# dental health by Health Resources, Inc.

# PRODUCT SUMMARY GUIDE DENTAL HEALTH OPTION 7



GOOD NEWS! You and your family have the opportunity to enroll in a dental health plan offered by Dental Health Options by Health Resources Inc. Our plans are specifically created to Insure Smiles. We work together with general and specialty dentists who have agreed to provide services at a savings to you. Visit www.InsuringSmiles.com to Find Your Dentist

- Members enjoy:
  - No deductibles
  - No pre-existing condition clauses
- No claim forms
- No waiting periods • A large dentist network, including specialists

## DENTAL SERVICES COVERED AT 100%

PREVENTIVE SERVICES Routine teeth cleaning Fluoride applications (children) Sealants (permanent molar teeth only)

ORAL SURGERY

Biopsy, soft tissue

DIAGNOSTIC SERVICES Evaluations (exams) Periodic, limited, comprehensive, periodontal Radiographs (x-rays) Complete series Panoramic films Bitewings

Cephalometric film Other procedures Pulp vitality tests Diagnostic casts

ADJUNCTIVE SERVICES Palliative emergency treatment

# DENTAL SERVICES COVERED AT 80%

#### SPACE MAINTINERS

Space maintainers (not orthodontic retainers)

#### RESTORATIVE

Silver fillings Primary teeth/Permanent teeth White fillings Anterior teeth/Posterior teeth Recementation of Crown, Inlay, Onlay Other restorative services Protective restoration Pin retention, per tooth

#### **ENDODONTICS** Vital pulpotomy (primary teeth only) Pulp therapy (primary teeth only) Root canal therapy

Apexification Apicoectomy Retrograde filling Root amputation

## PERIODONTICS

Gingivectomy, per quadrant Osseous surgery Scaling and root planing Full mouth debridement Periodontal maintenance

#### **PROSTHODONTICS**

Recement fixed partial denture Repair dentures

**ORAL SURGERY** Extractions

Routine removals or exposed roots Surgical removals Impactions Natural tooth reimplantation Surgical exposure or unerupted tooth Incision and drainage of abscess Frenectomy Excise hyperplastic tissue

Alveoloplasty (smoothing of bone) Removal of benign lesions and cysts Sialolithotomy

## **ADJUNCTIVE SERVICE**

Anesthesia General anesthesia Intravenous sedation

# DENTAL SERVICES COVERED AT 50%

#### RESTORATIVE

Inlay/Onlay (metallic & porcelain) Crowns Porcelain/ceramic Full cast/ $\frac{1}{3}$ /4 cast Prefabricated stainless steel Post & core

Anteriors/Premolars/Molars

## **PROSTHODONTICS**

Removable Complete/Immediate dentures

Partial dentures All acrylic Metal framework, acrylic saddles Rebase/Reline Tissue conditioning Overdentures Fixed bridgework Bridge pontics & retainers Resin bonded (Maryland) bridge

ADJUNCTIVE SERVICES Analgesia (nitrous oxide)

#### IMPLANT SUPPORTED PROSTHETICS (RESTORATIONS)

Crowns, abutment supported Porcelain/ceramic Cast metal Removable dentures, abutment supported Fixed bridgework, abutment supported Porcelain/ceramic Cast metal

Your Employer will sponsor your plan and select your individual annual maximum dollar level, of which the benefit accumulation period is the Plan year. Your employer will also collect your portion of the premiums via payroll deduction and define eligibility requirements. You may not add, drop or change coverage during each contract period unless a change of family status or employment termination occurs. All Plans are issued subject to certain general exclusions, limitations and restrictions, such as frequency and age limitations. These exclusions, limitations and restrictions as well as a comprehensive listing of all covered services by ADA code, are described in the Employer group contract and your Member handbook. Copies of these materials are available on the HRI website or by calling HRI at 800.727.1444. Employer group acceptance is not guaranteed. Approval of coverage is contingent upon underwriting acceptance. This plan does not meet minimal essential coverage requirements for pediatric dental services as part of the Essential Health Benefits in accordance with the Affordable Care Act (ACA) provisions.