































recover from a third party and Delta Dental advances payment to prevent any financial hardship, you have an obligation to help Delta Dental obtain reimbursement for the amount of the payments advanced for which another source was also responsible for making payment. You are required to provide Delta Dental with any information about any other insurance coverage (including, but not limited to, automobile, home, and other liability insurance coverage, and coverage under another group health plan), and the identity of any other person or entity, and his or her insurers (if known), that may be obligated to provide payments or benefits for the same Covered Services that Delta Dental already paid.

You must:

1. Cooperate fully in Delta Dental's exercise of its right to subrogation and reimbursement,
2. Not do anything to prejudice those rights (such as settling a claim against another party without notifying Delta Dental, or not including Delta Dental as a co-payee of any settlement amount),
3. Sign any document that Delta Dental determines is relevant to protect Delta Dental's subrogation and reimbursement rights, and
4. Provide relevant information when requested.

The term "information" includes any documents, insurance policies, and police or other investigative reports, as well as any other facts that may reasonably be requested to help Delta Dental enforce its rights. Failure by you to cooperate with Delta Dental may result, at the discretion of Delta Dental, in a reduction of future benefit payments This Plan of an amount up to the aggregate amount paid by Delta Dental that was subject to Delta Dental's equitable lien, but for which Delta Dental was not reimbursed.

#### Obtaining and Releasing Information

You agree to provide Delta Dental with any information it needs to process your claims and administer your Benefits. This includes allowing Delta Dental access to your dental records.

#### Dentist-Patient Relationship

You are free to choose any Dentist. Each Dentist maintains the dentist-patient relationship and is solely responsible to the patient for dental advice and treatment and any resulting liability.

#### Loss of Eligibility During Treatment

If you lose eligibility while receiving dental treatment, only Covered Services received while you are covered under This Plan will be payable.

Certain services begun before the loss of eligibility may be covered if they are completed within 60 days from the date of termination. In those cases, Delta Dental evaluates those services in progress to determine what portion may be paid by Delta Dental. The difference between Delta Dental's payment and the total fee for those services is your responsibility.

#### Late Claims Submission

Delta Dental will make no payment for services or supplies if a claim for such has not been received by Delta Dental within one year following the date the services or supplies were completed.

#### Change of Certificate or Contract

No agent has the authority to change any provisions in this Certificate or the provisions of the contract on which it is based. No changes to this Certificate or the underlying contract are valid unless Delta Dental approves them in writing.

#### Actions

No action on a legal claim arising out of or related to this Certificate will be brought within 60 days after notice of the legal claim has been given to Delta Dental, unless prohibited by applicable state law. In addition, no action can be brought more than three years after the legal claim first arose or after expiration of the applicable statute of limitations, if longer. Any person seeking to do so will be deemed to have waived his or her right to bring suit on such legal claim. Except as set forth above, this provision does not preclude you from seeking a judicial decision or pursuing other available legal remedies.

#### Governing Law

This Certificate and the underlying group contract will be governed by and interpreted under Centers for Medicare and Medicaid (CMS).

#### Right of Recovery Due to Fraud

If Delta Dental pays for services that were sought or received under fraudulent, false, or misleading pretenses or circumstances, pays a claim that contains false or misrepresented information, or pays a claim that is determined to be fraudulent due to your acts, it may recover that payment from you. You authorize Delta Dental to recover any payment determined to be based on false, fraudulent, misleading, or misrepresented information by deducting that amount from any payments properly due to you. Delta Dental will

provide an explanation of the payment recovery at the time the deduction is made.

#### Legally Mandated Benefits

---

If any applicable law requires broader coverage or more favorable treatment for you than is provided by this Certificate, that law shall control over the language of this Certificate.

**Any person intending to deceive an insurer, who knowingly submits an application or files a claim containing a false or misleading statement, is guilty of insurance fraud.**

**Insurance fraud significantly increases the cost of health care. If you are aware of any false information submitted to Delta Dental, please call our toll-free hotline. We only accept anti-fraud calls at this number.**

**ANTI-FRAUD TOLL-FREE HOTLINE:**

**1-800-524-0147 (TTY Users call 711)**

---

You can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on company holidays.

Allwell is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Allwell depends on contract renewal.

This information is not a complete description of benefits. Call 1-855-253-4706 (TTY Users call 711) for more information.



This section provides a list of dental procedures covered by your plan. If a procedure is not on this list, it is not a standard covered benefit under your plan. Standard benefit limitations under these programs are listed where applicable in the Benefit Limitations column. Some services share frequencies. Additional information on the frequency limitations can be found in Section VII of your Delta Dental Certificate. The May Require Review or Documentation column identifies whether a procedure may require diagnostic information or may be routinely reviewed.

\*Please note, procedures in the following code ranges may require routine review or diagnostic information such as radiographs or patient treatment records for claims processing and final payment determinations: D0220-D0250, D0999 Diagnostic; D1999 Preventive; D2710-D2794, D2910-D2934, D2950-D2999 Restorative; D3000-D3999 Endodontics; D4000-D4999 Periodontics; D5110-D5671, D5875-D5999 Prosthodontics (Removable); D6000-D6199 Implant Services; D6200-D6999 Prosthodontics (Fixed); D7111-7999 Oral and Maxillofacial Surgery; D9120, D9310, D9410, D9420, D9930 and D9999 Adjunctive Services

\*\*Please note, Members with Diabetes, Heart Disease or Periodontal Disease may be eligible for 2 additional routine cleanings (prophylaxes) or periodontal maintenance procedures for a total of 4 per calendar year. Members should talk with his or her dentist about treatment. The additional benefits may not be combined by those with more than one of the above conditions.

Code	Description	Plan pay for Delta Dental Medicare Advantage Dentist	Plan pay for Nonparticipating (out-of-network) Dentist	Benefit Limitations	If yes, this procedure may require review or documentation	Documentation Required
<b>D0100-D0999 Diagnostic</b>						
D0120	periodic oral evaluation - established patient	100%	0%	Twice per calendar year		
D0140	limited oral evaluation - problem focused	100%	100%	As needed for diagnosis of emergency condition		
D0150	comprehensive oral evaluation - new or established patient	100%	0%	Once per 36 months		
D0160	detailed and extensive oral evaluation - problem focused, by report	100%	0%	Once per 36 months		
D0180	comprehensive periodontal evaluation - new or established patient	100%	0%	Once per calendar year		
D0190	screening of a patient	100%	0%	Once per calendar year		
D0210	intra-oral - complete series	100%	0%	Once per 5 year period		
D0220	intraoral - periapical first image	100%	0%	Covered service		
D0230	intraoral - periapical each additional image	100%	0%	Covered service		
D0240	intraoral - occlusal image	100%	0%	Covered service		
D0250	extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	100%	0%	Covered service		
D0270	bitewing - single image	100%	0%	Once per calendar year - (up to four films)		
D0272	bitewings - two images	100%	0%	Once per calendar year - (up to four per calendar year)		
D0273	bitewings - three images	100%	0%	Once per calendar year - (four films per calendar year)		
D0274	bitewings - four images	100%	0%	Once per calendar year - (four films per calendar year)		
D0277	vertical bitewings - 7 to 8 images	100%	0%	Once per calendar year - four films per calendar year		
D0330	panoramic image	100%	0%	Once per 5 year period		
D0419	assessment of salivary flow, by measurement	80%	0%	Once per 3 year period		
D0460	pulp vitality tests	80%	0%	Payable per visit not per tooth for the diagnosis of emergency conditions		
D0999*	unspecified diagnostic procedure, by report	100%	0%	Benefit determined by consultant review	Yes	Report clarifying the service and verifying the need for treatment
<b>D1000-D1999 Preventive</b>						
D1110**	prophylaxis - adult	100%	0%	Twice per calendar year; two additional cleanings per calendar year for members with specific health conditions.		
<b>D2000-D2999 Restorative</b>						
D2140	amalgam - one surface, primary or permanent	80%	0%	Amalgam and composite resin restorations are payable once in any two-year period, same tooth and same surface, regardless of the number or combination of restorations placed on a surface		
D2150	amalgam - two surfaces, primary or permanent	80%	0%	Amalgam and composite resin restorations are payable once in any two-year period, same tooth and same surface, regardless of the number or combination of restorations placed on a surface		
D2160	amalgam - three surfaces, primary or permanent	80%	0%	Amalgam and composite resin restorations are payable once in any two-year period, same tooth and same surface, regardless of the number or combination of restorations placed on a surface		
D2161	amalgam - four or more surfaces, primary or permanent	80%	0%	Amalgam and composite resin restorations are payable once in any two-year period, same tooth and same surface, regardless of the number or combination of restorations placed on a surface		

Code	Description	Plan pay for Delta Dental Medicare Advantage Dentist	Plan pay for Nonparticipating (out-of-network) Dentist	Benefit Limitations	If yes, this procedure may require review or documentation	Documentation Required
D2330	resin-based composite - one surface, anterior	80%	0%	Amalgam and composite resin restorations are payable once in any two-year period, same tooth and same surface, regardless of the number or combination of restorations placed on a surface		
D2331	resin-based composite - two surfaces, anterior	80%	0%	Amalgam and composite resin restorations are payable once in any two-year period, same tooth and same surface, regardless of the number or combination of restorations placed on a surface		
D2332	resin-based composite - three surfaces, anterior	80%	0%	Amalgam and composite resin restorations are payable once in any two-year period, same tooth and same surface, regardless of the number or combination of restorations placed on a surface		
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	80%	0%	Amalgam and composite resin restorations are payable once in any two-year period, same tooth and same surface, regardless of the number or combination of restorations placed on a surface		
D2390	resin-based composite crown, anterior	80%	0%	Amalgam and composite resin restorations are payable once in any two-year period, same tooth and same surface, regardless of the number or combination of restorations placed on a surface		
D2391	resin-based composite - one surface, posterior	80%	0%	Amalgam and composite resin restorations are payable once in any two-year period, same tooth and same surface, regardless of the number or combination of restorations placed on a surface		
D2392	resin-based composite - two surfaces, posterior	80%	0%	Amalgam and composite resin restorations are payable once in any two-year period, same tooth and same surface, regardless of the number or combination of restorations placed on a surface		
D2393	resin-based composite - three surfaces, posterior	80%	0%	Amalgam and composite resin restorations are payable once in any two-year period, same tooth and same surface, regardless of the number or combination of restorations placed on a surface		
D2394	resin-based composite - four or more surfaces, posterior	80%	0%	Amalgam and composite resin restorations are payable once in any two-year period, same tooth and same surface, regardless of the number or combination of restorations placed on a surface		
D2410	gold foil - one surface	Optional	0%	Plan will pay only the applicable amount that it would have paid for an amalgam restoration (D2140)		
D2420	gold foil - two surfaces	Optional	0%	Plan will pay only the applicable amount that it would have paid for an amalgam restoration (D2150)		
D2430	gold foil - three surfaces	Optional	0%	Plan will pay only the applicable amount that it would have paid for an amalgam restoration (D2160)		
D2510	inlay - metallic - one surface	Optional	0%	Plan will pay only the applicable amount that it would have paid for an amalgam restoration (D2140)		
D2520	inlay - metallic - two surfaces	Optional	0%	Plan will pay only the applicable amount that it would have paid for an amalgam restoration (D2150)		
D2530	inlay - metallic - three or more surfaces	Optional	0%	Plan will pay only the applicable amount that it would have paid for an amalgam restoration (D2160 or D2161)		
D2542	onlay - metallic - two surfaces	80%	0%	Once per 5 year period		
D2543	surfaces	80%	0%	Once per 5 year period		
D2544	onlay - metallic - four or more surfaces	80%	0%	Once per 5 year period		
D2610	inlay - porcelain/ceramic - one surface	Optional	0%	Plan will pay only the applicable amount that it would have paid for an amalgam restoration (D2140)		
D2620	inlay - porcelain/ceramic - two surfaces	Optional	0%	Plan will pay only the applicable amount that it would have paid for an amalgam restoration (D2150)		
D2630	inlay - porcelain/ceramic - three surfaces	Optional	0%	Plan will pay only the applicable amount that it would have paid for an amalgam restoration (D2160)		

Code	Description	Plan pay for Delta Dental Medicare Advantage Dentist	Plan pay for Nonparticipating (out-of-network) Dentist	Benefit Limitations	If yes, this procedure may require review or documentation	Documentation Required
D2642	onlay - porcelain/ceramic - two surfaces	80%	0%	Once per 5 year period;		
D2643	onlay - porcelain/ceramic - three surfaces	80%	0%	Once per 5 year period;		
D2644	onlay - porcelain/ceramic - four or more surfaces	80%	0%	Once per 5 year period;		
D2650	inlay - resin-based composite - one surface	Optional	0%	Plan will pay only the applicable amount that it would have paid for an amalgam restoration (D2140)		
D2651	inlay - resin-based composite - two surfaces	Optional	0%	Plan will pay only the applicable amount that it would have paid for an amalgam restoration (D2150)		
D2652	inlay - resin-based composite - three or more surfaces	Optional	0%	Plan will pay only the applicable amount that it would have paid for an amalgam restoration (D2160 or D2161)		
D2662	onlay - resin-based composite - two surfaces	80%/Optional	0%	Once per 5 year period; Optional service on molar teeth. Plan will pay only the applicable amount that it would have paid for a metallic onlay (D2542)		
D2663	onlay - resin-based composite - three surfaces	80%/Optional	0%	Once per 5 year period; Optional service on molar teeth. Plan will pay only the applicable amount that it would have paid for a metallic onlay (D2543)		
D2664	onlay - resin-based composite - four or more surfaces	80%/Optional	0%	Once per 5 year period; Optional service on molar teeth. Plan will pay only the applicable amount that it would have paid for a metallic onlay (D2544)		
D2710*	crown - resin-based composite (indirect)	80%	0%	Once per 5 year period;	Yes	
D2712*	crown - 3/4 resin-based composite (indirect)	80%	0%	Once per 5 year period;	Yes	
D2720*	crown - resin with high noble metal	80%	0%	Once per 5 year period;	Yes	
D2721*	crown - resin with predominantly base metal	80%	0%	Once per 5 year period;	Yes	
D2722*	crown - resin with noble metal	80%	0%	Once per 5 year period;	Yes	
D2740*	crown - porcelain/ceramic	80%/Optional	0%	Once per 5 year period; Optional service on molar teeth. Plan will pay only the applicable amount that it would have paid for a full metal crown (D2790)	Yes	
D2750*	crown - porcelain fused to high noble metal	80%	0%	Once per 5 year period; Optional service on molar teeth. Plan will pay only the applicable amount that it would have paid for a full metal crown (D2790)	Yes	
D2751*	crown - porcelain fused to predominantly base metal	80%	0%	Once per 5 year period; Optional service on molar teeth. Plan will pay only the applicable amount that it would have paid for a full metal crown (D2791)	Yes	
D2752*	crown - porcelain fused to noble metal	80%	0%	Once per 5 year period; Optional service on molar teeth. Plan will pay only the applicable amount that it would have paid for a full metal crown (D2792)	Yes	
D2753*	crown - porcelain fused to titanium and titanium alloys	80%/optional	0%	Once per 5 year period; Optional service on molar teeth. Plan will pay only the applicable amount that it would have paid for a full metal crown (D2794)	Yes	
D2780*	metal	80%	0%	Once per 5 year period	Yes	
D2781*	crown - 3/4 cast predominantly base metal	80%	0%	Once per 5 year period	Yes	
D2782*	crown - 3/4 cast noble metal	80%	0%	Once per 5 year period	Yes	
D2783*	crown - 3/4 porcelain/ceramic	80%/Optional	0%	Once per 5 year period; Optional service on molar teeth. Plan will pay only the applicable amount that it would have paid for a full metal crown.	Yes	
D2790*	crown - full cast high noble metal	80%	0%	Once per 5 year period	Yes	
D2791*	crown - full cast predominantly base metal	80%	0%	Once per 5 year period	Yes	
D2792*	crown - full cast noble metal	80%	0%	Once per 5 year period	Yes	
D2794*	crown - titanium and titanium alloys	80%	0%	Once per 5 year period	Yes	
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	80%	0%	Covered service		
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	80%	0%	Covered service		
D2920	re-cement or re-bond crown	80%	0%	Covered service		

Code	Description	Plan pay for Delta Dental Medicare Advantage Dentist	Plan pay for Nonparticipating (out-of-network) Dentist	Benefit Limitations	If yes, this procedure may require review or documentation	Documentation Required
D2921	reattachment of tooth fragment, incisal edge or cusp	80%	0%	Covered service		
D2929	prefabricated porcelain/ceramic crown - primary tooth	80%	0%	Covered service		
D2930	prefabricated stainless steel crown - primary tooth	80%	0%	Covered service		
D2931	prefabricated stainless steel crown - permanent tooth	80%	0%	Covered service		
D2932	prefabricated resin crown	80%	0%	Covered service		
D2933	prefabricated stainless steel crown with resin window	80%	0%	Covered service		
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	80%	0%	Covered service		
D2940	protective restoration	80%	0%	Once per tooth per lifetime and considered to be part of the fee when done in conjunction with a definitive restoration, indirect pulp cap or endodontic treatment (including pulpotomy)		
D2941	interim therapeutic restoration - primary dentition	80%	0%	Once per primary tooth		
D2950*	core buildup, including any pins when required	80%	0%	Once per 5 year period	Yes	
D2951*	pin retention - per tooth, in addition to restoration	80%	0%	Once per tooth per lifetime	Yes	
D2952*	post and core in addition to crown, indirectly fabricated	80%	0%	Once per 5 year period	Yes	
D2954*	prefabricated post and core in addition to crown	80%	0%	Once per 5 year period	Yes	
D2955	post removal	80%	0%	Covered service		
D2971	additional procedures to construct new crown under existing partial denture framework	80%	0%	Covered service		
D2980	crown repair necessitated by restorative material failure	80%	0%	Covered service		
D2981	inlay repair necessitated by restorative material failure	80%	0%	Covered service		
D2982	onlay repair necessitated by restorative material failure	80%	0%	Covered service		
D2983	veneer repair necessitated by restorative material failure	80%	0%	Covered service		
D2999*	unspecified restorative procedure, by report	80%	0%	Benefit determined by consultant review	Yes	Report clarifying the service and verifying the need for treatment
<b>D3000-D3999 Endodontics</b>						
D3220*	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinoocemental junction and application of medicament	80%	0%	Covered service	Yes	
D3221*	pulpal debridement, primary or permanent teeth	80%	80%	Covered service	Yes	
D3222*	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	80%	0%	Once per tooth per lifetime; additional benefit will require review	Yes	
D3230*	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	80%	0%	Covered service	Yes	
D3240*	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	80%	0%	Covered service	Yes	
D3310*	endodontic therapy, anterior tooth (excluding final restoration)	80%	0%	Covered service	Yes	
D3320*	endodontic therapy, premolar tooth (excluding final restoration)	80%	0%	Covered service	Yes	
D3330*	endodontic therapy, molar tooth (excluding final restoration)	80%	0%	Covered service	Yes	
D3332*	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	80%	0%	Covered service	Yes	
D3333*	internal root repair of perforation defects	80%	0%	Covered service	Yes	
D3346*	retreatment of previous root canal therapy - anterior	80%	0%	Covered service	Yes	
D3347*	retreatment of previous root canal therapy - premolar	80%	0%	Covered service	Yes	
D3348*	retreatment of previous root canal therapy - molar	80%	0%	Covered service	Yes	
D3351*	apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	80%	0%	Covered service	Yes	

Code	Description	Plan pay for Delta Dental Medicare Advantage Dentist	Plan pay for Nonparticipating (out-of-network) Dentist	Benefit Limitations	If yes, this procedure may require review or documentation	Documentation Required
D3352*	apexification/recalcification interim medication replacement (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.)	80%	0%	Covered service	Yes	
D3353*	apexification/recalcification-final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)	80%	0%	Covered service	Yes	
D3410*	apicoectomy - anterior	80%	0%	Covered service	Yes	
D3421*	apicoectomy - premolar (first root)	80%	0%	Covered service	Yes	
D3425*	apicoectomy - molar (first root)	80%	0%	Covered service	Yes	
D3426*	apicoectomy (each additional root)	80%	0%	Covered service	Yes	
D3427*	periradicular surgery without apicoectomy	80%	0%	Covered service	Yes	
D3430*	retrograde filling - per root	80%	0%	Covered service	Yes	
D3450*	root amputation - per root	80%	0%	Covered service	Yes	
D3920*	hemisection (including any root removal), not including root canal therapy	80%	0%	Covered service	Yes	
D3999	unspecified endodontic procedure, by report	80%	0%	Benefit determined by consultant review	Yes	Report clarifying the service and verifying the need for treatment
<b>D4000-D4999 Periodontics</b>						
D4210*	four or more contiguous teeth or tooth bounded spaces per quadrant	50%	0%	Once per 36 month period	Yes	
D4211*	one to three contiguous teeth or tooth bounded spaces per quadrant	50%	0%	Once per 36 month period	Yes	
D4240*	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	50%	0%	Once per 36 month period	Yes	
D4241*	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	50%	0%	Once per 36 month period	Yes	
D4245*	apically positioned flap	50%	0%	Covered service	Yes	
D4249*	clinical crown lengthening - hard tissue	50%	0%	Once per tooth per 24 month period	Yes	
D4260*	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	50%	0%	Once per 36 month period	Yes	
D4261*	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	50%	0%	Once per 36 month period	Yes	
D4263*	bone replacement graft - retained natural tooth - first site in quadrant	50%	0%	Once per 36 month period	Yes	
D4264*	bone replacement graft - retained natural tooth - each additional site in quadrant	50%	0%	Once per 36 month period	Yes	
D4265*	soft and osseous tissue regeneration	50%	0%	Once per 36 month period	Yes	
D4266*	guided tissue regeneration - resorbable barrier, per site	50%	0%	Once per 36 month period	Yes	
D4267*	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	50%	0%	Once per 36 month period	Yes	
D4268*	surgical revision procedure, per tooth	50%	0%	Once per 36 month period	Yes	
D4270*	pedicle soft tissue graft procedure	50%	0%	Once per 36 month period	Yes	
D4273*	free soft tissue graft procedure (including donor site surgery)	50%	0%	Once per 36 month period	Yes	
D4274*	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	50%	0%	Covered service	Yes	
D4275*	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	50%	0%	Once per 36 month period	Yes	

Code	Description	Plan pay for Delta Dental Medicare Advantage Dentist	Plan pay for Nonparticipating (out-of-network) Dentist	Benefit Limitations	If yes, this procedure may require review or documentation	Documentation Required
D4276*	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	50%	0%	Once per 36 month period	Yes	
D4277*	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	50%	0%	Once per 36 month period	Yes	
D4278*	free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft	50%	0%	Once per 36 month period	Yes	
D4283*	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in the same graft site	50%	0%	Once per 36 month period	Yes	
D4285*	non-autogenous connective tissue graft (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	50%	0%	Once per 36 month period	Yes	
D4341*	periodontal scaling and root planing - four or more teeth per quadrant	80%	0%	No more than 2 quadrants of scaling and root planing on the same date of service	Yes	
D4342*	periodontal scaling and root planing - one to three teeth per quadrant	80%	0%	No more than 2 quadrants of scaling and root planing on the same date of service	Yes	
D4346*	scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	80%	0%	Including in the cleaning frequency of twice per calendar year	Yes	
D4355*	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	80%	0%	Once per lifetime	Yes	
D4381	localized delivery of antimicrobial agents	80%	0%			
D4910**	periodontal maintenance	80%	0%	Twice per calendar year; two additional cleanings per calendar year for members with specific health conditions.	Yes	
D4999	unspecified periodontal procedure, by report	80%	0%	Benefit determined by consultant review	Yes	Report clarifying the service and verifying the need for treatment
<b>D5000-D5899 Prosthodontics (Removable)</b>						
D5110*	complete denture - maxillary	50%	0%	Once per five-year period	Yes	
D5120*	complete denture - mandibular	50%	0%	Once per five-year period	Yes	
D5130*	immediate denture - maxillary	50%	0%	Once per five-year period	Yes	
D5140*	immediate denture - mandibular	50%	0%	Once per five-year period	Yes	
D5211*	maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	50%	0%	Once per five-year period	Yes	
D5212*	mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	50%	0%	Once per five-year period	Yes	
D5213*	maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	50%	0%	Once per five-year period	Yes	
D5214*	mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	50%	0%	Once per five-year period	Yes	
D5221*	immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests and teeth)	50%	0%	Once per five-year period	Yes	
D5222*	immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)	50%	0%	Once per five-year period	Yes	
D5223*	immediate maxillary partial denture - cast metal framework with resin denture base (including any retentive/clasping materials, rests and teeth)	50%	0%	Once per five-year period	Yes	

Code	Description	Plan pay for Delta Dental Medicare Advantage Dentist	Plan pay for Nonparticipating (out-of-network) Dentist	Benefit Limitations	If yes, this procedure may require review or documentation	Documentation Required
D5224*	immediate mandibular denture partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	50%	0%	Once per five-year period	Yes	
D5225*	maxillary partial denture - flexible base (including any clasps, rests and teeth)	50%	0%	Once per five-year period	Yes	
D5226*	mandibular partial denture - flexible base (including any clasps, rests and teeth)	50%	0%	Once per five-year period	Yes	
D5282*	removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	50%	0%	Once per five-year period	Yes	
D5283*	removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	50%	0%	Once per five-year period	Yes	
D5284*	removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	50%	0%	Once per five-year period	Yes	
D5286*	removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant	50%	0%	Once per five-year period	Yes	
D5410	adjust complete denture - maxillary	50%	0%	Covered service		
D5411	adjust complete denture - mandibular	50%	0%	Covered service		
D5421	adjust partial denture - maxillary	50%	0%	Covered service		
D5422	adjust partial denture - mandibular	50%	0%	Covered service		
D5511	repair broken complete denture base, mandibular	50%	0%	Covered service		
D5512	repair broken complete denture base, maxillary	50%	0%	Covered service		
D5520	replace missing or broken teeth - complete denture (each tooth)	50%	0%	Covered service		
D5611	repair resin partial denture base, mandibular	50%	0%	Covered service		
D5612	repair resin partial denture base, maxillary	50%	0%	Covered service		
D5621	repair cast partial framework, mandibular	50%	0%	Covered service		
D5622	repair cast partial framework, maxillary	50%	0%	Covered service		
D5630	repair or replace broken retentive clasping materials - per tooth	50%	0%	Covered service		
D5640	replace broken teeth - per tooth	50%	0%	Covered service		
D5650	add tooth to existing partial denture	50%	0%	Covered service		
D5660	add clasp to existing partial denture - per tooth	50%	0%	Covered service		
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	50%	0%	Covered service		
D5671	cast metal framework (mandibular)	50%	0%	Covered service		
D5710	denture	50%	0%	Once per 36 month period		
D5711	rebase complete mandibular denture	50%	0%	Once per 36 month period		
D5720	rebase maxillary partial denture	50%	0%	Once per 36 month period		
D5721	denture	50%	0%	Once per 36 month period		
D5730	reline complete maxillary denture (chairside)	50%	0%	Once per 36 month period		
D5731	reline complete mandibular denture (chairside)	50%	0%	Once per 36 month period		
D5740	reline maxillary partial denture (chairside)	50%	0%	Once per 36 month period		
D5741	reline mandibular partial denture (chairside)	50%	0%	Once per 36 month period		
D5750	reline complete maxillary denture (laboratory)	50%	0%	Once per 36 month period		
D5751	reline complete mandibular denture (laboratory)	50%	0%	Once per 36 month period		
D5760	reline maxillary partial denture (laboratory)	50%	0%	Once per 36 month period		
D5761	reline mandibular partial denture (laboratory)	50%	0%	Once per 36 month period		
D5820	interim partial denture (maxillary)	50%	0%	Payable for the replacement of permanent anterior teeth during the healing period		
D5821	interim partial denture (mandibular)	50%	0%	Payable for the replacement of permanent anterior teeth during the healing period		

Code	Description	Plan pay for Delta Dental Medicare Advantage Dentist	Plan pay for Nonparticipating (out-of-network) Dentist	Benefit Limitations	If yes, this procedure may require review or documentation	Documentation Required
D5850	tissue conditioning, maxillary	50%	0%	Twice per 36 month period		
D5851	tissue conditioning, mandibular	50%	0%	Twice per 36 month period		
D5863	overdenture - complete maxillary	Optional	0%	Plan will pay only the applicable amount that it would have paid for a conventional full denture (D5110)		
D5864	overdenture - partial maxillary	Optional	0%	amount that it would have paid for a conventional partial denture (D5211)		
D5865	overdenture - complete mandibular	Optional	0%	Plan will pay only the applicable amount that it would have paid for a conventional full denture (D5120)		
D5866	overdenture - partial mandibular	Optional	0%	amount that it would have paid for a conventional partial denture (D5212)		
D5875	modification of removable prosthesis following implant surgery	50%	0%	Subject to review	Yes	
D5899	unspecified removable prosthodontic procedure, by report	50%	0%	Benefit determined by consultant review	Yes	Report clarifying the service and verifying the need for treatment
D5931	obturator prosthesis, surgical	50%	0%	Subject to review	Yes	
D5999	unspecified maxillofacial prosthesis, by report	50%	0%	Benefit determined by consultant review	Yes	Report clarifying the service and verifying the need for treatment
<b>D6000-D6199 Implant Services</b>						
D6080*	implant maintenance procedures - when prostheses are removed and reinserted, including cleansing of prostheses and abutments	50%	0%	Once per 12 month period	Yes	
D6090*	repair implant supported prosthesis, by report	50%	0%	Covered service	Yes	
D6092*	reinsert implant/abutment supported crown	50%	0%	Covered service	Yes	
D6093*	reinsert implant/abutment supported fixed partial denture	50%	0%	Covered service	Yes	
D6095*	repair implant abutment, by report	50%	0%	Covered service	Yes	
D6096*	remove broken implant retaining screw	50%	0%	1 per 5 year period	Yes	
<b>D6200-D6999 Prosthodontics (Fixed)</b>						
D6205*	pontic - indirect resin based composite	Optional	0%	Benefits may be considered for a conventional fixed prosthesis	Yes	
D6210*	pontic - cast high noble metal	50%	0%	1 per 5 year period	Yes	
D6211*	metal	50%	0%	1 per 5 year period	Yes	
D6212*	pontic - cast noble metal	50%	0%	1 per 5 year period	Yes	
D6214*	pontic - titanium and titanium alloys	50%	0%	1 per 5 year period	Yes	
D6240*	pontic - porcelain fused to high noble metal	50%/Optional	0%	Once per 5 year period; Optional service on molar teeth. Plan will pay only the applicable amount that it would have paid for a full metal pontic (D6210)	Yes	
D6241*	pontic - porcelain fused to predominantly base metal	50%/Optional	0%	Once per 5 year period; Optional service on molar teeth. Plan will pay only the applicable amount that it would have paid for a full metal pontic (D6211)	Yes	
D6242*	pontic - porcelain fused to noble metal	50%/Optional	0%	Once per 5 year period; Optional service on molar teeth. Plan will pay only the applicable amount that it would have paid for a full metal pontic (D6212)	Yes	
D6243*	pontic - porcelain fused to titanium and titanium alloys	50%/Optional	0%	Once per 5 year period; Optional service on molar teeth. Plan will pay only the applicable amount that it would have paid for a full metal pontic.	Yes	
D6245*	pontic - porcelain/ceramic	Optional	0%	Benefits may be considered for a conventional fixed prosthesis	Yes	
D6250*	pontic - resin with high noble metal	50%/Optional	0%	Once per 5 year period; Optional service on posterior teeth. Plan will pay only the applicable amount that it would have paid for a full metal pontic (D6214)	Yes	
D6251*	pontic - resin with predominantly base metal	50%/Optional	0%	Once per 5 year period; Optional service on posterior teeth. Plan will pay only the applicable amount that it would have paid for a full metal pontic.	Yes	
D6252*	pontic - resin with noble metal	50%/Optional	0%	Once per 5 year period; Optional service on posterior teeth. Plan will pay only the applicable amount that it would have paid for a full metal pontic (D6211)	Yes	
D6545*	retainer - cast metal for resin bonded fixed prosthesis	50%	0%	Once per 5 year period per consultant review	Yes	
D6548*	retainer - porcelain/ceramic for resin bonded fixed prosthesis	Optional	0%	Benefits may be considered for a conventional fixed prosthesis	Yes	



Code	Description	Plan pay for Delta Dental Medicare Advantage Dentist	Plan pay for Nonparticipating (out-of-network) Dentist	Benefit Limitations	If yes, this procedure may require review or documentation	Documentation Required
D6549*	resin retainer - for resin bonded fixed prosthesis	Optional	0%	Benefits may be considered for a conventional fixed prosthesis	Yes	
D6600*	retainer inlay - porcelain/ceramic, two surfaces	Optional	0%	Plan will pay only the applicable amount that it would have paid for a full metal inlay (D6602)	Yes	
D6601*	retainer inlay - porcelain/ceramic, three or more surfaces	Optional	0%	Plan will pay only the applicable amount that it would have paid for a full metal inlay (D6603)	Yes	
D6602*	retainer inlay - cast high noble metal, two surfaces	50%	0%	Once per 5 year period per consultant review	Yes	
D6603*	retainer inlay - cast high noble metal, three or more surfaces	50%	0%	Once per 5 year period per consultant review	Yes	
D6604*	retainer inlay - cast predominantly base metal, two surfaces	50%	0%	Once per 5 year period per consultant review	Yes	
D6605*	retainer inlay - cast predominantly base metal, three or more surfaces	50%	0%	Once per 5 year period per consultant review	Yes	
D6606*	retainer inlay - cast noble metal, two surfaces	50%	0%	Once per 5 year period per consultant review	Yes	
D6607*	retainer inlay - cast noble metal, three or more surfaces	50%	0%	Once per 5 year period per consultant review	Yes	
D6608*	retainer onlay - porcelain/ceramic, two surfaces	Optional	0%	Plan will pay only the applicable amount that it would have paid for a full metal onlay (D6610)	Yes	
D6609*	retainer onlay - porcelain/ceramic, three or more surfaces	Optional	0%	Plan will pay only the applicable amount that it would have paid for a full metal onlay (D6611)	Yes	
D6610*	retainer onlay - metal, two surfaces	50%	0%	consultant review	Yes	
D6611*	retainer onlay - cast high noble metal, three or more surfaces	50%	0%	Once per 5 year period per consultant review	Yes	
D6612*	retainer onlay - cast predominantly base metal, two surfaces	50%	0%	Once per 5 year period per consultant review	Yes	
D6613*	retainer onlay - cast predominantly base metal, three or more surfaces	50%	0%	Once per 5 year period per consultant review	Yes	
D6614*	retainer onlay - cast noble metal, two surfaces	50%	0%	Once per 5 year period per consultant review	Yes	
D6615*	retainer onlay - cast noble metal, three or more surfaces	50%	0%	Once per 5 year period per consultant review	Yes	
D6624*	retainer inlay - titanium	50%	0%	Once per 5 year period per consultant review	Yes	
D6634*	retainer onlay - titanium	50%	0%	Once per 5 year period per consultant review	Yes	
D6710*	retainer crown - indirect resin based composite	Optional	0%	Benefits may be considered for a conventional fixed prosthesis	Yes	
D6720*	retainer crown - resin with high noble metal	50%/Optional	0%	Once per 5 year period; Optional service on molar teeth. Plan will pay only the applicable amount that it would have paid for a full metal retainer crown (D6790)	Yes	
D6721*	retainer crown - resin with predominantly base metal	50%/Optional	0%	Once per 5 year period; Optional service on molar teeth. Plan will pay only the applicable amount that it would have paid for a full metal retainer crown (D6791)	Yes	
D6722*	retainer crown - resin with noble metal	50%/Optional	0%	Once per 5 year period; Optional service on molar teeth. Plan will pay only the applicable amount that it would have paid for a full metal retainer crown (D6792)	Yes	
D6740*	retainer crown - porcelain/ceramic	Optional	0%	Benefits may be considered for a conventional fixed prosthesis	Yes	
D6750*	retainer crown - porcelain fused to high noble metal	50%/Optional	0%	Once per 5 year period; Optional service on posterior teeth. Plan will pay only the applicable amount that it would have paid for a full metal retainer crown (D6790)	Yes	
D6751*	retainer crown - porcelain fused to predominantly base metal	50%/Optional	0%	Once per 5 year period; Optional service on posterior teeth. Plan will pay only the applicable amount that it would have paid for a full metal retainer crown (D6791)	Yes	
D6752*	retainer crown - porcelain fused to noble metal	50%/Optional	0%	Once per 5 year period; Optional service on posterior teeth. Plan will pay only the applicable amount that it would have paid for a full metal retainer crown (D6792)	Yes	
D6753*	retainer crown - porcelain fused to titanium and titanium alloys	50%/Optional	0%	Once per 5 year period; Optional service on posterior teeth. Plan will pay only the applicable amount that it would have paid for a full metal retainer crown (D6794)	Yes	

Code	Description	Plan pay for Delta Dental Medicare Advantage Dentist	Plan pay for Nonparticipating (out-of-network) Dentist	Benefit Limitations	If yes, this procedure may require review or documentation	Documentation Required
D6780*	retainer crown - 3/4 cast high noble metal	50%	0%	Once per 5 year period per consultant review	Yes	
D6781*	retainer crown - 3/4 cast predominantly base metal	50%	0%	Once per 5 year period per consultant review	Yes	
D6782*	retainer crown - 3/4 cast noble metal	50%	0%	Once per 5 year period per consultant review	Yes	
D6783*	retainer crown - 3/4 porcelain/ceramic	Optional	0%	Plan will pay only the applicable amount that it would have paid for a full metal retainer crown		
D6784*	retainer crown - 3/4 titanium and titanium alloys	50%	0%	Once per 5 year period per consultant review	Yes	
D6790*	retainer crown - full cast high noble metal	50%	0%	Once per 5 year period per consultant review	Yes	
D6791*	retainer crown - full cast predominantly base metal	50%	0%	Once per 5 year period per consultant review	Yes	
D6792*	retainer crown - full cast noble metal	50%	0%	Once per 5 year period per consultant review	Yes	
D6794*	retainer crown - titanium and titanium alloys	50%	0%	Once per 5 year period per consultant review	Yes	
D6930*	re-cement or re-bond fixed partial denture	50%	0%	Covered service	Yes	
D6980*	fixed partial denture repair, necessitated by restorative material failure	50%	0%	Covered service	Yes	
D6999*	unspecified fixed prosthodontic procedure, by report	50%	0%	Benefit determined by consultant review	Yes	Report clarifying the service and verifying the need for treatment
<b>D7000-D7999 Oral and Maxillofacial Surgery</b>						
D7111*	extraction, coronal remnants - primary tooth	80%	0%	Once per tooth per lifetime	Yes	
D7140*	extraction, erupted tooth or exposed tooth (elevation and or forceps removal)	80%	0%	Once per tooth per lifetime	Yes	
D7210*	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap, if indicated	50%	0%	Once per tooth per lifetime	Yes	
D7220*	removal of impacted tooth - soft tissue	50%	0%	Once per tooth per lifetime	Yes	
D7230*	removal of impacted tooth - partially bony	50%	0%	Once per tooth per lifetime	Yes	
D7240*	removal of impacted tooth - completely bony	50%	0%	Once per tooth per lifetime	Yes	
D7241*	removal of impacted tooth - completely bony, with unusual surgical complications	50%	0%	Once per tooth per lifetime	Yes	
D7250*	removal of residual tooth roots (cutting procedure)	50%	0%	Once per tooth per lifetime	Yes	
D7251*	coronectomy - intentional partial tooth removal	50%	0%	Once per tooth per lifetime	Yes	
D7270*	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	50%	0%	Covered service	Yes	
D7280*	exposure of an unerupted tooth	50%	0%	Once per tooth per lifetime	Yes	
D7282	mobilization of erupted or malpositioned tooth to aid eruption	50%	0%	Once per tooth per lifetime		
D7283	facilitate eruption of impacted tooth	50%	0%	Covered service		
D7286	biopsy of oral tissue - soft	50%	0%	Subject to services it is performed in conjunction with. Predetermination is strongly recommended.		
D7288*	brush biopsy - transepithelial sample collection	100%	0%	Covered service		
D7290	surgical repositioning of teeth	50%	0%	Covered service		
D7291	transseptal fiberotomy/supra crestal fiberotomy, by report	50%	0%	Covered service		
D7310	with extractions - four or more teeth or tooth spaces, per quadrant	50%	0%	Covered service		
D7311	with extractions - one to three teeth or tooth spaces, per quadrant	50%	0%	Covered service		
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	50%	0%	Covered service		
D7321	alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	50%	0%	Covered service		
D7510	incision and drainage of abscess - intraoral soft tissue	50%	0%	Covered service		
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	50%	0%	Covered service		

Code	Description	Plan pay for Delta Dental Medicare Advantage Dentist	Plan pay for Nonparticipating (out-of-network) Dentist	Benefit Limitations	If yes, this procedure may require review or documentation	Documentation Required
D7960	frenulectomy	50%	0%			
D7963	frenuloplasty	50%	0%			
D7910	suture of recent small wounds up to 5 cm	50%	0%	Covered service		
D7970	excision of hyperplastic tissue - per arch	50%	0%	Covered service		
D7971	excision of pericoronal gingiva	50%	0%	Covered service		
D7999	unspecified oral surgery procedure, by report	50%	0%	Benefit determined by consultant review	Yes	Report clarifying the service and verifying the need for treatment
<b>D9000-D9999 Adjunctive General Services</b>						
D9110	palliative (emergency) treatment of dental pain - minor procedure	80%	80%	As needed for diagnosis of emergency condition		
D9120	fixed partial denture sectioning	80%	0%	Covered service		
D9222	deep sedation/general anesthesia - first 15 minutes	80%	0%	Paid in conjunction with qualifying services		
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	80%	0%	Paid in conjunction with qualifying services		
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	80%	0%			
D9239	intravenous moderate (conscious) sedation/analgesia - first 15 minutes	80%	0%	Paid in conjunction with qualifying services		
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	80%	0%	Paid in conjunction with qualifying services		
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	80%	0%	Covered service		
D9410*	call	80%	0%	Requires consultant review	Yes	
D9420*	hospital or ambulatory surgical center call	80%	0%	Requires consultant review	Yes	
D9440	office visit - after regularly scheduled hours	100%	0%	As needed for diagnosis of emergency condition		
D9610	therapeutic parenteral drug, single	80%	0%			
D9612	therapeutic parenteral drug, two or more	80%	0%			
D9630	drugs or medicament dispensed in the office for home use	80%	0%			
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	80%	0%	Covered service		
D9944	occlusal guard - hard appliance, full arch	80%	0%	Once per 60 months		
D9945	occlusal guard - soft appliance, full arch	80%	0%	Once per 60 months		
D9946	occlusal guard - hard appliance, partial arch	80%	0%	Once per 60 months		
D9951	occlusal adjustment - limited	80%	0%	Payable three times in a five-year period		
D9952	occlusal adjustment - complete	80%	0%	Payable once in a five-year period		
D9999*	unspecified adjunctive procedure, by report	80%	0%	Benefit determined by consultant review	Yes	Report clarifying the service and verifying the need for treatment