

COMPREHENSIVE DENTAL BENEFITS RIDER

The Contract to which this Rider is attached is amended as follows:

SECTION II DEFINITIONS

52. **Dental Services/Dental Care Services:** those services as defined by CDPHP's Medical Director, or his/her designee, which meet accepted standards of dental practice and are necessary to prevent, treat and/or alleviate symptoms of a dental disorder or condition. Accidental Dental services are not considered Dental Services.
53. **Participating Dentist:** any duly licensed doctor of dental surgery (D.D.S.) or doctor of dental medicine (D.M.D.) who has agreed under contract with CDPHP to provide Dental Care Services to Members.

SECTION IV COVERED HEALTH CARE SERVICES

- Y. **Dental Care Services.** No referral is required if services are rendered by a Participating Dentist (see also Section V.D.).

| Service | Applicable Copayment or Coinsurance |
|--|-------------------------------------|
| 1. Only one Copayment will be required per provider per day. Preventive and diagnostic services are Covered as follows: | |
| a. Comprehensive oral exam limited to one per Member per Participating Dentist office per lifetime; | Dental Copayment |
| b. Periodic oral examinations and prophylaxis (cleaning) limited to one per Member every six months; | Dental Copayment |
| c. Dental sealants for first and second permanent molars, limited to one per tooth per Member up to age 16; | Dental Copayment |
| d. One full mouth or panoramic X-ray series limited to one per Member every 36 months; | Dental Copayment |
| e. Bitewing and intraoral X-rays limited to one set per Member every six months; and | Dental Copayment |
| f. Space Maintainers, including recementation, to maintain space for eruption of permanent teeth where deciduous teeth were prematurely lost due to dental disease for Members up to age 19. | Dental Copayment |
| g. Fluoride applications limited to once every six months for Members up to age 19; | Dental Copayment |
| h. Pulp vitality tests and diagnostic casts as needed; and | Dental Copayment |
| i. Oral hygiene exams as needed for Members up to age 3. | Dental Copayment |
| 2. Type B Routine Restorative Dental Services: Coinsurance is applied for each service rendered. Routine restorative services are Covered as follows: | |
| a. Amalgam and composite filling restorations to restore diseased teeth or teeth accidentally broken as a result of natural causes (e.g. chewing); | Type B Coinsurance |

- b. Oral surgery and extractions, including local or general anesthesia; and Type B Coinsurance
- c. Endodontic (root canal) treatment. Type B Coinsurance
- 3. Type C Major Restorative Dental Services: Coinsurance is applied for each service rendered. Major restorative services are Covered as follows:
 - a. Initial installation of inlays and crowns; Type C Coinsurance
 - b. Initial installation of fixed bridgework; Type C Coinsurance
 - c. Initial installation of full and partial removable dentures. This includes any adjustments done within the six month period following installation; Type C Coinsurance
 - d. Replacement of an existing removable denture or fixed bridgework if one of the following applies: Type C Coinsurance
 - i. The replacement or addition of teeth is needed to replace one or more natural teeth extracted after the present denture or bridgework was installed.
 - ii. The present denture or bridgework was installed at least five years prior to the replacement, and the present denture or bridgework cannot be repaired.
 - iii. The present denture is temporary and replaces one or more natural teeth which were extracted and replacement by a permanent denture is required. The replacement must take place within twelve months from the date that the temporary denture was installed.
- 4. Maximum Benefit Limitations.
 - a. For all Covered Dental Services, the combined Benefit Period limits per Member are as follows:
 - i. Benefit Period 1: \$1250
 - ii. Benefit Period 2 and thereafter: \$1750.
- 5. Referred Dental Services.
 In the event that covered Dental Services cannot be provided by a Participating Dentist, the Member shall be referred to another dentist for Dental Services. Such Dental Services must be recommended in writing by the Participating Dentist and approved in writing by CDPHP's Medical Director, or his/her designee, prior to the services being rendered. The services provided by the non-Participating Dentist will be subject to the limitations and exclusions of the Contract.
- 6. Exclusions
 - a. Services not specifically Covered in paragraphs 1 through 4 above, including but not limited to periodontal treatment services;
 - b. Services otherwise excluded under Section VII of the Contract;
 - c. Charges for dental appointments that are not kept by the Member;

- d. Hospital charges for any dental procedure unless authorized in advance by CDPHP's Medical Director or his/her designee;
- e. Prescription or over-the-counter drugs and/or medications prescribed or ordered by a dentist, unless the Contract has been modified by a CDPHP Prescription Drug Rider, in which case Coverage of Prescription Drugs is subject to all the terms and conditions of such Rider.
- f. Services to personalize or characterize dentures or services for cosmetic or aesthetic purposes.
- g. Devices ordered while the Member was not eligible for Coverage under this Rider, or which were ordered while the Member was eligible for Coverage under this Rider, but were installed or delivered more than 30 days after eligibility for Coverage under this Rider ended.
- h. Replacement of lost, stolen or damaged devices.

**SECTION V
LIMITATIONS OF COVERAGE**

D. Covered Health Care Services That Do Not Require a Referral

The following Covered Health Care Services do not require a referral as described in Section V.A.1. and V.A.2.:

- 13. Preventive Dental Services as set forth in Section IV.Y.

**SECTION VII
EXCLUSIONS**

- 7. Any dental care and treatment except for the Dental Services as set forth in Section IV.Y. and treatment of sound natural teeth needed as a result of an Accidental Injury or treatment needed due to a congenital disease or anomaly. Dental care and treatment needed as a result of an Accidental Injury is not Covered when it is provided more than 12 months from the date of the Accidental Injury, except when prior approved by CDPHP's Medical Director or his/her designee for Members whose future growth prohibits necessary treatment from being performed within 12 months of the Accidental Injury.

SCHEDULE OF BENEFITS

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|---------------------|---------|
| Copayments: | |
| Dental Copayment | \$10.00 |
| Coinsurance: | |
| Type B Coinsurance | 20% |
| Type C Coinsurance | 50% |