



ORTHODONTIC SERVICES

All orthodontic procedures as listed herein are payable at 50% by Health Resources, Inc. up to the maximum benefit payment per month and the maximum lifetime benefit.

Limited Orthodontic Treatment

08010	Primary Dentition
08020	Transitional Dentition
08030	Adolescent Dentition
08040	Adult Dentition

Interceptive Orthodontic Treatment

08050	Primary Dentition
08060	Transitional Dentition

Comprehensive Orthodontic Treatment

08070	Transitional Dentition
08080	Adolescent Dentition
08090	Adult Dentition

Treatment to Control Harmful Habits

08210	Removable Appliance Therapy
08220	Fixed Appliance Therapy

Surgical Procedure

07291	Transseptal Fiberotomy
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BENEFIT PAYMENTS LIMITED TO A LIFETIME MAXIMUM OF \$1,000.00

1. Claims for orthodontic procedures are payable only until the covered child reaches 19 years of age (regardless of FTS status), and whether or not treatment has been completed or maximum lifetime orthodontic 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 will be made monthly up to a maximum of \$41.70 per month.
3. Benefit payments for orthodontic services are IN ADDITION TO the maximum annual benefit payments for non-orthodontic services.
4. Benefit payments stop when coverage or treatment ends, even if total payments have not reached the lifetime maximum.
5. To receive maximum benefit, patient must be in active orthodontic treatment a minimum of two years.

PRE-EXISTING CONDITIONS

1. Benefits may be paid even if orthodontic services began before dental coverage.
2. The dentist providing orthodontic services must identify to HRI when orthodontic services began, the estimated total time for treatment, and the total cost for treatment.
3. The total cost for treatment will be divided between two periods:
Period #1: the date treatment started to the date dental coverage began;
Period #2: the date dental coverage began to the date dental coverage should be completed.
4. The cost allocated to Period #1 WILL NOT BE COVERED by HRI.
5. The cost allocated to Period #2 will be covered FOR THE TIME REMAINING IN THE TREATMENT PROGRAM. Payments are subject to the limitations previously described.

CHILDREN'S ORTHODONTIC BENEFIT RIDER - OPTION "B" \$1000.00