



Don't Let Cavities Eat Into Your Retirement Savings

Enroll in a **New Hanover Health Advantage Plan** that now includes a **\$3,000** annual benefit. The dental allowance includes coverage for:

- Preventive services (exams and cleanings)
- Diagnostic services (radiographs - X-rays)
- Comprehensive services (fillings, crowns, bridges, and more)

With dental coverage through New Hanover Health Advantage, you can:

- Have access to your dentist of choice
- Choose a Medicare Advantage network provider that offers the most significant discounts, no balance billing and files claims on your behalf
- Enjoy improved overall health because



120+ signs of nondental disease can be detected in a routine oral exam¹



A buildup of dental plaque can increase the risk for heart disease²



Gum disease has been linked to diabetes risk by making the body more resistant to insulin³

Learn more and enroll in a New Hanover Health Advantage Plan today by visiting www.firstcarolinacare.com/NHHA or call (855) 291-9336.

Visit www.providers4you.com/NorthcarolinaMedicareAdvantage to find a Medicare Advantage network provider.

FirstCarolinaCare Insurance Company is a health plan with a Medicare contract. Enrollment in FirstCarolinaCare depends on contract renewal.

¹ James W. Little et al., Dental Management of the Medically Compromised Patient (St. Louis: Mosby, 2012)

² TE Van Dyke and AJ van Winkelhoff, "Infection and Inflammatory Mechanisms," Journal of Clinical Periodontology 40, suppl. 14 (2013): S1-S7.

³ Centers for Disease Control and Prevention. (2021, May 7). Diabetes and Oral Health. Centers for Disease Control and Prevention. Retrieved June 8, 2022, from <https://www.cdc.gov/diabetes/managing/diabetes-oral-health.html>



Visit www.providers4you.com/Northcarolina
MedicareAdvantage to find a Medicare
Advantage network provider.

	Select Plan	Platinum Plan	Freedom Plan
	Annual Dental Benefit: \$3,000 (Applies to all covered services in-network and out-of-network)	Annual Dental Benefit: \$3,000 (Applies to all covered services in-network and out-of-network)	Annual Dental Allowance: \$3,000 (Applies to all covered services in-network and out-of-network)
Preventive:			
Exam & cleaning	Covered at 100%	Covered at 100%	Covered at 100%
Bitewing Radiographs	Covered at 100%	Covered at 100%	Covered at 100%
Diagnostic:			
Emergency Palliative Treatment - to relieve pain	\$35 Copay, then 30% Coinsurance	\$35 Copay, then 30% Coinsurance	Covered at 100%
Radiographs - full mouth series, periapical or panoramic X-ray, payable once every 5 years	\$35 Copay, then 30% Coinsurance	\$35 Copay, then 30% Coinsurance	Covered at 100%
Comprehensive Services:			
Fillings - amalgam & resin based composite fillings only	\$35 Copay, then 30% Coinsurance	\$35 Copay, then 30% Coinsurance	Covered at 100%
Endodontics - root canals	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Periodontics Services - to treat gum disease	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Oral Surgery - extractions and dental surgery	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Crown or Partial Crown Services (inlay and onlay), Crown repair	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Implants	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Surgical drainage of an abscess tooth	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Dentures			
Complete Upper Denture	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Complete Lower Denture	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Upper Partial Denture	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Lower Partial Denture	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Denture Adjustment, Repair or Reline - for upper and lower	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Anesthesia			
Evaluation for sedation or generation anesthesia	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Deep Sedation/General Anesthesia	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
IV Sedation	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Occlusal Guard			
Adjustment of Occlusal Guard	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%
Full-Arch Hard Occlusal Guard - top or bottom	\$35 Copay, then 50% Coinsurance	\$35 Copay, then 50% Coinsurance	Covered at 100%