

What Is Covered by CSO's Dental, Hearing and Vision Plan?



For a complete listing of benefits, exclusions and limitations, please refer to the Policy. To locate a dentist in the DenteMax network, please visit <https://www.dentemax.com/>. This brochure provides summary information, and the benefits may vary by state.

Type I Dental Covered Expenses

Preventive	<ul style="list-style-type: none"> • Prophylaxis, once every 6 months • Topical application of fluoride, once every 12 months, up to age 16 • Sealants (per tooth), once every 36 months, up to age 16
Diagnostic	<ul style="list-style-type: none"> • Periodic oral evaluations, once every 6 months • Limited oral evaluations, once every 6 months • Comprehensive oral evaluations, once every 6 months • Detailed and extensive oral evaluations, once every 6 months • Re-evaluations • Comprehensive periodontal evaluations, once every 6 months • Bitewings, once every 12 months • Vertical bitewings (seven to eight films), once every 36 months • Diagnostic casts

Type II Dental Covered Expenses — Basic Restorative Care

Preventive	<ul style="list-style-type: none"> • Fixed, removable, unilateral or bilateral space maintainers, up to age 6
Diagnostic	<ul style="list-style-type: none"> • Intraoral films, extraoral films and panoramic films, once every 36 months
Restorative	<ul style="list-style-type: none"> • Amalgam, primary or permanent; and resin-based composite
Adjunctive Services	<ul style="list-style-type: none"> • Palliative (emergency) treatment of dental pain • Fixed partial denture sectioning • Local anesthesia • Analgesia, up to age 13 • Inhalation of nitrous oxide • Application of desensitizing medicament and desensitizing resin for cervical and/or root service • Consultation • Occlusion analysis and occlusion adjustment

Type III Dental Covered Expenses — Major Restorative Care

<p>Restorative</p>	<ul style="list-style-type: none"> • Inlay and onlay and recementing, except within the 6 months of the initial period; limited to once every 12 months • Crowns, cast posts and core buildups • Protective restoration • Sedative fillings • Pin retention in addition to restoration (per tooth), limited to two procedures every 12 months
<p>Endodontics</p>	<ul style="list-style-type: none"> • Pulp caps, therapeutic pulpotomy and pulpal therapy • Endodontic therapy; anterior, bicuspid or molar • Root canal; anterior, bicuspid or molar (excluding final restoration) • Nonsurgical treatment of root canal obstruction • Internal tooth repair of perforation defects • Apexification/recalcification or apicoectomy/periradicular surgery • Retrograde fillings
<p>Periodontics</p>	<ul style="list-style-type: none"> • Gingivectomy/gingivoplasty, once every 36 months • Gingival flap procedure, once every 36 months • Hard tissue clinical crown lengthening • Osseous surgery, once every 36 months • Bone replacement grafts (first site and each additional site in quadrant) • Guided tissue regenerations, resorbable or non-resorbable barriers • Soft tissue graft procedures, including donor site surgery • Periodontal scaling and root planning limited to four separate quadrants, every 2 years • Full-mouth debridement to enable comprehensive evaluation and diagnosis, once every 36 months • Periodontal maintenance
<p>Prosthodontics</p>	<ul style="list-style-type: none"> • Complete or partial dentures for the replacement of missing or broken teeth, limited to once every 5 years • Replacement of broken teeth • Repair and adjustment of dentures • Retainer
<p>Oral Surgery</p>	<ul style="list-style-type: none"> • Extraction of erupted tooth, removal of impacted tooth • Surgical removal of residual tooth roots (actual cutting procedure) • Tooth transplantation or stabilization of accidentally evulsed or displaced tooth, • Biopsy of oral tissue, soft or hard (“hard” is the bone or tooth) • Alveoloplasty, in or not in conjunction with extractions • Removal of benign, odontogenic or non-odontogenic cyst/tumor, 1.25 cm in diameter and greater • Incision and drainage of abscess • Suture, of recent small wounds up to 5 cm or complicated 5 cm and greater • Sinus augmentation with bone or bone substitutes • Frenulectomy (frenectomy or frenotomy) • Excision of hyperplastic tissue (per arch) or pericoronal gingival

Vision Benefits

Vision Covered Expenses include comprehensive eye examinations performed by a physician and corrective spectacle lenses, frames, and contact lenses prescribed by a physician. Expenses also include corrective spectacle lens fittings and follow-up visits.

Hearing Benefits

Hearing Covered Expenses include hearing examinations performed by a physician, and hearing aids prescribed by a physician, including necessary hearing aid repairs.