



Dental Health: Included Benefit

Oral health is important- not only for your physical health but also for you socially. Good teeth can improve confidence, make you smile more and may have an influence on your overall health. Care N' Care (HMO/PPO) has you covered! All plans include the following dental benefits.

Covered Dental Benefits

Benefit	Care N' Care Classic (HMO)	Care N' Care Choice (PPO)	Care N' Care Choice Plus (PPO)	Care N' Care Choice Premium (PPO)	Care N' Care Choice MA-Only (PPO)
Member Copay (Per Visit)	\$0	\$25	\$20	\$0	\$10

PPO Products only: Copayment for in or out-of-network providers

Diagnostic

Clinical Oral Evaluations

D0120	Periodic Oral Evaluation	1 every 6 months
D0150	Comprehensive Oral Evaluation- new or established	1 every 12 months 1 every 36 months (established)

**Either two (2) D0120 or one (1) D0120 & D0150 per year*

Radiographs / Diagnostic Imaging

D0210	Intraoral, complete series (includes bitewings)	1 every 36 months
D0220	Intraoral, periapical first film	1 every 12 months
D0270	Bitewing, single film	1 every 12 months
D0272	Bitewings, two films	1 every 12 months
D0273	Bitewings, three films	1 every 12 months
D0274	Bitewings, four films	1 every 12 months

**Choose one (1) per year D0120/D0220 or D0220, D0270, D0272, D0273, D0274*

Preventative

Dental Prophylaxis

D1110	Prophylaxis- Adult	1 every 6 months
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Periodontics (Up to 2 quadrants per year)

D4341	Periodontal Scaling and Root Planing, per quadrant	1 every 12 months
D4342	Periodontal Scaling and Root Planing, 1-3 teeth	1 every 12 months

Adjustments to Dentures (Up to two (2) per year)

D5410	Adjust complete denture- maxillary	
D5411	Adjust complete denture- mandibular	
D5421	Adjust partial denture- maxillary	
D5422	Adjust partial denture- mandibular	

**Lab fees are the member's responsibility*