

The following provides an all-inclusive list of dental services covered under this plan. All services must be received in-office from a participating in-network general dentist or dental specialist (e.g., oral surgeon, endodontist, periodontist, etc.). Limitations and exclusions may apply. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

The dentist may suggest and help arrange for additional services not listed in this benefit schedule; however, any procedures received that are not listed or exceed the benefit limitations listed in this schedule are not covered by this benefit. The member may be responsible for the costs of these additional services and may be charged the dental provider's usual and customary fees, less any contracted discount. Submitted claims are subject to a review process, which may include a clinical review and dental history to approve coverage.

## Contact Information

**Members:** For information about your dental benefits, please call CarePlus Member Services at **1-800-794-5907**; **TTY: 711**. Hours of operation: From Oct. 1 – Mar. 31, we are open 7 days a week, 8 a.m. to 8 p.m. From Apr. 1 – Sept. 30, we are open Monday – Friday, 8 a.m. to 8 p.m., Eastern time. You may leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day. To view your Evidence of Coverage (EOC) for a full listing of dental limitations and exclusions, please sign in to MyCarePlus, your secure member portal, at **CarePlusHealthPlans.com/Logon**.

**Providers:** For information about dental benefits, call Dental Provider Customer Service at **1-800-833-2223**, Monday – Friday, 8 a.m. to 8 p.m., Eastern time.

## Additional Plan Details

- In-network dental providers have agreed to provide covered services at contracted rates per the in-network fee schedules (INFS). If a member visits a participating network dental provider, the member cannot be billed for charges that exceed the negotiated fee schedule (but any applicable coinsurance payment still applies).
- No out-of-network coverage on this plan.
- CarePlus is an HMO plan with a Medicare contract. Enrollment in CarePlus depends on contract renewal.
- Dental benefits on this plan use a Preferred Provider Organization (PPO) dental network.

Deductible	\$0
Annual maximum	None
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network coverage	Out-of-network coverage
<b>Exam</b>				
D0120	Periodic oral evaluation – established patient	Two procedure codes per calendar year	100%	0%
<b>Additional exam</b>				
D0150	Comprehensive oral evaluation – new or established patient	One procedure code every three calendar years	100%	0%
<b>Full mouth and panoramic X-rays</b>				
D0210	Intraoral – comprehensive series of radiographic images	One procedure code from this group per calendar year	100%	0%
D0330	Panoramic radiographic image		100%	0%
<b>Bitewing X-rays</b>				
D0270	Bitewing – single radiographic image	Two procedure codes 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%
<b>Prophylaxis (cleaning)</b>				
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%
<b>Restorations (fillings)</b>				
D2140	Amalgam – one surface, primary or permanent	Four procedure codes from this group per calendar 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%

ADA code	Description of benefit	Frequency/limitations	In-network coverage	Out-of-network coverage
<b>Restorations (fillings) (continued)</b>				
D2331	Resin-based composite – two surfaces, anterior (front)	Four procedure codes from this group per calendar year	100%	0%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	0%
D2335	Resin-based composite – four or more surfaces (anterior)		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%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	0%
<b>Crowns</b>				
D2740	Crown – porcelain/ceramic	Two procedure codes from this group per calendar year	100%	0%
D2750	Crown – porcelain fused to high noble metal		100%	0%
<b>Endodontic services</b>				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One procedure code from this group per calendar year	100%	0%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		100%	0%
D3330	Endodontic therapy, molar tooth (excluding final restoration)		100%	0%
<b>Periodontal scaling and root planing</b>				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure code per quadrant from this group per calendar year	100%	0%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	0%
<b>Scaling – moderate gingival inflammation</b>				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One procedure code per calendar year	100%	0%
<b>Periodontal maintenance</b>				
D4910	Periodontal maintenance	Four procedure codes per calendar year	100%	0%

ADA code	Description of benefit	Frequency/limitations	In-network coverage	Out-of-network coverage
<b>Complete dentures or removable partial dentures (including routine post-delivery care)</b>				
D5110	Complete denture – maxillary	One upper and one lower complete or partial denture every five calendar years	100%	0%
D5120	Complete denture – mandibular		100%	0%
D5130	Immediate denture – maxillary		100%	0%
D5140	Immediate denture – mandibular		100%	0%
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	0%
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	0%
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
<b>Denture adjustments, rebase or reline (not allowed on spare dentures or if within six months of initial placement)</b>				
D5410	Adjust complete denture – maxillary	One procedure code from this group per calendar year	100%	0%
D5411	Adjust complete denture – mandibular		100%	0%
D5710	Rebase complete maxillary denture		100%	0%
D5711	Rebase complete mandibular denture		100%	0%
D5730	Reline complete maxillary denture (direct)		100%	0%
D5731	Reline complete mandibular denture (direct)		100%	0%
D5750	Reline complete maxillary denture (indirect)		100%	0%
D5751	Reline complete mandibular denture (indirect)		100%	0%
<b>Implants</b>				
D6010	Surgical placement of implant body: endosteal implant	One procedure code from this group per calendar year	100%	0%
D6011	Surgical access to an implant body (second stage implant surgery)		100%	0%
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant		100%	0%
D6013	Surgical placement of mini implant		100%	0%
D6040	Surgical placement: eposteal implant		100%	0%
D6050	Surgical placement: transosteal implant		100%	0%

ADA code	Description of benefit	Frequency/limitations	In-network coverage	Out-of-network coverage
Implants (continued)				
D6100	Surgical removal of implant body	One procedure code from this group per calendar year	100%	0%
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure		100%	0%
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure		100%	0%
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure		100%	0%
D6104	Bone graft at time of implant placement		100%	0%
D6105	Removal of implant body not requiring bone removal or flap elevation		100%	0%
D6106	Guided tissue regeneration – resorbable barrier, per implant		100%	0%
D6107	Guided tissue regeneration – non-resorbable barrier, per implant		100%	0%
D6055	Connecting bar – implant supported or abutment supported		100%	0%
D6056	Prefabricated abutment – includes modification and placement		100%	0%
D6057	Custom fabricated abutment – includes placement		100%	0%
D6058	Abutment supported porcelain/ceramic crown		100%	0%
D6059	Abutment supported porcelain fused to metal crown (high noble metal)		100%	0%
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)		100%	0%
D6061	Abutment supported porcelain fused to metal crown (noble metal)		100%	0%
D6062	Abutment supported cast metal crown (high noble metal)		100%	0%
D6063	Abutment supported cast metal crown (predominantly base metal)		100%	0%
D6064	Abutment supported cast metal crown (noble metal)		100%	0%
D6065	Implant supported porcelain/ceramic crown		100%	0%

ADA code	Description of benefit	Frequency/limitations	In-network coverage	Out-of-network coverage
<b>Implants (continued)</b>				
D6066	Implant supported crown – porcelain fused to high noble alloys	One procedure code from this group per calendar year	100%	0%
D6067	Implant supported crown – high noble alloys		100%	0%
D6068	Abutment supported retainer for porcelain/ceramic FPD		100%	0%
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)		100%	0%
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)		100%	0%
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)		100%	0%
D6072	Abutment supported retainer for cast metal FPD (high noble metal)		100%	0%
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)		100%	0%
D6074	Abutment supported retainer for cast metal FPD (noble metal)		100%	0%
D6075	Implant supported retainer for ceramic FPD		100%	0%
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys		100%	0%
D6077	Implant supported retainer for metal FPD – high noble alloys		100%	0%
D6094	Abutment supported crown – titanium and titanium alloys		100%	0%
D6110	Implant/abutment supported removable denture for edentulous arch – maxillary		100%	0%
D6111	Implant/abutment supported removable denture for edentulous arch – mandibular		100%	0%
D6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary		100%	0%
D6113	Implant/abutment supported removable denture for partially edentulous arch – mandibular		100%	0%
D6114	Implant/abutment supported fixed denture for edentulous arch – maxillary	100%	0%	

ADA code	Description of benefit	Frequency/limitations	In-network coverage	Out-of-network coverage
Implants (continued)				
D6115	Implant/abutment supported fixed denture for edentulous arch – mandibular	One procedure code from this group per calendar year	100%	0%
D6116	Implant/abutment supported fixed denture for partially edentulous arch – maxillary		100%	0%
D6117	Implant/abutment supported fixed denture for partially edentulous arch – mandibular		100%	0%
D6194	Abutment supported retainer crown for FPD – titanium and titanium alloys		100%	0%
D6081	Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure		100%	0%
D6090	Repair of implant/abutment supported prosthesis		100%	0%
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment		100%	0%
D6092	Re-cement or re-bond implant/abutment supported crown		100%	0%
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture		100%	0%
D6082	Implant supported crown – porcelain fused to predominantly base alloys		100%	0%
D6083	Implant supported crown – porcelain fused to noble alloys		100%	0%
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys		100%	0%
D6086	Implant supported crown – predominantly base alloys		100%	0%
D6087	Implant supported crown – noble alloys		100%	0%
D6088	Implant supported crown – titanium and titanium alloys		100%	0%
D6089	Accessing and retorquing loose implant screw – per screw		100%	0%
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys		100%	0%

ADA code	Description of benefit	Frequency/limitations	In-network coverage	Out-of-network coverage
<b>Implants (continued)</b>				
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	One procedure code from this group per calendar year	100%	0%
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys		100%	0%
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys		100%	0%
D6121	Implant supported retainer for metal FPD – predominantly base alloys		100%	0%
D6122	Implant supported retainer for metal FPD – noble alloys		100%	0%
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys		100%	0%
D6190	Radiographic/surgical implant index, by report		100%	0%
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys		100%	0%
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	100%	0%	
<b>Implants – other</b>				
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis	One per arch every calendar year	100%	0%
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments		100%	0%
<b>Simple or surgical extractions (Unlimited extractions covered for the purpose of member receiving dentures, all other extractions limited to frequency below)</b>				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Six procedure codes from this group per calendar year	100%	0%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100%	0%
D7220	Removal of impacted tooth – soft tissue		100%	0%
D7230	Removal of impacted tooth – partially bony		100%	0%
D7240	Removal of impacted tooth – completely bony		100%	0%



ADA code	Description of benefit	Frequency/limitations	In-network coverage	Out-of-network coverage
Simple or surgical extractions (Unlimited extractions covered for the purpose of member receiving dentures, all other extractions limited to frequency below) (continued)				
D7250	Removal of residual tooth roots (cutting procedure)	Six procedure codes from this group per calendar year	100%	0%
<b>Oral surgery</b>				
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	Two procedure codes from this group per calendar year	100%	0%
D7280	Exposure of an unerupted tooth		100%	0%
D7284	Excisional biopsy of minor salivary glands		100%	0%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		100%	0%
D7286	Incisional biopsy of oral tissue – soft		100%	0%
D7287	Exfoliative cytological sample collection		100%	0%
D7288	Brush biopsy – transepithelial sample collection		100%	0%
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	0%
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	0%
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	0%
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	0%
D7410	Excision of benign lesion up to 1.25 cm		100%	0%
D7411	Excision of benign lesion greater than 1.25 cm		100%	0%
D7412	Excision of benign lesion, complicated		100%	0%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	0%
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		100%	0%
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	0%
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	100%	0%	

ADA code	Description of benefit	Frequency/limitations	In-network coverage	Out-of-network coverage
<b>Oral surgery (continued)</b>				
D7509	Marsupialization of odontogenic cyst	Two procedure codes from this group per calendar year	100%	0%
D7510	Incision and drainage of abscess – intraoral soft tissue		100%	0%
D7961	Buccal/labial frenectomy (frenulectomy)		100%	0%
D7962	Lingual frenectomy (frenulectomy)		100%	0%
D7963	Frenuloplasty		100%	0%
D7970	Excision of hyperplastic tissue – per arch		100%	0%
D7971	Excision of pericoronal gingiva		100%	0%
D7972	Surgical reduction of fibrous tuberosity		100%	0%
<b>Anesthesia (subject to plan limitations and exclusions)</b>				
D9222	Deep sedation/general anesthesia – first 15 minutes	As needed with covered codes	100%	0%
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		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%

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