

DENTAL CARE SERVICES – Citrus Health Care Medicare Plan Schedule of Benefits

For services not listed below, you will receive a 25% discount off the dentist's usual, customary and reasonable rates.

		Member Copayment
Diagnostic		
D9491	Office visit – per visit	No Charge
D0120	Periodic oral evaluation	No Charge
D0140	Limited oral evaluation – problem focused	\$20
D0150	Comprehensive oral evaluation (1 every 24 months)	No Charge
D0180	Comprehensive periodontal evaluation, new or established patient	\$50
D0210	Intraoral – complete series (including bitewings) (1 every 36 months)	No Charge
D0220	Intraoral – periapical, first film	No Charge
D0230	Intraoral – periapical, each additional film	\$5
D0240	Intraoral – occlusal film	\$10
D0270	Bitewing – single film (1 every 12 months)	No Charge
D0271	Bitewings – two films (additional pair per year)	\$12
D0272	Bitewings – two films (1 every 12 months)	No Charge
D0274	Bitewings – four films (1 every 12 months)	No Charge
D0275	Bitewings – four films (additional set per year)	\$20
D0321	Temporomandibular joint film	\$58
D0330	Panoramic film (1 every 36 months)	No Charge
D0331	Panoramic film (each additional)	\$40
D0340	Cephalometric film	\$34
D0350	Oral/facial photographic images	\$19
D0415	Bacteriologic studies for determination of pathologic agents	No Charge
D0425	Caries susceptibility tests	No Charge
D0460	Pulp vitality tests	\$10
D0470	Diagnostic casts	\$28
D1110	Prophylaxis – adult cleaning (twice a year)	No Charge
D1111	Prophylaxis – adult cleaning (each additional)	\$35
D1120	Prophylaxis – child (twice a year)	No Charge
D1121	Prophylaxis – child (each additional)	\$25
D1203	Topical application of fluoride – excluding prophylaxis, child	No Charge
D1204	Topical application of fluoride – excluding prophylaxis, adult	No Charge
D1320	Tobacco counseling	No Charge
D1330	Oral hygiene instructions	No Charge
D1351	Sealant – per tooth	\$18
D1510	Space maintainer – fixed unilateral **	\$100
D1515	Space maintainer – fixed bilateral**	\$146
D1520	Space maintainer – removable unilateral**	\$125
D1525	Space maintainer – removable bilateral**	\$171
D1550	Recementation of space maintainer	\$25
Restorative (Fillings)		
D2140	Amalgam, one surface, primary or permanent	\$45
D2150	Amalgam, two surfaces, primary or permanent	\$55
D2160	Amalgam, three surfaces, primary or permanent	\$65
D2161	Amalgam, four+ surfaces, primary or permanent	\$80
D2330	Resin restoration one surface, anterior	\$55
D2331	Resin restoration two surfaces, anterior	\$70

		Member Copayment
Restorative (continued)		
D2332	Resin restoration three surfaces, anterior	\$85
D2335	Resin-based composite – four+surfaces, or incisal angle, anterior	\$100

Restorative (Crowns)

D2740	Porcelain/ceramic substrate crown**	\$450
D2750	Porcelain high noble crown**	\$409
D2751	Porcelain base metal crown**	\$386
D2752	Porcelain noble metal crown**	\$389
D2790	Full cast high noble crown**	\$398
D2791	Full cast base metal crown**	\$359
D2792	Full cast noble metal crown**	\$363
D2794	Titanium crown	\$398
D2910	Recement inlay, onlay, or partial coverage restoration	\$21
D2915	Recement cast or prefabricated post and core	\$21
D2920	Recement crown	\$35
D2930	Prefabricated stainless steel crown – primary tooth	\$65
D2931	Prefabricated stainless steel crown – permanent tooth	\$85
D2940	Sedative filling	\$26
D2950	Core build-up, including any pins	\$85
D2951	Pin retention – per tooth, in addition to restoration	No Charge
D2952	Cast post and core in addition to crown	\$120
D2954	Prefabricated post & core, in addition to crown	\$101
D2960	Labial veneer (resin laminate) – chairside	\$204
D2961	Labial veneer (resin laminate) – laboratory**	\$250
D2962	Labial veneer (porcelain laminate) – laboratory**	\$395

Endodontics (Root Canal)

D3110	Pulp cap – direct (excluding final restoration)	\$16
D3120	Pulp cap – indirect (excluding final restoration)	\$14
D3220	Therapeutic pulpotomy	\$44
D3310	Root canal, anterior, per tooth	\$285
D3320	Root canal, bicuspid, per tooth	\$325
D3330	Root canal, molar, per tooth	\$450
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$285
D3351	Apexification/recalcification – initial visit	\$150
D3352	Apexification/recalcification – interim medication replacement	\$150
D3353	Apexification/recalcification – final visit (includes completed root canal therapy, apical closure/calific repair of perforations, root resorption, etc.)	\$150
D3410	Apicoectomy/periradicular surgery - anterior	\$295
D3421	Apicoectomy/periradicular surgery – bicuspid, 1 st root	\$295
D3425	Apicoectomy/periradicular surgery – molar, 1 st root	\$295
D3426	Apicoectomy/periradicular surgery – each additional root	\$270
D3430	Retrograde filling – per root	\$92
D3450	Root amputation – per root	\$250
D3460	Endodontic endosseous implant	\$738
D3920	Hemisection – including root removal (excluding root canal therapy)	\$170
D3950	Canal preparation and fitting of preformed post	\$77

	Member Copayment
Periodontics (Gum Treatment)	
D4210 Gingivectomy/gingivoplasty, 4+ contiguous teeth per quadrant	\$139
D4211 Gingivectomy/gingivoplasty, 1-3 teeth per quadrant	\$104
D4240 Gingival flap procedure, inc. root planing, 4+ contiguous teeth per quad.....	\$191
D4241 Gingival flap procedure, inc. root planing, 1-3 contiguous teeth per quad.....	\$143
D4245 Apically positioned flap.....	\$225
D4260 Osseous surgery, 4+contiguous teeth, per quadrant	\$357
D4261 Osseous surgery, 1-3 contiguous teeth, per quadrant	\$172
D4263 Bone replacement graft – first site in quadrant.....	\$169
D4270 Pedicle soft tissue graft procedure	\$226
D4271 Free soft tissue graft procedure	\$236
D4320 Provisional splinting – intracoronal.....	\$72
D4321 Provisional splinting – extracoronal.....	\$61
D4341 Periodontal scaling and root planing, 4+ teeth per quadrant.....	\$90
D4342 Periodontal scaling and root planing, 1-3 teeth per quadrant.....	\$68
D4355 Full mouth debridement	\$69
D4910 Periodontal maintenance (2 in a 12 month period).....	\$52

Prosthodontics (Removable)

D5110 Complete upper denture**	\$485
D5120 Complete lower denture**	\$485
D5130 Immediate upper denture**	\$515
D5140 Immediate lower denture**	\$515
D5211 Upper partial – resin base (including clasps, rests and teeth)**	\$420
D5212 Lower partial – resin base (including clasps, rests and teeth)**	\$523
D5213 Upper partial denture – cast metal base with resin saddles (including clasps, rests and teeth)**	\$552
D5214 Lower partial denture – cast metal base with resin saddles (including clasps, rests and teeth)**	\$566
D5410 Adjust complete denture - maxillary	No Charge
D5411 Adjust complete denture - mandibular.....	No Charge
D5421 Adjust partial denture – maxillary	No Charge
D5422 Adjust partial denture – mandibular.....	No Charge
D5510 Repair broken complete denture base**	\$45
D5520 Replace missing or broken teeth – complete denture (each tooth) **	\$40
D5610 Repair resin denture base**	\$47
D5620 Repair cast framework**	\$48
D5630 Repair or replace broken clasp**	\$40
D5640 Replace broken teeth – per tooth**	\$37
D5650 Add tooth to existing partial denture**	\$58
D5660 Add clasp to existing partial denture**	\$76
D5730/31 Reline upper or lower denture (chairside)	\$75
D5740/41 Reline upper or lower partial denture (chairside)	\$75
D5750/51 Reline upper or lower denture (laboratory) **	\$75
D5760/61 Reline upper or lower partial denture (laboratory) **	\$75
D5850 Tissue conditioning – upper	\$45
D5851 Tissue conditioning – lower	\$45
D5860 Overdenture complete**	\$511
D5861 Overdenture partial**	\$614

		Member Copayment
Prosthodontics (Fixed)		
D6210	Pontic, cast high noble metal**	\$387
D6211	Pontic, cast base metal**	\$351
D6212	Pontic, cast noble metal**	\$351
D6214	Pontic, titanium.....	\$392
D6240	Pontic, porcelain to high noble metal**	\$392
D6241	Pontic, porcelain to base metal**	\$375
D6242	Pontic, porcelain to noble metal**	\$375
D6250	Pontic, resin with high noble metal**	\$359
D6251	Pontic, resin with predominantly base metal**	\$331
D6252	Pontic, resin with noble metal**	\$347
D6545	Cast metal retainer for acid etch bridge**	\$137
D6720	Crown – resin with high noble metal**	\$391
D6721	Crown – resin with predominantly base metal**	\$383
D6722	Crown – resin with noble metal**	\$387
D6750	Crown, cast high noble metal**	\$402
D6751	Crown, cast base metal**	\$379
D6752	Crown, cast noble metal**	\$379
D6780	Crown – ¾ cast high noble metal**	\$389
D6781	Crown – ¾ cast predominantly base metal**	\$389
D6782	Crown – ¾ cast noble metal**	\$389
D6790	Crown, full cast to high noble metal**	\$382
D6791	Crown, full cast to base metal**	\$353
D6792	Crown, full cast to noble metal**	\$354
D6794	Crown – titanium	\$382
D6930	Recement bridge.....	\$40
D6940	Stress breaker**	\$114
D6950	Precision attachment**	\$201

Oral Surgery

D7140	Extraction, erupted tooth or exposed root	\$65
D7210	Surgical removal of tooth	\$102
D7220	Removal, impacted soft tissue	\$112
D7230	Removal, impacted partially bony	\$140
D7240	Removal, impacted completely bony.....	\$175
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$90
D7260	Oroantral fistula closure	\$250
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth..	\$80
D7280	Surgical access of an unerupted tooth	\$138
D7285	Biopsy of oral tissue – hard**	\$91
D7286	Biopsy of oral tissue – soft**	\$81
D7290	Surgical repositioning of teeth	\$75
D7310	Alveoloplasty in conjunction with extraction, per quadrant	\$73
D7311	Alveoloplasty in conjunction with extraction, 1-3 teeth or tooth spaces, per quadrant	\$30
D7320	Alveoloplasty not in conjunction with extraction, per quadrant	\$110
D7321	Alveoloplasty not in conjunction with extraction, 1-3 teeth or tooth spaces, per quadrant.....	\$45
D7340	Vestibuloplasty – ridge extension (secondary epithelial)	\$136
D7410	Excision of benign lesion up to 1.25 cm	\$126
D7411	Excision of benign lesion greater than 1.25 cm.....	\$254
D7412	Excision of benign lesion, complicated.....	\$153
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$105

	Member Copayment
Oral Surgery (continued)	
D7451 Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$347
D7460 Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm ..	\$120
D7461 Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$191
D7465 Destruction of lesion(s) by physical or chemical method, by report.....	\$62
D7471 Removal of lateral exostosis	\$146
D7472 Removal of torus palatinus.....	\$146
D7473 Removal of torus mandibularis.....	\$146
D7510 Incision and drainage of abscess – intraoral soft tissue	\$40
D7511 Incision and drainage of abscess – intraoral soft tissue, complicated	\$40
D7520 Incision and drainage of abscess – extraoral soft tissue	\$54
D7521 Incision and drainage of abscess – extraoral soft tissue, complicated	\$54
D7540 Removal of reaction producing foreign bodies, musculoskeletal system	\$79
D7550 Partial ostectomy/sequestrectomy for removal of non-vital bone	\$116
D7670 Alveolus – closed reduction, may include stabilization of teeth	\$292
D7880 Occlusal orthotic device, by report	\$126
D7940 Osteoplasty – for orthognathic deformities	\$2,300
D7950 Osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones – autogenous or nonautogenous, by report	\$607
D7960 Frenulectomy (frenectomy or frenotomy) – separate procedure	\$103
D7963 Frenuloplasty.....	\$103
D7970 Excision of hyperplastic tissue – per arch	\$85
D7971 Excision of pericoronal gingival.....	\$52

Miscellaneous

D9110 Palliative (emergency) treatment of dental pain – minor procedures	\$25
D9215 Local anesthesia	No Charge
D9230 Analgesia (nitrous oxide per 15 min.).....	\$25
D9241 Intravenous conscious sedation/analgesia – first 30 minutes	\$150
D9310 Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment).....	No Charge
D9420 Hospital call.....	\$75
D9430 Office visit, per visit (during regularly scheduled hours)	No Charge
D9440 Office visit (after regularly scheduled hours)	\$35
D9450 Case presentation, detailed and extensive treatment planning	No Charge
D9610 Therapeutic drug injection, by report.....	\$25
D9630 Other drugs and/or medicaments, by report.....	\$15
D9910 Application of desensitizing medicaments.....	\$15
D9950 Occlusion analysis – mounted case	\$48
D9951 Occlusal adjustment – limited	\$25
D9952 Occlusal adjustment – complete	\$125
D9972 External bleaching – per arch	\$200
D9974 Internal bleaching – per tooth.....	\$40
D9999 Broken appointment without 24-hour notice – per 15 minutes unit – maximum \$40 ..	\$10

** Members are responsible for additional lab fees for services designated with two asterisks (**). Lab fees shall not exceed \$100 for each procedure.

Exclusions and Limitations

A. CompBenefits does not provide coverage for the following services:

1. Services which, in the opinion of the contracted general dentist or specialist, are not necessary for the patient's dental health, except those procedures listed on the co-payment schedule classified as cosmetic procedures.
2. Cost of hospitalization, pharmaceuticals and general anesthesia.
3. Any services performed by a non-contracted general dentist or specialist.
4. Services that cannot be performed because of the general condition of the patient.
5. Treatment which, in the opinion of the contracted general dentist, must be performed by a non-contracted specialist.
6. Any services which are not consistent with the usual and customary services provided by the contracted general dentist.
7. Services for injuries or conditions that are covered under Workers' Compensation or Employer Liability Laws.
8. Services provided without cost to any subscriber or member by any municipality, county, or other political subdivision, or because of injury arising out of, or in the course of work for wage or profit.
9. Services which, in the opinion of the general dentist or specialist, are not necessary for the subscriber's or member's health or cannot be performed due to the general health condition of the subscriber or member.
10. Cost of dental care, which is covered under automobile, medical, no-fault or similar type of insurance.
11. Services for injuries or conditions resulting from military service or any act of war, declared or undeclared.
12. Experimental dental care, implantology (except those covered services listed on the Schedule of Benefits), or dental care which is not generally accepted by the American Dental Association or the Academy of General Dentistry.
13. Cost of hospitalization or inpatient services for any dental procedure.
14. Dispensing of drugs or medications (except oral anesthesia).
15. Oral surgery requiring setting of fractures or dislocations.
16. Procedures performed before a person becomes a subscriber or member.
17. Procedures not contained within the Plan's Schedule of Benefits.
18. Dental services received from a non-contracted general dentist or non-contracted specialist.
19. Members are responsible for additional lab fees for services designated with two asterisks (**). Lab fees shall not exceed \$100 for each procedure.
20. Treatment for cysts (except those covered services listed on the Schedule of Benefits), neoplasms and malignancies.
21. Broken appointment without 24-hour notice, per 15 minute unit – maximum \$40.

Choice of Dentist

CompBenefits contracts with established dentists in the community to provide quality care to our members. You must select a dentist from the CompBenefits directory. Dentists undergo a thorough review process prior to acceptance to the CompBenefits network. Each privately owned office is operated by a licensed general dentist and a staff of professional auxiliaries.

Making an Appointment with your Dentist

You may schedule an appointment by calling a dental office in the dental network after your CITRUS HEALTH CARE™ coverage effective date. When you call to schedule your appointment, notify the office that you are a member of the CITRUS HEALTH CARE/CompBenefits dental plan.

Specialist Care Referral

For certain dental procedures such as Oral Surgery, Endodontics and Periodontics, you may require the service of a specialist. In those cases, your dentist may refer you to a participating specialist (where a participating specialist is available), and you will receive a 25% reduction from usual and customary fees for services performed.

Canceling Appointments

The time set aside for a patient is very valuable to a dentist. Therefore, if you cannot keep an appointment, notify the dental office a minimum of 24 hours in advance. If you do not notify the office, charges will be made for broken appointments.

Emergency Care within the Service Area

In the event of an emergency, contact a CompBenefits dental office. If you are unable to reach your dentist, call the CompBenefits toll-free 24-hour Hotline and you will be instructed in how to receive necessary emergency dental care.

CompBenefits toll-free 24-hour Emergency Hotline: 800-451-2521

Reimbursement for Out-of-Area Emergency Care

You are covered for emergency dental treatment while temporarily more than 50 miles from your participating dentist. In the event of an emergency, obtain treatment to relieve your pain/discomfort only. Pay for the services rendered and submit the receipt to CompBenefits with your name, social security number, address and phone number. CompBenefits will reimburse no less than 75% of the reasonable charges for covered services and supplies, subject to applicable Copayments, up to \$100 per claim.

Customer Care

CompBenefits is responsible for all administrative functions of the program. If you have an inquiry or grievance, submit it in writing to:

CompBenefits
Grievance and Appeals Dept.
5775 Blue Lagoon Drive #400
Miami, FL 33126

Or, call CompBenefits' Customer Care Department, Monday through Friday, 8 am to 6 pm:

Toll-free: 800-451-2521

For hearing impaired (TDD), please call 1-877-553-HEAR.