

## **Orthodontia – 01**

The member copayment will be as follows:

Consultation	\$25.00
Full Banded (Not including x-rays or models)	
<i>Children up to age 19</i>	\$1775.00*
<i>Adults</i>	\$1975.00*
Retention (after ortho)	\$180.00
Partial Treatment (one arch, 12-18 months)	
<i>Children up to age 19</i>	\$1250.00
<i>Adults</i>	\$1450.00
Mixed Dentition Phase I	\$450.00
Rapid Palatal Expansion	\$550.00
Functional Appliance (Bionator-Frankel)	\$550.00
Headgear	\$350.00
Palatal Expansion (Not Fixed Rapid Palatal Expansion)	\$350.00
Simple Crossbite	\$275.00
Copying Records	\$40.00
Broken Appointment	\$25.00

## **DENTAL HEALTH SERVICES**

### **EXCLUSIONS**

- A. Retreatment of orthodontic cases.
- B. Treatment of a case in progress at inception of eligibility.
- C. Surgical procedures (including extraction of teeth) incidental to orthodontic treatment.
- D. Surgical procedures related to cleft palate, micrognathia or macrognathia.
- E. Treatment related to temporomandibular joint disturbances (TMJ) and/or hormonal imbalances.
- F. Any dental procedure considered within the field of general dentistry, including but not limited to:
  - Myofunctional therapy.
  - General anesthetics including intravenous and inhalation sedation.
  - Dental services of any nature performed in a hospital.

*Copayments are paid directly to the affiliated Orthodontist.*

## LIMITATIONS

The following are subject to additional charges:

- A. Cephalometric x-rays, dental x-rays.
- B. Tracings and photographs.
- C. Study models.
- D. Replacement of lost or broken appliances.
- E. Changes in treatment necessitated by an accident of any kind.
- F. Services which are compensable under worker's compensation or employer liability laws.
- G. Malocclusions so severe or mutilated they are not amendable to ideal orthodontic therapy.
- \*H. These copayments are based on a 24-month standard treatment plan. Additional treatment, or treatment that extends beyond that time may be subject to additional charges.

*Please Note:* If the contract between the group and Dental Health Services is terminated, service is subject to a prorated fee based on current market value for the balance of orthodontic treatment. If the member should terminate group coverage, they are no longer eligible for the group orthodontic rate.

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Please contact your Member Service Specialists at 800.63.SMILE (800.637.6453) or [www.dentalhealthservices.com](http://www.dentalhealthservices.com) for a referral to a conveniently located affiliated orthodontist.

Should the contract between Dental Health Services and the orthodontist terminate, any Dental Health Services' members in treatment would not be subject to proration.