

2022 Mandatory Supplemental Dental Benefit DEN722

Coverage description: When necessary dental services are received, they will be covered according to the following schedule.

Deductible	\$0
Annual Maximum	\$2,000
Waiting Periods	None

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Periodic Exam				
D0120	Periodic Oral Exam	Two per year	100%	0%
Additional Exams				
D0150	Comprehensive Oral Evaluation, (new or established patient)	One procedure code from this group every 3 years	100%	0%
D0180	Comprehensive Periodontal Evaluation, (new or established patient)		100%	0%
Full Mouth And Panoramic X-Rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group every 5 years	100%	0%
D0330	Panoramic film		100%	0%
Intraoral X-Rays (Inside The Mouth)				
D0220	Periapical X-ray - first film	One procedure code from this group per year	100%	0%
D0230	Periapical X-ray - each additional film		100%	
D0240	Occlusal X-ray		100%	0%
Bitewing X-Rays				
D0270	Bitewing X-ray - single film	One procedure code from this group per year	100%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Bitewing X-Rays (Continued)				
D0272	Bitewing X-ray - two films	One procedure code from this group per year	100%	0%
D0273	Bitewing X-rays - three films		100%	0%
D0274	Bitewing X-rays - four films		100%	0%
Prophylaxis (Cleaning)				
D1110	Prophylaxis- Adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per year	100%	0%
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation if nitrous oxide	As needed with covered codes	100%	0%
Restorations (Fillings)				
D2140	Amalgam - one surface, primary or permanent	Two procedure codes from this group per year	50%	0%
D2150	Amalgam - two surfaces, primary or permanent		50%	0%
D2160	Amalgam - three surfaces, primary or permanent		50%	0%
D2161	Amalgam - four or more surfaces, primary or permanent		50%	0%
D2330	Resin-based Composite - one surface, anterior (front)		50%	0%
D2331	Resin-based Composite - two surfaces, anterior (front)		50%	0%
D2332	Resin-based Composite - three surfaces, anterior (front)		50%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Restorations (Fillings) (Continued)				
D2335	Resin-based Composite - four or more surfaces, anterior (front)	Two procedure codes from this group per year	50%	0%
D2391	Resin-based Composite - one surface, posterior (back)		50%	0%
D2392	Resin-based Composite - two surfaces, posterior (back)		50%	0%
D2393	Resin-based Composite - three surfaces, posterior (back)		50%	0%
D2394	Resin-based Composite - four or more surfaces, posterior (back)		50%	0%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Two procedure codes from this group per year	50%	0%
D7210	Surgical removal of erupted tooth (requiring evaluation of mucoperiosteal flap and removal of bone and/or section of tooth)		50%	0%

Benefits are offered on an annual basis. If these benefits are changed or eliminated next year and you have not used these benefits, you are no longer eligible for these benefits.

*Network dentists have agreed to provide services at contracted fees (the in-network fee schedules, or INFS). If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee schedule (co-insurance payment still applies).

**Non-network dentists have not agreed to provide services at contracted fees. If a member sees an out-of-network dentist, the coinsurance level will apply to the average negotiated in-network fee schedule (INFS) in your area. Members are responsible for the difference between the INFS and dentists' charged fees when visiting an out-of-network dentist.