



Dental Plan Rider

This is an HMO policy, you must obtain all services from a Physicians Plus participating provider. As a Physicians Plus member, you are responsible for understanding the benefits to which you are entitled under the policy, and the rules you must follow to receive those benefits. If you have coverage questions please contact our Member Service department at (608) 282-8900 or (800) 545-5015.

4. BENEFITS AND SERVICES

DENTAL SERVICES

Physicians Plus will cover the Dental treatment, services and supplies listed below when dentally indicated and obtained from a participating provider:

I. PREVENTATIVE SERVICES

- a. Office Visits:
 - i. Routine Dental cleanings/prophylaxis, two (2) cleanings per calendar year*;
 - ii. Prophylaxis includes polishing and scaling above the gum to remove plaque, stain and light calculus on patients with normal, healthy gum tissue free of periodontal disease;
 - iii. Fluoride treatments for children through age 12;
 - iv. Oral hygiene instruction; and
 - v. Sealants for children through age 14.
 - vi. Professional consultations by a participating provider when performed in conjunction with covered services.

** The routine cleaning benefit may be applied to periodontal maintenance cleanings. The member will be responsible for the difference in cost and additional services performed for periodontal disease maintenance not covered on this policy.*

2. DIAGNOSTIC SERVICES

- a. Bite-wing, full mouth or panoramic x-rays and other x-rays; and
- b. Pulp vitality tests.

3. RESTORATIVE SERVICES

- a. Office Visits:
 - i. Composite fillings on the front and back teeth are covered. Composite fillings on the back teeth will be covered up to the usual and customary charge for an amalgam filling. The member is responsible for any additional cost;
 - ii. Bases, retention pins and local anesthetic;
 - iii. Stainless steel crowns and pulpotomies are covered only on Primary Teeth, not Secondary Teeth; and
 - iv. Extraction of Primary Teeth, except for purposes of orthodontic treatment.

4. ORTHODONTIC SERVICES:

- a. Office Visits:
 - i. 50% of the charges incurred for the extraction of Primary Teeth for the purpose of orthodontic treatment; and
 - ii. 50% up to \$1500 in services when provided by a Participating Orthodontist. The member must receive such services while covered under the policy. Treatment must be completed before the member reaches age 19.

5. OTHER DENTAL SERVICES:

- a. Up to \$75.00 per member per calendar year for OTHER DENTAL SERVICES; you must obtain all services from a participating dental provider.

6. GENERAL POLICY EXCLUSIONS AND LIMITATIONS

DENTAL EXCLUSIONS: This Policy DOES NOT COVER:

- a) Treatment, services and supplies: for cosmetic purposes; to correct temporomandibular joint dysfunction; for removal of cysts and lesions of the jaw; in connection with orthognathic surgery; related to periodontal/inflammatory gum disease;
- b) Dental treatment, services and supplies provided in an Emergency Room that, as determined by Physicians Plus, does not meet the definition of a Emergency Medical Condition and/or Emergency Medical Care;
- c) Orthodontic treatment, services and supplies after the Member reaches age 19;
- d) Replacement of lost or stolen dentures or other prosthetic devices;
- e) Hospital treatment, services and supplies and hospitalization costs;
- f) Dental procedures designed to adjust vertical dimension or restore occlusion;
- g) Any precision attachments on partials, implants, transplants and any splinting procedures;
- h) Extraction of crowns and pulpotomies on Secondary Teeth;
- i) Fluoride treatments for Members 13 years of age or older;
- j) Removal or replacement of amalgam fillings unless dentally Indicated due to disease or decay;
- k) Nitrous oxide;
- l) Treatment, services and supplies provided or ordered by a provider other than a participating provider;
- m) Treatment, services and supplies not specifically identified as being covered under the policy;
- n) Treatment, services and supplies required in connection with, in follow up to, or as a result of a treatment, service or supply not covered under the policy;
- o) Treatment, services and supplies that are not dentally indicated or that are not appropriate to the treatment of a condition, as determined by Physicians Plus;
- p) Treatment, services and supplies provided when a member's coverage was not in effect under the policy. This includes care provided either prior to the Member's effective date of coverage or after the coverage terminated under the Policy, except as stated in Continuation of Coverage Section of the Medical Certificate;
- q) Dental Services for which benefits are paid under another part of the members group health plan with Physicians Plus;
- r) Treatment, services and supplies provided by periodontists, endodontists and prosthodontists, unless precertified by Physicians Plus;
- s) Drugs and medicines, except those received by a Member in a Participating Providers office.

14. DEFINITIONS

Participating Orthodontist means an orthodontist who is listed in the most current Physicians Plus Provider Directory.

Dental Services means the services of: A licensed dentist; A Physician acting within the scope of practice of a licensed dentist; or A person performing related services requested by a licensed dentist or Physician acting within the scope of practice of a licensed dentist.

Dentally Indicated means a service, treatment, procedure, equipment, drug, device or supply provided by a Physician, dentist or other Provider that is required to identify or treat a Member's Illness or Injury and which is, as determined by Physicians Plus:

Consistent with the symptom(s) or diagnosis and treatment of the Member's Illness or Injury;
Appropriate under the standards of acceptable dental practice to treat that condition; not solely for the convenience of a Member, dentist, Physician, Hospital or other Provider; The most appropriate service, treatment, procedure, equipment, drug, device or supply that can be safely provided to the Member in the most cost effective manner; and not deemed experimental or investigational in nature.

The fact that a Provider has performed or prescribed a procedure or treatment or the fact that it may be the only available treatment for a particular condition does not necessarily mean it is Dentally Indicated.

Primary Teeth means the first set of teeth; baby teeth.

Secondary Teeth means permanent teeth; adult teeth.