

# The Harvard Pilgrim HMO

## Preventive Dental Rider for Adults

### MASSACHUSETTS

The Plan covers two preventive dental exams per Plan Year or Calendar Year for Members age 13 and over. Please see your Schedule of Benefits to determine which type of year your Plan utilizes. For coverage, services must be provided by a Plan Provider. Only the following services are covered:

- Cleaning
- Fluoride treatment
- Teaching plaque control
- X-rays

### MEMBER COST SHARING

The services listed above are covered in full after you pay the applicable office visit Member Cost Sharing (Copayment or any applicable Deductible and Coinsurance). Please see your Identification Card or Schedule of Benefits for this amount.

\$15 Copayment per visit

To locate a Plan Provider you may view the Provider Directory online at our website, [www.harvardpilgrim.org](http://www.harvardpilgrim.org). You can also get a copy of the Provider Directory free of charge by calling the Member Services Department at **1-888-333-4742** or **711** for TTY service.

### EXCLUSIONS

All other Dental Care, except the specific dental services listed as Covered Benefits in your Benefit Handbook and Schedule of Benefits.