



dental health OPTIONS™

by Health Resources, Inc.

Adult & Dependent
Orthodontic
Benefit Rider

TYPE	ORTHODONTIC LIFETIME MAX	BENEFIT
A-Ortho Adult & Dep.	\$1500	\$62.50 Monthly benefit received during treatment/enrollment

All orthodontic procedures as listed herein are payable at 50% by Health Resources, Inc. (HRI) up to the maximum benefit payment per month and the LIFETIME MAXIMUM BENEFIT.

Limited Orthodontic Treatment
 D8010 Primary Dentition
 D8020 Transitional Dentition
 D8030 Adolescent Dentition
 D8040 Adult Dentition

Comprehensive Orthodontic Treatment
 D8070 Transitional Dentition
 D8080 Adolescent Dentition
 D8090 Adult Dentition

Interceptive Orthodontic Treatment
 D8050 Primary Dentition
 D8060 Transitional Dentition

Treatment to Control Harmful Habits
 D8210 Removable Appliance Therapy
 D8220 Fixed Appliance Therapy

1. Claims for orthodontic procedures are payable only until the covered dependent reaches the employer group's maximum dependent age & whether or not treatment has been completed or maximum lifetime orthodontics 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.
3. Benefit payments for orthodontic services are IN ADDITION to the maximum annual benefit payments for non-orthodontic services.
4. Benefit payments stop when plan coverage ends, even if total payments have not reached the lifetime maximum & whether or not treatment has been completed.
5. To receive maximum benefit, patient must be in active orthodontic treatment a minimum of two years.
6. A lifetime maximum benefit is the maximum amount HRI will pay in orthodontic benefits to a covered person during that individual's lifetime. Once an individual has exhausted his or her lifetime maximum benefit under any HRI plan, additional charges will be excluded.
7. 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.
8. Benefits may be paid even if orthodontic services began before dental coverage. The total cost for treatment will be divided between two periods:
 - a. Period #1: the date treatment started to the date dental coverage began (this cost will NOT be covered);
 - b. Period #2: the date dental coverage began to the date when treatment should be completed (this cost will be covered for the time REMAINING in the treatment program).

Payments are subject to the limitations previously described.
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