



# ASPIREHEALTHPLAN

The care you need from people you know.



# Optional Supplemental Dental Benefit

# 2016

MONTEREY COUNTY, CA

Aspire Health Advantage Value (HMO)  
Aspire Health Advantage (HMO)  
Aspire Health Advantage Plus (HMO-POS)



## Aspire PPO OSB

**\$1000 CALENDAR YEAR MAXIMUM - \$0 CALENDAR YEAR DEDUCTIBLE**

The following is a **complete** list of dental procedures for which benefits are payable under this Plan. Non-listed procedures are not covered. This Plan does not allow alternate benefits.

**If elected, Member is responsible for all non-covered procedures.**

Code	Description	In Network Member Responsibility	Out of Network Member Responsibility	Limitations
<b>Diagnostic Services</b>				
D0120	Periodic oral evaluation, established patient	0%	30%	2 Exams per calendar year
D0140	Limited oral evaluation, problem focused	0%	30%	
D0150	Comprehensive oral evaluation, new or established patient	0%	30%	
D0180	Comprehensive periodontal evaluation, new or established patient	0%	30%	
D0210	Full mouth radiographic image	0%	30%	1 FMX or Panoramic image per calendar year
D0270	Bitewing, single radiographic image	0%	30%	1 series of Bitewing images per calendar year
D0272	Bitewings, two radiographic images	0%	30%	
D0274	Bitewings, four radiographic images	0%	30%	
D0330	Panoramic image	0%	30%	1 FMX or Panoramic image per calendar year
<b>Preventive Services</b>				
D1110	Prophylaxis, adult	0%	30%	2 Cleanings per calendar year
<b>Restorative Services</b>				
D2140	Amalgam, 1 surface	20%	60%	
D2150	Amalgam, 2 surfaces	20%	60%	
D2160	Amalgam, 3 surfaces	20%	60%	
D2161	Amalgam - 4 or more surfaces	20%	60%	
D2330	Resin-based composite, 1 surface, anterior	20%	60%	
D2331	Resin-based composite, 2 surfaces, anterior	20%	60%	
D2332	Resin-based composite, 3 surfaces, anterior	20%	60%	
D2335	Resin-based composite, 4+ surfaces, anterior	20%	60%	
D2391	Resin-based composite, 1 surface, posterior	20%	60%	
D2392	Resin-based composite, 2 surfaces, posterior	20%	60%	
D2393	Resin-based composite, 3 surfaces, posterior	20%	60%	
D2394	Resin-based composite, 4+ surfaces, posterior	20%	60%	
<b>Endodontic Services</b>				
D3110	Pulp cap, direct	50%	75%	
D3120	Pulp cap, indirect	50%	75%	
D3220	Therapeutic pulpotomy	50%	75%	
D3221	Pulpal debridement	50%	75%	
D3310	Root canal, anterior	50%	75%	
D3320	Root canal, bicuspid	50%	75%	
D3330	Root canal, molar	50%	75%	
D3346	Retreatment of previous root canal therapy, anterior	50%	75%	
D3347	Retreatment of previous root canal therapy, bicuspid	50%	75%	
D3348	Retreatment of previous root canal therapy, molar	50%	75%	
D3351	Apexification/recalcification, initial visit	50%	75%	
D3352	Apexification/recalcification, interim	50%	75%	
D3353	Apexification/recalcification, final visit	50%	75%	
D3410	Apicoectomy anterior	50%	75%	
D3421	Apicoectomy bicuspid (first root)	50%	75%	
D3425	Apicoectomy, molar (first root)	50%	75%	
D3430	Retrograde filling, per root	50%	75%	
D3450	Root Amputation, per root	50%	75%	
D3920	Hemisection	50%	75%	
<b>Periodontal Services</b>				
D4210	Gingivectomy/gingivoplasty, 4+ teeth per quad	50%	75%	
D4211	Gingivectomy/gingivoplasty, 1-3 teeth per quad	50%	75%	
D4240	Gingival flap procedure, 4+ teeth per quad	50%	75%	
D4241	Gingival flap procedure, 1-3 teeth per quad	50%	75%	
D4260	Osseous surgery, 4+ teeth per quad	50%	75%	
D4261	Osseous surgery, 1-3 teeth per quad	50%	75%	
D4270	Pedicle soft tissue graft procedure	50%	75%	
D4341	Periodontal scaling & root planing, 4+ teeth per quad	50%	75%	
D4342	Periodontal scaling & root planing, 1-3 teeth per quad	50%	75%	
D4355	Full mouth debridement	50%	75%	



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D4910	Periodontal maintenance	50%	75%	
<b>Oral &amp; Maxillofacial Services</b>				
D7111	Extraction, coronal remnants, deciduous tooth	50%	75%	
D7140	Extraction, erupted tooth or exposed root	50%	75%	
D7210	Surgical removal of erupted tooth	50%	75%	
D7220	Removal of impacted tooth, soft tissue	50%	75%	
D7230	Removal of impacted tooth, partially bony	50%	75%	
D7240	Removal of impacted tooth, completely bony	50%	75%	
D7241	Removal of impacted tooth, completely bony, unusual	50%	75%	
D7250	Surgical removal of residual tooth roots	50%	75%	



# ASPIREHEALTHPLAN

*Aspire Health Plan is an HMO and HMO-POS plan sponsor with a Medicare contract. Enrollment in Aspire Health Plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. Benefits, premiums, and/or co-payments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium.*

*This information is available for free in other languages. Please call our customer service number at toll free (855)570-1600 or TTY users call 711. We are open 8:00am - 8:00pm PST Monday through Friday (except certain holidays) from February 15 through September 30 and 8:00am - 8:00pm PST seven days a week for the period of October 1 through February 14. Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro número de atención al cliente en (855) 570-1600 or Usuarios de TTY deben llamar al 711. Estamos abiertas de 8:00 am - 8:00 pm PST de lunes a viernes (excepto ciertos días festivos) del 15 de febrero al 30 de septiembre y las 8:00 am - 8:00 pm PST siete días a la semana para el período del 1 de octubre al 14 de febrero.*