

**MASTER GROUP CONTRACT HEALTH
RESOURCES, INC.**

The purpose of this Master Group Contract between HEALTH RESOURCES, INC. (hereinafter "HRI"), and legal business entity **Dawson Springs Bd of Education** (hereinafter "Employer"), is to provide dental care benefits, through a Dental Health Options by HRI Plan (hereinafter "Plan") to Eligible Employees of Employer and their Eligible Dependents upon the following terms and conditions as defined below:

1. Benefits Provided

HRI shall make available to enrolled Eligible Employees and their enrolled Eligible Dependents (collectively "Members" and singularly "Member"), the Dental Health Option dental care benefits plan as selected by Employer in *EXHIBIT CONTRACT TERMS* and *EXHIBIT - COVERED SERVICES AND LIMITATIONS* and described in HRI's Planbook and any amendments thereto ("Planbook"). HRI may amend the Planbook, including covered services, coverages and exclusions, upon 30 days written notice to the Employer (only as it pertains to changes prescribed by the American Dental Association's *Code on Dental Procedures and Nomenclature*). Employer shall notify enrolled employees of the availability of copies of Planbooks upon request and/or that copies of Planbooks can be obtained at HRI's website – www.InsuringSmiles.com. Planbooks shall set forth the benefits to which the Members are entitled, the limitations to those benefits and the conditions under which those benefits will be provided. The Planbook available to each Member constitutes the Member's evidence of coverage (Certificate of Coverage). Each employee Member will also receive a membership card.

HRI's online materials serve as the primary source of information for the group, members, dentists and producers. Printed documents are based on information at a certain point in time and may not be inclusive of all benefits, restrictions and limitations.

2. Eligible Employees, Charges and Personal Health Information (PHI)

Eligible Employees and their Eligible Dependents whose applications are accepted by HRI and who are not terminated from the plan are "Enrolled Employees" and "Enrolled Dependents", respectively.

- a. Services covered are stated herein. Limitations to Covered Services, General Exclusions, and Annual Maximum Benefit Payments available per subscriber per contract year are also listed in both the Planbook and herein. If there are any discrepancies between the Limitations to Covered Services, General Exclusions, and Annual Maximum stated herein and as stated in the Planbook, the provisions of this Agreement will supersede those in the Planbook.
- b. The monthly rates (hereinafter referred to as "Rates") for each Member for the dental care benefits designated herein and in the Planbook are set forth in this Agreement. These Rates shall remain fixed for the period this Contract is in effect. Thereafter, HRI reserves the right to change the Rates by giving written notice to Employer at least forty-five (45) days prior to the Anniversary Date. If HRI so changes the Rates, Employer may terminate this Contract by giving written notice of its intent to do so within such forty-five (45) days prior to the Anniversary Date. Such termination would take effect on the Anniversary Date.
- c. The protection and privacy of a member's personal health information will comply with HIPAA privacy rules and best practices that health information should not be used or disclosed when it is not necessary to satisfy a particular purpose or carry out a function. As stated in the Code of Federal Regulations (45 CFR 164.502), HRI will follow the minimum necessary standard. The minimum necessary standard requires covered entities to evaluate their practices and enhance safeguards as needed to limit unnecessary or inappropriate access to and disclosure of protected health information.

3. Employer's Responsibilities Employer agrees to:

- a. Confirm legal business name is active within the State of doing business prior to contract signing. If at any time the legal business name changes, Employer agrees to notify and update their contractual agreement(s) with HRI to continue benefits.
- b. Pay HRI the monthly Rates for each enrolled employee in the amounts agree upon, at the times and the place specified or as thereafter modified under this Contract. Employer shall make such payments

regardless of any arrangement of Employer to receive from, or otherwise charge to, it's Enrolled Employees all or any part of such Rates.

- i. Premium Payment: Employer will receive a monthly invoice for premium payment associated with the prepaid HRI dental health benefit. Premium payments are due on the first day of the month for coverage of services during that month.
 - ii. Invoicing Process: Employer is responsible for responding to the invoice and the reconciliation of the additions and terminations documented during the billing cycle and on the subscriber list.
 - (a) If payment has not been received by the next billing cycle, the invoice will be marked delinquent and the total outstanding balance provided.
 - (b) If a third billing cycle occurs with no payment, the invoice will be marked with a plan termination effective date and the total outstanding balance provided.
 - iii. Claims Payment to Providers:
 - (a) Claims are typically adjudicated daily.
 - (b) HRI shall use its best efforts to pay adjudicated claims within ten (10) business days; however, a claim will not be paid if the date of service occurs in a month for which the premium for the Enrollee has not cleared through the HRI Accounts Receivable process.
 - (c) HRI will not pay claims if premium payment has not been received. Notification of premium nonpayment will be communicated to network providers after 60 days of delinquency of payment.
- c. Notify each employee who hereafter becomes eligible or their dependent becomes eligible for enrollment and each employee and their dependent eligible for enrollment during any enrollment period, of his/her eligibility and the procedures for enrollment and obtain and submit to HRI applications for each such Eligible Employee desiring to enroll.
- d. When applicable, notify each Member who hereafter becomes eligible of the rights and obligations afforded him under the Consolidated Omnibus Budget Reconciliation Act of 1986 unless HRI specifically agrees to provide the foregoing services pursuant to Section 16 of this Agreement.
- e. Keep such records and furnish to HRI via paper, or HIPAA compliant electronic format such applications, notices, or periodic employment reports as may reasonably be required by HRI for the purposes of enrolling Eligible Employees under this Contract, processing terminations of coverage, effecting changes in the type of coverage of a Member by reason of a change in status, or due to changes in legal requirements relating to health care coverage including those occasioned by the Consolidated Omnibus Budget Reconciliation Act of 1986. Further, Employer agrees to supply HRI with such data via paper or HIPAA compliant electronic format as may be necessary in determining the amount payable by Employer under this Contract, or other purpose reasonably related to the administration of this Contract. The addition of an Eligible Employee and or an Eligible Dependent for coverage or the termination of a Member from coverage may extend retroactively for a period of only one month from the date of Employer's written Notification to HRI. Employer agrees that all the foregoing records and information shall be accurate and complete. HRI shall not process claims for the Employer's Eligible Employees and Eligible Dependents until such time that the Employer provides HRI accurate records, including social security numbers, for the Eligible Employees and Eligible Dependents
- f. Distribute to its Enrolled Employees identification cards and any notices or information relating to this Contract that may be addressed or directed to enrolled employees.
- g. Notify Enrolled Employees of the availability Planbooks at HRI's website.
- h. Provide reasonable opportunities for HRI to communicate with Eligible Employees, either in person or in writing, prior to their enrollment and which are consistent with opportunities provided to other health care benefits providers and sufficient to allow employees the opportunity to make an informed decision concerning the enrollment.
- i. The Employer agrees to send all amendments to the Members including, but not limited to, amendments to the Planbook and/or to the Coverages, Limitations to Covered Services, General Exclusions, and Annual Maximum and any other changes that would affect the Members. The Employer agrees to

provide all Members the Planbook and/or advise that the Planbook can be obtained at www.InsuringSmiles.com.

- j. Employer agrees to communicate to the Members that dentists participating in the HRI Network are independent contractors and are not agents or employees of HRI.
- k. Employer agrees that if the HRI Dental Plan is a voluntary plan, the Employer will not sponsor a competing dental plan for its employees or allow a competing dental plan to be offered to its employees without prior approval from HRI.
- l. The Employer agrees to undertake the responsibility of "Plan Administrator" under this Agreement and will execute all duties and obligations necessitated, required and/or set forth in this Section 3 or hereafter in this Agreement and will execute all duties and obligations of similarly situated plan administrators.
- m. Employer agrees that at all times during the effective term of this Contract that HRI shall retain the designation as claims fiduciary and have the discretionary authority to determine eligibility for benefits hereunder and to construe the terms of the Plan.
- n. Employer agrees to comply with all disclosure and reporting requirements set forth in the Employee Retirement Income Security Act ("ERISA") regarding the HRI Dental Plan and HRI's designation and authority as claims fiduciary.

4. Enrollment Opportunities

- a. Every Eligible Employee who shall have filed an application for enrollment prior to the original Effective Date of the Contract and upon HRI's acceptance of the Eligible Employee's application shall become enrolled under this Contract for the coverage described herein.
- b. Employer will add new employees and their Eligible Dependents to the group of employees initially enrolled under this Contract, provided such new employees meet the then existing eligibility requirements of the Employer, have elected coverage and are accepted by HRI. Enrollment of new employees shall be made in accordance with the procedures set forth below.
 - i. HRI will acknowledge each individual employer's definition for "dependent(s)" as long as the definition is compliant with the guidelines set forth by the U.S. Department of Health & Human Services, Federal regulatory entities and State regulatory entities associated with health care regulations and oversight.
- c. HRI and the Employer may designate an open enrollment period ("Open Enrollment Period") during which HRI may accept applications from Eligible Employees who either elected not to enroll when initially eligible or who previously terminated their participation. Such employees shall be eligible for enrollment only during the Open Enrollment Period, unless otherwise agreed to by the parties.
- d. Coverage under this Contract for employees who are enrolled on or before the Effective Date shall commence as of the Effective Date. Thereafter, an application for enrollment from an Eligible Employee received by HRI shall result in coverage as stated in the Employer's application or written amendments.

5. Initial Effective Date and Term

- a. The term of this Contract shall be for a period following the Effective Date. See *EXHIBIT CONTRACT TERMS*
- b. This Contract shall be automatically renewed for a one (1) year period every succeeding year following the Effective Date of the renewal of this plan unless an alternative renewal is mutually agreed to by both parties. HRI reserves the right to not renew this contract by giving written notice to Employer at least forty-five (45) days prior to the Anniversary Date. Employer may terminate this Contract by giving written notice of its intent to do so within such forty-five (45) days prior to the Anniversary Date. Such termination would take effect on the Anniversary Date.

6. Notices

All notices or demands under this Contract shall be in writing and shall be deemed to have been duly given if delivered by hand or mail by regular mail, postage prepaid, and addressed to Health Resources, Inc., 5010

Carriage Dr., P.O. Box 659, Evansville, IN 47704-0659 and to the Employer at the address stated on the Employer application form under "Company Identification" or at such other addresses furnished by each party to the other in writing.

7. Limitation of Responsibility

HRI does not undertake to furnish any dental care services but shall pay for such dental services furnished to Members by independent dentists as delineated by this Contract and in accordance with the signed agreement between such providers of care and HRI. Dentists participating in the Network are independent contractors and are not agents or employees of HRI.

Employer agrees that it is responsible for compliance with applicable laws governing the employer - employee relationship including, but not limited to, those created by pension and benefit plans, ERISA, Union agreements, employment contracts and the Consolidated Omnibus Budget Reconciliation Act of 1986 unless HRI specifically agrees to provide Employer certain services related to the Consolidated Omnibus Budget Reconciliation Act of 1986 pursuant to Section 16 of this Agreement.

In no event shall HRI be liable to Employer for any incidental or consequential losses or incidental, consequential or punitive damages resulting from any act or omission of HRI.

8. Indemnification

Employer agrees to indemnify, defend and hold HRI and its representatives, employees, assigns, successors, subsidiaries and affiliates (each an "Indemnified Party") harmless from and against any and all actions, suits, proceedings, hearings, investigations, charges, complaints, claims, demands, injunctions, judgments, orders, decrees, rulings, damages, dues, penalties, fines, costs, amounts paid in settlement, liabilities, obligations, taxes, liens, losses, expenses, and fees, including court costs and attorneys' fees and expenses (all collectively "Losses"), asserted against or suffered by an Indemnified Party as a result of (i) any inaccuracy of the representations and warranties of the Employer contained in this Contract, (ii) any breach by Employer of any covenant, agreement or other obligation contained in this Contract; (iii) any negligence, gross negligence or willful misconduct by Employer in any way related to the employer-employee relationship; or (vi) any act or omission of the Employer.

Subject to the limitation set forth in Section 7 of this Agreement, HRI agrees to indemnify, defend and hold Employer harmless from and against any and all actions, lawsuits, proceedings, hearings, investigations, charges, complaints, claims, demands, injunctions, judgments, orders, decrees, rulings, damages, dues, penalties, fines, costs, amounts paid in settlement, liabilities, obligations, taxes, liens, losses, expenses, and fees, including court costs and attorneys' fees and expenses (all collectively "Losses"), asserted against or suffered by an Indemnified Party as a result of (i) any inaccuracy of the representations and warranties of HRI contained in this Contract, and (ii) any breach by HRI of any covenant or agreement contained in this Contract.

9. The Contract and Interpretation

This Contract, the Certificate of Coverage, the Employer Application and the individual applications submitted by employees of Employer in connection with this Contract constitute the entire agreement between the parties with respect to the subject matter and are hereby incorporated by reference. All employees and their dependents enrolled under this Contract shall have only the rights and benefits, subject to the terms and conditions, set forth in these documents. No waiver, modification or change in any provision of this Contract shall be effective until approved in writing by a duly authorized officer of HRI and evidenced by an endorsement attached to this Contract. Any provision of this Contract in conflict with the laws of the residing state on its Effective Date is amended to the minimum requirements of those laws.

10. Successors and Assigns

This Contract shall be binding upon and inure to the benefit of HRI, its successors and assigns. This Contract and the rights and obligations conferred hereunder shall not be assignable by Employer, employees of Employer or Members, except that Employer may assign this Agreement with the prior written consent of HRI.

11. Headings

The headings of the various sections have been inserted for convenience of reference only and do not constitute any part of this Contract.

12. Invalidity

In the event any of the provisions contained in this Contract shall for any reason be held invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision and this Contract shall be construed as if the invalid, illegal or unenforceable provision had never been contained herein.

13. Relationship of Parties

Nothing herein contained shall be deemed or construed by the parties hereto or by any third party as creating the relationship of principal and agent or of partnership or of joint venture or employer and employee between the parties hereto. Neither party to this Contract has authority to act on behalf of, to represent, nor does to legally bind the other by an act nor do omission and each party agrees not to make any representations to the contrary to any other person.

14. Records and Forms

Between HRI and Employer, all information and records, including, without limiting the generality thereof, papers, files, correspondence, forms, reports, formats, computer programs (including, without limiting the generality hereof: data processing programs, flow charts, control panels, applications, routines, data banks, and formula relating to the processing or other handling or treating of data) developed and used by HRI and the administration of claims under this Agreement shall be and remain the property of HRI. Employer agrees that if in the exercise of its rights or privileges granted by HRI pursuant to this Agreement, Employer gains access to or custody of said information and/or records, or any of them, the contents of such information will be kept confidential (except as necessary as to achieve the right or privilege granted by HRI). Employer will return or surrender such information and/or records upon request by HRI and Employer will not undertake to use said information and/or records for commercial purposes or gain. Employer agrees that all forms, brochures, applications and materials furnished Employer for the purpose of this Agreement, are furnished for such intended use only and remain the exclusive property of HRI. Employer agrees to use the forms only as directed for the intended purpose and to return said materials to HRI upon request.

15. Termination

This Agreement may be terminated by either party upon material breach of this Agreement by the other, and after written notice as prescribed. Termination shall be effective as of the end of the month in which termination notice is given. Without limiting the generality hereof, HRI may, without notice, terminate this Agreement if the Employer is thirty (30) days delinquent in making any payment after receipt of an invoice. Upon termination by HRI for a material breach by the Employer or termination for delinquency by the Employer as provided herein, HRI shall be entitled to reimbursement and/or compensation in the following amounts: 1) any deficiency between (a) rates paid by Employer to date and (b) member dental claims paid by HRI to date plus a twelve percent (12%) general administrative factor, and 2) 100% of the average monthly (12%) general administrative factor, not to exceed four months, for services relating to claims processing run off following the date of termination, and 3) compensation for fifty percent (50%) of the average monthly general administrative factor times the months remaining in the contract term (contract period remaining subsequent to four month period above). If HRI is not compensated for the termination amounts specified in this section, any and all services related to this compensation will be suspended and claims runoff will be forwarded to employer group for payment directly to dentist.

16. Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1986 Administration

If the Employer has authorized HRI to administer COBRA, See *EXHIBIT COBRA TERMS*, HRI will, subject to the conditions provided for in this Agreement, provide the following services related to the dental benefits it provided the Members:

- a. When applicable, notify each Member who hereafter becomes eligible of the rights and obligations afforded him under the Consolidated Omnibus Budget Reconciliation Act of 1986;
- b. Collect COBRA premiums from the Members and provide notice of past due premiums; and
- c. Comply with the rules and regulations of COBRA.

Employer agrees to:

- i. Inform HRI in writing within 30 days of any Qualifying Event which results in a loss of coverage: death of employee, employee termination, reduction in hours or future events as may be amended.
 - (a) Inform HRI in writing within 30 days of receipt of notification from a Qualified Beneficiary of a Qualifying Event which results in a loss of coverage: employee Medicare entitlement, divorce or legal separation, a dependent's loss of "dependent child" status, or future events as may be amended.

- (b) Provide HRI accurate and appropriate documentation of Qualifying Events, a list of Qualified Beneficiaries who have lost coverage, and the date of the loss of coverage.

17. Reservation and Survival of Rights and Remedies

No forbearance, neglect or intentional act or omission by the parties hereto or their officers or agents to enforce or insist upon a party's rights and remedies as herein provided or as available at law or equity shall constitute a waiver of or operate to waive such right to remedies.

The exercise of one right or remedy by parties shall not operate to limit, restrict or impede the exercise of other rights and remedies of a party under this Agreement which is available at law or equity. No waiver or rights by one party upon any failure or default by the other party shall operate as a waiver or limitation of rights or remedies as to any subsequent failure or default.

18. Governing Law and Jurisdiction

If required by the insurance laws of the State in which the Employer resides, the laws of the State in which the Employer resides shall govern the validity, performance, enforcement, interpretation, and any other aspect of this Agreement; otherwise, the laws of the State of Indiana shall govern the validity, performance, enforcement, interpretation, and any other aspect of this Agreement. The Employer submits to the jurisdiction of the State and Federal Courts of Indiana and Employer agrees that, if not contrary to the insurance laws of the State in which the Employer or Member resides, all lawsuits relating to this Agreement shall be brought in either the United States Federal Court for the Southern District of Indiana or the State of Indiana Courts.

19. Covered Services

Covered services and the amount of co-insurance provided by the Plan are indicated on *EXHIBIT COVERED SERVICES AND LIMITATIONS*. The percentage of plan payment (co-insurance) is valid only for services obtained from participating network dentists contracted with HRI. Out-of-Network dentists are under no contractual obligation to accept the maximum allowable fees paid by the Plan. Therefore, a member may be billed an additional amount over and above their co-insurance. This is referred to as "balance billing".

20. Annual Maximum Benefit Payments

- a. All covered services paid by HRI, apply to the Annual Maximum Benefit, excluding riders.
- b. Annual maximum benefit payments are based on a contract year, beginning with the effective date of coverage.
- c. The annual maximum benefit in a contract year for any individual is stated in *EXHIBIT CONTRACT TERMS*.
- d. Coverage ends for an enrollee after the enrollee receives benefits equal to the annual maximum benefit. When coverage ends, an enrollee is required to pay all subsequent charges.

21. Orthodontic Services/Rider

Orthodontic services are not covered unless added to the Master Group Contract by an orthodontic rider. Orthodontic services are subject to a Lifetime Maximum Benefit, which is mutually exclusive of the Annual Maximum Benefit available to a member. See *EXHIBIT CONTRACT TERMS* and *EXHIBIT ORTHO RIDER (if applicable)*.

22. Network Options

As documented in *EXHIBIT CONTRACT TERMS*, the Network Plan Options available are as follows:

Option 1 - In-Network Plan

Under this network plan option, members must visit a dentist participating in the network to receive benefits. Benefits will be denied if a member does not visit a network dentist. A network dentist is a dentist contracted with and participating in either the Dental Health Option or the Connection Dental network. The network includes more than 50,000 network dentists nationwide, including specialists, who have agreed to accept discounts on Plan covered dental services. They have also agreed to not balance bill a member for the difference between their fee charged and the contracted fee paid to them by the Plan.

Option 2 - In-Network and Out-of-Network Plan

This network plan option offers the payment of benefits to either an in-network dentist or an out-of-network dentist. A member has the freedom to visit any dentist of their choice. Out-of-network dentists are under no obligation to file a member's claim or accept contracted maximum allowable fees. Reimbursement for services to an out-of-network dentist will be paid based upon a maximum allowable scheduled table of allowances. There may be a payment difference between the allowed reimbursement and the amount the dentist charges for a particular service, which could result in greater out of pocket costs to a member. This is referred to as "balance billing". Therefore, services may not be covered at the percentages listed in *EXHIBIT PLAN COVERED SERVICES AND LIMITATIONS*. A member may also be required to file their own dental claims and pay 100% for dental services at time of visit. Non-contracted dentists are under no obligation to file claims on a member's behalf, accept allowable fees or assist with a member's insurance benefits.

23. Maximum Allowable Fees

The Maximum Allowable fee amount is the maximum amount of reimbursement the Plan will pay for covered dental services provided by a Dentist to a member and which meet our definitions of a Covered Service. For Network participating dentists, the Maximum Allowed Amount will be reimbursed according to a Schedule of Maximum Allowable Charges. For non-participating out-of-network dentists, the Maximum Allowed Amount will be reimbursed according to a Table of Allowances. HRI's portion of payment for each covered service is the lesser of the dentist's fee or the maximum allowable fee, minus the co-insurance. The maximum allowable fee schedule is privileged and confidential information and the property of HRI.

When an enrollee receives services from a network dentist, the enrollee's co-insurance percentage will not exceed the percentage identified in the *EXHIBIT PLAN COVERED SERVICES AND LIMITATIONS* of this contract. However, if an enrollee receives services from a dentist who is an out-of-network dentist, the enrollee's out-of-pocket costs may be greater than the Plan's co-insurance percentage if the out-of-network dentist's fee exceeds the plan's allowable amount.

24. General Exclusions

- a. The Plan will not pay for dental services that are not listed in the exhibits.
- b. The Plan will not pay claims for dental services rendered before the coverage effective date or after coverage termination date.
- c. The Plan will not pay claims for dental services covered under non-dental insurance.
- d. The Plan will not pay claims for charges made by hospitals.
- e. The Plan will not pay claims for services performed primarily to rebuild occlusion or for full mouth reconstruction.
- f. The Plan will not pay claims for enrollees until HRI receives the appropriate contracted payment(s) for premiums, administrative service fees and/or escrow.
- g. The Plan will not pay claims for services which are not completed.
- h. The Plan will not pay for duplicates, lost, or stolen prosthesis or appliances.
- i. The Plan does not meet minimal essential coverage requirements for pediatric dental services as part of the Essential Health Benefits in accordance with the Affordable Care Act (ACA) provisions.
- j. To be considered for payment, a claim must be submitted and received by the Plan within one year from the date of service.

AGREEMENT

IN WITNESS WHEREOF, the parties have caused their duly authorized representatives to execute this Contract and all required *EXHIBITS* on the dates listed below.

Dawson Springs Bd of Education

By Signature _____

Print Name _____

Title _____

Date _____

Attested by Secondary Authorized Employee

By Signature _____

Print Name _____

Title _____

Date _____

HEALTH RESOURCES, INC.

By Signature _____

Print Name _____

Title _____

Date _____

EXHIBIT CONTRACT TERMS

**MASTER GROUP CONTRACT HEALTH
RESOURCES, INC.**

The purpose of this EXHIBIT CONTRACT TERMS between HEALTH RESOURCES, INC. (hereinafter "HRI"), and **Dawson Springs Bd of Education** (hereinafter "Employer"), is to identify the contract plan identification, rates and benefits for the prepaid dental coverage.

1. Initial Contract - Plan Identification and Terms

- a. Group Number: **#61301501DSI**
- b. Dental Health Option:
 - i. Plan: **DHO #3**
 - ii. Orthodontic Rider: **B-Dependent**
- c. Effective Date: **January 1, 2015**
- d. Plan Term: **12 MONTHS**
- e. Plan Year: **January through December**
- f. Network Option: **IN-NETWORK AND OUT-OF-NETWORK**
- g. Plan Details: Additional employer group details are confirmed through the Employer Application which is required to be submitted as complete with an authorized employer group representative and agent of record signature.
- h. After this Initial Contract term, any changes to the terms of this contract will be initiated, communicated and authorized through an Addendum or the Contract Renewal process.

2. Initial Monthly Premium Contract Rates

<u>TIER</u>			
Employee Only		\$ 17.90	
Employee + Spouse	\$ 51.30	Employee + Dependent(s)	\$
	56.50		
Employee + Family		\$ 84.30	

3. Initial Contract Benefits per employee or dependent

- a. Annual Maximum Benefit **\$1000**
- b. Lifetime Orthodontic Maximum Benefit **\$1000**
 - i. Payable at the rate of 50% of total billed charges up to the maximum benefit; paid in maximum monthly installments of **\$41.70**.



Contract Addendum –COBRA Administration

Group	Current Client and Contract Information
Group Number	61301501DSI
Group Name *	Dawson Springs Bd of Education

Is COBRA to be offered to your employees' dental plan benefits?

- ☐ YES – Proceed to next Section
☐ NO – Next Section is not applicable, proceed to provide signatures below only

Identification of COBRA Administrator of Dental Benefit Plan (select preferences)

<input type="checkbox"/> Employer as Administrator	<input type="checkbox"/> Employer's Third Party as Administrator	<input type="checkbox"/> HRI as Dental Plan Administrator
<p>Identification of COBRA participants on Group's Monthly Dental Premium Invoice (select one)</p> <p><input type="checkbox"/> Included with Group Invoice – COBRA participants identified by site ID location on the group invoice. The Site will subtotal participants into their own section on the monthly invoice.</p> <p><input type="checkbox"/> Separate Group and separate Invoice for COBRA. A separate invoice and web access will be required for the management of COBRA participants</p> <p>Employer is responsible for submitting a list of existing COBRA participants at the inception of the contract. Thereafter, employer will document on Subscriber Enrollment Application if the Employee or an Employee's dependent(s) are COBRA participants.</p>		<p>COBRA Fee Billing Option on Group's Monthly Dental Premium Invoice - <u>\$0.24</u> per month, per subscriber (select one)</p> <p><input type="checkbox"/> Fee listed and shown separately from Monthly Dental Premium Rate</p> <p><input type="checkbox"/> Fee to be added to the current Monthly Dental Premium Rate</p> <p>As Administrator, HRI will perform the following for former employees electing COBRA dental plan benefits:- notify, administer, bill premium directly to and collect premiums directly from.</p> <p>Employer is responsible for submitting a list of existing COBRA participants at inception of contract.</p>

AGREEMENT AND SIGNATURES

It is agreed the changes made above shall not become effective until Health Resources, Inc. receives and verifies the above changes.

Authorized By:

By Signature _____
 Print Name _____
 Title _____
 Date _____

HEALTH RESOURCES, INC.

By Signature _____
 Print Name _____

Title _____

Date _____

* This is the business' official legal name that is registered with the state.

EXHIBIT PLAN COVERED SERVICES AND LIMITATIONS

HEALTH RESOURCES, INC.

The purpose of this EXHIBIT between HEALTH RESOURCES, INC. (hereinafter "HRI"), and **Dawson Springs Bd of Education** (hereinafter "Employer"), is to identify the description of plan covered services and limitations.

ADA CODE	DHO PLAN #3 Service Description	PLAN PAYS
DIAGNOSTIC		
D0120	Periodic oral evaluation – established patient	100%
D0140	Limited oral evaluation – problem focused	100%
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	100%
D0150	Comprehensive oral evaluation – new or established patient	100%
D0180	Comprehensive periodontal evaluation – new or established patient	100%
D0210	Intraoral-complete series radiograph images	100%
D0220	Intraoral-periapical first	100%
D0230	Intraoral-periapical each additional	100%
D0240	Intraoral-occlusal (<i>arch</i>)	100%
D0270	Bitewing-single	100%
D0272	Bitewings-two	100%
D0273	Bitewings-three	100%
D0274	Bitewings-four	100%
D0277	Vertical bitewings-7 to 8	100%
D0330	Panoramic	100%
D0340	Cephalometric	100%
D0350	Oral/Facial photographic images	100%
D0460	Pulp vitality tests (<i>per visit</i>)	100%
D0470	Diagnostic casts	100%
PREVENTIVE		
D1110	Prophylaxis-adult	100%
D1120	Prophylaxis-child (<i>under age 14</i>)	100%
D1206	Topical application of fluoride varnish (<i>under age 14</i>)	100%
D1208	Topical application of fluoride	100%
D1351	Sealant-per tooth (<i>permanent molar teeth</i>)	100%
D1510	Fixed-unilateral (<i>quad</i>)	100%
D1515	Fixed-bilateral (<i>arch</i>)	100%
D1525	Removable-bilateral (<i>arch</i>)	100%
D1550	Re-cementation (<i>quad/arch</i>)	100%
RESTORATIVE		
D2140	One surface, primary or permanent	80%
D2150	Two surfaces, primary or permanent	80%
D2160	Three surfaces, primary or permanent	80%
D2161	Four or more surfaces, primary or permanent	80%
D2330	One surface, anterior	80%
D2331	Two surfaces, anterior	80%
D2332	Three surfaces, anterior	80%
D2335	Four or more surfaces or involving incisal angle (anterior)	80%
D2390	Crown, anterior (<i>primary only</i>)	50%
D2391	One surface, posterior	80%
D2392	Two surfaces, posterior	80%
D2393	Three surfaces, posterior	80%
D2394	Four or more surfaces, posterior	80%

ADA CODE	DHO PLAN #3 Service Description	PLAN PAYS
D2620	Inlay-porcelain/ceramic-two surfaces	50%
D2630	Inlay-porcelain/ceramic-three or more surfaces	50%
D2642	Onlay-porcelain/ceramic-two surfaces	50%
D2643	Onlay-porcelain/ceramic-three surfaces	50%
D2644	Onlay-porcelain/ceramic-four or more surfaces (<i>Resin-based composite inlay/onlays must utilize indirect technique</i>)	50%
D2651	Inlay-resin-based composite-two surfaces	50%
D2652	Inlay-resin-based composite-three or more surfaces	50%
D2663	Onlay-resin-based composite-three surfaces	50%
D2664	Onlay-resin-based composite-four or more surfaces	50%
D2710	Crown-resin-based composite (indirect)	50%
D2740	Porcelain/ceramic substrate	50%
D2750	Porcelain fused to high noble metal	50%
D2751	Porcelain fused to predominantly base metal	50%
D2752	Porcelain fused to noble metal	50%
D2780	$\frac{3}{4}$ cast high noble metal	50%
D2781	$\frac{3}{4}$ cast predominantly base metal	50%
D2782	$\frac{3}{4}$ cast noble metal	50%
D2783	$\frac{3}{4}$ porcelain/ceramic	50%
D2790	Full cast high noble metal	50%
D2791	Full cast predominantly base metal	50%
D2792	Full cast noble metal	50%
D2794	Titanium	50%
D2910	Recement inlay, onlay or partial coverage restoration	50%
D2915	Recement cast or prefabricated post and core	50%
D2920	Recement crown	50%
D2930	Prefabricated stainless steel crown-primary tooth	50%
D2931	Prefabricated stainless steel crownpermanent tooth	50%
D2933	Prefabricated stainless steel crown with resin window (<i>primary tooth</i>)	50%
D2934	Prefabricated esthetic coated stainless steel crown-primary tooth	50%
D2940	Protective restoration	50%
D2950	Core buildup, including pins	50%
D2951	Pin retention, per tooth	50%
D2952	Post and core in addition to crown, indirectly fabricated	50%
D2954	Pre-Fabricated post and core in addition to crowns	50%
D2960	Labial veneer (resin) - chairside	50%
D2962	Labial veneer (porcelain) - laboratory	50%
D2971	Additional procedures to construct new crown under existing partial denture framework	50%
D2975	Coping	50%

D2520	Inlay-metallic-two surfaces	50%
D2530	Inlay-metallic-three or more surfaces	50%
D2542	Onlay-metallic-two surfaces	50%
D2543	Onlay-metallic-three surfaces	50%
D2544	Onlay-metallic-four or more surfaces	50%
D2610	Inlay-porcelain/ceramic-one surface	50%

ADA CODE	DHO PLAN #3 Service Description	PLAN PAYS
D3346	Retreatment of previous root canal therapy-anterior	80%
D3347	Retreatment of previous root canal therapy-bicuspid	80%
D3348	Retreatment of previous root canal therapy-molar	80%
D3351	Apexification/recalcification/pupal regeneration-initial visit	50%
D3352	Apexification/recalcification/pupal regeneration- interim medication replacement	50%
D3353	Apexification/recalcification-final visit	50%
D3410	Anterior	50%
D3421	Bicuspid (first root)	50%
D3425	Molar (first root)	50%
D3426	Each additional root	50%
D3430	Retrograde filling-per root	50%
D3450	Root amputation-per root	50%
D3920	Hemisection, not including root canal therapy	50%
D3950	Canal preparation and fitting of preformed dowel or post	50%
PERIODONTICS		
D4210	Gingivectomy, 4 or more contiguous teeth or tooth bounded spaces per quadrant	50%
D4249	Clinical crown lengthening-hard tissue	50%
D4260	Osseous surgery, 4 or more teeth, per quadrant	50%
D4261	Osseous surgery 1 to 3 teeth, per quadrant	50%
D4270	Pedicle soft tissue graft (tooth/site)	50%
D4273	Subepithelial connective tissue graft, per tooth	50%
D4274	Distal or proximal wedge	50%
D4275	Soft tissue allograft, (per tooth)	50%
D4277	Free soft tissue graft, first tooth	50%
D4278	Free soft tissue graft, additional tooth/space	50%
D4341	Scaling and root planing-4 or more teeth per quadrant (<i>4 teeth with 4+mm pockets</i>)	50%
D4355	Full mouth debridement	50%
D4910	Periodontal maintenance	50%
D5110	Complete denture-maxillary	50%

ENDODONTICS		
D3220	Therapeutic pulpotomy (<i>primary only</i>)	50%
D3230	Pulpal therapy-anterior, primary tooth	50%
D3240	Pulpal therapy-posterior, primary tooth	50%
D3310	Anterior tooth	80%
D3320	Bicuspid tooth	80%
D3330	Molar	80%

ADA CODE	DHO PLAN #3 Service Description	PLAN PAYS
D5731	Reline complete mandibular denture, chairside	50%
D5740	Reline maxillary partial denture, chairside	50%
D5741	Reline mandibular partial denture, chairside	50%
D5750	Reline complete maxillary denture, laboratory	50%
D5751	Reline complete mandibular denture, laboratory	50%
D5760	Reline maxillary partial denture, laboratory	50%
D5761	Reline mandibular partial denture, laboratory	50%
D5820	Interim partial denture (maxillary)	50%
D5821	Interim partial denture (mandibular)	50%
D5850	Tissue conditioning, maxillary	50%
D5851	Tissue conditioning, mandibular	50%
IMPLANT SUPPORTED PROSTHETICS		
D6053	Implant/abutment, supported removable denture for completely edentulous arch	50%
D6054	Implant/abutment, supported removable denture for partially edentulous arch	50%
D6058	Abutment supported porcelain/ceramic crown	50%
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	50%
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	50%
D6061	Abutment supported porcelain fused to metal crown (noble metal)	50%
D6062	Abutment supported cast metal crown (high noble metal)	50%
D6063	Abutment supported cast metal crown (predominantly base metal)	50%
D6064	Abutment supported cast metal crown (noble metal)	50%
D6065	Implant supported porcelain/ceramic crown	50%
D6066	Implant supported porcelain fused to metal crown	50%
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	50%
D6068	Abutment supported retainer for porcelain/ceramic FPD	50%

D5120	Complete denture- mandibular	50%
D5130	Immediate denture-maxillary	50%
D5140	Immediate denture-mandibular	50%
D5211	Maxillary partial denture-resin base	50%
D5212	Mandibular partial denture-resin base	50%
D5213	Maxillary partial denture-cast metal framework with resin denture bases	50%
D5214	Mandibular partial denture-cast metal framework with resin denture bases	50%
D5225	Maxillary partial denture-flexible base	50%
D5226	Mandibular partial denture-flexible base	50%
D5510	Repair broken complete denture base	50%
D5520	Replace missing or broken tooth-complete denture	50%
D5610	Repair resin denture base	50%
D5620	Repair cast framework	50%
D5630	Repair or replace broken clasp	50%
D5640	Repair or replace broken tooth-per tooth	50%
D5650	Add tooth to existing partial denture	50%
D5660	Add clasp to existing partial denture	50%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	50%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	50%
D5730	Reline complete maxillary denture, chairside	50%

ADA CODE	DHO PLAN #3 Service Description	PLAN PAYS
D6214	Titanium	50%
D6240	Porcelain fused to high noble metal	50%
D6241	Porcelain fused to predominantly base metal	50%
D6242	Porcelain fused to noble metal	50%
D6245	Porcelain/ceramic	50%
D6545	Retainer-cast metal for resin bonded fixed prosthesis	50%
D6548	Retainer-porcelain/ceramic for resin bonded fixed prosthesis	50%
D6740	Porcelain/ceramic	50%
D6750	Porcelain fused to high noble metal	50%
D6751	Porcelain fused to predominantly base metal	50%
D6752	Porcelain fused to noble metal	50%
D6780	¾ cast high noble metal	50%

D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	50%
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	50%
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	50%
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	50%
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	50%
D6074	Abutment supported retainer for cast metal FPD (noble metal)	50%
D6075	Implant supported retainer for ceramic FPD	50%
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	50%
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	50%
D6094	Abutment supported crown – titanium	50%
D6194	Abutment supported retainer crown for FPD - titanium	50%

FIXED PROSTHODONTICS

D6210	Cast high noble metal	50%
D6211	Cast predominantly base metal	50%
D6212	Cast noble metal	50%
ADA CODE	DHO PLAN #3 Service Description	PLAN PAYS
D7283	Placement of devise to facilitate eruption of impacted tooth	50%
D7286	Biopsy of oral tissue-soft	50%
D7291	Transseptal fiberotomy (<i>in conjunction with HRI orthodontic benefit rider</i>)	50%
D7310	Alveoloplasty, with extractions, four or more teeth or tooth spaces, per quadrant	50%
D7311	Alveoloplasty, with extractions, one to three teeth or tooth spaces, per quadrant	50%
D7320	Alveoloplasty, not with extractions, four or more teeth or tooth spaces, per quadrant	50%
D7321	Alveoloplasty, not with extractions, one to three teeth or tooth spaces, per quadrant	50%
D7340	Vestibuloplasty-ridge extension (secondary epithelialization)	50%
D7350		50%

D6781	¾ cast predominantly base metal	50%
D6782	¾ cast noble metal	50%
D6783	¾ porcelain/ceramic	50%
D6790	Full cast high noble metal	50%
D6791	Full cast predominantly base metal	50%
D6792	Full cast noble metal	50%
D6794	Titanium	50%
D6930	Recent fixed partial denture	50%
D6940	Stress breaker	50%
D6975	Coping	50%
ORAL SURGERY		
D7111	Coronal remnants-decidual tooth	80%
D7140	Erupted tooth or exposed root	80%
D7210	Surgical removal of erupted tooth	50%
D7220	Removal of impacted tooth-soft tissue	50%
D7230	Removal of impacted tooth-partially bony	50%
D7240	Removal of impacted tooth-completely bony	50%
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	50%
D7250	Surgical removal of residual tooth roots	50%
D7251	Coronectomy –intentional partial tooth removal	50%
D7270	Tooth reimplantation (natural tooth)	50%
D7280	Surgical access of an unerupted tooth	50%

	Vestibuloplasty-ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	
D7510	Incision and drainage abscess (intraoral)	50%
D7511	Incision and drainage abscess (intraoralcomplicated)	50%
D7960	Frenulectomy (tooth/site)	50%
D7970	Excise hyperplastic tissue-per arch	50%
D7971	Excise pericoronal gingiva	50%
ADJUNCTIVE SERVICES		
D9110	Palliative emergency treatment	50%
D9220	General anesthesia – first 30 minutes	50%
D9221	General anesthesia – each additional 15 minutes	50%
D9230	Administration of nitrous oxide (<i>per visit</i>)	50%
D9241	Intravenous sedation/analgesia first 30 minutes	50%
D9242	Intravenous sedation/analgesia – each additional 15 minutes	50%
D9941	Fabrication of athletic mouthguards	50%
D9973	External bleaching-per tooth (supervised, in office, anteriors only)	50%
D9974	Internal bleaching-per tooth (supervised, in office, anteriors only)	50%

LIMITATIONS BY ADA CODE, including provider supporting documentation requirements. This is a complete listing of all ADA code limitations for all DHO plans offered. Therefore, not all ADA codes listed may be a covered service and accordingly, the associated limitation would not apply if the code is not covered. Refer to Covered Services.

DIAGNOSTIC SERVICES

	EVALUATIONS Charging for more than two evaluations, of <u>any procedure code combination</u> , are not allowable within any consecutive 12 month period. The twelve month period is not based on a calendar year or a plan year.
D0140	A limited oral evaluation for a specific oral health problem is performed following referral. The use of this procedure code is also appropriate in dental emergency conditions such as trauma, acute infection, etc.
D0150/ D0180	Charges for a comprehensive periodontal evaluation or a comprehensive oral evaluation are allowable only once every 4 years. D0180 applies to age 14 and above.
	RADIOGRAPHS The maximum amount considered for radiographic images taken on one day will be equivalent to an allowance of a D0210.
D0210	A complete series includes bitewings. Charges are allowable only once per enrollee per 4 years. This charge is not allowable if performed within 4 years of D0330. If D0210 is performed within 12 months of D0272, D0273, D0274, or D0277 the allowable amount for D0210 will be reduced by the charges for D0272, D0273, D0274, or D0277.
D0220/ D0230	The maximum charge per visit for multiple periapical radiographs is limited to the charge for a complete series (D0210). The maximum number of periapical radiographs is limited to 6 during a 12 month period.
D0240 thru D0270 thru D0274	An occlusal radiographic image charge is allowable only once per arch per enrollee per 12 months. A maximum of four (4) "bitewing" radiographic images is allowable in a twelve (12) month period. Charges for "bitewings" are not allowable if performed within 12 months of D0210 or D0277.
D0277	Charges for Vertical bitewings are not allowable if performed within 12 months of D0210 or D0274.
D0330	A panoramic radiographic image charge is allowable only once per enrollee per 4 years. This charge is not allowable if it is performed within 4 years of D0210.
D0350	A diagnostic photograph charge is allowable only once per enrollee per 5 years.
D0460	Only one charge per visit is allowable.
D0470	A diagnostic casts charge is allowable only once per 5 years. It is included in the charges for complete or partial dentures.
D1110/ D1120	Allowable only once per enrollee per 6 months. A charge for codes D1110 & D1120 is not allowable if performed within 6 months of D4910 or D4341 if four quadrants were treated. Code D1120 is to be used for children under 14 years of age.
D1206	Office procedure allowable only for children under 14 years of age and only once per enrollee per 6 months.
D1208	Office procedure allowable only once per enrollee per 6 months. (ages 14 and over are not covered under DHO Plan 7)
D1351	A sealant charge is allowable for permanent molar teeth (per tooth) only. A charge for replacement is not allowable for 5 years. A sealant charge is allowable only for children under 15 years of age. A charge for a restoration on the occlusal, facial, or lingual surface following the placement of a sealant on that surface will not be allowable for 3 years.
D1510	A fixed, unilateral appliance charge is allowable only for children under 13 years of age. No replacement is allowable for 3 years. The appliance must be passive only and not used to actively move teeth. The charge is not allowable if D1510 is performed within 3 years of D1515 or D1525.
D1515	A fixed, bilateral appliance charge has the same restrictions as D1510. This charge is not allowable if D1515 is performed within 3 years of D1510 or D1525.
D1525	A removable, bilateral appliance has the same restrictions as D1510. This charge is not allowable if D1525 is performed within 3 years of D1510 or D1515.
D1550	A charge for recementation of a space maintainer is allowable after 12 months from the initial placement of the space maintainer. A charge for recementation is allowable once per 12 months.
	RESTORATIVE SERVICES
	Charges for all restorative services include the use of local anesthetic (D9215), bonding agents, bases, pulp capping (D3110), D3120), and etchants as needed.
D2140 thru D2161	A charge for the replacement of or an additional restoration, including crowns, on the same surface is not allowable for a period of 3 years (a courtesy adjustment may be applied). A charge for an amalgam restoration is not allowable if performed within 3 years of placing a crown on the same tooth or a sealant on the same surface within 3 years.
D2330 thru D2394	A charge for the replacement of, or an additional restoration, including crowns, on the same surface is not allowable for a period of 3 years (a courtesy adjustment may be applied). A charge for a composite resin restoration is not allowable if performed within 3 years of placing a crown on the same tooth or a sealant on the same surface within 3 years.
D2520 thru D2794	These codes are for individual units only and are not to be used for units serving as retainers for fixed prosthodontics. A charge for a replacement by any type of inlay, onlay, crown, pontic or retainer for a fixed prosthesis is not allowable for 7 years. Composite/resin inlays must be laboratory processed.
D2710	A charge is allowable for anterior teeth only.
D2740	This code is to be used for porcelain or ceramic substrate materials.
D2750 thru D2794	High noble crowns containing at least 40% gold or at least 60% gold with palladium, and/or platinum. Base metal crowns contain less than 25% gold, palladium, and/or platinum. Noble crowns contain at least 25% gold, palladium, and/or platinum. Crowns, other than prefabricated steel crowns, are not allowable for primary teeth.
D2910 thru D2920	A charge for the recementation of an inlay, onlay, or crown is allowable after 12 months from the original cementation. A charge for recementation is allowable once per 12 months.

D2930 thru D2934	Replacement by a crown of any type is not allowable for 5 years for primary teeth and 7 years for permanent teeth.
D2940	A charge for replacement by another protective restoration is not allowable for 12 months. A charge for D2940 is not allowable if this procedure is performed in conjunction with endodontics, or an amalgam, composite, inlay, onlay, crown, or fixed prosthesis retainer prepared or cemented at the same appointment.
D2950	Coverage for core buildups requires the submission of a radiographic image that substantiates one of the following three criteria: 1) more than 50% of the tooth crown is missing; 2) less than 3 mm of sound tooth structure remaining around the gum line; 3) previous root canal filling completed. A charge for core buildup is allowable once per 7 years per tooth. Requires submission of a duplicate, diagnostically acceptable, preoperative radiograph or intraoral photo.
D2951	This code does not include pins made from amalgam or composite resin. Charge is per tooth.
D2952	A charge for a cast post and core is not allowable if performed within 7 years of D2954 and/or D2950. A charge for a cast post and core is allowable once per 7 years per tooth.
D2954	A charge for a prefabricated post and core buildup is not allowable if performed within 7 years of D2952 or D2950. A charge for a prefabricated post is allowable once per 7 years per tooth.
D2960	All labial veneer charges for replacement are not allowable for 3 years. The placement of labial veneers is restricted to anterior permanent teeth only. Charges for veneered crowns replacing labial veneers less than 3 years old will be reduced by the fee charged for labial veneers.
D2962	All labial veneer charges for replacement are not allowable for 7 years. The placement of labial veneers is restricted to anterior permanent teeth only. Charges for veneered crowns replacing labial veneers are not allowable for 7 years.
	ENDODONTIC SERVICES
D3220	Vital pulpotomy charges are allowable for primary teeth only, and only once per enrollee per tooth. Charges are exclusive of the final restoration charge.
D3230 thru D3353	Root canal therapy services are coded by the tooth receiving treatment, not the number of canals per tooth. Charges are allowable only after the procedure has been completed. Charges for retreatment within 4 years of the date of the original treatment are not allowable. Charges must include all radiographs. Charges are exclusive of the final restoration charge.
D3351 thru D3353	Limited to children < 16 years of age. Charges are allowable once per lifetime.
D3410 thru D3920	Charges are allowable once per lifetime.
	PERIODONTIC SERVICES
D4210 thru D4278	Charges are allowable only following completion of covered services, and must include all post-operative care. Charges for treatment are allowable only once per area treated per enrollee for a 5 year period.
D4210	Charges for single-tooth gingivectomy are not allowable.
D4249	Clinical crown lengthening requires the reflection of a flap and the removal of alveolar bone. Charges are allowable only once, on a per tooth basis.
D4266/D4267	Charges for guided tissue regeneration include the charge for the barrier, and its removal, if necessary.
D4270/D4273/ D4275/ D4277/D4278	Two soft tissue grafts of any type are allowable per quadrant every 5 years. One graft is allowable per three contiguous teeth/site. Teeth #24-25 are considered one site.
D4274	Charges are allowable only when this procedure is performed in an edentulous area adjacent to a periodontally involved tooth. The tooth and proximal area must be identified. Charges for this procedure are allowable only if no additional surgery is performed in the immediate area, allowable every 5 years.
D4341	Scaling and root planing charges include the use of local anesthetic. Charges are allowable per quadrant (4 or more teeth). The enrollee must exhibit pocket depths of at least 4 mm around at least 4 teeth in each quadrant to qualify for coverage for this procedure. Otherwise refer to D1110 and D4355. Charges are not allowable for deciduous teeth. Charges for retreatment of any quadrant are not allowable for 3 years. Documentation in the form of a periodontal case type diagnosis and a full mouth probe chart with six points per tooth probing must be included with the claim. An additional explanation is required with a claim if more than two quadrants are treated during the same visit.
D4355	Charge allowable only for enrollees over 15 years of age. To be allowable, procedure must be performed before D1110, D4341, or D4910, or more than 3 years has lapsed since D1110, D4341, D4355, or D4910 was performed.
D4910	A charge for D4910 is not allowable if performed within 6 months of D1110, D1120, or D4341 if four quadrants were treated. Procedure is allowable once per 6 months. Charges are allowable only for enrollees over 15 years of age.
	REMOVABLE PROSTHODONTIC SERVICES
D5110/ D5120	Complete denture services include all post-delivery care, including relines and repairs for 6 months. Charges for the replacement of a denture, including an immediate denture, within 7 years are not allowable. Charges include diagnostic models, D0470. Charges for a complete denture are not allowable if replacing a partial denture in the same arch within 5 years.
D5130/ D5140	An immediate denture cannot be used to replace a complete denture. Other restrictions for immediate dentures are the same as for complete dentures D5110 & D5120.

D5211 thru D5226	Charges for conventional partial dentures are allowable every 7 years and are subject to the same conditions and restrictions listed for D5110 & D5120. Separate charges for diagnostic casts, D0470, or diagnostic photographs, D0471, are not allowable. The teeth replaced by the appliance must be identified on the claim form.
D5820/ D5821	Charges for a conventional, removable partial dentures or a complete denture (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226) are subject to an adjustment if performed within 5 years of an interim partial denture (D5820 & D5821) in the same arch.
D5510 thru D5660	Charges for repairs are allowed once per procedure code per 6 months.
D5670/ D5671	Charges for either procedure are allowable only once per 4 years per prosthesis. Charges for D5670 and D5671 are not allowable if performed within 4 years of D5213 or D5214. Charges for rebase, reline or repairs are not allowable for 6 months following D5670 and D5671.
	OTHER SERVICES
D5710 thru D5861	Rebasing, relining, or tissue conditioning charges are not allowable if the procedure is performed within 6 months of the date of delivery of the appliance, except when an immediate denture is performed. Charges for any of these procedures are allowable only once per 4 years per prosthesis.
D5850/ D5851	Two tissue conditioning charges are allowable within 6 months of delivery of immediate dentures only.
D5863 thru D5866	Charges for overdentures are subject to the conditions listed for D5110/D5120 and D5213/D5214.
	IMPLANT SUPPORTED PROSTHETICS
D6053/D6054	All implant/abutment supported removable dentures are subject to the same definitions and restrictions listed for conventional removable prosthodontics, D5110 thru D5861.
D6010/ D6013/ D6056/D6057	Charges are allowable once per 7 years per tooth site and paid at 50% up to the annual maximum benefit. Allowance includes the treatment plan, local anesthetic and post-surgical care. Coverage is limited to enrollees over age 15. Pre-existing conditions do not apply.
D6058 thru D6194	All implant/abutment supported single crowns and implant/abutment supported fixed partial denture (fixed partial denture) retainers are subject to the same definitions and restrictions listed for individual unit crowns, D2710 thru D2794 and fixed prosthetics, D6210 thru D6975.
D6210 thru D6794	All fixed prosthodontic services are subject to the same definitions and restrictions listed for individual unit crowns, D2710 thru D2794. Crowns serving as retainers for a fixed prosthesis shall be identified as such by a code from the D6000 section. Each unit of a fixed partial denture must be identified on the claim. Charges for pontics to replace third molars are not allowable. Replacement of a fixed partial denture by a removable partial denture is not allowable within 7 years of the original placement.
D6545/ D6548	Retainers must be identified by tooth on the claim. Charges for the replacement of a resin-bonded fixed partial denture by another fixed partial denture or a removable prosthesis will be reduced by the fee charged for the resin-bonded fixed partial denture if the replacement is constructed within 7 years of the original placement.
	OTHER FIXED PARTIAL DENTURE SERVICES
D6930	A charge for recementation is allowable after 12 months from the original cementation. Charges to recement of a fixed partial denture are allowable only once per 12 months per fixed partial denture.
	ORAL SURGERY
D7111 thru D7980	All oral surgery procedure charges must include the use of local anesthetic. Orthognathic surgery charges are not allowable. Charges for services covered under other non-dental insurance plans are not allowable. Hospital related charges are not allowable. All procedures include suturing where appropriate, and all postoperative care.
D7210	Surgical extractions: use when either (1) removal of bone and/or (2) sectioning of tooth and including elevation of mucoperiosteal flap if indicated, is necessary. Surgical extraction charges include alveolotomy. Requires submission of a duplicate, diagnostically acceptable, pre-operative radiograph for extraction of any or all of the following tooth #'s 7, 8, 9, 10, 23, 24, 25, 26 and all primary teeth.
D7220	Soft tissue impaction: incision required to remove soft tissue overlying the crown of an impacted tooth, or diagnostically, only soft tissue covers the crown.
D7230	Partly bony impaction: incision and some bone removal to permit removal of impacted tooth with an elevator, or diagnostically, bone partly covers the crown.
D7240	Complete bony impaction: incision, flap, bone removal, and dento-dissection are necessary for removal of the impacted tooth.
D7280	Charges are allowable once per lifetime.
D7291	Charges for transseptal fibrotomy are allowable only if the procedure is performed in conjunction with orthodontics.
D7310/D7311	Charges for alveoloplasty, with extractions, are not allowable if the procedure is performed in conjunction with D7210 thru D7250.
D7510/D7511	These procedure codes are applicable for intraoral incision through mucosa.

	Infection control/sterilization is not considered a separate billable dental procedure or service and cannot be billed to a member or to HRI.
D9110	Charges for more than two palliative (emergency) treatments are not allowable per 12 month period. The twelve month period is not based on a calendar year or a plan year. If used with definitive treatment, only the definitive treatment is allowable.
D9221	Limited to one per anesthetic.
D9242	Limited to one per anesthetic.
D9940	Occlusal guards are removable dental appliances designed to minimize the effects of bruxism and other occlusal factors. Charges are allowed once every 5 years per enrollee. Charges to modify the appliance or for occlusal adjustment are not allowable.
D9941	Charges for an athletic mouthguard are allowable once per 12 months.
D9973/D9974	Charges for bleaching teeth must include the entire series of bleaching treatments and are allowable only following the completion of the final treatment. Charges are allowable for anterior teeth only. Charges for retreatment within 3 years of the date of the previous treatment series are not allowable. Charges for home bleaching trays and procedures are not allowable.
	ORTHODONTIC SERVICES
D8010 thru D8220	Orthodontic services are not covered unless added to the Master Group Contract by an orthodontic rider. If orthodontic charges are covered, they must include all services performed in the course of diagnosis or treatment. Such charges must include all appliances, adjustments, and retention.
<p style="text-align: center;">ADDITIONAL PLAN REQUIREMENTS - DATE OF SERVICE</p> <p>The preparation date for fixed prosthodontic treatment (bridges and single crowns) will be recognized as the date of service/payment. The date of the final impression will be recognized as the date of service/payment for removable prosthodontic treatment and implant supported prosthetics. The completion date for endodontic treatment will be recognized as the date of service/payment.</p>	

ORTHODONTIC BENEFIT RIDER

The Contract Services Agreement indicates whether the plan includes orthodontic coverage and the lifetime maximum benefit level for the following types.

Type
A – Ortho Adult & Dependent
B – Ortho Dependent

Services by category listed herein are allowable at 50% by the Plan up to the lifetime maximum benefit. Benefits are paid on a payment cycle as determined by the Contract Services Agreement.

Limited Orthodontic Treatment
Comprehensive Orthodontic Treatment
Interceptive Orthodontic Treatment
Treatment to Control Harmful Habits

1. Claims for orthodontic services are allowable only until the covered member reaches the employer group's maximum dependent age & whether or not treatment has been completed or lifetime maximum orthodontics benefits have been paid.
2. Initial orthodontic claims must be submitted by the dentist. Quarterly updates must then be verified by the dentist after treatment is initiated; payments at a rate of 50% of covered charges billed.
3. Benefit payments for orthodontic services are IN ADDITION to the maximum annual benefit payments for nonorthodontic services.
4. Benefit payments stop when plan coverage ends, even if total payments have not reached the lifetime maximum & whether or not treatment has been completed.
5. To receive maximum benefit, patient must be in active orthodontic treatment a minimum of two years while covered by the plan.
6. A lifetime maximum benefit is the maximum amount the Plan will pay in orthodontic benefits to a covered person during that individual's lifetime. Once an individual has exhausted his/her lifetime maximum benefit under any HRI plan, additional charges will be excluded.
7. The dentist providing orthodontic services must identify to the Plan when orthodontic services began, the estimated total time for treatment, and the total cost for treatment.
8. Benefits may be paid even if orthodontic services began before dental coverage. The total cost for treatment will be divided between two periods:
 - a. Period #1: the date treatment started to the date dental coverage began (this cost will NOT be covered);
 - b. Period #2: the date dental coverage began to the date when treatment should be completed (this cost will be covered for the time REMAINING in the treatment program)

Payments are subject to the limitations previously described.