Dental Benefit Details

2025

This document provides additional details about the supplemental dental benefits that are covered under our plan. For more information about this document or your dental benefits, please contact Member Services at the phone number or web address shown on the back cover of the *Evidence of Coverage* or on your Member ID card.

The *Dental Benefit Details* applies to the plan benefit packages shown below. The plan benefit package is on the cover of the *Evidence of Coverage*, on the lower right corner.

State	Plan Benefit Package	Plan Name
CA	H5087005000	Wellcare Simple (HMO)
CA	H5087016000	Wellcare Simple (HMO)
CA	H5087024000	Wellcare Simple (HMO)
CA	H5087032000	Wellcare Giveback (HMO)

Covered Dental Benefits: Our plan contracts with Delta Dental of California to administer the covered dental benefits described below. Refer to your 2025 *Evidence of Coverage* for any applicable cost sharing.

You must go to your assigned participating provider to obtain covered services, except emergency dental services or services provided by a specialist (which must be preauthorized by us).

Dental 2025 Schedule of Benefits

Code	Code Description	Periodicity
D0120	Periodic Oral Evaluation	Two oral evaluations (D0120, D0140, D0160 or D0170) every calendar year
D0140	Limited Oral Evaluation	Two oral evaluations (D0120, D0140, D0160 or D0170) every calendar year
D0150	Comprehensive oral evaluation	One comprehensive evaluation (D0150 or D0180) every 3 calendar years per provider or location
D0160	Oral evaluation, problem focused	Two oral evaluations (D0120, D0140, D0160 or D0170) every calendar year
D0170	Re-evaluation, limited, problem focused	Two oral evaluations (D0120, D0140, D0160 or D0170) every calendar year
D0171	Re-evaluation, post operative office visit	Not a separately payable service.
D0180	Comprehensive Periodontal Evaluation	One comprehensive evaluation (D0150 or D0180) every 3 calendar years per provider or location
D0210	Intraoral, complete series of radiographic images	One (D0210 or D0330) every 2 calendar years
D0220	Intraoral, periapical, first radiographic image	Two periapicals (D0220 or D0230) or one set of bitewing x-rays (D0270, D0272, D0273, D0274 or D0277) every calendar year
D0230	Intraoral, periapical, each add 'l radiographic image	Two periapicals (D0220 or D0230) or one set of bitewing x-rays (D0270, D0272, D0273, D0274 or D0277) every calendar year
D0240	Intraoral, occlusal radiographic image	1 per arch per day
D0250	Extra-oral 2D projection radiographic image, stationary radiation source	One every 3 calendar years
D0251	Extra-oral posterior dental radiographic image	If there is a history of prior extra-oral radiograph within the frequency limitation for D0330, the fees for D0251 are NOT BILLABLE TO THE PATIENT.
D0270	Bitewing, single radiographic image	Two periapicals (D0220 or D0230) or one set of bitewing x-rays (D0270, D0272, D0273, D0274 or D0277) every calendar year

Code	Code Description	Periodicity
D0272	Bitewings, two radiographic images	Two periapicals (D0220 or D0230) or one set of bitewing x-rays (D0270, D0272, D0273, D0274 or D0277) every calendar year
D0273	Bitewings, three radiographic images	Two periapicals (D0220 or D0230) or one set of bitewing x-rays (D0270, D0272, D0273, D0274 or D0277) every calendar year
D0274	Bitewings, four radiographic images	Two periapicals (D0220 or D0230) or one set of bitewing x-rays (D0270, D0272, D0273, D0274 or D0277) every calendar year
D0277	Vertical bitewings, 7 to 8 radiographic images	Two periapicals (D0220 or D0230) or one set of bitewing x-rays (D0270, D0272, D0273, D0274 or D0277) every calendar year
D0330	Panoramic radiographic image	One (D0210 or D0330) every 2 calendar years
D0470	Diagnostic casts	1 in lifetime
D0999	Unspecified diagnostic procedure, by report	1 every 12 months per test
D1110	Prophylaxis, adult	Two (D1110, D4346 or D4910) every calendar year
D1208	Topical application of fluoride, excluding varnish	Two fluoride applications (D1206 or D1208) every calendar year
D2140	Amalgam, one surface, primary or permanent	Two fillings per calendar year (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394) One filling per tooth every 2 calendar years (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394)
D2150	Amalgam, two surfaces, primary or permanent	Two fillings per calendar year (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394) One filling per tooth every 2 calendar years (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394)
D2160	Amalgam, three surfaces, primary or permanent	Two fillings per calendar year (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394) One filling per tooth every 2 calendar years (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394)
D2161	Amalgam, four or more surfaces, primary or permanent	Two fillings per calendar year (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394) One filling per tooth every 2 calendar years (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394)

Code	Code Description	Periodicity
D2330	Resin-based composite, one surface, anterior	Two fillings per calendar year (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394) One filling per tooth every 2 calendar years (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394)
D2331	Resin-based composite, two surfaces, anterior	Two fillings per calendar year (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394) One filling per tooth every 2 calendar years (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394)
D2332	Resin-based composite, three surfaces, anterior	Two fillings per calendar year (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394) One filling per tooth every 2 calendar years (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394)
D2335	Resin-based composite, four or more surfaces, involving incisal angle	Two fillings per calendar year (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394)
D2391	Resin-based composite, one surface, posterior	Two fillings per calendar year (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394) One filling per tooth every 2 calendar years (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394)
D2392	Resin-based composite, two surfaces, posterior	Two fillings per calendar year (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394) One filling per tooth every 2 calendar years (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394)
D2393	Resin-based composite, three surfaces, posterior	Two fillings per calendar year (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394) One filling per tooth every 2 calendar years (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394)
D2394	Resin-based composite, four or more surfaces, posterior	Two fillings per calendar year (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394) One filling per tooth every 2 calendar years

Code	Code Description	Periodicity
		(D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393 or D2394)
D2542	Onlay, metallic, two surfaces	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2543	Onlay, metallic, three surfaces	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2544	Onlay, metallic, four or more surfaces	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2642	Onlay, porcelain/ceramic, two surfaces	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2643	Onlay, porcelain/ceramic, three surfaces	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2644	Onlay, porcelain/ceramic, four or more surfaces	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2662	Onlay, resin-based composite, two surfaces	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2663	Onlay, resin-based composite, three surfaces	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664)

Code	Code Description	Periodicity
		One crown or onlay per tooth every 5 calendar years
D2664	Onlay, resin-based composite, four or more surfaces	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2710	Crown, resin-based composite (indirect)	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2712	Crown, ¾ resin-based composite (indirect)	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2720	Crown - resin-based composite (indirect)	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2721	Crown, resin with predominantly base metal	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2722	Crown, resin with noble metal	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2740	Crown, porcelain/ceramic	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years

Code	Code Description	Periodicity
D2750	Crown - porcelain fused to high noble metal	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2751	Crown, porcelain fused to predominantly base metal	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2752	Crown, porcelain fused to noble metal	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2780	Crown - ¾ cast high noble metal	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2781	Crown, ¾ cast predominantly base metal	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2782	Crown, ¾ cast noble metal	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2790	Crown - full cast high noble metal	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2791	Crown, full cast predominantly base metal	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years

Code	Code Description	Periodicity
D2792	Crown, full cast noble metal	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2794	Crown - titanium	Two crown or onlay procedures every calendar year (any combination of D2710 - D2794, D2542 - D2544, D2642 - D2664) One crown or onlay per tooth every 5 calendar years
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	One per tooth per lifetime
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	One recement (D2915 or D2920) per tooth every 2 calendar years
D2920	Re-cement or re-bond crown	One recement (D2915 or D2920) per tooth every 2 calendar years
D2921	Reattachment of tooth fragment, incisal edge or cusp (anterior)	One (D2921, D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2921) per tooth every 2 calendar years
D2931	Prefabricated stainless steel crown, permanent tooth	One per tooth per lifetime
D2940	Protective restoration	One per tooth per lifetime
D2949	Restorative foundation for an indirect restoration	Included in fee for completed service
D2950	Core buildup, including any pins when required	One (D2950, D2952 or D2954) per tooth every 5 calendar years
D2951	Pin retention, per tooth, in addition to restoration	One per tooth every 2 calendar years
D2952	Post and core in addition to crown, indirectly fabricated	One (D2950, D2952 or D2954) per tooth every 5 calendar years.
D2953	Each additional indirectly fabricated post, same tooth	One per tooth every 5 calendar year when billed with D2952.
D2954	Prefabricated post and core in addition to crown	One (D2950, D2952 or D2954) once per tooth every 5 calendar years
D2957	Each additional prefabricated post, same tooth	Included in fee for completed service
D2980	Crown repair necessitated by restorative material failure	One per tooth every 2 calendar years
D2981	Inlay repair necessitated by restorative material failure	One per tooth every 2 calendar years

Code	Code Description	Periodicity
D2982	Onlay repair necessitated by restorative material failure	One per tooth every 2 calendar years
D2983	Veneer repair necessitated by restorative material failure	One per tooth every 3 calendar years
D3110	Pulp cap, direct (excluding final restoration)	Included in fee for completed service
D3120	Pulp cap, indirect (excluding final restoration)	Included in fee for completed service
D3220	Therapeutic pulpotomy (excluding final restoration)	One (D3220 or D3321) per tooth per lifetime
D3221	Pulpal debridement, primary and permanent teeth	One (D3220 or D3321) per tooth per lifetime
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	One per tooth per lifetime
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	Two root canal procedures every calendar year (D3310, D3320, D3330, D3346, D3347 or D3348)
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	Two root canal procedures every calendar year (D3310, D3320, D3330, D3346, D3347 or D3348)
D3330	Endodontic therapy, molar tooth (excluding final restoration)	Two root canal procedures every calendar year (D3310, D3320, D3330, D3346, D3347 or D3348)
D3346	Retreatment of previous root canal therapy, anterior	Two root canal procedures every calendar year (D3310, D3320, D3330, D3346, D3347 or D3348)
D3347	Retreatment of previous root canal therapy, premolar	Two root canal procedures every calendar year (D3310, D3320, D3330, D3346, D3347 or D3348)
D3348	Retreatment of previous root canal therapy, molar	Two root canal procedures every calendar year (D3310, D3320, D3330, D3346, D3347 or D3348)
D3351	Apexification/recalcification, initial visit	One per tooth per lifetime
D3352	Apexification/recalcification, interim medication replacement	One per tooth per lifetime
D3353	Apexification/recalcification, final visit	One per tooth per lifetime
D3410	Apicoectomy, anterior	One per tooth per lifetime
D3421	Apicoectomy, premolar (first root)	One per tooth per lifetime
D3425	Apicoectomy, molar (first root)	One per tooth per lifetime
D3426	Apicoectomy, (each additional root)	One per tooth per lifetime
D3427	Periradicular surgery without apicoectomy	One per tooth per lifetime
D3430	Retrograde filling, per root	One per tooth per lifetime
D3450	Root amputation, per root	One per tooth per lifetime
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	One (D4210 or D4211) per quadrant every 3 calendar years
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	One (D4210 or D4211) per quadrant every 3 calendar years

Code	Code Description	Periodicity
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	One per tooth every 3 calendar years
D4240	Gingival flap procedure, four or more teeth per quadrant	One (D4240 or D4241) per quadrant every 3 calendar years
D4241	Gingival flap procedure, one to three teeth per quadrant	One (D4240 or D4241) per quadrant every 3 calendar years
D4260	Osseous surgery, four or more teeth per quadrant	One (D4260 or D4261) per quadrant every 3 calendar years
D4261	Osseous surgery, one to three teeth per quadrant	One (D4260 or D4261) per quadrant every 3 calendar years
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	One (D4341 or D4342) per quadrant every 2 calendar years
D4341	Scaling and root planing	One (D4341 or D4342) per quadrant every 2 calendar years
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	One (D4341 or D4342) per quadrant every 2 calendar years
D4342	Scaling and root planing	One (D4341 or D4342) per quadrant every 2 calendar years
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	Two (D1110, D4346 or D4910) every calendar year
D4355	Full mouth debridement	One every 2 calendar years
D4355	full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit	One every 2 calendar years
D4910	Periodontal maintenance	Two (D1110, D4346 or D4910) every calendar year
D5110	Complete denture, maxillary	One maxillary denture (D5110 or D5130) every 5 calendar years
D5120	Complete denture, mandibular	One mandibular denture (D5120 or D5140) every 5 calendar years
D5130	Immediate denture, maxillary	One maxillary denture (D5110 or D5130) every 5 calendar years
D5140	Immediate denture, mandibular	One mandibular denture (D5120 or D5140) every 5 calendar years
D5211	Maxillary partial denture, resin base	One partial maxillary denture (D5211, D5213, D5221, D5223, D5225 or D5227) every 5 calendar years
D5212	Mandibular partial denture, resin base	One partial mandibular denture (D5212, D5214, D5222, D5224, D5226 or D5228) every 5 calendar years

Code	Code Description	Periodicity
D5213	Maxillary partial denture, cast metal, resin base	One partial maxillary denture (D5211, D5213, D5221, D5223, D5225 or D5227) every 5 calendar years
D5214	Mandibular partial denture, cast metal, resin base	One partial mandibular denture (D5212, D5214, D5222, D5224, D5226 or D5228) every 5 calendar years
D5221	Immediate maxillary partial denture, resin base	One partial maxillary denture (D5211, D5213, D5221, D5223, D5225 or D5227) every 5 calendar years
D5222	Immediate mandibular partial denture, resin base	One partial mandibular denture (D5212, D5214, D5222, D5224, D5226 or D5228) every 5 calendar years
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	One partial maxillary denture (D5211, D5213, D5221, D5223, D5225 or D5227) every 5 calendar years
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	One partial mandibular denture (D5212, D5214, D5222, D5224, D5226 or D5228) every 5 calendar years
D5225	Maxillary partial denture, flexible base	One partial maxillary denture (D5211, D5213, D5221, D5223, D5225 or D5227) every 5 calendar years
D5226	Mandibular partial denture, flexible base	One partial mandibular denture (D5212, D5214, D5222, D5224, D5226 or D5228) every 5 calendar years
D5410	Adjust complete denture, maxillary	Two every calendar year
D5411	Adjust complete denture, mandibular	Two every calendar year
D5421	Adjust partial denture, maxillary	Two every calendar year
D5422	Adjust partial denture, mandibular	Two every calendar year
D5511	Repair broken complete denture base, mandibular	One every calendar year
D5512	Repair broken complete denture base, maxillary	One every calendar year
D5520	Replace missing or broken teeth, complete denture	One every calendar year
D5611	Repair resin partial denture base, mandibular	One (D5611 or D5621) every calendar year
D5612	Repair resin partial denture base, maxillary	One (D5612 or D5622) every calendar year
D5621	Repair cast partial framework, mandibular	One (D5611 or D5621) every calendar year
D5622	Repair cast partial framework, maxillary	One (D5612 or D5622) every calendar year
D5630	Repair or replace broken retentive clasping, per tooth	One (D5610 - D5660) every calendar year
D5640	Replace broken teeth, per tooth	One (D5610 - D5660) every calendar year

Code	Code Description	Periodicity
D5650	Add tooth to existing partial denture	One (D5610 - D5660) every calendar year
D5660	Add clasp to existing partial denture, per tooth	One (D5610 - D5660) every calendar year
D5710	Rebase complete maxillary denture	One every 2 calendar years
D5711	Rebase complete mandibular denture	One every 2 calendar years
D5720	Rebase maxillary partial denture	One every 2 calendar years
D5721	Rebase mandibular partial denture	One every 2 calendar years
D5730	Reline complete maxillary denture, chairside	Two (D5730, D5740, D5750, D5760 or D5765) per calendar year
D5731	Reline complete mandibular denture, chairside	Two (D5731, D5741, D5751, D5761 or D5765) per calendar year
D5740	Reline maxillary partial denture, chairside	Two (D5730, D5740, D5750, D5760 or D5765) per calendar year
D5741	Reline mandibular partial denture, chairside	Two (D5731, D5741, D5751, D5761 or D5765) per calendar year
D5750	Reline complete maxillary denture, laboratory	Two (D5730, D5740, D5750, D5760 or D5765) per calendar year
D5751	Reline complete mandibular denture, laboratory	Two (D5731, D5741, D5751, D5761 or D5765) per calendar year
D5760	Reline maxillary partial denture, laboratory	Two (D5730, D5740, D5750, D5760 or D5765) per calendar year
D5761	Reline mandibular partial denture, laboratory	Two (D5731, D5741, D5751, D5761 or D5765) per calendar year
D5820	Interim partial denture, maxillary	One every 5 calendar years
D5821	Interim partial denture, mandibular	One every 5 calendar years
D5850	Tissue conditioning, maxillary	One every calendar year
D5851	Tissue conditioning, mandibular	One every calendar year
D6210	Pontic, cast high noble metal	One pontic (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251 or D6252) per tooth per 5 calendar years
D6211	Pontic, cast predominantly base metal	One pontic (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251 or D6252) per tooth per 5 calendar years
D6212	Pontic, cast noble metal	One pontic (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251 or D6252) per tooth per 5 calendar years
D6214	Pontic - titanium	One pontic (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251 or D6252) per tooth per 5 calendar years
D6240	Pontic - porcelain fused to high noble metal	One pontic (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251 or D6252) per tooth per 5 calendar years

Code	Code Description	Periodicity
D6241	Pontic, porcelain fused to predominantly base metal	One pontic (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251 or D6252) per tooth per 5 calendar years
D6242	Pontic, porcelain fused to noble metal	One pontic (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251 or D6252) per tooth per 5 calendar years
D6245	Pontic, porcelain/ceramic	One pontic (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251 or D6252) per tooth per 5 calendar years
D6250	Pontic - resin with high noble metal	One pontic (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251 or D6252) per tooth per 5 calendar years
D6251	Pontic, resin with predominantly base metal	One pontic (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251 or D6252) per tooth per 5 calendar years
D6252	Pontic, resin with noble metal	One pontic (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251 or D6252) per tooth per 5 calendar years
D6600	Retainer inlay, porcelain/ceramic, two surfaces	One retainer onlay or retainer inlay (D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614 or D6615) per tooth every 5 calendar years
D6601	Retainer inlay, porcelain/ceramic, three or more surfaces	One retainer onlay or retainer inlay (D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614 or D6615) per tooth every 5 calendar years
D6602	Retainer inlay, cast high noble metal, two surfaces	One retainer onlay or retainer inlay (D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614 or D6615) per tooth every 5 calendar years
D6603	Retainer inlay, cast high noble metal, three or more surfaces	One retainer onlay or retainer inlay (D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614 or D6615) per tooth every 5 calendar years
D6604	Retainer inlay, cast base metal, two surfaces	One retainer onlay or retainer inlay (D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614 or D6615) per tooth every 5 calendar years

Code	Code Description	Periodicity
D6605	Retainer inlay, cast base metal, three or more surfaces	One retainer onlay or retainer inlay (D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614 or D6615) per tooth every 5 calendar years
D6606	Retainer inlay, cast noble metal, two surfaces	One retainer onlay or retainer inlay (D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614 or D6615) per tooth every 5 calendar years
D6607	Retainer inlay, cast noble metal, three or more surfaces	One retainer onlay or retainer inlay (D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614 or D6615) per tooth every 5 calendar years
D6608	Retainer onlay, porcelain/ceramic, two surfaces	One retainer onlay or retainer inlay (D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614 or D6615) per tooth every 5 calendar years
D6609	Retainer onlay, porcelain/ceramic, three or more surfaces	One retainer onlay or retainer inlay (D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614 or D6615) per tooth every 5 calendar years
D6610	Retainer onlay - cast high noble metal, two surfaces	One retainer onlay or retainer inlay (D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614 or D6615) per tooth every 5 calendar years
D6611	Retainer onlay - cast high noble metal, three or more surfaces	One retainer onlay or retainer inlay (D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614 or D6615) per tooth every 5 calendar years
D6612	Retainer onlay, cast base metal, two surfaces	One retainer onlay or retainer inlay (D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614 or D6615) per tooth every 5 calendar years
D6613	Retainer onlay, cast base metal, three or more surfaces	One retainer onlay or retainer inlay (D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612,

Code	Code Description	Periodicity
		D6613, D6614 or D6615) per tooth every 5 calendar years
D6614	Retainer onlay, cast noble metal, two surfaces	One retainer onlay or retainer inlay (D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614 or D6615) per tooth every 5 calendar years
D6615	Retainer onlay, cast noble metal three or more surfaces	One retainer onlay or retainer inlay (D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614 or D6615) per tooth every 5 calendar years
D6720	Retainer crown - resin with high noble metal	One retainer crown (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791 or D6792) per tooth per 5 calendar years
D6721	Retainer crown, resin with predominantly base metal	One retainer crown (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791 or D6792) per tooth per 5 calendar years
D6722	Retainer crown, resin with noble metal	One retainer crown (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791 or D6792) per tooth per 5 calendar years
D6740	Retainer crown, porcelain/ceramic	One retainer crown (D6545, D6548, D6740, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792 or D6794) per tooth per 5 calendar years
D6751	Retainer crown, porcelain fused to predominantly base metal	One retainer crown (D6545, D6548, D6740, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792 or D6794) per tooth per 5 calendar years
D6752	Retainer crown, porcelain fused to noble metal	One retainer crown (D6545, D6548, D6740, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792 or D6794) per tooth per 5 calendar years
D6780	Retainer crown - ¾ cast high noble metal	One retainer crown (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791 or D6792) per tooth per 5 calendar years
D6781	Retainer crown, ¾ cast predominantly base metal	One retainer crown (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781,

Code	Code Description	Periodicity
		D6782, D6790, D6791 or D6792) per tooth per 5 calendar years
D6782	Retainer crown, ¾ cast noble metal	One retainer crown (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791 or D6792) per tooth per 5 calendar years
D6790	Retainer crown - full cast high noble metal	One retainer crown (D6545, D6548, D6740, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792 or D6794) per tooth per 5 calendar years
D6791	Retainer crown, full cast predominantly base metal	One retainer crown (D6545, D6548, D6740, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792 or D6794) per tooth per 5 calendar years
D6792	Retainer crown, full cast noble metal	One retainer crown (D6545, D6548, D6740, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792 or D6794) per tooth per 5 calendar years
D6794	Retainer crown - titanium	One retainer crown (D6545, D6548, D6740, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792 or D6794) per tooth per 5 calendar years
D6930	Re-cement or re-bond fixed partial denture	One every 2 calendar years
D6980	Fixed partial denture repair, restorative material failure	One every 2 calendar years
D7140	Extraction, erupted tooth or exposed root	Three extractions every calendar year (D7140, D7210, D7220, D7230, D7240, D7241, D7250 or D7251) One extraction per tooth per lifetime.
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	Three extractions every calendar year (D7140, D7210, D7220, D7230, D7240, D7241, D7250 or D7251) One extraction per tooth per lifetime.
D7220	Removal of impacted tooth, soft tissue	Three extractions every calendar year (D7140, D7210, D7220, D7230, D7240, D7241, D7250 or D7251) One extraction per tooth per lifetime.
D7230	Removal of impacted tooth, partially bony	Three extractions every calendar year (D7140, D7210, D7220, D7230, D7240, D7241, D7250 or D7251) One extraction per tooth per lifetime.

Code	Code Description	Periodicity
D7240	Removal of impacted tooth, completely bony	Three extractions every calendar year (D7140, D7210, D7220, D7230, D7240, D7241, D7250 or D7251) One extraction per tooth per lifetime.
D7241	Removal impacted tooth, complete bony, complication	Three extractions every calendar year (D7140, D7210, D7220, D7230, D7240, D7241, D7250 or D7251) One extraction per tooth per lifetime.
D7250	Removal of residual tooth roots (cutting procedure)	Three extractions every calendar year (D7140, D7210, D7220, D7230, D7240, D7241, D7250 or D7251) One extraction per tooth per lifetime.
D7286	Incisional biopsy of oral tissue, soft	One per day
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	One (D7310 or D7311) per quadrant per lifetime
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	One (D7310 or D7311) per quadrant per lifetime
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	One (D7320 or D7321) per quadrant per lifetime
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	One (D7320 or D7321) per quadrant per lifetime
D7471	Removal of lateral exostosis, maxilla or mandible	One per quadrant per lifetime
D7510	Incision & drainage of abscess, intraoral soft tissue	One per day
D7970	Excision of hyperplastic tissue, per arch	One per arch per lifetime
D7971	Excision of pericoronal gingiva	One per tooth per lifetime
D9110	Palliative (emergency) treatment, minor procedure	One per day
D9211	Regional Block Anesthesia	Included in fee for completed service
D9212	Trigeminal Division Block Anesthesia	Included in fee for completed service
D9215	Local Anesthesia in conjunction with operative or surgical procedures	Included in fee for completed service
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	Included in fee for completed service
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	Three D9243 per day A maximum of 60 minutes of either General anesthesia or Intravenous moderate sedation is allowed per date of service. Additional units are not billable to the patient or Delta Dental.

Code	Code Description	Periodicity
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	Three every calendar year
D9310	Consultation, other than requesting dentist	One per lifetime per provider
D9410	House/Extended Care Facility Call	2 per calendar year
D9420	Hospital or ambulatory surgical center call	2 per calendar year
D9430	Office visit, observation, regular hours, no other services	Not separately payable
D9440	Office visit, after regularly scheduled hours	One every calendar year
D9610	Therapeutic Parenteral Drug, Single Administration	1 per day
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	1 per day
D9630	Drugs or medicaments dispensed in the office for home use	1 per day
D9911	Application of desensitizing resin for cervical, root surface, per tooth	One per tooth every calendar year
D9920	Behavior management, by report	2 per calendar year
D9930	Treatment of complications, post surgical, unusual, by report	Included in fee for surgical procedures
D9932	Cleaning and inspection of removable complete denture, maxillary	Not separately payable
D9933	Cleaning and inspection of removable complete denture, mandibular	Not separately payable
D9934	Cleaning and inspection of removable partial denture, maxillary	Not separately payable
D9935	Cleaning and inspection of removable partial denture, mandibular	Not separately payable
D9942	Repair and/or Reline of Occlusal Guard	One every calendar year
D9944	Occlusal guard, hard appliance, full arch	One (D9944, D9945 or D9946) every 5 calendar years
D9945	Occlusal guard, soft appliance, full arch	One (D9944, D9945 or D9946) every 5 calendar years
D9946	Occlusal guard, hard appliance, partial arch	One (D9944, D9945 or D9946) every 5 calendar years
D9951	Occlusal adjustment, limited	One every 5 calendar years
D9995	Teledentistry - synchronous; real-time encounter	Not separately payable. Included in fee for other services.
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	Not separately payable. Included in fee for other services.

Limitations:

1. The frequency of certain benefits is limited. All frequency limitations are listed in the Schedule of Benefits above.
2. Participating dentists may offer services that utilize brand or trade names at an additional fee. The member must be offered the plan benefits of a high-quality laboratory processed crown/pontic that may include: porcelain/ceramic; porcelain with base, noble or high-noble metal. If the member chooses the alternative of a material upgrade (brand name laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek, Procera, Lava, Empress and Cerec) the participating dentist may charge an additional fee not to exceed $325.00 in addition to the applicable cost share. Contact Member Services at the phone number on your Member ID Card if you have questions regarding the additional fee or name brand services.

Exclusions:

1. Any procedure that is not specifically listed under dental schedule of benefits above.
2. Any procedure that in the professional opinion of the contracted dentist:
    - has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or
    - is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.
4. Lost or stolen appliances including, but not limited to, full or partial dentures, crowns and fixed partial dentures (bridges).
5. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
6. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
7. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
8. Consultations for non-covered benefits.
9. Dental services received from any dental facility other than the assigned in-network dentist, a preauthorized dental specialist, except for emergency dental service.
10. Dental expenses incurred in connection with any dental procedure started before the member's eligibility with our plan. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken.
11. Services or supplies covered under a hospital, surgical/medical (including Medicare Advantage), or prescription drug program.
12. Myofunctional and parafunctional appliances and/or therapies.

13. Extraction of teeth, when teeth are asymptomatic/non-pathologic (no signs or symptoms of pathology or infection), including but not limited to the removal of third molars and orthodontic extractions.
14. Interim partial dentures (stayplates), in conjunction with fixed or removable appliances, are limited to the replacement of extracted anterior teeth for adults during a healing period when the teeth cannot be added to an existing partial denture.
15. Benefits for a soft tissue management program are limited to those parts, which are listed covered services listed on the above schedule of benefits. If a member declines non-covered services within a soft tissue management program, it does not eliminate or alter other covered benefits.
16. Treatment or appliances that are provided by a dentist whose practice specializes in prosthodontic services.
17. Orthodontic treatment must be provided by a licensed dentist. Self-administered orthodontics are not covered.
18. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.

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