

# **NATIONAL PACIFIC DENTAL, INC.**

1333 West Loop South

Suite 1100

Houston, TX 77027

(877) 813-4259

## **Evidence of Coverage**

### **DHMO Dental Plan**

#### **Med 1000**

***IMPORTANT INFORMATION REGARDING YOUR PLAN.***

National Pacific Dental is licensed as a Health Maintenance Organization offering a single health care service plan. Should any provision herein not conform to the Texas Health Maintenance Organization Act or other applicable laws, it shall be construed as if it were in full compliance thereof.

## **IMPORTANT NOTICE**

To obtain information or make a complaint:

You may call National Pacific Dental's toll-free telephone number for information or to make a complaint at:

(877) 813-4259

You may also write to:

National Pacific Dental, Inc.

1333 West Loop South

Suite 1100

Houston, TX 77027

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

(800) 252-3439

You may write the Texas Department of Insurance at:

P.O. Box 149104

Austin, TX 78714-9104

FAX#: (512) 475-1771

### **PREMIUM OR CLAIM DISPUTES:**

Should you have a dispute concerning your premium or about a claim, you should contact National Pacific Dental, Inc. first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

### **ATTACH THIS NOTICE TO YOUR POLICY:**

This notice is for information only and does not become a part or condition of the attached document.

## **AVISO IMPORTANTE**

Para obtener información o para someter una queja:

Usted puede llamar al número de teléfono gratis de National Pacific Dental para información o para someter una queja al:

(877) 813-4259

Usted también puede escribir:

National Pacific Dental, Inc.

1333 West Loop South

Suite 1100

Houston, TX 77027

Puede comunicarse con el Departamento de Seguros de Texas para obtener información acerca de compañías, coberturas, derechos o quejas al:

(800) 252-3439

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104

Austin, TX 78714-9104

FAX#: (512) 475-1771

### **DISPUTAS SOBRE PRIMAS O RECLAMOS:**

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con National Pacific Dental, Inc. primero. Si no se resuelve la disputa, puede entonces comunicarse con el Departamento de Seguros de Texas (TDI).

### **ATAR ESTE AVISO A SU POLIZA:**

Este aviso es solo para propósito de información y no se convierte en parte o condición del documento adjunto.

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# Evidence of Coverage

This Evidence of Coverage provides a detailed summary of how your National Pacific Dental (NPD) Plan operates, your entitlements and the Plan's restrictions and limitations. However, this Evidence of Coverage constitutes only a summary of the Dental Plan. Your Organization's Dental Plan Contract must be consulted to determine the exact terms and conditions of coverage.

## Entire Contract

NPD typically contracts with an Organization, such as your employer or association, to offer benefits to its employees or members. Your Organization's contract with NPD, together with the application, acceptance agreement, Enrollment Form, this Evidence of Coverage and any attachments or inserts, constitutes the entire agreement between the parties. To be valid, any change in the contract must be approved by an officer of NPD and attached to it. No agent may change the Contract or waive any of the provisions. Should any provision herein not conform to applicable laws, it shall be construed as if it were in full compliance thereof.

## Who May Enroll

Your Organization determines how you may become eligible to join the Plan. You may enroll yourself and your dependents, provided each meets your Organization's eligibility requirements and the **Service Area and Dependent Coverage** requirements listed below.

## Service Area

The Service Area is the geographical area in which NPD has a panel of Contracted Dentists who have agreed to provide care to NPD members (see page 14 for a list of counties in the service area). To enroll in the NPD Plan, you must reside, live, or work in the Service Area, and the permanent legal residence of any enrolled dependents must be:

- the same as yours;
- in the Service Area with the person having temporary or permanent conservatorship or guardianship of such dependents, including adoptees or children who have become the subject of a suit for adoption by the enrollee, where the Subscriber has legal responsibility for the health care of such dependents;
- in the Service Area under other circumstances where you are legally responsible for the health care of such dependents; or,
- in the Service Area with your spouse.

## Dependent Coverage

Your Organization is responsible for determining Dependent eligibility. In the absence of such a determination, NPD defines eligible Dependents to be:

- The Subscriber's lawful resident spouse.
- The Subscriber's unmarried children (including adopted children, stepchildren and pursuant to a court or administrative order to provide dental benefits to children) and those of the Subscriber's spouse up to the age of twenty-five (25) and depend primarily on the Subscriber for support.
- Children of the Subscriber who are incapable of self-sustaining employment because of developmental disability or a physical handicap and continue to be chiefly dependent on the

Subscriber for support and maintenance. The age limit for coverage will not apply. The Subscriber must furnish NPD with proof of incapacity and dependency upon request.

- Your dependent grandchildren if under twenty-five (25) years old and living with you and primarily dependent upon you for care. You must furnish NPD with proof of dependent status, which would be sufficient for federal income tax purposes or as otherwise required by law.
- Other Dependents if your Organization provides benefits for these Dependents.

Please check with your Organization if you have questions regarding your eligibility requirements.

## When Coverage Begins

Coverage for you and your enrolled dependents will begin on the date determined by your Organization. Newborn children are covered during the initial thirty-one (31) days following birth. In order to continue coverage of a newborn child, the Subscriber must notify NPD, either verbally or in writing, of the addition of the newborn child as a covered dependent, within thirty-one (31) days after the birth of the child; in addition, the Subscriber must pay any applicable premium required to continue such coverage. Legally adopted children, foster children and stepchildren, are covered the first day of the month following placement, as long as NPD is notified within thirty-one (31) days and any Prepayment Fee is paid within that period.

Check with your Organization if you have any questions about when your coverage begins.

## Receiving Care

When you enroll in the NPD Plan, you can choose a Selected General Dentist from our extensive NPD network. Please refer to the ***Directory of Participating Dentists*** for a complete listing of network dentists.

## Making an Appointment

Once your coverage begins, you may contact the Selected General Dentist you chose at enrollment to schedule an appointment. NPD Contracting Dental Offices are open in accordance with their individual practice needs. When scheduling an appointment, please identify yourself as an NPD member. Your Selected General Dentist will also need to know your chief dental concern and basic personal data.

Arrive early for your first appointment to complete any paperwork. Your first visit to your Selected General Dentist will usually consist of X-rays and an exam only. By performing these procedures first, your dentist can establish your treatment plan according to your overall health needs.

We recommend that you take this brochure with you on your appointment, along with the enclosed *Schedule of Benefits*. Remember, only dental services listed in the *Schedule of Benefits* and provided by your Selected General Dentist are covered.

## Specialty Referrals

During the course of treatment, your Selected General Dentist may encounter situations that require the services of a dentist limiting his/her practice to specialty care, as defined in this Evidence of Coverage. Your Selected General Dentist will complete all required documentation. Contact NPD who will advise you of the name, address, and telephone number of the dentist who will provide the required treatment. These services are available only when the dental procedure cannot be performed by the Selected General Dentist due to the severity of the problem. All referrals to a dentist whose practice is limited to specialty care must be authorized by NPD. Failure to follow the procedure regarding specialty referrals may result in services not being covered by NPD.

## **Out of Network Services**

If dentally necessary covered services are not available through NPD's Network of Dentists, NPD shall, upon the request of a Network Dentist, within the time appropriate to the Enrollee's dental condition but not exceeding five (5) days, allow a referral to a non-network dentist, and shall fully reimburse the non-network dentist at the usual and customary fee, or an agreed-upon rate. Such referral shall not require the Enrollee to change his or her Selected General Dentist. Before NPD may deny a referral to a non-network dentist, NPD shall obtain a review of the Enrollee's dental condition by a Dentist of the same or similar specialty to that of the requested referral.

## **Changing Your Selected General Dentist**

You have control over the Selected General Dentist you choose, and you can make changes at any time. If you need or desire to change your Selected General Dentist, please contact Customer Service at **(877) 813-4259**. Our associates will help you locate a dentist most convenient to you. All transfers prior to the 20th day of the month will be effective on the first day of the month following the transfer request. All others will be effective the following month. In changing your Selected General Dentist, you may have to pay a fee for the cost of duplicating your X-rays and dental records.

In the event that your Selected General Dentist terminates his/her relationship with NPD for any reason, he/she must complete any treatment in progress. We will notify you by mail should your dentist terminate his/her agreement with us.

## **Second Opinions**

At no cost to you, a second opinion may be requested if you have unanswered questions about diagnosis, treatment plans, and/or the results achieved by such dental treatment. Just contact NPD's Customer Service Department either by calling **(877) 813-4259** or by sending a written request to the following address:

**National Pacific Dental, Inc.  
C/O Customer Service  
1333 West Loop South  
Suite 1100  
Houston, TX 77027**

In addition, your Selected General Dentist or NPD may also request a second opinion on your behalf.

All requests for a second opinion are processed within five (5) business days of receipt by NPD of such request. Upon approval, NPD will contact the consulting dentist and make arrangements to enable you to schedule an appointment. All second opinion consultations will be completed by an NPD Contracting Dentist with qualifications in the same area of expertise as the referring dentist or dentist who provided the initial examination or dental care services. You may obtain a copy of the second dental opinion policy by contacting NPD's Customer Service Department by telephone at the toll-free number indicated above, or by writing to NPD at the above address.

## **New Patient and Routine Services**

As an NPD member, you have the right to expect that the first available appointment time for new patient or routine dental care services is offered within three (3) weeks of your initial request. If your schedule requires that an appointment be scheduled on a specific date, day of the week, or time of day, the Contracting Dentist may need additional time to meet your special request.

## Your Financial Responsibility

### Monthly Prepayment Fee

Your Organization prepays NPD for your coverage on a monthly basis. If you are responsible for any portion of this Prepayment Fee, your Organization will advise you of the amount and how it is to be paid. The Prepayment Fee is not the same as a co-payment.

### Co-payments

When you receive care from your Selected General Dentist, you will pay the co-payment described on your *Schedule of Benefits* enclosed with this brochure. When you are referred to a dentist that limits his/her practice to specialty care, your co-payment may be either a fixed dollar amount - or a percentage of the dentist's usual and customary fee. Please refer to the *Schedule of Benefits* for specific details. When you have paid the required co-payment, if any, you have paid in full. NPD does **NOT** require claim forms.

### Customer Service

NPD provides toll-free access to our Customer Service Associates to assist you with benefit coverage questions, resolving problems, or changing your Selected General Dentist. NPD's Customer Service can be reached Monday through Friday at **(877) 813-4259** from 8:00 am to 5:00 pm Central Standard Time.

### Emergency Dental Services

All contracted NPD Selected General Dentists provide Emergency Dental Services twenty-four (24) hours a day, seven (7) days a week. In the event of a dental emergency and you are **within** seventy-five (75) miles of your Selected General Dentist, simply contact your selected dentist who will make reasonable arrangements for such emergency dental care.

If you are **more than** seventy-five (75) miles from your Selected General Dentist, or you cannot reach your Selected General Dentist or NPD's Customer Service, you may obtain Emergency Dental Services from any licensed dentist.

NPD will provide coverage for the following Emergency Dental Services without regard to whether the dentist or provider furnishing the services has a contractual or other arrangement to provide services to covered individuals:

- Dental screening examinations or other evaluations required by state or federal law, which are necessary to determine whether an emergency dental condition exists.
- Necessary emergency dental care services, including the treatment and stabilization of an emergency dental condition.
- Services originating in a dental office following treatment or stabilization of an emergency dental condition, provided the treating dentist has made inquiry to and received authorization from NPD for the post stabilization services. NPD shall respond to the treating dentist within the time appropriate to the circumstances relating to the delivery of the services and the condition of the member.

NPD's Customer Service will request that you send a copy of the bill incurred as a result of such dental emergency to NPD, along with a brief explanation as to the unavailability of your dentist. No claim forms are required. Please include your name, Social Security Number, address, and telephone number on all pages. After verifying the circumstances, NPD will reimburse you for the expenses for covered services, less any applicable co-payment, if a true emergency existed.

Examples of a dental emergency are defined as procedures administered in a dentist's office, dental clinic, or other comparable facility, to evaluate and stabilize dental conditions of a recent onset and severity accompanied by excessive bleeding, severe pain, or acute infection that would lead a prudent layperson possessing an average knowledge of dentistry to believe that immediate care is needed.

## **Complaint Procedures**

A "Complaint" is your written or oral dissatisfaction about any aspect of NPD's operation, including, but not limited to dissatisfaction with our plan administration; procedures, denial, reduction, or termination of a service for reasons not related to medical necessity; disenrollment decisions; or the way a service is provided.

A "Complaint" does not include (a) a misunderstanding or problem of misinformation that can be promptly resolved by NPD by clearing up the misunderstanding or by supplying the correct information to your satisfaction; or (b) you or your provider's dissatisfaction or disagreement with an adverse determination.

If you or one of your eligible Dependents has a complaint with NPD or your Selected General Dentist, you may register a complaint by calling NPD's Customer Service at **(877) 813-4259**.

Or you may submit a completed Written Inquiry Complaint Form (available by calling the Customer Service number) or a detailed summary of your complaint to NPD.

**National Pacific Dental, Inc.**  
**C/O Quality Assurance Department**  
**1333 West Loop South**  
**Suite 1100**  
**Houston, TX 77027**

Please be sure to include your Name (Patient's name, if different), Social Security Number, Dental Facility (or Selected General Dentist) Name and Telephone Number on all written correspondence.

NPD agrees, subject to its Complaint Procedure, to duly investigate and endeavor to resolve any and all complaints received from Members regarding the Plan. NPD will confirm receipt of your complaint in writing within five (5) business days of receipt of a complaint. We will resolve the complaint and communicate the resolution in writing within thirty (30) calendar days.

## **Appeals to NPD**

If NPD does not resolve your complaint to your satisfaction, you have the right to appeal NPD's decision, either verbally or in writing, to NPD's Complaint Appeal Panel. You may appeal by: (a) appearing in person before the Complaint Appeal Panel in a location where you normally receive dental services, or at a different location to which you agree; or (2) presenting a written appeal to the Complaint Appeal Panel. When you appeal your complaint:

- a) NPD will send an acknowledgement letter to you within five (5) business days after the date NPD receives your request for an appeal. The acknowledgement letter will contain an explanation of the appeal process and the Member Rights and Plan Responsibilities.
- b) NPD will appoint members to the Complaint Appeal Panel, which advises NPD on the resolution of the appeal. The members of the Complaint Appeal Panel cannot have been involved with your complaint in the past. The Complaint Appeal Panel will include an equal number of NPD's staff, dentists, and enrollees.
- c) Not later than the 5th business day before the Complaint Appeal Panel meets, NPD will provide to you or your designated representative:



- 1) any documentation that will be presented by NPD's staff to the Complaint Appeal Panel
- 2) the specialization of any Dentist consulted during the investigation of your appeal; and
- 3) the name and affiliation of each of the members of the Complaint Appeal Panel.

You, or your designated representative, if you are a minor or are disabled, have the right to:

- a) appear in person before the Complaint Appeal Panel;
- b) present alternative expert testimony; and
- c) request the presence of, and to question, any person that was involved in making the prior determination that resulted in your appeal.

NPD will complete the appeals process not later than the 30th calendar day after NPD receives your appeal. NPD's final decision on the appeal will include a statement of the specific dental determination, clinical basis, and contractual criteria used to reach the final decision.

If the appeal request involves a presently occurring dental care emergency, NPD will investigate and resolve such appeal in accordance with the degree of emergency of the case, but no later than one (1) business day after you have made your request for appeal. At your request, NPD will provide, instead of a Complaint Appeal Panel, a review by a Dentist who has not previously reviewed the case and who is of the same or similar specialty as ordinarily manages the procedure or treatment under appeal. The Dentist reviewing the appeal may interview you or your designated representative and will make a decision on the appeal. Initial notice of the decision on the appeal may be delivered orally to you but will be followed by a written notice of the determination within three (3) business days.

Your failure to comply with these procedures, and the procedures outlined in the Member Rights and Plan Responsibilities provided with the acknowledgement letter, will result in the original decision being upheld, with no further action on such complaint.

## **Filing Complaints with the Texas Department of Insurance**

Any person, including persons who have attempted to resolve complaints through NPD's complaint system process and who are dissatisfied with the resolution, may file a complaint with the Texas Department of Insurance at P.O. Box 149091, Austin, TX 78714-9091. The Department's telephone number is (800) 252-3439.

The Department's Commissioner will investigate a complaint against NPD to determine its compliance with insurance laws within sixty (60) days after the Department receives your complaint and all information necessary for the Department to determine compliance. The Commissioner may extend the time necessary to complete an investigation in the event any of the following circumstances occur: a) additional information is needed, b) an on-site review is necessary, c) NPD, the dentist or provider, or you do not provide all documentation necessary to complete the investigation, or d) other circumstances beyond the control of the Department occur.

## **Changes To Your Coverage**

### **Renewing Your Coverage**

Your Organization has contracted with NPD to provide services for the time period specified in the contract between the parties. Your coverage under the Plan is guaranteed for that time period so long as you meet the eligibility requirements under the Plan and the applicable Prepayment Fee has been paid. When the Contract expires, it may be renewed. If renewed, it is possible that the terms of the Plan may have been changed. If changes to benefits, co-payments or premiums have been made to a renewed contract, your Organization will notify you not less than thirty (30) days before the effective date.

## **Cancellation of Your Coverage**

Your coverage may be cancelled after not less than 30 days written notice for:

- non-payment of amounts due under the contract, except no written notice will be required for failure to pay the Prepayment Fee.
- failure to establish a satisfactory dentist-patient relationship and if NPD has, in good faith, provided you with the opportunity to select an alternative dentist and you are notified in writing at least thirty (30) days in advance that NPD considers the dentist-patient relationship to be unsatisfactory and specifies the changes that are necessary in order to avoid termination, and you have failed to make such changes; in such case, coverage may be cancelled at the end of such thirty-day period.
- neither residing, living, or working in the service area or area for which NPD is authorized to do business.

Your coverage may be cancelled after not less than fifteen (15) days written notice for:

- an intentional misrepresentation, except as limited by statute.
- fraud in the use of services or dental facilities.

Your coverage may be cancelled immediately:

- subject to continuation of coverage and conversion privilege provisions, if applicable, if you do not meet eligibility requirements other than the requirements that you live or work in the service area.
- any misconduct detrimental to safe plan operations and the delivery of services.

## **Incontestability**

All statements made on your Enrollment Form shall be considered representations and not warranties. The statements are considered to be truthful and are made to the best of your knowledge and belief. A statement may not be used in a contest to void, cancel, or non-renew your coverage or reduce benefits unless: (1) it is in a written enrollment application signed by you; and (2) a signed copy of the enrollment application is or has been furnished to you or your representative.

This contract may only be contested for fraud or intentional misrepresentation of material fact made on the enrollment application.

## **Termination of Contract**

When your employment with your Organization ends, your coverage ceases according to the rules of your Organization. Either NPD or your Organization may terminate the contract upon sixty (60) days written notice or upon its expiration date. If this happens, or the contract is not renewed, your membership in the Plan will be terminated according to the terms of the Contract. In the event of Contract termination, no further benefits will be provided to you and none of the Plan provisions will apply. NPD provides for a grace period of thirty (30) days for the payment of Prepayment Fees falling due, during which the coverage remains in effect. If your Organization fails to pay the Prepayment Fees through and including the final month of the contract, all coverage may be terminated at the end of such grace period, and you may be responsible for the usual and customary fees for any services received from your NPD Contracting Dentist during the period the Prepayment Fees went unpaid, including the grace period. Upon fifteen (15) days written notice to your Organization, your coverage may be terminated in the event of fraud on the part of the Organization.

## Termination of Your Coverage

If you terminate from the Plan while the contract between NPD and your Organization is in effect, your dentist must complete any dental procedure started on you before your termination, abiding by the terms and conditions of the Plan.

Orthodontic treatment is governed by the Orthodontic Limitations listed on your *Schedule of Benefits*. If you terminate coverage from the Plan after the start of orthodontic treatment, you will be responsible for any additional incurred charges on any remaining orthodontic treatment.

## Conversion Privilege/Continuation of Coverage

Contact NPD's Customer Service at **(877) 813-4259** to check availability of a Conversion Plan in your area. If your dental coverage is terminated for any reason other than involuntary termination for cause, you may elect to continue your coverage under this contract, as provided by Texas law, which permits you to continue your coverage, upon payment of the applicable premium, until the earliest of (1) six months after the date the election is made; (2) the date on which failure to make timely payments would terminate coverage; (3) the date on which you are covered for similar services and benefits by another hospital, surgical, medical, or major medical expense insurance policy or hospital or medical service subscriber contract or medical practice or other prepayment plan or any other plan or program; or (a) the date on which the group coverage terminates in its entirety. **You must request this continuation of coverage in writing within thirty-one (31) days following the later of (1) the date your coverage through your Organization would otherwise terminate; or (2) the date you are given notice of the right of continuation by your Organization.** In addition, you and your eligible dependents are eligible to retain coverage in accordance with COBRA (Consolidated Omnibus Budget Reconciliation Act) requirements. You and your dependents may be eligible for Medicare benefits. For purposes of this provision, "involuntary termination for cause" means: (a) termination for non-payment of Prepayment Fees, (b) termination for an intentional misrepresentation (except as limited by statute), (c) termination for fraud in the use of services or facilities, (d) termination for any misconduct detrimental to safe plan operations and the delivery of services; and (e) termination for failure to maintain the dentist-patient relationship.

Please contact your Organization for further information and details.

## Principal Limitations and Exclusions

Below are the limitations that are applicable to this Plan:

- 1) Crowns, bridges and dentures (including immediate dentures) are not to be replaced within a five-year period from initial placement and only if it is unsatisfactory and cannot be made satisfactory by reline or repair;
- 2) Partial dentures are not to be replaced within any five-year period from initial placement, unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible;
- 3) Denture relines are limited to one per denture during any 12 consecutive months;
- 4) Treatment is generally limited to conventional techniques and does not include hemisection, implants, over-dentures and grafting;
- 5) The plan allows a treatment plan up to five units of crown or bridgework per arch. Upon the sixth unit, the Plan considers the treatment to be full-mouth reconstruction. The patient is responsible for fees incurred for anything beyond the fifth unit at usual and customary fees;
- 6) Periodontal treatments (root planing/subgingival curettage) are limited to four quadrants during any 12 consecutive months;

- 7) A full mouth X-ray is defined as a minimum of 6 periapical films plus bitewing X-rays or panorex plus bitewing X-rays on the same date of service;
- 8) Sealant benefits include the application of sealants on posterior teeth with no decay, with no restorations and with the occlusal surface intact, up to age fourteen when the treating dentist determines necessity. Sealant benefits do not include the repair or replacement of a sealant on any tooth within three years of its application;
- 9) Single unit cast metal and/or ceramic restorations and crowns are covered only when the tooth cannot be adequately restored with other restorative materials. Crown build-ups including pins are only allowable as a separate procedure in the exceptional instance where extensive tooth structure is lost and the need for a substructure can be demonstrated by written report and X-rays;
- 10) Cosmetic dental care is limited to composite restorations on posterior teeth, if a listed benefit, when a Plan dentist determines treatment to be appropriate dental care. All other cosmetic procedures are excluded from coverage.

The following dental procedures and services are not included in the Plan:

- 1) Hospital or ambulatory facility administered dental services; general anesthesia; intravenous and inhalation sedation; services of a special anesthesiologist; prescription drugs or other related hospital or ambulatory facility fees;
- 2) Dental conditions arising out of and due to enrollee's employment or for which Worker's Compensation is payable. Services that are provided to the enrollee by state government or agency thereof, or are provided without cost to the enrollee by any municipality, county or other subdivision;
- 3) Treatment required by reason of war;
- 4) Treatment of fractures and dislocations;
- 5) Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures);
- 6) Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage; and dental expenses incurred for treatment in progress prior to Member's eligibility with NPD (e.g.: teeth prepared for crowns, root canals in progress, fixed and removable prosthetics);
- 7) Any service that is not specifically listed as a covered expense;
- 8) Procedures, appliances or restorations to replace developmentally missing teeth or other developmental conditions; developmental malformations (including but not limited to cleft palate, enamel hypoplasia, fluorosis, jaw malformations, anodontia) and the removal/replacement of supernumerary teeth;
- 9) Treatment/removal of malignancies, cysts over 1.25 centimeters, tumors or neoplasms;
- 10) Dispensing of drugs/medications in a dental office;
- 11) Treatment as a result of accidental injury. Accidental injury is defined as damage to the hard and soft tissues of the oral cavity resulting from external forces to the mouth;
- 12) Cases which in the professional opinion of two (2) NPD attending dentists, or the NPD Dental Director, determine that a satisfactory result cannot be obtained or where the prognosis is poor or guarded;
- 13) Dental services received from any dental office other than an NPD contracted dental office, unless expressly authorized in writing by NPD or as cited under "Emergency Dental Services.";

- 14) Elective procedures, including but not limited to the removal of impacted asymptomatic teeth, extractions for orthodontic purposes, surgical orthodontic procedures and crown exposure;
- 15) Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment;
- 16) Crown lengthening procedures;
- 17) Replacement of long standing missing tooth or teeth (usually 5 years or more) in an otherwise stable dentition;
- 18) Dental services and treatments for restoring tooth structure loss from wear, bruxism, attrition and/or erosion; changing or restoring vertical dimension; and full-mouth reconstruction to enhance occlusion; diagnosis and/or treatment of the temporomandibular joint (TMJ);
- 19) Dental services not performed in the NPD general practice dental office because of physical, medical or behavioral limitations of eligible dependents/members over the age of eight years. This exclusion shall not apply to an enrollee who is unable to undergo dental treatment in an office setting or undergo local anesthesia due to a documented physical, mental, or medical reason as determined by the enrollee's physician or the dentist providing dental care.

### **Orthodontic Exclusions and Limitations (if a covered benefit under your plan)**

- I. Orthodontic treatment must be provided by a contracting NPD dentist.
- II. Plan benefits shall cover 24 months of usual and customary orthodontic treatment and an additional 24 months of retention. Treatment extending beyond such time periods will be subject to a per-office-visit charge.
- III. The following are not included as orthodontic benefits:
  - 1) Repair or replacement of lost or broken appliances.
  - 2) Re-treatment of orthodontic cases.
  - 3) Treatment in progress at inception of eligibility.
  - 4) Changes in treatment necessitated by an accident.
  - 5) Treatment involving:
    - a) Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia.
    - b) Surgically exposing impacted teeth (i.e. maxillary cuspids).
    - c) Hormonal imbalances or other factors affecting growth or developmental disturbances.
    - d) Treatment related to temporomandibular joint disorders.
    - e) Lingually placed direct bonded appliances and arch wires ("invisible braces").
    - f) Functional appliances that are used in conjunction with fixed appliances.
- IV. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.

## Service Area of National Pacific Dental, Inc.

### DESCRIPTION OF SERVICE AREA

Anderson	Fort Bend	Liberty
Bowie	Galveston	Montgomery
Bexar	Gray	Moore
Brazoria	Grayson	Nacogdoches
Brazos	Grimes	Orange
Brown	Harris	Parker
Carson	Harrison	Potter
Chambers	Hood	Randall
Collin	Hopkins	Rockwall
Dallas	Hunt	Tarrant
Deaf Smith	Hutchinson	Walker
Delta	Jefferson	Waller
Denton	Johnson	
Ellis	Kaufman	
Fannin	Lamar	

## Member Rights

During the term of the contract between NPD and your Organization, NPD guarantees that it will not decrease any benefits; increase any co-payment; or change any Principal Limitation or Exclusion. NPD will not cancel or fail to renew your enrollment in this Plan because of your health condition or your requirements for dental care. Your Selected General Dentist is responsible to you for all treatment and services, without interference from NPD.

Your dentist must follow the rules and limitations set up by NPD and conduct his or her professional relationship with you within the guidelines established by NPD's Quality Management Committee, Public Policy Committee and Peer Review Committee. If NPD's relationship with your Selected General Dentist ends, your dentist is obligated to complete any and all treatment in progress. NPD will arrange a transfer for you to another dentist to provide for continued coverage under the Plan. As indicated on your Enrollment Form, your signature authorizes NPD to obtain copies of your dental records if necessary, as permitted by law.

As a member, you have the right to:

- **be treated with respect, dignity and recognition of your need for privacy and confidentiality.**
- **express grievances and be informed of the grievance process.**
- **have access and availability to dental care.**
- **have access to your dental records.**
- **participate in decision-making regarding your course of treatment.**
- **be provided information regarding Contracting Dentists.**
- **be provided information regarding the services, benefits and specialty referral process provided by NPD.**

## Member Responsibilities

If you continually refuse a prescribed course of treatment, use the professional relationship for illegal means, or abuse the professional relationship, your NPD Contracting Dentist has the right to refuse to treat you. If you receive dental care during a time you are not eligible under the Plan, you will be responsible to pay the dentist the usual and customary fee for that care. You have the responsibility to pay the co-payment associated with specific procedures you may undergo in the course of your treatment.

As a member, you have the responsibility to:

- **identify yourself to your selected dental office as an NPD member.**
- **treat the NPD Contracting Dentist, office staff and NPD staff with respect and courtesy.**
- **keep scheduled appointments or contact the dental office twenty-four (24) hours in advance to cancel an appointment.**
- **cooperate with your NPD Contracting Dentist in following a prescribed course of treatment.**
- **make co-payments at the time of service.**
- **notify NPD of changes in family status.**
- **be aware of and follow your Organization's guidelines in seeking dental care.**

**The following definitions are used in this Evidence of Coverage.**

### **Co-payment**

The amount paid by a member for applicable covered services that require payment by the NPD member. Co-payments are listed in the Schedule of Benefits.

### **Conversion plan**

A contract for dental care services to which the enrollee may be entitled after his or her eligibility for or coverage under the contract through his or her Organization has been terminated for any reason other than for cause.

### **Dental Record**

A record kept at the site of your dental care which includes diagnostic aids, intra-oral and extra-oral X-rays, written treatment records such as progress notes, dental or periodontal chartings, treatment plans, consultation reports or other written material relating to a Member's medical and dental history, diagnosis, condition, treatment and/or evaluation.

### **Dependent**

Eligible family members of a subscriber who are enrolled in NPD.

### **Emergency Dental Services**

Procedures administered in a dentist's office, dental clinic, or other comparable facility, to evaluate and stabilize dental conditions of a recent onset accompanied by excessive bleeding, severe pain, or acute infection that would lead a prudent layperson possessing an average knowledge of dentistry, to believe that immediate care is needed. Permanent restorative work is not considered part of the stabilization for emergency services.

### **General Dentist**

An NPD contracting dentist who agrees in writing to provide general dental services under special terms, conditions and financial reimbursement arrangements with NPD.

### **Member**

An individual enrolled in the NPD dental plan.

### **Organization**

An employer or other entity that has contracted with NPD to arrange for the provision of dental care benefits.

### **Plan**

Coverage for specified dental care services purchased by an Organization for its Members for a fixed, periodic payment made in advance of treatment. Plans often include the use of fixed co-payments and are subject to Limitations and Exclusions.



**Prepayment Fee**

The monthly fee paid to NPD by your Organization. The Prepayment Fee is not the same as a co-payment.

**Selected General Dentist**

An NPD contracting dentist who has been selected by the enrollee to provide general dental services covered under the NPD contract.

**Service Area**

The geographical area in which NPD has a panel of General Dentists and Specialty Care Dentists who have agreed to provide care to NPD members. NPD is licensed to provide dental services in the counties in the State of Texas listed on Page 14.

**Specialty Care**

The care provided by dentists who limit their practice to the specific specialty of endodontics, orthodontics, oral surgery, pediatric dentistry, or periodontics.

**Specialty Care Dentist**

An NPD contracting dentist who agrees in writing to provide Specialty Care to NPD's enrollees.

**Subscriber**

The person who represents the family unit in relation to the dental benefit program. Also known as the certificate holder or enrollee.

**Termination of Benefits**

A member's loss of program eligibility and disenrollment from the Plan. Reason for termination of benefits may be termination of the group contract, termination of the Subscriber's employment with the Organization or dependent status change as set forth herein.

In an effort to monitor the availability of information for members with primary language needs other than English, please indicate your language selection in the appropriate space below. Members with disabilities affecting communication can receive information through the special requirements section below by clipping out this page and returning it to:

**National Pacific Dental, Inc.**  
**1333 West Loop South**  
**Suite 1100**  
**Houston, TX 77027**  
**Attention: Quality Assurance**

Your primary language, if not English: \_\_\_\_\_

Please check any special requirements:

Interpreter

Large Print

Audio Tape

Braille

TDYY

Other: \_\_\_\_\_

\_\_\_\_\_

# Adverse Determination Dental Amendment

## National Pacific Dental, Inc.

This Amendment modifies the Adverse Determination provision in your Evidence of Coverage (EOC). The *Appeals to Us*, *Adverse Determinations* and *Expedited Appeal Procedure for Emergency Situations* provisions are removed in their entirety, and replaced with the following. If the provision is not in your EOC it is added by way of this Amendment.

### Definitions

The following definition applies to the provisions of this amendment:

**Adverse Determination** – a determination by a utilization review agent that dental services provided or proposed to be provided to an enrollee are not dentally or medically necessary or are experimental or investigational.

### Appeals to Us

If we do not resolve your complaint to your satisfaction, you have the right to appeal our decision, either verbally or in writing, to our Complaint Appeal Panel. You may appeal by: (a) appearing in person before the Complaint Appeal Panel in a location where you normally receive dental services, or at a different location to which you agree; or (b) presenting a written appeal to the Complaint Appeal Panel. When you appeal your complaint:

1. We will send an acknowledgement letter to you within five (5) business days after the date we receive your request for an appeal.
2. We will appoint members to the Complaint Appeal Panel, which advises us on the resolution of the appeal. The members of the Complaint Appeal Panel cannot have been involved with your complaint in the past. The Complaint Appeal Panel will include an equal number of our staff, dentists, and enrollees (who are not employed by the HMO). The providers on the appeal panel must have experience in the area of care that is in dispute and must be independent of the provider who made any previous determination.
3. Not later than the 5th business day before the Complaint Appeal Panel meets, we will provide to you or your designated representative:
  - a. any documentation that will be presented to our participants of the Complaint Appeal Panel;
  - b. the specialization of any Dentist consulted during the investigation of your appeal; and
  - c. the name, specialty, and affiliation of each of the members of the Complaint Appeal Panel.

You, or your designated representative, if you are a minor or are disabled, have the right to:

1. appear in person before the Complaint Appeal Panel;
2. present alternative expert testimony; and
3. request the presence of, and to question, any person that was involved in making the prior determination that resulted in your appeal.

We will complete the appeals process not later than the 30th calendar day after we receive your appeal. Our final decision on the appeal will include a statement of the specific dental determination, clinical basis, and contractual criteria used to reach the final decision.

If the appeal request involves a presently occurring dental care emergency, we will investigate and resolve such appeal in accordance with the degree of emergency of the case, but no later than one (1) business day after you have made your request for appeal. At your request, we will provide, instead of a Complaint Appeal Panel, an independent review by a Dentist who has not reviewed the case and who is of the same or similar specialty as ordinarily manages the procedure or treatment under appeal. The Dentist reviewing the appeal may interview you or your designated representative and will make a decision on the appeal. Initial notice of the decision on the appeal may be delivered orally to you but will be followed by a written notice of the determination within three (3) business days.

Your failure to comply with these procedures, and the procedures outlined in the Member Rights and Plan Responsibilities provided with the acknowledgement letter, will result in the original decision being upheld, with no further action on such complaint.

## **Adverse Determinations**

An Eligible Person, a person acting on behalf of an Eligible Person, or an Eligible Person's provider of record may initiate the appeal. The Company will send an acknowledgment letter of the receipt of oral or written appeal of adverse determination from complainants no later than five working days after the date of the receipt of the appeal. This letter will include a description of the appeal procedures and time frames, as well as a reasonable list of documents needed to be submitted by the complainant for the appeal. If the appeal is received orally, The Company will also enclose a one-page appeal form, which will aid in prompt resolution of the appeal. The Eligible Person is not required to return this letter in order to process the appeal. The Company will respond to the Eligible Person, person acting on behalf of the Eligible Person, or the Eligible Person's provider of record as soon as possible but not later than 30 days after receipt of the appeal. If the appeal is denied, and within ten working days the provider sets forth in writing good cause for having a particular type of specialty provider review the case, the denial shall be reviewed by a health care provider in the same or similar specialty as typically manages the medical, dental, or specialty condition, procedure, or treatment under discussion for review of the adverse determination, and such specialty review shall be completed within 15 working days of receipt of the request.

In a circumstance involving an Eligible Person's life-threatening condition, the Eligible Person is entitled to an immediate appeal to an Independent Review Organization and is not required to comply with internal appeal of an adverse determination procedures. The plan permits any party whose appeal of an adverse determination is denied to seek review by an Independent Review Organization assigned to the appeal in accordance with Chapter 4201 of the Texas Insurance Code.

The plan will provide the IRO no later than three business days after the date of request by the IRO:

1. a copy of:
  - a. any medical records of the Eligible Person that are relevant to the review;
  - b. any documents used by the plan in making the determination to be reviewed;
  - c. the written notification described by Section 4201.359; and
  - d. any documents and other written information submitted to the agent in support of the appeal; and
2. a list of each physician or other health care provider who:
  - a. has provided care to the Eligible Person; and
  - b. may have medical records relevant to the appeal.

And finally, the plan will comply with the IRO's determination with respect to the medical necessity or appropriateness of health care items and services for an Eligible Person, or the determination regarding the experimental or investigational nature of health care items and services for an Eligible Person.

## **Expedited Appeal Procedure for Emergency Situations**

Your appeal requires immediate actions when your Dentist judges that a delay in treatment would significantly increase the risk to your health, or for denials of emergency care, care for life-threatening conditions or continued stays for hospitalized patients. In these urgent situations:

- The appeal does not need to be submitted in writing. You or your Dentist should call us as soon as possible.
- We will notify you of the decision by the end of one working day from the date your appeal is received, unless more information is needed.
- If we need more information from your Dentist to make a decision, we will notify you of the decision by the end of one working day from the date the required information is received.

The appeal process for urgent situations does not apply to prescheduled treatments or procedures that are not urgent situations.

If you are not satisfied with our decision, you have the right to take your complaint to the Texas Department of Insurance.

This amendment is subject to applicable terms and conditions of the Policy. All other provisions of the Policy remain unchanged.

NATIONAL PACIFIC DENTAL, INC.



Diane D. Souza, Chief Executive Officer

# National Pacific Dental, Inc.

## CENTURY SELECT

### Plan SE450

#### Benefit and Copayment Schedule

CDT-7 Code	Procedure Description	Member Co-Pay You Pay \$
<b>Diagnostic (00100-00999): Exams; X-rays; and related tests.</b>		
09999	Unspecified Adjunctive Procedure, By Report** - Office Visit (Infection Control Included)	\$5.00
00120	Periodic Oral Evaluation - Established Patient	No Co-Pay
00140	Limited Oral Evaluation - Problem Focused (Emergency)	No Co-Pay
00145	Oral Evaluation for a Patient Under three Years of Age and Counseling with Primary Caregiver	No Co-Pay
00150	Comprehensive Oral Evaluation - New or Established Patient	No Co-Pay
00160	Detailed and Extensive Oral Evaluation - Problem Focused, By Report	No Co-Pay
00170	Re-Evaluation - Limited, Problem Focused (Established Patient; not Post-Operative Visit)	No Co-Pay
00180	Comprehensive Periodontal Evaluation - New or Established Patient	No Co-Pay
00210	Intraoral - Complete Series (Including Bitewings) (X-ray)	No Co-Pay
00220	Intraoral - Periapical First Film (X-ray)	No Co-Pay
00230	Intraoral - Periapical Each Additional Film (X-ray)	No Co-Pay
00240	Intraoral - Occlusal Film (X-ray)	No Co-Pay
00250	Extraoral - First Film (X-ray)	No Co-Pay
00260	Extraoral - Each Additional Film (X-ray)	No Co-Pay
00270	Bitewings - Single Film (X-ray)	No Co-Pay
00272	Bitewings - Two Films (X-ray)	No Co-Pay
00273	Bitewings - Three Films (X-ray)	No Co-Pay
00274	Bitewings - Four Films (X-ray)	No Co-Pay
00277	Vertical Bitewings - Seven to Eight Films (X-ray)	No Co-Pay

<b>CDT-7 Code</b>	<b>Procedure Description</b>	<b>Member Co-Pay You Pay \$</b>
00330	Panoramic Film (X-ray)	No Co-Pay
00415	Collection of Microorganisms for Culture and Sensitivity	No Co-Pay
00416	Viral Culture	No Co-Pay
00421	Genetic Test for Susceptibility to Oral Diseases	No Co-Pay
00425	Caries Susceptibility Tests	No Co-Pay
00460	Pulp Vitality Tests	No Co-Pay
00470	Diagnostic Casts	No Co-Pay
<b>Preventive (01000-01999): Prophylaxis (cleanings); fluoride; and related maintenance procedures.</b>		
01110	Prophylaxis - Adult	No Co-Pay
01120	Prophylaxis -Child*	No Co-Pay
01203	Topical Application of Fluoride (Prophylaxis Not Included) - Child*	No Co-Pay
01204	Topical Application of Fluoride (Prophylaxis Not Included) - Adult	No Co-Pay
01206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients	No Co-Pay
01351	Sealant - Per Tooth*	\$5.00
01510	Space Maintainer - Fixed - Unilateral	\$45.00
01515	Space Maintainer - Fixed - Bilateral	\$45.00
01520	Space Maintainer - Removable - Unilateral	\$45.00
01525	Space Maintainer - Removable - Bilateral	\$45.00
01550	Re-Cementation of Space Maintainer	\$11.00
01555	Removal of Fixed Space Maintainer	\$11.00
<b>Restorative (02000-02999): Amalgams, resins, pins, and single crowns: includes polishing; bases; pulp caps; liners; and preparation, temporization and cementation of cast restorations; and cast crowns.</b>		
02140	Amalgam - One Surface, Primary or Permanent	\$10.00
02150	Amalgam - Two Surfaces, Primary or Permanent	\$12.00
02160	Amalgam - Three Surfaces, Primary or Permanent	\$15.00
02161	Amalgam - Four or More Surfaces, Primary or Permanent	\$15.00
02330	Resin-Based Composite - One Surface, Anterior	\$10.00

<b>CDT-7 Code</b>	<b>Procedure Description</b>	<b>Member Co-Pay You Pay \$</b>
02331	Resin-Based Composite - Two Surfaces, Anterior	\$12.00
02332	Resin-Based Composite - Three Surfaces, Anterior	\$15.00
02335	Resin-Based Composite - Four or More Surfaces, or Involving Incisal Angle (Anterior)	\$60.00
02390	Resin-Based Composite Crown, Anterior	\$25.00
02391	Resin-Based Composite - One Surface, Posterior	\$40.00
02392	Resin-Based Composite - Two Surfaces, Posterior	\$60.00
02393	Resin-Based Composite - Three Surfaces, Posterior	\$80.00
02394	Resin-Based Composite - Four or More Surfaces, Posterior	\$80.00
02750	Crown - Porcelain Fused to High Noble Metal***	\$230.00
02751	Crown - Porcelain Fused to Predominantly Base Metal	\$230.00
02752	Crown - Porcelain Fused to Noble Metal***	\$230.00
02780	Crown - 3/4 Cast High Noble Metal***	\$230.00
02781	Crown - 3/4 Cast Predominantly Base Metal	\$230.00
02782	Crown - 3/4 Cast Noble Metal***	\$230.00
02790	Crown - Full Cast High Noble Metal***	\$230.00
02791	Crown - Full Cast Predominantly Base Metal	\$230.00
02792	Crown - Full Cast Noble Metal***	\$230.00
02794	Crown - Titanium***	\$230.00
02910	Re-Cement Inlay, Onlay, or Partial Coverage Restoration	\$12.00
02915	Re-Cement Cast or Prefabricated Post and Core	\$12.00
02920	Re-Cement Crown	\$12.00
02930	Prefabricated Stainless Steel Crown - Primary Tooth*	\$48.00
02931	Prefabricated Stainless Steel Crown - Permanent Tooth*	\$48.00
02934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth*	\$48.00
02940	Sedative Filling	\$5.00
02950	Core Build-Up, Including Any Pins	\$30.00
02951	Pin Retention - Per Tooth, in Addition to Restoration	\$30.00
02952	Cast Post and Core In Addition to Crown -Indirectly Fabricated	\$50.00



CDT-7 Code	Procedure Description	Member Co-Pay You Pay \$
02953	Each Additional Indirectly Fabricated Post - Same Tooth	\$15.00
02954	Prefabricated Post and Core in Addition to Crown	\$50.00
02955	Post Removal (Not in Conjunction with Endodontic Therapy)	\$15.00
02957	Each Additional Prefabricated Post - Same Tooth	\$12.00
02970	Temporary Crown (Fractured Tooth)	\$54.00
<b>Endodontics (03000-03999): Pulp caps; root canals; apical surgery; retrogrades; hemisections and related procedures.</b>		
03110	Pulp Cap - Direct (Excluding Final Restoration)	\$12.00
03120	Pulp Cap - Indirect (Excluding Final Restoration)	No Co-Pay
03220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	\$20.00
03221	Pulpal Debridment, Primary and Permanent Tooth	No Co-Pay
03230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$20.00
03240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$20.00
03310	Root Canal Therapy - Anterior (Excluding Final Restoration)	\$95.00
03320	Root Canal Therapy - Bicuspid (Excluding Final Restoration)	\$118.00
03330	Root Canal Therapy - Molar (Excluding Final Restoration)	\$162.00
03410	Apicoectomy/Periradicular Surgery - Anterior	\$80.00
03421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	\$80.00
03425	Apicoectomy/Periradicular Surgery - Molar (First Root)	\$80.00
03426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$80.00
03430	Retrograde Filling - Per Root	\$20.00
<b>Periodontics (04000-04999): Includes root planing/curettage; gingival and osseous surgery; and related procedures; includes pre-op and post-op evaluations and local anesthetic; charting must be performed in conjunction with these procedures.</b>		
04210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$95.00
04211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$64.00
04240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces, Per	\$150.00

CDT-7 Code	Procedure Description	Member Co-Pay You Pay \$
	Quadrant	
04241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$100.00
04260	Osseous Surgery (Including Flap Entry and Closure) - Four or More Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$195.00
04261	Osseous Surgery (Including Flap Entry and Closure) - One to Three Contiguous Teeth or Bounded Teeth Spaces, Per Quadrant	\$130.00
04341	Periodontal Scaling and Root Planing - Four or More Teeth, Per Quadrant	\$35.00
04342	Periodontal Scaling and Root Planing, One to Three Teeth, Per Quadrant	\$24.00
04355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	\$30.00
04910	Periodontal Maintenance	\$24.00
<b>Prosthodontics, Removable (05000-05899): Full and partial dentures; includes: fabrication and/or repair of prosthesis and routine post-delivery care.</b>		
05110	Complete Denture - Maxillary	\$260.00
05120	Complete Denture - Mandibular	\$260.00
05130	Immediate Denture - Maxillary	\$300.00
05140	Immediate Denture - Mandibular	\$300.00
05211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests, and Teeth)	\$275.00
05212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests, and Teeth)	\$275.00
05213	Maxillary Partial Denture - Cast Metal Framework with Resin Base (Including Any Conventional Clasps, Rests, and Teeth)	\$300.00
05214	Mandibular Partial Denture - Cast Metal Framework with Resin Base (Including Any Conventional Clasps, Rests, and Teeth)	\$300.00
05410	Adjust Complete Denture - Maxillary	\$10.00
05411	Adjust Complete Denture - Mandibular	\$10.00
05421	Adjust Partial Denture - Maxillary	\$10.00
05422	Adjust Partial Denture - Mandibular	\$10.00

<b>CDT-7 Code</b>	<b>Procedure Description</b>	<b>Member Co-Pay You Pay \$</b>
05510	Repair Broken Complete Denture Base	\$25.00
05520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$19.00
05610	Repair Resin (Partial) Denture Base	\$25.00
05620	Repair Cast (Partial Denture) Framework	\$25.00
05630	Repair or Replace Broken Clasp (Partial Denture)	\$25.00
05640	Replace Broken Teeth (Partial Denture) - Per Tooth	\$19.00
05650	Add Tooth to Existing Partial Denture	\$25.00
05660	Add Clasp to Existing Partial Denture	\$35.00
05670	Replace All Teeth and Acrylic on Cast Metal (Partial) Framework (Maxillary)	\$248.00
05671	Replace All Teeth and Acrylic on Cast Metal (Partial) Framework (Mandibular)	\$248.00
05710	Rebase Complete Maxillary Denture	\$65.00
05711	Rebase Complete Mandibular Denture	\$65.00
05720	Rebase Maxillary Partial Denture	\$65.00
05721	Rebase Mandibular Partial Denture	\$65.00
05730	Reline Complete Maxillary Denture (Chairside)	\$25.00
05731	Reline Complete Mandibular Denture (Chairside)	\$25.00
05740	Reline Maxillary Partial Denture (Chairside)	\$25.00
05741	Reline Mandibular Partial Denture (Chairside)	\$25.00
05750	Reline Complete Maxillary Denture (Laboratory)	\$65.00
05751	Reline Complete Mandibular Denture (Laboratory)	\$65.00
05760	Reline Maxillary Partial Denture (Laboratory)	\$65.00
05761	Reline Mandibular Partial Denture (Laboratory)	\$65.00
05820	Interim Partial Denture (Maxillary)	\$45.00
05821	Interim Partial Denture (Mandibular)	\$45.00
05850	Tissue Conditioning (Maxillary)	\$25.00
05851	Tissue Conditioning (Mandibular)	\$25.00

CDT-7 Code	Procedure Description	Member Co-Pay You Pay \$
<b>Prosthodontics, Fixed (06200-06999): Abutments; pontics and related procedures. Includes diagnosis/models; preparation, temporization, fabrication and cementation of final restoration.</b>		
06210	Pontic - Cast High Noble Metal***	\$230.00
06211	Pontic - Cast Predominantly Base Metal	\$230.00
06212	Pontic - Cast Noble Metal***	\$230.00
06214	Pontic - Titanium***	\$230.00
06240	Pontic - Porcelain Fused to High Noble Metal***	\$230.00
06241	Pontic - Porcelain Fused to Predominantly Base Metal	\$230.00
06242	Pontic - Porcelain Fused to Noble Metal***	\$230.00
06250	Pontic - Resin with High Noble Metal***	\$230.00
06251	Pontic - Resin with Predominantly Base Metal	\$230.00
06252	Pontic - Resin with Noble Metal***	\$230.00
06720	Crown - Resin with High Noble Metal***	\$230.00
06721	Crown - Resin with Predominantly Base Metal	\$230.00
06722	Crown - Resin with Noble Metal***	\$230.00
06750	Crown - Porcelain Fused to High Noble Metal***	\$230.00
06751	Crown - Porcelain Fused to Predominantly Base Metal	\$230.00
06752	Crown - Porcelain Fused to Noble Metal***	\$230.00
06780	Crown - 3/4 Cast High Noble Metal***	\$230.00
06781	Crown - 3/4 Cast Predominantly Base Metal	\$230.00
06782	Crown - 3/4 Cast Noble Metal***	\$230.00
06790	Crown - Full Cast High Noble Metal***	\$230.00
06791	Crown - Full Cast Predominantly Base Metal	\$230.00
06792	Crown - Full Cast Noble Metal***	\$230.00
06794	Crown - Titanium***	\$230.00
06930	Recement Fixed Partial Denture	No Co-Pay
06940	Stress Breaker	\$35.00
06970	Post and Core in Addition to Fixed Partial Denture Retainer - Indirectly Fabricated	\$35.00
06972	Prefabricated Post and Core in Addition to Fixed Partial	\$35.00

CDT-7 Code	Procedure Description	Member Co-Pay You Pay \$
	Denture Retainer	
06973	Core Build-Up for Retainer, Including any Pins	\$30.00
06980	Fixed Partial Denture Repair, By Report	\$45.00
<b>Oral Surgery (07000-07999): Nonsurgical and surgical extractions (including sutures, if necessary) and related procedures; includes pre-op and post-op evaluations and treatment under local anesthetic.</b>		
07111	Extraction, Coronal Remnants - Deciduous Tooth	\$10.00
07140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$10.00
07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	\$20.00
07220	Removal of Impacted Tooth - Soft Tissue	\$30.00
07230	Removal of Impacted Tooth - Partially Bony	\$50.00
07240	Removal of Impacted Tooth - Completely Bony	\$75.00
07241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$75.00
07250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$30.00
07270	Tooth Re-Implantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$50.00
07280	Surgical Access of an Unerupted Tooth	\$50.00
07310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$36.00
07311	Alveoloplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$24.00
07320	Alveoloplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$36.00
07321	Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$24.00
07510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$26.00
07520	Incision and Drainage of Abscess - Extraoral Soft Tissue	\$26.00
07910	Suture of Recent Small Wounds up to 5 cm	No Co-Pay
07960	Frenulectomy (Frenectomy or Frenotomy) - Separate Procedure	\$60.00

CDT-7 Code	Procedure Description	Member Co-Pay You Pay \$
<b>Orthodontics (08000-08999): Orthodontic treatment; related procedures to improve a patient's craniofacial dysfunction and/or dentofacial deformity.</b>		
08050	Interceptive Orthodontic Treatment of the Primary Dentition (Phase 1)****	Up To \$1,200.00
08060	Interceptive Orthodontic Treatment (Primary/Transitional Dentition) (Phase 1)****	Up To \$1,200.00
08070	Comprehensive Orthodontic Treatment of the Transitional Dentition (24 Month Case)	\$2,100.00
08080	Comprehensive Orthodontic Treatment of the Adolescent Dentition (24 Month Case)	\$2,100.00
08090	Comprehensive Orthodontic Treatment of the Adult Dentition (24 Month Case)	\$2,200.00
08210	Removable Appliance Therapy	\$560.00
08220	Fixed Appliance Therapy	\$560.00
08660	Pre-Orthodontic Treatment Visit (Orthodontic Consultation)	\$120.00
08670	Periodic Orthodontic Treatment (In Conjunction With Comprehensive Orthodontic Treatment)	No Co-Pay
08680	Orthodontic Retention - per arch (Removal of Appliances, Construction and Placement of Retainers(s))	\$95.00
08999	Unspecified Orthodontic Procedure, By Report ** - Diagnostic Workup	\$250.00
	Premium Transparent Brackets (Per Arch) By Report	\$200.00
<b>Adjunctive General Services (09110-09999):</b>		
09110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	No Co-Pay
09120	Fixed Partial Denture Sectioning	\$45.00
09211	Regional Block Anesthesia	No Co-Pay
09212	Trigeminal Division Block Anesthesia	No Co-Pay
09215	Local Anesthesia	No Co-Pay
09230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	\$10.00
09310	Consultation (Diagnostic Service Provided by Dentist or Physician Other than Requesting Dentist or Physician	No Co-Pay
09440	Office Visit - After Regularly Scheduled Hours	\$35.00

CDT-7 Code	Procedure Description	Member Co-Pay You Pay \$
09450	Case Presentation, Detailed and Extensive Treatment Planning	No Co-Pay

\*For children age 14 and under only.

\*\*Other than those procedures listed, no other unspecified procedures are covered

\*\*\*Does not include the cost of noble metal, high noble metal or titanium

\*\*\*\*Not to exceed the amount listed in the co-pay column; can be less than the amount listed

**Please Call NPD For All Specialty Care Referrals (877) 813-4259**

To be covered, all services and procedures must be considered dentally necessary by your Primary Care Dentist.

The above procedures are performed as needed and deemed necessary by your attending Panel Dentist - subject to applicable Limitations, Exclusions and Governing Administrative Policies of the Program. Please refer to these sections for further clarification of benefits (See Limitations and Exclusions)