



Dental

Choice. Simplicity. Affordability.



Visit any licensed dentist in or out of the national network. Coverage is focused on prevention with little or no cost for oral evaluation and basic diagnostics.

	In Network	Out of Network**	Benefit Guidelines
Preventive & Diagnostic			
Periodic Oral Evaluation (120)	100%	100%**	One per year
Comprehensive Oral Evaluation (150)	100%	100%**	One evaluation w/ new dentist
Bitewing X-rays (272)	100%	100%**	Once per 12 months; one set
Prophylaxis—Adult (1110)	100%	100%**	One per year
Prophylaxis—Child (1120)	100%	100%**	One per year
Plan Description			
Deductible	\$0	\$0	
Annual Maximum	\$250	\$250	
Reimbursement	MAC*	MAC*	
Waiting Periods	No	No	

Notes: Procedures not listed are excluded from coverage under your insurance benefit; however, network providers may offer you a discounted price on noncovered services.

*Maximum allowable charge for network providers accepting our fees.

**Non-network providers are reimbursed at the maximum allowable charge and may charge members the difference between the billed amount and the reimbursed amount.

The in- and out-of-network maximums are combined.

This brochure is not a contract. It is intended solely to provide you with a general overview of our health insurance products. Complete details of benefits, terms, and exclusions that apply to your health care coverage are governed by the group contract between Coventry Health and Life Insurance Company and the HealthAmerica Ohio Insurance Trust and the Trust Participation Agreement between you and HealthAmerica. HealthAmericaOne is offered through the HealthAmerica Ohio Insurance Trust. HealthAmericaOne products are underwritten by Coventry Health and Life Insurance Company (d.b.a. HealthAmerica).