

DENTAL HEALTH

Taking care of your health includes caring for your teeth, too.

At Care N' Care, we believe your dental health can have a direct impact on your overall health and well-being, and may have an influence on the development of certain conditions, such as diabetes and heart disease.

Care N' Care's (HMO/PPO) Plan helps meet most of your everyday dental needs. The rider covers services most often used, without the need for a referral or preauthorization. You can choose from almost 5,000 in-network dentists. Members receive all of the services with only a \$18 additional monthly premium.

- \$2,000 Annual Benefit Maximum (ABM)
- No Annual Deductible
- Only Comprehensive procedures listed below count toward the ABM

Optional Supplemental Benefits

Comprehensive Services	\$18 Premium
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Restorative (Up to 4 total fillings per year)

Code	Description	Frequency	Member Co-Pay
D2140	Amalgam Filling - one surface	Up to 4 Total Fillings Per Year	\$35.00
D2150	Amalgam Filling - two surfaces		\$45.00
D2160	Amalgam Filling - three surfaces		\$55.00
D2330	Resin-Based Composite - one surface, anterior		\$50.00
D2331	Resin-Based Composite - two surfaces, anterior		\$65.00
D2332	Resin-Based Composite - three surfaces, anterior		\$80.00

Crowns (Total of 2 per year – 6 month waiting period)

Code	Description	Frequency	Member Co-Pay
D2740	Crown - Porcelain/Ceramic Substrate	2 Crowns Per Year	\$295.00
D2750	Crown - Porcelain Fused to High Noble Metal		\$275.00
D2751	Crown - Porcelain Fused to Predominantly Base Metal		\$305.00
D2752	Crown - Porcelain Fused to Noble Metal		\$320.00
D2791	Crown - Full Cast Base Metal		\$307.00
D2792	Crown - Full Cast Noble Metal		\$305.00

Scaling & Root Planing (Total of 2 per year)

Code	Description	Frequency	Member Co-Pay
D4341	Scaling & Root Planing (per quadrant)	1 Every 12 Months	\$53.00
D4342	Periodontal Scaling and Root Planing, 1-3 teeth	1 Every 12 Months	\$30.00
D4355	Full Mouth Debridement	1 Every 12 Months	\$32.00

Prosthodontics - Removable (6 month waiting period)			
Code	Description	Frequency	Member Co-Pay
D5110	Complete denture - maxillary	1 Every 60 Months	\$206.00
D5120	Complete denture - mandibular	1 Every 60 Months	\$206.00
D5130	Immediate denture - maxillary (in lieu of D5110)	1 Every 60 Months	\$213.75
D5140	Immediate denture - mandibular (in lieu of D5120)	1 Every 60 Months	\$213.75

Partial Dentures (Including Routine Post-Delivery Care)			
Code	Description	Frequency	Member Co-Pay
D5213	Maxillary partial denture - cast metal framework	1 Every 60 Months	\$217.75
D5214	Mandibular partial denture - cast metal framework	1 Every 60 Months	\$217.75

Denture Adjustments (Up to 2 per year)			
Code	Description	Frequency	Member Co-Pay
D5410	Adjust Complete Denture - maxillary	Up To 2 Per Year	\$0.00
D5411	Adjust Complete Denture - mandibular		\$0.00
D5421	Adjust partial denture - maxillary		\$0.00
D5422	Adjust partial denture - mandibular		\$0.00

Repairs to complete dentures		
Code	Description	Member Co-Pay
D5510	Repair broken complete denture base	\$39.00
D5520	Replace missing/broken teeth, complete denture	\$31.00

Repairs to Partial Dentures		
Code	Description	Member Co-Pay
D5610	Repair resin denture base	\$45.00
D5640	Replace broken teeth, per tooth	\$30.00

Extractions (Up to 2 per year)			
Code	Description	Frequency	Member Co-Pay
D7140	Extraction, Erupted Tooth	Up To 2 Per Year	\$40.00
D7210	Extraction, Surgical		\$75.00

**Lab fees are the member's responsibility.*

Care N' Care is an HMO and PPO plan with a Medicare contract. Enrollment in Care N' Care depends on contract renewal. This information is not a complete description of benefits. Call 833-492-9866 (TTY:771) for more information. October 1 to March 31, 8AM – 8PM CST, seven days a week or April 1 to September 30, 8AM – 8PM CST Monday through Friday.