

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.

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|-----------------|------|
| Deductible | \$0 |
| Annual maximum | None |
| 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 | Two procedure codes per calendar year | 100% | 0% |
| Additional exam | | | | |
| D0150 | Comprehensive oral evaluation – new or established patient | One procedure code every three calendar years | 100% | 0% |
| Full mouth and panoramic X-rays | | | | |
| D0210 | Intraoral – comprehensive series of radiographic images | One procedure code from this group every three 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% |
| Restorations (fillings) | | | | |
| D2140 | Amalgam – one surface, primary or permanent | One procedure code 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% |

| ADA code | Description of benefit | Frequency/limitations | In-network coverage | Out-of-network coverage |
|---|---|---|---------------------|-------------------------|
| Restorations (fillings) (continued) | | | | |
| D2330 | Resin-based composite – one surface, anterior (front) | One procedure code from this group per calendar year | 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) | | 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% |
| 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 per calendar year | 100% | 0% |
| D4342 | Periodontal scaling and root planing – one to three teeth per quadrant | | 100% | 0% |
| Scaling – moderate gingival inflammation | | | | |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation | One procedure code per calendar year | 100% | 0% |
| Simple or surgical extractions | | | | |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | One procedure code 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% |
| D7250 | Removal of residual tooth roots (cutting procedure) | | 100% | 0% |

| ADA code | Description of benefit | Frequency/limitations | In-network coverage | Out-of-network coverage |
|--|---|------------------------------|----------------------------|--------------------------------|
| Anesthesia (subject to plan limitations and exclusions) | | | | |
| 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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