

## Dental Benefit Frequency Breakdown

The following benefit frequency breakdown applies to all members with Allegiant Care\* dental coverage. Note: Plan deductibles, calendar year maximums, orthodontic maximums and implant coverage vary by plan.

<b>Periodic Exams</b>	TWO periodic exams (0120) allowed per calendar year – no minimum wait period between exams
<b>Cleanings (adult)</b>	TWO cleanings allowed per calendar year (may include a combination of any two of the following codes: 1110, 4355, 4910 and 4346 – no minimum wait period between cleanings)
<b>Cleanings (child)</b>	TWO cleanings allowed per calendar year, (no minimum wait period between cleanings)
<b>Bitewing X-rays</b>	ONE set of bitewing x-rays allowed per calendar year
<b>Full mouth X-ray</b>	ONE set allowed in a three-year period
<b>Panorex X-ray</b>	ONE Panorex X-ray allowed in a three year period
<b>Fluoride Treatment</b>	TWO treatments per calendar year through the age of 18
<b>Sealants</b>	Covered once per lifetime on unrestored permanent molars and bicuspids, through the age of 18
<b>Fillings</b>	Same tooth#, same surfaces not covered if less than 12 months
<b>Posterior Composites</b>	Composite on posterior teeth will not be downgraded to a silver filling. (Eff. 1/1/2015)
<b>Periodontal Scaling</b>	X-rays and charting REQUIRED. <ul style="list-style-type: none"> <li>• If less than four teeth in the quad – indicate tooth #s</li> <li>• If procedure repeated within 12-months – justification required</li> <li>• If more than two quads are done in one visit – provide reason all quads done on same day AND patient’s time in chair</li> </ul>
<b>Prosthetics</b>	Replacement period is five years. No missing tooth clause. Crown/bridge/denture benefits are based on the prep date
<b>Orthodontics</b>	Benefit varies by plan. There is a six-month waiting period if the plan has the orthodontic benefit
<b>Root Canals</b>	Benefits for root canals are based on the actual number of canals, not tooth position. If a tooth is a bicuspid and the final PA shows one canal, a benefit for one canal will be paid, NOT two canals
<b>Occlusal Guard</b>	Replacement once every five years
<b>OAT Morning Repositioning Device</b>	By report; if approved, replacement once every five years
<b>Retorquing Loose Implant Screws</b>	Per screw; once every five years

\* Allegiant Care was formerly known as Northern New England Benefit Trust