

2014 CareSource Just4Me™ Dental Benefit Quick Reference Guide

To be used prior to Dec. 31, 2014

CareSource Just4Me Dental + Vision! is part of our enhanced benefit design. It supplements our basic plan by providing coverage for routine dental exams, as well as allowances for both basic and major dental services.

PLAN TYPE	EXAMS & SCREENING	BASIC DENTAL	MAJOR DENTAL
BASIC SILVER or GOLD	Not Covered	Not Covered	Not Covered
ENHANCED SILVER or GOLD	Covered No Copay	Covered up to Maximum \$300	Covered up to Maximum \$300

****Note CareSource Just4Me does not offer dental benefits for members under 19 years of age for any plans (Basic or Enhanced). Out of Pocket Dental expenses for routine, basic or major services do not count toward member deductibles****

COVERED SERVICES: ROUTINE DENTAL CLEANING AND EXAM

CareSource Just4Me Dental + Vision! allows **two** routine visits per year. Routine visits consist of exam and cleaning (prophylaxis) for members **≥ 19 years** of age with our enhanced plan. There is no copay associated with the (2) allowed routine dental cleanings and exams.

BASIC DENTAL

**Member responsible for a \$25.00 office visit copay
Plan benefits allows up to a maximum of \$300 per year towards these services:**

D0120 – Periodic Oral Evaluation, Established Patient	D0240 – Intraoral – occlusal radiographic image	D0330 – Panoramic radiographic image	D2330 – resin-based composite – one surface, anterior	D2392 – resin-based composite – two surfaces, posterior
D0150 – Comprehensive Oral Evaluation, New Or Established Patient	D0270 – Bitewing – single radiographic image	D1110 – prophylaxis – adult	D2331 – resin-based composite – two surfaces, anterior	D2393 – resin-based composite – three surfaces, posterior
D0210 – Intraoral, complete series of radiographic images	D0272 – Bitewings – two radiographic images	D2140 – amalgam – one surface, primary or permanent	D2332 – resin-based composite – three surfaces, anterior	D2394 – resin-based composite – four or more surfaces, posterior
D0220 – Intraoral – periapical first radiographic image	D0273 – Bitewings – three radiographic images	D2150 – amalgam – two surfaces, primary or permanent	D2335 – resin-based composite – four or more surfaces or involving incisal angle (anterior)	D7140 – extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D0230 – Intraoral – periapical each additional radiographic image	D0274 – Bitewings – four radiographic images	D2160 – amalgam – three surfaces, primary or permanent	D2391 – resin-based composite – one surface, posterior	
		D2161 – amalgam – four or more surfaces, primary or permanent		

MAJOR DENTAL

**Member is responsible for a \$75.00 office visit copay
Plan benefits allow up to a maximum of \$300 per year towards these services:**

D5110 – complete denture – maxillary	D5212 – mandibular partial denture – resin base (including any conventional clasps, rests and teeth); Includes acrylic resin base denture with resin or wrought wire clasps.	D7230 – removal of impacted tooth – partially bony
D5120 – complete denture – mandibular	D7210 – surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	D7240 – removal of impacted tooth – completely bony
D5211 – maxillary partial denture – resin base (including any conventional clasps, rests and teeth); Includes acrylic resin base denture with resin or wrought wire	D7220 – removal of impacted tooth – soft tissue	D7241 – removal of impacted tooth – completely bony, with unusual surgical complications
		D7250 – surgical removal of residual tooth roots (cutting procedure)

* **NOTE: In the event both basic and major services are rendered the larger of copays will apply.**

(continued)

ACCIDENTAL INJURY AND MEDICALLY NECESSARY DENTAL SERVICES

The plan benefits provide for dental work and oral surgery if they are for the initial repair (performed within 12 months from date of injury, or as clinically appropriate) of an injury to the jaw, sound natural teeth, mouth or face required because of an accident. Initial repair that is not excessive in scope, duration, or intensity that provides safe, adequate, and appropriate treatment without adversely affecting the member's condition. This includes all examinations and treatment to complete the repair for both children and adults covered by the CareSource Just4Me medical plan. **Injury as a result of chewing or biting is not considered an accidental injury, and services related to such injuries are not covered services.**

****NOTE: medically necessary dental services (rendered due to accidental injury or medical necessity) may be subject to an annual deductible and count towards annual plan out-of-pocket maximums.**

DENTAL EXCLUSIONS

- | | |
|--|---|
| <ul style="list-style-type: none">• Treatment of congenitally missing, mal-positioned, or super numerary teeth, even if part of a Congenital Anomaly except as set forth in the Evidence of Coverage• Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMD)• Plaque control programs, oral hygiene instruction, and dietary instructions• Gold foil restorations• Replacement of dentures that have been lost, stolen or misplaced• Replacement of lost or missing appliances• Internal bleaching• Oral sedation• Duplicate dental services, devices, and appliance that are provisional or temporary• Precision attachments, personalization, precious metal bases and other specialized techniques• Dental implants | <ul style="list-style-type: none">• Services to alter vertical dimension and/or restore or maintain the occlusion (such as equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth)• Sealants for teeth other than permanent molars• Services not medically necessary and do not meet the standards of dental practice• Repair of damaged orthodontic appliance• Sealants for teeth other than permanent molars• Fabrication of athletic mouth guard• Nitrous oxide• Topical medicament center• Use of material or home health aides to prevent decay, such as toothpaste, fluoride gels, dental floss and teeth whiteners• Bone grafts when done in connection with extractions, apicoetomies, or non-covered/non-eligible implants• Orthodontic services |
|--|---|



CareSource.com