AMERICAN PUBLIC LIFE
Expanding the Benefits Horizon™

Patient Name: GABRIELLE HENDERSON
Effective Date: 12/01/2021
Policy Certificate Number: 02113886
Coverage Status: Currently Active

Calendar Year Maximum: $1500.00 per covered insured
Calendar Year Deductible: $50.00 per covered insured up to $150.00 per family
(Deductible does not apply to preventive expenses)

The above listed policy provides benefits for covered services based on a percentage of the usual and customary charges of the service region as follows:

Category of Expense	% of Covered Expenses	Waiting Period (in Months)
Preventative Expenses	100% of UCR	0
Radiographs – FMX Expenses	80% of UCR	0
Basic Expenses	80% of UCR	0
Basic Restorative Expenses	80% of UCR	0
Major Expenses	40% of UCR	12
Endodontic Expenses	40% of UCR	12
Periodontic Expenses	40% of UCR	12
Prosthodontic Repair Expenses	40% of UCR	12
Oral Surgery Expenses	40% of UCR	12

The frequencies for services are as follows:

Service	Frequency
Prophys/Cleanings	Once every 6 months
Exams	2 per 12 month period
Bitewings	Once per 12 month period
Full Mouth X-Rays and Panoramics	Once every 5 years
Crowns and Bridges	Once every 7 years (per tooth)
Partials and Dentures	Once every 5 years

This policy does have a missing tooth clause.
TMJ services are not covered.
Orthodontic treatment is not covered.
Implants placement, removal and all related services are not covered.

Claims May be submitted to our office via:

Electronically:
Payor ID: 60801

Mail to:
American Public Life
P.O. Box 248950
Oklahoma City, OK 73124 - 8950

Fax to:
1.877.365.9423
ATTN: Claims Department

Please note that any verification of coverage provided in this correspondence does not constitute a guarantee of payment. This correspondence in no way alters or amends the policy contract. For a complete list of exclusions, conditions, terms, and limitations, please contact our office at 1.800.256.8606.

SCHEDULE OF COVERED DENTAL SERVICES AND PROCEDURES

PROCEDURE CODE	SERVICE	LIMITATION
	PREVENTIVE EXPENSES	
00120	Periodic oral evaluation	(u)
00150	Comprehensive oral evaluation – new or established patient	(u)
00270	Bitewing – single film	(v)
00272	Bitewing – two films	(v)
00274	Bitewing – four films	(v)
01110	Prophylaxis – adult	(a)
01120	Prophylaxis – child	(a) (e)
01201	Topical application of fluoride (including prophylaxis) – child	(e) (d)
01203	Topical application of fluoride (prophylaxis not included) – child	(e) (d)
01204	Topical application of fluoride (prophylaxis not included) – adult	(c) (d)
01205	Topical application of fluoride (including prophylaxis) – adult	(c) (d)
01351	Sealant – per tooth	(b) (g) (e)
01510	Space maintainer – fixed unilateral	(e) (bb)
01515	Space maintainer – fixed – bilateral	(e) (bb)
01520	Space maintainer – removable – unilateral	(e) (bb)
01525	Space maintainer – removable – bilateral	(e) (bb)
01550	Re – cementation of space maintainer	(z)
	RADIOGRAPHS – FMX EXPENSES	
00210	Intraoral – complete series (including bitewings)	(ff)
00330	Panoramic film	(ff)
	BASIC EXPENSES	
00140	Limited oral evaluation – problem focused	(u)
00160	Detailed and extensive oral evaluation – problem focused, by report	(u)
00220	Intraoral – periapical first film	
00230	Intraoral – periapical each additional film	
00240	Intraoral – occlusal film	
00250	Extraoral – first film	
00260	Extraoral – each additional film	
00277	Vertical bitewings – 7 to 8 films	(ff)
00290	Posterior – anterior or lateral skull and facial bone survey film	
00310	Sialography	
00415	Bacteriologic studies for determination of pathologic agent	
00460	Pulp vitality tests	
00472	**Accession of tissue, gross examination, preparation and transmission of written report**	
07111	Coronal remnants – deciduous tooth	(r)
07140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	(r)
09110	Palliative (emergency) treatment of dental pain – minor procedure	
09310	**Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)**	
	BASIC RESTORACTIVE EXPENSES	
02140	Amalgam – one surface, primary or permanent	(o) (l)
02150	Amalgam – two surfaces, primary or permanent	(o) (l)