

IV DENTAL HEALTH PLAN

Goshen College offers a comprehensive dental insurance plan, which includes preventive services twice a year that include examinations and cleaning, and coverage of orthodontia for children, crowns, root canals, dentures, and other procedures. Preventive examinations are covered at no additional cost to the employee, while most other procedures are paid at 50%. Orthodontia is paid up to a maximum of \$1000 over 2 years. The employee pays the entire cost of dental insurance, and family members may be covered at additional cost. See the plan details below, and contact Human Resources for current rates. The list of dentists participating in the plan may be viewed at www.hri-dho.com. Employees and family members are eligible upon date of employment.

COVERED PROCEDURES

The percentage of HRI's payment is valid only for services obtained from participating dentists (Providers) contracted with HRI.

AMERICAN DENTAL ASSOCIATION (ADA) PROCEDURE CODE/EXPLANATION HRI PAYMENT

EXAMINATIONS AND DIAGNOSTIC SERVICES

Examinations

D0120	Periodic oral evaluation	100%
D0140	Limited oral evaluation-problem focused	100%
D0150	Comprehensive oral evaluation	100%
D0180	Comprehensive periodontal evaluation	100%

Radiographs

D0210	Complete series, including bitewings	100%
D0220	Periapical, first film	100%
D0230	Additional periapical	100%
D0240	Occlusal	100%
D0270	Single bitewings	100%
D0272	Two bitewings	100%
D0274	Four bitewings	100%
D0277	Vertical Bitewings	100%
D0290	P/A, lateral skull	100%
D0320	TMJ arthrogram	100%
D0321	Other temporomandibular joint films, by report	100%
D0330	Panoramic film	100%
D0340	cephalometric film	100%

Other Procedures

D0350	Oral/facial images	100%
D0460	Pulp vitality test	100%
D0470	Diagnostic casts	100%

PREVENTIVE SERVICES

D1110	Prophylaxis, adult	100%
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D1120	Prophylaxis, child	100%
D1201	Prophylaxis and fluoride, child	100%
D1203	Fluoride, child	100%
D1204	Fluoride, adult	100%
D1205	Prophylaxis and fluoride, adult	100%
D1351	Sealant, per tooth (permanent molar teeth only)	100%

Space Maintainers

D1510	Fixed, unilateral	100%
D1515	Fixed, bilateral	100%
D1525	Removable, bilateral	100%
D1550	Recementation of space maintainer	100%

RESTORATIVE

Amalgam Restorations (includes Polishing)

D2140	Primary or permanent tooth, 1 surface	50%
D2150	Primary or permanent tooth, 2 surfaces	50%
D2160	Primary or permanent tooth, 3 surfaces	50%
D2161	Primary or permanent tooth, 4 or more surfaces	50%

Composite Resins

D2330	Anterior 1 surface, primary or permanent	50%
D2331	Anterior 2 surfaces, primary or permanent	50%
D2332	Anterior 3 surfaces, primary or permanent	50%
D2335	Anterior 4 or more surfaces, primary or permanent	50%
D2390	Composite resin crown for primary anterior tooth	50%
D2391	Posterior 1 surface, primary or permanent	50%
D2392	Posterior 2 surfaces, primary or permanent	50%
D3293	Posterior 3 surfaces, primary or permanent	50%
D2394	Posterior 4 or more surfaces, primary or permanent	50%

Inlay/Onlay Restorations

D2520	Metallic inlay, 2 surfaces	50%
D2530	Metallic inlay, 3 or more surfaces	50%
D2542	Metallic onlay, 2 surfaces	50%
D2543	Metallic onlay, 3 surfaces	50%
D2544	Metallic onlay, 4 or more surfaces	50%
D2610	Porcelain inlay 1 surface	50%
D2620	Porcelain inlay 2 surfaces	50%
D2630	Porcelain inlay 3 or more surfaces	50%
D2642	Onlay porcelain/ceramic, 2 surfaces	50%
D2643	Onlay porcelain/ceramic, 3 surfaces	50%
D2644	Onlay porcelain/ceramic, 4 or more surfaces	50%
D2651	Inlay, composite 2 surfaces, indirect	50%
D2652	Inlay, composite 3 surfaces, indirect	50%
D2663	Composite onlay 3 surfaces, indirect	50%
D2664	Composite onlay 4 or more surfaces, indirect	50%

CROWNS

D2710	Processed resin jacket	50%
D2740	Porcelain/ceramic substrate	50%

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D2750	Porcelain, high noble metal	50%
D2751	Porcelain, base metal	50%
D2752	Porcelain, fused to noble metal	50%
D2780	¾ cast high noble metal	50%
D2781	¾ cast predominately base metal	50%
D2782	¾ cast noble metal	50%
D2783	¾ porcelain/ceramic	50%
D2790	Full cast high noble metal	50%
D2791	Full cast base metal	50%
D2792	Full cast noble metal	50%
D2910	Recement inlay	50%
D2920	Recement crown	50%
D2930	Prefabricated, stainless steel, primary tooth only	50%
D2933	Prefabricated stainless steel crown with resin window, primary tooth only	50%

Other Restorative Services

D2940	Sedative filling + excavation	50%
D2950	Core buildup with pins	50%
D2951	Pin retention, per tooth	50%
D2952	Cast post and core	50%
D2954	Pre-fabricated post, core build-up	50%
D2960	Labial veneer, chairside	50%
D2962	Labial veneer, porcelain	50%

ENDODONTICS

D3220	Vital pulpotomy, primary tooth only	50%
D3230	Pulp therapy, anterior, primary tooth only	50%
D3240	Pulp therapy, posterior, primary tooth only	50%

Root Canal Therapy (permanent teeth)

D3310	Anteriors	50%
D3320	Premolars	50%
D3330	Molars	50%
D3346	Retreatment of previous root canal therapy- anterior	50%
D3347	Retreatment of previous root canal therapy- bicuspid	50%
D3348	Retreatment of previous root canal therapy- molar	50%

Apexification Procedures

D3351	Apexification, initial treatment	50%
D3352	Apexification, interim treatment	50%
D3353	Apexification, final treatment	50%

Periapical Procedures

D3410	Apicoectomy, anterior	50%
D3421	Apicoectomy, premolar	50%
D3425	Apicoectomy, molar	50%
D3426	Apicoectomy, additional root	50%

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D3430	Retrograde filling	50%
D3450	Root amputation	50%

Other Procedures

D3920	Hemisection	50%
D3950	Preparation for post	50%

PERIODONTICS

D4210	Gingivectomy, per quadrant	50%
D4249	Crown lengthening involving alveolar bone	50%
D4260	Osseous surgery, per quadrant	50%
D4261	Osseous surgery 1 to 3 teeth, per quadrant	50%
D4266	Guided tissue regeneration, resorbable barrier, per site	50%
D4267	Guided tissue regeneration, non-resorbable barrier, per site	50%
D4270	Pedicle soft tissue graft	50%
D4271	Free soft tissue graft	50%
D4273	Subepithelial connective tissue graft	50%
D4274	Distal or proximal wedge	50%
D4341	Scale and root plane, at least 3 teeth with 5+mm pockets per quadrant	50%
D4355	Full mouth debridement	50%
D4910	Periodontal maintenance	50%

REMOVABLE PROSTHODONTICS

Complete Dentures

D5110	Maxillary complete denture	50%
D5120	Mandibular complete denture	50%
D5130	Immediate denture-maxillary	50%
D5140	Immediate denture-mandibular	50%

Partial Dentures

D5211	Maxillary partial denture-resin based	50%
D5212	Mandibular partial denture-resin based	50%
D5213	Maxillary partial-metal framework-resin based	50%
D5214	Mandibular partial-metal framework-resin based	50%

Repairs

D5510	Complete denture repair, fractured base	50%
D5520	Complete denture repair, replace tooth	50%
D5610	Partial denture repair, resin base	50%
D5620	Partial denture repair, cast framework	50%
D5630	Partial denture repair, replace clasp	50%
D5640	Partial denture repair, replace tooth	50%
D5650	Partial denture repair, add tooth	50%
D5660	Partial denture repair, add clasp	50%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	50%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	50%

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	framework (mandible)	50%
Other Procedures		
D5710	Rebase complete maxillary denture	50%
D5711	Rebase complete mandibular denture	50%
D5720	Rebase maxillary partial denture	50%
D5721	Rebase mandibular partial denture	50%
D5730	Reline complete maxillary denture, chairside	50%
D5731	Reline complete mandibular denture, chairside	50%
D5740	Reline maxillary partial denture, chairside	50%
D5741	Reline mandibular partial denture, chairside	50%
D5750	Reline complete maxillary denture, laboratory	50%
D5751	Reline complete mandibular denture, laboratory	50%
D5760	Reline maxillary partial denture, laboratory	50%
D5761	Reline mandibular partial denture, laboratory	50%
D5850	Tissue conditioning, maxillary	50%
D5851	Tissue conditioning, mandibular	50%
D5860	Overdenture, complete	50%
D5861	Overdenture, partial	50%

FIXED PROSTHODONTICS

Bridge Pontics

D6210	High noble metal	50%
D6211	Base metal	50%
D6212	Noble metal	50%
D6240	Porcelain fused to high noble metal	50%
D6241	Porcelain fused to base metal	50%
D6242	Porcelain fused to noble metal	50%
D6245	Porcelain/ceramic	50%

Resin Bonded (Maryland) Bridge

D6545	Cast metal, retainer	50%
D6548	Porcelain/ceramic, retainer	50%

Bridge Retainers

D6740	Porcelain/ceramic	50%
D6750	Porcelain fused to high noble metal	50%
D6751	Porcelain fused to base metal	50%
D6752	Porcelain fused to noble metal	50%
D6780	¾ cast high noble metal	50%
D6781	¾ cast predominately based metal	50%
D6782	¾ cast noble metal	50%
D6783	¾ porcelain/ceramic	50%
D6790	Full cast high noble metal	50%
D6791	Full cast base metal	50%
D6792	Full cast noble metal	50%

Other Services

D6930	Recement fixed bridge	50%
D6940	Stress breaker	50%
D6970	Post and core	50%

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D6975 Cast coping, metal 50%

ORAL SURGERY

Extractions

D7111 Coronal Remnants deciduous tooth 50%
D7140 Erupted tooth or exposed root 50%
D7210 Surgical removal 50%
D7220 Impaction, soft tissue 50%
D7230 Impaction, partially bony 50%
D7240 Impaction, all bony 50%
D7250 Surgical removal, residual roots 50%

Other Procedures

D7270 Tooth reimplantation 50%
D7280 Surgical exposure, unerupted tooth 50%
D7281 Surgical exposure of impacted or unerupted
tooth to aid eruption 50%
D7286 Biopsy, soft tissue 50%

Ridge Enhancement

D7310 Alveoloplasty, with extractions 50%
D7320 Alveoloplasty, not with extractions 50%
D7340 Vestibuloplasty, uncomplicated 50%
D7350 Vestibuloplasty, complicated 50%

Removal of Tumors and Cysts

D7410 Excise benign lesion, 1.25 cm. 50%
D7411 Excise benign lesion, 1.25+ cm. 50%
D7450 Remove cyst, 1.25 cm. 50%
D7451 Remove cyst, 1.25+ cm. 50%

Additional Procedures

D7471 Removal of lateral exostosis (maxilla or mandible) 50%
D7472 Removal of torus palatinus 50%
D7473 Removal of torus mandibularis 50%
D7510 I. and D. abcess (intraoral) 50%
D7830 TMJ manipulation under anesthesia 50%
D7960 Frenectomy 50%
D7970 Excise hyperplastic tissue, per arch 50%
D7971 Excise pericoronary gingiva 50%
D7980 Sialolithotomy 50%

Adjunctive Services

D9110 Palliative emergency treatment 50%

Anesthesia

D9220 General anesthesia-first 30 minutes 50%
D9221 General anesthesia-one additional 15 minutes 50%
D9230 Analgesia 50%
D9241 Intravenous sedation/analgesia-first 30 minutes 50%
D9242 Intravenous sedation/analgesia-one additional
15 minutes 50%

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Other Services		
D9940	Occlusal splints for bruxism	50%
D9941	Athletic mouthguard	50%
D9973	External bleaching-per tooth (supervised, in office, anteriors)	50%
D9974	Internal bleaching-per tooth (supervised, in office, anteriors)	50%

LIMITATIONS TO COVERED PROCEDURES

Limitations regarding how often procedures may be performed are continuous. Change of group dental plan coverage, termination and reinstatement of group coverage does not eliminate the frequency limitations.

DIAGNOSTIC SERVICES

Examinations

Charges for more than two examinations, of any procedure code combination, are not allowable within **any** consecutive 12 month period. The 12-month period is not based on contract year or calendar year.

- D0140 A limited oral evaluation for a specific oral health problem is performed following referral. The uses of this procedure code are also appropriate in dental emergency conditions such as trauma, acute infection.
- D0150/D0180 Charges for a comprehensive oral examination OR a comprehensive periodontal evaluation are allowable only once every 4 years per enrollee per dentist.

Radiographs

- D0210 A complete series includes bitewings. Charges are allowable only once per enrollee per 4 years. This charge is not allowable if performed within 4 years of D0330. If D0210 is performed within 12 months of D0272, D0274 or D0277, the allowable amount for D0210 will be reduced by the charges for D0272, D0274 or D0277.
- D0220/D0230 The maximum charge for multiple periapical radiographs is limited to the charge for a complete series.
- D0240 An occlusal x-ray charge is allowable only once per arch per enrollee per 12 months.
- D0272/D0274 A maximum of four (4) "bitewing" x-rays is allowable in a twelve (12) month period. Charges for "bitewings" are not allowable if performed within 12 months of D0210.
- D0277 Charges for vertical bitewings are not allowable if performed within 12 months of D0210 or D0274.
- D0330 A panoramic film charge is allowable only once per enrollee per 4 years. This charge is not allowable if it is performed within 4 years of D0210.

Other Procedures

- D0350 A diagnostic photograph charge is allowable only once per enrollee per 5 years.

- D0470 A diagnostic casts charge is allowable only once per 5 years. It is included in the charges for construction of any removable or fixed appliance.
- D0471 A charge for diagnostic photographs is allowable only once per enrollee per 5 years.

PREVENTIVE SERVICES

- D1110/D1120 A prophylaxis charge is allowable only once per enrollee per 6 months. This charge is not allowable if performed within 6 months of D1201, D1205, or D4910.
- D1201-D1205 Topical fluoride must be applied as a separate solution or gel during an office visit and is allowable only once per enrollee per 6 months. These charges are not allowable if performed within 6 months of D1110, 01120 or D4910. Codes D1120, D1201 and D1203 are to be used for children under 15 years of age.
- D1351 A sealant charge is allowable for permanent molar teeth only. A charge for replacement is not allowable for 5 years. A sealant charge is allowable only for children under 15 years of age. A charge for a restoration on the occlusal or facial surface following the placement of a sealant on that surface will not be allowable for 3 years.

Space Maintainers (Passive Only)

- D1510 A fixed, unilateral appliance charge is allowable only for children under 13 years of age. No replacement is allowable for 3 years. The appliance must be passive only and not used to actively move teeth. The charge is not allowable if D1510 is performed within 3 years of D1515 or D1525.
- D1515 A fixed, bilateral appliance charge has the same restrictions as D1510. This charge is not allowable if D1515 is performed within 3 years of D1510 or D1525.
- D1525 A removable, bilateral appliance has the same restrictions as D1510. This charge is not allowable if D1525 is performed within 3 years of D1510 or D1515.
- D1550 A charge for recementation of a space maintainer is allowable only after 12 months from the initial placement of the space maintainer. A charge for recementation is allowable once per 12 months.

RESTORATIVE SERVICES

Charges for all restorative services include the use of local anesthetic, bonding agents, bases, pulp capping, and etchants as needed. Charges for restorations are payable on a "surface" basis only.

Amalgam Restorations

- D2140-D2161 A charge for the replacement of an amalgam restoration by another amalgam or a composite resin on the same surfaces is not allowable for a period of 3 years. A charge for an amalgam restoration is not allowable if performed within 3 years of placing a crown on the same tooth or a sealant on the same surfaces within 3 years.

Composite Resins

D2330-D2394 A charge for the replacement of a composite resin restoration by another composite resin or amalgam on the same surfaces is not allowable for a period of 3 years. A charge for a composite resin restoration is not allowable if performed within 3 years of placing a crown on the same tooth or a sealant on the same surfaces within 3 years.

Inlays, Onlays, and Crowns

D2530-D2792 These codes are for individual units only and are not to be used for units serving as retainers for fixed prosthodontics. The charge is allowable only at the time of final cementation. A charge for a replacement by any type of inlay, onlay, crown, pontic or retainer for a fixed prosthesis is not allowable for 7 years.

D2740 This code is to be used for porcelain or ceramic substrate materials.

D2750-D2792 High noble crowns contain at least 60% gold or at least 40% gold with palladium, and/or platinum. Semiprecious crowns contain at least 25% gold, palladium, and/or platinum. Crowns, other than prefabricated steel crowns and composite resin crowns, are not allowable for primary teeth.

D2910/D2920 A charge for the recementation of an inlay, onlay, or crown is allowable after 12 months from the original cementation. A charge for recementation is allowable once per 12 months.

D2930/D2933 Prefabricated steel crowns are allowable for primary teeth only, and a replacement by a crown of any type is not payable for 5 years.

Other Restorative Services

D2940 Sedative fillings must include the excavation of decay and pulp capping if necessary. A charge for replacement by another sedative filling is not allowable for 12 months. A charge for D2940 is not allowable if this procedure is performed in conjunction with endodontics, or an amalgam, composite, inlay, onlay, crown, or fixed prosthesis retainer prepared or cemented at the same appointment.

D2950 A charge for core buildup is allowable once per 7 years per tooth.

D2951 This code does not include pins made from amalgam or composite resin. A charge for pin retention is allowable per tooth.

D2952 A charge for a cast post and core is not allowable if performed within 7 years of D2954 and/or D2950.

D2954 A charge for prefabricated post and core buildup is not allowable if performed within 7 years of D2952 or D2950.

D2960-D2962 Charges for the replacement of labial veneers are not allowable for 3 years. The placement of labial veneers is restricted to anterior permanent teeth only. Charges for veneered crowns replacing labial veneers less than 3 years old will be reduced by the fee charged for labial veneers.

ENDODONTIC SERVICES

- D3220 Vital pulpotomy charges are allowable for primary teeth only and only once per tooth. Charges are exclusive of the final restoration charge.
- D3230-D3426 Root canal therapy procedures are coded by the tooth receiving treatment, not the number of canals per tooth. Charges are allowable only after the procedure has been completed. Charges for retreatment within 4 years of the date of the original treatment are not allowable. Charges must include all radiographs. Charges are exclusive of the final restoration charge.

PERIODONTIC SERVICES

Charges are allowable only following completion of covered procedures, and must include all postoperative care.

- D4210-D4274 Charges for treatment are allowable only once per area treated per enrollee for a 5 year period.
- D4210 Charges for single-tooth gingivectomy are not allowable.
- D4249 Clinical crown lengthening requires the reflection of a flap and the removal of alveolar bone. Charges are allowable only once, on a per tooth basis.
- D4266/D4267 Charges for guided tissue regeneration include the charge for the fill material, barrier, and its removal, if necessary.
- D4270-D4273 One soft tissue graft, of any type, is allowable per area per 5 years. Separate grafts placed on adjacent teeth are covered as only a single graft.
- D4274 Charges are allowable only when this procedure is performed in an edentulous area adjacent to a tooth. The tooth and proximal area must be identified. Charges for this procedure are allowable only if no additional surgery is performed in the immediate area.
- D4341 Scaling and root planing charges include the use of local anesthetic. Charges are allowable per quadrant, but the enrollee must exhibit pocket depths of at least 5 mm around at least 3 teeth in each quadrant to qualify for coverage for this procedure. Otherwise refer to D1110, D1205 and D4355. Charges for retreatment of any quadrant are not allowable for 3 years. Documentation in the form of a probe chart must be included with a claim for this procedure.
- D4355 Charges are allowable only for enrollees over 15 years of age. Charges are allowable only once per lifetime. To be allowable, procedure must be performed before D1110, D4341 or D4910 is performed.
- D4910 A charge for D4910 is not allowable if D4910 is performed within 6 months of D1110, D1120, D1201 or D1205. Procedure is allowable once per 6 months. Charges are allowable only for enrollees over 15 years of age.

REMOVABLE PROSTHODONTIC SERVICES

Complete Dentures

- D5110/D5120 Complete denture services include all post-delivery care, including relines and repairs, for 6 months.

Charges for the replacement of a denture within 7 years are not allowable. Charges include diagnostic models, D0470.
D5130/D5140 Two tissue-conditioning charges will be allowed within 6 months of delivery of the immediate dentures.
Immediate dentures cannot be used to replace complete dentures. Other restrictions for immediate dentures will be the same as for complete dentures D5110 & D5120.

Partial Dentures

D5211-D5213 "Transitional" (all-acrylic) partial dentures are subject to the same conditions listed for D5110. All conventional removable partial dentures shall be included in this procedure code, regardless of the number of clasps, rests, etc. Extra charges for the use of a precious metal, precision attachments or all-metal saddles or bases are not allowable. All restrictions listed for D5110 are applicable. Separate charges for diagnostic casts, D0470, or oral facial images, D0350, are not allowable. The teeth replaced by the appliance must be identified on the claim form. Charges for a conventional partial denture, D5213, are not allowable if this service is performed within 5 years of D5211.

Repairs

D5510-D5660 Charges for repairs are allowable once per procedure code per 6 months.

D5670/D5671 Charges for either procedure are allowable only once per 4 years per prosthesis. Charges for D5670 and D5671 are not allowable if performed within 4 years of D5213 or D5214. Charges for rebase, reline or repairs are not allowable for 6 months following D5670 or D5671.

Other Procedures

D5710-D5851 Rebasings, relining, or tissue conditioning charges are not allowable if the procedure is performed within 6 months of the date of delivery of the appliance. Charges for any of these procedures are allowable only once per 4 years.

D5860/D5861 Charges for overdentures are subject to the conditions listed for D5110 thru D5214.

FIXED PROSTHODONTIC SERVICES

D6210-D6792 All fixed prosthodontic services are subject to the same definitions and restrictions listed for individual unit crowns, D2710 through D2792. Crowns serving as retainers for a fixed prosthesis shall be identified as such by a code from the D6000 section. Each unit of a fixed bridge must be identified on the claim form. Charges for pontics to replace third molars are not allowable.

Resin-Bonded (Maryland) Bridge

D6545/D6548 Cast metal retainers must be identified by tooth on the claim form. The fee charged for the resin-bonded bridge if the replacement is constructed within 7 years of the original placement will reduce charges for the replacement of a resin-bonded bridge by another fixed bridge or a removable prosthesis.

Other Procedures

D6930 Charges to recement fixed bridges are allowable only once per 12 months per bridge.
D6970/D6975 These codes are subject to the same restrictions listed for codes D2952 and D2954.

ORAL SURGERY

All oral surgery procedure charges must include charges for the use of local anesthetic. Orthognathic surgery charges are not allowable. Charges for services covered under other non-dental insurance plans are not allowable. Hospital related charges are not allowable. All procedures include suturing where appropriate, and all post-operative care.

D7210 Surgical extraction: use when either 1) an incision and flap are required to allow bone removal to facilitate tooth removal, or 2) dentodissection is necessary. Surgical extraction charges include alveoloectomy.
D7220 Soft tissue impaction: incision required to remove soft tissue overlying the crown of an impacted tooth, or diagnostically, only soft tissue covers the crown.
D7230 Partial bony impaction: incision and some bone removal to permit removal of impacted tooth with an elevator, or diagnostically, bone partly covers the crown.
D7240 Complete bony impaction: flap, bone removal, and dento-dissection are necessary for removal of the impacted tooth. Diagnostically, bone totally covers the crown.
D7291 Charges for transseptal fiberotomy are allowable only if the procedure is performed in conjunction with orthodontics.
D7310 Charges for alveoloplasty, with extractions, are not allowable if the procedure is performed in conjunction with D7210 or D7250.
D7510 This procedure code is applicable only for intraoral incision through mucosa.

ADJUNCTIVE SERVICES

Other Services

D9110 Charges for more than two palliative (emergency) treatments are not allowable per 12-month period. The 12 month period is NOT based on a calendar year or a contract year.
D9221 Charges for more than one additional 15 minutes are not allowable per general anesthesia-first 30 minutes (D9220).
D9242 Charges for more than one additional 15 minutes are not allowable per intravenous sedation/analgesia-first 30 minutes (D9241).
D9940 Occlusal guards are removable dental appliances designed to minimize the effects of bruxism and other occlusal factors. Charges are allowable once per enrollee. Charges to modify the appliance or for occlusal adjustments are not allowable.
D9941 A charge for an athletic mouthguard is allowable once per 12 months.
D9973/D9974 Charges for bleaching teeth must include the entire series of bleaching treatments and are allowable only following the completion of the final treatment. Charges are allowable for anterior teeth only. Charges for retreatment within 3 years

of the date of the previous treatment series are not allowable. Charges for home bleaching trays and procedures are not allowable.

ORTHODONTIC SERVICES

D8010-D8220 Orthodontic services are not covered unless added to the Master Group Contract by an orthodontic rider. If orthodontic charges are covered, they must include all services performed in the course of diagnosis or treatment. Such charges must include all appliances, adjustments, and retention. Charges for diagnostic and consultation services, with the exception of cephalometric or panoramic radiographs, are not allowable.

DATE OF SERVICE

The preparation date for fixed prosthodontic treatment (bridges and single crowns) will be recognized as the date of service/payment. The date of the final impression will be recognized as the date of service/payment for removable prosthodontic treatment. The completion date for endodontic treatment will be recognized as the date of service/payment.

GENERAL EXCLUSIONS

1. Health Resources, Inc. will not pay claims for services rendered by dentists or other practitioners who are not participating as providers in the dental plan, except for emergency services performed at least 50 miles from the nearest office of any participating provider in the dental plan. Enrollees who live or work in a county where there are no participating provider dentists may obtain care from any dentist in either county. However the percentage of HRI's payment of the dentist's fee may be less than the amount listed under "Covered Procedures" if care is received from a nonparticipating-provider dentist.
2. HRI will not pay for dental procedures that are not listed in the Master Contract.
3. HRI will not pay claims for dental services rendered before the effective date of coverage or after the last day of the month in which the coverage terminated.
4. HRI will not pay claims for dental services covered under non-dental insurance.
5. HRI will not pay claims for charges made by hospitals.
6. HRI will not pay claims for services performed primarily to rebuild occlusion or for full mouth reconstruction.
7. HRI will not pay claims for persons 19 years or older unless they are listed as dependents for Federal income tax purposes, are unmarried, are enrolled as full-time (12 hours or more) students at an educational institution, and are under 23 years of age. Dependents who suffer a permanent physical or mental disability that precludes their gainful employment may qualify for coverage beyond the 19 years of age stipulation. However, HRI accepts each individual employer's

definition of "dependent." Such definition has precedent over HRI's criteria.

8. HRI will not pay claims for enrollees until HRI receives the appropriate premium payment.
9. To be considered for payment, a claim must be submitted within one year from the date of service.
10. HRI will not pay claims for services which are not completed.
11. HRI will not pay for duplicates, lost, or stolen prostheses or appliances.

ANNUAL MAXIMUM BENEFIT PAYMENTS

1. Maximum "non-orthodontic" benefit payments are based on a contract year, beginning with the effective date of coverage.
2. The maximum "non-orthodontic" benefit in a contract year for any individual is \$1,000.
3. Coverage ends for an enrollee after the enrollee receives benefits equal to the non-orthodontic maximum annual benefit. When coverage ends, an enrollee is required to pay all subsequent charges.
4. Payments of claims for orthodontic services are limited to a lifetime maximum of \$1,000 per enrollee.
5. Claims for orthodontic services must be verified at 3-month intervals after treatment is initiated, and payments at the rate of 50% of charges billed will be made monthly up to a maximum of \$41.70 per month.
6. Payments for orthodontic services are in addition to the maximum benefit payments per contract year for non-orthodontic services.
7. To receive maximum orthodontic benefits, patient must be in active orthodontic treatment a minimum of two years.
8. Payments for orthodontic services shall terminate upon the occurrence of one of the following events:
 - a. the enrollee is not continuing in treatment;
 - b. the maximum lifetime benefit has been paid;
 - c. plan coverage is not in effect for the enrollee; or
 - d. the enrollee has attained 19 years of age, providing coverage is in effect for children only.

MAXIMUM ALLOWABLE FEES DISCLOSURE

HRI's portion of payment for each covered procedure is the lesser of the dentist's fee or the allowable fee, minus the co-payment. The allowable fee is determined by HRI from fees for a given calendar year submitted prior to that year by HRI's providers. The allowable fees are one of the determinants for rates paid by subscribers or employer for their dental plan benefits.

When an enrollee receives services from a HRI provider dentist, the enrollee's co-payment percentage will not exceed the percentage identified in the Covered Procedures section of this contract. However, if an enrollee receives services from a dentist who is not a provider of HRI, the enrollee's co-payment may be a greater percentage of the dentist's fee if that fee exceeds the plan's allowable amount.

Outside the HRI service area the allowable fee may not reflect the level of fees charged by the dental providers in the HRI provider coverage area.

Likewise, the rate charged to subscribers or employers outside the HRI provider area reflect only the current fees charged by providers of HRI.

