



**Fallon Medicare Plus™ Orange HMO**  
**Fallon Medicare Plus Blue HMO**  
**Fallon Medicare Plus Central Blue HMO**  
**Fallon Medicare Plus Green HMO**  
**Fallon Medicare Plus Central Green HMO**  
**Fallon Medicare Plus Saver No RX HMO**  
**Addendum**  
**Fallon Medicare Plus Premier HMO**  
**Fallon Medicare Plus Central Premier HMO**  
**Dental Services: Copayments and Fees**

**Effective: Jan. 1, 2024**

**Last updated: September 2023**

H9001\_240050\_C  
23-670-051 Rev. 00 7/23



## **Addendum**

### **Dental Services: Copayments**

This addendum is part of your Fallon Medicare Plus Evidence of Coverage.  
Effective Jan. 1, 2024

This addendum provides you with the copayments that you're responsible for when you get covered dental care from a plan dentist. For a list of plan dentists, see the online Fallon Medicare Plus Provider Directory or Fallon Medicare Plus Central Provider Directory at [fallonhealth.org/medicare](https://fallonhealth.org/medicare), or call Customer Service at 1-800-325-5669 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week).

**Important:** For comprehensive dental, including endodontics, extractions, oral surgery services in a provider's office (with the exception of the removal or exposure of impacted teeth), periodontics, prosthodontics, restorative services, oral/maxillofacial surgery, and other services to be covered, your doctor or other plan provider must get prior authorization (approval in advance) from the plan. Services that require prior authorization are noted with an asterisk (\*). Some services have a shared frequency limit; please refer to Notes section at the end of this document for more information.

| <b>ADA code</b>   | <b>Description</b>                                                                                             | <b>Member pays (\$)</b> |
|-------------------|----------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>Diagnostic</b> |                                                                                                                |                         |
| D0120             | Periodic oral evaluation ( <i>See Note A.</i> )                                                                | 0                       |
| D0140             | Limited oral evaluation (problem focused)                                                                      | 0                       |
| D0150             | Comprehensive oral evaluation ( <i>See Note A.</i> )                                                           | 0                       |
| D0170             | Re-evaluation—limited, problem focused, not post-op visit                                                      | 0                       |
| D0180             | Comprehensive periodontal evaluation ( <i>See Note A.</i> )                                                    | 0                       |
| D0210             | Intraoral—comprehensive series of radiographic images ( <i>See Note F.</i> )                                   | 40                      |
| D0220             | Intraoral—periapical, first radiographic image ( <i>See Note N.</i> )                                          | 0                       |
| D0230             | Intraoral—periapical, each additional radiographic image ( <i>See Note N.</i> )                                | 0                       |
| D0240             | Intraoral—occlusal radiographic image                                                                          | 0                       |
| D0270             | Bitewing—single radiographic image ( <i>See Note I.</i> )                                                      | 0                       |
| D0272             | Bitewings—two radiographic images ( <i>See Note I.</i> )                                                       | 0                       |
| D0273             | Bitewings—three radiographic images ( <i>See Note I.</i> )                                                     | 0                       |
| D0274             | Bitewings—four radiographic images ( <i>See Note I.</i> )                                                      | 0                       |
| D0277             | Vertical bitewings—seven to eight radiographic images ( <i>See Note F.</i> )                                   | 20                      |
| D0330             | Panoramic radiographic image ( <i>See Note F.</i> )                                                            | 40                      |
| D0372             | Intraoral tomosynthesis—comprehensive series of radiographic images ( <i>See Note F.</i> )                     | 40                      |
| D0373             | Intraoral tomosynthesis—bitewing radiographic image ( <i>See Note I.</i> )                                     | 0                       |
| D0374             | Intraoral tomosynthesis—periapical radiographic image ( <i>See Note N.</i> )                                   | 0                       |
| D0387             | Intraoral tomosynthesis—comprehensive series of radiographic images, image capture only ( <i>See Note F.</i> ) | 40                      |
| D0388             | Intraoral tomosynthesis—bitewing radiographic image, image capture only ( <i>See Note H.</i> )                 | 0                       |
| D0389             | Intraoral tomosynthesis—periapical radiographic image, image capture only ( <i>See Note N.</i> )               | 0                       |

| <b>ADA code</b>                            | <b>Description</b>                                                                         | <b>Member pays (\$)</b> |
|--------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------|
| <b><i>Diagnostic, continued</i></b>        |                                                                                            |                         |
| D0460                                      | Pulp vitality tests                                                                        | 0                       |
| D0470                                      | Diagnostic casts                                                                           | 0                       |
| D0601                                      | Caries risk assessment and documentation with a finding of low risk<br>(See Note A.)       | 0                       |
| D0602                                      | Caries risk assessment and documentation with a finding of medium risk<br>(See Note A.)    | 0                       |
| D0603                                      | Caries risk assessment and documentation with a finding of high risk<br>(See Note A.)      | 0                       |
| D0701                                      | Panoramic radiographic image, image capture only (See Note F.)                             | 40                      |
| D0702                                      | 2-D cephalometric radiographic image—image capture only                                    | 40                      |
| D0706                                      | Intraoral—occlusal radiographic image, image capture only                                  | 0                       |
| D0707                                      | Intraoral—periapical radiographic image, image capture only (See Note N.)                  | 0                       |
| D0708                                      | Intraoral—bitewing radiographic image, image capture only (See Note I.)                    | 0                       |
| D0709                                      | Intraoral—comprehensive series of radiographic images, image capture only<br>(See Note F.) | 0                       |
| <b><i>Preventive (cleanings)</i></b>       |                                                                                            |                         |
| D1110                                      | Dental prophylaxis—adult (See Note A.)                                                     | 0                       |
| <b><i>Fluoride Treatment</i></b>           |                                                                                            |                         |
| D1206                                      | Topical application of fluoride varnish (See Note A.)                                      | 0                       |
| D1208                                      | Topical application of fluoride, excluding varnish (See Note A.)                           | 0                       |
| <b><i>Other Preventive Services</i></b>    |                                                                                            |                         |
| D1330                                      | Oral hygiene instruction                                                                   | 0                       |
| D1355                                      | Caries preventive medicament application—per tooth                                         | 0                       |
| D1354                                      | Application of caries arresting medicament—per tooth                                       | 0                       |
| <b><i>Space Maintenance</i></b>            |                                                                                            |                         |
| D1510                                      | Space maintainer—fixed unilateral—per quadrant                                             | 145                     |
| D1520                                      | Space maintainer—removable unilateral—per quadrant                                         | 197                     |
| D1551                                      | Re-cement or re-bond bilateral space maintainer—maxillary                                  | 29                      |
| D1552                                      | Re-cement or re-bond bilateral space maintainer—mandibular                                 | 29                      |
| D1553                                      | Re-cement or re-bond unilateral space maintainer—per quadrant                              | 29                      |
| D1556                                      | Removal of fixed unilateral space maintainer—per quadrant                                  | 29                      |
| D1557                                      | Removal of fixed bilateral space maintainer—maxillary                                      | 29                      |
| D1558                                      | Removal of fixed bilateral space maintainer—mandibular                                     | 29                      |
| <b><i>Minor restorative (fillings)</i></b> |                                                                                            |                         |
| D2140                                      | Amalgam—one surface (See Note E.)                                                          | 55                      |
| D2150                                      | Amalgam—two surfaces (See Note E.)                                                         | 65                      |
| D2160                                      | Amalgam—three surfaces (See Note E.)                                                       | 71                      |
| D2161                                      | Amalgam—four or more surfaces (See Note E.)                                                | 83                      |
| D2330                                      | Resin—one surface, anterior (See Note E.)                                                  | 70                      |
| D2331                                      | Resin—two surfaces, anterior (See Note E.)                                                 | 82                      |
| D2332                                      | Resin—three surfaces, anterior (See Note E.)                                               | 96                      |
| D2335                                      | Resin—four or more surfaces or involving incisal angle, anterior (See Note E.)             | 98                      |

| <b>ADA code</b>                                       | <b>Description</b>                                                                       | <b>Member pays (\$)</b> |
|-------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------|
| <b><i>Minor restorative (fillings), continued</i></b> |                                                                                          |                         |
| D2391                                                 | Resin-based composite—one surface, posterior ( <i>See Note E.</i> )                      | 55                      |
| D2392                                                 | Resin-based composite—two surfaces, posterior ( <i>See Note E.</i> )                     | 62                      |
| D2393                                                 | Resin-based composite—three surfaces, posterior ( <i>See Note E.</i> )                   | 74                      |
| D2394                                                 | Resin-based composite—four or more surfaces, posterior ( <i>See Note E.</i> )            | 81                      |
| <b><i>Major restorative (crowns)</i></b>              |                                                                                          |                         |
| D2510*                                                | Inlay—metallic, one surface ( <i>See Note G.</i> )                                       | 466                     |
| D2520*                                                | Inlay—metallic, two surfaces ( <i>See Note G.</i> )                                      | 527                     |
| D2530*                                                | Inlay—metallic, three or more surfaces ( <i>See Note G.</i> )                            | 626                     |
| D2542*                                                | Onlay—metallic, two surfaces ( <i>See Note G.</i> )                                      | 662                     |
| D2543*                                                | Onlay—metallic, three surfaces ( <i>See Note G.</i> )                                    | 735                     |
| D2544*                                                | Onlay—metallic, four or more surfaces ( <i>See Note G.</i> )                             | 798                     |
| D2610*                                                | Inlay—porcelain/ceramic, one surface ( <i>See Note G.</i> )                              | 580                     |
| D2620*                                                | Inlay—porcelain/ceramic, two surfaces ( <i>See Note G.</i> )                             | 585                     |
| D2630*                                                | Inlay—porcelain/ceramic, three or more surfaces ( <i>See Note G.</i> )                   | 666                     |
| D2642*                                                | Onlay—porcelain/ceramic, two surfaces ( <i>See Note G.</i> )                             | 536                     |
| D2643*                                                | Onlay—porcelain/ceramic, three surfaces ( <i>See Note G.</i> )                           | 595                     |
| D2644*                                                | Onlay—porcelain/ceramic, four or more surfaces ( <i>See Note G.</i> )                    | 646                     |
| D2650*                                                | Inlay—composite/resin, one surface ( <i>See Note G.</i> )                                | 287                     |
| D2651*                                                | Inlay—composite/resin, two surfaces ( <i>See Note G.</i> )                               | 772                     |
| D2652*                                                | Inlay—composite/resin, three or more surfaces ( <i>See Note G.</i> )                     | 772                     |
| D2710*                                                | Crown—resin (laboratory) ( <i>See Note G.</i> )                                          | 287                     |
| D2712*                                                | Crown— $\frac{3}{4}$ resin-based composite (indirect) ( <i>See Note G.</i> )             | 287                     |
| D2740*                                                | Crown—porcelain/ceramic ( <i>See Note G.</i> )                                           | 793                     |
| D2750*                                                | Crown—porcelain fused to high noble metal ( <i>See Note G.</i> )                         | 830                     |
| D2751*                                                | Crown—porcelain fused to predominantly base metal ( <i>See Note G.</i> )                 | 735                     |
| D2752*                                                | Crown—porcelain fused to noble metal ( <i>See Note G.</i> )                              | 785                     |
| D2753*                                                | Crown—porcelain fused to titanium and titanium alloys ( <i>See Note G.</i> )             | 856                     |
| D2780*                                                | Crown— $\frac{3}{4}$ cast high noble metal ( <i>See Note G.</i> )                        | 759                     |
| D2781*                                                | Crown— $\frac{3}{4}$ cast base metal ( <i>See Note G.</i> )                              | 679                     |
| D2782*                                                | Crown— $\frac{3}{4}$ cast noble metal ( <i>See Note G.</i> )                             | 713                     |
| D2783*                                                | Crown— $\frac{3}{4}$ cast porcelain/ceramic ( <i>See Note G.</i> )                       | 793                     |
| D2790*                                                | Crown—full cast high noble metal ( <i>See Note G.</i> )                                  | 759                     |
| D2791*                                                | Crown—full cast predominantly base metal ( <i>See Note G.</i> )                          | 679                     |
| D2792*                                                | Crown—full cast noble metal ( <i>See Note G.</i> )                                       | 713                     |
| D2794*                                                | Crown—titanium and titanium alloys ( <i>See Note G.</i> )                                | 759                     |
| D2910                                                 | Re-cement inlay                                                                          | 55                      |
| D2915                                                 | Re-cement cast (prefabricated post and core)                                             | 55                      |
| D2920                                                 | Re-cement crown ( <i>See Note O.</i> )                                                   | 53                      |
| D2930*                                                | Prefabricated stainless steel crown—primary tooth ( <i>See Note F.</i> )                 | 167                     |
| D2931*                                                | Prefabricated stainless steel crown—permanent tooth ( <i>See Note G.</i> )               | 173                     |
| D2932*                                                | Prefabricated resin crown ( <i>See Note F.</i> )                                         | 167                     |
| D2933*                                                | Prefabricated stainless steel crown ( <i>See Note F.</i> )                               | 176                     |
| D2934*                                                | Prefabricated esthetic coated stainless steel crown—primary tooth ( <i>See Note F.</i> ) | 167                     |
| D2940                                                 | Sedative filling                                                                         | 57                      |
| D2941                                                 | Interim therapeutic restoration—primary dentition                                        | 57                      |
| D2950                                                 | Core buildup, with pins                                                                  | 167                     |

| <b>ADA code</b>                                       | <b>Description</b>                                                                            | <b>Member pays (\$)</b> |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------|
| <b><i>Major restorative (crowns), continued</i></b>   |                                                                                               |                         |
| D2951                                                 | Pin retention—per tooth, in addition to restoration                                           | 31                      |
| D2952                                                 | Cast post and core in addition to crown                                                       | 227                     |
| D2954                                                 | Prefab post and core in addition to crown                                                     | 220                     |
| D2980                                                 | Crown repair necessitated by restorative material failure                                     | 133                     |
| D2981                                                 | Inlay repair necessitated by restorative material failure                                     | 133                     |
| D2982                                                 | Onlay repair necessitated by restorative material failure                                     | 133                     |
| <b><i>Endodontics (root canals)</i></b>               |                                                                                               |                         |
| D3110                                                 | Pulp cap—direct, excluding final restoration                                                  | 40                      |
| D3120                                                 | Pulp cap—indirect, excluding final restoration                                                | 34                      |
| D3220                                                 | Therapeutic pulpotomy, excluding final restoration                                            | 107                     |
| D3310                                                 | Root canal therapy—anterior, excluding final restoration <i>(See Note J.)</i>                 | 460                     |
| D3320                                                 | Root canal therapy—premolar, excluding final restoration <i>(See Note J.)</i>                 | 546                     |
| D3330                                                 | Root canal therapy—molar, excluding final restoration <i>(See Note J.)</i>                    | 838                     |
| D3346                                                 | Retreatment of previous root canal therapy—anterior                                           | 542                     |
| D3347                                                 | Retreatment of previous root canal therapy—bicuspid                                           | 644                     |
| D3348                                                 | Retreatment of previous root canal therapy—molar                                              | 990                     |
| D3351                                                 | Apexification/recalcification, initial visit                                                  | 213                     |
| D3352                                                 | Apexification/recalcification, interim medication replacement                                 | 155                     |
| D3353                                                 | Apexification/recalcification, final visit                                                    | 213                     |
| D3355                                                 | Pulpal regeneration—initial visit                                                             | 213                     |
| D3356                                                 | Pulpal regeneration—interim medication replacement                                            | 155                     |
| D3357                                                 | Pulpal regeneration—completion of treatment                                                   | 213                     |
| D3410*                                                | Apicoectomy—anterior                                                                          | 593                     |
| D3421*                                                | Apicoectomy—premolar, first root                                                              | 652                     |
| D3425*                                                | Apicoectomy—molar, first root                                                                 | 733                     |
| D3426*                                                | Apicoectomy—each additional root                                                              | 233                     |
| D3430*                                                | Retrograde filling—per root                                                                   | 194                     |
| D3450                                                 | Root amputation—per root                                                                      | 373                     |
| D3471                                                 | Surgical repair of root resorption—anterior                                                   | 593                     |
| D3472                                                 | Surgical repair of root resorption—premolar                                                   | 652                     |
| D3473                                                 | Surgical repair of root resorption—molar                                                      | 733                     |
| D3501                                                 | Surgical exposure of root surface without apicoectomy or repair of root resorption—anterior   | 233                     |
| D3502                                                 | Surgical exposure of root surface without apicoectomy or repair of root resorption—premolar   | 233                     |
| D3503                                                 | Surgical exposure of root surface without apicoectomy or repair of root resorption—molar      | 233                     |
| D3911                                                 | Intraorifice barrier <i>(See Note F.)</i>                                                     | 55                      |
| D3920                                                 | Hemisection with root removal, without root canal therapy                                     | 340                     |
| <b><i>Periodontics (treatment of gum disease)</i></b> |                                                                                               |                         |
| D4210*                                                | Gingivectomy or gingivoplasty—four or more contiguous teeth per quadrant <i>(See Note F.)</i> | 480                     |
| D4211*                                                | Gingivectomy or gingivoplasty—one to three contiguous teeth per quadrant <i>(See Note F.)</i> | 154                     |

| <b>ADA code</b>                                                  | <b>Description</b>                                                                                                                      | <b>Member pays (\$)</b> |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b><i>Periodontics (treatment of gum disease), continued</i></b> |                                                                                                                                         |                         |
| D4230*                                                           | Anatomical crown exposure—four or more contiguous teeth or tooth-bounded spaces per quadrant ( <i>See Note F.</i> )                     | 858                     |
| D4231*                                                           | Anatomical crown exposure—one to three teeth or tooth-bounded spaces per quadrant ( <i>See Note F.</i> )                                | 240                     |
| D4240*                                                           | Gingival flap procedure, including root planing—four or more contiguous teeth or tooth-bound spaces per quadrant ( <i>See Note F.</i> ) | 585                     |
| D4241*                                                           | Gingival flap procedure, including root planing—one to three contiguous teeth or tooth-bound spaces per quadrant ( <i>See Note F.</i> ) | 293                     |
| D4245*                                                           | Apically positioned flap ( <i>See Note F.</i> )                                                                                         | 585                     |
| D4249*                                                           | Clinical crown lengthening—hard tissue ( <i>See Note G.</i> )                                                                           | 660                     |
| D4260*                                                           | Osseous surgery, including flap entry and closure—per quadrant ( <i>See Note F.</i> )                                                   | 953                     |
| D4261*                                                           | Osseous surgery, including flap entry and closure—one to three teeth per quadrant ( <i>See Note F.</i> )                                | 476                     |
| D4263*                                                           | Bone replacement graft—first site in quadrant ( <i>See Note F.</i> )                                                                    | 426                     |
| D4264*                                                           | Bone replacement graft—each additional site in quadrant ( <i>See Note F.</i> )                                                          | 606                     |
| D4265*                                                           | Biologic materials to aid in soft and osseous tissue regeneration, per site ( <i>See Note F.</i> )                                      | 213                     |
| D4266*                                                           | Guided tissue regeneration, natural teeth—resorbable barrier, per site ( <i>See Note F.</i> )                                           | 546                     |
| D4267*                                                           | Guided tissue regeneration, natural teeth—non-resorbable barrier, per site ( <i>See Note F.</i> )                                       | 667                     |
| D4270*                                                           | Pedicle soft tissue graft procedure per quadrant ( <i>See Note F.</i> )                                                                 | 639                     |
| D4273*                                                           | Subepithelial tissue graft procedure, including donor site surgery, per quadrant ( <i>See Note F.</i> )                                 | 746                     |
| D4275*                                                           | Soft tissue allograft per quadrant ( <i>See Note F.</i> )                                                                               | 746                     |
| D4276*                                                           | Combined connective tissue and pedicle graft, per tooth ( <i>See Note F.</i> )                                                          | 746                     |
| D4283*                                                           | Autogenous connective tissue graft procedure, each additional tooth ( <i>See Note F.</i> )                                              | 746                     |
| D4285*                                                           | Non-autogenous connective tissue graft procedure, each additional tooth ( <i>See Note F.</i> )                                          | 746                     |
| D4286*                                                           | Removal of non-resorbable barrier ( <i>See Note F.</i> )                                                                                | 166.75                  |
| D4322*                                                           | Splint—intra-coronal; natural teeth or prosthetic crowns ( <i>See Note F.</i> )                                                         | 133                     |
| D4323*                                                           | Splint—extra-coronal; natural teeth or prosthetic crowns ( <i>See Note F.</i> )                                                         | 133                     |
| D4341*                                                           | Periodontal scaling and root planing, per quadrant ( <i>See Note D.</i> )                                                               | 160                     |
| D4342                                                            | Periodontal scaling and root planing, one to three teeth per quadrant ( <i>See Note D.</i> )                                            | 80                      |
| D4355                                                            | Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit ( <i>See Note C.</i> )      | 107                     |
| D4910                                                            | Periodontal maintenance after active therapy ( <i>See Note M.</i> )                                                                     | 107                     |
| D4921                                                            | Gingival irrigation with a medicinal agent—per quadrant                                                                                 | 0                       |
| <b><i>Prosthetics/removable (dentures)</i></b>                   |                                                                                                                                         |                         |
| D5110                                                            | Complete denture—upper ( <i>See Note P.</i> )                                                                                           | 795                     |
| D5120                                                            | Complete denture—lower ( <i>See Note Q.</i> )                                                                                           | 795                     |
| D5130                                                            | Immediate denture—upper ( <i>See Note P.</i> )                                                                                          | 865                     |
| D5140                                                            | Immediate denture—lower ( <i>See Note Q.</i> )                                                                                          | 865                     |
| D5211                                                            | Maxillary partial denture—resin base including retentive clasping materials, rests, and teeth ( <i>See Note P.</i> )                    | 660                     |

| ADA code                                                  | Description                                                                                                                                                        | Member pays (\$) |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <b><i>Prosthetics/removable (dentures), continued</i></b> |                                                                                                                                                                    |                  |
| D5212                                                     | Mandibular partial denture—resin base including retentive clasping materials, rests, and teeth ( <i>See Note Q.</i> )                                              | 660              |
| D5213                                                     | Maxillary partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) ( <i>See Note P.</i> )               | 823              |
| D5214                                                     | Mandibular partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) ( <i>See Note Q.</i> )              | 823              |
| D5221                                                     | Immediate maxillary partial denture—resin base including retentive/clasping materials, rests, and teeth ( <i>See Note P.</i> )                                     | 290              |
| D5222                                                     | Immediate mandibular partial denture—resin base                                                                                                                    | 290              |
| D5223                                                     | Immediate maxillary partial denture—cast metal framework with resin denture bases including retentive/clasping materials, rests, and teeth ( <i>See Note P.</i> )  | 290              |
| D5224                                                     | Immediate mandibular partial denture—cast metal framework with resin denture bases including retentive/clasping materials, rests, and teeth ( <i>See Note Q.</i> ) | 290              |
| D5225                                                     | Maxillary partial denture—flexible base, including retentive/clasping materials, rests, and teeth ( <i>See Note P.</i> )                                           | 823              |
| D5226                                                     | Mandibular partial denture—flexible base, including retentive/clasping materials, rests, and teeth ( <i>See Note Q.</i> )                                          | 823              |
| D5227                                                     | Immediate maxillary partial denture—flexible base, including any clasps, rests, and teeth ( <i>See Note P.</i> )                                                   | 290              |
| D5228                                                     | Immediate mandibular partial denture—flexible base, including any clasps, rests, and teeth ( <i>See Note Q.</i> )                                                  | 290              |
| D5282                                                     | Removable unilateral partial denture—one piece cast metal, including retentive/clasping materials, rests, and teeth—maxillary ( <i>See Note P.</i> )               | 442              |
| D5283                                                     | Removal unilateral partial denture—one piece cast metal, including retentive/clasping materials, rests, and teeth—mandibular ( <i>See Note Q.</i> )                | 442              |
| D5284                                                     | Removable unilateral partial denture—one-piece flexible base, including retentive/clasping materials, rests, and teeth—per quadrant ( <i>See Note P.</i> )         | 823              |
| D5286                                                     | Removable unilateral partial denture—one piece resin, including retentive/clasping materials, rests, and teeth—per quadrant ( <i>See Note Q.</i> )                 | 823              |
| D5410                                                     | Adjust complete denture—upper ( <i>See Note B.</i> )                                                                                                               | 37               |
| D5411                                                     | Adjust complete denture—lower ( <i>See Note B.</i> )                                                                                                               | 37               |
| D5421                                                     | Adjust partial denture—upper ( <i>See Note B.</i> )                                                                                                                | 37               |
| D5422                                                     | Adjust partial denture—lower ( <i>See Note B.</i> )                                                                                                                | 37               |
| D5511                                                     | Repair broken complete denture base—mandibular ( <i>See Note K.</i> )                                                                                              | 37               |
| D5512                                                     | Repair broken complete denture base—maxillary ( <i>See Note K.</i> )                                                                                               | 37               |
| D5520                                                     | Replace missing or broken tooth—complete denture, each tooth ( <i>See Note K.</i> )                                                                                | 69               |
| D5611                                                     | Repair resin partial denture base—mandibular ( <i>See Note K.</i> )                                                                                                | 37               |
| D5612                                                     | Repair resin partial denture base—maxillary ( <i>See Note K.</i> )                                                                                                 | 37               |
| D5621                                                     | Repair cast partial framework—mandibular ( <i>See Note K.</i> )                                                                                                    | 37               |
| D5622                                                     | Repair cast partial framework—maxillary ( <i>See Note K.</i> )                                                                                                     | 37               |
| D5630                                                     | Repair or replace broken retentive/clasping materials—per tooth ( <i>See Note K.</i> )                                                                             | 91               |
| D5640                                                     | Replace broken teeth—per tooth ( <i>See Note K.</i> )                                                                                                              | 70               |
| D5650                                                     | Add tooth to existing partial denture ( <i>See Note K.</i> )                                                                                                       | 88               |
| D5660                                                     | Add clasp to existing partial denture ( <i>See Note K.</i> )                                                                                                       | 109              |
| D5670                                                     | Replace all teeth maxillary ( <i>See Note C.</i> )                                                                                                                 | 396              |
| D5671                                                     | Replace all teeth mandibular ( <i>See Note C.</i> )                                                                                                                | 396              |
| D5710                                                     | Rebase complete denture—upper ( <i>See Note C.</i> )                                                                                                               | 278              |
| D5711                                                     | Rebase complete denture—lower ( <i>See Note C.</i> )                                                                                                               | 278              |

| <b>ADA code</b>                                           | <b>Description</b>                                                                                                          | <b>Member pays (\$)</b> |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b><i>Prosthetics/removable (dentures), continued</i></b> |                                                                                                                             |                         |
| D5720                                                     | Rebase partial denture—upper ( <i>See Note C.</i> )                                                                         | 278                     |
| D5721                                                     | Rebase partial denture—lower ( <i>See Note C.</i> )                                                                         | 278                     |
| D5725                                                     | Rebase hybrid prosthesis ( <i>See Note C.</i> )                                                                             | 278                     |
| D5730                                                     | Reline complete denture—direct, upper ( <i>See Note C.</i> )                                                                | 164                     |
| D5731                                                     | Reline complete denture—direct, lower ( <i>See Note C.</i> )                                                                | 164                     |
| D5740                                                     | Reline partial denture—direct, upper ( <i>See Note C.</i> )                                                                 | 164                     |
| D5741                                                     | Reline partial denture—direct, lower ( <i>See Note C.</i> )                                                                 | 164                     |
| D5750                                                     | Reline complete denture—indirect, upper ( <i>See Note C.</i> )                                                              | 224                     |
| D5751                                                     | Reline complete denture—indirect, lower ( <i>See Note C.</i> )                                                              | 224                     |
| D5760                                                     | Reline partial denture—indirect, upper ( <i>See Note C.</i> )                                                               | 224                     |
| D5761                                                     | Reline partial denture—indirect, lower ( <i>See Note C.</i> )                                                               | 224                     |
| D5765                                                     | Soft liner for complete or partial removable denture—indirect ( <i>See Note C.</i> )                                        | 84                      |
| D5820                                                     | Interim partial denture—including retentive/clasping materials, rests, and teeth (upper), maxillary ( <i>See Note P.</i> )  | 290                     |
| D5821                                                     | Interim partial denture, including retentive/clasping materials, rests, and teeth (lower)—mandibular ( <i>See Note Q.</i> ) | 290                     |
| D5850                                                     | Tissue conditioning—upper ( <i>See Note C.</i> )                                                                            | 84                      |
| D5851                                                     | Tissue conditioning—lower ( <i>See Note C.</i> )                                                                            | 79                      |
| D5863                                                     | Overdenture—complete maxillary ( <i>See Note P.</i> )                                                                       | 795                     |
| D5864                                                     | Overdenture—partial maxillary ( <i>See Note P.</i> )                                                                        | 795                     |
| D5865                                                     | Overdenture—complete mandibular ( <i>See Note Q.</i> )                                                                      | 823                     |
| D5866                                                     | Overdenture—partial mandibular ( <i>See Note Q.</i> )                                                                       | 823                     |
| D5876                                                     | Add metal substructure to acrylic full denture—per arch ( <i>See Note C.</i> )                                              | 278                     |
| <b><i>Prosthetics/fixed (bridges)</i></b>                 |                                                                                                                             |                         |
| D6205*                                                    | Pontic—indirect resin-based composite ( <i>See Note R.</i> )                                                                | 287                     |
| D6210*                                                    | Pontic—cast high noble metal ( <i>See Note R.</i> )                                                                         | 746                     |
| D6211*                                                    | Pontic—cast predominantly base metal ( <i>See Note R.</i> )                                                                 | 686                     |
| D6212*                                                    | Pontic—cast noble metal ( <i>See Note R.</i> )                                                                              | 660                     |
| D6214*                                                    | Pontic—titanium and titanium alloys ( <i>See Note R.</i> )                                                                  | 746                     |
| D6240*                                                    | Pontic—porcelain fused to high noble metal ( <i>See Note R.</i> )                                                           | 752                     |
| D6241*                                                    | Pontic—porcelain fused to predominantly base metal ( <i>See Note R.</i> )                                                   | 660                     |
| D6242*                                                    | Pontic—porcelain fused to noble metal ( <i>See Note R.</i> )                                                                | 718                     |
| D6243*                                                    | Pontic—porcelain fused to titanium and titanium alloys ( <i>See Note R.</i> )                                               | 782                     |
| D6245*                                                    | Pontic—porcelain/ceramic ( <i>See Note R.</i> )                                                                             | 752                     |
| D6545*                                                    | Retainer—cast metal for resin bonded fixed prosthesis ( <i>See Note G.</i> )                                                | 279                     |
| D6548*                                                    | Retainer—porcelain/ceramic for resin bonded fixed prosthesis ( <i>See Note G.</i> )                                         | 279                     |
| D6549*                                                    | Resin retainer—for resin bonded fixed prosthesis ( <i>See Note G.</i> )                                                     | 279                     |
| D6600*                                                    | Inlay—porcelain/ceramic, two surfaces ( <i>See Note G.</i> )                                                                | 713                     |
| D6601*                                                    | Inlay—porcelain/ceramic, three or more surfaces ( <i>See Note G.</i> )                                                      | 787                     |
| D6602*                                                    | Inlay—cast high noble metal, two surfaces ( <i>See Note G.</i> )                                                            | 580                     |
| D6603*                                                    | Inlay—cast high noble metal, three or more surfaces ( <i>See Note G.</i> )                                                  | 689                     |
| D6604*                                                    | Inlay—cast predominantly base metal, two surfaces ( <i>See Note G.</i> )                                                    | 580                     |
| D6605*                                                    | Inlay—cast predominantly base metal, three or more surfaces ( <i>See Note G.</i> )                                          | 595                     |
| D6606*                                                    | Inlay—cast noble metal, two surfaces ( <i>See Note G.</i> )                                                                 | 527                     |
| D6607*                                                    | Inlay—cast noble metal, three or more surfaces ( <i>See Note G.</i> )                                                       | 626                     |
| D6608*                                                    | Onlay—porcelain/ceramic, two surfaces ( <i>See Note G.</i> )                                                                | 713                     |



| <b>ADA code</b>                                      | <b>Description</b>                                                                                 | <b>Member pays (\$)</b> |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------|
| <b><i>Prosthetics/fixed (bridges), continued</i></b> |                                                                                                    |                         |
| D6609*                                               | Onlay—porcelain/ceramic, three or more surfaces ( <i>See Note G.</i> )                             | 787                     |
| D6610*                                               | Onlay—cast high noble metal, two surfaces ( <i>See Note G.</i> )                                   | 787                     |
| D6611*                                               | Onlay—cast high noble metal, three or more surfaces ( <i>See Note G.</i> )                         | 860                     |
| D6612*                                               | Onlay—cast predominantly base metal, two surfaces ( <i>See Note G.</i> )                           | 677                     |
| D6613*                                               | Onlay—cast predominantly base metal, three or more surfaces ( <i>See Note G.</i> )                 | 749                     |
| D6614*                                               | Onlay—cast noble metal, two surfaces ( <i>See Note G.</i> )                                        | 713                     |
| D6615*                                               | Onlay—cast noble metal, three or more surfaces ( <i>See Note G.</i> )                              | 787                     |
| D6624*                                               | Inlay—titanium ( <i>See Note G.</i> )                                                              | 689                     |
| D6634*                                               | Onlay—titanium ( <i>See Note G.</i> )                                                              | 860                     |
| D6710*                                               | Crown—indirect resin-based composite ( <i>See Note G.</i> )                                        | 287                     |
| D6740*                                               | Crown—porcelain/ceramic ( <i>See Note G.</i> )                                                     | 772                     |
| D6750*                                               | Crown—porcelain fused to high noble metal ( <i>See Note G.</i> )                                   | 772                     |
| D6751*                                               | Crown—porcelain fused to predominantly base metal ( <i>See Note G.</i> )                           | 686                     |
| D6752*                                               | Crown—porcelain fused to noble metal ( <i>See Note G.</i> )                                        | 733                     |
| D6753*                                               | Crown—porcelain fused to titanium and titanium alloys ( <i>See Note G.</i> )                       | 803                     |
| D6780*                                               | Crown— $\frac{3}{4}$ cast high noble metal ( <i>See Note G.</i> )                                  | 705                     |
| D6781*                                               | Crown— $\frac{3}{4}$ cast base metal ( <i>See Note G.</i> )                                        | 686                     |
| D6782*                                               | Crown— $\frac{3}{4}$ cast noble metal ( <i>See Note G.</i> )                                       | 733                     |
| D6783*                                               | Crown— $\frac{3}{4}$ porcelain/ceramic ( <i>See Note G.</i> )                                      | 772                     |
| D6784*                                               | Crown— $\frac{3}{4}$ titanium and titanium alloys ( <i>See Note G.</i> )                           | 733                     |
| D6790*                                               | Crown—full cast high noble metal ( <i>See Note G.</i> )                                            | 759                     |
| D6791*                                               | Crown—full cast predominantly base metal ( <i>See Note G.</i> )                                    | 679                     |
| D6792*                                               | Crown—full cast noble metal ( <i>See Note G.</i> )                                                 | 713                     |
| D6794*                                               | Crown—titanium and titanium alloys ( <i>See Note G.</i> )                                          | 759                     |
| D6930                                                | Re-cement fixed partial denture ( <i>See Note R.</i> )                                             | 76                      |
| <b><i>Oral surgery (extractions)</i></b>             |                                                                                                    |                         |
| D7111                                                | Extraction, coronal remnants—primary tooth ( <i>See Note J.</i> )                                  | 42                      |
| D7140                                                | Extraction of erupted tooth or exposed root ( <i>See Note J.</i> )                                 | 84                      |
| D7210*                                               | Surgical removal of erupted tooth ( <i>See Note J.</i> )                                           | 194                     |
| D7250                                                | Surgical removal of residual tooth roots (cutting procedure) ( <i>See Note J.</i> )                | 213                     |
| D7260                                                | Oroantral fistula closure                                                                          | 506                     |
| D7261                                                | Primary closure of a sinus perforation                                                             | 506                     |
| D7270                                                | Tooth reimplantation, per site ( <i>See Note J.</i> )                                              | 287                     |
| D7291                                                | Transseptal fiberotomy                                                                             | 61                      |
| D7310                                                | Alveoloplasty in conjunction with extractions—four or more teeth per quadrant                      | 154                     |
| D7311                                                | Alveoloplasty in conjunction with extractions—one to three teeth per quadrant                      | 77                      |
| D7320                                                | Alveoloplasty no extractions—four or more teeth per quadrant                                       | 306                     |
| D7321                                                | Alveoloplasty no extractions—one to three teeth per quadrant                                       | 153                     |
| D7471*                                               | Removal exostosis—per site                                                                         | 233                     |
| D7472*                                               | Removal of torus palatinus                                                                         | 233                     |
| D7473*                                               | Removal of torus mandibularis                                                                      | 233                     |
| D7485*                                               | Surgical reduction of osseous tuberosity                                                           | 233                     |
| D7881                                                | Occlusal orthotic device adjustment                                                                | 37                      |
| D7910                                                | Suture simple wounds up to 5 cm                                                                    | 75                      |
| D7956*                                               | Guided tissue regeneration, edentulous area—resorbable barrier, per site<br>( <i>See Note F.</i> ) | 546                     |

| <b>ADA code</b>                              | <b>Description</b>                                                                            | <b>Member pays (\$)</b> |
|----------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------|
| <b>Oral surgery (extractions), continued</b> |                                                                                               |                         |
| D7957*                                       | Guided tissue regeneration, edentulous area—non-resorbable barrier, per site<br>(See Note F.) | 667                     |
| D7961                                        | Buccal/labial frenectomy (frenulectomy)                                                       | 287                     |
| D7962                                        | Lingual frenectomy (frenulectomy)                                                             | 287                     |
| D7970                                        | Excision of hyperplastic tissue—per arch (See Note F.)                                        | 261                     |
| D7971                                        | Excision of pericoronal gingiva (See Note F.)                                                 | 120                     |
| D7972                                        | Surgical reduction of fibrous tuberosity                                                      | 261                     |

### **Additional procedures**

|        |                                                                      |     |
|--------|----------------------------------------------------------------------|-----|
| D9110  | Palliative treatment of dental pain—per visit (See Note L.)          | 53  |
| D9120  | Fixed partial denture sectioning                                     | 107 |
| D9210  | Local anesthesia                                                     | 0   |
| D9222* | Deep sedation/general anesthesia—first 15 minutes                    | 157 |
| D9223* | Deep sedation/general anesthesia—each subsequent 15-minute increment | 157 |
| D9230* | Analgesia                                                            | 39  |
| D9910  | Application of desensitizing medicament                              | 28  |
| D9911  | Application of desensitizing resin, per tooth                        | 10  |
| D9920  | Behavioral management—per visit                                      | 53  |
| D9942  | Repair and realign occlusal guard (See Note S.)                      | 110 |
| D9943  | Occlusal adjustment                                                  | 37  |
| D9944* | Occlusal guard—hard appliance, full arch (See Note S.)               | 366 |
| D9945* | Occlusal guard—soft appliance, full arch (See Note S.)               | 366 |
| D9946* | Occlusal guard—hard appliance, partial arch (See Note S.)            | 183 |
| D9947* | Custom sleep apnea appliance fabrication and placement (See Note S.) | 366 |
| D9948  | Adjustment of custom sleep apnea appliance                           | 37  |
| D9949  | Repair of custom sleep apnea appliance (See Note S.)                 | 110 |
| D9951* | Occlusal adjustment—limited                                          | 67  |
| D9952* | Occlusal adjustment—complete                                         | 287 |
| D9953  | Reline custom sleep apnea appliance (indirect) (See Note S.)         | 110 |
| D9999  | Broken appointment fee—per 30 minutes                                | 19  |

### **Notes**

- A. Service is limited to two (2) preventive exams, cleanings, fluoride applications and caries risk assessment per plan year. Service is limited to 2 of D0150 or D0180 per provider per plan year. Service is limited to 2 of D1206 or D1208 per calendar year.
- B. Service is limited to one (1) per six (6) months.
- C. Rebases and relines are limited to 1 upper complete or partial denture and 1 lower complete or partial denture per 12 months.
- D. Service is limited to one (1) per twenty-four (24) months.
- E. Service is limited to one (1) per thirty-six (36) months, when rendered on the same tooth.
- F. Service is limited to one (1) per thirty-six (36) months.
- G. Service is limited to one (1) inlay, onlay, or crown per sixty (60) months, per tooth.
- H. Service is limited to one (1) per plan year.
- I. Service is limited to one of D0270, D0272, D0273, D0274, D0373, D0708 per plan year.
- J. Service is limited to one (1) tooth per lifetime.
- K. Service is limited to three (3) per-sixty (60) months.
- L. Palliative care (D9110) is covered as a separate benefit if no other service, other than the exam and X-rays, was performed on the tooth during the visit.
- M. Service is limited to two (2) per twelve (12) months following periodontal therapy.

- N. Service is limited to eight (8) per plan year.
- O. Service is limited to two (2) per twelve (12) months.
- P. Service is limited to one (1) upper partial, complete, or immediate denture per sixty (60) months.
- Q. Service is limited to one (1) lower partial, complete, or immediate denture per sixty (60) months.
- R. Service is limited to one (1) fixed denture per sixty (60) months per tooth.
- S. Service is limited to one (1) occlusal guard or custom sleep apnea appliance per sixty (60) months.

**Exclusions:**

- If a code or procedure isn't listed, it's not covered.
- Cosmetic procedures including teeth whitening.
- Orthodontics including Invisalign.
- Implants and all associated services.
- Consultation fees.
- Services provided before the member was eligible under the plan benefits.
- Services provided after the member was terminated from the plan.
- Services provided by a non-contracted provider.

If you have any questions, please call Customer Service at 1-800-325-5669 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (Oct. 1–March 31, seven days a week).

## Notice of inclusion resources

At Fallon Health, we believe everyone deserves access to **health care without discrimination**. We work every day to help people of any age, income level, race, color, ethnicity, national origin, disability, religion, sexual orientation, sex, gender identity, and health status achieve their health goals.

To make sure you have access to all the resources and information necessary to understand and access your health plan benefits, we:

- Provide **free aids and services**—such as qualified sign language interpreters and written information in other formats, including large print, braille, accessible electronic formats and other formats
- Provide **free language services**—such as qualified interpreters and information written in other languages—to people whose primary language is not English.
- Have **dedicated resources, individuals, and teams** that specialize in reviewing our policies to ensure inclusion of the unique needs of our transgender and gender diverse members.

If you need access to or wish to discuss any of this information or resources, **please call us** at the phone number on the back of your member ID card. Or you can email us at [cs@fallonhealth.org](mailto:cs@fallonhealth.org).

If you believe Fallon or a provider has **discriminated against you or didn't provide these resources**, please tell us. You can write, call, or email us at:

|                                      |                                                                                     |
|--------------------------------------|-------------------------------------------------------------------------------------|
| Compliance Director                  | Phone: 1-508-368-9988 (TRS 711)                                                     |
| Fallon Health                        | Email: <a href="mailto:compliance@fallonhealth.org">compliance@fallonhealth.org</a> |
| 10 Chestnut St., Worcester, MA 01608 |                                                                                     |

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, D.C., 20201  
Phone: 1-800-368-1019 (TDD: 1-800-537-7697)

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-325-5669. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-325-5669. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-325-5669。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-325-5669。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-325-5669. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-325-5669. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-325-5669 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-325-5669. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-325-5669번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-325-5669. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، بمساعدتك. هذه خدمة مجانية ليس عليك سوى الاتصال بنا على 1-800-325-5669. سيقوم شخص ما يتحدث العربية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-325-5669 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-325-5669. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-325-5669. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-325-5669. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-325-5669. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-325-5669にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

**Khmer:** យើងមានសេវាកម្មអ្នកបកប្រែផ្ទាល់មាត់ឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយ ដែលអ្នកអាចមានអំពី គម្រោងសុខភាព ឬគម្រោងឱសថរបស់អ្នក។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ សូមទូរសព្ទមកយើង តាមលេខ 1-800-325-5669 ។ អ្នកណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសា អាចជួយអ្នក បាន។ នេះគឺជាសេវាកម្មមិនគិតថ្លៃ។