



**NaviCare[®] SCO and NaviCare[®] HMO SNP
Addendum
Covered Dental Services**

Effective January 1, 2022



Addendum Covered Dental Services

This addendum is part of your
NaviCare *Evidence of Coverage*
Effective January 1, 2022

The following services are covered in full when you receive them from a plan dental provider. For a list of plan dental providers, please refer to the dental provider section of the online NaviCare *Provider and Pharmacy Directory* at fallonhealth.org/navicare, or call Enrollee Services at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday. (Oct. 1–March 31, seven days a week.) You are only covered for the services listed below. Certain limitations and exclusions may apply. Procedures not shown are not covered by the plan.

ADA Code Description

Diagnostic services

D0120	Periodic oral evaluation (<i>See Note A.</i>)
D0140	Limited oral evaluation—problem focused (<i>See Note A.</i>)
D0150	Comprehensive oral evaluation (<i>See Note A.</i>)
D0160	Detailed and extensive oral evaluation—problem focused, by report (for oral cancer screening) (<i>See Note A.</i>)
D0170	Re-evaluation—limited, problem focused (established patient; not post-operative visit) (<i>See Note A.</i>)
D0180	Re-evaluation—limited, problem focused (comprehensive periodontal evaluation; new or established patient) (<i>See Note A.</i>)
D0210	Intraoral—complete series of radiographic images (<i>See Note C.</i>)
D0220	Intraoral—periapical, first radiographic image (<i>See Note N.</i>)
D0230	Intraoral—periapical, each additional radiographic image (<i>See Note N.</i>)
D0270	Bitewing—single radiographic image (<i>See Note N.</i>)
D0272	Bitewings—two radiographic images (<i>See Note I.</i>)
D0273	Bitewings—three radiographic images (<i>See Note A.</i>)
D0274	Bitewings—four radiographic images (<i>See Note A.</i>)
D0330	Panoramic radiographic image (<i>See Note F.</i>)
D0340	Cephalometric radiographic image (<i>See Note C.</i>)
D0350	Oral/facial photographic images (<i>See Note F.</i>)
D0364	Cone beam CT capture and interpretation with limited field of view—less than one whole jaw (<i>See Note C.</i>)
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch—mandible (<i>See Note F.</i>)
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch—maxilla, with or without cranium (<i>See Note F.</i>)
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium (<i>See Note F.</i>)
D0380	Cone beam CT image capture with limited field of view—less than one whole jaw (<i>See Note C.</i>)
D0381	Cone beam CT image capture with field of view of one full dental arch—mandible (<i>See Note F.</i>)

ADA Code Description**Diagnostic services, continued**

D0382	Cone beam CT image capture with field of view of one full dental arch—maxilla, with or without cranium (See Note F.)
D0383	Cone beam CT image capture with field of view of both jaws—with or without cranium (See Note F.)
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image (See Note C.)
D0393	Treatment simulation using 3D image volume (See Note G.)
D0394	Digital subtraction of two or more images or image volumes of the same modality (See Note G.)
D0395	Fusion of two or more 3D image volumes of one or more modalities (See Note G.)
D0470	Diagnostic casts (See Note D.)
D0604	Antigen testing for a public health related pathogen, including coronavirus
D0605	Antibody testing for a public health related pathogen, including coronavirus
D0701	Panoramic radiographic image—image capture only (See Note F.)
D0702	2D cephalometric radiographic image—image capture only (See Note F.)
D0703	2D oral/facial photographic image obtained intraorally or extraorally—image capture only (See Note F.)
D0704	3-D photographic image—image capture only (See Note F.)
D0705	Extraoral posterior dental radiographic image—image capture only (See Note O.)
D0706	Intraoral—occlusal radiographic image—image capture only (See Note S.)
D0707	Intraoral—periapical radiographic image—image capture only (See Note N.)
D0708	Intraoral—bitewing radiographic image—image capture only (See Note N.)
D0709	Intraoral—complete series of radiographic images—image capture only (See Note C.)

Preventive services (Cleanings)

D1110	Prophylaxis—adult (See Note H.)
D1206	Fluoride with varnish
D1208	Topical application fluoride excluding varnish
D1321	Counseling for the control and prevention of adverse oral, behavioral and systemic health effects
D1355	Caries preventive medicament application—per tooth (See Note T.)

Minor restorative services (Fillings)

D2140	Amalgam—one surface, primary or permanent
D2150	Amalgam—two surfaces, primary or permanent
D2160	Amalgam—three surfaces, primary or permanent
D2161	Amalgam—four or more surfaces, primary or permanent
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)
D2391	Resin-based composite—one surface, posterior
D2392	Resin-based composite—two surfaces, posterior
D2393	Resin-based composite—three surfaces, posterior
D2394	Resin-based composite—four or more surfaces, posterior

Major restorative services (Crowns)

D2740	Crown—porcelain/ceramic (See Note G.)
D2750	Crown—porcelain fused to high noble metal (See Note G.)
D2751	Crown—porcelain fused to predominantly base metal (See Note G.)
D2752	Crown—porcelain fused to noble metal (See Note G.)
D2753	Crown—porcelain fused to titanium and titanium alloys (See Note G.)

ADA Code Description**Major restorative services (Crowns), continued**

D2780	Crown—3/4 cast to high noble metal (See Note G.)
D2781	Crown—3/4 cast to predominantly base metal (See Note G.)
D2782	Crown—3/4 cast to noble metal (See Note G.)
D2790	Crown—full cast to high noble metal (See Note G.)
D2791	Crown—full cast to predominantly base metal (See Note G.)
D2792	Crown—full cast to noble metal (See Note G.)
D2794	Crown—titanium and titanium alloys (See Note G.)
D2910	Recement inlay (See Note C.)
D2920	Recement crown (See Note C.)
D2928	Prefabricated porcelain/ceramic crown—permanent tooth (See Note G.)
D2950	Core buildup, including any pins when required
D2951	Pin retention—per tooth, in addition to restoration (See Note L.)
D2954	Prefabricated post and core in addition to crown
D2980	Crown repair, necessitated by restorative material failure (See Note B.)
D2999	Unspecified restorative procedure, by report

Endodontic services (Root canals)

D3310	Root canal therapy—anterior (excluding final restoration) (See Note J.)
D3320	Endodontic therapy—premolar tooth (excluding final restoration) (See Note J.)
D3330	Endodontic therapy—molar tooth (excluding final restoration) (See Note J.)
D3331	Treatment of root canal obstruction—non-surgical access (See Note J.)
D3332	Incomplete endodontic therapy—inoperable, unrestorable or fractured tooth (See Note J.)
D3333	Internal tooth repair of perforation defects (See Note J.)
D3346	Retreatment of previous root canal therapy—anterior (See Note J.)
D3347	Retreatment of previous root canal therapy—premolar (See Note J.)
D3348	Retreatment of previous root canal therapy—molar (See Note J.)
D3351	Apexification/recalcification—initial visit (apical closure/calcific repair of perforations, root resorption, etc.) (See Note J.)
D3352	Apexification/recalcification/pulpal regeneration—interim medication replacement (See Note J.)
D3353	Apexification/recalcification—final visit (includes completed root canal therapy—apical closure/calcific repair of perforations, root resorption, etc.) (See Note J.)
D3355	Pulpal regeneration—initial (See Note J.)
D3356	Pulpal regeneration—interim medication replacement (See Note J.)
D3357	Pulpal regeneration—completion of treatment (See Note J.)
D3410	Apicoectomy—anterior (See Note J.)
D3421	Apicoectomy—bicuspid (first root) (See Note J.)
D3425	Apicoectomy—molar (first root) (See Note J.)
D3426	Apicoectomy—each additional root (See Note U.)
D3430	Retrograde filling—per root (See Note J.)
D3450	Root amputation—per root (See Note J.)
D3471	Surgical repair of root resorption—anterior (See Note J.)
D3472	Surgical repair of root resorption—premolar (See Note J.)
D3473	Surgical repair of root resorption—molar (See Note J.)
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption—anterior (See Note U.)
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption—premolar (See Note U.)
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption—molar (See Note U.)
D3911	Intraorifice barrier

Periodontic services

- D4210 Gingivectomy/gingivoplasty—four or more contiguous teeth per quadrant (See Note F.)
- D4211 Gingivectomy/gingivoplasty—one to three contiguous teeth per quadrant (See Note F.)
- D4265 Biologic materials to aid in soft and osseous tissue regeneration, per site (See Note F.)
- D4266 Guided tissue regeneration—resorbable barrier, per site (See Note F.)
- D4341 Periodontal scaling and root planing—four or more teeth per quadrant (See Note D.)
- D4342 Periodontal scaling and root planing—one to three teeth per quadrant (See Note D.)
- D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth. (See Note P.)
- D4910 Periodontal maintenance (See Note H.)

Prosthodontic services (Dentures)

- D5110 Complete denture—maxillary (See Note G.)
- D5120 Complete denture—mandibular (See Note G.)
- D5130 Immediate denture—maxillary (See Note G.)
- D5140 Immediate denture—mandibular (See Note G.)
- D5211 Maxillary partial denture—resin base including retentive/clasping materials, rests and teeth (See Note G.)
- D5212 Mandibular partial denture—resin base including retentive/clasping materials, rests and teeth (See Note G.)
- D5213 Maxillary partial denture—cast metal framework with resin denture bases including any conventional clasps, rests and teeth (See Note G.)
- D5214 Mandibular partial denture—cast metal framework with resin denture bases including any conventional clasps, rests and teeth (See Note G.)
- D5221 Immediate maxillary partial denture—resin base (See Note G.)
- D5222 Immediate mandibular partial denture—resin base (See Note G.)
- D5225 Maxillary partial denture—flexible base including any clasps, rests and teeth (See Note G.)
- D5226 Mandibular partial denture—flexible base including any clasps, rests and teeth (See Note G.)
- D5227 Immediate maxillary partial denture—flexible base (including any clasps, rests and teeth) (See Note G.)
- D5228 Immediate mandibular partial denture—flexible base (including any clasps, rests and teeth) (See Note G.)
- D5410 Adjust complete denture—maxillary (See Note Q.)
- D5411 Adjust complete denture—mandibular (See Note Q.)
- D5421 Adjust partial denture—maxillary (See Note Q.)
- D5422 Adjust partial denture—mandibular (See Note Q.)
- D5511 Repair broken complete denture base—mandibular
- D5512 Repair broken complete denture base—maxillary
- D5520 Repair missing or broken teeth, complete denture—each tooth
- D5611 Repair resin partial denture base—mandibular (See Note B.)
- D5612 Repair resin partial denture base—maxillary (See Note B.)
- D5621 Repair cast partial framework—mandibular (See Note B.)
- D5622 Repair cast partial framework—maxillary (See Note B.)
- D5630 Repair or replace broken retentive/clasping materials—per tooth (See Note B.)
- D5640 Replace broken teeth, per tooth (See Note B.)
- D5650 Add tooth to existing partial denture (See Note B.)
- D5660 Add clasp to existing partial denture (See Note B.)
- D5710 Rebase complete maxillary denture (See Note C.)
- D5711 Rebase complete mandibular denture (See Note C.)
- D5720 Rebase maxillary partial denture (See Note C.)
- D5721 Rebase mandibular partial denture (See Note C.)
- D5725 Rebase hybrid prosthesis (See Note C.)
- D5730 Reline complete maxillary denture (direct)
- D5731 Reline complete mandibular denture (direct)

ADA Code Description**Prosthodontic services (Dentures), continued**

D5740	Reline maxillary partial denture (direct) (See Note C.)
D5741	Reline mandibular partial denture (direct) (See Note C.)
D5750	Reline complete maxillary denture (indirect)
D5751	Reline complete mandibular denture (indirect)
D5760	Reline maxillary partial denture (indirect) (See Note C.)
D5761	Reline mandibular partial denture (indirect) (See Note C.)
D5876	Add metal substructure to acrylic full denture, per arch (See Note C.)

Prosthodontic services (Partial denture pontics and denture retainers\crowns)

D6240	Pontic—porcelain fused to high noble metal (See Note G.)
D6241	Pontic—porcelain fused to predominantly base metal (See Note G.)
D6242	Pontic—porcelain fused to noble metal (See Note G.)
D6243	Pontic—porcelain fused to titanium and titanium alloys (See Note G.)
D6245	Pontic—porcelain, ceramic (See Note G.)
D6250	Pontic—resin with high noble metal (See Note G.)
D6251	Pontic—resin with predominantly base metal (See Note G.)
D6252	Pontic—resin with noble metal (See Note G.)
D6722	Retainer crown—resin with noble metal (See Note G.)
D6750	Crown—porcelain fused to high noble metal (See Note G.)
D6751	Crown—porcelain fused to predominantly base metal (See Note G.)
D6752	Crown—porcelain fused to noble metal (See Note G.)
D6753	Retainer crown—porcelain fused to titanium and titanium alloys (See Note G.)
D6780	Retainer crown—3/4 cast to high noble metal (See Note G.)
D6781	Retainer crown—3/4 cast to predominantly base metal (See Note G.)
D6782	Retainer crown—3/4 cast to noble metal (See Note G.)
D6784	Retainer crown—3/4 cast to titanium and titanium alloys (See Note G.)
D6790	Retainer crown—full cast to high noble metal (See Note G.)
D6791	Retainer crown—full cast to predominantly base metal (See Note G.)
D6792	Retainer crown—full cast to noble metal (See Note G.)
D6794	Retainer crown—titanium (See Note G.)
D6999	Unspecified fixed prosthodontic procedure, by report

Prosthodontic services (Dental implants)

D6010	Surgical placement of implant body: endosteal implant (See Note G.)
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant (See Note G.)
D6013	Surgical placement of mini-implant (See Note G.)
D6040	Surgical placement—eposteal implant (See Note G.)
D6050	Surgical placement—transosteal implant (See Note G.)
D6051	Interim implant abutment placement (See Note G.)
D6055	Connecting bar—implant supported or abutment supported (See Note G.)
D6056	Prefabricated abutment—includes modification and placement (See Note G.)
D6057	Custom fabricated abutment—includes placement (See Note G.)
D6058	Abutment supported porcelain/ceramic crown (See Note G.)
D6059	Abutment supported porcelain fused to metal crown—high noble metal (See Note G.)
D6060	Abutment supported porcelain fused to metal crown—predominantly base metal (See Note G.)
D6061	Abutment supported porcelain fused to metal crown—noble metal (See Note G.)
D6062	Abutment supported cast metal crown—high noble metal (See Note G.)
D6063	Abutment supported cast metal crown—predominantly base metal (See Note G.)
D6064	Abutment supported cast metal crown—noble metal (See Note G.)
D6065	Implant supported porcelain/ceramic crown (See Note G.)

ADA Code Description***Prosthodontic services (Dental implants), continued***

D6066	Implant supported porcelain fused to high noble alloys crown (See Note G.)
D6067	Implant supported crown—high noble alloys (See Note G.)
D6068	Abutment supported retainer for porcelain/ceramic FPD (See Note G.)
D6069	Abutment supported retainer for porcelain fused to metal FPD—high noble metal (See Note G.)
D6070	Abutment supported retainer for porcelain fused to metal FPD—predominantly base metal (See Note G.)
D6071	Abutment supported retainer for porcelain fused to metal FPD—noble metal (See Note G.)
D6072	Abutment supported retainer for cast metal FPD—high noble metal (See Note G.)
D6073	Abutment supported retainer for cast metal FPD—predominantly base metal (See Note G.)
D6074	Abutment supported retainer for cast metal FPD—noble metal (See Note G.)
D6075	Implant supported retainer for ceramic FPD (See Note G.)
D6076	Implant supported retainer for FPD—porcelain fused to high noble alloys (See Note G.)
D6077	Implant supported retainer for metal FPD—high noble alloys (See Note G.)
D6080	Implant maintenance procedures when prostheses are removed and reinserted (See Note C.)
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant (See Note F.)
D6082	Implant supported crown—porcelain fused to predominantly base alloys (See Note G.)
D6083	Implant supported crown—porcelain fused to noble alloys (See Note G.)
D6084	Implant supported crown—porcelain fused to titanium and titanium alloys (See Note G.)
D6085	Interim implant crown (See Note G.)
D6086	Implant supported crown—predominantly base alloys (See Note G.)
D6087	Implant supported crown—noble alloys (See Note G.)
D6088	Implant supported crown—titanium and titanium alloys (See Note G.)
D6090	Repair implant supported prosthesis, by report (See Note B.)
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment (See Note G.)
D6092	Recement or rebond implant/abutment supported crown (See Note B.)
D6093	Recement or rebond implant/abutment supported fixed partial denture (See Note B.)
D6094	Abutment supported crown—titanium and titanium alloys (See Note G.)
D6095	Repair implant abutment, by report (See Note B.)
D6096	Remove broken implant retaining screw (See Note B.)
D6097	Abutment supported crown—porcelain fused to titanium and titanium alloys (See Note G.)
D6098	Implant supported retainer—porcelain fused to predominantly base alloys (See Note G.)
D6099	Implant supported retainer for FPD—porcelain fused to noble alloys (See Note G.)
D6100	Surgical removal of implant body (See Note G.)
D6101	Debridement of a peri-implant defect and surface cleaning of exposed implant surfaces, including flap entry and closure (See Note F.)
D6102	Debridement and osseous contouring of a peri-implant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure (See Note F.)
D6103	Bone graft for repair of peri-implant defect, doesn't include flap entry and closure (See Note F.)
D6104	Bone graft at time of implant placement (See Note F.)
D6110	Implant/abutment supported removable denture for edentulous arch—maxillary (See Note G.)
D6111	Implant/abutment supported removable denture for edentulous arch—mandibular (See Note G.)
D6112	Supported removable denture for partially edentulous arch—maxillary (See Note G.)
D6113	Implant/abutment supported removable denture for partially edentulous arch—mandibular (See Note G.)
D6114	Supported fixed denture for edentulous arch—maxillary (See Note G.)

ADA Code Description**Prosthodontic services (Dental implants), continued**

D6115	Implant/abutment supported fixed denture for edentulous arch—mandibular (See Note G.)
D6116	Implant/abutment supported fixed denture for partially edentulous arch—maxillary (See Note G.)
D6117	Implant/abutment supported fixed denture for partially edentulous arch—mandibular (See Note G.)
D6118	Implant/abutment supported interim fixed denture for edentulous arch—mandibular (See Note G.)
D6119	Implant/abutment supported interim fixed denture for edentulous arch—maxillary (See Note G.)
D6120	Implant supported retainer—porcelain fused to titanium and titanium alloys (See Note G.)
D6121	Implant supported retainer for metal FPD—predominantly base alloys (See Note G.)
D6122	Implant supported retainer for metal FPD—noble alloys (See Note G.)
D6123	Implant supported retainer for metal FPD—titanium and titanium alloys (See Note G.)
D6190	Radiographic/surgical implant index, by report (See Note G.)
D6191	Semi-precision abutment—placement (See Note G.)
D6192	Semi-precision attachment—placement (See Note G.)
D6194	Abutment supported retainer crown for FPD—titanium and titanium alloys (See Note G.)
D6195	Abutment supported retainer—porcelain fused to titanium and titanium alloys (See Note G.)
D6198	Remove interim implant component (See Note B.)
D6199	Unspecified implant procedure, by report (See Note G.)

Oral surgery (Extractions)

D7111	Extraction of coronal remnants—primary tooth (See Note J.)
D7140	Extraction of erupted tooth or exposed root (See Note J.)
D7210	Surgical removal of erupted tooth (See Note J.)
D7250	Surgical removal of residual tooth roots (cutting procedure) (See Note J.)
D7310	Alveoloplasty in conjunction with extractions, four or more teeth per quadrant
D7311	Alveoloplasty in conjunction with extractions, one to three teeth per quadrant
D7320	Alveoloplasty not in conjunction with extractions, four or more teeth per quadrant
D7321	Alveoloplasty not in conjunction with extractions, one to three teeth per quadrant
D7340	Vestibuloplasty—ridge extension, second epithelialization (See Note G.)
D7350	Vestibuloplasty—ridge extension, including soft tissue grafts, muscle reattachments, etc. (See Note G.)
D7410	Excision of benign lesion up to 1.25 cm (See Note K.)
D7411	Excision of benign lesion greater than 1.25 cm (See Note K.)
D7450	Removal of benign odontogenic cyst or tumor—lesion diameter up to 1.25 cm (See Note R.)
D7451	Removal of benign odontogenic cyst or tumor—lesion diameter greater than 1.25 cm (See Note R.)
D7460	Removal of benign nonodontogenic cyst or tumor—lesion diameter up to 1.25 cm (See Note R.)
D7461	Removal of benign nonodontogenic cyst or tumor—lesion diameter greater than 1.25 cm (See Note R.)
D7471	Removal of lateral exostosis (maxilla or mandible)
D7472	Removal of torus palatinus (See Note R.)
D7473	Removal of torus mandibularis (See Note R.)
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach (See Note J.)
D7952	Sinus augmentation via a vertical approach (See Note J.)
D7953	Bone replacement graft for ridge preservation—per site (See Note J.)
D7961	Buccal/labial frenectomy (frenulectomy)
D7962	Lingual frenectomy (frenulectomy)

ADA Code Description**Oral surgery (Extractions), continued**

D7963	Frenuloplasty
D7993	Surgical placement of craniofacial implant—extra oral (<i>See Note G.</i>)
D7994	Surgical placement: zygomatic implant (<i>See Note G.</i>)
D7970	Excision of hyperplastic tissue—per arch (<i>See Note F.</i>)
D7999	Unspecified oral surgery procedure, by report

Additional procedures

D5995	Periodontal medicament carrier with peripheral seal—laboratory processed—maxillary
D5996	Periodontal medicament carrier with peripheral seal—laboratory processed—mandibular
D9110	Palliative (emergency) treatment of dental pain—minor procedures (<i>See Note M.</i>)
D9222	Deep sedation/general anesthesia—first 15 minutes
D9223	Deep sedation/general anesthesia—each subsequent 15-minute increment
D9243	Intravenous moderate (conscious) sedations/anesthesia—each subsequent 15-minute increment
D9410	House/extended care facility call
D9450	Case presentation, detailed and extension treatment planning
D9912	Pre-visit patient screening (<i>See Note O.</i>)
D9920	Behavioral management—per visit
D9930	Treatment of complications (postsurgical)—unusual circumstances, by report
D9932	Cleaning and inspection of removable complete denture—maxillary (<i>See Note C.</i>)
D9933	Cleaning and inspection of removable complete denture—mandibular (<i>See Note C.</i>)
D9934	Cleaning and inspection of removable partial denture—maxillary (<i>See Note C.</i>)
D9935	Cleaning and inspection of removable partial denture—mandibular (<i>See Note C.</i>)
D9995	Teledentistry—synchronous, real-time encounter (reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service) (<i>See Note A.</i>)
D9996	Teledentistry—asynchronous, information stored and forwarded to dentist for subsequent review (reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service) (<i>See Note A.</i>)
D9999	Unspecified adjunctive procedure, by report

Notes

- A. Service is limited to two (2) preventive visits per plan year.
- B. Service is limited to one (1) per consecutive six (6) months.
- C. Service is limited to one (1) per consecutive twelve (12) months.
- D. Service is limited to one (1) per consecutive twenty-four (24) months.
- E. Service is limited to one (1) per consecutive thirty-six (36) months, when rendered on the same tooth.
- F. Service is limited to one (1) per consecutive thirty-six (36) months.
- G. Service is limited to one (1) per consecutive sixty (60) months.
- H. Service is limited to a combination of four (4) per plan year.
- I. Service is limited to four (4) per plan year.
- J. Service is limited to once per tooth per lifetime.
- K. Service is limited to one (1) per day.
- L. Service is limited to two (2) per day.
- M. Palliative care (D9110) is covered as a separate benefit if no other service, other than the exam and X-rays, was performed on the tooth during the visit.
- N. Service is limited to eight (8) per plan year.
- O. Service is limited to two (2) per plan year.
- P. Service is limited to three (3) sites per quadrant or twelve (12) sites total per lifetime for refractory pockets or in conjunction with periodontal scaling and root planing (D4341 and D4342).

- Q. Service is limited to those done more than twelve (12) months after the initial insertion and limited to one (1) per consecutive six (6) months. Adjustments within the first twelve (12) months are not billable and are covered under the initial provision of dentures.
- R. Service is limited to one (1) site per visit.
- S. Service is limited to two (2) per six (6) months.
- T. Service is limited to two (2) per twelve (12) months.
- U. Service is limited to two (2) per tooth per lifetime.

The plan will not cover dental services, cosmetic procedures or services for which it was determined the member was not eligible under the plan benefits. Please contact Enrollee Services at 1-877-700-6996 (TRS 711), 8 a.m.–8 p.m., Monday–Friday. (Oct. 1–March 31, seven days a week.)

Notice of nondiscrimination

Fallon Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Fallon Health does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Fallon Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at the phone number on the back of your member ID card, or by email at cs@fallonhealth.org.

If you believe that Fallon Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Compliance Director
Fallon Health
10 Chestnut St.
Worcester, MA 01608

Phone: 1-508-368-9988 (TRS 711)

Email: compliance@fallonhealth.org

Grievances can be filed in-person or by mail, fax or email. If help is needed, the Compliance Director is available to assist you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal (<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>) or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, D.C., 20201

Phone: 1-800-368-1019 (TDD: 1-800-537-7697)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-700-6996 (TTY: TRS 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-700-6996 (TTY: TRS 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-700-6996 (TTY: TRS 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-700-6996 (TTY : TRS 711) 。

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-700-6996 (TTY: TRS 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-700-6996 (TTY: TRS 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-700-6996 (телетайп: TRS 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-700-6996 (رقم هاتف الصم والبكم: TRS 711).

Khmer/Cambodian: ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-877-700-6996 (TTY: TRS 711)។

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-700-6996 (ATS : TRS 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-700-6996 (TTY: TRS 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-700-6996 (TTY: TRS 711)번으로 전화해 주십시오.

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-700-6996 (TTY: TRS 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-700-6996 (TTY: TRS 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-700-6996 (TTY: TRS 711) पर कॉल करें।

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-700-6996 (TTY: TRS 711).