

2022

DENTAL COMPANION

Silver, Silver Freedom, Platinum and Gold Freedom Plans



YOUR DENTAL BENEFITS EXPLAINED

We want to make sure you are smiling from ear to ear so KelseyCare Advantage has added new coverage for 2022. Additionally, if you need more advanced services, there is coverage for those services as well!

All of our plans focus on the importance of preventive care so that's why all plans include preventive dental care coverage.

Comprehensive Dental is included in the **Silver, Silver Freedom, Platinum and Gold Freedom** plans at no additional monthly premium.

\$1,500 Annual Benefit Maximum for both Preventive and Comprehensive services combined

\$25 per office visit copay

\$0 Annual deductible

No Out-of-Network Benefits, No waiting periods

Percentage of Covered Benefits Per Policy Year:

★ 50% member cost-share for Type II and III services

HERE'S WHAT'S COVERED

PREVENTIVE PROCEDURES

Oral Evaluation (0% Member Responsibility)

- Periodic Oral Evaluation- D0120, 2 per year
- Limited Oral Evaluation (focused)- D0140, 1 per year
- Comprehensive Oral Evaluation - D0150, 1 every 3 years

Imaging (0% Member Responsibility)

- Intraoral, Complete Series, includes Bitewings - D0210** (1 every 3 years)
- Panoramic Film - D0330** (1 per year)

Bitewings (0% Member Responsibility)

- Two Films - D0272
- Four Films - D0274

Preventive Cleanings (0% Member Responsibility)

- Prophylaxis, Adult - D1110 (2 per year)

**Panoramic Film (D0330) may be taken in place of Intraoral-Complete Series (D0210)

COMPREHENSIVE PROCEDURES

Fillings (Up to 4 total fillings per year) 50% Member Responsibility

- One surface - D2140
- Two surfaces - D2150
- Three surfaces - D2160
- Four surfaces - D2161

Resin-Based Composite Fillings (Up to 4 total fillings per year) 50% Member Responsibility

- One surface, Anterior - D2330
- Two surfaces, Anterior - D2331
- Three surfaces, Anterior - D2332
- Four or more surfaces, Anterior - D2335
- One surface, Posterior - D2391
- Two surfaces, Posterior - D2392
- Three surfaces, Posterior - D2393
- Four or more surfaces, Posterior - D2394

Periodontal Scaling & Root Planing (50% Member Responsibility)

- 4 per Quadrant every 2 years - D4341
- 1-3 teeth per Quadrant every 2 years - D4342

Full Mouth Debridement (50% Member Responsibility)

- Full Mouth Debridement - D4355

Simple Extractions (50% Member Responsibility)

- Erupted or Exposed Root - D7140

Palliative (Emergency Care) (50% Member Responsibility)

- Palliative (emergency) Treatment of Dental Pain - D9110

Denture Adjustments (50% Member Responsibility)

- Adjust complete denture, Maxillary - D5410
- Adjust complete denture, Mandibular - D5411
- Adjust Partial Denture, Maxillary - D5421
- Adjust Partial Denture, Mandibular - D5422

Denture Repair (50% Member Responsibility)

- Repair Broken Complete Denture Base, mandibular – D5511
- Repair Broken Complete Denture Base, maxillary – D5512
- Replace missing or broken teeth – Complete Denture – D5520
- Repair Resin Denture Base, mandibular – D5611
- Repair Resin Denture Base, maxillary – D5612
- Replace Broken Teeth – Per Tooth – D5640

*Total reimbursement does not include lab costs. Lab fees are the member's responsibility

KelseyCare Advantage

When scheduling an appointment:

- 1 Make sure you are seeing an in-network provider
- 2 Present your KelseyCare Advantage ID card to your FCL Dental provider
- 3 Discuss what services are covered on your KelseyCare Advantage plan

Need help locating an in-network provider?

- 1 Call FCL dental at 1-877-493-6282

or KelseyCare Advantage at 1-866-535-8343 (TTY:711)

Hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 – March 31. From April 1 – September 30, Monday through Friday, hours are 8:00 a.m. to 8:00 p.m. local time.

- 2 Visit fcl dental.com/providersearch