

Advantage plan, just the optional supplemental benefits portion. Your statement should include your name, Member ID and signature. Any premium overpayments will be applied to your regular monthly plan premium, if you have one, or you can request to have the overpayment refunded to you. Once you have disenrolled from these benefits, you will not be able to re-enroll until the next Annual Enrollment Period.

| Optional supplemental benefits | What you must pay when you get these services |
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| <p>Optional supplemental package 1 – Preventive dental package</p> <p>As a Supplemental Benefit, these services are not routinely covered under Original Medicare. They are offered for an additional premium through this Optional Supplemental Package 1 – Preventive Dental Package.</p> | |
| <p>Premium</p> | <p>\$13.00 monthly premium</p> |
| <p>Dental services</p> <p>Preventive dental services include the following procedures, limitations and codes listed below:</p> <p>Two oral exams each year (from the following codes):</p> <ul style="list-style-type: none"> • D0120 – Periodic oral evaluation – established patient • D0140 – Limited oral evaluation – problem focused • D0150 – Comprehensive oral evaluation – new or established patient • D0160 – Extensive oral exam problem focused • D0170 – Re-evaluation-limited problem focused • D0180 – Comprehensive periodontal evaluation – new or established patient <p>Dental X-rays include one full-mouth <u>or</u> panoramic X-ray <u>and</u> one set/series of bitewing X-rays each year <u>and</u> up to seven periapical images per calendar year.</p> <ul style="list-style-type: none"> • D0210 – Intraoral – complete series (including bitewings) • D0220 – Intraoral – periapical first radiographic image • D0230 – Intraoral – periapical each additional radiographic image | <p>The plan will pay up to \$500 for preventive dental benefits each year (benefit maximum).</p> <p>Coverage is available from LIBERTY Dental providers only.</p> <p>Talk to your provider and confirm all coverage, costs and codes prior to services being rendered.</p> <p>You pay no copay for the preventive dental benefits listed.</p> <p>Exclusions & Limitations:</p> <ul style="list-style-type: none"> • Services must be rendered by a contracted provider. • You must pay any extra costs or services outside of the dental codes and coverage outlined in this section directly to the provider. • Restorative dental (fillings) & endodontic, periodontic and oral surgery services are excluded. |

| Optional supplemental benefits | What you must pay when you get these services |
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| <ul style="list-style-type: none"> • D0270 – Bitewings – single film • D0272 – Bitewings – two films • D0274 – Bitewings – four films • D0277 – Vertical bitewings – 7 to 8 radiographic images • D0330 – Panoramic film <p>Two cleanings per year</p> <ul style="list-style-type: none"> • D1110 – Prophylaxis – adult <p>Two fluoride treatments per year</p> <ul style="list-style-type: none"> • D1208 – Topical application of fluoride | <ul style="list-style-type: none"> • Claims for covered benefits must be filed directly with the contracted provider and not the plan. • Your costs for these services will not count toward your maximum out-of-pocket amount. |
| <p>Optional supplemental package 2 – Dental and vision package</p> <p>As a Supplemental Benefit, these services are not routinely covered under Original Medicare. They are offered for an additional premium through this Optional Supplemental Package 2 – Dental and Vision Package.</p> | |
| Premium | \$32.00 monthly premium |
| <p>Dental services</p> <p>Preventive dental services include the following procedures, limitations and codes listed below:</p> <p>Two oral exams each year (from the following codes):</p> <ul style="list-style-type: none"> • D0120 – Periodic oral evaluation – established patient • D0140 – Limited oral evaluation – problem focused • D0150 – Comprehensive oral evaluation – new or established patient • D0160 – Extensive oral exam problem focused • D0170 – Re-evaluation-limited problem focused • D0180 – Comprehensive periodontal evaluation – new or established patient | <p>The plan will pay up to \$1,000 for dental benefits each year (benefit maximum).</p> <p>Coverage is available from LIBERTY Dental providers only.</p> <p>Talk to your provider and confirm all coverage, costs and codes prior to services being rendered.</p> <p>You pay no copay for the preventive dental services listed.</p> <p>You pay 20% as your portion of the covered charges for restorative dental services (fillings) listed.</p> <p>You pay 50% as your portion of the covered charges for endodontic, periodontic, and oral surgery dental</p> |