



# 2019 DENTAL BENEFITS

Alignment Health Plan **smartHMO (HMO)**



# Covered Benefits

## ALIGNMENT HEALTH PLAN SMART HMO



The following is a complete list of the dental procedures for which benefits are payable under this Plan. Non-listed procedures are not covered. This Plan does not allow alternate benefits. Members must visit a contracted provider to utilize covered benefits.

If elected, Member is responsible for all non-covered procedures.

CDT CODE	DESCRIPTION	CO-PAY	LIMITATIONS
DIAGNOSTIC SERVICES			
D0120	Periodic oral evaluation	\$0.00	1 per 6 months
D0140	Limited oral evaluation	\$0.00	1 per 6 months
D0150	Comprehensive oral evaluation	\$0.00	1 per 6 months
D0210	Intraoral, complete series of radiographic images	\$0.00	1 per 36 months
D0220	Intraoral, periapical, first radiographic image	\$0.00	
D0230	Intraoral, periapical, each additional radiographic image	\$0.00	
D0270	Bitewing, single radiographic image	\$0.00	1 every 12 months
D0272	Bitewings, two radiographic images	\$0.00	1 every 12 months
D0273	Bitewings, three radiographic images	\$0.00	1 every 12 months
D0274	Bitewings, four radiographic images	\$0.00	1 every 12 months
D0277	Vertical bitewings, 7 to 8 radiographic images	\$18.00	1 every 12 months
D0330	Panoramic radiographic image	\$30.00	1 per 36 months
PREVENTIVE SERVICES			
D1110	Prophylaxis, adult	\$0.00	1 every 6 months
D1206	Topical application of fluoride varnish	\$20.00	1 every 6 months
D1208	Topical application of fluoride, excluding varnish	\$0.00	1 every 6 months

Alignment Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Alignment Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-866-634-2247 (TTY 711): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-634-2247 (TTY 711). 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 1-866-634-2247 (TTY 711).

Alignment Health Plan is an HMO and HMO SNP plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information.