

Excerpt from Sanford Health Plan – Plan Brochure
Section 4(f) Dental benefits

Benefit Description

Pediatric (Child) Dental Care

Coverage is provided for emergency, preventive and routine dental care for Members up to age nineteen (19). Pediatric dental services will terminate at the end of the month in which the member reaches nineteen (19). Covered pediatric services include:

PEDIATRIC DIAGNOSTIC SERVICES

- Routine oral evaluations allowed twice during calendar year
- Full mouth X-rays allowed once every five (5) years
- Bitewing X-rays allowed twice during calendar year
- Single tooth X-rays as medically indicated

PEDIATRIC PREVENTIVE SERVICES

- Prophylaxis (cleanings) allowed twice during a calendar year
- Topical fluoride applications allowed twice during a calendar year
- Sealants on unfilled, undecayed permanent molars and bicuspids. Benefits are limited to one (1) sealant per tooth every three (3) years
- Space maintainers

PEDIATRIC RESTORATIVE SERVICES

- Fillings once every two (2) years per surface per tooth
- Inlays, onlays and crowns (not part of a fixed partial Denture) limited to one (1) per tooth every five (5) years.

PEDIATRIC ENDODONTICS

- Pulpotomy, pulp capping, root canal therapy, apicoectomy, root amputation, hemisection, bleaching of endodontically treated anterior permanent teeth.

PEDIATRIC PERIODONTICS

- Periodontal surgery
- Periodontal scaling and root planning once every two (2) years, per quadrant
- Gingivectomy or gingivoplasty, four (4) or more teeth limited to one every three (3) years

PEDIATRIC PROSTHODONTICS

- Dentures (complete and partial) once every five (5) years

Tissue conditioning

- Relining of immediate dentures once during the year after insertion
- Relining or rebasing of complete and partial dentures other than in item above, allowed once every three (3) years.
- Medically necessary implants limited to one (1) every five (5) years

PEDIATRIC ORAL AND MAXILLOFACIAL SURGERY

- Simple extractions
- Surgical extractions
- Oral maxillofacial surgery including fracture and dislocation treatment, frenulectomy and cyst and abscess diagnosis and treatment

PEDIATRIC MEDICALLY NECESSARY ORTHODONTICS

- Orthodontic care that is directly related to and an integral part of the medical and surgical correction of a functional impairment resulting from a congenital defect anomaly or required because of injury, accident or illness that damages proper alignment of biting or chewing surfaces of upper and lower teeth.

PEDIATRIC ADJUNCTIVE GENERAL SERVICES

- Palliative (emergency) treatment of dental pain
- Anesthesia services

Not Covered:

- *Dental care and treatment (routine or non-routine) for Members ages nineteen (19) and older including but not limited to: natural Teeth replacements including crowns, bridges, braces or implants; diagnosis and treatment for Temporomandibular Joint (TMJ) Dysfunction and/or Temporomandibular Disorder (TMD); extraction of wisdom teeth; hospitalization for extraction of teeth; dental x-rays or dental appliances; shortening of the mandible or maxillae for cosmetic purposes; services and supplies related to ridge augmentation, implantology, and preventive vestibuloplasty; and dental appliances of any sort, including but not limited to bridges, braces, and retainers, appliances for treatment of TMJ/TMD*
- *Services determined to be cosmetic by the Plan*
- *Dental services not specifically listed as Covered by this Policy*