



Dental (DEN) Benefits for Patients with Author by Humana

Refer to the tables listed below to find the Medicare Advantage (MA) DEN benefit document that matches the six-character DEN code listed in the back of your patient’s Member ID Card. These benefit documents, listed by plan year and in numerical order, provide the covered American Dental Association (ADA) codes and benefit frequencies.

Plan Year 2022

<u>DEN269</u>	<u>DEN722</u>	<u>DEN726</u>
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Plan Year 2021

<u>DEN706</u>	<u>DEN722</u>	<u>DEN723</u>
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The linked documents may update throughout the year. It is always best to access through the links provided above rather than downloading or printing the document.

2022 Mandatory Supplemental Dental Benefit DEN269

2022 Mandatory Supplemental Dental Benefit DEN269

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**
Exam				
D0120	Periodic oral evaluation - established patient	Two procedure codes per calendar year	100%	0%
Emergency Diagnostic Exam				
D0140	Limited oral evaluation - problem focused	One procedure code per calendar year	100%	0%
Additional Exams				
D0150	Comprehensive oral evaluation - new or established patient	One procedure code from this group every three calendar years	100%	0%
D0180	Comprehensive periodontal evaluation - new or established patient		100%	0%
Intraoral X-Rays (Inside The Mouth)				
D0220	Intraoral - periapical first radiographic image	One procedure code from this group per calendar year	100%	0%
D0230	Intraoral - periapical each additional radiographic image		100%	0%
D0240	Intraoral - occlusal radiographic image		100%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Full Mouth And Panoramic X-Rays				
D0210	Intraoral - complete series of radiographic images	One procedure code from this group every five calendar years	100%	0%
D0330	Panoramic radiographic image		100%	0%
Bitewing X-Rays				
D0270	Bitewing - single radiographic image	One procedure code from this group per calendar year	100%	0%
D0272	Bitewings - two radiographic images		100%	0%
D0273	Bitewings - three radiographic images		100%	0%
D0274	Bitewings - four radiographic images		100%	0%
Prophylaxis (Cleaning)				
D1110	Prophylaxis Adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Two procedure codes per calendar year	100%	0%
Fluoride				
D1206	Topical application of fluoride varnish	Two procedure codes from this group per calendar year	100%	0%
D1208	Topical application of fluoride - excluding varnish		100%	0%
Anesthesia				
D9222	Deep sedation/general anesthesia - first 15 minutes	As needed with covered codes	100%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Anesthesia (Continued)				
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	As needed with covered codes	100%	0%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		100%	0%
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes		100%	0%
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment		100%	0%
D9910	Application of desensitizing medicament		100%	0%
Restorations (Fillings)				
D2140	Amalgam - one surface, primary or permanent	Two procedure codes from this group per calendar year	100% after \$25	0%
D2150	Amalgam - two surfaces, primary or permanent		100% after \$25	0%
D2160	Amalgam - three surfaces, primary or permanent		100% after \$25	0%
D2161	Amalgam - four or more surfaces, primary or permanent		100% after \$25	0%
D2330	Resin-based composite - one surface, anterior (front)		100% after \$25	0%
D2331	Resin-based composite - two surfaces, anterior (front)		100% after \$25	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Restorations (Fillings) (Continued)				
D2332	Resin-based composite - three surfaces, anterior (front)	Two procedure codes from this group per calendar year	100% after \$25	0%
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)		100% after \$25	0%
D2391	Resin-based composite - one surface, posterior (back)		100% after \$25	0%
D2392	Resin-based composite - two surfaces, posterior (back)		100% after \$25	0%
D2393	Resin-based composite - three surfaces, posterior (back)		100% after \$25	0%
D2394	Resin-based composite - four or more surfaces, posterior (back)		100% after \$25	0%
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Two procedure codes from this group per calendar year	100% after \$25	0%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100% after \$25	0%
Emergency Treatment Of Pain				
D9110	Palliative (emergency) treatment of dental pain - minor procedure	Two procedure codes per calendar year	100% after \$25	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Crowns				
D2510	Inlay - metallic - one surface (alternate benefit only)	One per tooth per lifetime	50%	0%
D2520	Inlay - metallic - two surfaces (alternate benefit only)		50%	0%
D2530	Inlay - metallic - three or more surfaces (alternate benefit only)		50%	0%
D2542	Onlay - metallic - two surfaces		50%	0%
D2543	Onlay - metallic - three surfaces		50%	0%
D2544	Onlay - metallic - four or more surfaces		50%	0%
D2610	Inlay - porcelain/ceramic - one surface (alternate benefit only)		50%	0%
D2620	Inlay - porcelain/ceramic - two surfaces (alternate benefit only)		50%	0%
D2630	Inlay - porcelain/ceramic - three or more surfaces (alternate benefit only)		50%	0%
D2642	Onlay - porcelain/ceramic - two surfaces		50%	0%
D2643	Onlay - porcelain/ceramic - three surfaces		50%	0%
D2644	Onlay - porcelain/ceramic - four or more surfaces		50%	0%
D2650	Inlay - resin-based composite - one surface (alternate benefit only)		50%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Crowns (Continued)				
D2651	Inlay - resin-based composite - two surfaces (alternate benefit only)	One per tooth per lifetime	50%	0%
D2652	Inlay - resin-based composite - three or more surfaces (alternate benefit only)		50%	0%
D2662	Onlay - resin-based composite - two surfaces		50%	0%
D2663	Onlay - resin-based composite - three surfaces		50%	0%
D2664	Onlay - resin-based composite - four or more surfaces		50%	0%
D2710	Crown - resin-based composite (indirect)		50%	0%
D2712	Crown - 3/4 resin-based composite (indirect)		50%	0%
D2720	Crown - resin with high noble metal		50%	0%
D2721	Crown - resin with predominantly base metal		50%	0%
D2722	Crown - resin with noble metal		50%	0%
D2740	Crown - porcelain/ceramic		50%	0%
D2750	Crown - porcelain fused to high noble metal		50%	0%
D2751	Crown - porcelain fused to predominantly base metal		50%	0%
D2752	Crown - porcelain fused to noble metal		50%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Crowns (Continued)				
D2753	Crown - porcelain fused to titanium and titanium alloys	One per tooth per lifetime	50%	0%
D2780	Crown - 3/4 cast high noble metal		50%	0%
D2781	Crown - 3/4 cast predominantly base metal		50%	0%
D2782	Crown - 3/4 cast noble metal		50%	0%
D2783	Crown - 3/4 porcelain/ceramic		50%	0%
D2790	Crown - full cast high noble metal		50%	0%
D2791	Crown - full cast predominantly base metal		50%	0%
D2792	Crown - full cast noble metal		50%	0%
D2794	Crown - titanium and titanium alloys		50%	0%
Re-Cement Of Crown				
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	One procedure code from this group every five calendar years	100% after \$25	0%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		100% after \$25	0%
D2920	Re-cement or re-bond crown		100% after \$25	0%
Periodontal Scaling And Root Planing				
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	One procedure code per quadrant from this group every three calendar years	100% after \$25	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Periodontal Scaling And Root Planing (Continued)				
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	One procedure code per quadrant from this group every three calendar years	100% after \$25	0%
Scaling - Moderate Gingival Inflammation				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	One procedure code every three calendar years	100% after \$25	0%
Periodontal Maintenance				
D4910	Periodontal maintenance	Four procedure codes per calendar year	100%	0%
Complete Dentures (Including Routine Post-Delivery Care)				
D5110	Complete denture - maxillary	One upper and lower complete denture every five calendar years	50%	0%
D5120	Complete denture - mandibular		50%	0%
D5130	Immediate denture - maxillary		50%	0%
D5140	Immediate denture - mandibular		50%	0%
Removable Partial Dentures (Including Routine Post-Delivery Care)				
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	One upper and lower partial denture every five calendar years	50%	0%
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		50%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Removable Partial Dentures (Including Routine Post-Delivery Care) (Continued)				
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	One upper and lower partial denture every five calendar years	50%	0%
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		50%	0%
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)		50%	0%
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		50%	0%
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		50%	0%
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		50%	0%
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)		50%	0%
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)		50%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Removable Partial Dentures (Including Routine Post-Delivery Care) (Continued)				
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	One upper and lower partial denture every five calendar years	50%	0%
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)		50%	0%
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/ clasping materials, rests and teeth), maxillary		50%	0%
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/ clasping materials, rests and teeth), mandibular		50%	0%
Other Removable Partial Dentures (Including Routine Post-Delivery Care)				
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/ clasping materials, rests and teeth) - per quadrant	One procedure code per quadrant from this group every five calendar years	50%	0%
D5286	Removable unilateral partial denture - one piece resin (including retentive/ clasping materials, rests and teeth) - per quadrant		50%	0%
Denture Adjustments (Not Covered If Within Six Months Of Initial Placement)				
D5410	Adjust complete denture - maxillary	One procedure code from this group per calendar year	50%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Denture Adjustments (Not Covered If Within Six Months Of Initial Placement) (Continued)				
D5411	Adjust complete denture - mandibular	One procedure code from this group per calendar year	50%	0%
D5421	Adjust partial denture - maxillary		50%	0%
D5422	Adjust partial denture - mandibular		50%	0%
Repairs To Dentures				
D5511	Repair broken complete denture base, mandibular	One procedure code from this group per calendar year	50%	0%
D5512	Repair broken complete denture base, maxillary		50%	0%
D5520	Replace missing or broken teeth - complete denture (each tooth)		50%	0%
D5611	Repair resin partial denture base, mandibular		50%	0%
D5612	Repair resin partial denture base, maxillary		50%	0%
D5621	Repair cast partial framework, mandibular		50%	0%
D5622	Repair cast partial framework, maxillary		50%	0%
D5630	Repair or replace broken retentive/clasping materials - per tooth		50%	0%
D5640	Replace broken teeth - per tooth		50%	0%
D5650	Add tooth to existing partial denture		50%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Repairs To Dentures (Continued)				
D5660	Add clasp to existing partial denture - per tooth	One procedure code from this group per calendar year	50%	0%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		50%	0%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		50%	0%
Dentures Rebase (Not Covered If Within Six Months Of Initial Placement)				
D5710	Rebase complete maxillary denture	One procedure code from this group per calendar year	50%	0%
D5711	Rebase complete mandibular denture		50%	0%
D5720	Rebase maxillary partial denture		50%	0%
D5721	Rebase mandibular partial denture		50%	0%
D5725	Rebase hybrid prosthesis		50%	0%
Denture Reline (Not Allowed On Spare Dentures Or If Within Six Months Of Initial Placement)				
D5730	Reline complete maxillary denture (direct)	One procedure code from this group per calendar year	50%	0%
D5731	Reline complete mandibular denture (direct)		50%	0%
D5740	Reline maxillary partial denture (direct)		50%	0%
D5741	Reline mandibular partial denture (direct)		50%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Denture Reline (Not Allowed On Spare Dentures Or If Within Six Months Of Initial Placement) (Continued)				
D5750	Reline complete maxillary denture (indirect)	One procedure code from this group per calendar year	50%	0%
D5751	Reline complete mandibular denture (indirect)		50%	0%
D5760	Reline maxillary partial denture (indirect)		50%	0%
D5761	Reline mandibular partial denture (indirect)		50%	0%
D5765	Soft liner for complete or partial removable denture (indirect)		50%	0%
Tissue Conditioning (Not Covered If Within Six Months Of Initial Placement)				
D5850	Tissue conditioning, maxillary	One procedure code from this group per calendar year	50%	0%
D5851	Tissue conditioning, mandibular		50%	0%
Occlusal Adjustments (Not Covered If Within Six Months Of Initial Placement)				
D9951	Occlusal adjustment - limited	One procedure code from this group every three calendar years	50%	0%
D9952	Occlusal adjustment - complete		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.

2022 Mandatory Supplemental Dental Benefit DEN722

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.

2022 Mandatory Supplemental Dental Benefit DEN726

2022 Mandatory Supplemental Dental Benefit DEN726

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**
Exams				
D0120	Periodic oral evaluation - established patient	Two procedure codes from this group per calendar year	100%	50%
D0140	Limited oral evaluation - problem focused		100%	50%
Additional Exams				
D0150	Comprehensive oral evaluation - new or established patient	One procedure code from this group every three calendar years	100%	50%
D0180	Comprehensive periodontal evaluation - new or established patient		100%	50%
Intraoral X-Rays (Inside The Mouth)				
D0220	Intraoral - periapical first radiographic image	One procedure code from this group per calendar year	100%	50%
D0230	Intraoral - periapical each additional radiographic image		100%	50%
D0240	Intraoral - occlusal radiographic image		100%	50%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Full Mouth And Panoramic X-Rays				
D0210	Intraoral - complete series of radiographic images	One procedure code from this group every five calendar years	100%	50%
D0330	Panoramic radiographic image		100%	50%
Bitewing X-Rays				
D0270	Bitewing - single radiographic image	One procedure code from this group per calendar year	100%	50%
D0272	Bitewings - two radiographic images		100%	50%
D0273	Bitewings - three radiographic images		100%	50%
D0274	Bitewings - four radiographic images		100%	50%
Prophylaxis (Cleaning)				
D1110	Prophylaxis Adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Two procedure codes per calendar year	100%	50%
Fluoride				
D1206	Topical application of fluoride varnish	Two procedure codes from this group per calendar year	100%	50%
D1208	Topical application of fluoride - excluding varnish		100%	50%
Anesthesia				
D9222	Deep sedation/general anesthesia - first 15 minutes	As needed with covered codes	100%	50%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Anesthesia (Continued)				
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	As needed with covered codes	100%	50%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		100%	50%
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes		100%	50%
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment		100%	50%
D9910	Application of desensitizing medicament		100%	50%
Restorations (Fillings)				
D2140	Amalgam - one surface, primary or permanent	Two procedure codes from this group per calendar year	50%	45%
D2150	Amalgam - two surfaces, primary or permanent		50%	45%
D2160	Amalgam - three surfaces, primary or permanent		50%	45%
D2161	Amalgam - four or more surfaces, primary or permanent		50%	45%
D2330	Resin-based composite - one surface, anterior (front)		50%	45%
D2331	Resin-based composite - two surfaces, anterior (front)		50%	45%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Restorations (Fillings) (Continued)				
D2332	Resin-based composite - three surfaces, anterior (front)	Two procedure codes from this group per calendar year	50%	45%
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)		50%	45%
D2391	Resin-based composite - one surface, posterior (back)		50%	45%
D2392	Resin-based composite - two surfaces, posterior (back)		50%	45%
D2393	Resin-based composite - three surfaces, posterior (back)		50%	45%
D2394	Resin-based composite - four or more surfaces, posterior (back)		50%	45%
Re-Cement Of Crown				
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	One procedure code from this group every five calendar years	50%	45%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		50%	45%
D2920	Re-cement or re-bond crown		50%	45%
Re-Cement Of Denture				
D6930	Re-cement or re-bond fixed partial denture	One procedure code every five calendar years	50%	45%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Unlimited	50%	45%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		50%	45%
Emergency Treatment Of Pain				
D9110	Palliative (emergency) treatment of dental pain - minor procedure	Two procedure codes per calendar year	50%	45%
Crowns				
D2510	Inlay - metallic - one surface (alternate benefit only)	Two procedure codes from this group per calendar year	30%	25%
D2520	Inlay - metallic - two surfaces (alternate benefit only)		30%	25%
D2530	Inlay - metallic - three or more surfaces (alternate benefit only)		30%	25%
D2542	Onlay - metallic - two surfaces		30%	25%
D2543	Onlay - metallic - three surfaces		30%	25%
D2544	Onlay - metallic - four or more surfaces		30%	25%
D2610	Inlay - porcelain/ceramic - one surface (alternate benefit only)		30%	25%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Crown (Continued)				
D2620	Inlay - porcelain/ceramic - two surfaces (alternate benefit only)	Two procedure codes from this group per calendar year	30%	25%
D2630	Inlay - porcelain/ceramic - three or more surfaces (alternate benefit only)		30%	25%
D2642	Onlay - porcelain/ceramic - two surfaces		30%	25%
D2643	Onlay - porcelain/ceramic - three surfaces		30%	25%
D2644	Onlay - porcelain/ceramic - four or more surfaces		30%	25%
D2650	Inlay - resin-based composite - one surface (alternate benefit only)		30%	25%
D2651	Inlay - resin-based composite - two surfaces (alternate benefit only)		30%	25%
D2652	Inlay - resin-based composite - three or more surfaces (alternate benefit only)		30%	25%
D2662	Onlay - resin-based composite - two surfaces		30%	25%
D2663	Onlay - resin-based composite - three surfaces		30%	25%
D2664	Onlay - resin-based composite - four or more surfaces	30%	25%	

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Crown (Continued)				
D2710	Crown - resin-based composite (indirect)	Two procedure codes from this group per calendar year	30%	25%
D2712	Crown - 3/4 resin-based composite (indirect)		30%	25%
D2720	Crown - resin with high noble metal		30%	25%
D2721	Crown - resin with predominantly base metal		30%	25%
D2722	Crown - resin with noble metal		30%	25%
D2740	Crown - porcelain/ceramic		30%	25%
D2750	Crown - porcelain fused to high noble metal		30%	25%
D2751	Crown - porcelain fused to predominantly base metal		30%	25%
D2752	Crown - porcelain fused to noble metal		30%	25%
D2753	Crown - porcelain fused to titanium and titanium alloys		30%	25%
D2780	Crown - 3/4 cast high noble metal		30%	25%
D2781	Crown - 3/4 cast predominantly base metal		30%	25%
D2782	Crown - 3/4 cast noble metal		30%	25%
D2783	Crown - 3/4 porcelain/ceramic		30%	25%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Crown (Continued)				
D2790	Crown - full cast high noble metal	Two procedure codes from this group per calendar year	30%	25%
D2791	Crown - full cast predominantly base metal		30%	25%
D2792	Crown - full cast noble metal		30%	25%
D2794	Crown - titanium and titanium alloys		30%	25%
Endodontic Services				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One procedure code from this group per calendar year	30%	25%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		30%	25%
D3330	Endodontic therapy, molar tooth (excluding final restoration)		30%	25%
D3346	Retreatment of previous root canal therapy - anterior		30%	25%
D3347	Retreatment of previous root canal therapy - premolar		30%	25%
D3348	Retreatment of previous root canal therapy - molar		30%	25%
Periodontal Scaling And Root Planing				
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	One procedure code per quadrant from this group every three calendar years	30%	25%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Periodontal Scaling And Root Planing (Continued)				
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	One procedure code per quadrant from this group every three calendar years	30%	25%
Scaling - Moderate Gingival Inflammation				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	One procedure code every three calendar years	30%	25%
Periodontal Maintenance				
D4910	Periodontal maintenance	Four procedure codes per calendar year	30%	25%
Complete Dentures (Including Routine Post-Delivery Care)				
D5110	Complete denture - maxillary	One upper and lower complete denture every five calendar years	30%	25%
D5120	Complete denture - mandibular		30%	25%
D5130	Immediate denture - maxillary		30%	25%
D5140	Immediate denture - mandibular		30%	25%
Removable Partial Dentures (Including Routine Post-Delivery Care)				
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	One upper and lower partial denture every five calendar years	30%	25%
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		30%	25%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Removable Partial Dentures (Including Routine Post-Delivery Care) (Continued)				
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	One upper and lower partial denture every five calendar years	30%	25%
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		30%	25%
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)		30%	25%
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		30%	25%
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		30%	25%
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		30%	25%
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)		30%	25%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage	Out-Of-Network Coverage**
Removable Partial Dentures (Including Routine Post-Delivery Care) (Continued)				
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	One upper and lower partial denture every five calendar years	30%	25%
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)		30%	25%
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)		30%	25%
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/ clasping materials, rests and teeth), maxillary		30%	25%
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/ clasping materials, rests and teeth), mandibular		30%	25%
Other Removable Partial Dentures (Including Routine Post-Delivery Care)				
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	One procedure code per quadrant from this group every five calendar years	30%	25%
D5286	Removable unilateral partial denture - one piece resin (including retentive/ clasping materials, rests and teeth) - per quadrant		30%	25%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Denture Adjustments (Not Covered If Within Six Months Of Initial Placement)				
D5410	Adjust complete denture - maxillary	One procedure code from this group per calendar year	30%	25%
D5411	Adjust complete denture - mandibular		30%	25%
D5421	Adjust partial denture - maxillary		30%	25%
D5422	Adjust partial denture - mandibular		30%	25%
Repairs To Dentures				
D5511	Repair broken complete denture base, mandibular	One procedure code from this group per calendar year	30%	25%
D5512	Repair broken complete denture base, maxillary		30%	25%
D5520	Replace missing or broken teeth - complete denture (each tooth)		30%	25%
D5611	Repair resin partial denture base, mandibular		30%	25%
D5612	Repair resin partial denture base, maxillary		30%	25%
D5621	Repair cast partial framework, mandibular		30%	25%
D5622	Repair cast partial framework, maxillary		30%	25%
D5630	Repair or replace broken retentive/clasping materials - per tooth		30%	25%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Repairs To Dentures (Continued)				
D5640	Replace broken teeth - per tooth	One procedure code from this group per calendar year	30%	25%
D5650	Add tooth to existing partial denture		30%	25%
D5660	Add clasp to existing partial denture - per tooth		30%	25%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		30%	25%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		30%	25%
Dentures Rebase (Not Covered If Within Six Months Of Initial Placement)				
D5710	Rebase complete maxillary denture	One procedure code from this group per calendar year	30%	25%
D5711	Rebase complete mandibular denture		30%	25%
D5720	Rebase maxillary partial denture		30%	25%
D5721	Rebase mandibular partial denture		30%	25%
D5725	Rebase hybrid prosthesis		30%	25%
Denture Reline (Not Allowed On Spare Dentures Or If Within Six Months Of Initial Placement)				
D5730	Reline complete maxillary denture (direct)	One procedure code from this group per calendar year	30%	25%
D5731	Reline complete mandibular denture (direct)		30%	25%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Denture Reline (Not Allowed On Spare Dentures Or If Within Six Months Of Initial Placement) (Continued)				
D5740	Reline maxillary partial denture (direct)	One procedure code from this group per calendar year	30%	25%
D5741	Reline mandibular partial denture (direct)		30%	25%
D5750	Reline complete maxillary denture (indirect)		30%	25%
D5751	Reline complete mandibular denture (indirect)		30%	25%
D5760	Reline maxillary partial denture (indirect)		30%	25%
D5761	Reline mandibular partial denture (indirect)		30%	25%
D5765	Soft liner for complete or partial removable denture (indirect)		30%	25%
Tissue Conditioning (Not Covered If Within Six Months Of Initial Placement)				
D5850	Tissue conditioning, maxillary	One procedure code from this group per calendar year	30%	25%
D5851	Tissue conditioning, mandibular		30%	25%
Oral Surgery				
D7220	Removal of impacted tooth - soft tissue	Two procedure codes from this group per calendar year	30%	25%
D7230	Removal of impacted tooth - partially bony		30%	25%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Oral Surgery (Continued)				
D7240	Removal of impacted tooth - completely bony	Two procedure codes from this group per calendar year	30%	25%
D7250	Removal of residual tooth roots (cutting procedure)		30%	25%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		30%	25%
D7280	Exposure of an unerupted tooth		30%	25%
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)		30%	25%
D7286	Incisional biopsy of oral tissue - soft		30%	25%
D7287	Exfoliative cytological sample collection		30%	25%
D7288	Brush biopsy - transepithelial sample collection		30%	25%
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		30%	25%
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		30%	25%
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	30%	25%	

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Oral Surgery (Continued)				
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	Two procedure codes from this group per calendar year	30%	25%
D7410	Excision of benign lesion up to 1.25 cm		30%	25%
D7411	Excision of benign lesion greater than 1.25 cm		30%	25%
D7412	Excision of benign lesion, complicated		30%	25%
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm		30%	25%
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm		30%	25%
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm		30%	25%
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm		30%	25%
D7510	Incision and drainage of abscess - intraoral soft tissue		30%	25%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Oral Surgery (Continued)				
D7961	Buccal / labial frenectomy (frenulectomy)	Two procedure codes from this group per calendar year	30%	25%
D7962	Lingual frenectomy (frenulectomy)		30%	25%
D7963	Frenuloplasty		30%	25%
D7970	Excision of hyperplastic tissue - per arch		30%	25%
D7971	Excision of pericoronal gingiva		30%	25%
D7972	Surgical reduction of fibrous tuberosity		30%	25%
Occlusal Adjustments (Not Covered If Within Six Months Of Initial Placement)				
D9951	Occlusal adjustment - limited	One procedure code from this group every three calendar years	30%	25%
D9952	Occlusal adjustment - complete		30%	25%

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.

2021 Mandatory Supplemental Dental Benefit DEN706

2021 Mandatory Supplemental Dental Benefit DEN706

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**
Exams				
D0120	Periodic Oral Exam	Two procedure codes from this group per year	100%	0%
D0140	Limited Oral Evaluation - problem focused		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%	0%
D0240	Occlusal X-ray		100%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Bitewing X-Rays				
D0270	Bitewing X-ray - single film	One procedure code from this group per year	100%	0%
D0272	Bitewing X-rays - two films		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%
Fluoride				
D1206	Topical fluoride application - varnish	Two procedure code from this group per year	100%	0%
D1208	Topical fluoride application - excluding varnish		100%	0%
Anesthesia				
D9222	Deep sedation/general anesthesia - first 15 minutes	When medically necessary with covered oral surgery	100%	0%
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment		100%	0%
D9230	Analgesia, anxiolysis, inhalation if nitrous oxide		100%	0%
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes		100%	0%
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment		100%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Anesthesia (Continued)				
D9910	Application of desensitizing medicament	When medically necessary with covered oral surgery	100%	0%
Restorations (Fillings)				
D2140	Amalgam - one surface, primary or permanent	Two procedure codes from this group per year	100%	0%
D2150	Amalgam - two surfaces, primary or permanent		100%	0%
D2160	Amalgam - three surfaces, primary or permanent		100%	0%
D2161	Amalgam - four or more surfaces, primary or permanent		100%	0%
D2330	Resin-based Composite - one surface, anterior (front)		100%	0%
D2331	Resin-based Composite - two surfaces, anterior (front)		100%	0%
D2332	Resin-based Composite - three surfaces, anterior (front)		100%	0%
D2335	Resin-based Composite - four or more surfaces, anterior (front)		100%	0%
D2391	Resin-based Composite - one surface, posterior (back)		100%	0%
D2392	Resin-based Composite - two surfaces, posterior (back)		100%	0%
D2393	Resin-based Composite - three surfaces, posterior (back)		100%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Restorations (Fillings Continued)				
D2394	Resin-based Composite - four or more surfaces, posterior (back)	Two procedure codes from this group per year	100%	0%
Recement Of Crown				
D2910	Recent inlay, onlay, or partial coverage restoration	One procedure code from this group every 5 years	50%	0%
D2915	Recement cast or prefabricated post and core		50%	0%
D2920	Recement crown		50%	0%
Recement Of Denture				
D6930	Recement fixed partial denture	One every 5 years	50%	0%
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Unlimited	100%	0%
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100%	0%
Emergency Treatment Of Pain				
D9110	Palliative treatment dental pain - minor proc; preventive only with x-rays	Two per year	50%	0%
Crowns				
D2510	Inlay - metallic - one surface; alternate benefit only	Two procedure codes from this group per year	30%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Crowns (Continued)				
D2520	Inlay - metallic - two surfaces; alternate benefit only	Two procedure codes from this group per year	30%	0%
D2530	Inlay - metallic - three or more surfaces; alternate benefit only; 1 per 5 years		30%	0%
D2542	Onlay - metallic - two surfaces; 1 per 5 years		30%	0%
D2543	Onlay metallic three surfaces; 1 per 5 years		30%	0%
D2544	Onlay metallic four or more surfaces; 1 per 5 years		30%	0%
D2610	Inlay - porcelain/ceramic - one surface; alternate benefit only		30%	0%
D2620	Inlay - porcelain/ceramic - two surfaces; alternate benefit only		30%	0%
D2630	Inlay - porcelain/ceramic - three or more surfaces; alternate benefit only		30%	0%
D2642	Onlay - porcelain/ceramic - two surfaces; 1 per 5 years		30%	0%
D2643	Onlay - porcelain/ceramic - three surfaces; 1 per 5 years		30%	0%
D2644	Onlay - porcelain/ceramic - four or more surfaces; 1 per 5 years		30%	0%
D2650	Inlay - resin based composite - one surface; alternate benefit only		30%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Crowns (Continued)				
D2651	Inlay - resin based composite - two surfaces; alternate benefit only	Two procedure codes from this group per year	30%	0%
D2652	Inlay - resin based compos - three or more surfaces; alternate benefit only		30%	0%
D2662	Onlay - resin based compos - two surfaces; 1 per 5 years		30%	0%
D2663	Onlay - resin based compos - three surfaces; 1 per 5 years		30%	0%
D2664	Onlay - resin based compos - four or more surfaces		30%	0%
D2710	Crown - resin-based composite (indirect)		30%	0%
D2712	Crown - 3/4 resin-based composite (indirect)		30%	0%
D2720	Crown - resin with high noble metal		30%	0%
D2721	Crown - resin with predominantly base metal		30%	0%
D2722	Crown - resin with noble metal		30%	0%
D2740	Crown - porcelain/ceramic substrate		30%	0%
D2750	Crown - porcelain fused to high noble metal		30%	0%
D2751	Crown - porcelain fused to predominantly base metal		30%	0%
D2752	Crown - porcelain fused to noble metal		30%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Crowns (Continued)				
D2780	Crown - 3/4 cast high noble metal	Two procedure codes from this group per year	30%	0%
D2781	Crown - 3/4 cast predominantly base metal		30%	0%
D2782	Crown - 3/4 cast noble metal		30%	0%
D2783	Crown - 3/4 porcelain/ceramic		30%	0%
D2790	Crown - full cast high noble metal		30%	0%
D2791	Crown - full cast predominantly base metal		30%	0%
D2792	Crown - full cast noble metal		30%	0%
D2794	Crown - titanium		30%	0%
Endodontic Services (Major)				
D3310	Anterior root canal	One procedure code from this group per year	30%	0%
D3320	Bicuspid root canal		30%	0%
D3330	Molar root canal		30%	0%
D3346	Retreatment previous rc therapy - anterior		30%	0%
D3347	Retreatment previous root canal therapy - bicuspid		30%	0%
D3348	Retreatment previous root canal therapy - molar		30%	0%
Periodontal Root Scaling And Planing				
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	One procedure code per quadrant from this group every 3 years	30%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Periodontal Root Scaling And Planing (Continued)				
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	One procedure code per quadrant from this group every 3 years	30%	0%
Scaling - Moderate Gingival Inflammation				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	One every 3 years	30%	0%
Periodontal Maintenance				
D4910	Periodontal Maintenance following periodontal therapy	Four per year	100%	0%
Complete Dentures				
D5110	Complete denture - maxillary	One upper and lower complete denture every 5 years	30%	0%
D5120	Complete denture - mandibular		30%	0%
D5130	Immediate Denture - Maxillary (Upper)		30%	0%
D5140	Immediate Denture - Mandibular (Lower)		30%	0%
Partial Dentures				
D5211	Upper partial denture - resin	One upper and one lower partial denture every 5 years	30%	0%
D5212	Lower partial denture - resin		30%	0%
D5213	Upper partial denture - metal		30%	0%
D5214	Lower partial denture - metal		30%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Partial Dentures (Continued)				
D5221	Immediate maxillary - resin	One upper and one lower partial denture every 5 years	30%	0%
D5222	Immediate mandibular - resin		30%	0%
D5223	Immediate maxillary - metal		30%	0%
D5224	Immediate mandibular - metal		30%	0%
D5225	Upper partial denture - flexible		30%	0%
D5226	Lower partial denture - flexible		30%	0%
D5282	Upper unilateral partial denture		30%	0%
D5283	Lower unilateral partial denture		30%	0%
Adjustment To Dentures (Not Covered If Within 6 Months Of Intial Placement)				
D5410	Adjust complete denture - maxillary; only if more than 6 months after initial placement	One procedure code from this group per year	30%	0%
D5411	Adjust complete denture - mandibular; only if more than 6 months after initial placement		30%	0%
D5421	Adjust complete denture - maxillary; only if more than 6 months after initial placement		30%	0%
D5422	Adjust partial denture - mandibular; only if more than 6 months after initial placement		30%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Repairs To Dentures				
D5511	Repair broken complete denture base - mandibular	One procedure code from this group per year	30%	0%
D5512	Repair broken complete denture base - maxillary		30%	0%
D5520	Replace missing/broken teeth - complete denture		30%	0%
D5611	Repair resin partial denture base - mandibular		30%	0%
D5612	Repair resin partial denture base - maxillary		30%	0%
D5621	Repair cast framework - mandibular		30%	0%
D5622	Repair cast framework - maxillary		30%	0%
D5630	Repair or replace broken clasp, per tooth		30%	0%
D5640	Replace broken teeth, per tooth		30%	0%
D5650	Add tooth to existing partial denture		30%	0%
D5660	Add clasp to existing partial denture, per tooth		30%	0%
D5670	Replace All Teeth/Acrylic (Maxillary)		30%	0%
D5671	Replace All Teeth/Acrylic (Mandibular)		30%	0%
Denture Rebase				
D5710	Rebase complete maxillary denture, not covered if done within 6 months of installation	One procedure code from this group per year	30%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Denture Rebase (Continued)				
D5711	Rebase complete mandibular denture, not covered if done within 6 months of installation	One procedure code from this group per year	30%	0%
D5720	Rebase maxillary partial denture, not covered if done within 6 months of installation		30%	0%
D5721	Rebase mandibular partial denture, not covered if done within 6 months of installation		30%	0%
Denture Reline (Not Allowed On Spare Dentures)				
D5730	Reline complete maxillary denture, not covered if done within 6 months of installation	One procedure code from this group per year	30%	0%
D5731	Reline complete mandibular denture, not covered if done within 6 months of installation		30%	0%
D5740	Reline maxillary partial denture, not covered if done within 6 months of installation		30%	0%
D5741	Reline mandibular partial denture, not covered if done within 6 months of installation		30%	0%
D5750	Reline complete maxillary denture, not covered if done within 6 months of installation		30%	0%
D5751	Reline complete mandibular denture, not covered if done within 6 months of installation		30%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Denture Reline (Not Allowed On Spare Dentures Continued)				
D5760	Reline maxillary partial denture, not covered if done within 6 months of installation	One procedure code from this group per year	30%	0%
D5761	Reline mandibular partial denture, not covered if done within 6 months of installation		30%	0%
Tissue Conditioning (Not Covered If Done Within 6 Months Of Installation)				
D5850	Tissue conditioning maxillary, not covered if done within 6 months of installation	One procedure code from this group per year	30%	0%
D5851	Tissue conditioning mandibular, not covered if done within 6 months of installation		30%	0%
Oral Surgery				
D7220	Removal of impacted tooth - soft tissue	Two procedure codes from this group per year	30%	0%
D7230	Removal of impacted tooth - partially bony		30%	0%
D7240	Removal of impacted tooth - completely bony		30%	0%
D7250	Surgical removal of residual tooth roots (cutting procedure)		30%	0%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		30%	0%
D7280	Surgical exposure of an unerupted tooth		30%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Oral Surgery (Continued)				
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	Two procedure codes from this group per year	30%	0%
D7286	Incisional biopsy of oral tissue - soft		30%	0%
D7287	Exfoliative cytological sample collection		30%	0%
D7288	Brush biopsy - transepithelial sample collection		30%	0%
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		30%	0%
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		30%	0%
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		30%	0%
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		30%	0%
D7410	Excision of benign lesion up to 1.25 cm		30%	0%
D7411	Excision of benign lesion greater than 1.25 cm		30%	0%
D7412	Excision of benign lesion, complicated	30%	0%	

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Oral Surgery (Continued)				
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	Two procedure codes from this group per year	30%	0%
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm		30%	0%
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm		30%	0%
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm		30%	0%
D7510	Incision and drainage of abscess - intraoral soft tissue		30%	0%
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure		30%	0%
D7963	Frenuloplasty		30%	0%
D7970	Excision of hyperplastic tissue - per arch		30%	0%
D7971	Excision of pericoronal gingiva		30%	0%
D7972	Surgical reduction of fibrous tuberosity		30%	0%
Occlusal Adjustments				
D9951	Occlusal adjustment - limited	One procedure code from this group every 3 years	30%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In-Network Coverage*	Out-Of-Network Coverage**
Occlusal Adjustments (Continued)				
D9952	Occlusal adjustment - complete	One procedure code from this group every 3 years	30%	0%

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2021 Mandatory Supplemental Dental Benefit DEN722

2021 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 Exams				
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%

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2021 Mandatory Supplemental Dental Benefit DEN723

2021 Mandatory Supplemental Dental Benefit DEN723

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

Deductible	\$0
Annual Maximum	\$1,000
Waiting Periods	None

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

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%	100%
D0273	Bitewing X-rays - three films		100%	100%
D0274	Bitewing X-rays - four films		100%	100%
Prophylaxis (Cleaning)				
D1110	Prophylaxis- Adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per year	100%	100%
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation if nitrous oxide	As needed with covered codes	100%	100%
Restorations (Fillings)				
D2140	Amalgam - one surface, primary or permanent	Two procedure codes from this group per year	100%	45%
D2150	Amalgam - two surfaces, primary or permanent		100%	45%
D2160	Amalgam - three surfaces, primary or permanent		100%	45%
D2161	Amalgam - four or more surfaces, primary or permanent		100%	45%
D2330	Resin-based Composite - one surface, anterior (front)		100%	45%
D2331	Resin-based Composite - two surfaces, anterior (front)		100%	45%
D2332	Resin-based Composite - three surfaces, anterior (front)		100%	45%

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	100%	45%
D2391	Resin-based Composite - one surface, posterior (back)		100%	45%
D2392	Resin-based Composite - two surfaces, posterior (back)		100%	45%
D2393	Resin-based Composite - three surfaces, posterior (back)		100%	45%
D2394	Resin-based Composite - four or more surfaces, posterior (back)		100%	45%
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	100%	45%
D7210	Surgical removal of erupted tooth (requiring evaluation of mucoperiosteal flap and removal of bone and/or section of tooth)		100%	45%

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