLE AS A SEPARATE SERVICE.

RELINING/REBASE IS ELIGIBLE ONCE EVERY 36 MONTHS.

REPLACEMENT OF A REMOVABLE DENTURE OR FIXED PARTIAL DENTURE BY A NEW DENTURE OR FIXED PARTIAL DENTURE IS ELIGIBLE IF SATISFACTORY EVIDENCE IS PRESENTED THAT THE EXISTING DENTURE OR FIXED PARTIAL DENTURE WAS INSERTED AT LEAST 5 YEARS PRIOR TO THE REPLACEMENT AND IS NOT SERVICEABLE AND CANNOT BE MADE SERVICEABLE.

PAYMENT IS MADE AT 100% OF THE ALLOWANCE FOR THE FOLLOWING PROSTHETIC SERVICES:

FIXED PARTIAL DENTURE SECTIONING (D9120)

PAYMENT IS MADE AT 80% OF THE ALLOWANCE FOR THE FOLLOWING PROSTHETIC SERVICES:

- PARTIAL DENTURE REPAIRS (D5650, D5660)
- REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (D5670, D5671)
- RELINING OR REBASING (D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761)
- UNSPECIFIED PROSTHETIC SERVICES (D5899, D6999)
- FIXED PARTIAL DENTURE REPAIR (D6980)
- PEDIATRIC PARTIAL DENTURE (D6985)

PAYMENT IS MADE AT 50% OF THE ALLOWANCE FOR ALL REMAINING ELIGIBLE PROSTHETIC DENTAL SERVICES.

RECEMENTATION (D2910, D2920, D6930) WITHIN 12 MONTHS OF THE PLACEMENT OF A PROSTHESIS OR PREVIOUS RECEMENTATION, BY THE SAME PROVIDER, IS INTEGRAL.

#### ORTHODONTIC SERVICES DESCRIPTION

ORTHODONTIC SERVICES COULD CONSIST OF THE FOLLOWING:  
TREATMENT PLANS FOR THE CORRECTION OF AN EXISTING



HANDICAPPING MALOCCLUSION AND ITS ATTENDANT SEQUELAE THROUGH THE CORRECTION OF MALPOSED TEETH CONSISTING OF: DIAGNOSIS (INCLUDING RADIOGRAPHS), ACTIVE TREATMENT (INCLUDING NECESSARY APPLIANCES), AND RETENTION TREATMENT FOLLOWING ACTIVE TREATMENT. (PLEASE REFER TO THE DETAIL BELOW.)

DEPENDENT CHILDREN ARE COVERED UNDER AGE 19.  
THE FOLLOWING ORTHODONTIC SERVICES ARE INELIGIBLE:

- COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION (D8090)
- ALTERNATE BILLING (D8690)

PAYMENT IS MADE AT 100% OF THE ALLOWANCE FOR THE FOLLOWING ORTHODONTIC SERVICES:

- REMOVABLE AND FIXED APPLIANCE THERAPY (D8210, D8220)

PAYMENT IS MADE AT 50% OF THE ALLOWANCE FOR ALL REMAINING ELIGIBLE ORTHODONTIC SERVICES.

LIFETIME SERVICE DOLLAR MAXIMUM IS \$1000.00 PER PERSON AND APPLIES TO ALL ORTHODONTIC SERVICES.

PAYMENTS FOR ORTHODONTIC TREATMENT PLANS WILL BE ISSUED IN ONE LUMP SUM.

#### DENTAL ORAL SURGERY SERVICES

##### DESCRIPTION

DENTAL ORAL SURGERY SERVICES COULD CONSIST OF THE FOLLOWING: APICOECTOMIES, HEMISECTIONS, ROOT AMPUTATIONS, FIBEROTOMIES, SURGICAL EXTRACTIONS, SOFT TISSUE IMPACTIONS, TOOTH REIMPLANTATIONS, ALVEOPLASTIES, ALVEOLAR FRACTURES, FRENECTOMIES, OPERCULECTOMIES, AND VESTIBULOPLASTIES. (PLEASE REFER TO THE DETAIL BELOW.)

THE FOLLOWING DENTAL ORAL SURGERY SERVICES ARE INELIGIBLE:

- ENDODONTIC IMPLANTS (D3460)
- INTENTIONAL REPLANTATION (D3470)
- SURGICAL STENT (D5982)
- IMPLANTS (D6010, D6040, D6050, D7996)
- SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS; ENDOSTEAL IMPLANT (D6012)
- IMPLANT REPAIR (D6055, D6080, D6090, D6095, D6199)
- IMPLANT REMOVAL (D6100)
- DEBRIDEMENT OF A PERIIMPLANT DEFECT AND SURFACE CLEANING OF EXPOSED IMPLANT SURFACE, INCLUDING FLAP ENTRY AND CLOSURE (D6101)
- DEBRIDEMENT AND OSSEOUS CONTOURING OF A PERIIMPLANT DEFECT; INCLUDING SURFACE CLEANING OF EXPOSED IMPLANT SURFACE AND FLAP ENTRY AND CLOSURE (D6102)
- BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT - NOT INCLUDING FLAP ENTRY AND CLOSURE OR, WHEN INDICATED, PLACEMENT OF A BARRIER MEMBRANE OR BIOLOGIC MATERIALS TO AID IN OSSEOUS REGENERATION (D6103)
- BONE GRAFT AT TIME OF IMPLANT PLACEMENT (D6104)
- RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT (D6190)
- SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE (D7292, D7293, D7294)
- ALVEOLUS - STABILIZATION OF TEETH, OPEN REDUCTION SPLINTING COMPOUND (D7770)

-ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH (D7771)  
 -COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD CONCENTRATE  
 PRODUCT (D7921)  
 -SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT (D7995)  
 FIBEROTOMIES (D7291) ARE ONLY ELIGIBLE ON TEETH  
 5 - 12; 21 - 28.  
 PAYMENT IS MADE AT 50% OF THE ALLOWANCE FOR THE FOLLOWING  
 SERVICES:

- TRANSSEPTAL FIBEROTOMY (D7291)

PAYMENT IS MADE AT 80% OF THE ALLOWANCE FOR ALL REMAINING  
 ELIGIBLE DENTAL ORAL SURGERY SERVICES.  
 ONE FIBEROTOMY (D7291) PER TOOTH PER LIFETIME IS ELIGIBLE.

MEDICAL ORAL SURGERY SERVICES  
 DESCRIPTION

MEDICAL SURGICAL ORAL SURGERY SERVICES COULD CONSIST OF THE  
 FOLLOWING: COMPLETE AND PARTIAL BONY IMPACTIONS, REMOVAL  
 RESIDUAL ROOTS, ODONTOGENIC CYSTS, EXCISION OF EXOSTOSIS,  
 TORI AND OSSEOUS TUBEROSITY. (PLEASE REFER TO THE DETAIL  
 BELOW.)

ALL MEDICAL ORAL SURGERY SERVICES ARE ELIGIBLE.  
 PAYMENT IS MADE AT 80% OF THE ALLOWANCE FOR ALL ELIGIBLE  
 MEDICAL ORAL SURGERY SERVICES.  
 SUBJECT TO THE APPLICATION OF DENTAL POLICY, SURGICAL ACCESS  
 OF AN UNERUPTED TOOTH (D7280) IS LIMITED TO ONCE PER TOOTH  
 PER LIFETIME.  
 SUBJECT TO THE APPLICATION OF DENTAL POLICY, PLACEMENT OF  
 DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH (D7283)  
 IS LIMITED TO ONCE PER TOOTH PER LIFETIME.

SURGICAL  
 DESCRIPTION

TREATMENT OF DISEASE OR INJURY CONSISTING OF OPERATING  
 AND CUTTING PROCEDURES. FRACTURES AND DISLOCATIONS ARE  
 ALSO CONSIDERED SURGERY. (PLEASE REFER TO THE DETAIL  
 BELOW.)

THE FOLLOWING SURGERY SERVICES ARE INELIGIBLE:

-SURGICAL OBTURATOR (D5931)  
 -DEFINITIVE OBTURATOR (D5932)  
 -OBTURATOR MODIFICATION (D5933)  
 -OBTURATOR INTERIM (D5936)  
 -PEDIATRIC SPEECH AID (D5952)  
 -SURGICAL SPLINT (D5988)  
 -UNSPECIFIED MAXILLOFACIAL PROSTHESIS (D5999)  
 - HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE  
 (D7295)  
 -MAXILLARY SINUSOTOMY (D7560)  
 -REDUCTIONS (D7610, D7620, D7630, D7640, D7650, D7660,  
 D7680, D7710, D7720, D7730, D7740, D7750,  
 D7760, D7780, D7810, D7820)  
 -MANIPULATION UNDER ANESTHESIA (D7830)  
 -CONDYLECTOMY (D7840)  
 -SURGICAL DISCECTOMY (D7850)  
 -DISC REPAIR (D7852)  
 -SYNOVECTOMY (D7854)

- MYOTOMY (D7856)
  - JOINT RECONSTRUCTION (D7858)
  - ARTHROTOMY (D7860)
  - ARTHROPLASTY (D7865)
  - ARTHROCENTESIS (D7870)
  - NON-ARTHROSCOPIC LYSIS AND LAVAGE (D7871)
  - ARTHROSCOPIC SERVICES (D7872, D7873, D7874, D7875, D7876, D7877)
  - UNSPECIFIED TMJ THERAPY (D7899)
  - OTHER REPAIR SERVICES (D7920, D7940, D7941, D7943, D7944, D7945)
  - LEFORT PROCEDURES (D7946, D7947, D7948, D7949)
  - REPAIR OF MAXILLOFACIAL DEFECT (D7955)
  - EXCISION OF SALIVARY GLAND, BY REPORT (D7981)
  - SIALODOCHOPLASTY (D7982)
  - EMERGENCY TRACHEOTOMY (D7990)
  - CORONOIDECTOMY (D7991)
  - APPLIANCE REMOVAL (D7997)
  - INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE (D7998)
- INCISION AND DRAINAGE OF ABSCESS (D7510, D7511) IS ONLY ELIGIBLE BY REPORT.  
 PAYMENT IS MADE AT 100% OF THE ALLOWANCE FOR THE FOLLOWING SURGERY SERVICES:

- BIOPSY OF ORAL TISSUE - HARD (D7285)
- BIOPSY OF ORAL TISSUE - SOFT (D7286)
- CYTOLOGY SAMPLE COLLECTION (D7287)
- BRUSH BIOPSY-TRANSEPIHELIAL SAMPLE COLLECTION (D7288)

PAYMENT IS MADE AT 80% OF THE ALLOWANCE FOR ALL REMAINING ELIGIBLE SURGERY SERVICES.

SERVICES BY AN ASSISTANT SURGEON WHO ACTIVELY ASSISTS THE OPERATING SURGEON IN THE PERFORMANCE OF COVERED SURGERY APPROPRIATE FOR THE SYMPTOMS AND DIAGNOSIS OR TREATMENT OF THE MEMBER'S CONDITION, ILLNESS, DISEASE OR INJURY. THE SURGERY MUST BE OF A NATURE TO REQUIRE ACTIVE ASSISTANCE OF ANOTHER PROVIDER DURING THE PERFORMANCE OF THE SURGICAL PROCEDURE. (PLEASE REFER TO THE DETAIL BELOW.)

ALL ASSISTANT SURGERY SERVICES ARE INELIGIBLE.

DEPENDENT ELIGIBILITY  
DESCRIPTION

THIS PROVISION CONTAINS CONTRACTUAL LIMITATIONS PERTAINING TO COVERAGE FOR THE EMPLOYEE-MEMBER'S/SPONSOR'S DEPENDENT CHILDREN

UNMARRIED DEPENDENT CHILDREN	UNMARRIED DEPENDENT STUDENTS	IRS DEPENDENTS
-----	-----	-----
UNDER AGE 19	UNDER AGE 23	N/C
MENTALLY, PHYSICALLY AND DEVELOPMENTALLY HANDICAPPED DEPENDENTS		STUDENT CERTIFICATION LETTERS SENT TO
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ANY AGE

PARENT

REMOVAL PERIOD FOR ALL DEPENDENTS IS THE END OF THE MONTH IN WHICH THE AGE LIMIT IS REACHED.

ANESTHESIA SERVICES  
DESCRIPTION

ANESTHETIC SERVICES CONSIST OF THE ADMINISTRATION OF AN ANESTHETIC AGENT OR ANESTHETIC DRUG BY INJECTION OR INHALATION, THE PURPOSE OF WHICH IS TO OBTAIN LOSS OF SENSATION OR LOSS OF CONSCIOUSNESS. (PLEASE REFER TO THE DETAIL BELOW.)

THE FOLLOWING ANESTHESIA SERVICES ARE INTEGRAL AND THEREFORE, ARE INELIGIBLE AS A SEPARATE SERVICE:

- LOCAL ANESTHESIA (D9210, D9215)
- REGIONAL BLOCK ANESTHESIA (D9211)
- TRIGEMINAL BLOCK ANESTHESIA (D9212)

PAYMENT IS MADE AT 80% OF THE ALLOWANCE FOR ALL ELIGIBLE ANESTHESIA SERVICES.

ANESTHESIA IS PAYABLE AT 50% OF THE ALLOWANCE 'IF' ADMINISTERED BY A CRNA WHO IS UNDER THE DIRECTION OF A PROFESSIONAL PROVIDER OTHER THAN THE OPERATING SURGEON, ASSISTANT SURGEON, OR ATTENDING PROVIDER (E.G. AN ANESTHESIOLOGIST).

CONSULTATIONS

CONSULTATIONS COULD BE COVERED. (PLEASE REFER TO THE DETAIL BELOW.)

EFFECTIVE WITH DATES OF SERVICE 01/01/07 AND AFTER, CONSULTATIONS (D9310) ARE A COVERED BENEFIT UNDER THE PLAN. CONSULTATIONS ARE ELIGIBLE WHEN PERFORMED IN ANY PLACE OF SERVICE.

THE COMBINATION OF A CONSULTATION (D9310) AND A LIMITED ORAL EVALUATION (D0140) IS LIMITED TO ONE PER PATIENT, PER PROVIDER, PER 12 MONTHS.

PAYMENT IS MADE AT 100% OF THE ALLOWANCE FOR ALL ELIGIBLE CONSULTATION (D9310) SERVICES.

DIAGNOSTIC DENTAL SERVICES  
DESCRIPTION

DENTAL DIAGNOSTIC SERVICES COULD CONSIST OF THE FOLLOWING: ROUTINE EVALUATIONS, PERIAPICAL X-RAYS, BITEWING X-RAYS AND FULL MOUTH X-RAYS. (PLEASE REFER TO THE DETAIL BELOW.)

THE FOLLOWING DIAGNOSTIC SERVICES ARE INELIGIBLE:

- SCREENING OF A PATIENT (D0190)
- ASSESSMENT OF A PATIENT (D0191)
- CONE BEAM CT CAPTURE (D0363, D0364, D0365, D0366, D0367, D0368, D0380, D0381, D0382, D0383, D0384)
- MAXILLOFACIAL MRI CAPTURE (D0369, D0385)
- MAXILLOFACIAL ULTRASOUND CAPTURE (D0370, D0386)
- SIALOENDOSCOPY CAPTURE (D0371)
- INTERPRETATION OF DIAGNOSTIC IMAGE BY A PRACTITIONER NOT ASSOCIATED WITH CAPTURE OF THE IMAGE, INCLUDING REPORT (D0391)

- VIRAL CULTURE (D0416)
- COLLECTION AND PREPARATION OF SALIVA FOR LABORATORY DIAGNOSTIC TESTING (D0417)
- ANALYSIS OF SALIVA SAMPLE - CHEMICAL OR BIOLOGICAL ANALYSIS OF SALIVA SAMPLE FOR DIAGNOSTIC PURPOSES (D0418)
- GENETIC TEST FOR SUSCEPTIBILITY TO ORAL DISEASES (D0421)
- CARRIES SUSCEPTIBILITY TESTS (D0425)
- ADJUNCTIVE PRE-DIAGNOSTIC TEST (D0431)
- DECALCIFICATION PROCEDURE (D0475)
- SPECIAL STAINS (D0476, D0477)
- IMMUNOHISTOCHEMICAL STAINS (D0478)
- TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETATION (D0479)
- ACCESSION OF EXFOLIATIVE CYTOLOGIC SMEARS (D0480)
- ELECTRON MICROSCOPY - DIAGNOSTIC (D0481)
- IMMUNOFLUORESCENCE (D0482, D0483)
- CONSULTATION ON SLIDES (D0484, D0485)
- OCCLUSION ANALYSIS (D9950)

DIAGNOSTIC DENTAL X-RAYS (D0210, D0220, D0230, D0240, D0270, D0272, D0273, D0274, D0277, D0290, D0330) PERFORMED IN CONJUNCTION WITH TEMPOROMANDIBULAR JOINT DYSFUNCTION ARE NOT COVERED.

PANORAMIC IMAGE (D0330) AND FULL MOUTH RADIOGRAPH (D0210) ARE INELIGIBLE FOR CHILDREN UNDER AGE 5.

ORAL EVALUATION FOR A PATIENT UNDER 3 YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER (D0145) IS LIMITED TO PATIENTS UNDER AGE 3.

OCCLUSAL RADIOGRAPHS (D0240) ARE ONLY ELIGIBLE FOR CHILDREN UNDER AGE 8.

DETAILED AND EXTENSIVE ORAL EVALUATIONS PROBLEM FOCUSED (D0160) ARE ONLY ELIGIBLE BY REPORT WHEN NOT RELATED TO NON-COVERED MEDICAL, DENTAL OR ADJUNCTIVE DENTAL SERVICES INCLUDING TEMPOROMANDIBULAR JOINT DYSFUNCTION.

TWO ROUTINE ORAL EVALUATIONS (D0120, D0145, D0150, D0180) ARE ELIGIBLE DURING A CALENDAR YEAR PERIOD.

PRIOR TO 1/1/05, ONE COMPREHENSIVE PERIODONTAL EVALUATION (D0180) IS ELIGIBLE WITHIN A 24 MONTH PERIOD.

EFFECTIVE 1/1/05 AND AFTER, ONE COMPREHENSIVE PERIODONTAL EVALUATION (D0180) IS ELIGIBLE WITHIN A 36 MONTH PERIOD.

ONE FULL MOUTH RADIOGRAPH SERIES (D0210) OR PANORAMIC RADIOGRAPH (D0330) IS ELIGIBLE IN ANY 36 MONTH PERIOD.

A MAXIMUM OF 4 BITEWING RADIOGRAPH VIEWS (D0270, D0272, D0273, D0274, D0277) ARE ELIGIBLE DURING A CALENDAR YEAR PERIOD. TWO OCCURRENCES OF 2, 3, OR 4 BITEWING RADIOGRAPH VIEWS WILL BE ALLOWED.

TWO INTRAORAL OCCLUSAL IMAGES (D0240) ARE ELIGIBLE IN A 24 MONTH PERIOD.

PRIOR TO 1/1/07, ONE LIMITED ORAL EVALUATION (D0140), PER PATIENT, PER PROVIDER, IS ELIGIBLE IN A 12 MONTH PERIOD.

EFFECTIVE WITH DATES OF SERVICE 1/1/07 AND AFTER, THE COMBINATION OF A CONSULTATION (D9310) AND A LIMITED ORAL EVALUATION (D0140) IS LIMITED TO ONE PER PATIENT, PER PROVIDER, PER 12 MONTHS.

PAYMENT IS MADE AT 50% OF THE ALLOWANCE FOR THE FOLLOWING

- LIMITED ORAL EVALUATIONS (D0140)
- DIAGNOSTIC X-RAYS (D0210 - D0277, D0330)

PROVIDED IN CONJUNCTION WITH ORTHODONTIC TREATMENT.

PAYMENT IS MADE AT 100% OF THE ALLOWANCE FOR ALL REMAINING ELIGIBLE DIAGNOSTIC DENTAL SERVICES. LIMITED ORAL EVALUATION (D0140) AND X-RAYS (D0210 - D0274, D0277, D0330) FOR ORTHODONTIC PURPOSES ARE APPLIED AGAINST THE \$1000 LIFETIME SERVICE MAXIMUM.

OPTIONAL ALTERNATE TREATMENT  
DESCRIPTION

THIS PROVISION IS USED TO DENOTE WHETHER STANDARD OR GROUP SPECIFIC, ALTERNATE AND OPTIONAL TREATMENT BENEFITS APPLY. ALSO, THIS PROVISION SPECIFIES WHICH PROCEDURES REQUIRE THE SUBMISSION OF X-RAYS, FOR DOCUMENTATION PURPOSES.

AN ALTERNATE BENEFIT PROVISION WILL BE APPLIED IF A DENTAL CONDITION CAN BE TREATED BY MEANS OF A PROFESSIONALLY ACCEPTABLE SERVICE WHICH IS LESS COSTLY THAN THE TREATMENT RECOMMENDED BY THE PROVIDER. SHOULD THE MEMBER AND THE DENTIST CHOOSE THE MORE EXPENSIVE TREATMENT, THE MEMBER IS RESPONSIBLE FOR THE ADDITIONAL CHARGES BEYOND THE ALLOWANCE FOR THE ALTERNATE SERVICE.

SITUATIONS WHERE THIS PROVISION MAY APPLY ARE:

AMALGAM OR COMPOSITE FILLING VS CROWNS AND ONLAYS

PARTIAL DENTURE VS FIXED PARTIAL DENTURE (ALTERNATE BENEFIT WILL NO LONGER APPLY 5/1/08 AND AFTER).

AN AUTOMATIC ALTERNATE BENEFIT IS APPLIED TO SINGLE INLAYS TO ALLOW A COMPARABLE AMALGAM OR COMPOSITE FILLING.

AN AUTOMATIC ALTERNATE BENEFIT IS APPLIED TO TWO SURFACE ONLAYS (D2542, D2642, D2662) TO ALLOW FOR A TWO SURFACE AMALGAM.

AN AUTOMATIC ALTERNATE BENEFIT IS APPLIED TO POST AND CORES (D2952) TO ALLOW A COMPARABLE PREFABRICATED POST AND CORE (D2954).

AN AUTOMATIC ALTERNATE BENEFIT IS APPLIED TO PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWNS (D2934) ON TOOTH NUMBERS A-B, I-L, S-T TO ALLOW FOR A PREFABRICATED STAINLESS STEEL CROWN (D2930).

AN AUTOMATIC ALTERNATE BENEFIT IS APPLIED TO PREFABRICATED RESIN CROWNS (D2932) AND PREFABRICATED STAINLESS STEEL CROWNS WITH RESIN WINDOW (D2933) ON TOOTH NUMBERS A-B, I-L, S-T TO ALLOW A COMPARABLE PREFABRICATED STAINLESS STEEL CROWN (D2930, D2931).

AN AUTOMATIC ALTERNATE BENEFIT IS APPLIED TO SUBEPITHELIAL CONNECTIVE TISSUE GRAFTS (D4273) AND COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFTS (D4276) TO ALLOW FOR A FREE SOFT TISSUE GRAFT PROCEDURE (D4277).

AN AUTOMATIC ALTERNATE BENEFIT IS APPLIED TO PARTIAL DENTURES WITH A FLEXIBLE BASE (D5225, D5226) TO ALLOW FOR A COMPARABLE CAST BASE PARTIAL DENTURE (D5213, D5214).

PAYMENT FOR POSTERIOR RESIN FILLINGS WILL BE BASED UPON THE ALLOWANCE FOR A COMPARABLE AMALGAM FILLING. OVERDENTURES WILL BE PRICED AT THE ALLOWANCE FOR A STANDARD DENTURE. THE DIFFERENCE BETWEEN THE PROVIDER'S CHARGE AND THE ALLOWANCE IS THE MEMBER'S RESPONSIBILITY. STANDARD X-RAY REQUIREMENTS APPLY.

