DENTAL

Network Access Plan for Individuals



Membership Agreement and Information

HRI DENTAL &VISION

This booklet discloses the terms and conditions of the Network Access Plan. This plan is not an insurance product. Please read the entire document completely and carefully so that you will understand your membership and how to obtain access to discounted services. You have a right and obligation to review this Agreement prior to membership.

Additional information about membership is available by calling: 800-727-1444, 7 a.m. – 5 p.m., Monday – Friday

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MEMBER AGREEMENT FORM

ALL INFORMATION IS REQUIRED IN ORDER TO COMPLETE MEMBERSHIP

Household Information

Household Address	City	State
		Zip
Email	Phone	

Member Information

Member 1

Social Security Number	Birth Date	
Last Name	First Name	MI

Member 2

Social Security Number	Birth Date	
Last Name	First Name	MI

Member 3

Social Security Number	Birth Date	
Last Name	First Name	MI

Member 4

Social Security Number	Birth Date	
Last Name	First Name	MI

REQUESTED EFFECTIVE DATE: (MM/01/YYYY)* _____

*We must receive the enrollment materials and payment by the 1st day of a month for your membership to start the 1st day of the same month. If we receive the enrollment materials and payment after the 1st day of the month, your membership will begin the 1st day of the following month. Acceptance of the enrollment materials is contingent on approved payment of the annual membership fee.

PAYMENT OPTION:

Check/Money Order - I have included a check(s) or money order(s) in the amount of $149 for each member with submission of this agreement. Check should be made payable to:

HRI Dental & Vision | PO Box 659 | Evansville, Indiana 47704

SIGNATURE, RELEASE AND ASSIGNMENT:

By submitting this agreement, Household representative understands that they are applying for and accepting a contract on behalf of all aforementioned members. Membership under this contract may not change until the annual membership period expires. If agreement is approved and membership issued, member(s) authorizes us to make payment of any of your Annual Allowance directly to the dentist as the supplier of services rendered. Member(s) understands that the dentist(s) chosen to use are independent contractors, and are not employees of ours and authorizes the dentist to release to us any information regarding history, symptoms, treatment, examination results or diagnosis. Member(s) further authorizes us and the dentists providing services to transmit by any means any and all information regarding services performed for them enrolled under this option as may be required for the payment or evaluation of claims. A photo copy of this authorization shall be considered as effective and valid as the original. Member(s) understands they have the right to receive a copy of this authorization. If this agreement is accepted, the information herein is an integral part of the option.

Any person who knowingly and with intent to defraud any insurance company or other person files an agreement for membership containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and will be reported.

By signing below, you understand that this is not considered an Insurance product.

Signature of Household Representative _____ Date_____

NETWORK ACCESS PLAN OPTION

Access to convenient and affordable dental care is important to you and your family. If your mouth isn't healthy, your body isn't always totally healthy either. The Network Access Plan allows individuals to tap into network savings that are not normally offered outside of employer-sponsored plans. This option may be of interest to individual purchasers of health care and retirees. The Network Access Plan offers two valuable features:

Network Savings

The option is tied to a network of participating dentists who have signed contracts and agreed to accept certain fees for dental services. A member must visit a dentist in the network in order to enjoy the contracted savings. For example, if the normal cost for a dental procedure is $300 and a contracted network dentist has agreed to perform that same procedure for $250, the member realizes the $50 savings immediately upon treatment. We can't guarantee that all dental services will be discounted, but more often than not, they will be.

Annual Allowance

In addition to network savings offered on over 250 dental services, this option has an added bonus – a $100 Annual Allowance per member. A member may apply their $100 Annual Allowance to any of the service codes available for discount under this option (see Schedule A). A network dentist should always file a claim on behalf of their patient. That enables us to process and apply your $100 Annual Allowance to your claim, and provide an Explanation of Benefits (EOB) to you. Therefore, services, charges and savings may be verified for accuracy. It's about another choice. It's about an alternative way to access dental care that provides consumers with choice, savings and convenience. It's an option that is more consumer-driven and for those people who take on more personal responsibility for their oral health care, demand savings and want to pay as you go.



USING YOUR PLAN

Once your agreement is accepted and your payment approved, you will receive a membership card in the mail. Present your membership card to a network dentist (general and specialists) to apply your $100 Annual Allowance and receive notable savings on many dental procedures.

If you do not visit a network dentist, you may ask your dentist to file your claim and apply your $100 Annual Allowance, but you will not receive network savings. It's important to check if a dentist participates before your appointment. Find a network dentist at insuringsmiles.com. If your dentist is not in the network and refuses to file your claim, you will need to contact customer service to request a claim form that you will need to file to receive the applicable portion of your Annual Allowance.

RECEIVING DENTAL CARE – SELECT YOUR DENTIST



Dentistry is a highly personal service. Your dental option offers a large network of dentists to accommodate you and your family. Visit insuringsmiles.com to find a network dentist. A network dentist is a dentist (including specialists) who has joined the network and has agreed to accept certain allowable fees. These dentists have also agreed to not charge amounts to you over and above these allowable fees. This is referred to as "no balance billing", so you benefit from our negotiated savings.

You may have any dental treatment performed as decided by you and your dentist. Network dentists are independent contractors and are not our employees. We do not dictate what treatment you receive. Only you and your dentist can determine that. However, your Network Access Plan only offers an Annual Allowance and network savings for those procedures under your Network Access Plan listed in this booklet (see Schedules A). You must personally pay for services at the network contracted amount that you incur beyond your $100 Annual Allowance. We will process your claim (filed by your dentist) for your records only after completion of the dental procedure. If you are not sure whether a particular dental treatment is subject to **network savings or how much you will be required to pay, you should contact your dentist for a pre-treatment estimate, which is a free service provided by us to you and your dentist**.

Enroll in Network Access Plan

1. Please read all the information contained in this booklet.
2. Review the list of network dentists.
3. Complete and sign the agreement.
4. Provide payment for the annual membership period. *Remember: initial membership is for an annual, twelve month agreement period and may automatically renew upon your approval.*

Plan Premium

The annual membership fee per member (one person) is:

$149 ($100 Annual Allowance plus $49 fee)

You may apply for any number of members by completion of a household agreement. Requests for a refund will be denied.

Mailing and Billing Instructions

Please mail the completed member mgreement form with either a check or money order payable to:

HRI Dental & Vision | Network Access Plan
P.O. Box 659
Evansville, Indiana 47704-0659

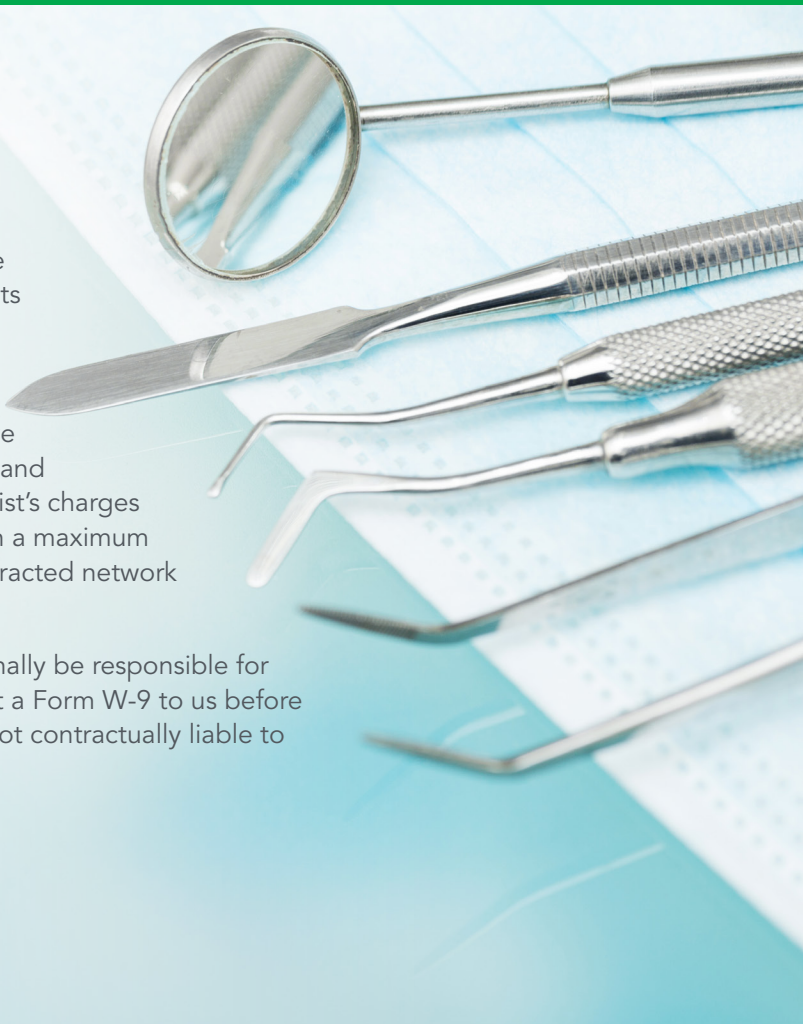
EFFECTIVE DATE

Unless payment is received by the first of the month, the Network Access Plan option is effective the first day of the month following the month in which payment is received. For example, we receive payment from John Doe on August 15; his effective date would be September 1. Acceptance of the membership materials is contingent on approved payment of the annual membership fee.

CHARGES BEYOND YOUR $100 ANNUAL ALLOWANCE

You are required to pay to your dentist all amounts for dental services performed beyond your $100 Annual Allowance level provided by this option. Your out-of-pocket costs for applicable services are subject to a maximum allowable amount and your network dentist may not charge you over and above for these contracted amounts.

ARRANGING FOR PAYMENT



At the end of your dental appointment, your participating network dentist typically completes a claim form for you and submits it to us for processing and payment/application of your $100 Annual Allowance. Claim forms identify the fee the dentist charges for each procedure performed on the date of service. Your dentist may be able to tell you what services are available for discounts under this option and how much you personally must pay. You may be responsible for your portion of the payment at time of service. Once we processes your dental claim submitted by your dentist, you will receive a report (Explanation of Benefits) explaining payment and network savings amounts. It is possible that your dentist's charges for one or more of the procedures may be higher than a maximum allowed under your Network Access Plan. If so, a contracted network dentist must reduce the charged amounts.

If you visit a non-participating dentist, you may personally be responsible for submitting claims directly to us. A dentist must submit a Form W-9 to us before we can process your claim. A non-network dentist is not contractually liable to accept certain fees.

RENEWAL, CANCELLATION AND TERMINATION OF OPTION

No changes to this option or membership fee will be made during an agreement term. We will send you a written renewal notice, including any proposed changes in the Network Access Plan and/or fee at least 60 days before your annual membership agreement expires. Your membership will terminate at the end of the membership agreement term unless you renew by paying the applicable fee on or before 30 days prior to the expiration date of your agreement.

Receipt of the applicable fee by us after termination of your membership will reinstate your membership without a lapse in membership, if payment is received within 15 days of termination.

Membership will be cancelled in the following event: Non-payment of the renewal annual fee within 30 days prior to the expiration of the agreement.

Membership savings for you, and/or any other household member on this option, will terminate as of the date membership is cancelled under the terms of this membership agreement.

ENTIRE AGREEMENT

This agreement, and any attached schedules and appendices, constitute the entire agreement governing the membership. No amendment is valid unless approved by an executive officer of ours and attached to this booklet. No agent, broker or adviser has authority to amend this agreement or waive any of its provisions.

SPECIAL NEEDS

If a member believes he or she has a special health care need, the member should contact our customer service department at 800-727-1444. We will attempt to assist you. We shall not be responsible for the failure to provide this option or for any network dentist to comply with any law or regulation concerning structural office requirements, etc. that apply to a dentist treating persons with special health care needs.

CLAIMS APPEAL PROCEDURES

Informal Claims Appeal Procedure

Your Network Access Plan has been carefully designed to provide you with the maximum amount of available savings for your level of payment/fee. Since we are always looking for ways to make our dental options even better, your suggestions are encouraged. Occasionally, even after you have reviewed the applicable sections of this booklet pertaining to your issue at hand, you may have a question. Your questions may involve dentists, procedures, or advisers who sold you this Network Access Plan.

We always notify you or your authorized representative of a benefit determination after your claim is filed. This notice is made via an Explanation of Benefits statement. An adverse benefit determination is any denial, reduction or termination of the benefit for which you filed a claim, or a failure to provide or to make payment (in whole or in part) of the benefit you sought. This includes a determination based on eligibility, the administration of procedures available for discounts, option limitations or restrictions, and payment amounts. If you receive notice of an adverse benefit determination, and if you think that we incorrectly denied all or part of your claim, you may take the following steps:

First, you or your dentist should contact our customer service team listed in front of this booklet and ask them to check the claim to make sure it was processed correctly. If you contact us in writing, please enclose a copy of your EOB and describe the problem. We provide this opportunity for you to describe problems and submit information that might indicate that your claim was improperly denied and allow us to correct this error quickly.

Formal Claims Appeal Procedure

Whether or not you have contacted us informally, as described above, to recheck the initial determination of your claim, you may submit your claim to a formal review through the claims appeal procedure described here. To request a formal appeal of your claim, you must send your request in writing to the following address:

Health Resources, Incorporated
Dental Claims Review Team
P.O. Box 659
Evansville, Indiana 47704-0659

You must include your name and address, the member ID number, the reason you believe your claim was wrongly denied, and any other information you believe supports your claim, including sections of this booklet that supports your appeal. Please also indicate in your letter that you are requesting a formal appeal of your claim. If you would like a record of your request and proof that is was received by us, you should mail it certified mail, return receipt requested. You, or your authorized representative, should seek a review as soon as possible after you receive your EOB, but you must file your appeal within 90 days of the date of which you receive your notice of the adverse benefit determination you are asking us to review.

The Dental Claims Review Team will make their decision and notify you in writing within 30 days of receiving your request. Their notice of any adverse determination will (a) inform you of the specific reasons for the denial, (b) list the pertinent Membership Option provision on which the denial is based and (c) contain a statement that you are entitled to receive upon request and at no cost, reasonable access to, and copies of, the documents, records and other information relevant to the decision to deny your claim.

NOTICE OF PRIVACY PRACTICES

A statement describing our policy and procedures for preserving the confidentiality of your Personal Health Information (PHI) is available on our website, insuringsmiles.com.

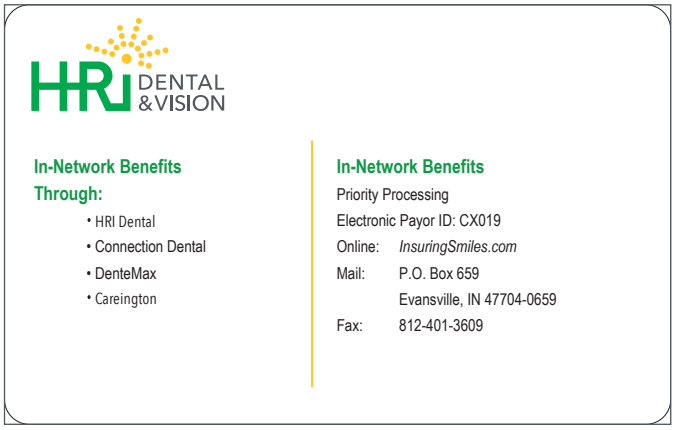
MEMBERSHIP CARD (EXAMPLE)*

Your membership card is intended to provide a general summary of information that is specific to the member and their option. The card should be presented to your dentist.

Front of the card



Back of the card



* This card does not represent a specific member's information. It is used for illustrative purposes only.



REQUESTING A PRE-TREATMENT ESTIMATE

Helping you Understand the Importance of Requesting a Pre-Treatment Estimate

A pre-treatment estimate is a free service provided by us to you, our members. This administrative service is performed prior to having dental treatment started. While the information that this service provides is not intended to alter the treatment plan suggested by your dentist, it may help you understand your network savings and plan for the treatment costs you will be financially responsible for.

We recommend that you ask your dentist for a pre-treatment estimate before you agree to receive any prescribed major treatment, such as crowns, wisdom tooth extractions, bridges, dentures, root canals or periodontal services. This lets you know up front what the network savings you are receiving and the exact cost of the treatment plan your dentist has suggested.

How it Works

At your request, your dentist will send us a proposed treatment plan, along with specific ADA codes. We then check to be sure the contracted services are subject to a maximum allowable fee. Some services may be excluded by your Network Access Plan. We ask dentists to allow for at least 48 hours' notice for us to prepare a pre-treatment estimate before any treatment begins. The pre-treatment estimate is mailed to you and your dentist once it is processed and completed.

A pre-treatment estimate is not a guarantee. It is prepared based on member information in our system at that point in time only. When the services are complete and a claim is received for processing, we will calculate any available discounts based on your current information and contracted savings as of the actual date of service.

INSURING SMILES is our business. We hope you find this handout helpful towards being a more informed consumer.

Questions



Credentialing@insuringsmiles.com
insuringsmiles.com | 800-727-1444

HRI DENTAL & VISION

SCHEDULE A

Network Access Plan | Dental Services Available For Discount

DIAGNOSTIC SERVICES
PERIODIC ORAL EVALUATION – ESTABLISHED PATIENT
LIMITED ORAL EVALUATION – PROBLEM FOCUSED
ORAL EVALUATION FOR A PATIENT UNDER 3 YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER
COMPREHENSIVE ORAL EVALUATION – NEW OR ESTABLISHED PATIENT
COMPREHENSIVE PERIODONTAL EVALUATION – NEW OR ESTABLISHED PATIENT
INTRAORAL – COMPLETE SERIES OF RADIOGRAPHIC IMAGES
INTRAORAL – PERIAPICAL FIRST RADIOGRAPHIC IMAGE
INTRAORAL – PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE
INTRAORAL – OCCLUSAL RADIOGRAPHIC IMAGE
BITEWING – SINGLE RADIOGRAPHIC IMAGE
BITEWINGS – TWO RADIOGRAPHIC IMAGES
BITEWINGS – THREE RADIOGRAPHIC IMAGES
BITEWINGS – FOUR RADIOGRAPHIC IMAGES
VERTICAL BITEWINGS – 7 TO 8 RADIOGRAPHIC IMAGES
TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION
OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC
IMAGES BY REPORT
PANORAMIC RADIOGRAPHIC IMAGE
2D CEPHALOMETRIC RADIOGRAPHIC IMAGE ACQUISITION, MEASUREMENT AND ANALYSIS
2D ORAL/FACIAL PHOTOGRAPHIC IMAGES OBTAINED
INTRAORALLY OR EXTRAORALLY
PULP VITALITY TESTS
DIAGNOSTIC CASTS

PREVENTIVE SERVICES
PROPHYLAXIS – ADULT
PROPHYLAXIS – CHILD
TOPICAL APPLICATION OF FLUORIDE VARNISH
TOPICAL APPLICATION OF FLUORIDE – EXCLUDING VARNISH
SEALANT – PER TOOTH (PERMANENT MOLAR TEETH)
SPACE MAINTAINER – FIXED – UNILATERAL (QUAD)
SPACE MAINTAINER – FIXED – BILATERAL (ARCH)
SPACE MAINTAINER – REMOVABLE BILATERAL (ARCH)
RECEMENT OR RE-BOND SPACE MAINTAINER

SCHEDULE A

Network Access Plan | Dental Services Available For Discount

RESTORATIVE SERVICES
AMALGAM – ONE SURFACE, PRIMARY OR PERMANENT
AMALGAM – TWO SURFACES, PRIMARY OR PERMANENT
AMALGAM – THREE SURFACES, PRIMARY OR PERMANENT
AMALGAM – FOUR OR MORE SURFACES, PRIMARY OR PERMANENT
RESIN-BASED COMPOSITE – ONE SURFACE, ANTERIOR
RESIN-BASED COMPOSITE – TWO SURFACES, ANTERIOR
RESIN-BASED COMPOSITE – THREE SURFACES, ANTERIOR
RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)
RESIN-BASED COMPOSITE CROWN, ANTERIOR (PRIMARY ONLY)
RESIN-BASED COMPOSITE – ONE SURFACE, POSTERIOR
RESIN-BASED COMPOSITE – TWO SURFACES, POSTERIOR
RESIN-BASED COMPOSITE – THREE SURFACES, POSTERIOR
RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES, POSTERIOR
INLAY – METALLIC – TWO SURFACES
INLAY – METALLIC – THREE OR MORE SURFACES
ONLAY – METALLIC – TWO SURFACES
ONLAY – METALLIC – THREE SURFACES
ONLAY – METALLIC – FOUR OR MORE SURFACES
INLAY – PORCELAIN/CERAMIC – ONE SURFACE
INLAY – PORCELAIN/CERAMIC – TWO SURFACES
INLAY – PORCELAIN/CERAMIC – THREE OR MORE SURFACES
ONLAY – PORCELAIN/CERAMIC – TWO SURFACES
ONLAY – PORCELAIN/CERAMIC – THREE SURFACES
ONLAY – PORCELAIN/CERAMIC – FOUR OR MORE SURFACES
INLAY – RESIN-BASED COMPOSITE – TWO SURFACES
INLAY – RESIN-BASED COMPOSITE – THREE OR MORE SURFACES
ONLAY – RESIN – BASED COMPOSITE – THREE SURFACES
ONLAY – RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES
CROWN – RESIN-BASED COMPOSITE (INDIRECT)
CROWN – PORCELAIN/CERAMIC SUBSTRATE
CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL
CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL
CROWN – PORCELAIN FUSED TO NOBLE METAL
CROWN – 3/4 CAST HIGH NOBLE METAL
CROWN – 3/4 CAST PREDOMINANTLY BASE METAL
CROWN – 3/4 CAST NOBLE METAL
CROWN – 3/4 PORCELAIN/CERAMIC
CROWN – FULL CAST HIGH NOBLE METAL
CROWN – FULL CAST PREDOMINANTLY BASE METAL

SCHEDULE A

Network Access Plan | Dental Services Available For Discount

RESTORATIVE SERVICES, CONTINUED . . .
CROWN – FULL CAST NOBLE METAL
CROWN – TITANIUM
RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION
RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE
RE-CEMENT OR RE-BOND CROWN
PREFABRICATED STAINLESS STEEL CROWN – PRIMARY TOOTH
PREFABRICATED STAINLESS STEEL CROWN – PERMANENT TOOTH
PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW (PRIMARY TOOTH)
PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN – PRIMARY TOOTH
PROTECTIVE RESTORATION
CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED
PIN RETENTION, PER TOOTH, IN ADDITION TO RESTORATION
POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED
PREFABRICATED POST AND CORE IN ADDITION TO CROWN
LABIAL VENEER (RESIN LAMINATE) – CHAIRSIDE
LABIAL VENEER (PORCELAIN LAMINATE) – LABORATORY
ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING PARTIAL DENTURE FRAMEWORK
COPING

ENDODONTIC SERVICES
THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) – REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT
PULPAL THERAPY (RESORBABLE FILLING) – ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)
PULPAL THERAPY (RESORBABLE FILLING) – POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)
ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)
ENDODONTIC THERAPY, BICUSPID TOOTH (EXCLUDING FINAL RESTORATION)
ENDODONTIC THERAPY, MOLAR (EXCLUDING FINAL RESTORATION)
RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR
RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – BICUSPID
RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – MOLAR
APEXIFICATION/RECALCIFICATION – INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)
APEXIFICATION/RECALCIFICATION – INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, PULP SPACE DISINFECTION, ETC.)
APEXIFICATION/RECALCIFICATION – FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY – APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC)
APICOECTOMY – ANTERIOR

SCHEDULE A

Network Access Plan | Dental Services Available For Discount

ENDODONTIC SERVICES, CONTINUED . . .
APICOECTOMY – BICUSPID (FIRST ROOT)
APICOECTOMY – MOLAR (FIRST ROOT)
APICOECTOMY (EACH ADDITIONAL ROOT)
RETROGRADE FILLING – PER ROOT
ROOT AMPUTATION – PER ROOT
HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY
CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST

PERIODONTAL SERVICES
GINGIVECTOMY OR GINGIVOPLASTY – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT
CLINICAL CROWN LENGTHENING – HARD TISSUE
OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT
OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT
GUIDED TISSUE REGENERATION – RESORBABLE BARRIER, PER SITE
GUIDED TISSUE REGENERATION – NONRESORBABLE BARRIER, PER SITE (INCLUDES MEMBRANE REMOVAL)
PEDICLE SOFT TISSUE GRAFT PROCEDURE
AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT
DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)
NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT
FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT
FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE
AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) – EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE
NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL) – EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE
PERIODONTAL SCALING AND ROOT PLANING – FOUR OR MORE TEETH PER QUADRANT (4 TEETH WITH 4+MM) POCKETS)
FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS
PERIODONTAL MAINTENANCE

SCHEDULE A

Network Access Plan | Dental Services Available For Discount

PROSTHODONTIC SERVICES
COMPLETE DENTURE – MAXILLARY
COMPLETE DENTURE – MANDIBULAR
IMMEDIATE DENTURE – MAXILLARY
IMMEDIATE DENTURE – MANDIBULAR
MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)
MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)
MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)
MANDIBULAR PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)
IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)
IMMEDIATE MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)
IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)
IMMEDIATE MANDIBULAR PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)
MAXILLARY PARTIAL DENTURE – FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)
MANDIBULAR PARTIAL DENTURE – FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)
REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR
REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY
REPLACE MISSING OR BROKEN TEETH – COMPLETE DENTURE (EACH TOOTH)
REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR
REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY
REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR
REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY
REPAIR OR REPLACE BROKEN CLASP – PER TOOTH
REPLACE BROKEN TEETH – PER TOOTH
ADD TOOTH TO EXISTING PARTIAL DENTURE

SCHEDULE A

Network Access Plan | Dental Services Available For Discount

PROSTHODONTIC SERVICES, CONTINUED . . .
ADD CLASP TO EXISTING PARTIAL DENTURE PER TOOTH
REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)
REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)
REBASE COMPLETE MAXILLARY DENTURE
REBASE COMPLETE MANDIBULAR DENTURE
REBASE MAXILLARY PARTIAL DENTURE
REBASE MANDIBULAR PARTIAL DENTURE
RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)
RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)
RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)
RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)
RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)
RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)
RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)
RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)
INTERIM PARTIAL DENTURE (MAXILLARY)
INTERIM PARTIAL DENTURE (MANDIBULAR)
TISSUE CONDITIONING, MAXILLARY
TISSUE CONDITIONING, MANDIBULAR
OVERDENTURE – COMPLETE, BY REPORT
OVERDENTURE – PARTIAL, BY REPORT
OVERDENTURE – COMPLETE MAXILLARY
OVERDENTURE – PARTIAL MAXILLARY
OVERDENTURE – COMPLETE MANDIBULAR
OVERDENTURE – PARTIAL MANDIBULAR

SCHEDULE A

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IMPLANT SERVICES
SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT
SURGICAL PLACEMENT OF MINI IMPLANT
PREFABRICATED ABUTMENT – INCLUDES PLACEMENT
CUSTOM ABUTMENT – INCLUDES PLACEMENT
ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN
ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)
ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)
ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)
ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)
ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)
ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)
IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN
IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)
IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)
ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD
ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)
ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)
ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)
ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)
ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)
ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)
IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD
IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)
IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)
ABUTMENT SUPPORTED CROWN (TITANIUM)
IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH – MAXILLARY
IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH – MANDIBULAR
IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH – MAXILLARY
IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH – MANDIBULAR
IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH – MAXILLARY
IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH – MANDIBULAR
IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH – MAXILLARY
IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH – MANDIBULAR
ABUTMENT SUPPORTED RETAINER CROWN FOR FPD (TITANIUM)
PONTIC – CAST HIGH NOBLE METAL
PONTIC – CAST PREDOMINANTLY BASE METAL
PONTIC – CAST NOBLE METAL
PONTIC – TITANIUM

SCHEDULE A

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IMPLANT SERVICES, CONTINUED . . .
PONTIC – PORCELAIN FUSED TO HIGH NOBLE METAL
PONTIC – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL
PONTIC – PORCELAIN FUSED TO NOBLE METAL
PONTIC – PORCELAIN/CERAMIC
RETAINER – CAST METAL FOR RESIN BONDED FIXED PROSTHESIS
RETAINER – PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS
RETAINER CROWN – PORCELAIN/CERAMIC
RETAINER CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL
RETAINER CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL
RETAINER CROWN – PORCELAIN FUSED TO NOBLE METAL
RETAINER CROWN – 3/4 CAST HIGH NOBLE METAL
RETAINER CROWN – 3/4 CAST PREDOMINANTLY BASE METAL
RETAINER CROWN – 3/4 CAST NOBLE METAL
RETAINER CROWN – 3/4 PORCELAIN/CERAMIC
RETAINER CROWN – FULL CAST HIGH NOBLE METAL
RETAINER CROWN – FULL CAST PREDOMINANTLY BASE METAL
RETAINER CROWN – FULL CAST NOBLE METAL
RETAINER CROWN – TITANIUM
RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE
STRESS BREAKER

ORAL AND MAXILLOFACIAL SURGERY SERVICES
EXTRACTION, CORONAL REMNANTS – DECIDUOUS TOOTH
EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)
SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED
REMOVAL OF IMPACTED TOOTH – SOFT TISSUE
REMOVAL OF IMPACTED TOOTH – PARTIALLY BONY
REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY
REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS
SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)
CORONECTOMY – INTENTIONAL PARTIAL TOOTH REMOVAL
TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH
SURGICAL ACCESS OF AN UNERUPTED TOOTH
PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH
IINCISIONAL BIOPSY OF ORAL TISSUE – SOFT
TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT

SCHEDULE A

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ORAL AND MAXILLOFACIAL SURGERY SERVICES, CONTINUED . . .
ALVEOLOPLASTY IN CONJUCTION WITH EXTRACTIONS – FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT
ALVEOLOPLASTY IN CONJUCTION WITH EXTRACTIONS – ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT
ALVEOLOPLASTY NOT IN CONJUCTION WITH EXTRACTIONS – FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT
ALVEOLOPLASTY NOT IN CONJUCTION WITH EXTRACTIONS – ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT
VESTIBULOPLASTY – RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)
VESTIBULOPLASTY – RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT AND MANAGEMENT OF HYPERTROPHIED AND HYPERPLASTIC TISSUE)
EXCISION OF BENIGN LESION UP TO 1.25 CM
EXCISION OF BENIGN LESION GREATER THAN 1.25 CM
REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR – LESION DIAMETER UP TO 1.25 CM
REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR – LESION DIAMETER GREATER THAN 1.25 CM
REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)
REMOVAL OF TORUS PALATINUS
REMOVAL OF TORUS MANDIBULARIS
INCISION AND DRAINAGE OF ABSCESS – INTRAORAL SOFT TISSUE
INCISION AND DRAINAGE OF ABSCESS – INTRAORAL SOFT TISSUE – COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)
MANIPULATION UNDER ANESTHESIA
FRENULECTOMY
EXCISION OF HYPERPLASTIC TISSUE – PER ARCH
EXCISION OF PERICORONAL GINGIVA
SIALOLITHOTOMY

ADJUNCTIVE SERVICES
PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN – MINOR PROCEDURE
DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES
DEEP SEDATION/GENERAL ANESTHESIA – EACH 15 MINUTE INCREMENT
INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS (PER VISIT)
INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – FIRST 15 MINUTES
INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH 15 MINUTE INCREMENT
OCCLUSAL GUARD, BY REPORT
FABRICATION OF ATHLETIC MOUTHGUARD
EXTERNAL BLEACHING – PER TOOTH
INTERNAL BLEACHING – PER TOOTH

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