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, 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%
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 per calendar year	100%	0%
D0330	Panoramic radiographic image		100%	0%
Bitewing X-rays				
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%
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	Six 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
Restorations (fillings) (continued)				
D2331	Resin-based composite – two surfaces, anterior (front)	Six 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%
Complete dentures or removable partial dentures (including routine post-delivery care)				
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%

ADA code	Description of benefit	Frequency/limitations	In-network coverage	Out-of-network coverage
Denture adjustments, rebase or reline (not allowed on spare dentures or if within six months of initial placement)				
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%
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)	Three 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%
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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