Arizona Essential Health Benefit for Children

Smile for Kids (EHB)

This summary of benefits, along with the exclusions and limitations describe the benefits of the Essential Health Benefit (EHB) for Children. Please review closely to understand all benefits, exclusions and limitations.

<table>
<thead>
<tr>
<th>Child-ONLY Essential Health Benefit</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Class I/Preventive</strong> - Cleanings, Exams, Fluoride, Sealants, Space Maintainers, Emergency Pain, and Radiographs-Bitewings</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Class II/Basic</strong> - Radiographs (Full Mouth X-ray, Panoramic Film) Restorations (Amalgams and Anterior Resins), Simple Extractions and Anesthesia (General Anesthesia and Intravenous Sedation)</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Class III/Major</strong> - Surgical Extractions, Oral Surgery, Endodontics, Periodontal Maintenance, Periodontics, Inlay, Onlays, Crowns, Crown Repair, Bridges, Bridge Repairs, Dentures, and Denture Repair.</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Class IV/Orthodontia</strong> (Only for pre-authorized Medically Necessary Orthodontia)</td>
<td>50% for medically necessary orthodontics</td>
<td></td>
</tr>
</tbody>
</table>

Deductible (waived for Class I) (per person) $200

Out of Pocket Maximum (OOP) (per person) $350 N/A

Out of Pocket Maximum*** (OOP) (per family - 2+ children) $700 N/A

Annual Maximum N/A

Ortho Lifetime Maximum N/A

Waiting Period 24 months for medically necessary orthodontics

* This plan is available for individuals up to age 19.
** Benefits are based on the Usual and Customary charges of the majority of dentists in the same geographic area.
***2 family members must each meet the out of pocket maximum in a plan year. Once fulfilled the family maximum has been met and will not be applied to additional family members.
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**Benefits and Limitations**

Coverage is provided for the dental services and supplies described in this section.

Please note the age and frequency limitations that apply for certain procedures. All frequency limits specified are applied to the day.

For Your Policy, specific Covered Services and Supplies may fall under a Class category other than what is stated below. If Your Policy has Class categorizations different from below, it is specified on the Schedule of Benefits.

**Diagnostic and Treatment Services**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0120</td>
<td>Periodic oral evaluation - Limited to 1 every 6 months</td>
</tr>
<tr>
<td>D0140</td>
<td>Limited oral evaluation - problem focused - Limited to 1 every 6 months</td>
</tr>
<tr>
<td>D0150</td>
<td>Comprehensive oral evaluation - Limited to 1 every 6 months</td>
</tr>
<tr>
<td>D0180</td>
<td>Comprehensive periodontal evaluation - Limited to 1 every 6 months</td>
</tr>
<tr>
<td>D0210</td>
<td>Intraoral – complete set of radiographic images including bitewings - 1 every 60 (sixty) months</td>
</tr>
<tr>
<td>D0220</td>
<td>Intraoral - periapical radiographic image</td>
</tr>
<tr>
<td>D0230</td>
<td>Intraoral - additional periapical image</td>
</tr>
<tr>
<td>D0240</td>
<td>Intraoral - occlusal radiographic image</td>
</tr>
<tr>
<td>D0270</td>
<td>Bitewing - single image - 1 set every 6 months</td>
</tr>
<tr>
<td>D0272</td>
<td>Bitewings - two images - 1 set every 6 months</td>
</tr>
<tr>
<td>D0274</td>
<td>Bitewings - four images - 1 set every 6 months</td>
</tr>
<tr>
<td>D0277</td>
<td>Vertical bitewings – 7 to 8 images - 1 set every 6 months</td>
</tr>
<tr>
<td>D0300</td>
<td>Panoramic radiographic image – 1 image every 60 (sixty) months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0340</td>
<td>Cephalometric radiographic image</td>
</tr>
<tr>
<td>D0350</td>
<td>Oral / Facial Photographic Images</td>
</tr>
<tr>
<td>D0391</td>
<td>Interpretation of Diagnostic Image</td>
</tr>
<tr>
<td>D0470</td>
<td>Diagnostic Models</td>
</tr>
</tbody>
</table>

**Preventative Services**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1120</td>
<td>Prophylaxis - Limited to 1 every 6 months</td>
</tr>
<tr>
<td>D1206</td>
<td>Topical Fluoride - Varnish - 2 every 12 months</td>
</tr>
<tr>
<td>D1208</td>
<td>Topical application of fluoride (excluding prophylaxis) - 2 every 12 months</td>
</tr>
<tr>
<td>D1351</td>
<td>Sealant - per tooth - unrestored permanent molars - 1 sealant per tooth every 36 months</td>
</tr>
<tr>
<td>D1352</td>
<td>Preventative resin restorations in a moderate to high caries risk patient - permanent tooth - 1 sealant per tooth every 36 months</td>
</tr>
<tr>
<td>D1510</td>
<td>Space maintainer – fixed – unilateral</td>
</tr>
<tr>
<td>D1515</td>
<td>Space maintainer – fixed – bilateral</td>
</tr>
<tr>
<td>D1520</td>
<td>Space maintainer - removable – unilateral</td>
</tr>
<tr>
<td>D1525</td>
<td>Space maintainer - removable – bilateral</td>
</tr>
<tr>
<td>D1550</td>
<td>Re-cementation of space maintainer</td>
</tr>
<tr>
<td>D9110</td>
<td>Palliative treatment of dental pain – minor procedure</td>
</tr>
</tbody>
</table>

**Minor Restorative Services**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2140</td>
<td>Amalgam - one surface, primary or permanent</td>
</tr>
<tr>
<td>D2150</td>
<td>Amalgam - two surfaces, primary or permanent</td>
</tr>
<tr>
<td>D2160</td>
<td>Amalgam - three surfaces, primary or permanent</td>
</tr>
<tr>
<td>D2161</td>
<td>Amalgam - four or more surfaces, primary or permanent</td>
</tr>
</tbody>
</table>
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D2330 Resin–based composite - one surface, anterior
D2331 Resin-based composite - two surfaces, anterior
D2332 Resin-based composite - three surfaces, anterior
D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior)
D2910 Re-cement inlay
D2920 Re-cement crown
D2929 Prefabricated porcelain crown - primary - Limited to 1 every 60 months
D2930 Prefabricated stainless steel crown - primary tooth - Under age 15 - Limited to 1 per tooth in 60 months
D2931 Prefabricated stainless steel crown - permanent tooth - Under age 15 - Limited to 1 per tooth in 60 months
D2940 Protective Restoration
D2951 Pin retention - per tooth, in addition to restoration

Endodontic Services

D3220 Therapeutic pulpotomy (excluding final restoration) - If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service since it is considered a part of the root canal procedure and benefits are not payable separately.
D3222 Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service since it is considered a part of the root canal procedure and benefits are not payable separately.
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) - Limited to primary incisor teeth for members up to age 6 and for primary molars and cuspids up to age 11 and is limited to once per tooth per lifetime.
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration). Incomplete endodontic treatment when you discontinue treatment. - Limited to primary incisor teeth for members up to age 6 and for primary molars and cuspids up to age 11 and is limited to once per tooth per lifetime.

Periodontal Services

D4341 Periodontal scaling and root planning-four or more teeth per quadrant – Limited to 1 every 24 months
D4342 Periodontal scaling and root planning-one to three teeth, per quadrant – Limited to 1 every 24 months
D4910 Periodontal maintenance – 4 in 12 months combined with adult prophylaxis after the completion of active periodontal therapy
D7921 Collect - Apply Autologous Product - Limited to 1 in 36 months

Prosthodontic Services

D5410 Adjust complete denture – maxillary
D5411 Adjust complete denture – mandibular
D5421 Adjust partial denture – maxillary
D5422 Adjust partial denture - mandibular
D5510 Repair broken complete denture base
D5520 Replace missing or broken teeth - complete denture (each tooth) D5610 Repair resin denture base
D5620 Repair cast framework
D5630 Repair or replace broken clasp
D5640 Replace broken teeth - per tooth
D5650 Add tooth to existing partial denture
D5660 Add clasp to existing partial denture
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D5710 Rebase complete maxillary denture - Limited to 1 in a 36-month period 6 months after the initial installation

D5720 Rebase maxillary partial denture - Limited to 1 in a 36-month period 6 months after the initial installation

D5721 Rebase mandibular partial denture - Limited to 1 in a 36-month period 6 months after the initial installation

D5730 Reline complete maxillary denture - Limited to 1 in a 36-month period 6 months after the initial installation

D5731 Reline complete mandibular denture - Limited to 1 in a 36-month period 6 months after the initial installation

D5740 Reline maxillary partial denture - Limited to 1 in a 36-month period 6 months after the initial installation

D5741 Reline mandibular partial denture - Limited to 1 in a 36-month period 6 months after the initial installation

D5750 Reline complete maxillary denture (laboratory) - Limited to 1 in a 36-month period 6 months after the initial installation

D5751 Reline complete mandibular denture (laboratory) - Limited to 1 in a 36-month period 6 months after the initial installation

D5760 Reline maxillary partial denture (laboratory) - Limited to 1 in a 36-month period 6 months after the initial installation

D5761 Reline mandibular partial denture (laboratory) - Limited to 1 in a 36-month period 6 months after the initial installation

D5850 Tissue conditioning (maxillary)

D5851 Tissue conditioning (mandibular)

D6930 Recement fixed partial denture

D6980 Fixed partial denture repair, by report

**Oral Surgery**

D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth

D7220 Removal of impacted tooth - soft tissue

D7230 Removal of impacted tooth – partially bony

D7240 Removal of impacted tooth - completely bony

D7241 Removal of impacted tooth - completely bony with unusual surgical complications

D7250 Surgical removal of residual tooth roots (cutting procedure)

D7251 Coronectomy - intentional partial tooth removal

D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth

D7280 Surgical access of an unerupted tooth

D7310 Alveoloplasty in conjunction with extractions - per quadrant

D7311 Alveoloplasty in conjunction with extractions-one to three teeth or tooth spaces, per quadrant

D7320 Alveoloplasty not in conjunction with extractions - per quadrant

D7321 Alveoloplasty not in conjunction with extractions-one to three teeth or tooth spaces, per quadrant

D7471 Removal of exostosis

D7510 Incision and drainage of abscess - intraoral soft tissue

D7910 Suture of recent small wounds up to 5 cm

D7971 Excision of pericoronal gingiva
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**Major Restorative Services**

Note: When dental services that are subject to a frequency limitation were performed prior to your effective date of coverage the date of the prior service may be counted toward the time, frequency limitations and/or replacement limitations under this dental insurance. (For example, even if a crown, partial bridge, etc was not placed while covered under Premier Access, or paid by Premier Access, the frequency limitations may apply).

D0160 Detailed and extensive oral evaluation - problem focused, by report

D2510 Inlay - metallic – one surface – An alternate benefit will be provided

D2520 Inlay - metallic – two surfaces – An alternate benefit will be provided

D2530 Inlay - metallic – three surfaces – An alternate benefit will be provided

D2542 Onlay - metallic - two surfaces – Limited to 1 per tooth every 60 months

D2543 Onlay - metallic - three surfaces – Limited to 1 per tooth every 60 months

D2544 Onlay - metallic - four or more surfaces – Limited to 1 per tooth every 60 months

D2740 Crown - porcelain/ceramic substrate - Limited to 1 per tooth every 60 months

D2750 Crown - porcelain fused to high noble metal - Limited to 1 per tooth every 60 months

D2751 Crown - porcelain fused to predominately base metal – Limited to 1 per tooth every 60 months

D2752 Crown - porcelain fused to noble metal – Limited to 1 per tooth every 60 months

D2780 Crown - 3/4 cast high noble metal – Limited to 1 per tooth every 60 months

D2781 Crown - 3/4 cast predominately base metal – Limited to 1 per tooth every 60 months

D2783 Crown - 3/4 porcelain/ceramic – Limited to 1 per tooth every 60 months

D2790 Crown - full cast high noble metal – Limited to 1 per tooth every 60 months

D2791 Crown - full cast predominately base metal – Limited to 1 per tooth every 60 months

D2792 Crown - full cast noble metal – Limited to 1 per tooth every 60 months

D2794 Crown – titanium– Limited to 1 per tooth every 60 months

D2950 Core buildup, including any pins– Limited to 1 per tooth every 60 months

D2954 Prefabricated post and core, in addition to crown– Limited to 1 per tooth every 60 months

D2980 Crown repair, by report

D2981 Inlay Repair D2982 Onlay Repair

D2983 Veneer Repair

D2990 Resin infiltration/smooth surface - Limited to 1 in 36 months

**Endodontic Services**

D3310 Anterior root canal (excluding final restoration)

D3320 Bicuspid root canal (excluding final restoration)

D3330 Molar root canal (excluding final restoration)

D3346 Retreatment of previous root canal therapy - anterior

D3347 Retreatment of previous root canal therapy - bicuspid

D3348 Retreatment of previous root canal therapy - molar
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D3351 Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)

D3352 Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)

D3353 Apexification/recalcification - final visit (includes completed root canal therapy, apical closure/calcific repair of perforations, root resorption, etc.)

D3354 Pulpal regeneration (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp does not include final restoration)

D3410 Apicoectomy/periradicular surgery - anterior

D3421 Apicoectomy/periradicular surgery - bicuspid (first root)

D3425 Apicoectomy/periradicular surgery - molar (first root)

D3426 Apicoectomy/periradicular surgery (each additional root)

D3450 Root amputation - per root

D3920 Hemisection (including any root removal) - not including root canal therapy

Periodontal Services

D4210 Gingivectomy or gingivoplasty – four or more teeth - Limited to 1 every 36 months

D4211 Gingivectomy or gingivoplasty – one to three teeth - Limited to 1 every 36 months

D4212 Gingivectomy or gingivoplasty - with restorative procedures, per tooth - Limited to 1 every 36 months

D4240 Gingival flap procedure, four or more teeth – Limited to 1 every 36 months

D4249 Clinical crown lengthening-hard tissue

D4260 Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant – Limited to 1 every 36 months

D4270 Pedicle soft tissue graft procedure

D4273 Subepithelial connective tissue graft procedures (including donor site surgery)

D4277 Free soft tissue graft - 1st tooth

D4278 Free soft tissue graft - additional teeth

D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis – Limited to 1 per lifetime

Prosthodontic Services

D5110 Complete denture - maxillary – Limited to 1 every 60 months

D5120 Complete denture - mandibular – Limited to 1 every 60 months

D5130 Immediate denture - maxillary – Limited to 1 every 60 months

D5140 Immediate denture - mandibular – Limited to 1 every 60 months

D5211 Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) – Limited to 1 every 60 months

D5212 Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) – Limited to 1 every 60 months

D5213 Maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth) – Limited to 1 every 60 months

D5214 Mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth) – Limited to 1 every 60 months
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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5281</td>
<td>Removable unilateral partial denture-one piece cast metal (including clasps</td>
<td>Limited to 1 every 60 months</td>
</tr>
</tbody>
</table>

Note: An implant is a covered procedure of the plan only if determined to be a dental necessity. Premier Access claim review is conducted by a panel of licensed dentists who review the clinical documentation submitted by your treating dentist. If the dental consultants determine an arch can be restored with a standard prosthesis or restoration, no benefits will be allowed for the individual implant or implant procedures. Only the second phase of treatment (the prosthodontic phase-placing of the implant crown, bridge denture or partial denture) may be subject to the alternate benefit provision of the plan.

D6010 Endosteal Implant - 1 every 60 months

D6012 Surgical Placement of Interim Implant Body - 1 every 60 months

D6040 Eposteal Implant – 1 every 60 months

D6050 Transosteal Implant, Including Hardware – 1 every 60 months

D6053 Implant supported complete denture

D6054 Implant supported partial denture

D6055 Connecting Bar – implant or abutment supported - 1 every 60 months

D6056 Prefabricated Abutment – 1 every 60 months

D6058 Abutment supported porcelain ceramic crown -1 every 60 months

D6059 Abutment supported porcelain fused to high noble metal - 1 every 60 months

D6060 Abutment supported porcelain fused to predominately base metal crown - 1 every 60 months

D6061 Abutment supported porcelain fused to noble metal crown - 1 every 60 months

D6062 Abutment supported cast high noble metal crown - 1 every 60 months

D6063 Abutment supported cast predominately base metal crown - 1 every 60 months

D6064 Abutment supported cast noble metal crown - 1 every 60 months

D6065 Implant supported porcelain/ceramic crown - 1 every 60 months

D6066 Implant supported porcelain fused to high metal crown - 1 every 60 months

D6067 Implant supported metal crown - 1 every 60 months

D6068 Abutment supported retainer for porcelain/ceramic fixed partial denture - 1 every 60 months

D6069 Abutment supported retainer for porcelain fused to high noble metal fixed partial denture - 1 every 60 months

D6070 Abutment supported retainer for porcelain fused to predominately base metal fixed partial denture - 1 every 60 months

D6071 Abutment supported retainer for porcelain fused to noble metal fixed partial denture - 1 every 60 months

D6072 Abutment supported retainer for cast high noble metal fixed partial denture 1 every 60 months

D6073 Abutment supported retainer for predominately base metal fixed partial denture - 1 every 60 months

D6074 Abutment supported retainer for cast noble metal fixed partial denture - 1 every 60 months

D6075 Implant supported retainer for ceramic fixed partial denture - 1 every 60 months

D6076 Implant supported retainer for porcelain fused to high noble metal fixed partial denture - 1 every 60 months
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D6077</td>
<td>Implant supported retainer for cast metal fixed partial denture - 1 every 60 months</td>
</tr>
<tr>
<td>D6078</td>
<td>Implant/abutment supported fixed partial denture for completely edentulous arch - 1 every 60 months</td>
</tr>
<tr>
<td>D6079</td>
<td>Implant/abutment supported fixed partial denture for partially edentulous arch - 1 every 60 months</td>
</tr>
<tr>
<td>D6080</td>
<td>Implant Maintenance Procedures - 1 every 60 months</td>
</tr>
<tr>
<td>D6090</td>
<td>Repair Implant Prosthesis - 1 every 60 months</td>
</tr>
<tr>
<td>D6091</td>
<td>Replacement of Semi-Precision or Precision Attachment - 1 every 60 months</td>
</tr>
<tr>
<td>D6095</td>
<td>Repair Implant Abutment - 1 every 60 months</td>
</tr>
<tr>
<td>D6100</td>
<td>Implant Removal - 1 every 60 months</td>
</tr>
<tr>
<td>D6101</td>
<td>Debridement periimplant defect, covered if implants are covered - Limited to 1 every 60 months</td>
</tr>
<tr>
<td>D6102</td>
<td>Debridement and osseous periimplant defect, covered if implants are covered - Limited to 1 every 60 months</td>
</tr>
<tr>
<td>D6103</td>
<td>Bone graft periimplant defect, covered if implants are covered D6104 Bone graft implant replacement, covered if implants are covered D6190 Implant Index - 1 every 60 months</td>
</tr>
<tr>
<td>D6210</td>
<td>Pontic - cast high noble metal – Limited to 1 every 60 months</td>
</tr>
<tr>
<td>D6211</td>
<td>Pontic - cast predominantly base metal – Limited to 1 every 60 months</td>
</tr>
<tr>
<td>D6212</td>
<td>Pontic - cast noble metal – Limited to 1 every 60 months</td>
</tr>
<tr>
<td>D6214</td>
<td>Pontic – titanium – Limited to 1 every 60 months</td>
</tr>
<tr>
<td>D6240</td>
<td>Pontic - porcelain fused to high noble metal – Limited to 1 every 60 months</td>
</tr>
<tr>
<td>D6241</td>
<td>Pontic - porcelain fused to predominately base metal – Limited to 1 every 60 months</td>
</tr>
<tr>
<td>D6242</td>
<td>Pontic - porcelain fused to noble metal – Limited to 1 every 60 months</td>
</tr>
<tr>
<td>D6245</td>
<td>Pontic - porcelain/ceramic – Limited to 1 every 60 months D6519 Inlay/onlay – porcelain/ceramic – Limited to 1 every 60 months D6520 Inlay – metallic – two surfaces – Limited to 1 every 60 months</td>
</tr>
<tr>
<td>D6530</td>
<td>Inlay – metallic – three or more surfaces - Limited to 1 every 60 months</td>
</tr>
<tr>
<td>D6543</td>
<td>Onlay – metallic – three surfaces - 1 every 60 months</td>
</tr>
<tr>
<td>D6544</td>
<td>Onlay – metallic – four or more surfaces - 1 every 60 months</td>
</tr>
<tr>
<td>D6545</td>
<td>Retainer - cast metal for resin bonded fixed prosthesis -1 every 60 months</td>
</tr>
<tr>
<td>D6548</td>
<td>Retainer - porcelain/ceramic for resin bonded fixed prosthesis -1 every 60 months</td>
</tr>
<tr>
<td>D6740</td>
<td>Crown - porcelain/ceramic - 1 every 60 months</td>
</tr>
<tr>
<td>D6750</td>
<td>Crown - porcelain fused to high noble metal - 1 every 60 months</td>
</tr>
<tr>
<td>D6751</td>
<td>Crown - porcelain fused to predominately base metal - 1 every 60 months</td>
</tr>
<tr>
<td>D6752</td>
<td>Crown - porcelain fused to noble metal - 1 every 60 months</td>
</tr>
<tr>
<td>D6780</td>
<td>Crown - 3/4 cast high noble metal - 1 every 60 months</td>
</tr>
<tr>
<td>D6781</td>
<td>Crown - 3/4 cast predominantly base metal - 1 every 60 months</td>
</tr>
<tr>
<td>D6782</td>
<td>Crown - 3/4 cast noble metal - 1 every 60 months</td>
</tr>
<tr>
<td>D6783</td>
<td>Crown - 3/4 porcelain/ceramic - 1 every 60 months</td>
</tr>
</tbody>
</table>
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D6790 Crown - full cast high noble metal - 1 every 60 months
D6791 Crown - full cast predominately base metal - 1 every 60 months
D6792 Crown - full cast noble metal - 1 every 60 months
D9940 Occlusal guard, by report - 1 in 12 months for patients 13 and older

Orthodontic Services

D8010 Limited orthodontic treatment of the primary dentition
D8020 Limited orthodontic treatment of the transitional dentition
D8030 Limited orthodontic treatment of the adolescent dentition
D8050 Interceptive orthodontic treatment of the primary dentition
D8060 Interceptive orthodontic treatment of the transitional dentition
D8070 Comprehensive orthodontic treatment of the transitional dentition
D8080 Comprehensive orthodontic treatment of the adolescent dentition
D8210 Removable appliance therapy
D8220 Fixed appliance therapy
D8660 Pre-orthodontic treatment visit
D8670 Periodic orthodontic treatment visit (as part of contract)
D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s))

Anesthesia Services

D9220 Deep sedation/general anesthesia - first 30 minutes
D9221 Deep sedation/general anesthesia - each additional 15 minutes

Intravenous Sedation

D9241 Intravenous conscious sedation/analgesia – first 30 minutes
D9242 Intravenous conscious sedation/analgesia – each additional 15 minutes

Consultations

D9310 Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)

Medications

D9610 Therapeutic drug injection, by report

Post Surgical Services

D9930 Treatment of complications (post-surgical) unusual circumstances, by report

Exclusions

The exclusions in this section apply to all benefits. Although we may list a specific service as a benefit, we will not cover it unless we determine it is necessary for the prevention, diagnosis, care, or treatment of a covered condition.

We do not cover the following:

- Services and treatment not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, we will pay for eligible covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law;
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- Services and treatment which are experimental or investigational;
- Services and treatment which are for any illness or bodily injury which occurs in the course of employment if a benefit or compensation is available, in whole or in part, under the provision of any law or regulation or any government unit. This exclusion applies whether or not you claim the benefits or compensation;
- Services and treatment received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, VA hospital or similar person or group;
- Services and treatment performed prior to your effective date of coverage;
- Services and treatment incurred after the termination date of your coverage unless otherwise indicated;
- Services and treatment which are not dentally necessary or which do not meet generally accepted standards of dental practice.
- Services and treatment resulting from your failure to comply with professionally prescribed treatment;
- Telephone consultations;
- Any charges for failure to keep a scheduled appointment;
- Any services that are considered strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances;
- Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMD);
- Services or treatment provided as a result of intentionally self-inflicted injury or illness;
- Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection;
- Office infection control charges;
- Charges for copies of your records, charts or x-rays, or any costs associated with forwarding/mailing copies of your records, charts or x-rays;
- State or territorial taxes on dental services performed;
- Those submitted by a dentist, which is for the same services performed on the same date for the same member by another dentist;
- Those provided free of charge by any governmental unit, except where this exclusion is prohibited by law;
- Those for which the member would have no obligation to pay in the absence of this or any similar coverage;
- Those which are for specialized procedures and techniques;
- Those performed by a dentist who is compensated by a facility for similar covered services performed for members;
- Duplicate, provisional and temporary devices, appliances, and services;
- Plaque control programs, oral hygiene instruction, and dietary instructions;
- Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth;
- Gold foil restorations;
- Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan;
- Treatment of services for injuries resulting from war or act of war, whether declared or undeclared, or from police or military service for any country or organization;
- Hospital costs or any additional fees that the dentist or hospital charges for treatment at the hospital (inpatient or outpatient);
- Charges by the provider for completing dental forms;
- Adjustment of a denture or bridgework which is made within 6 months after installation by the same Dentist who installed it;
- Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, dental floss and teeth whiteners;
- Cone Beam Imaging and Cone Beam MRI procedures;
- Sealants for teeth other than permanent molars;
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- Precision attachments, personalization, precious metal bases and other specialized techniques;
- Replacement of dentures that have been lost, stolen or misplaced;
- Orthodontic services provided to a dependent of an enrolled member who has not met the 24 month waiting period requirement.
- Repair of damaged orthodontic appliances;
- Replacement of lost or missing appliances;
- Fabrication of athletic mouth guard;
- Internal and external bleaching;
- Nitrous oxide;
- Oral sedation;
- Topical medicament center
- Bone grafts when done in connection with extractions, apicoetomies or non-covered/non eligible implants.
- When two or more services are submitted and the services are considered part of the same service to one another the Plan will pay the most comprehensive service (the service that includes the other non-benefited service) as determined by Premier Access.
- When two or more services are submitted on the same day and the services are considered mutually exclusive (when one service contradicts the need for the other service), the Plan will pay for the service that represents the final treatment as determined by Premier Access.
- All out of network services listed in this Schedule of Benefits are subject to the usual and customary maximum allowable fee charges as defined by Premier Access. The member is responsible for all remaining charges that exceed the allowable maximum.
- Any service not listed in the benefits section.
- Replacement of missing teeth prior to coverage effective date.