CarePlus
HEALTH PLANS®

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 or to determine if a patient is eligible for full Medicaid benefits (DCD) (QMB+, SLMB+ or FBDE), 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.
- Sponsored by CarePlus Health Plans, Inc. and the State of Florida, Agency for Health Care Administration. CarePlus is an HMO SNP plan with a Medicare contract and a contract with the Florida Medicaid Program. Enrollment in CarePlus depends on contract renewal.
- Dental benefits on this plan use a Preferred Provider Organization (PPO) dental network.

2025 DEN117 / DCD117

Florida GoldPlus Dental Network

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	†Benefit frequency is unlimited if the member is eligible for full Medicaid benefits (may vary month to month).	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%
Intraoral X-rays – periapical				
D0220	Intraoral – periapical first radiographic image	†Benefit frequency is one procedure code from this group every three calendar years if the member is eligible for full Medicaid benefits (may vary month to month).	100%	0%
D0230	Intraoral – periapical each additional radiographic image		100%	0%
Intraoral X-rays – occlusal				
D0240	Intraoral – occlusal radiographic image	†Benefit frequency is one procedure code every three calendar years if the member is eligible for full Medicaid benefits (may vary month to month).	100%	0%

ADA code	Description of benefit	Frequency/limitations	In-network coverage	Out-of-network coverage
Bitewing X-rays				
D0270	Bitewing – single radiographic image	One procedure code from this group per calendar year for all members	100%	0%
D0272	Bitewings – two radiographic images		100%	0%
D0273	Bitewings – three radiographic images		100%	0%
D0274	Bitewings – four radiographic images	†Benefit frequency is two procedure codes from this group per calendar year if the member is eligible for full Medicaid benefits (may vary month to month).	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	Two 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%
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%

ADA code	Description of benefit	Frequency/limitations	In-network coverage	Out-of-network coverage
Periodontal maintenance				
D4910	Periodontal maintenance	Four procedure codes per calendar year	100%	0%
Complete dentures or removable partial dentures (including routine post-delivery care)				
D5110	Complete denture – maxillary	One upper or 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%
Denture adjustments (not allowed on spare dentures or if within six months of initial placement)				
D5410	Adjust complete denture – maxillary	†Benefit frequency is one procedure code from this group per calendar year if the member is eligible for full Medicaid benefits (may vary month to month).	100%	0%
D5411	Adjust complete denture – mandibular		100%	0%
D5421	Adjust partial denture - maxillary		100%	0%
D5422	Adjust partial denture - mandibular		100%	0%
Denture reline (not allowed on spare dentures or if within six months of initial placement)				
D5730	Reline complete maxillary denture (direct)	†Benefit frequency is one procedure code from this group per calendar year if the member is eligible for full Medicaid benefits (may vary month to month).	100%	0%
D5731	Reline complete mandibular denture (direct)		100%	0%
D5740	Reline maxillary partial denture (direct)		100%	0%
D5741	Reline mandibular partial denture (direct)		100%	0%
D5750	Reline complete maxillary denture (indirect)		100%	0%
D5751	Reline complete mandibular denture (indirect)		100%	0%
D5760	Reline maxillary partial denture (indirect)		100%	0%
D5761	Reline mandibular partial denture (indirect)		100%	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	†Benefit frequency is one procedure code from this group per calendar year if the member is eligible for full Medicaid benefits (may vary month to month).	100%	0%
D5512	Repair broken complete denture base, maxillary		100%	0%
D5520	Replace missing or broken teeth – complete denture – per tooth		100%	0%
D5611	Repair resin partial denture base, mandibular		100%	0%
D5612	Repair resin partial denture base, maxillary		100%	0%
D5621	Repair cast partial framework, mandibular		100%	0%
D5622	Repair cast partial framework, maxillary		100%	0%
D5630	Repair or replace broken retentive/clasping materials – per tooth		100%	0%
D5640	Replace missing or broken teeth – partial denture – per tooth		100%	0%
D5650	Add tooth to existing partial denture – per tooth		100%	0%
D5660	Add clasp to existing partial denture - per tooth		100%	0%
Implant repair				
D6096	Remove broken implant retaining screw	†Benefit frequency is unlimited if the member is eligible for full Medicaid benefits (may vary month to month).	100%	0%
Simple or surgical extractions (unlimited extractions covered for the purpose of member receiving dentures, all other extractions limited to frequency below)				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Two 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%
D7250	Removal of residual tooth roots (cutting procedure)		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)				
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	†Benefit frequency is two procedure codes from this group per calendar year if the member is eligible for full Medicaid benefits (may vary month to month).	100%	0%
D7260	Oroantral fistula closure		100%	0%
D7261	Primary closure of a sinus perforation		100%	0%
D7310	Alveoloplasty in conjunction with extractions – four or more 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%
D7472	Removal of torus palatinus		100%	0%
D7473	Removal of torus mandibularis		100%	0%
D7510	Incision and drainage of abscess – intraoral soft tissue		100%	0%
D7520	Incision and drainage of abscess - extraoral soft tissue		100%	0%
D7970	Excision of hyperplastic tissue - per arch		100%	0%
Anesthesia (subject to plan limitations and exclusions)				
D9222	Deep sedation/general anesthesia – first 15 minutes	As needed with covered codes for all members (except D9248) †Benefit frequency is three procedure codes from this group per calendar year if the member is eligible for full Medicaid benefits (may vary month to month).	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%
D9248	Non-intravenous conscious sedation		100%	0%
Anesthesia (subject to plan limitations and exclusions)				
D9910	Application of desensitizing medicament	As needed with covered codes	100%	0%
Adjunctive general services				
D9420	Hospital or ambulatory surgical center call	†Benefit frequency is one procedure code every three calendar years if the member is eligible for full Medicaid benefits (may vary month to month).	100%	0%

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