



# **Summary of Comprehensive Dental Benefits**

**Bright Advantage Plus (HMO)**

**&**

**Bright Advantage (HMO)  
Optional Supplemental Dental**

This Comprehensive Dental Coverage Benefit is a supplemental benefit beyond that which is required by Medicare. These supplemental benefits include diagnostic, preventive, basic, and major dental services (details below).

This benefit is included as part of the Bright Advantage Plus plan. For the Bright Advantage \$0 premium plan, this benefit is offered to you for a monthly premium of \$14.00.

Services that are covered for you	What you must pay when you get these services
<b>D0100-D0999 I. DIAGNOSTIC</b>	
D0120 Periodic oral evaluation - established patient.....	\$0 copayment
D0140 Limited oral evaluation - problem focused .....	\$0 copayment
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0 copayment
D0150 Comprehensive oral evaluation - new or established patient .....	\$0 copayment
D0160 Detailed and extensive oral evaluation - problem focused, by report .....	\$0 copayment
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit).....	\$0 copayment
D0171 Re-evaluation - post-operative office visit .....	\$0 copayment
D0180 Comprehensive periodontal evaluation - new or established patient .....	\$0 copayment
D0190 Screening of a patient .....	\$0 copayment
D0191 Assessment of a patient .....	\$0 copayment
D0210 Intraoral - complete series of radiographic images - <i>limited to 1 series every 24 months</i> .....	\$0 copayment
D0220 Intraoral - periapical first radiographic image.....	\$0 copayment

D0230 Intraoral - periapical each additional radiographic image .....	\$0 copayment
D0240 Intraoral - occlusal radiographic image .....	\$0 copayment
D0250 Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector .....	\$0 copayment
D0251 Extraoral posterior dental radiographic image .....	\$0 copayment
D0270 Bitewing - single radiographic image .....	\$0 copayment
D0272 Bitewings - two radiographic images .....	\$0 copayment
D0273 Bitewings three radiographic images .....	\$0 copayment
D0274 Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i> .....	\$0 copayment
D0277 Vertical bitewings - 7 to 8 radiographic images .....	\$0 copayment
D0330 Panoramic radiographic image .....	\$0 copayment
D0415 Collection of microorganisms for culture and sensitivity .....	\$0 copayment
D0425 Caries susceptibility tests .....	\$0 copayment
D0460 Pulp vitality tests .....	\$0 copayment
D0470 Diagnostic casts .....	\$0 copayment
D0472 Accession of tissue, gross examination, preparation and transmission of written report - available only when performed in conjunction with a covered biopsy.....	\$0 copayment
D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report - available only when performed in conjunction with a covered biopsy .....	\$0 copayment
D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report - available only when performed in conjunction with a covered biopsy.....	\$0 copayment

D0601 Caries risk assessment and documentation, with a finding of low risk - *1 every 3 years* .....\$0 copayment

D0602 Caries risk assessment and documentation, with a finding of moderate risk - *1 every 3 years*.....\$0 copayment

D0603 Caries risk assessment and documentation, with a finding of high risk - *1 every 3 years* .....\$0 copayment

D0999 Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other services)  
 .....\$0 copayment

**D1000-D1999 II. PREVENTIVE**

D1110 Prophylaxis cleaning - adult - *2 D1110, D1120 or D4346 per calendar year* .....\$0 copayment

D1120 Prophylaxis cleaning - child - *2 D1110, D1120 or D4346 per calendar year* .....\$0 copayment

D1206 Topical application of fluoride varnish - *2 D1206 or D1208 per calendar year* .....\$0 copayment

D1208 Topical application of fluoride - excluding varnish - *2 D1206 or D1208 per calendar year* . \$0 copayment

D1310 Nutritional counseling for control of dental disease .....\$0 copayment

D1330 Oral hygiene instructions .....\$0 copayment

D1351 Sealant - per tooth - *limited to permanent molars through age 15* .....\$0 copayment

D1352 Preventive resin restoration in a moderate to high caries risk patient - permanent tooth  
 - *limited to permanent molars through age 15*.....\$0 copayment

D1353 Sealant repair - per tooth - *limited to permanent molars through age 15* .....\$0 copayment

D1354 Interim caries arresting medicament application - *2 per calendar year*.....\$0 copayment

D1510 Space maintainer - fixed - unilateral .....\$0 copayment

D1515 Space maintainer - fixed - bilateral .....	\$0 copayment
D1520 Space maintainer - removable - unilateral.....	\$0 copayment
D1525 Space maintainer - removable - bilateral.....	\$0 copayment
D1550 Re-cement or re-bond space maintainer .....	\$0 copayment
D1555 Removal of fixed space maintainer .....	\$0 copayment
D1575 Distal shoe space maintainer - fixed - unilateral - <i>child to age 9</i> .....	\$0 copayment

**D2000-D2999 III. RESTORATIVE**

- *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*
- *When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100 copayment per crown, beyond the 6th unit.*
- *Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.*

D2140 Amalgam - one surface, primary or permanent.....	\$38 copayment
D2150 Amalgam - two surfaces, primary or permanent.....	\$47 copayment
D2160 Amalgam - three surfaces, primary or permanent.....	\$57 copayment
D2161 Amalgam - four or more surfaces, primary or permanent.....	\$63 copayment
D2330 Resin-based composite - one surface, anterior.....	\$46 copayment
D2331 Resin-based composite - two surfaces, anterior .....	\$57 copayment
D2332 Resin-based composite - three surfaces, anterior .....	\$68 copayment
D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior) .....	\$86 copayment

D2390 Resin-based composite crown, anterior.....	\$114 copayment
D2391 Resin-based composite - one surface, posterior.....	\$52 copayment
D2392 Resin-based composite - two surfaces, posterior.....	\$67 copayment
D2393 Resin-based composite - three surfaces, posterior.....	\$82 copayment
D2394 Resin-based composite - four or more surfaces, posterior.....	\$95 copayment
D2510 Inlay - metallic - one surface.....	\$180 copayment
D2520 Inlay - metallic - two surfaces.....	\$190 copayment
D2530 Inlay - metallic - three or more surfaces.....	\$200 copayment
D2542 Onlay - metallic - two surfaces.....	\$195 copayment
D2543 Onlay - metallic - three surfaces.....	\$205 copayment
D2544 Onlay - metallic - four or more surfaces.....	\$225 copayment
D2610 Inlay - porcelain/ceramic - one surface.....	\$305 copayment
D2620 Inlay - porcelain/ceramic - two surfaces.....	\$340 copayment
D2630 Inlay - porcelain/ceramic - three or more surfaces.....	\$360 copayment
D2642 Onlay - porcelain/ceramic - two surfaces.....	\$335 copayment
D2643 Onlay - porcelain/ceramic - three surfaces.....	\$370 copayment
D2644 Onlay - porcelain/ceramic - four or more surfaces.....	\$390 copayment
D2650 Inlay - resin-based composite - one surface.....	\$205 copayment
D2651 Inlay - resin-based composite - two surfaces.....	\$230 copayment
D2652 Inlay - resin-based composite - three or more surfaces.....	\$265 copayment
D2662 Onlay - resin-based composite - two surfaces.....	\$260 copayment
D2663 Onlay - resin-based composite - three surfaces.....	\$285 copayment

D2664 Onlay - resin-based composite - four or more surfaces.....	\$330 copayment
D2710 Crown - resin-based composite (indirect) .....	\$180 copayment
D2712 Crown - ¾ resin-based composite (indirect) .....	\$180 copayment
D2720 Crown - resin with high noble metal.....	\$330 copayment
D2721 Crown - resin with predominantly base metal.....	\$230 copayment
D2722 Crown - resin with noble metal .....	\$270 copayment
D2740 Crown - porcelain/ceramic substrate.....	\$390 copayment
D2750 Crown - porcelain fused to high noble metal .....	\$390 copayment
D2751 Crown - porcelain fused to predominantly base metal.....	\$290 copayment
D2752 Crown - porcelain fused to noble metal .....	\$330 copayment
D2780 Crown - ¾ cast high noble metal.....	\$390 copayment
D2781 Crown - ¾ cast predominantly base metal .....	\$290 copayment
D2782 Crown - ¾ cast noble metal.....	\$330 copayment
D2783 Crown - ¾ porcelain/ceramic .....	\$390 copayment
D2790 Crown - full cast high noble metal .....	\$390 copayment
D2791 Crown - full cast predominantly base metal.....	\$290 copayment
D2792 Crown - full cast noble metal .....	\$330 copayment
D2794 Crown - titanium .....	\$390 copayment
D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration .....	\$31 copayment
D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core.....	\$32 copayment
D2920 Re-cement or re-bond crown.....	\$29 copayment

D2921 Reattachment of tooth fragment, incisal edge or cusp (anterior) .....	\$43 copayment
D2929 Prefabricated porcelain/ceramic crown - primary tooth - anterior .....	\$104 copayment
D2930 Prefabricated stainless steel crown - primary tooth .....	\$77 copayment
D2931 Prefabricated stainless steel crown - permanent tooth .....	\$92 copayment
D2932 Prefabricated resin crown - anterior primary tooth .....	\$83 copayment
D2933 Prefabricated stainless steel crown with resin window - anterior primary tooth .....	\$84 copayment
D2940 Protective restoration.....	\$32 copayment
D2941 Interim therapeutic restoration - primary dentition .....	\$12 copayment
D2949 Restorative foundation for an indirect restoration.....	\$57 copayment
D2950 Core buildup, including any pins when required .....	\$77 copayment
D2951 Pin retention - per tooth, in addition to restoration .....	\$19 copayment
D2952 Post and core in addition to crown, indirectly fabricated - includes canal preparation .....	\$101 copayment
D2953 Each additional indirectly fabricated post - same tooth - includes canal preparation.....	\$61 copayment
D2954 Prefabricated post and core in addition to crown - base metal post; includes canal preparation	\$91 copayment
D2957 Each additional prefabricated post - same tooth - base metal post; includes canal preparation	\$48 copayment
D2971 Additional procedures to construct new crown under existing partial denture framework ..	\$62 copayment
D2980 Crown repair necessitated by restorative material failure .....	\$73 copayment
D2981 Inlay repair necessitated by restorative material failure.....	\$59 copayment
D2982 Onlay repair necessitated by restorative material failure .....	\$55 copayment



D2983 Veneer repair necessitated by restorative material failure .....\$56 copayment

D2990 Resin infiltration of incipient smooth surface lesions - *limited to permanent molars through age 15*... \$29 copayment

**D3000-D3999 IV. ENDODONTICS**

D3110 Pulp cap - direct (excluding final restoration).....\$25 copayment

D3120 Pulp cap - indirect (excluding final restoration).....\$23 copayment

D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament .....\$55 copayment

D3221 Pulpal debridement, primary and permanent teeth.....\$53 copayment

D3222 Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development.\$55 copayment

D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) ...\$66 copayment

D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) .\$75 copayment

D3310 Root canal - endodontic therapy, anterior tooth (excluding final restoration) .....\$229 copayment

D3320 Root canal - endodontic therapy, bicuspid tooth (excluding final restoration) .....\$266 copayment

D3330 Root canal - endodontic therapy, molar (excluding final restoration) .....\$336 copayment

D3331 Treatment of root canal obstruction; non-surgical access .....\$115 copayment

D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth .....\$120 copayment

D3333 Internal root repair of perforation defects .....\$103 copayment

D3346 Retreatment of previous root canal therapy - anterior.....	\$280 copayment
D3347 Retreatment of previous root canal therapy - bicuspid.....	\$310 copayment
D3348 Retreatment of previous root canal therapy - molar.....	\$389 copayment
D3351 Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) .....	\$94 copayment
D3352 Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) .....	\$56 copayment
D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) .....	\$237 copayment
D3410 Apicoectomy - anterior.....	\$251 copayment
D3421 Apicoectomy - bicuspid (first root) .....	\$276 copayment
D3425 Apicoectomy - molar (first root) .....	\$297 copayment
D3426 Apicoectomy (each additional root).....	\$79 copayment
D3427 Periradicular surgery without apicoectomy.....	\$227 copayment
D3430 Retrograde filling - per root .....	\$74 copayment
D3450 Root amputation - per root .....	\$171 copayment
D3920 Hemisection (including any root removal), not including root canal therapy .....	\$122 copayment

**D4000-D4999 V. PERIODONTICS**

- *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant...	\$0 copayment
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- D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant...\$0 copayment
- D4212 Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth.....\$0 copayment
- D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....\$0 copayment
- D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....\$0 copayment
- D4245 Apically positioned flap .....\$0 copayment
- D4249 Clinical crown lengthening - hard tissue.....\$0 copayment
- D4260 Osseous surgery (including elevation of a full thickness flap and closure)
  - four or more contiguous teeth or tooth bounded spaces per quadrant .....\$0 copayment
- D4261 Osseous surgery (including elevation of a full thickness flap and closure)
  - one to three contiguous teeth or tooth bounded spaces per quadrant .....\$0 copayment
- D4263 Bone replacement graft - retained natural tooth - first site in quadrant .....\$0 copayment
- D4264 Bone replacement graft - retained natural tooth - each additional site in quadrant.....\$0 copayment
- D4270 Pedicle soft tissue graft procedure .....\$0 copayment
- D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) .....\$0 copayment
- D4277 Free soft tissue graft procedure (including recipient and donor surgical sites) ..... first tooth, implant, or edentulous tooth position in graft.....\$0 copayment
- D4278 Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site .....\$0 copayment

D4341 Periodontal scaling and root planing - four or more teeth per quadrant	
- limited to 4 quadrants during any 12 consecutive months .....	\$0 copayment
D4342 Periodontal scaling and root planing - one to three teeth per quadrant	
- limited to 4 quadrants during any 12 consecutive months .....	\$0 copayment
D4346 Scaling in presence of generalized moderate or severe gingival inflammation	
- full mouth, after oral evaluation - 2 D1110, D1120 or D4346 per calendar year .....	\$0 copayment
D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis	
- limited to 1 treatment in any 12 consecutive months .....	\$0 copayment
D4910 Periodontal maintenance - limited to 2 treatments per calendar year .....	\$0 copayment
D4921 Gingival irrigation - per quadrant.....	\$0 copayment

**D5000-D5899 VI. PROSTHODONTICS (removable)**

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. You must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.
- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.
- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.

D5110 Complete denture - maxillary.....	\$705 copayment
D5120 Complete denture - mandibular .....	\$705 copayment
D5130 Immediate denture - maxillary .....	\$750 copayment
D5140 Immediate denture - mandibular .....	\$750 copayment

D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$620 copayment
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$620 copayment
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$775 copayment
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$775 copayment
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$620 copayment
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$620 copayment
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$775 copayment
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$775 copayment
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$700 copayment
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$700 copayment
D5410	Adjust complete denture - maxillary	\$35 copayment
D5411	Adjust complete denture - mandibular	\$38 copayment
D5421	Adjust partial denture - maxillary	\$40 copayment
D5422	Adjust partial denture - mandibular	\$40 copayment
D5510	Repair broken complete denture base	\$89 copayment

D5520 Replace missing or broken teeth - complete denture (each tooth) .....	\$71 copayment
D5610 Repair resin denture base .....	\$86 copayment
D5620 Repair cast framework .....	\$101 copayment
D5630 Repair or replace broken clasp - per tooth .....	\$104 copayment
D5640 Replace broken teeth - per tooth .....	\$78 copayment
D5650 Add tooth to existing partial denture .....	\$91 copayment
D5660 Add clasp to existing partial denture - per tooth .....	\$98 copayment
D5670 Replace all teeth and acrylic on cast metal framework (maxillary) .....	\$281 copayment
D5671 Replace all teeth and acrylic on cast metal framework (mandibular) .....	\$275 copayment
D5710 Rebase complete maxillary denture .....	\$279 copayment
D5711 Rebase complete mandibular denture .....	\$267 copayment
D5720 Rebase maxillary partial denture .....	\$267 copayment
D5721 Rebase mandibular partial denture .....	\$263 copayment
D5730 Reline complete maxillary denture (chairside) .....	\$168 copayment
D5731 Reline complete mandibular denture (chairside) .....	\$172 copayment
D5740 Reline maxillary partial denture (chairside) .....	\$156 copayment
D5741 Reline mandibular partial denture (chairside) .....	\$169 copayment
D5750 Reline complete maxillary denture (laboratory) .....	\$204 copayment
D5751 Reline complete mandibular denture (laboratory) .....	\$211 copayment
D5760 Reline maxillary partial denture (laboratory) .....	\$184 copayment
D5761 Reline mandibular partial denture (laboratory) .....	\$209 copayment

D5820 Interim partial denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i> .....	\$264 copayment
D5821 Interim partial denture (mandibular) - <i>limited to 1 in any 12 consecutive months</i> .....	\$281 copayment
D5850 Tissue conditioning, maxillary .....	\$79 copayment
D5851 Tissue conditioning, mandibular .....	\$74 copayment

**D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered**

**D6000-D6199 VIII. IMPLANT SERVICES - Not Covered**

**D6200-D6999 IX. PROSTHODONTICS, FIXED (each retainer and each pontic constitutes a unit in a partial denture (bridge))**

- *When a crown and/or pontic exceeds six units in the same treatment plan, You may be charged an additional \$100 copayment per unit, beyond the 6th unit.*
- *Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5old.*

D6210 Pontic - cast high noble metal .....	\$490 copayment
D6211 Pontic - cast predominantly base metal .....	\$390 copayment
D6212 Pontic - cast noble metal .....	\$430 copayment
D6240 Pontic - porcelain fused to high noble metal .....	\$490 copayment
D6241 Pontic - porcelain fused to predominantly base metal .....	\$390 copayment
D6242 Pontic - porcelain fused to noble metal .....	\$430 copayment
D6245 Pontic - porcelain/ceramic .....	\$490 copayment

D6250 Pontic - resin with high noble metal.....	\$430 copayment
D6251 Pontic - resin with predominantly base metal .....	\$330 copayment
D6252 Pontic - resin with noble metal.....	\$370 copayment
D6600 Retainer inlay - porcelain/ceramic, two surfaces .....	\$440 copayment
D6601 Retainer inlay - porcelain/ceramic, three or more surfaces.....	\$460 copayment
D6602 Retainer inlay - cast high noble metal, two surfaces.....	\$390 copayment
D6603 Retainer inlay - cast high noble metal, three or more surfaces .....	\$400 copayment
D6604 Retainer inlay - cast predominantly base metal, two surfaces .....	\$290 copayment
D6605 Retainer inlay - cast predominantly base metal, three or more surfaces.....	\$300 copayment
D6606 Retainer inlay - cast noble metal, two surfaces .....	\$320 copayment
D6607 Retainer inlay - cast noble metal, three or more surfaces .....	\$330 copayment
D6608 Retainer onlay - porcelain/ceramic, two surfaces .....	\$435 copayment
D6609 Retainer onlay - porcelain/ceramic, three or more surfaces.....	\$470 copayment
D6610 Retainer onlay - cast high noble metal, two surfaces.....	\$395 copayment
D6611 Retainer onlay - cast high noble metal, three or more surfaces .....	\$405 copayment
D6612 Retainer onlay - cast predominantly base metal, two surfaces.....	\$295 copayment
D6613 Retainer onlay - cast predominantly base metal, three or more surfaces.....	\$305 copayment
D6614 Retainer onlay - cast noble metal, two surfaces .....	\$315 copayment
D6615 Retainer onlay - cast noble metal, three or more surfaces .....	\$335 copayment
D6720 Retainer crown - resin with high noble metal .....	\$430 copayment
D6721 Retainer crown - resin with predominantly base metal.....	\$330 copayment
D6722 Retainer crown - resin with noble metal .....	\$370 copayment



D6740 Retainer crown - porcelain/ceramic .....	\$490 copayment
D6750 Retainer crown - porcelain fused to high noble metal.....	\$490 copayment
D6751 Retainer crown - porcelain fused to predominantly base metal .....	\$390 copayment
D6752 Retainer crown - porcelain fused to noble metal.....	\$430 copayment
D6780 Retainer crown - ¾ cast high noble metal .....	\$490 copayment
D6781 Retainer crown - ¾ cast predominantly base metal.....	\$390 copayment
D6782 Retainer crown - ¾ cast noble metal .....	\$430 copayment
D6783 Retainer crown - ¾ porcelain/ceramic .....	\$490 copayment
D6790 Retainer crown - full cast high noble metal .....	\$490 copayment
D6791 Retainer crown - full cast predominantly base metal .....	\$390 copayment
D6792 Retainer crown - full cast noble metal.....	\$430 copayment
D6930 Re-cement or re-bond fixed partial denture .....	\$73 copayment
D6940 Stress breaker .....	\$151 copayment
D6980 Fixed partial denture repair necessitated by restorative material failure.....	\$105 copayment

**D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY**

- *Includes preoperative and postoperative evaluations and treatment under a local anesthetic*

D7111 Extraction, coronal remnants - deciduous tooth.....	\$0 copayment
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	\$0 copayment
D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated .....	\$0 copayment

D7220 Removal of impacted tooth - soft tissue.....	\$0 copayment
D7230 Removal of impacted tooth - partially bony.....	\$0 copayment
D7240 Removal of impacted tooth - completely bony .....	\$0 copayment
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications .....	\$0 copayment
D7250 Removal of residual tooth roots (cutting procedure) .....	\$0 copayment
D7251 Coronectomy - intentional partial tooth removal .....	\$0 copayment
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.....	\$0 copayment
D7280 Exposure of an unerupted tooth .....	\$0 copayment
D7282 Mobilization of erupted or malpositioned tooth to aid eruption .....	\$0 copayment
D7283 Placement of device to facilitate eruption of impacted tooth.....	\$0 copayment
D7286 Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures ...	\$0 copayment
D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0 copayment
D7311 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$0 copayment
D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	\$0 copayment
D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	\$0 copayment
D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm .....	\$0 copayment

D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm .....	\$0 copayment
D7471 Removal of lateral exostosis (maxilla or mandible).....	\$0 copayment
D7472 Removal of torus palatinus.....	\$0 copayment
D7473 Removal of torus mandibularis .....	\$0 copayment
D7510 Incision and drainage of abscess - intraoral soft tissue .....	\$0 copayment
D7960 Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure .....	\$0 copayment
D7970 Excision of hyperplastic tissue - per arch.....	\$0 copayment
D7971 Excision of pericoronal gingiva .....	\$0 copayment

**D8000-D8999 XI. ORTHODONTICS - Not Covered**

**D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES**

D9110 Palliative (emergency) treatment of dental pain - minor procedure.....	\$0 copayment
D9211 Regional block anesthesia .....	\$14 copayment
D9212 Trigeminal division block anesthesia.....	\$66 copayment
D9215 Local anesthesia in conjunction with operative or surgical procedures .....	\$11 copayment
D9219 Evaluation for deep sedation or general anesthesia.....	\$58 copayment
D9223 Deep sedation/general anesthesia - each 15 minute increment .....	\$100 copayment
D9243 Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment.....	\$80 copayment
D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician .....	\$0 copayment

D9311 Consultation with medical health care professional.....	\$0 copayment
D9430 Office visit for observation (during regularly scheduled hours) - no other services performed	\$0 copayment
D9440 Office visit - after regularly scheduled hours.....	\$0 copayment
D9450 Case presentation, detailed and extensive treatment planning.....	\$0 copayment
D9932 Cleaning and inspection of removable complete denture, maxillary.....	\$61 copayment
D9933 Cleaning and inspection of removable complete denture, mandibular.....	\$62 copayment
D9934 Cleaning and inspection of removable partial denture, maxillary.....	\$63 copayment
D9935 Cleaning and inspection of removable partial denture, mandibular.....	\$63 copayment
D9940 Occlusal guard, by report - <i>limited to 1 in 3 years</i> .....	\$159 copayment
D9943 Occlusal guard adjustment.....	\$36 copayment
D9951 Occlusal adjustment, limited.....	\$35 copayment
D9952 Occlusal adjustment, complete.....	\$124 copayment
D9975 External bleaching for home application, per arch; includes materials and fabrication of custom trays - limited to one bleaching tray and gel for two weeks of self-treatment.....	\$51 copayment
D9986 Missed appointment - without 24 hour notice.....	\$25 copayment
D9987 Canceled appointment - without 24 hour notice.....	\$25 copayment
D9991 Dental case management - addressing appointment compliance barriers.....	\$0 copayment
D9992 Dental case management - care coordination.....	\$0 copayment

If services for a listed procedure are performed by the assigned contract dentist, you pay the specified Copayment. Listed procedures which require a dentist to provide specialist services, and are referred by the assigned contract dentist, must be authorized by the administrator. You pay the Copayment specified for such services.

**Limitations of Benefits**

1. The frequency of certain benefits is limited. All frequency limitations are listed in the list above.

2. If you accept a treatment plan from the contract dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, you may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (procedures D7230, D7240, and D7241).
4. Benefits provided by a pediatric dentist are limited to children through age seven following an attempt by the assigned contract dentist to treat the child and upon authorization by the administrator, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

### **Exclusions of Benefits**

1. Any procedure that is not specifically listed in the table above, *Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the contract Dentist:
  - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
  - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9975 (external bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned contract dentist, an authorized dental specialist, or a contract orthodontist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.
13. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DHMO Program. Examples include: teeth prepared for crowns, root canals in progress and full or partial dentures for which an impression has been taken.
14. Myofunctional and parafunctional appliances and/or therapies.
15. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

Bright Advantage and Bright Advantage Plus are Medicare Advantage plans with a contract with the Federal government. Enrollment in the plan depends on contract renewal. Our plans are issued through: Bright Health Insurance Company of Alabama, Inc.; Bright Health Company of Arizona; Bright Health Insurance Company. Other providers are available in our network. Most network providers participate through our Care Partner, Arizona Care Network.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

## **Nondiscrimination Notice and Assistance with Communication**

Bright Health does not exclude, deny benefits to, or otherwise discriminate against any individual on the basis of sex, age, race, color, national origin, or disability. "Bright Health" means Bright Health plans and their affiliates, which are listed below.

### **Language assistance and alternate formats:**

Assistance is available *at no cost* to help you communicate with us. The services include, but are not limited to:

- Interpreters for languages other than English;
- Written information in alternative formats such as large print; and
- Assistance with reading Bright Health websites.

To ask for help with these services, please call (844) 606-4633.

If you think that we failed to provide language assistance or alternate formats, or you were discriminated against because of your sex, age, race, color, national origin, or disability, you can send a complaint to:

Bright Health Civil Rights Coordinator  
PO Box 853943, Richardson, TX 75085-3943  
Phone: (844) 202-2154  
Fax: (800) 894-7742

You can also file a complaint with the U.S Dept. of Health and Human Services, the Office of Civil Rights:

- **Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

If you need help with your complaint, please call (844) 202-2154.

"Bright Health" means Bright Health Management, Inc., Bright Health Insurance Company of Alabama, Inc., Bright Health Company of Arizona, and Bright Health Insurance Company.

**Section 1557 / Multi Language Insert**

This information is available in other formats like large print. To ask for another format, please call (844) 606-4633.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (844) 606-4633.
Spanish (US)	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de ayuda con el idioma. Llame al (844) 606-4633.
Chinese (S)	注意：如果您讲中文，您可以获得免费的语言协助服务。请致电 (844) 606-4633。
Russian	ВНИМАНИЕ! Если Вы говорите по-русски, то услуги бесплатной языковой поддержки доступны Вам. Позвоните по телефону (844) 606-4633.
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (844) 606-4633 로 전화하십시오.
Haitian Creole	ATANSYON: Si w pale kreyòl ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (844) 606-4633.
Italian	ATTENZIONE: se parla italiano, sono disponibili per Lei servizi di assistenza linguistica gratuiti. Chiami il numero (844) 606-4633.
Yiddish	אויפמערקזאמקייט: אויב איר רעדט יידיש, שפראך הילף סערוויסעס, פריי פון אָפּצאל, זענען פאראן פאר אייך. רופט (844) 606-4633
Bengali	মনোযোগ দিন: আপনি যদি বাংলায় কথা বলেন, তাহলে ভাষা সহায়তা পরিষেবাগুলি, বিনামূল্যে, আপনার জন্য উপলব্ধ আছে। (844) 606-4633 নম্বরে ফোন করুন।
Arabic	تنبيه: إذا كنت تتكلم العربية، فإن خدمات المساعدة اللغوية متاحة لك من دون مقابل. اتصل على الرقم (844) 606-4633.
Polish	UWAGA: Jeżeli posługuje się Pan/ Pani językiem polskim, może Pan/ Pani skorzystać z bezpłatnej pomocy językowej. Prosimy zadzwonić pod numer (844) 606-4633.
French (FR)	REMARQUE : si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le (844) 606-4633.
Tagalog	PANSININ: Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libheng tulong na mga serbisyong pangwika. Tawagan ang (844) 606-4633.
Vietnamese	LƯU Ý: Nếu quý vị nói tiếng Việt, sẽ có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số (844) 606-4633.
Navajo	DÍÍ BAA AKÓ NÍNÍZIN: Díí bee yáníłti'go Diné bizaad, saad bee áká'ánida'áwo'déé', t'áá jiiik'eh, ná hóló. Kojí' hódííłnih (844) 606-4633.
Urdu	توجہ دیں: اگر آپ اردو بولتے/بولتی ہیں، تو آپ کے لیے زبان سے متعلق اعانت کی خدمات، بلا معاوضہ دستیاب ہیں۔ (844) 606-4633 پر کال کریں۔
Japanese	ご注意: 日本語をお話しになる方は、無料の言語アシスタンスサービスをご利用いただけます。(844) 606-4633 までお電話ください。
Portuguese (BR)	ATENÇÃO: caso você fale português, há serviços gratuitos de assistência de idioma à sua disposição. Ligue para (844) 606-4633.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie unter (844) 606-4633 an.
Persian Farsi	توجه: اگر زبان شما فارسی است، خدمات پشتیبانی زبانی به صورت رایگان در اختیار شماست. با (844) 606-4633 تماس بگیرید.