

KelseyCare Advantage
★ ★ ★ ★ ★

2023

DENTAL COMPANION

Platinum and Gold Freedom Plans



YOUR DENTAL BENEFITS EXPLAINED

KelseyCare Advantage


We'll give you something to smile about! Brushing, flossing, and cleanings are just part of what keeps you having a lifetime of healthy smiles.

All KelseyCare Advantage plans come with preventive dental care but with KelseyCare Advantage **Platinum** and **Gold Freedom**, additional and more comprehensive services are also included at no cost.

\$2,000 Annual Benefit Maximum for both Preventive and Comprehensive services combined

\$0 Annual deductible

No out-of-network benefits.

No waiting periods.

Percentage of Covered Benefits Per Policy Year:

★ 50% member cost-share for comprehensive services

HERE'S WHAT'S COVERED

PREVENTIVE PROCEDURES

Code	Procedure	Your Responsibility
Oral Evaluations – 1 every 12 months		
D0120	Periodic oral evaluation*	0%
D0140	Limited oral evaluation	0%
D0150	Comprehensive oral evaluation, new or established	0%
D0160	Extensive oral evaluation problem focus	0%
Diagnostics/Imaging – 1 every 12 months		
D0210	Intraoral, complete series (including bitewings)**	0%
D0220	Intraoral, periapical first film	0%
D0230	Intraoral, periapical each additional film	0%
D0240	X-ray, Intraoral-Occlusal film	0%
D0270	Bitewings, single film	0%
D0272	Bitewings, two films	0%
D0273	Bitewings, three films	0%
D0274	Bitewings, four films	0%
D0277	Vert bitewings, 7 to 8 images	0%
D0330	Panoramic film**	0%
Preventive – 1 every 6 months		
D1110	Prophylaxis, adult	0%

*1 every 6 months

**Panoramic Film (D0330) may be taken in place of Intraoral-Complete Series (D0210)

COMPREHENSIVE PROCEDURES

Code	Procedure	Your Responsibility
Restorative – 1 every 12 months		
D2140	Amalgam, one surface, primary or permanent	50%
D2150	Amalgam, two surface, primary or permanent	50%
D2160	Amalgam, three surface, primary or permanent	50%
D2161	Amalgam, four surfaces or more, primary or permanent	50%
D2330	Resin-based composite, one surface, anterior	50%
D2331	Resin-based composite, two surfaces, anterior	50%
D2332	Resin-based composite, three surfaces, anterior	50%
D2335	Resin-based composite, four or more surfaces, anterior	50%
D3291	Resin-based composite, one surface, posterior	50%
D2392	Resin-based composite, two surfaces, posterior	50%
D2393	Resin-based composite, three surfaces, posterior	50%
D2394	Resin-based composite, four or more surfaces, posterior	50%
Endodontics – 1 every 12 months		
D3110	Pulp cap direct	50%
D3120	Pulp cap indirect	50%
D3310	End therapy, anterior tooth**	50%
D3320	End therapy, bicuspid tooth**	50%
D3330	End therapy, molar**	50%
D3346	Retreat root canal, anterior	50%
D3347	Retreat root canal, bicuspid	50%
D3348	Retreat root canal, molar	50%

**1 per lifetime

Code	Procedure	Your Responsibility
Periodontics – 1 every 12 months		
D4341	Periodontal scaling and root planning, per quadrant	50%
D4342	Periodontal scaling and root planning, 1-3 teeth	50%
D4355	Full mouth debridement	50%
D4910	Periodontal maintenance*	50%
Prosthodontics, Removable – 1 every 60 months		
D5110	Complete denture, maxillary	50%
D5120	Complete denture, mandibular	50%
D5130	Immediate denture, maxillary (in lieu of D5110)	50%
D5140	Immediate denture, mandibular (in lieu of D5120)	50%
D5211	Dentures maxillary, part resin	50%
D5212	Dentures mandible, part resin	50%
D5213	Maxillary partial denture, cast metal framework	50%
D5214	Mandibular partial denture, cast metal framework	50%
D5221	Immediate maxillary partial denture- resin based	50%
D5222	Immediate mandibular partial denture- resin based	50%
D5225	Maxillary part denture flex	50%
D5226	Mandibular part denture flex	50%

*1 every 6 months

Code	Procedure	Your Responsibility
Adjustments to Dentures		
D5410	Adjust complete denture, maxillary	50%
D5411	Adjust complete denture, mandibular	50%
D5421	Adjust partial denture, maxillary	50%
D5422	Adjust partial denture, mandibular	50%
Repairs to Complete Denture		
D5511	Repair broken complete denture base, mandibular	50%
D5512	Repair broken complete denture base, maxillary	50%
D5520	Replace missing or broken teeth, complete denture	50%
Repairs to Partial Dentures		
D5611	Repair resin denture base, mandibular	50%
D5612	Repair resin denture base, maxillary	50%
D5621	Repair cast partial framework, mandibular	50%
D5622	Repair case partial framework, maxillary	50%
D5630	Repair partial denture clasp	50%
D5640	Replace broken teeth, per tooth	50%
D5650	Add tooth to partial denture	50%
D5660	Add clasp to partial denture	50%
D5730	Denture reline complete, maxillary denture	50%
D5731	Denture reline complete, mandibular denture	50%
D5740	Denture reline, maxillary, partial denture chairside	50%
D5741	Denture reline, mandibular, partial denture chairside	50%
D5750	Denture reline complete, maxillary denture chairside	50%
D5751	Denture reline complete, mandibular denture chairside	50%
D5760	Denture reline partial maxillary lab	50%
D5761	Denture reline partial mandibular lab	50%
D5850	Denture tissue conditioning, maxillary	50%
D5851	Denture tissue conditioning, mandibular	50%

Code	Procedure	Your Responsibility
Prosthodontics, Fixed – 1 every 60 months		
D6210	Prosthodontics high noble metal	50%
D6211	Bridge base metal cast	50%
D6212	Bridge noble metal cast	50%
D6214	Bridge titanium and titanium alloys	50%
D6240	Bridge porcelain fused to predominantly base metal	50%
D6241	Bridge porcelain base metal	50%
D6242	Bridge porcelain noble metal	50%
D6245	Bridge porcelain/ceramic	50%
D6740	Crown porcelain/ceramic	50%
D6750	Retainer crown, porcelain fused to high noble metal	50%
D6751	Crown porcelain base metal	50%
D6752	Crown porcelain noble metal	50%
D6790	Retainer crown, full cast, high noble metal	50%
D6791	Crown 3/4 porcelain/ceramic	50%
D6792	Crown full noble metal cast	50%
D6794	Retainer crown, titanium and titanium alloys	50%
D6930	Dental re-cement bridge	50%
Oral and Maxillofacial Surgery		
D7140	Extraction, erupted tooth or exposed root	50%
D7210	Surgical removal of erupted tooth	50%
Adjunctive General Services		
D9110	Palliative (emergency) treatment of dental plan	50%

*Total reimbursement does not include lab costs. Lab fees are the member's responsibility.

KelseyCare Advantage

Need help locating an in-network provider?

1 Call FCL dental at 1-877-493-6282

or KelseyCare Advantage at 1-866-535-8343 (TTY:711)

Hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 – March 31. From April 1 – September 30, Monday through Friday, hours are 8:00 a.m. to 8:00 p.m. local time.

2 Visit fclidental.com/provider-search

When scheduling an appointment:

1 Make sure you are seeing an in-network provider

2 Present your KelseyCare Advantage ID card to your FCL Dental provider

3 Discuss what services are covered on your KelseyCare Advantage plan

KelseyCare Advantage is offered by KS Plan Administrators, LLC, a Medicare Advantage HMO with a Medicare contract. Enrollment in KelseyCare Advantage depends on contract renewal.