

Orthodontic Benefits and Coverages

Welcome to PacifiCare Dental! This sheet lists orthodontic procedures and their related payments under this plan. Keep this list handy as a reference to your orthodontic coverage.

Should you have any questions or concerns, please feel free to call our **Member Service Department at 800-22-TEETH (or 800-228-3384)** for more information.

MINOR TREATMENT FOR TOOTH GUIDANCE

Patient Pays

- 08110 Removable appliance therapy (children up to age 18)NOT COVERED
- 08120 Fixed appliance therapy (children up to age 18)NOT COVERED

MINOR TREATMENT TO CONTROL HARMFUL HABITS

- 08210 Removable appliance therapy (appliance for thumb sucking and tongue thrusting)NOT COVERED
- 08220 Fixed appliance therapy (appliance for thumb sucking and tongue thrusting)NOT COVERED

INTERCEPTIVE ORTHODONTIC TREATMENT

- 08360 Removable appliance therapy (children up to age 18)SEE BELOW*
- 08370 Fixed appliance therapy (children up to age 18)SEE BELOW*

* One orthodontic benefit under this plan is available per lifetime, per member. A member may access this benefit for either Interceptive Orthodontic Treatment or Comprehensive Orthodontic Treatment, or both. If both interceptive treatment and comprehensive treatment are necessary, and both are completed within a 24-month period, the copayments listed will apply. If both are necessary and active treatment for both extends beyond 24 months, the provider is obligated to accept the plan copayment only for the first 24 months of active therapy. The provider may charge usual and customary fees for active treatment extending beyond the 24-month benefit period.

COMPREHENSIVE ORTHODONTIC TREATMENT - TRANSITIONAL DENTITION

Patient Pays

- Start-up Services\$ 250.00
- 08460 Class I malocclusion (full upper and lower case)\$ 1,895.00
- Class I malocclusion (full upper or lower case)\$ 950.00
- 08470 Class II malocclusion (full upper and lower case)\$ 1,895.00
- Class II malocclusion (full upper or lower case)\$ 950.00
- 08480 Class III malocclusion (full upper and lower case)\$ 1,895.00
- Class III malocclusion (full upper or lower case)\$ 950.00

COMPREHENSIVE ORTHODONTIC TREATMENT - PERMANENT DENTITION

- Start-up Services\$ 250.00
- 08560 Class I malocclusion (full upper and lower case)\$ 1,895.00
- Class I malocclusion (full upper or lower case)\$ 950.00
- 08570 Class II malocclusion (full upper and lower case)\$ 1,895.00
- Class II malocclusion (full upper or lower case)\$ 950.00
- 08580 Class III malocclusion (full upper and lower case)\$ 1,895.00
- Class III malocclusion (full upper or lower case)\$ 950.00

OTHER ORTHODONTIC DEVICES

- 08650 Treatment of an atypical or extended skeletal case.....NOT COVERED
- 08750 Post-treatment stabilization/retention (children up to age 18; beyond 24-month period)\$ 250.00
- Post-treatment stabilization/retention (adult; beyond 24-month period)\$ 300.00

FINAL RECORDS\$ 150.00



PacifiCare®
Dental & Vision Administrators

Post Office Box 25187
Santa Ana, California 92799

www.pacificare-dental.com

Member Service
800-228-3384

© PacifiCare Dental & Vision Administrators
PCD #560-C
R902PCD

ORTHODONTIC INFORMATION SHEET

*Discount Access
Orthodontic
Program for
Dental PPO and
Indemnity Plan
Participants*

PacifiCare®
Dental & Vision Administrators

Orthodontics (Braces)

To take advantage of the PacifiCare Dental Discount Access Orthodontic Program, a patient must:

- Be an eligible member currently enrolled in a PacifiCare Dental & Vision Administrators dental PPO or indemnity plan;
- Not be subject to any listed exclusion for orthodontic coverage;
- See a PacifiCare Dental contracted orthodontist. Contact Member Service at 1-800-22-TEETH (or, 1-800-228-3384) for the names of orthodontists in your area.

PacifiCare Dental Discount Access Orthodontic Program:

1. Start-up services including:

- Panographic radiographs
- All needed tracings
- All diagnostic/study models
- All photographs
- All case studies

Patient copayment: \$250

(Services performed by outside laboratories are not a benefit; therefore, the cost is entirely the patient's responsibility.)

2. All treatment performed during a 24-month period including:

- Consultations and all office visits
- All needed fixed and/or removable appliances (including headgear) required to adequately complete treatment in a satisfactory manner, subject to the limitations and exclusions of the plan.
- Banding
- Retention, if required within a 24-month covered treatment period.

Patient copayment: See the *Discount Access Orthodontic Program* schedule included on the other side of this sheet.

If orthodontic treatment requires more than 24 months, patients may be charged the orthodontist's regular fees for additional monthly visits as needed, as well as copayments for retention (see item #3 below).

3. Retention is included in the full treatment copayment if started during the 24-month active treatment coverage period. If retention is begun after the 24-month treatment period, then an additional retention copayment is applicable.

Patient pays: \$250 for children up to age 18 (includes upper and lower retainers).

Patient pays: \$300 for adults age 18 and older (includes upper and lower retainers).

4. Final records are covered if required by your orthodontist, including photographs, models, radiographs or other studies.

Patient pays: \$150

(Services performed by outside laboratories are not a benefit; therefore, the cost is entirely the patient's responsibility.)

5. The following are not covered orthodontic benefits:

- Lost, stolen, or broken appliances
- Treatment in progress prior to the effective date of PacifiCare Dental coverage
- Extractions required for orthodontic purposes
- Surgical orthodontics or jaw repositioning
- Myofunctional therapy
- Cleft palate
- Micrognathia
- Macroglossia
- Hormonal imbalances
- Orthodontic retreatment when initial treatment was rendered under this plan
- Palatal expansion appliances

6. If a treatment plan is for less than 24 months, then a prorated portion of the full patient payment shall apply.

7. If patient's dental eligibility ends, for whatever reason, and the patient is receiving orthodontic treatment under the plan, the remaining cost for that treatment will be prorated at the orthodontist's usual fees over the number of months of treatment remaining. The patient will be responsible for the payment of this balance under the terms and conditions pre-arranged with the orthodontist.

8. If the patient has the orthodontist perform a "diagnostic work-up" (a consultation and diagnosis) and then decides to forgo the treatment program, they will be charged a \$50 consultation fee, plus any lab costs incurred by the orthodontist.

9. A patient is eligible for only one orthodontic treatment plan per lifetime.

10. The Discount Access Orthodontic Program is not available outside the state of California.