

WELCOME PLAN Benefits and Coverage Matrix

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS TO SIMILAR PLANS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE (PLAN CONTRACT) SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Category Description	Co-payment
DEDUCTIBLE	NONE
LIFETIME MAXIMUM	NONE
PROFESSIONAL SERVICES	
■ Diagnostic	
<u>Clinical Oral Evaluation (Exams)</u>	
Comprehensive oral evaluation	No Charge
Periodic oral evaluation	No Charge
Limited (emergency) oral evaluation	No Charge
<u>Radiographs (X-rays)</u>	
Intraoral - complete series (including bitewings)	\$25
Intraoral - periapical - first film	No Charge
Intraoral - periapical - each additional	No Charge
Bitewings - two films	No Charge
Bitewings - four films	No Charge
Panoramic film	\$25
<u>Tests and Laboratory Examinations</u>	
Pulp vitality tests	No Charge
Diagnostic casts	\$25
■ Preventive	
<u>Dental Prophylaxis (Teeth Cleaning)</u>	
Prophylaxis - adult	\$35
Prophylaxis - child, including topical application of fluoride	\$30
<u>Other Preventive Services</u>	
Oral hygiene instructions	No Charge
Sealant - per tooth	\$15
<u>Space Maintenance (Passive Appliances)</u>	
Space maintainer - fixed unilateral	\$135
Space maintainer - fixed bilateral	\$135
Space maintainer - removable - unilateral	\$190
Space maintainer - removable - bilateral	\$190
■ Restorative (Fillings)	
<u>Amalgam Restorations (Including Polishing)</u>	
Amalgam - one surface, primary	\$35
Amalgam - two surfaces, primary	\$40
Amalgam - three surfaces, primary	\$50
Amalgam - four or more surfaces, primary	\$52
Amalgam - one surface, permanent	\$45
Amalgam - two surfaces, permanent	\$50
Amalgam - three surfaces, permanent	\$60
Amalgam - four or more surfaces, permanent	\$65
<u>Resin Restorations (Primary or Permanent)</u>	
Resin - one surface, anterior	\$55
Resin - two surfaces, anterior	\$60
Resin - three surfaces, anterior	\$70
Resin - four or more surfaces involving incisal angel (anterior)	\$95
Resin - one surface, posterior	\$65
Resin - two surfaces, posterior	\$80
Resin - three or more surfaces, posterior	\$115
<u>Crowns - Single Restoration</u>	
Crown - resin (laboratory)	\$195
Crown - porcelain fused to predominantly base metal	\$375
Crown - full cast predominantly base metal	\$345
Crown - 3/4 cast metallic	\$365
Precious metal fee, per unit	\$75
<u>Other Restorative Services</u>	
Recement inlay	\$20
Recement crown	\$30
Prefabricated stainless steel crown - primary tooth	\$70

Category Description	Co-payment
Prefabricated stainless steel crown - permanent tooth	\$85
Prefabricated resin crown	\$87
Sedative filling	\$25
Core buildup, including any pins	\$70
Pin retention - per tooth, in addition to restoration	\$25
Cast, post and core in addition to crown	\$115
Prefabricated post and core in addition to crown	\$80
■ Endodontics	
(By a plan general dentist, not an endodontist)	
<u>Pulp Capping</u>	
Pulp cap - direct (excluding final restoration)	\$30
Pulp cap - indirect (excluding final restoration)	\$32
<u>Pulpotomy</u>	
Therapeutic pulpotomy (excluding final restoration)	\$45
<u>Endodontic Therapy (Root Canals)</u>	
<u>Including treatment plan, clinical procedures, & follow-up care</u>	
Root Canal - anterior (excluding final restoration)	\$225
Root Canal - bicuspid (excluding final restoration)	\$275
Root Canal - molar (excluding final restoration)	\$325
<u>Apicoectomy Services</u>	
Apicoectomy - anterior	\$160
Apicoectomy - bicuspid (first root)	\$160
Apicoectomy - molar (first root)	\$160
Apicoectomy - (each additional root)	\$160
■ Periodontics	
(By a plan general dentist, not a periodontist)	
<u>Surgical Services (Including usual postoperative services)</u>	
Gingivectomy or gingivoplasty - per quadrant	\$200
Gingivectomy or gingivoplasty - per tooth	\$75
Gingival curettage, surgical, per quadrant	\$100
Mucogingival surgery - per quadrant	\$390
Osseous surgery (including flap entry and closure) - per quadrant	\$390
<u>Adjunctive Periodontal Services</u>	
Periodontal scaling and root planing - per quadrant	\$90
Full mouth debridement	\$20
■ Prosthodontics, Removable	
(By a plan general dentist, not a prosthodontist)	
<u>Complete Dentures (Including routine postdelivery care)</u>	
Complete denture - (upper or lower)	\$520
<u>Partial Dentures (Including routing postdelivery care)</u>	
Upper or lower partial denture - resin base (including any conventional clasps, rests and teeth)	\$400
Upper or lower partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$600
<u>Adjustments to Removable Prostheses</u>	
Adjust complete denture (upper, lower or partial denture)	\$25
<u>Repairs to Complete Dentures</u>	
Repair broken complete denture base	\$65
Replace missing or broken teeth - complete denture (each tooth)	\$50
<u>Repairs to Complete Dentures</u>	
Repair resin denture base	\$55
Repair or replace broken clasps	\$65
Replace broken teeth - per tooth	\$50
Add tooth to existing partial denture	\$55
Add clasp to existing partial denture	\$75
<u>Denture Reline Procedures</u>	
Reline complete upper or lower denture or partial denture (chairside)	\$95
Reline complete upper or lower denture or partial denture (laboratory)	\$150

Category Description	Co-payment
<u>Other Removable Prosthetic Services</u>	
Interim partial denture, upper or lower	\$230
Tissue Conditioning, upper or lower	\$45
■ Prosthodontics, Fixed	
(By a plan general dentist, not a prosthodontist)	
<u>Fixed Partial Denture Pontics</u>	
Pontic - cast predominantly base metal	\$325
Pontic - porcelain fused to predominantly base metal	\$365
Pontic - resin with predominantly base metal	\$265
<u>Other Fixed Partial Denture Services</u>	
Recement fixed partial denture	\$45
■ Oral Surgery	
(By a plan general dentist, not an oral surgeon)	
<u>Extractions (Includes local anesthesia, suturing, if needed and routine postoperative care)</u>	
Extraction - single tooth	\$50
Extraction - each additional tooth	\$45
<u>Surgical Extractions (Includes local anesthesia, suturing, if needed and routine postoperative care)</u>	
Surgical removal of erupted tooth	\$80
Removal of impacted tooth - soft tissue	\$95
Removal of impacted tooth - partially bony	\$135
Removal of impacted tooth - completely bony	\$170
<u>Alveoplasty - Surgical preparation or ridge for dentures</u>	
Alveoplasty in conjunction with extractions - per quadrant	\$70
■ Orthodontics (Braces)	
(By a plan orthodontist)	
Services of an orthodontist (for braces) are available for an additional \$75 premium for two years. Please call the Healthdent referral desk at 1-800-937-3400 for information about Healthdent Orthodontic Plan Benefits. <u>Please note, plan Orthodontists are not available in all areas served by healthdent general dentists.</u>	
■ General Services	
Office visit, per visit, per patient	\$5
Broken appointment (less than 24 hours notice given)	\$25
Duplication of x-rays	\$10
Palliative (emergency) treatment of dental pain	\$20
OUTPATIENT SERVICES	NOT COVERED
HOSPITALIZATION SERVICES	NOT COVERED
EMERGENCY HEALTH COVERAGE	
OUT-OF-AREA EMERGENCY CARE (BY A NON-PARTICIPATING PROVIDER)	
REIMBURSABLE UP TO \$50.00	
AMBULANCE SERVICES	NOT COVERED
PRESCRIPTION DRUG COVERAGE	NOT COVERED
DURABLE MEDICAL EQUIPMENT	NOT COVERED
MENTAL HEALTH SERVICES	NOT COVERED
CHEMICAL DEPENDENCY SERVICES	NOT COVERED
HOME HEALTH SERVICES	NOT COVERED
■ This is only a summary of the benefits of the Healthdent Plan 106. The Healthdent plan contract must be consulted to determine the exact terms and conditions of coverage. A copy of the plan contract will be furnished upon request.	

■ ALL CO-PAYMENTS ARE TO BE PAID TO THE DENTAL OFFICE AT THE TIME OF SERVICE. ANY PROCEDURE NOT LISTED AND PROVIDED BY THE GENERAL DENTIST IS NOT COVERED BY THE PLAN AND IS ON A FEE-FOR-SERVICE BASIS. THE FEE OF A SPECIALIST TO WHOM AN ENROLLEE MAY BE REFERRED (WITH THE EXCEPTION OF REFERRAL TO A PLAN ORTHODONTIST) IS NOT COVERED BY THE PLAN. HOWEVER, HEALTHDENT (THE PLAN) WILL PAY A MAXIMUM OF \$50 TO THE SPECIALIST (WITH THE EXCEPTION OF AN ORTHODONTIC REFERRAL) TOWARDS THE CONSULTATION FEE