



## EXTRA, EXTRA!

Supplemental Dental Rider gives you additional coverage if you need it.

Sometimes we need a little something extra to care for our teeth. Care N' Care offers a supplemental dental rider to fill the gap.

**Care N' Care's (HMO/PPO) Plans** help 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 posterior	Up to 4 Total Fillings Per Year	\$35.00
D2150	Amalgam Filling- two surfaces posterior		\$45.00
D2160	Amalgam Filling- three surfaces posterior		\$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

<b>Scaling &amp; Root Planing (Total of 2 per year)</b>			
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

<b>Prosthodontics - Removable (6 month waiting period)</b>			
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

<b>Partial Dentures (Including Routine Post-Delivery Care)</b>			
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

<b>Denture Adjustments (Up to 2 per year)</b>			
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

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

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

<b>Extractions (Up to 2 per year)</b>			
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.*