

# Routine Dental Program



## Covered Services

AmeriHealth's Routine Dental Program stresses prevention of dental disorders by encouraging you to have regular checkups. After a \$5 copayment per visit, AmeriHealth's Routine Dental Program provides 100% coverage for:

- Oral Examinations (once in six months)
- Cleanings (once in six months)
- Fluoride Treatments (once in six months for children under age 19)

With AmeriHealth's Routine Dental Program, there are no deductibles and no annual maximums.

## Discounts Available for other Dental Care

Additional dental care is offered at discounted amounts when visiting a participating provider, such as:

- X-Rays
- Fillings
- Root Canals
- Treatment of Gum Disease
- Orthodontics
- Oral Surgery
- Single Crowns
- Fixed Bridges
- Partial and Complete Dentures

## How the Program Works

- You must select a participating primary dental office for you and your family from the Primary Dental Office Network listed in the Dental Directory. All family members must receive treatment from the same primary dental office. Once coverage is effective, you may call the primary dental office you have selected for an appointment.
- Additional specialty services may be offered at a discount when visiting a participating provider.

## How to Receive Your Dental Benefits

Be sure to indicate the name and number of the primary dental office you have selected from the network on the lower portion of the AmeriHealth Enrollment Form. Return the completed AmeriHealth Enrollment Form to your benefits office.

### Please note:

This is intended only to be a summary to the services provided under the Routine Dental Program. For a complete listing of benefits refer to the Group Master Contract provided to your employer. As with AmeriHealth's Medical Certificate of Coverage, there are specific exclusions and limitations under this Dental Program, including but not limited to: Services of dentists who are neither participating general dentists nor participating specialists; Services obtained from a specialist without written authorization from a participating primary dentist; Dental services or supplies that are cosmetic in nature, including personalized or specialized techniques; Dental services performed or initiated prior to the effective date of coverage or completed after the termination date of coverage; Dental services or supplies which are unnecessary or experimental according to accepted standards of dental practice; Surgical implants; Periodontal splinting; Services related to the treatment of temporomandibular joint dysfunction; General anesthesia; Any dental service for which the member is eligible under worker's compensation, under federal, state or local government programs, or dental services for which, in the absence of any health services or insurance program, no charge would be made to the individual; Services, the costs of which has been or is later recovered in any action at law or in compromise or settlement of any claim; Dental services performed in a hospital; Charges for broken appointments; Charges for additional treatment necessitated by lack of patient cooperation or failure to follow a professionally prescribed treatment plan; Treatment required as a result of an accidental injury, except for emergency treatment to relieve pain, and Services other than those specifically listed on the schedule.

