



LIMITATIONS

Dental Health Options (DHOs) offer coverage for many services, but some restrictions apply. Coverage for some procedures is limited by age, frequency, or specific teeth. Change of coverage or reinstatement of coverage does not eliminate frequency limitations. The following are some of the limitations associated with this plan. For a complete list, refer to your member Plan Book.

- Charges for more than two examinations, of any procedure code combinations, are not allowable within any consecutive 12 month period. The 12 month period is NOT based on contract year or calendar year.
- Routine teeth cleaning and applying fluoride are covered every 6 months.
- X-rays of your whole mouth will be paid once every 4 years. Cavity-checking x-rays (bitewings) are covered once per 12 months. Obviously, x-rays should be taken as often as your particular need indicates.
- Fillings will not be covered if they are replacements within 3 years of the original or placed within 3 years of a crown.

For work in progress, HRI recognizes the American Dental Association's definition for the date of service/payment.

Provider dentists are independent contractors and are not HRI employees.

GENERAL EXCLUSIONS

All DHOs are issued subject to the following general exclusions.

1. Within the HRI service area, claims will not be paid for services rendered by dentists who are not contractual providers for HRI.
2. To be considered for payment, a claim must be submitted within 1 year from the date of service.
3. HRI will not pay claims for the following:
 - Procedures which are not listed in the employer's Master Group Contract.
 - Dental services rendered before the effective date of coverage or after the last day in which coverage terminated.
 - Dental services covered under non-dental insurance.
 - Charges made by hospitals.
 - Services performed primarily to rebuild occlusion or for full mouth reconstruction.
 - Claims for enrollees until HRI receives the appropriate premium payment.
 - Claims for services which are not completed.
 - Claims for duplicates, lost, or stolen prostheses or appliances.
4. HRI accepts each individual employer's definition of dependent. Dependent coverage is also governed by Federal and State regulations.

Although reasonable effort has been made to represent the intent of contract language, your employers Master Group Contract and your Member Plan Book control the relationship of the parties at all times.

ENROLLMENT INFORMATION OPTION 6

CONGRATULATIONS! You and your family have the opportunity to enroll in Dental Health Options by Health Resources Inc. (HRI).

Members using participating providers enjoy:

- No deductibles
- No claim forms
- No waiting periods
- No pre-existing condition clauses
- No balance billing
- A large dentist network, including specialists
- High annual maximum benefits
- Exams, x-rays, routine cleanings, and fluoride covered at 100% with few limitations

Complete and submit a Subscriber Enrollment Application to begin coverage. No one may add, drop or change coverage during each contract period unless a change of family status or employment termination occurs.

As a subscriber, you will receive ID cards and every time you use Dental Health Options, you will receive an Explanation of Benefits. Visit a dentist in our exclusive network to receive coverage and realize the benefits from our negotiated discounts! If you live or work in a county where there are no participating dentists, HRI will provide coverage from a non-network dentist in either county. Utilize our website www.hri-dho.com at any time of day to access a detailed Plan Book of all covered procedures and limitations associated with your option, verify coverage, check on claims for you and your covered dependents, and review a current provider dentist directory.

Insuring Smiles for the Whole Family!

Health Resources Inc. Dental Health Option 6

DENTAL SERVICES COVERED AT 100%

DIAGNOSTIC SERVICES

Examinations
Periodic, limited, comprehensive, periodontal
Radiographs (x-rays)
Complete series (full mouth x-rays)
Panoramic films
Single x-ray(s)
Cavity checking
Surgical films of jaws

TMJ films
Cephalometric film
Other procedures
Pulp vitality tests
Diagnostic casts
Oral/facial images

PREVENTIVE SERVICES

Routine teeth cleaning
Fluoride applications (adult or children)
Sealants (under 15 years of age, permanent molar teeth only)
Space maintainers (under 13 years of age, not orthodontic retainers)
Fixed, unilateral, and bilateral
Removable, bilateral
Recementation

DENTAL SERVICES COVERED AT 50%

RESTORATIVE

Silver fillings
Primary teeth
Permanent teeth
White fillings
Anterior teeth
Posterior teeth
Inlay/Onlay (gold & porcelain)
Crowns (single tooth)
Porcelain/ceramic
Full cast
¾ cast
Prefabricated stainless steel
Recementation
Other restorative services
Temporary filling
Crown buildup including pins
Pin retention
Post & core
Labial veneers (anterior teeth)

ENDODONTICS

Vital pulpotomy (primary teeth only)
Pulp therapy (primary teeth only)
Root canal therapy
Anteriors
Premolars
Molars
Retreatment
Apexification
Apicoectomy
Retrograde filling
Root amputation
Hemisection
Preparation for post

PERIODONTICS

Gingivectomy, per quadrant
Crown lengthening
Osseous surgery
Soft tissue grafts
Distal or proximal wedge
Guided tissue regeneration
Scaling and root planing
Full mouth debridement
Periodontal maintenance

PROSTHODONTICS

Removable
Complete/Immediate dentures
Partial dentures
All acrylic
Metal framework, acrylic saddles
Repairs
Rebase
Reline
Tissue conditioning
Overdentures
Fixed bridgework
Bridge pontics & retainers
Resin bonded (Maryland) bridge
Recementation
Post & core
Cast coping

IMPLANT SUPPORTED PROSTHETICS (RESTORATIONS)

Removable dentures, abutment supported
Crowns, abutment supported (single tooth)
Porcelain/ceramic
Cast metal

Fixed bridgework, abutment supported
Porcelain/ceramic
Cast metal

ORAL SURGERY

Extractions
Routine removals or exposed roots
Surgical removals
Impactions
Natural tooth reimplantation
Surgical exposure of unerupted tooth
Biopsy, soft tissue
Incision and drainage of abscess (intraoral)
Frenectomy
Excise hyperplastic tissue (removal of excess gum tissue)
Alveoloplasty (smoothing of bone)
Removal of benign lesions & cysts
TMJ manipulation under anesthesia
Sialolithotomy

ADJUNCTIVE SERVICES

Palliative emergency treatment
Anesthesia
General anesthesia
Intravenous sedation
Analgesia (nitrous oxide)
Occlusal splints for bruxism
Athletic mouth guards
Bleaching (anterior teeth, supervised in office)

Contact your agent or administrator for your annual maximum benefits.