

APPENDIX B: ELIGIBLE EXPENSES UNDER THE DMO

Under the **DMO**, benefits are paid for dental services **covered** by the **DMO**. When you receive care from your personal or specialty **DMO** participating dentist, benefits are paid directly to the provider.

When you receive care from a non-participating dentist, benefits are paid directly to you, up to the maximum shown in the Schedule of Allowances with the following exceptions.

Benefits for employees living in Massachusetts who use a non-participating dental provider or non-participating specialist dentist are paid at 20% (for Type A and Type B services) and 45% (for Type C services) less than the amount that would have been payable by using a **DMO** participating dentist (after satisfaction of a \$500 deductible per person; \$1,000 for orthodontics) and are not based on a schedule. The deductible does not apply to out-of-area emergency care. The copayment percentage for orthodontic services is 70%.

Benefits for employees living in Oklahoma who use a non-participating dental provider or non-participating specialist dentist are paid at 30% (for Type A and Type B services) and 55% (for Type C services) less than the amount that would have been payable by using a **DMO** participating dentist (after satisfaction of a \$500 deductible per person) and are not based on a schedule. The deductible does not apply to out-of-area emergency care. The copayment percentage for orthodontic services is 80%.

In California, coverage does not include non-participating dental providers except for emergency palliative treatment from a dentist more than 50 miles from your home. A \$100 benefit for emergency dental procedures is allowed.

In New Jersey, coverage does not include non-participating dental providers except for emergency palliative treatment from a dentist more than 50 miles from your home. Benefits for such emergency services are paid at 100% up to the usual and prevailing fee. A \$100 benefit for emergency dental procedures is allowed.

In Texas, coverage does not include non-participating dental providers except for emergency palliative treatment from a dentist. Benefits for such emergency services are payable up to 100%, of the **reasonable and customary charge**.

Benefits are also paid directly to you for services, such as emergency care, when such services are performed by someone other than your personal or specialty **DMO** dentist, even if the provider participates in the **DMO**.

A copayment is required for certain basic and specialty services. The copayment is a percentage of the **DMO** personal or specialty dentist's usual fee for that service, as set forth in the provider's usual fee schedule. The usual fee, which is reviewed by the **Claims Administrator** (see "Important Contacts") for reasonableness, is used only for the purposes of calculating a copayment.

Participating personal or specialty **DMO** dentists are compensated based on separate, negotiated agreements, which may be less than or unrelated to the dentist's usual fee. These agreements also may vary among participating **DMO** providers.

The percentage of the **DMO** personal or specialty dentist's eligible charges paid directly to the provider is shown in the Schedule of Allowances.

A copayment is required when the benefit provided under the **DMO** is less than 100%.

Following is a schedule of eligible expenses under the **DMO**. For a complete description of terms described in this section, see Appendix E.

	Non- Participating Dentists Limit	DMO Participating Personal and Specialty Dentists Benefit* (percent of dentist's eligible charge)
<u>Basic Services – Type A</u>		
• Visits and Exams:		
⇒ Office visit for oral examination (limited to four visits a year)	\$12	100%
⇒ Emergency palliative treatment	12	100%
⇒ Prophylaxis (cleaning) (limited to six treatments a year)		
o Adult	26	100%
o Child	14	100%
⇒ Topical application of fluoride (limited to one course of treatment a year and to children under age 18)	16	100%
⇒ Oral hygiene instruction	12	100%
⇒ Sealants (limited to once each tooth every three years, permanent molars only)	10	100%
⇒ Pulp vitality test	8	100%
⇒ Diagnostic casts	20	100%
• X-rays and Pathology:		
⇒ Bitewing X-rays (limited to two sets per year)	8	100%
⇒ Entire series; including bitewings; panoramic film (limited to one set every three years)	14	100%
⇒ Vertical bitewing X-ray (limited to one set every three years)	12	100%
⇒ Periapical X-rays	6	100%
⇒ Intra-oral, occlusal view, maxillary or mandibular	8	100%
⇒ Extra-oral upper or lower jaw	12	100%
⇒ Biopsy and histopathologic examination of oral tissue	27	100%
<u>Basic Services – Type B</u>		
• Endodontics:		
⇒ Pulp cap	3	100%
⇒ Pulpotomy	27	100%
⇒ Surgical exposure for rubber dam isolation	26	100%
⇒ Root canal therapy (including necessary X-rays and cultures but excluding complex molar cases approved as specialty services):		
o Anterior	80	100%
o Bicuspid	96	100%
• Restoration and Repairs:		
⇒ Amalgam restoration:		
o One surface	12	100%
o Two surfaces	16	100%
o Three or more surfaces	24	100%

	Non- Participating Dentists Limit	DMO Participating Personal and Specialty Dentists Benefit* (percent of dentist's eligible charge)
<u>Basic Services – Type B (continued)</u>		
⇒ Resin restoration (other than for molars):		
○ One surface	\$12	100%
○ Two surfaces	16	100%
○ Three or more surfaces or incisal angle	26	100%
⇒ Retention pins	14	100%
⇒ Sedative fillings	12	100%
⇒ Stainless steel crowns	26	100%
⇒ Prefabricated resin crowns (excluding temporary crowns)	60	100%
⇒ Recementing inlays, crowns, bridges, space maintainers	16	100%
⇒ Tissue conditioning for dentures	26	100%
• Periodontics:		
⇒ Emergency treatment (abscess, acute periodontitis, etc.)	26	100%
⇒ Subgingival curettage (limited to four separate quadrants a year)	40	100%
⇒ Scaling and root planing (limited to four separate quadrants a year)	40	100%
⇒ Periodontal maintenance procedures following surgical therapy (limited to two a year)	40	100%
• Oral Surgery:		
(includes local anesthetics and routine post-operative care)		
⇒ Extractions, uncomplicated	27	100%
⇒ Surgical removal of erupted tooth	32	100%
⇒ Surgical removal of impacted tooth (soft tissue)	40	100%
⇒ Excision of hyperplastic tissue	32	100%
⇒ Excision of pericoronal gingival	40	100%
⇒ Incision and drainage of abscess	20	100%
⇒ Crown exposure to aid eruption	26	100%
⇒ Removal of foreign body from soft tissue	20	100%
⇒ Suture of soft tissue injury	16	100%
<u>Basic Services – Type C</u>		
• Restorations:		
⇒ Inlays		
○ One surface	60	75%
○ Two or more surfaces	80	75%
⇒ Onlays		
○ Two surfaces	80	75%
○ Three or more surfaces	80	75%
⇒ Crowns (including build-ups when necessary)	120	75%
⇒ Posts and core	27	75%
⇒ Pontics	20	75%

	Non- Participating Dentists Limit	DMO Participating Personal and Specialty Dentists Benefit* (percent of dentist's eligible charge)
<u>Basic Services – Type C (continued)</u>		
• Dentures and Partial:		
(includes relines, rebases and adjustments within six months after installation)		
⇒ Complete (upper or lower)	\$120	75%
⇒ Partial	120	75%
⇒ Stress breakers (per unit)	40	75%
⇒ Interim partial dentures (stayplates); anterior only	40	75%
⇒ Crown and bridge repairs	27	75%
⇒ Adding teeth to an existing partial denture	40	75%
⇒ Full and partial denture repairs	27	75%
⇒ Relining/rebasing dentures (includes adjustments within six months after installation)	40	75%
⇒ Occlusal guard (for bruxism only)	40	75%
• Space Maintainers:		
(includes all adjustments within six months after installation)		
⇒ Fixed, band type	40	75%
⇒ Removable acrylic with round wire clasp	32	75%
⇒ Removable appliance to correct habits	32	75%
⇒ Fixed or cemented appliance to correct habits	40	75%
<u>Specialty Services – Type B</u>		
• Endodontics:		
(includes local anesthetics when necessary)		
⇒ Apexification/recalcification – per visit	32	100%
⇒ Apicoectomy (per tooth) – first root	60	100%
⇒ Apicoectomy (per tooth) – each additional root	40	100%
⇒ Retrograde filling	14	100%
⇒ Root amputation	27	100%
⇒ Hemisection	27	100%
• Oral Surgery:		
(includes local anesthetics when necessary and post-operative care)		
⇒ Removal of residual root	27	100%
⇒ Removal of odontogenic cyst	40	100%
⇒ Closure of oral fistula	48	100%
⇒ Removal of foreign body from bone	20	100%
⇒ Sequestrectomy	20	100%
⇒ Frenectomy	40	100%
⇒ Transplantation of tooth or tooth bud	48	100%
⇒ Alveolectomy (in conjunction with extractions) – per quadrant	27	100%
⇒ Alveolectomy (not in conjunction with extractions) – per quadrant	40	100%
⇒ Removal of exostosis	60	100%
⇒ Sialolithotomy; removal of salivary calculus	36	100%

	Non- Participating Dentists Limit	DMO Participating Personal and Specialty Dentists Benefit* (percent of dentist's eligible charge)
⇒ Closure of salivary fistula	36	100%
<u>Specialty Services – Type B (continued)</u>		
• Periodontics:		
⇒ Gingivectomy or gingivoplasty – per quadrant	\$ 40	100%
⇒ Gingivectomy or gingivoplasty – per tooth	20	100%
⇒ Gingival flap procedures – per quadrant	60	100%
⇒ Free soft tissue graft	60	100%
⇒ Occlusal adjustment (other than with an appliance or by restoration):		
o Limited	20	100%
o Entire mouth	40	100%
<u>Specialty Services – Type C</u>		
• Endodontics:		
(includes local anesthetics when necessary)		
⇒ Complex molar root canal therapy	120	75%
• Intravenous Sedation and General Anesthesia:		
⇒ Per 15-minute segment	20	75%
• Oral Surgery:		
(includes local anesthetics when necessary and post-operative care)		
⇒ Surgical removal of impacted teeth:		
o Partially bony	53	75%
o Completely bony	60	75%
o Completely bony with unusual surgical complications	64	75%
• Periodontics:		
⇒ Osseous surgery (including flap entry and closure) – per quadrant	80	75%
• Orthodontics**:		
⇒ Comprehensive orthodontic treatment		
⇒ Post treatment stabilization		
⇒ Interceptive orthodontic treatment		
⇒ Limited orthodontic treatment		

* Exceptions by state.

** Lifetime maximum of \$1,000 per **covered** person.