

**MASTER GROUP CONTRACT  
HEALTH RESOURCES, INC.**

THE PURPOSE OF THIS Master Group Contract between HEALTH RESOURCES, INC. (hereinafter "HRI"), and legal business entity City of Mishawaka, (hereinafter "Employer"), is to provide dental care benefits, through HRI to eligible employees of Employer ("Eligible Employees") and their eligible dependents as defined in the Planbook and as defined below, ("Eligible Dependents") upon the following terms and conditions.

**CONTRACT**

**1. Benefits Provided.**

HRI shall make available to enrolled Eligible Employees and their enrolled Eligible Dependents (collectively "Members" and singularly "Member"), the dental care benefits described in HRI's Planbook and any amendments thereto ("Planbook"). HRI may amend the Planbook, including coverages and exclusions, upon 30 days written notice to the Employer (only as it pertains to changes prescribed by the American Dental Association's *Code on Dental Procedures and Nomenclature*). Employer shall notify enrolled employees of the availability of copies of planbooks upon request and/or that copies of planbooks can be obtained at HRI's website. Planbooks shall set forth the benefits to which the Members may be entitled, the limitations to those benefits and the conditions under which those benefits will be provided. The Planbook available to each Member constitutes the Member's evidence of coverage. Each employee Member will also receive an identification card.

HRI's online materials serve as the primary source of information for the group, members, dentists and producers. Printed documents are based on information at a certain point in time and may not be inclusive of all benefits, restrictions and limitations.

**2. Eligible Employees, Charges and Personal Health Information (PHI).**

Eligible Employees and their Eligible Dependents whose applications are accepted by HRI and who are not terminated from the plan are "Enrolled Employees" and "Enrolled Dependents", respectively.

- a. Services covered are stated herein. Limitations to Covered Procedures, General Exclusions, and Annual Maximum Benefit Payments available per subscriber per contract year are also listed in both the Planbook and herein. If there are any discrepancies between the Limitations to Covered Procedures, General Exclusions, and Annual Maximum stated herein and as stated in the Planbook, the provisions of this Agreement will supercede those in the Planbook.
- b. The monthly rates (hereinafter referred to as "Rates") for each Member for the dental care benefits designated herein and in the Planbook are set forth in this Agreement. These Rates shall remain fixed for the period this Contract is in effect. Thereafter, HRI reserves the right to change the Rates by giving written notice to Employer at least forty-five (45) days prior to the Anniversary Date. If HRI so changes the Rates, Employer may terminate this Contract by giving written notice of its intent to do so within such forty-five (45) days prior to the Anniversary Date. Such termination would take effect on the Anniversary Date.
- c. The protection and privacy of a member's personal health information will comply with HIPAA privacy rules and best practices that health information should not be used or disclosed when it is not necessary to satisfy a particular purpose or carry out a function. As stated in the Code of Federal Regulations (45 CFR 164.502), HRI will follow the minimum necessary standard. The minimum necessary standard requires covered entities to evaluate their practices and enhance safeguards as needed to limit unnecessary or inappropriate access to and disclosure of protected health information.

**3. Employer's Responsibilities.**

Employer agrees to:

- a. Confirm legal business name is active within the State of doing business prior to contract signing. If at any time the legal business name changes, Employer agrees to complete a new contract with HRI to continue benefits.
- b. Pay HRI the monthly Rates for each enrolled employee in the amounts, at the times and the place specified or as thereafter modified under this Contract. Employer shall make such payments regardless of any arrangement of Employer to receive from, or otherwise charge to, its Enrolled Employees all or any part of such Rates.
  - i. Premium Payment: Employer will receive a monthly invoice for premium payment associated with the prepaid HRI dental health benefit. Premium payments are due on the first day of the month for coverage of services that will be performed during that month.
  - ii. Invoicing Process: Employer is responsible for responding to the invoice and the reconciliation of the additions and terminations documented during the billing cycle and on the subscriber list.
    - (a) If payment has not been received by the next billing cycle, the invoice will be marked delinquent and the total outstanding balance provided.
    - (b) If a third billing cycle occurs with no payment, the invoice will be marked with a plan termination effective date and the total outstanding balance provided.
  - iii. Claims Payment to Providers:
    - (a) Claims are adjudicated daily.
    - (b) HRI shall use its best efforts to pay adjudicated claims within ten (10) business days, however, a claim will not be paid if the date of service occurs in a month for which the premium for the Enrollee has not cleared through the HRI Accounts Receivable process.
    - (c) HRI will not pay claims if premium payment has not been received. Notification of premium nonpayment will be communicated to network providers after 60 days of delinquency of payment.
- c. Notify each employee who hereafter becomes eligible or their dependent becomes eligible for enrollment and each employee and their dependent eligible for enrollment during any enrollment period, of his/her eligibility and the procedures for enrollment and obtain and submit to HRI applications for each such Eligible Employee desiring to enroll.
- d. When applicable, notify each Member who hereafter becomes eligible of the rights and obligations afforded him under the Consolidated Omnibus Budget Reconciliation Act of 1986 unless HRI specifically agrees to provide the foregoing services pursuant to Section 16 of this Agreement.
- e. Keep such records and furnish to HRI via paper, or HIPAA compliant electronic format such applications, notices, or periodic employment reports as may reasonably be required by HRI for the purposes of enrolling Eligible Employees under this Contract, processing terminations of coverage, effecting changes in the type of coverage of a Member by reason of a change in status, or due to changes in legal requirements relating to health care coverage including those occasioned by the Consolidated Omnibus Budget Reconciliation Act of 1986. Further, Employer agrees to supply HRI with such data via paper or HIPAA compliant electronic format as may be necessary in determining the amount payable by Employer under this Contract, or other purpose reasonably related to the administration of this Contract. The addition of an Eligible Employee and or an Eligible Dependent for coverage or the termination of a Member from coverage may extend retroactively for a period of only one month from the date of Employer's written Notification to HRI. Employer agrees that all the foregoing records and information shall be accurate and complete. HRI shall not process claims for the Employer's Eligible Employees and Eligible Dependents until such time that the Employer provides HRI accurate records, including social security numbers, for the Eligible Employees and Eligible Dependents
- f. Distribute to its Enrolled Employees the identification cards and Planbooks, and any notices or information relating to this Contract that may be addressed or directed to enrolled employees.
- g. Notify Enrolled Employees of the availability of copies of Planbooks upon request and/or that copies of Planbooks can be obtained at HRI's website.
- h. Provide reasonable opportunities for HRI to communicate with Eligible Employees, either in person or in writing, prior to their enrollment and which are consistent with opportunities provided to other

health care benefits providers and sufficient to allow employees the opportunity to make an informed decision concerning the enrollment.

- i. The Employer agrees to send all amendments to the Members including, but not limited to, amendments to the Planbook and/or to the Coverages, Limitations to Covered Procedures, General Exclusions, and Annual Maximum and any other changes that would affect the Members. The Employer agrees to provide all Members the Planbook and/or advise that the Planbook can be obtained at [www.hri-dho.com](http://www.hri-dho.com).
- j. Employer agrees to communicate to the Members that dentists participating in the HRI Dental Plan are independent contractors and are not agents or employees of HRI.
- k. Employer agrees that if the HRI Dental Plan is a voluntary plan, the Employer will not sponsor a competing dental plan for its employees or allow a competing dental plan to be offered to its employees without prior approval from HRI.
- l. The Employer agrees to undertake the responsibility of "Plan Administrator" under this Agreement and will execute all duties and obligations necessitated, required and/or set forth in this Section 3 or hereafter in this Agreement and will execute all duties and obligations of similarly situated plan administrators.
- m. Employer agrees that at all times during the effective term of this Contract that HRI shall retain the designation as claims fiduciary and have the discretionary authority to determine eligibility for benefits hereunder and to construe the terms of the Plan.
- n. Employer agrees to comply with all disclosure and reporting requirements set forth in the Employee Retirement Income Security Act ("ERISA") regarding the HRI Dental Plan and HRI's designation and authority as claims fiduciary.

#### 4. Enrollment Opportunities.

- a. Every Eligible Employee who shall have filed an application for enrollment prior to the original Effective Date of the Contract and upon HRI's acceptance of the Eligible Employee's application shall become enrolled under this Contract for the coverage described herein.
- b. Employer will add new employees and their Eligible Dependents to the group of employees initially enrolled under this Contract in writing, provided such new employees meet the then existing eligibility requirements of HRI and/or the Employer, have elected coverage and are accepted by HRI. Enrollment of new employees shall be made in accordance with the procedures set forth below.
  - i. HRI will acknowledge each individual employer's definition for "dependent(s)" as long as the definition is compliant with the guidelines set forth by the U.S. Department of Health & Human Services, Federal regulatory entities and State regulatory entities associated with health care regulations and oversight.
- c. HRI and the Employer may designate an open enrollment period ("Open Enrollment Period") during which HRI may accept applications from Eligible Employees who either elected not to enroll when initially eligible or who previously terminated their participation. Such employees shall be eligible for enrollment only during the Open Enrollment Period, unless otherwise agreed to by the parties.
- d. Coverage under this Contract for employees who are enrolled on or before the Effective Date shall commence as of the Effective Date. Thereafter, an application for enrollment from an Eligible Employee received by HRI shall result in coverage as stated in the Employer's application or written amendments.

## 5. Initial Effective Date and Term.

- a. The term of this Contract shall be for a period following the Effective Date. See *EXHIBIT CONTRACT TERMS*
- b. This Contract shall be automatically renewed for a one (1) year period every succeeding year following the Effective Date of the renewal of this plan unless an alternative renewal is mutually agreed to by both parties. HRI reserves the right to not renew this contract by giving written notice to Employer at least forty-five (45) days prior to the Anniversary Date. Employer may terminate this Contract by giving written notice of its intent to do so within such forty-five (45) days prior to the Anniversary Date. Such termination would take effect on the Anniversary Date.

## 6. Notices.

All notices or demands under this Contract shall be in writing and shall be deemed to have been duly given if delivered by hand or mail by regular mail, postage prepaid, and addressed to Health Resources, Inc., 5010 Carriage Dr., P.O. Box 659, Evansville, IN 47704-0659 and to the Employer at the address stated on the Employer application form under "Company Identification" or at such other addresses furnished by each party to the other in writing.

## 7. Limitation of Responsibility.

**HRI does not undertake to furnish any dental care services but shall pay for such services furnished to Members by independent dentists who are participating as providers in the dental plan as delineated by this Contract and in accordance with the signed agreement between such providers of care and HRI. DENTISTS PARTICIPATING IN THE HRI DENTAL PLAN ARE INDEPENDENT CONTRACTORS AND ARE NOT AGENTS OR EMPLOYEES OF HRI.**

Employer agrees that it is responsible for compliance with applicable laws governing the employer - employee relationship including, but not limited to, those created by pension and benefit plans, ERISA, Union agreements, employment contracts and the Consolidated Omnibus Budget Reconciliation Act of 1986 unless HRI specifically agrees to provide Employer certain services related to the Consolidated Omnibus Budget Reconciliation Act of 1986 pursuant to Section 16 of this Agreement.

**IN NO EVENT SHALL HRI BE LIABLE TO EMPLOYER FOR ANY INCIDENTAL OR CONSEQUENTIAL LOSSES OR INCIDENTAL, CONSEQUENTIAL OR PUNITIVE DAMAGES RESULTING FROM ANY ACT OR OMISSION OF HRI.**

## 8. Indemnification

Employer agrees to indemnify, defend and hold HRI and its representatives, employees, assigns, successors, subsidiaries and affiliates (each an "Indemnified Party") harmless from and against any and all actions, suits, proceedings, hearings, investigations, charges, complaints, claims, demands, injunctions, judgments, orders, decrees, rulings, damages, dues, penalties, fines, costs, amounts paid in settlement, liabilities, obligations, taxes, liens, losses, expenses, and fees, including court costs and attorneys' fees and expenses (all collectively "Losses"), asserted against or suffered by an Indemnified Party as a result of (i) any inaccuracy of the representations and warranties of the Employer contained in this Contract, (ii) any breach by Employer of any covenant, agreement or other obligation contained in this Contract; (iii) any negligence, gross negligence or willful misconduct by Employer in any way related to the employer-employee relationship; or (vi) any act or omission of the Employer.

Subject to the limitation set forth in Section 7 of this Agreement, HRI agrees to indemnify, defend and hold Employer harmless from and against any and all actions, lawsuits, proceedings, hearings, investigations, charges, complaints, claims, demands, injunctions, judgments, orders, decrees, rulings, damages, dues, penalties, fines, costs, amounts paid in settlement, liabilities, obligations, taxes, liens, losses, expenses, and fees, including court costs and attorneys' fees and expenses (all collectively "Losses"), asserted against or suffered by an Indemnified Party as a result of (i) any inaccuracy of the representations and warranties of HRI contained in this Contract, and (ii) any breach by HRI of any covenant or agreement contained in this Contract.

## 9. The Contract and Interpretation.

This Contract, the Certificate of Coverage, the Employer Application and the individual applications submitted by employees of Employer in connection with this Contract constitute the entire agreement between the parties with respect to the subject matter and are hereby incorporated by reference. All employees and their dependents enrolled under this Contract shall have only the rights and benefits, subject to the terms and conditions, set forth in these documents. No waiver, modification or change in any provision of this Contract shall be effective until approved in writing by a duly authorized officer of HRI and evidenced by an endorsement attached to this Contract. Any provision of this Contract in conflict with the laws of the state where you reside on its Effective Date is amended to the minimum requirements of those laws.

#### 10. Successors and Assigns.

This Contract shall be binding upon and inure to the benefit of HRI, its successors and assigns. This Contract and the rights and obligations conferred hereunder shall not be assignable by Employer, employees of Employer or Members, except that Employer may assign this Agreement with the prior written consent of HRI.

#### 11. Headings.

The headings of the various sections have been inserted for convenience of reference only and do not constitute a part of this Contract.

#### 12. Invalidity.

In the event any of the provisions contained in this Contract shall for any reason be held invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision and this Contract shall be construed as if the invalid, illegal or unenforceable provision had never been contained herein.

#### 13. Relationship of Parties.

Nothing herein contained shall be deemed or construed by the parties hereto nor by any third party as creating the relationship of principal and agent or of partnership or of joint venture or employer and employee between the parties hereto. Neither party to this Contract has authority to act on behalf of, to represent or to legally bind the other by an act or omission and each party agrees not to make any representations to the contrary to any other person.

#### 14. Records and Forms.

Between HRI and Employer, all information and records, including, without limiting the generality thereof, papers, files, correspondence, forms, reports, formats, computer programs (including, without limiting the generality hereof: data processing programs, flow charts, control panels, applications, routines, data banks, and formula relating to the processing or other handling or treating of data) developed and used by HRI and the administration of claims under this Agreement shall be and remain the property of HRI. Employer agrees that if in the exercise of its rights or privileges granted by HRI pursuant to this Agreement, Employer gains access to or custody of said information and/or records, or any of them, the contents of such information will be kept confidential (except as necessary as to achieve the right or privilege granted). Employer will return or surrender such information and/or records upon request by HRI and Employer will not undertake to use said information and/or records for commercial purposes or gain. Employer agrees that all forms, brochures, applications and materials furnished Employer for the purpose of this Agreement, are furnished for such intended use only and remain the exclusive property of HRI. Employer agrees to use the forms only as directed for the intended purpose and to return said materials to HRI upon request.

#### 15. Termination.

This Agreement may be terminated by either party upon material breach of this Agreement by the other, and after written notice as prescribed. Termination shall be effective as of the end of the month in which termination notice is given. Without limiting the generality hereof, HRI may, without notice, terminate this Agreement if the Employer is thirty (30) days delinquent in making any payment after receipt of an invoice. Upon termination by HRI for a material breach by the Employer or termination for delinquency by the Employer as provided herein, HRI shall be entitled to compensation (as liquidated damages and not as penalty) from the Employer in an amount which is the greater of the following: (a) the difference between rates paid by the Employer and value of bona fide claims of dentists to Members, plus twenty percent (20%) of the average monthly rate times the months remaining in the term; or (b) fifty percent (50%) of the average monthly rate times the months remaining in the term. The average monthly rate shall be that average of monthly rates paid by the Employer during the term of this Agreement to the date of such termination. The foregoing liquidated damage provisions only apply to the Employer's obligation to HRI and not the Members.

#### 16. Consolidated Omnibus Budget Reconciliation Act of 1986 Administration.

If the Employer has authorized HRI to administer COBRA, HRI will, subject to the conditions provided for in this Agreement, provide the following services related to the dental benefits it provided the Members:

- a. When applicable, notify each Member who hereafter becomes eligible of the rights and obligations afforded him under the Consolidated Omnibus Budget Reconciliation Act of 1986;
- b. Collect COBRA premiums from the Members and provide notice of past due premiums; and
- c. Comply with the rules and regulations of COBRA.

Employer agrees to:

1. Inform HRI in writing within 30 days of any Qualifying Event which results in a loss of coverage: death of employee, employee termination, reduction in hours or future events as may be amended.
  - (a) Inform HRI in writing within 30 days of receipt of notification from a Qualified Beneficiary of a Qualifying Event which results in a loss of coverage: employee Medicare entitlement, divorce or legal separation, a dependent's loss of "dependent child" status, or future events as may be amended.
  - (b) Provide HRI accurate and appropriate documentation of Qualifying Events, a list of Qualified Beneficiaries who have lost coverage, and the date of the loss of coverage.

#### 17. Reservation and Survival of Rights and Remedies.

No forbearance, neglect or intentional act or omission by the parties hereto or their officers or agents to enforce or insist upon a party's rights and remedies as herein provided or as available at law or equity shall constitute a waiver of or operate to waive such right to remedies.

The exercise of one right or remedy by parties shall not operate to limit, restrict or impede the exercise of other rights and remedies of a party under this Agreement which are available at law or equity. No waiver or rights by one party upon any failure or default by the other party shall operate as a waiver or limitation of rights or remedies as to any subsequent failure or default.

#### 18. Governing Law and Jurisdiction

If required by the insurance laws of the State in which the Employer resides, the laws of the State in which the Employer resides shall govern the validity, performance, enforcement, interpretation, and any other aspect of this Agreement; otherwise, the laws of the State of Indiana shall govern the validity, performance, enforcement, interpretation, and any other aspect of this Agreement. The Employer submits to the jurisdiction of the State and Federal Courts of Indiana and Employer agrees that, if not contrary to the insurance laws of the State in which the Employer or Member resides, all lawsuits relating to this Agreement shall be brought in either the United States Federal Court for the Southern District of Indiana or the State of Indiana Courts.

#### **COVERED PROCEDURES**

The percentage of HRI's payment, indicated on *EXHIBIT - COVERED PROCEDURES AND LIMITATIONS* is valid only for services obtained from participating dentists (Providers) contracted with HRI.

## **ORTHODONTIC SERVICES/RIDER**

Orthodontic services are not covered unless added to the Master Group Contract by an orthodontic rider. See *EXHIBIT CONTRACT TERMS* and *EXHIBIT ORTHO RIDER*

## **GENERAL EXCLUSIONS**

1. HRI will not pay for dental procedures that are not listed in the exhibits.
2. HRI will not pay claims for dental services rendered before the effective date of coverage or after the last day of the month in which the coverage terminated.
3. HRI will not pay claims for dental services covered under non-dental insurance.
4. HRI will not pay claims for charges made by hospitals.
5. HRI will not pay claims for services performed primarily to rebuild occlusion or for full mouth reconstruction.
6. HRI will not pay claims for enrollees until HRI receives the appropriate contracted payment(s) for premiums, administrative service fees and/or escrow.
7. HRI will not pay claims for services which are not completed.
8. HRI will not pay for duplicates, lost, or stolen prosthesis or appliances.
9. To be considered for payment, a claim must be submitted within one year from the date of service.

## **ANNUAL MAXIMUM BENEFIT PAYMENTS**

1. All covered services paid by HRI, apply to the Annual Maximum Benefit, excluding riders.
2. Maximum "non-orthodontic" benefit payments are based on a contract year, beginning with the effective date of coverage.
3. The maximum "non-orthodontic" benefit in a contract year for any individual is stated in *EXHIBIT CONTRACT TERMS*.
4. Coverage ends for an enrollee after the enrollee receives benefits equal to the non-orthodontic maximum annual benefit. When coverage ends, an enrollee is required to pay all subsequent charges.

## **NETWORK**

Unless otherwise contractually negotiated and disclosed in the *EXHIBIT CONTRACT TERMS* section of this contract, Health Resources, Inc. will not pay claims for services rendered by dentists or other practitioners who are not participating in the Health Resources Inc. Network as providers in the dental plan, except for emergency services performed at least 50 miles from the nearest office of any participating network provider in the dental plan.

Enrollees who live or work in a county where there are no participating network provider dentists may obtain care from any dentist in either county. However, the percentage of HRI's payment of the dentist's fee may be less than the amount listed under "Covered Procedures" if care is received from a nonparticipating-provider dentist. In addition, when a member receives covered services from a nonparticipating-provider dentist, the member is responsible for paying any difference between the amount paid by HRI and the nonparticipating-provider dentist actual charges. This amount may be significant.

## **MAXIMUM ALLOWABLE FEES**

The Maximum Allowable fee amount is the maximum amount of reimbursement HRI will pay for covered dental services provided by a Dentist to a member and which meet our definitions of a Covered Service. For Network participating dentists, the Maximum Allowed Amount will be reimbursed according to a Schedule of Maximum Allowable Charges. For non-participating dentists, the Maximum Allowed Amount will be reimbursed according to a Table of Allowances. HRI's portion of payment for each covered procedure is the lesser of the dentist's fee or the maximum allowable fee, minus the co-insurance. The maximum allowable fee schedule is privileged and confidential information and the property of Health Resources, Inc.

When an enrollee receives services from a HRI network provider dentist, the enrollee's co-insurance percentage will not exceed the percentage identified in the *EXHIBIT COVERED PROCEDURES AND*

LIMITATIONS of this contract. However, if an enrollee receives services from a dentist who is not a network provider of HRI, the enrollee's co-insurance may be a greater percentage of the dentist's fee if that fee exceeds the plan's allowable amount.

The premium rate charged to subscribers or employers is based on services provided within the HRI dental health option network.

**AGREEMENT**

IN WITNESS WHEREOF, the parties have caused their duly authorized representatives to execute this Contract and all required EXHIBITS on the dates listed below.

**City of Mishawaka**

By Signature Susan M. Wallace  
Print Name Susan M. Wallace  
Title HR  
Date 11/27/13

**Attested by Secondary Authorized Employee\***

By Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

\*Please leave this section blank if your group does not have a Secondary Authorized Employee\*

**HEALTH RESOURCES, INC.**

By Signature Terry Bawel  
Print Name Terry Bawel  
Title Director  
Date 12/4/13

**EXHIBIT CONTRACT TERMS**

**MASTER GROUP CONTRACT  
HEALTH RESOURCES, INC.**

The purpose of this EXHIBIT CONTRACT TERMS between HEALTH RESOURCES, INC. (hereinafter "HRI"), and City of Mishawaka (hereinafter "Employer"), is to identify the contract plan identification, rates and benefits for the prepaid dental coverage.

1. Initial Contract Plan Identification and Terms

- a. Group Number: #911180613710
- b. Dental Health Option:
  - i. Plan: DHO #7
  - ii. Orthodontic Rider: B-Dependent
- c. Effective Date: January 1, 2014
- d. Plan Term: 12 MONTHS
- e. Plan Year: January through December
- f. Network Option: CLOSED
- g. Plan Details: Additional employer group details are confirmed through the Employer Application which is required to be submitted as complete with an authorized employer group representative and agent of record signature.

2. Initial Contract Rates

a. Monthly Dental Premium Rate

<u>TIER</u>	<u>RATE</u>
Employee Only	\$ 23.00
Employee + One (Spouse)	\$ 59.90
Employee + Dependent(s)	\$ 54.80
Employee + Family	\$ 96.00

3. Initial Contract Benefits per employee or dependent

- a. Annual Maximum Benefit \$1500
- b. Orthodontic Lifetime Maximum Benefit \$1500

**EXHIBIT COBRA TERMS**  
**MASTER GROUP CONTRACT**  
**HEALTH RESOURCES, INC.**

The purpose of this EXHIBIT COBRA TERMS between HEALTH RESOURCES, INC. (hereinafter "HRI"), - and **City of Mishawaka** (hereinafter "Employer"), is to identify the administration of COBRA participants of the Employer.

1. Is COBRA to be offered to your employees:
  - a.  NO – Section 2 is not applicable, provide signatures only
  - b.  YES – Proceed to Section 2
  
2. Identification of COBRA Administrator of Plan (select one)

<input type="checkbox"/> Employer as Administrator	<input type="checkbox"/> Employer's Third Party (TPA) as Administrator	<input type="checkbox"/> HRI as Administrator
<b>Employer is responsible for submitting a list of current COBRA participants at inception of contract.</b>		
Invoice Option (select one)  Due to changing Federal and State regulations associated with health care coverage, Health Resources, Inc.'s legal counsel has determined a best practice procedure for monitoring COBRA enrollees that are not being administered by HRI through the monthly invoice process.  <input type="checkbox"/> Separate Group Invoice for COBRA - This is the recommended tracking and billing format for COBRA not administered by HRI. A separate invoice and web access will be maintained by HRI to assist with the management of COBRA participants  <input type="checkbox"/> Included with Group Invoice – COBRA participants identified by site ID location on the group invoice. The Site will subtotal participants into their own section on the monthly invoice.		Invoice Option (select one)  HRI Administration COBRA Fee is billed per month per subscriber.  Fee: \$0.24  <input type="checkbox"/> Fee billed separately from Monthly Rate  <input type="checkbox"/> Fee included in Monthly Rate
During ongoing contract period, employer will document on HRI's subscriber application if the Employee or an Employee's spouse and/or dependent(s) should be a COBRA recipient		

**City of Mishawaka**

By Signature Susan M. Wallace  
 Print Name Susan M. Wallace  
 Title HRI  
 Date 11/27/13

**HEALTH RESOURCES, INC.**

By Signature Terry Bawel  
 Print Name Terry Bawel  
 Title Director  
 Date 12/4/13

**EXHIBIT COVERED PROCEDURES AND LIMITATIONS**

**MASTER GROUP CONTRACT  
HEALTH RESOURCES, INC.**

The purpose of this EXHIBIT to the Master Group Contract between HEALTH RESOURCES, INC. (hereinafter "HRI"), - and **City of Mishawaka** (hereinafter "Employer"), is to identify the plan service description of covered procedures and limitations.

1. Plan Service Description

**DENTAL HEALTH OPTION #7**

<b>ADA CODE</b>	<b>DHO PLAN #7 Service Description</b>	<b>PLAN PAYS</b>
	<b>DIAGNOSTIC</b>	
	<b>EVALUATIONS</b>	
D0120	Periodic oral evaluation – established patient	100%
D0140	Limited oral evaluation – problem focused	100%
D0145	Oral evaluation, patient under 3 yrs. old	100%
D0150	Comprehensive oral evaluation – new or established patient	100%
D0180	Comprehensive periodontal evaluation – new or established patient	100%
	<b>RADIOGRAPHIC IMAGES</b>	
D0210	Complete series	100%
D0220	Intraoral-periapical first	100%
D0230	Intraoral-periapical each additional	100%
D0240	Intraoral-occlusal ( <i>arch</i> )	100%
D0270	Bitewing-single	100%
D0272	Bitewings-two	100%
D0273	Bitewings-three	100%
D0274	Bitewings-four	100%
D0277	Vertical bitewings-7 to 8	100%
D0330	Panoramic	100%
D0340	Cephalometric	100%
	<b>OTHER PROCEDURES</b>	
D0460	Pulp vitality tests ( <i>per visit</i> )	100%
D0470	Diagnostic casts	100%
	<b>PREVENTIVE</b>	
D1110	Prophylaxis-adult	100%
D1120	Prophylaxis-child ( <i>under age 14</i> )	100%
D1206	Topical application of fluoride varnish ( <i>under age 14</i> )	100%
D1208	Topical application of fluoride ( <i>under age 14</i> )	100%
D1351	Sealant- per tooth ( <i>permanent molar teeth</i> )	100%
	<b>SPACE MAINTAINERS</b>	
D1510	Fixed-unilateral ( <i>quad</i> )	80%
D1515	Fixed-bilateral ( <i>arch</i> )	80%
D1525	Removable-bilateral ( <i>arch</i> )	80%
D1550	Re-cementation ( <i>quad/arch</i> )	80%
	<b>RESTORATIVE</b>	
	<b>AMALGAM RESTORATIONS</b>	
D2140	One surface, primary or permanent	80%
D2150	Two surfaces, primary or permanent	80%
D2160	Three surfaces, primary or permanent	80%
D2161	Four or more surfaces, primary or permanent	80%

ADA CODE	DHO PLAN #7 Service Description	PLAN PAYS
<b>RESIN-BASED COMPOSITE RESTORATIONS-DIRECT</b>		
D2330	One surface, anterior	80%
D2331	Two surfaces, anterior	80%
D2332	Three surfaces, anterior	80%
D2335	Four or more surfaces or involving incisal angle (anterior)	80%
D2390	Crown, anterior ( <i>primary only</i> )	80%
D2391	One surface, posterior	80%
D2392	Two surfaces, posterior	80%
D2393	Three surfaces, posterior	80%
D2394	Four or more surfaces, posterior	80%
<b>INLAY/ONLAY RESTORATIONS</b>		
D2520	Inlay-metallic-two surfaces	50%
D2530	Inlay-metallic-three or more surfaces	50%
D2542	Onlay-metallic-two surfaces	50%
D2543	Onlay-metallic-three surfaces	50%
D2544	Onlay-metallic-four or more surfaces	50%
D2610	Inlay-porcelain/ceramic-one surface	50%
D2620	Inlay-porcelain/ceramic-two surfaces	50%
D2630	Inlay-porcelain/ceramic-three or more surfaces	50%
D2642	Onlay-porcelain/ceramic-two surfaces	50%
D2643	Onlay-porcelain/ceramic-three surfaces	50%
D2644	Onlay-porcelain/ceramic-four or more surfaces ( <i>Resin-based composite inlay/onlays must utilize indirect technique</i> )	50%
D2651	Inlay-resin-based composite-two surfaces	50%
D2652	Inlay-resin-based composite-three or more surfaces	50%
D2663	Onlay-resin-based composite-three surfaces	50%
D2664	Onlay-resin-based composite-four or more surfaces	50%
<b>CROWNS</b>		
D2710	Crown-resin-based composite (indirect)	50%
D2740	Porcelain/ceramic substrate	50%
D2750	Porcelain fused to high noble metal	50%
D2751	Porcelain fused to predominantly base metal	50%
D2752	Porcelain fused to noble metal	50%
D2780	¾ cast high noble metal	50%
D2781	¾ cast predominantly base metal	50%
D2782	¾ cast noble metal	50%
D2783	¾ porcelain/ceramic	50%
D2790	Full cast high noble metal	50%
D2791	Full cast predominantly base metal	50%
D2792	Full cast noble metal	50%
D2794	Titanium	50%
<b>OTHER RESTORATIVE SERVICES</b>		
D2910	Recement inlay, onlay or partial coverage restoration	80%
D2915	Recement cast or prefabricated post and core	80%
D2920	Recement crown	80%
D2930	Prefabricated stainless steel crown-primary tooth	50%
D2931	Prefabricated stainless steel crown-permanent tooth	50%
D2933	Prefabricated stainless steel crown with resin window ( <i>primary tooth</i> )	50%
D2934	Prefabricated esthetic coated stainless steel crown-primary tooth	50%
D2940	Protective restoration	80%
D2951	Pin retention, per tooth	80%
D2952	Post and core in addition to crown, indirectly fabricated	50%
D2954	Pre-Fabricated post and core in addition to crowns	50%
<b>ENDODONTICS</b>		
D3220	Therapeutic pulpotomy ( <i>primary only</i> )	80%
D3230	Pulpal therapy-anterior, primary tooth	80%
D3240	Pulpal therapy-posterior, primary tooth	80%
<b>ENDODONTIC THERAPY</b>		

ADA CODE	DHO PLAN #7 Service Description	PLAN PAYS
D3310	Anterior tooth	80%
D3320	Bicuspid tooth	80%
D3330	Molar	80%
APEXIFICATION PROCEDURES		
D3351	Apexification/recalcification/pupal regeneration-initial visit	80%
D3352	Apexification/recalcification/pupal regeneration- interim medication replacement	80%
D3353	Apexification/recalcification-final visit	80%
APICOECTOMY/PERIRADICULAR SURGERY/SERVICES		
D3410	Anterior	80%
D3421	Bicuspid (first root)	80%
D3425	Molar (first root)	80%
D3426	Each additional root	80%
D3430	Retrograde filling-per root	80%
D3450	Root amputation-per root	80%
PERIODONTICS		
D4210	Gingivectomy, 4 or more contiguous teeth or tooth bounded spaces per quadrant	80%
D4260	Osseous surgery, 4 or more teeth, per quadrant	80%
D4261	Osseous surgery 1 to 3 teeth, per quadrant	80%
D4273	Subepithelial connective tissue graft, per tooth	80%
D4275	Soft tissue allograft, ( <i>per tooth</i> )	80%
D4341	Scaling and root planing-4 or more teeth per quadrant ( <i>4 teeth with 4+mm pockets</i> )	80%
D4355	Full mouth debridement	80%
D4910	Periodontal maintenance	80%
REMOVABLE PROSTHODONTICS		
COMPLETE DENTURES		
D5110	Complete denture-maxillary	50%
D5120	Complete denture- mandibular	50%
D5130	Immediate denture-maxillary	50%
D5140	Immediate denture-mandibular	50%
PARTIAL DENTURES		
D5211	Maxillary partial denture-resin base	50%
D5212	Mandibular partial denture-resin base	50%
D5213	Maxillary partial denture-cast metal framework with resin denture bases	50%
D5214	Mandibular partial denture-cast metal framework with resin denture bases	50%
D5225	Maxillary partial denture-flexible base	50%
D5226	Mandibular partial denture-flexible base	50%
REPAIRS TO COMPLETE DENTURES		
D5510	Repair broken complete denture base	80%
D5520	Replace missing or broken tooth-complete denture	80%
REPAIRS TO PARTIAL DENTURES		
D5610	Repair resin denture base	80%
D5620	Repair cast framework	80%
D5630	Repair or replace broken clasp	80%
D5640	Repair or replace broken tooth-per tooth	80%
D5650	Add tooth to existing partial denture	80%
D5660	Add clasp to existing partial denture	80%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	80%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	80%
OTHER PROCEDURES		
D5710	Rebase complete maxillary denture	50%
D5711	Rebase complete mandibular denture	50%
D5720	Rebase maxillary partial denture	50%
D5721	Rebase mandibular partial denture	50%
D5730	Reline complete maxillary denture, chairside	50%
D5731	Reline complete mandibular denture, chairside	50%
D5740	Reline maxillary partial denture, chairside	50%
D5741	Reline mandibular partial denture, chairside	50%

ADA CODE	DHO PLAN #7 Service Description	PLAN PAYS
D5750	Reline complete maxillary denture, laboratory	50%
D5751	Reline complete mandibular denture, laboratory	50%
D5760	Reline maxillary partial denture, laboratory	50%
D5761	Reline mandibular partial denture, laboratory	50%
D5820	Interim partial denture (maxillary)	50%
D5821	Interim partial denture (mandibular)	50%
D5850	Tissue conditioning, maxillary	50%
D5851	Tissue conditioning, mandibular	50%
D5860	Overdenture, complete	50%
D5861	Overdenture, partial	50%
<b>IMPLANT SUPPORTED PROSTHETICS</b>		
D6053	Implant/abutment, supported removable denture for completely edentulous arch	50%
D6054	Implant/abutment, supported removable denture for partially edentulous arch	50%
D6058	Abutment supported porcelain/ceramic crown	50%
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	50%
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	50%
D6061	Abutment supported porcelain fused to metal crown (noble metal)	50%
D6062	Abutment supported cast metal crown (high noble metal)	50%
D6063	Abutment supported cast metal crown (predominantly base metal)	50%
D6064	Abutment supported cast metal crown (noble metal)	50%
D6068	Abutment supported retainer for porcelain/ceramic FPD	50%
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	50%
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	50%
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	50%
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	50%
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	50%
D6074	Abutment supported retainer for cast metal FPD (noble metal)	50%
D6094	Abutment supported crown – titanium	50%
D6194	Abutment supported retainer crown for FPD - titanium	50%
<b>FIXED PROSTHODONTICS</b>		
<b>FIXED PARTIAL DENTURE PONTICS</b>		
D6210	Cast high noble metal	50%
D6211	Cast predominantly base metal	50%
D6212	Cast noble metal	50%
D6214	Titanium	50%
D6240	Porcelain fused to high noble metal	50%
D6241	Porcelain fused to predominantly base metal	50%
D6242	Porcelain fused to noble metal	50%
D6245	Porcelain/ceramic	50%
<b>FIXED PARTIAL DENTURE RETAINERS-INLAYS/ONLAYS</b>		
D6545	Retainer-cast metal for resin bonded fixed prosthesis	50%
D6548	Retainer-porcelain/ceramic for resin bonded fixed prosthesis	50%
<b>FIXED PARTIAL DENTURE RETAINERS-CROWNS</b>		
D6740	Porcelain/ceramic	50%
D6750	Porcelain fused to high noble metal	50%
D6751	Porcelain fused to predominantly base metal	50%
D6752	Porcelain fused to noble metal	50%
D6780	¾ cast high noble metal	50%
D6781	¾ cast predominantly base metal	50%
D6782	¾ cast noble metal	50%
D6783	¾ porcelain/ceramic	50%
D6790	Full cast high noble metal	50%
D6791	Full cast predominantly base metal	50%
D6792	Full cast noble metal	50%
D6794	Titanium	50%
<b>OTHER SERVICES</b>		
D6930	Recent fixed partial denture	80%
<b>ORAL SURGERY</b>		

ADA CODE	DHO PLAN #7 Service Description	PLAN PAYS
<b>EXTRACTIONS</b>		
D7111	Coronal remnants-deciduous tooth	80%
D7140	Erupted tooth or exposed root	80%
D7210	Surgical removal of erupted tooth	80%
D7220	Removal of impacted tooth-soft tissue	80%
D7230	Removal of impacted tooth-partially bony	80%
D7240	Removal of impacted tooth-completely bony	80%
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	80%
D7250	Surgical removal of residual tooth roots	80%
<b>OTHER PROCEDURES</b>		
D7270	Tooth reimplantation ( <i>natural tooth</i> )	80%
D7280	Surgical access of an unerupted tooth	80%
D7283	Placement of devise to facilitate eruption of impacted tooth	80%
D7286	Biopsy of oral tissue-soft	100%
D7291	Transseptal fiberotomy ( <i>in conjunction with HRI orthodontic benefit rider</i> )	50%
<b>RIDGE ENHANCEMENT</b>		
D7310	Alveoloplasty, with extractions, four or more teeth or tooth spaces, per quadrant	80%
D7311	Alveoloplasty, with extractions, one to three teeth or tooth spaces, per quadrant	80%
D7320	Alveoloplasty, not with extractions, four or more teeth or tooth spaces, per quadrant	80%
D7321	Alveoloplasty, not with extractions, one to three teeth or tooth spaces, per quadrant	80%
D7340	Vestibuloplasty-ridge extension ( <i>secondary epithelialization</i> )	80%
D7350	Vestibuloplasty-ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	80%
<b>REMOVAL OF TUMORS AND CYSTS</b>		
D7410	Excise benign lesion up to 1.25 cm	80%
D7411	Excise benign lesion greater than 1.25 cm	80%
D7450	Remove cyst, 1.25 cm	80%
D7451	Remove cyst, 1.25+ cm	80%
<b>ADDITIONAL PROCEDURES</b>		
D7471	Removal of lateral exostosis ( <i>maxilla or mandible</i> )	80%
D7472	Removal of torus palatinus	80%
D7473	Removal of torus mandibularis	80%
D7510	I. and D. abscess ( <i>intraoral</i> )	80%
D7511	I. and D. abscess ( <i>intraoral-complicated</i> )	80%
D7960	Frenulectomy ( <i>tooth/site</i> )	80%
D7970	Excise hyperplastic tissue-per arch	80%
D7971	Excise pericoronary gingiva	80%
D7980	Sialolithotomy	80%
<b>ADJUNCTIVE SERVICES</b>		
D9110	Palliative emergency treatment	100%
<b>ANESTHESIA</b>		
D9220	General anesthesia – first 30 minutes	80%
D9221	General anesthesia – each additional 15 minutes	80%
D9230	Administration of nitrous oxide ( <i>per visit</i> )	50%
D9241	Intravenous sedation/analgesia first 30 minutes	80%
D9242	Intravenous sedation/analgesia – each additional 15 minutes	80%

DIAGNOSTIC SERVICES	
	<b>EVALUATIONS</b> Charging for more than two evaluations, of any procedure code combination, are not payable within any consecutive 12 month period. The twelve month period is not based on a calendar year or a plan year.
D0140	A limited oral evaluation for a specific oral health problem is performed following referral. The use of this procedure code is also appropriate in dental emergency conditions such as trauma, acute infection, etc.
D0150/ D0180	Charges for a comprehensive periodontal evaluation or a comprehensive oral evaluation are payable only once every 4 years. D0180 applies to age 14 and above.
	<b>RADIOGRAPHS</b> The maximum amount considered for radiographic images taken on one day will be equivalent to an allowance of a D0210 or a D0330 plus a D0274.
D0210	A complete series includes bitewings. Charges are payable only once per enrollee per 4 years. This charge is not payable if performed within 4 years of D0330. If D0210 is performed within 12 months of D0272, D0273, D0274, or D0277 the payable amount for D0210 will be reduced by the charges for D0272, D0273, D0274, or D0277.
D0220/ D0230	The maximum charge per visit for multiple periapical radiographs is limited to the charge for a complete series (D0210). The maximum number of periapical radiographs is limited to 6 during a 12 month period.
D0240 thru D0270 thru D0274	An occlusal radiographic image charge is payable only once per arch per enrollee per 12 months. A maximum of four (4) "bitewing" radiographic images is payable in a twelve (12) month period. Charges for "bitewings" are not payable if performed within 12 months of D0210 or D0277.
D0277	Charges for Vertical bitewings are not payable if performed within 12 months of D0210 or D0274.
D0330	A panoramic radiographic image charge is payable only once per enrollee per 4 years. This charge is not payable if it is performed within 4 years of D0210.
OTHER PROCEDURES	
D0350	A diagnostic photograph charge is payable only once per enrollee per 5 years.
D0460	Only one charge per visit is payable.
D0470	A diagnostic casts charge is payable only once per 5 years. It is included in the charges for complete or partial dentures.
PREVENTIVE SERVICES	
D1110/ D1120	Allowable only once per enrollee per 6 months. A charge for codes D1110 & D1120 is not payable if performed within 6 months of D4910. Code D1120 is to be used for children under 14 years of age.
D1206	Office procedure payable only for children under 14 years of age and only once per enrollee per 6 months.
D1208	Office procedure payable only once per enrollee per 6 months. (age 14 and over are not covered under DHO Plan 7).
D1351	A sealant charge is payable for permanent molar teeth (per tooth) only. A charge for replacement is not payable for 5 years. A sealant charge is payable only for children under 15 years of age. A charge for a restoration on the occlusal, facial, or lingual surface following the placement of a sealant on that surface will not be payable for 3 years.
SPACE MAINTAINERS (PASSIVE ONLY)	
D1510	A fixed, unilateral appliance charge is payable only for children under 13 years of age. No replacement is payable for 3 years. The appliance must be passive only and not used to actively move teeth. The charge is not payable if D1510 is performed within 3 years of D1515 or D1525.
D1515	A fixed, bilateral appliance charge has the same restrictions as D1510. This charge is not payable if D1515 is performed within 3 years of D1510 or D1525.
D1525	A removable, bilateral appliance has the same restrictions as D1510. This charge is not payable if D1525 is performed within 3 years of D1510 or D1515.
D1550	A charge for recementation of a space maintainer is payable after 12 months from the initial placement of the space maintainer. A charge for recementation is payable once per 12 months.
RESTORATIVE SERVICES	
	Charges for all restorative services include the use of local anesthetic (D9215), bonding agents, bases, pulp capping (D3110), D3120), and etchants as needed.
AMALGAM RESTORATIONS	
D2140 thru D2161	A charge for the replacement of or an additional restoration, including crowns, on the same surface is not payable for a period of 3 years (a courtesy adjustment may be applied). A charge for an amalgam restoration is not payable if performed within 3 years of placing a crown on the same tooth or a sealant on the same surface within 3 years.
COMPOSITE RESINS	
D2330 thru D2394	A charge for the replacement of, or an additional restoration, including crowns, on the same surface is not payable for a period of 3 years (a courtesy adjustment may be applied). A charge for a composite resin restoration is not payable if performed within 3 years of placing a crown on the same tooth or a sealant on the same surface within 3 years.
INLAYS, ONLAYS, AND CROWNS	
D2520 thru D2794	These codes are for individual units only and are not to be used for units serving as retainers for fixed prosthodontics. A charge for a replacement by any type of inlay, onlay, crown, pontic or retainer for a fixed prosthesis is not payable for 7 years. Composite/resin inlays must be laboratory processed.
D2710	A charge is payable for anterior teeth only.
D2740	This code is to be used for porcelain or ceramic substrate materials.

D2750 thru D2794	High noble crowns contain at least 60% gold or at least 40% gold with palladium, and/or platinum. Base metal crowns contain less than 25% gold, palladium, and/or platinum. Noble crowns contain at least 25% gold, palladium, and/or platinum. Crowns, other than prefabricated steel crowns, are not payable for primary teeth.
D2910 thru D2920	A charge for the recementation of an inlay, onlay, or crown is payable after 12 months from the original cementation. A charge for recementation is payable once per 12 months.
D2930 thru D2934	Replacement by a crown of any type is not payable for 5 years for primary teeth and 7 years for permanent teeth.
OTHER RESTORATIVE SERVICES	
D2940	A charge for replacement by another protective restoration is not payable for 12 months. A charge for D2940 is not payable if this procedure is performed in conjunction with endodontics, or an amalgam, composite, inlay, onlay, crown, or fixed prosthesis retainer prepared or cemented at the same appointment.
D2950	Coverage for core build ups requires the submission of a radiographic image that substantiates one of the following three criteria: 1) more than 50% of the tooth crown is missing; 2) less than 3 mm of sound tooth structure remaining around the gum line; 3) previous root canal filling completed. A charge for core buildup is payable once per 7 years per tooth. Requires submission of a duplicate, diagnostically acceptable, pre-operative radiograph or intraoral photo.
D2951	This code does not include pins made from amalgam or composite resin. Charge is per tooth.
D2952	A charge for a cast post and core is not payable if performed within 7 years of D2954 and/or D2950. A charge for a cast post and core is payable once per 7 years per tooth.
D2954	A charge for a prefabricated post and core buildup is not payable if performed within 7 years of D2952 or D2950. A charge for a prefabricated post is payable once per 7 years per tooth.
D2960	All labial veneer charges for replacement are not payable for 3 years. The placement of labial veneers is restricted to anterior permanent teeth only. Charges for veneered crowns replacing labial veneers less than 3 years old will be reduced by the fee charged for labial veneers.
D2962	All labial veneer charges for replacement are not payable for 7 years. The placement of labial veneers is restricted to anterior permanent teeth only. Charges for veneered crowns replacing labial veneers are not payable for 7 years.
ENDODONTIC SERVICES	
D3220	Vital pulpotomy charges are payable for primary teeth only, and only once per enrollee per tooth. Charges are exclusive of the final restoration charge.
D3230 thru D3353	Root canal therapy procedures are coded by the tooth receiving treatment, not the number of canals per tooth. Charges are payable only after the procedure has been completed. Charges for retreatment within 4 years of the date of the original treatment are not payable. Charges must include all radiographs. Charges are exclusive of the final restoration charge.
D3351 thru D3353	Limited to children < 16 years of age. Charges are payable once per lifetime.
D3410 thru D3920	Charges are payable once per lifetime.
PERIODONTIC SERVICES	
D4210 thru D4278	Charges are payable only following completion of covered procedures, and must include all post-operative care. Charges for treatment are payable only once per area treated per enrollee for a 5 year period.
D4210	Charges for single-tooth gingivectomy are not payable.
D4249	Clinical crown lengthening requires the reflection of a flap and the removal of alveolar bone. Charges are payable only once, on a per tooth basis.
D4266/ D4267	Charges for guided tissue regeneration include the charge for the barrier, and its removal, if necessary.
D4270/ D4273/ D4275/ D4277/ D4278	Two soft tissue grafts of any type are payable per quadrant every 5 years. One graft is payable per three contiguous teeth/site. Teeth #24-25 are considered one site.
D4274	Charges are payable only when this procedure is performed in an edentulous area adjacent to a periodontally involved tooth. The tooth and proximal area must be identified. Charges for this procedure are payable only if no additional surgery is performed in the immediate area, payable every 5 years.
D4341	Scaling and root planing charges include the use of local anesthetic. Charges are payable per quadrant (4 or more teeth). The enrollee must exhibit pocket depths of at least 4 mm around at least 4 teeth in each quadrant to qualify for coverage for this procedure. Otherwise refer to D1110 and D4355. Charges are not payable for deciduous teeth. Charges for retreatment of any quadrant are not payable for 3 years. Documentation in the form of a periodontal case type diagnosis and a full mouth probe chart with six points per tooth probings must be included with the claim. An additional explanation is required with a claim if two or more quadrants are treated during the same visit.
D4355	Charge payable only for enrollees over 15 years of age. To be payable, procedure must be performed before D1110, D4341, or D4910,

	or more than 3 years has lapsed since D1110, D4341, D4355, or D4910 was performed.
D4910	A charge for D4910 is not payable if performed within 6 months of D1110, or D1120. Procedure is payable once per 6 months. Charges are payable only for enrollees over 15 years of age.
REMOVABLE PROSTHODONTIC SERVICES	
COMPLETE DENTURES	
D5110/ D5120	Complete denture services include all post-delivery care, including reline and repairs for 6 months. Charges for the replacement of a denture, including an immediate denture, within 7 years are not payable. Charges include diagnostic models, D0470. Charges for a complete denture are not payable if replacing a partial denture in the same arch within 5 years.
IMMEDIATE DENTURES	
D5130/ D5140	An immediate denture cannot be used to replace a complete denture. Other restrictions for immediate dentures are the same as for complete dentures D5110 & D5120.
PARTIAL DENTURES	
D5211 thru D5226	Charges for conventional partial dentures are payable every 7 years and are subject to the same conditions and restrictions listed for D5110 & D5120. Separate charges for diagnostic casts, D0470, or diagnostic photographs, D0471, are not payable. The teeth replaced by the appliance must be identified on the claim form.
D5820/ D5821	Charges for a conventional, removable partial dentures or a complete denture (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226) are subject to an adjustment if performed within 5 years of an interim partial denture (D5820 & D5821) in the same arch.
REPAIRS	
D5510 thru D5660	Charges for repairs are allowed once per procedure code per 6 months.
D5670/ D5671	Charges for either procedure are payable only once per 4 years per prosthesis. Charges for D5670 and D5671 are not payable if performed within 4 years of D5213 or D5214. Charges for rebase, reline or repairs are not payable for 6 months following D5670 and D5671.
OTHER PROCEDURES	
D5710 thru D5861	Rebasing, relining, or tissue conditioning charges are not payable if the procedure is performed within 6 months of the date of delivery of the appliance, except when an immediate denture is performed. Charges for any of these procedures are payable only once per 4 years per prosthesis.
D5850/ D5851	Two tissue conditioning charges are payable within 6 months of delivery of immediate dentures only.
D5860/ D5861	Charges for overdentures are subject to the conditions listed for D5110/D5120 and D5213/D5214.
IMPLANT SUPPORTED PROSTHETICS	
D6053/ D6054	All abutment supported removable dentures are subject to the same definitions and restrictions listed for conventional removable prosthodontics, D5110 thru D5861.
D6010/ D6056/ D6057	Charges are payable once per 7 years per tooth site and paid at 50% up to the annual maximum benefit. Allowance includes the treatment plan, local anesthetic and post-surgical care. Coverage is limited to enrollees over age 15. Pre-existing conditions do not apply.
D6058 thru D6194	All abutment supported single crowns and abutment supported fixed partial denture (fixed partial denture) retainers are subject to the same definitions and restrictions listed for individual unit crowns, D2710 thru D2794 and fixed prosthetics, D6210 thru D6975.
FIXED PROSTHODONTIC SERVICES	
D6210 thru D6794	All fixed prosthodontic services are subject to the same definitions and restrictions listed for individual unit crowns, D2710 thru D2794. Crowns serving as retainers for a fixed prosthesis shall be identified as such by a code from the D6000 section. Each unit of a fixed partial denture must be identified on the claim. Charges for pontics to replace third molars are not payable. Replacement of a fixed partial denture by a removable partial denture is not payable within 7 years of the original placement.
FIXED PARTIAL DENTURE RETAINERS	
D6545/ D6548	Retainers must be identified by tooth on the claim. Charges for the replacement of a resin-bonded fixed partial denture by another fixed partial denture or a removable prosthesis will be reduced by the fee charged for the resin-bonded fixed partial denture if the replacement is constructed within 7 years of the original placement.
OTHER FIXED PARTIAL DENTURE SERVICES	
D6930	A charge for recementation is payable after 12 months from the original cementation. Charges to recement of a fixed partial denture are payable only once per 12 months per fixed partial denture.
ORAL SURGERY	
D7111 thru D7980	All oral surgery procedure charges must include the use of local anesthetic. Orthognathic surgery charges are not payable. Charges for services covered under other non-dental insurance plans are not payable. Hospital related charges are not payable. All procedures include suturing where appropriate, and all post-operative care.
D7210	Surgical extractions: use when either (1) removal of bone and/or (2) sectioning of tooth and including elevation of mucoperiosteal flap if indicated, is necessary. Surgical extraction charges include alveoloectomy. Requires submission of a duplicate, diagnostically acceptable, pre-operative radiograph for extraction of any or all of the following tooth #'s 7, 8, 9, 10, 23, 24, 25, 26 and all primary teeth.

D7220	Soft tissue impaction: incision required to remove soft tissue overlying the crown of an impacted tooth, or diagnostically, only soft tissue covers the crown.
D7230	Partly bony impaction: incision and some bone removal to permit removal of impacted tooth with an elevator, or diagnostically, bone partly covers the crown.
D7240	Complete bony impaction: incision, flap, bone removal, and dento-dissection are necessary for removal of the impacted tooth.
D7280	Surgical access of an unerupted tooth
D7291	Charges for transseptal fiberotomy are payable only if the procedure is performed in conjunction with orthodontics.
D7310/ D7311	Charges for alveoloplasty, with extractions, are not payable if the procedure is performed in conjunction with D7210 thru D7250.
D7510/ D7511	These procedure codes are applicable for intraoral incision through mucosa.
ADJUNCTIVE SERVICES	
	Infection control/sterilization is not considered a separate billable dental procedure or service and cannot be billed to a member or to HRI.
D9110	Charges for more than two palliative (emergency) treatments are not payable per 12 month period. The twelve month period is not based on a calendar year or a plan year. If used with definitive treatment, only the definitive treatment is payable.
D9221	Limited to one per anesthetic.
D9242	Limited to one per anesthetic.
D9940	Occlusal guards are removable dental appliances designed to minimize the effects of bruxism and other occlusal factors. Charges are allowed once every 5 years per enrollee. Charges to modify the appliance or for occlusal adjustment are not payable.
D9941	Charges for an athletic mouthguard are payable once per 12 months.
D9973/ D9974	Charges for bleaching teeth must include the entire series of bleaching treatments and are payable only following the completion of the final treatment. Charges are payable for anterior teeth only. Charges for retreatment within 3 years of the date of the previous treatment series are not payable. Charges for home bleaching trays and procedures are not payable.
ORTHODONTIC SERVICES	
D8010 thru D8220	Orthodontic services are not covered unless added to the Master Group Contract by an orthodontic rider. If orthodontic charges are covered, they must include all services performed in the course of diagnosis or treatment. Such charges must include all appliances, adjustments, and retention.

ADDITIONAL PLAN REQUIREMENTS - DATE OF SERVICE

The preparation date for fixed prosthodontic treatment (bridges and single crowns) will be recognized as the date of service/payment. The date of the final impression will be recognized as the date of service/payment for removable prosthodontic treatment and implant supported prosthetics. The completion date for endodontic treatment will be recognized as the date of service/payment.

## ORTHODONTIC BENEFIT RIDER

Your member ID card indicates whether your plan includes orthodontic coverage and the lifetime maximum benefit level.

Type
A – Ortho Adult & Dependent
B – Ortho Dependent

All procedures listed herein are payable at 50% by Health Resources, Inc. (HRI) up to the lifetime maximum benefit. Benefits are paid on a payment cycle as determined by your Employer's Master Group Contract or Administrative Services Agreement.

### 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 lifetime maximum 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.
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 while covered by an HRI plan.
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/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)