

**Preventive Plus Plan**

The following is a ***complete*** list of dental procedures for which benefits are payable under this Plan. Non-listed procedures are not covered. This Plan does not allow alternate benefits. Members must visit a contracted provider to utilize covered benefits.  
***If elected, Member is responsible for all non-covered procedures.***

<b>CDT Code</b>	<b>Description</b>	<b>Member Responsibility</b>	<b>Limitations</b>
<b>Diagnostic Services</b>			
D0120	Periodic oral evaluation	0%	2 of (D0120-D0180) every calendar year
D0140	Limited oral evaluation	0%	
D0150	Comprehensive oral evaluation	0%	
D0160	Oral evaluation, problem focused	0%	
D0170	Re-evaluation, limited, problem focused	0%	
D0171	Re-evaluation, post operative office visit	0%	
D0180	Comprehensive periodontal evaluation	0%	
D0210	Intraoral, complete and comprehensive series of radiographic images	0%	1 of (D0210, D0330) every 36 months
D0220	Intraoral, periapical, first radiographic image	0%	
D0230	Intraoral, periapical, each add '1 radiographic image	0%	
D0270	Bitewing, single radiographic image	0%	2 of (D0270-D0274) every calendar year
D0272	Bitewings, two radiographic images	0%	
D0273	Bitewings, three radiographic images	0%	
D0274	Bitewings, four radiographic images	0%	
D0277	Vertical bitewings, 7 to 8 radiographic images	0%	1 (D0277) every 36 months
D0330	Panoramic radiographic image	0%	1 of (D0210, D0330) every 36 months
D0372	Radiographic survey of the whole mouth intended to display the crowns and roots of all teeth	0%	1 of (D0372) every 36 months
D0373	Bitewing radiographic image	0%	2 of (D0373) every calendar year
D0374	Periapical radiographic image	0%	
D0387	Comprehensive series of radiographic images – image only	0%	1 of (D0387) every 36 months
D0388	Bitewing radiographic image – image only	0%	2 of (D0388) every calendar year
D0389	Periapical radiographic image – image only	0%	
<b>Preventive Services</b>			

D1110	Prophylaxis, adult	0%	2 of (D1110, D4346, D4910) every calendar year
D1999	Unspecified preventive procedure, by report	0%	1 (D1999) per date of service per office, covered for Personal Protective Equipment (PPE) – VAL
<b>Endodontic Services</b>			
D3333	Internal root repair of perforation defects by same provider	0%	1 (D3333) per tooth in a lifetime
<b>Periodontal Services</b>			
D4240	Gingival flap procedure, including root planing, four or more contiguous teeth or tooth bounded spaces per quadrant	0%	1 of (D4240-D4241) per site/quad every 24 months
D4241	Gingival flap procedure, including root planing, one to three contiguous teeth per quadrant	0%	
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	0%	1 of (D4341, D4342) per site/quad every 24 months
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	0%	
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	0%	2 of (D1110, D4346, D4910) every calendar year
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit	0%	1 (D4355) every 36 months
D4910	Periodontal maintenance	0%	2 of (D1110, D4346, D4910) every calendar year
<b>Oral &amp; Maxillofacial Services</b>			
D7509	Surgical decompression of a large cystic lesion by creating a long-term open pocket or pouch	0%	
D7251	Intentional partial tooth removal, impacted teeth	0%	
<b>Adjunctive General Services</b>			
D9110	Palliative (emergency) treatment, minor procedure	0%	1 (D9110) every calendar year
D9991	Dental case management, addressing appointment compliance barriers	0%	
D9992	Dental case management, care coordination	0%	
D9993	Dental case management, motivational interviewing	0%	
D9994	Dental case management, patient education to improve oral health literacy	0%	
D9995	Teledentistry, synchronous; real-time encounter	0%	2 of (D9995, D9996) every calendar year
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	0%	

**Comprehensive Plan \$2000 Annual Max**

**\$2,000 CALENDAR YEAR MAXIMUM**

*The following is a **complete** list of dental procedures for which benefits are payable under this Plan. Non-listed procedures are not covered. This Plan does not allow alternate benefits. Members must visit a contracted provider to utilize covered benefits.*

**If elected, Member is responsible for all non-covered procedures.**

<b>CDT Code</b>	<b>Description</b>	<b>Member Responsibility</b>	<b>Limitations</b>
<b>Diagnostic Services</b>			
D0120	Periodic oral evaluation	0%	2 of (D0120-D0180) every calendar year
D0140	Limited oral evaluation	0%	
D0150	Comprehensive oral evaluation	0%	
D0160	Oral evaluation, problem focused	0%	
D0170	Re-evaluation, limited, problem focused	0%	
D0171	Re-evaluation, post operative office visit	0%	
D0180	Comprehensive periodontal evaluation	0%	
D0210	Intraoral, complete and comprehensive series of radiographic images	0%	1 of (D0210, D0330) every 36 months
D0220	Intraoral, periapical, first radiographic image	0%	
D0230	Intraoral, periapical, each add 'l radiographic image	0%	
D0240	Intraoral, occlusal radiographic image	0%	2 (D0240) every calendar year
D0270	Bitewing, single radiographic image	0%	2 of (D0270-D0274) every calendar year
D0272	Bitewings, two radiographic images	0%	
D0273	Bitewings, three radiographic images	0%	
D0274	Bitewings, four radiographic images	0%	
D0277	Vertical bitewings, 7 to 8 radiographic images	0%	1 (D0277) every 36 months
D0330	Panoramic radiographic image	0%	1 of (D0210, D0330) every 36 months
D0372	Radiographic survey of the whole mouth intended to display the crowns and roots of all teeth	0%	2 of (D0372) every 36 months
D0373	Bitewing radiographic image	0%	2 of (D0373) every calendar year
D0374	Periapical radiographic image	0%	
D0387	Comprehensive series of radiographic images – image only	0%	1 of (D0387) every 36 months
D0388	Bitewing radiographic image – image only	0%	2 of (D0388) every calendar year
D0389	Periapical radiographic image – image only	0%	
<b>Preventive Services</b>			
D1110	Prophylaxis, adult	0%	2 of (D1110, D4346, D4910) every calendar year
D1208	Topical application of fluoride, excluding varnish	0%	1 (D1208) every calendar year
D1999	Unspecified preventive procedure, by report	0%	1 (D1999) per date of service per office, covered for Personal Protective Equipment (PPE) – VAL
<b>Restorative Services</b>			
D2140	Amalgam, one surface, primary or permanent	0%	

D2150	Amalgam, two surfaces, primary or permanent	0%	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months	
D2160	Amalgam, three surfaces, primary or permanent	0%		
D2161	Amalgam, four or more surfaces, primary or permanent	0%		
D2330	Resin-based composite, one surface, anterior	0%		
D2331	Resin-based composite, two surfaces, anterior	0%		
D2332	Resin-based composite, three surfaces, anterior	0%		
D2335	Resin-based composite, four or more surfaces, involving incisal angle	0%		
D2391	Resin-based composite, one surface, posterior	0%		
D2392	Resin-based composite, two surfaces, posterior	0%		
D2393	Resin-based composite, three surfaces, posterior	0%		
D2394	Resin-based composite, four or more surfaces, posterior	0%		
D2510	Inlay, metallic, one surface	0%		1 of (D2510-D2792) per tooth every 60 months
D2520	Inlay, metallic, two surfaces	0%		
D2530	Inlay, metallic, three or more surfaces	0%		
D2542	Onlay, metallic, two surfaces	0%		
D2543	Onlay, metallic, three surfaces	0%		
D2544	Onlay, metallic, four or more surfaces	0%		
D2610	Inlay, porcelain/ceramic, one surface	0%		
D2620	Inlay, porcelain/ceramic, two surfaces	0%		
D2630	Inlay, porcelain/ceramic, three or more surfaces	0%		
D2642	Onlay, porcelain/ceramic, two surfaces	0%		
D2643	Onlay, porcelain/ceramic, three surfaces	0%		
D2644	Onlay, porcelain/ceramic, four or more surfaces	0%		
D2650	Inlay, resin-based composite, one surface	0%		
D2651	Inlay, resin-based composite, two surfaces	0%		
D2652	Inlay, resin-based composite, three or more surfaces	0%		
D2662	Onlay, resin-based composite, two surfaces	0%		
D2663	Onlay, resin-based composite, three surfaces	0%		
D2664	Onlay, resin-based composite, four or more surfaces	0%		
D2710	Crown, resin-based composite (indirect)	0%		
D2712	Crown, ¾ resin-based composite (indirect)	0%		
D2721	Crown, resin with predominantly base metal	0%		
D2722	Crown, resin with noble metal	0%		
D2740	Crown, porcelain/ceramic	0%		
D2751	Crown, porcelain fused to predominantly base metal	0%		
D2752	Crown, porcelain fused to noble metal	0%		
D2781	Crown, ¾ cast predominantly base metal	0%		
D2782	Crown, ¾ cast noble metal	0%		
D2783	Crown, ¾ porcelain/ceramic	0%		
D2791	Crown, full cast predominantly base metal	0%		
D2792	Crown, full cast noble metal	0%		
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	0%	1 of (D2910, D2920) per tooth every calendar year	
D2920	Re-cement or re-bond crown	0%		
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	0%	1 (D2915) per tooth every calendar year	
D2940	Protective restoration	0%		
D2950	Core buildup, including any pins when required	0%		
D2951	Pin retention, per tooth, in addition to restoration	0%		

D2952	Post and core in addition to crown, indirectly fabricated	0%	
D2953	Each additional indirectly fabricated post, same tooth	0%	
D2954	Prefabricated post and core in addition to crown	0%	
D2955	Post removal	0%	
<b>Endodontic Services</b>			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	0%	1 of (D3310-D3330) per tooth in a lifetime
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	0%	
D3330	Endodontic therapy, molar tooth (excluding final restoration)	0%	
D3331	Treatment of root canal obstruction; non-surgical access	0%	1 (D3331) per tooth in a lifetime
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	0%	1 (D3332) per tooth in a lifetime
D3333	Internal root repair of perforation defects by same provider	0%	1 (D3333) per tooth in a lifetime
D3346	Retreatment of previous root canal therapy, anterior	0%	1 of (D3346-D3348) per tooth in a lifetime
D3347	Retreatment of previous root canal therapy, premolar	0%	
D3348	Retreatment of previous root canal therapy, molar	0%	
D3351	Apexification/recalcification, initial visit	0%	1 (D3351) per tooth in a lifetime
D3352	Apexification/recalcification, interim medication replacement	0%	1 (D3352) per tooth in a lifetime
D3353	Apexification/recalcification, final visit	0%	1 (D3353) per tooth in a lifetime
D3410	Apicoectomy, anterior	0%	1 of (D3410-D3425) per tooth in a lifetime
D3421	Apicoectomy, premolar (first root)	0%	
D3425	Apicoectomy, molar (first root)	0%	
D3426	Apicoectomy, (each additional root)	0%	1 (D3426) per tooth in a lifetime
D3430	Retrograde filling, per root	0%	1 (D3430) per tooth in a lifetime
D3450	Root amputation, per root	0%	1 (D3450) per tooth in a lifetime
D3920	Hemisection, not including root canal therapy	0%	1 (D3920) per tooth in a lifetime
<b>Periodontal Services</b>			
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	0%	1 of (D4210-D4241) per site/quad every 24 months
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	0%	
D4240	Gingival flap procedure, including root planing, four or more contiguous teeth or tooth bounded spaces per quadrant	0%	
D4241	Gingival flap procedure, including root planing, one to three contiguous teeth per quadrant	0%	
D4260	Osseous surgery, four or more teeth per quadrant	0%	1 of (D4260, D4261) per site/quad every 24 months
D4261	Osseous surgery, one to three teeth per quadrant	0%	
D4270	Pedicle soft tissue graft procedure	0%	

D4273	Autogenous connective tissue graft procedure, first tooth	0%	1 of (D4270-D4285) per site/quad every 24 months
D4275	Non-autogenous connective tissue graft, first tooth	0%	
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	0%	
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	0%	
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	0%	1 of (D4341, D4342) per site/quad every 24 months
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	0%	
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	0%	2 of (D1110, D4346, D4910) every calendar year
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit	0%	1 (D4355) every 36 months
D4910	Periodontal maintenance	0%	2 of (D1110, D4346, D4910) every calendar year
<b>Removable Prosthodontic Services</b>			
D5110	Complete denture, maxillary	0%	1 of (D5110-D5226, D5282, D5283, D5863-D5866) per arch every 60 months
D5120	Complete denture, mandibular	0%	
D5130	Immediate denture, maxillary	0%	
D5140	Immediate denture, mandibular	0%	
D5211	Maxillary partial denture, resin base	0%	
D5212	Mandibular partial denture, resin base	0%	
D5213	Maxillary partial denture, cast metal, resin base	0%	
D5214	Mandibular partial denture, cast metal, resin base	0%	
D5221	Immediate maxillary partial denture, resin base	0%	
D5222	Immediate mandibular partial denture, resin base	0%	
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	0%	
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	0%	
D5225	Maxillary partial denture, flexible base	0%	
D5226	Mandibular partial denture, flexible base	0%	
D5282	Removable unilateral partial denture, one piece cast metal, maxillary	0%	
D5283	Removable unilateral partial denture, one piece cast metal, mandibular	0%	
D5410	Adjust complete denture, maxillary	0%	1 of (D5410-D5422) per arch every calendar year
D5411	Adjust complete denture, mandibular	0%	
D5421	Adjust partial denture, maxillary	0%	
D5422	Adjust partial denture, mandibular	0%	
D5511	Repair broken complete denture base, mandibular	0%	1 of (D5511, D5512) per arch every calendar year
D5512	Repair broken complete denture base, maxillary	0%	
D5520	Replace missing or broken teeth, complete denture	0%	1 (D5520) per arch every calendar year
D5611	Repair resin partial denture base, mandibular	0%	1 of (D5611-D5622) per arch every calendar year
D5612	Repair resin partial denture base, maxillary	0%	
D5621	Repair cast partial framework, mandibular	0%	
D5622	Repair cast partial framework, maxillary	0%	
D5630	Repair or replace broken retentive clasping materials, per tooth	0%	1 (D5630) per tooth every calendar year
D5640	Replace broken teeth, per tooth	0%	1 (D5640) per tooth every calendar year

D5650	Add tooth to existing partial denture	0%	1 (D5650) per tooth every calendar year
D5660	Add clasp to existing partial denture, per tooth	0%	1 (D5660) per tooth every calendar year
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	0%	1 of (D5670, D5671) per arch every 24 months
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	0%	
D5710	Rebase complete maxillary denture	0%	1 of (D5710-D5761) per arch every 24 months
D5711	Rebase complete mandibular denture	0%	
D5720	Rebase maxillary partial denture	0%	
D5721	Rebase mandibular partial denture	0%	
D5730	Reline complete maxillary denture, direct	0%	
D5731	Reline complete mandibular denture, direct	0%	
D5740	Reline maxillary partial denture, direct	0%	
D5741	Reline mandibular partial denture, direct	0%	
D5750	Reline complete maxillary denture, indirect	0%	
D5751	Reline complete mandibular denture, indirect	0%	
D5760	Reline maxillary partial denture, indirect	0%	
D5761	Reline mandibular partial denture, indirect	0%	
D5810	Interim complete denture, maxillary	0%	1 of (D5810-D5821) per arch every 60 months
D5811	Interim complete denture, mandibular	0%	
D5820	Interim partial denture, maxillary	0%	
D5821	Interim partial denture, mandibular	0%	
D5850	Tissue conditioning, maxillary	0%	1 of (D5850, D5851) per arch every calendar year
D5851	Tissue conditioning, mandibular	0%	
D5863	Overdenture, complete, maxillary	0%	1 of (D5110-D5226, D5282, D5283, D5863-D5866) per arch every 60 months
D5864	Overdenture, partial, maxillary	0%	
D5865	Overdenture, complete, mandibular	0%	
D5866	Overdenture, partial, mandibular	0%	
<b>Oral &amp; Maxillofacial Services</b>			
D7140	Extraction, erupted tooth or exposed root	0%	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	0%	
D7220	Removal of impacted tooth, soft tissue	0%	
D7230	Removal of impacted tooth, partially bony	0%	
D7240	Removal of impacted tooth, completely bony	0%	
D7241	Removal impacted tooth, complete bony, complication	0%	
D7250	Removal of residual tooth roots (cutting procedure)	0%	
D7251	Intentional partial tooth removal, impacted teeth	0%	
D7260	Oroantral fistula closure	0%	1 of (D7260, D7261) site/quad every 60 months
D7261	Primary closure of a sinus perforation	0%	
D7270	Tooth reimplantation and/or stabilization, accident	0%	1 of (D7270, D7272) per tooth every 60 months
D7272	Tooth transplantation	0%	
D7280	Exposure of an unerupted tooth	0%	1 (D7280) per tooth every 60 months
D7282	Mobilization of erupted/malpositioned tooth	0%	1 of (D7282, D7283) per tooth every 60 months
D7283	Placement, device to facilitate eruption, impaction	0%	
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	0%	1 of (D7285-D7288) per site every 60 months
D7286	Incisional biopsy of oral tissue, soft	0%	
D7287	Exfoliative cytological sample collection	0%	
D7288	Brush biopsy, transepithelial sample collection	0%	

D7290	Surgical repositioning of teeth	0%	1 of (D7290-D7294) per site/quad every 60 months
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	0%	
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	0%	
D7293	Placement of temporary anchorage device requiring flap; includes device removal	0%	
D7294	Placement of temporary anchorage device without flap; includes device removal	0%	
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	0%	1 of (D7310-D7350) per site/quad every 60 months
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	0%	
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	0%	
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	0%	
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	0%	
D7350	Vestibuloplasty, ridge extension	0%	
D7410	Excision of benign lesion, up to 1.25 cm	0%	
D7411	Excision of benign lesion, greater than 1.25 cm	0%	
D7412	Excision of benign lesion, complicated	0%	
D7413	Excision of malignant lesion, up to 1.25 cm	0%	
D7414	Excision of malignant lesion, greater than 1.25 cm	0%	
D7415	Excision of malignant lesion, complicated	0%	
D7440	Excision of malignant tumor, up to 1.25 cm	0%	
D7441	Excision of malignant tumor, greater than 1.25 cm	0%	
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	0%	
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	0%	
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	0%	
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	0%	
D7465	Destruction of lesion(s) by physical or chemical method, by report	0%	
D7471	Removal of lateral exostosis, maxilla or mandible	0%	1 of (D7471-D7473) per lifetime
D7472	Removal of torus palatinus	0%	
D7473	Removal of torus mandibularis	0%	
D7485	Reduction of osseous tuberosity	0%	1 (D7485) per lifetime
D7490	Radical resection of maxilla or mandible	0%	1 (D7490) per arch per lifetime
D7509	Surgical decompression of a large cystic lesion by creating a long-term open pocket or pouch	0%	
D7510	Incision & drainage of abscess, intraoral soft tissue	0%	
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	0%	
D7520	Incision & drainage of abscess, extraoral soft tissue	0%	
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	0%	
D7530	Remove foreign body, mucosa, skin, tissue	0%	



D7540	Removal of reaction producing foreign bodies, musculoskeletal system	0%	
D7961	Buccal / labial frenectomy (frenulectomy)	0%	1 of (D7961, D7962) every 60 months
D7962	Lingual frenectomy (frenulectomy)	0%	
D7963	Frenuloplasty	0%	1 (D7963) every 60 months
<b>Adjunctive General Services</b>			
D9110	Palliative (emergency) treatment of dental pain, minor procedure	0%	1 (D9110) every calendar year
D9120	Fixed partial denture sectioning	0%	1 (D9120) every calendar year
D9210	Local anesthesia not in conjunction, operative or surgical procedures	0%	
D9211	Regional block anesthesia	0%	
D9212	Trigeminal division block anesthesia	0%	
D9215	Local anesthesia in conjunction with operative or surgical procedures	0%	
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	0%	
D9222	Deep sedation/general anesthesia, first 15 minute increment	0%	
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	0%	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	0%	
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	0%	
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	0%	
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	0%	
D9310	Consultation, other than requesting dentist	0%	2 (D9310) every calendar year
D9995	Teledentistry, synchronous; real-time encounter	0%	2 of (D9995, D9996) every calendar year
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	0%	