

## MCNA DENTAL PLAN - 1

ADA CODES	DENTAL TREATMENT	PATIENT CHARGES	ADA CODES	DENTAL TREATMENT	PATIENT CHARGES
<b>DIAGNOSTIC</b>			<b>EXTRACTIONS/ORAL SURGERY**</b>		
9430	Office Visit	5.00	7110	Single Tooth	25.00
0150	Comprehensive Oral Exam	N/C	7120	Each Add'l Tooth (per visit)	20.00
0120	Periodic Oral Exam	N/C	7210	Surgical Extraction	55.00
1340	Preventive Dental Care Training	N/C	7220	Soft Tissue Impaction	85.00
0470	Diagnostic Models	N/C	7230	Partial Bony Impaction	95.00
0502	Oral Cancer Exam	N/C	7240	Complete Bony Impaction	145.00
9998	Diagnosis and Treat. Plan Presentation	N/C	7250	Surgical Root Recovery (including flaps and sutures)	45.00
9310	Consultation (2nd Opinion)	20.00	7471	Removal of Exostosis (maxilla or mandible)	95.00
<b>RADIOGRAPHS (x-rays)</b>			7510	Incision and Drainage of Abscess (intraoral, extraoral)	30.00
0210	Intraoral Radiographs Complete Series (inc. bitewings)	N/C	7960	Frenectomy (separate procedure)	85.00
0220	X-Rays single	N/C	7970	Excision of Hyperplastic tissue (per arch)	75.00
0272	Bitewings(2)	N/C	7310	Alveoloplasty (per quadrant) with Extractions (min.2 teeth)	50.00
0274	Bitewing(4)	N/C	7320	Alveoloplasty without Extraction	70.00
0330	X-Rays Panoramic Film	N/C	<b>PROSTHODONTICS #</b>		
<b>PREVENTIVE</b>			(standard complete denture includes adjustments within 30 days)		
1110/1120	Prophylaxis (adult-child) (routine cleaning ea. 6 months)	N/C	5110	Complete Upper Denture (standard)	350.00
1201/1203	Topical Fluoride Treatment up to 16 Years Old	N/C	5120	Complete Lower Denture (standard)	350.00
1330	Oral Hygiene Instructions	N/C	5130	Immediate Upper Denture (does not include reline charge) (standard)	375.00
1110	Additional Prophylaxis	25.00	5140	Immediate Lower Denture (does not include reline charge) (standard)	375.00
1351	Sealants per Tooth (to age 14)	15.00	5115	Customized and Cosmetic Denture (upper or lower) includes adjustments for 6 mos.	495.00
<b>ANESTHESIA</b>			<b>PARTIAL DENTURES (includes adjustments within 30 days) #</b>		
9215	Local Anesthesia	N/C	5211/5212	Upper/Lower Resin Base with 2 Clasps	350.00
9230	Nitrous Oxide (per 30 minutes)	20.00	5213/5214	Upper/Lower Cast Metal Base with 2 Clasps	495.00
<b>SPACE MAINTAINERS #</b>			5310	Additional Clasps	40.00
1510/1515	Fixed	55.00	5400	Additional Adjustments	20.00
1520/1525	Removable	95.00	<b>REPAIRS TO PROSTHETICS (Complete or Partial) #</b>		
<b>RESTORATIVE (fillings)</b>			5510	Repair Broken Complete Denture No Teeth Damage	30.00
2940	Sedative Restoration	10.00	5520/5640	Replace Missing or Broken Teeth (each tooth)	30.00
<b>AMALGAM (silver) Adult/Child</b>			5520	Each Additional Tooth	15.00
2110/2140	One Surface	25.00	5630	Repair or Replace Broken Clasp	40.00
2120/2150	Two Surfaces	30.00	5650	Add Tooth to Existing Partial	40.00
2130/2160	Three Surfaces	35.00	<b>RELINE OF UPPER OR LOWER DENTURE #</b>		
2131/2161	Four surfaces	45.00	5730/5731/	Complete or Partial Reline (chairside)	65.00
2951	Retention Pin (per pin exclusive of filling)	18.00	5740/5741/		
<b>RESIN RESTORATIONS (including acid etch)</b>			5750/5751/	Complete or Partial Reline (lab)	100.00
2330	One Surface Anterior	60.00	5760/5761		
2331	Two Surface Anterior	70.00	<b>MISCELLANEOUS</b>		
2332	Three Surface Anterior	90.00	9110	Emergency Visit (palliative treatment) for dental pain (during office hours)	25.00
2335/2336	Four or More Surfaces or Involving Incisal Angle	125.00	9440	Emergency Visit (after office hours)	40.00
<b>INLAYS*</b>			9999	Broken Appointment (without 24 hours notice) per 15 minutes Max. \$40.00 per Broken Appointment No Charge for Severe Emergencies	10.00
2510	Inlay Metallic 1 Surface	110.00	9215	Local Anesthesia	N/C
2520	Inlay Metallic 2 Surface	135.00	<b>ORTHODONTICS (Braces)</b>		
2530	Inlay Metallic 3 or more Surfaces	145.00	8000	Initial Consultation	N/C
<b>COSMETIC SERVICES #</b>			8100	Treatment Plan/Records	UCR less 25%
2960	Labial Veneer (laminate) Chairside	175.00	8560/8580	Routine 24 Months Banded Case	UCR less 25%
2961	Labial Veneer (resin laminate) Lab Process	250.00	*The above patient charges are exclusive of precious (high noble) and semi-precious metals.		
2962	Labial Veneer (porcelain laminate) Lab Process	395.00	The above procedures are performed as needed and deemed necessary by your attending panel of dentists subject to the limitations, exclusions and governing administrative policies of the program. All procedures listed may not be performed by the participating general dentist who perform those services and are not applicable for services performed by a specialist. Therefore, you are encouraged to discuss availability of the scheduled services with your participating general dentist. Charges for procedures not listed on the patient charge schedule, that are performed by the selected general dentist, shall be at a 25% reduction of that general dentist's usual and customary fees.		
<b>CROWN &amp; BRIDGE/PONITICS/ABUTMENT CROWN* #</b>			NOTE: when crown and/or bridge work exceed six units, a co-payment of an additional \$30.00 may be charged for each of the six units and for each additional unit. # Patient may be responsible for additional lab fees. <-> Routine cleaning does not apply to patients with Periodontal Disease.		
2970	Temporary Crown (in conjunction with permanent crown)	N/C	<b>**SPECIALTY CARE</b>		
2930	Stainless Steel Crown (prim. teeth only)	75.00	**Should the services of a specialist (endodontist, pedodontist, periodontist, oral surgeon, orthodontist), be necessary, you may be referred by your participating general dentist, or may refer yourself to any participating specialist listed in the MCNA directory. If you are treated by a participating specialist, you will receive a 25% reduction of that specialist's usual & customary charges. Payment for services performed by a non-participating specialist will be the responsibility of the Member. Specialist's services are available only in areas where MCNA has a participating specialist.		
2751/6241/	Porcelain Fused to Metal Crown (non-precious)	310.00			
6751					
2791/6211/	Full Cast Crown	310.00			
6791					
2810	¾ Cast Crown	310.00			
2952/2954	Post/Pin and Core Build-up in Addition to Crown	95.00			
6930/2920/					
2910	Re-cement Bridge/Crown/Inlay Onlay per Tooth	20.00			
<b>ADJUNCTIVE SERVICES</b>					
9951	Occlusal Adjustment (limited)	45.00			
9952	Occlusal Adjustment (complete)	170.00			
<b>PERIODONTICS (Gum Treatment)**</b>					
4210	Gingivectomy/Gingivoplasty (per quadrant)	150.00			
4260	Osseous Surgery (per quadrant)	350.00			
4341	Periodontal Scaling and Root Planing (per quadrant)	75.00			
4355	Full Mouth Debridement	80.00			
4910	Periodontal Prophylaxis	60.00			
4381	Localized Delivery of Chemotherapeutic Agents	65.00			
9910	Application of Desensitizing Medicaments/Quadrant	25.00			
9940	Night Guard (hard) #	175.00			
9941	Night Guard (soft) #	65.00			
<b>ENDODONTICS**</b>					
0460	Pulp Vitality Test	N/C			
3220	Pulpotomy	35.00			
3310	Anterior Root Canal	175.00			
3320	Bicuspid Root Canal	235.00			
3330	Molar Root Canal	325.00			
3410-3426	Apicoectomy per Canal (separate procedure)	110.00			

# CERTIFICATE OF BENEFITS - PLAN 1

## AVALON - MCNA DENTAL PLAN - 1

### TERMS OF ENROLLMENT

You need to complete an enrollment form. Make sure you select a dentist from our directory of participating general dentists and enter the number of the dental office you selected. Be sure to list all eligible Members to be covered in addition to yourself. You will soon receive a membership card and a certificate of benefits.

### WHO IS ELIGIBLE?

You, your spouse, and legal dependents under the age of 19. Unmarried children, stepchildren, adopted children, and legal wards under the age of 19 also qualify as dependents. Dependents enrolled full time in college or university programs are covered until age 25. Coverage will be extended after age 19 if the child is mentally retarded or physically handicapped and dependent upon the Member for support. Proof of handicap is necessary.

### BENEFITS BEGIN

If your completed enrollment form and premium is received at the home office by the 20th of the month, your effective date of coverage will begin on the 1st of the following month. If your enrollment form is received after the 20th of the month, your coverage will be effective one month later.

### CHOICE OF DENTISTS

When you enroll in the MCNA dental plan, you will be able to select a personal MCNA general dentist who will look after all of your dental needs. You will choose from a list of licensed affiliated area dentists who are supervised by the State Dental Board of the Agency for Health Care Administration.

### HOW DO I RECEIVE CARE?

After your effective date, call the dentist you selected and tell the office that you have MCNA coverage. They will schedule you for an appointment to see the dentist.

### WHAT IF I NEED TO CHANGE DENTISTS?

You may change your dentist at any time by calling our Member Services Department and informing them of your desired change. Requests will be effective the first day of the following month. All previous outstanding debts must be paid.

### PATIENT CHARGES

These are fixed charges that represent reduced fees paid to the dentist for some procedures. These reduced fees provide you with up to 60% savings and can be found on the Patient Charge Schedule on the back of this sheet.

### SPECIALTY CARE

When a specialist's care (orthodontics, periodontics, oral surgery, and endodontics) is needed, your participating general dentist may refer you, or you may refer yourself to any participating specialist listed in our directory. Your cost for the service will be the specialist's usual and customary fee less 25%.

### EMERGENCY CARE WITHIN THE SERVICE AREA

We define an emergency as the sudden and unexpected onset of an acute condition involving severe pain, which requires that the patient be seen for temporary relief of pain and suffering only. If you have an emergency, contact the participating dentist you selected and you will be seen within 24 hours for palliative treatment subject to appropriate patient charges. If you cannot reach your dentist, please call us at 1-800-494-6262.

### EMERGENCY CARE OUT OF THE SERVICE AREA

First you may call MCNA at 1-800-494-6262 to see if there is an MCNA dentist in the area. If you cannot call, all Members are covered for emergency care anywhere in the world. We provide coverage for pain relief and immediate needed care. To receive dental care out of the area (more than 100 miles away from home) you may use any dentist. MCNA will reimburse these expenses of up to 50% of the difference between the reasonable charges and the charge schedule, (not to exceed \$25 per occurrence). Please submit a paid receipt with your name, social security number, address, and telephone number to MCNA within 15 days of treatment for reimbursement.

### SECOND OPINIONS

A second opinion can be arranged by our Member Services Department with another MCNA provider or a dentist outside the plan, at no charge to you. In order to receive a second opinion, you must first call 1-800-494-6262. Our representatives will assist you.

### CANCELLING APPOINTMENTS

Since time set aside for a patient is very valuable to the dentist, it is requested that you notify the dental office at least 24 hours in advance if you cannot keep an appointment. If you do not notify the office, charges will be made for broken appointments as stipulated in the Patient Charge Schedule.

### WHAT IF I HAVE A PROBLEM OR COMPLAINT?

We hope that you never have a problem or complaint, but if you do, we want to hear about it. Just call our Member Services Department, which is staffed with specially trained representatives who have had previous dental experience. This is one more way we can ensure that you receive the best possible care and service. Call: 1-800-494-6262.

### RENEWALS

All subscribers who continue to pay appropriate premiums and patient charges will have their Certificate automatically renewed and are guaranteed by MCNA to remain subscribers for life, subject to all applicable provisions of this Certificate.

### COORDINATION OF BENEFITS

MCNA's dental plan may be coordinated with an indemnity dental insurance plan. For information on coordination of benefits, you should contact your indemnity dental insurance carrier.

### EXCLUSIONS AND LIMITATIONS OF BENEFITS

- Dental services performed in a hospital, cost of hospitalization, and pharmaceutical, or general anesthesia.
- Services, which are not necessary treatment in the opinion of the participating dentist(s) or specialist(s) except for those procedures, listed on the Patient Charge Schedule as cosmetic procedures.
- Dental Implants, precision attachments, or stress breakers.
- Any service, which is not consistent with the normal and/or usual services provided by said participating dentist(s).
- Services that cannot be performed because of the general health of the patient.
- Services performed by a non-participating general dentist or non-participating specialist, including any treatment, which in the opinion of a participating dentist or participating specialist must be performed by a non-participating dentist or non-participating specialist.
- Oral surgery requiring the setting of fractures or dislocations.
- Treatment of congenital malformations, cysts, and malignancies.
- Any treatment requested or appliance made which in the opinion of the treating MCNA dentist or Member's personal physician is not necessary for maintaining or improving the eligible Member's health.
- Any treatment covered or provided for by worker's compensation or employer's liability laws by a federal or state government agency or provided without cost by any municipality, county or any other political subdivision.
- Any procedure of implantation and/or any dental procedure considered to be experimental by the providing dentist.
- Treatment of Temporomandibular Joint Dysfunction (TMJ), except where the treatment or service recommended by the participating dentist is a covered benefit for the plan of coverage purchased.
- Replacement of lost or stolen prosthetic devices (crowns, bridges, full/partial dentures).
- Services resulting from any act of war, declared or not resulting from military service.
- This contract contains no exclusions for pre-existing conditions.
- Dental procedures started before Member is covered under the plan or after termination of eligibility for coverage.
- Any service that is not specifically listed as a covered expense.
- Prophylactic removal of impactions. (asymptomatic nonpathological)

The following limitations apply:

- If a Member fails to follow a prescribed course of treatment, the participating dentist shall have the right to refuse treatment to that Member.
- Published co-payments apply only when treatment is performed at a participating dental office.
- The Member shall be responsible for all costs if a Member obtains dental services from other than a participating dentist/specialist.