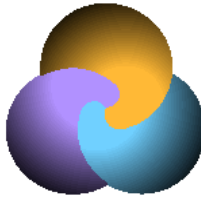


# **TripleChoicePlan**

**Exclusive Dental Packages by AmeriChoice**



## **DENTAL HEALTH SERVICES**

### **Orthodontia Coverage**

	<u><b>Member Pays</b></u>
Consultation Fee -- Adults & Children	\$25.00
Full banded/Full treatment (Adults, Age 19 and over) (Not including x-rays or models)	\$1975.00
Full banded/Full treatment (Children up through age 18)	\$1775.00
Retentions (after ortho)	\$180.00
Broken Appointments (without 24-hour notice)	\$25.00

Please call Dental Health Services for referral to an associated orthodontist nearest you.

**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. MALOCCLUSIONS so severe or mutilated which are not amenable to ideal orthodontic therapy.
- G. RETREATMENT of orthodontic cases.
- H. ANY dental procedures considered to be within the field of general dentistry including but not limited to:
  - 1. MYOFUNCTIONAL therapy.
  - 2. GENERAL anesthetics including intravenous and inhalation sedation.
  - 3. DENTAL services of any nature performed in a hospital.

**EXCLUSIONS:**

- A. TREATMENT of a case in progress at inception of eligibility.
- B. SURGICAL procedures (including extraction of teeth) incidental to orthodontic treatment.
- C. SURGICAL procedures related to cleft palate, micrognathia or macrognathia.
- D. TREATMENT related to temporomandibular joint disturbances and/or hormonal imbalances.