




**Chapter 4. Medical Benefits Chart (what is covered and what you pay)**

Services that are covered for you	What you must pay when you get these services
<p><b>Chiropractic services</b></p> <p>Covered services include:</p> <ul style="list-style-type: none"> <li>We cover only manual manipulation of the spine to correct subluxation</li> </ul> <p><b>Note:</b> Office visits, therapeutic modalities (i.e., physical therapy) and X-rays performed or ordered by a Chiropractor are not covered.</p>	<p>\$20 copay per visit for Medicare-covered chiropractic service.</p>
<p> <b>Colorectal cancer screening</b></p> <p>For people 50 and older, the following are covered:</p> <ul style="list-style-type: none"> <li>Flexible sigmoidoscopy (or screening barium enema as an alternative) every 48 months</li> </ul> <p>One of the following every 12 months:</p> <ul style="list-style-type: none"> <li>Guaiaac-based fecal occult blood test (gFOBT)</li> <li>Fecal immunochemical test (FIT)</li> </ul> <p>DNA based colorectal screening every 3 years</p> <p>For people at high risk of colorectal cancer, we cover:</p> <ul style="list-style-type: none"> <li>Screening colonoscopy (or screening barium enema as an alternative) every 24 months</li> </ul> <p>For people not at high risk of colorectal cancer, we cover:</p> <ul style="list-style-type: none"> <li>Screening colonoscopy every 10 years (120 months), but not within 48 months of a screening sigmoidoscopy</li> </ul>	<p>There is no coinsurance, copay, or deductible for a Medicare-covered colorectal cancer screening exam.</p>
<p><b>Dental services</b></p> <p>In general, preventive dental services (such as cleaning, routine dental exams, and dental x-rays) are not covered by Original Medicare. We cover:</p> <p>Non-routine dental care (covered services are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic cancer disease, or services that would be covered when provided by a physician) for Medicare-covered dental services.</p>	<p><b>Prior authorization is required for Medicare-covered comprehensive dental services. Contact Member Services for more information.</b></p> <p>\$20 copay per visit for Medicare-covered dental services.</p>

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<p><b>Dental services* (additional benefits)</b> We also cover the following additional dental services and supplies not covered by Medicare*:</p>	
<p><b>Annual Deductible: N/A</b> <b>Annual Maximum: N/A</b></p>	
<p><b>PREVENTIVE SERVICES</b></p>	
<p><b><u>Clinical Oral Evaluations</u></b> <b>2 evaluations per 12 consecutive months (combined with D0150)</b> D0120 – Periodic oral evaluation D0150 – Comprehensive oral evaluation – new or established patient <i>Comprehensive oral evaluations (D0150) are limited to 1 per lifetime, per dentist but also count against the 2 evaluation limit per 12 consecutive months</i></p>	<p>\$0 copay</p>
<p><b><u>Diagnostic Imaging (X-rays)</u></b> <b>1 set per year</b> D0270 – Bitewing – single radiographic image D0272 – Bitewings – two radiographic images D0273 – Bitewings – three radiographic images D0274 – Bitewings – four radiographic images D0277 – Vertical bitewings – 7-8 radiographic images <i>Any of the above codes constitute one set.</i></p> <p><b>1 set every 3 years</b> D0210 – Intraoral – complete series of radiographic images D0330 – Panoramic radiographic image <i>Any of the above codes constitute one set. Intraoral and panoramic imaging services count against the 1 set per year limit</i></p>	<p>\$0 copay</p>
<p><b><u>Dental Prophylaxis (Cleanings)</u></b> <b>2 per consecutive 12 months</b> D1110 – Prophylaxis – adult</p>	<p>\$0 copay</p>

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<b>COMPREHENSIVE SERVICES</b>	
<p><b><u>Denture Adjustments, Repairs and Relines</u></b>  <b>2 per year</b>            D5410 – Adjust complete denture – maxillary            D5411 – Adjust complete denture – mandibular            D5421 – Adjust partial denture – maxillary            D5422 – Adjust partial denture – mandibular</p>	\$0 copay
<p><b><u>Extractions</u></b>  <b>Up to 2 per year for an erupted or exposed tooth. Includes local anesthetic, suturing and routine postoperative care.</b>            D7140 – Extraction, erupted tooth or exposed root (elevation and/or forceps removal)</p>	\$0 copay
<p><b>*Amounts you pay for these additional dental services and supplies do not count toward your in-network out-of-pocket maximum amount.</b></p>	
<p>Benefits are subject to the terms of coverage in effect on the date services are received and may change if the benefits or the proposed treatment plan changes. Predeterminations or pre-estimates are not a guarantee of payment. Benefits may change from one year to the next if a treatment plan spans two years. Please check your benefits in effect for the date services are rendered to determine what coverage is in effect.</p>	
<p> <b>Depression screening</b>            We cover one screening for depression per year. The screening must be done in a primary care setting that can provide follow-up treatment and/or referrals.</p>	There is no coinsurance, copay, or deductible for an annual depression screening visit.
<p> <b>Diabetes screening</b>            We cover this screening (includes fasting glucose tests) if you have any of the following risk factors: high blood pressure (hypertension), history of abnormal cholesterol and triglyceride levels (dyslipidemia), obesity, or a history of high blood sugar (glucose). Tests may also be covered if you meet other requirements, like being overweight and having a family history of diabetes.</p>	There is no coinsurance, copay, or deductible for the Medicare covered diabetes screening tests.