



Fallon Medicare Plus™ Orange HMO
Fallon Medicare Plus Blue HMO
Fallon Medicare Plus Green HMO
Fallon Medicare Plus Saver No Rx HMO
Fallon Medicare Plus Premier HMO
Fallon Medicare Plus Central Premier HMO

Dental Services: Copayments

Effective: Jan. 1, 2025

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Addendum Dental Services: Copayments

This addendum is part of your Fallon Medicare Plus Evidence of Coverage.
Effective Jan. 1, 2025

This addendum provides you with the copayments that you're responsible for when you get covered dental care from a plan dentist. You will not pay more than the listed copayment. For a list of plan dentists, see the online Fallon Medicare Plus Provider Directory or Fallon Medicare Plus Central Provider Directory at fallonhealth.org/medicare, or call Customer Service at 1-800-325-5669 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31).

Important: For diagnostic services, endodontics, adjunctive general services, restorative services, prosthodontic services (fixed and removable), periodontics, and oral and maxillofacial surgery (with the exception of the removal or exposure of impacted teeth) to be covered, your doctor or other plan provider must get prior authorization (approval in advance) from the plan. Authorization requests must be sent directly by your treating network dental provider to the plan's dental benefit administrator, DentaQuest, for review. Services that require prior authorization are noted with an asterisk (*). Some services have a shared frequency limit; please refer to Notes section at the end of this document for more information.

ADA code	Description	Member pays (\$)
Diagnostic		
D0120	Periodic oral evaluation <i>(See Note A.)</i>	0
D0140	Limited oral evaluation (problem focused) <i>(See Note T.)</i>	0
D0150	Comprehensive oral evaluation <i>(See Note A.)</i>	0
D0160	Extensive oral exam, problem focused <i>(See Note A.)</i>	60
D0170	Re-evaluation—limited, problem focused, not post-op visit <i>(See Note T.)</i>	0
D0180	Comprehensive periodontal evaluation <i>(See Note A.)</i>	0
D0210	Intraoral—comprehensive series of radiographic images <i>(See Note F.)</i>	40
D0220	Intraoral—periapical, first radiographic image <i>(See Note N.)</i>	0
D0230	Intraoral—periapical, each additional radiographic image <i>(See Note N.)</i>	0
D0240	Intraoral—occlusal radiographic image <i>(See Note T.)</i>	0
D0270	Bitewing—single radiographic image <i>(See Note I.)</i>	0
D0272	Bitewings—two radiographic images <i>(See Note I.)</i>	0
D0273	Bitewings—three radiographic images <i>(See Note I.)</i>	0
D0274	Bitewings—four radiographic images <i>(See Note I.)</i>	0
D0277	Vertical bitewings—seven to eight radiographic images <i>(See Note F.)</i>	20
D0330	Panoramic radiographic image <i>(See Note F.)</i>	40
D0372	Intraoral tomosynthesis—comprehensive series of radiographic images <i>(See Note F.)</i>	40
D0373	Intraoral tomosynthesis—bitewing radiographic image <i>(See Note I.)</i>	0
D0374	Intraoral tomosynthesis—periapical radiographic image <i>(See Note N.)</i>	0

Preventive (cleanings)

D1110 Dental prophylaxis—adult (See Note A.) 0

Fluoride Treatment

D1206 Topical application of fluoride varnish (See Note A.) 0

D1208 Topical application of fluoride, excluding varnish (See Note A.) 0

Minor restorative (fillings)

D2140 Amalgam—one surface (See Note E.) 55

D2150 Amalgam—two surfaces (See Note E.) 65

D2160 Amalgam—three surfaces (See Note E.) 71

D2161 Amalgam—four or more surfaces (See Note E.) 83

D2330 Resin—one surface, anterior (See Note E.) 70

D2331 Resin—two surfaces, anterior (See Note E.) 82

D2332 Resin—three surfaces, anterior (See Note E.) 96

D2335 Resin—four or more surfaces or involving incisal angle, anterior (See Note E.) 98

D2390 Resin based composite crown, anterior (See Note E.) 99

D2391 Resin-based composite—one surface, posterior (See Note E.) 55

D2392 Resin-based composite—two surfaces, posterior (See Note E.) 62

D2393 Resin-based composite—three surfaces, posterior (See Note E.) 74

D2394 Resin-based composite—four or more surfaces, posterior (See Note E.) 81

Major restorative (crowns)

D2510* Inlay—metallic, one surface (See Note G.) 466

D2520* Inlay—metallic, two surfaces (See Note G.) 527

D2530* Inlay—metallic, three or more surfaces (See Note G.) 626

D2542* Onlay—metallic, two surfaces (See Note G.) 662

D2543* Onlay—metallic, three surfaces (See Note G.) 735

D2544* Onlay—metallic, four or more surfaces (See Note G.) 798

D2610* Inlay—porcelain/ceramic, one surface (See Note G.) 580

D2620* Inlay—porcelain/ceramic, two surfaces (See Note G.) 585

D2630* Inlay—porcelain/ceramic, three or more surfaces (See Note G.) 666

D2642* Onlay—porcelain/ceramic, two surfaces (See Note G.) 536

D2643* Onlay—porcelain/ceramic, three surfaces (See Note G.) 595

D2644* Onlay—porcelain/ceramic, four or more surfaces (See Note G.) 646

D2650* Inlay—composite/resin, one surface (See Note G.) 287

D2651* Inlay—composite/resin, two surfaces (See Note G.) 772

D2652* Inlay—composite/resin, three or more surfaces (See Note G.) 772

D2662 Onlay-resin-based composite-two surfaces (See Note G.) 571

D2663 Onlay-resin-based composite-three surfaces (See Note G.) 570

D2664 Onlay-resin-based composite-four or more surfaces (See Note G.) 570

D2710* Crown—resin (laboratory) (See Note G.) 287

D2712* Crown— $\frac{3}{4}$ resin-based composite (indirect) (See Note G.) 287

D2720 Crown-resin with high noble metal (See Note G.) 590

D2721 Crown-resin with predominantly base metal (See Note G.) 571

D2722 Crown-resin with noble metal (See Note G.) 571

D2740* Crown—porcelain/ceramic (See Note G.) 793

Major restorative (crowns), continued

D2750*	Crown—porcelain fused to high noble metal (See Note G.)	830
D2751*	Crown—porcelain fused to predominantly base metal (See Note G.)	735
D2752*	Crown—porcelain fused to noble metal (See Note G.)	785
D2753*	Crown—porcelain fused to titanium and titanium alloys (See Note G.)	856
D2780*	Crown— $\frac{3}{4}$ cast high noble metal (See Note G.)	759
D2781*	Crown— $\frac{3}{4}$ cast base metal (See Note G.)	679
D2782*	Crown— $\frac{3}{4}$ cast noble metal (See Note G.)	713
D2783*	Crown— $\frac{3}{4}$ cast porcelain/ceramic (See Note G.)	793
D2790*	Crown—full cast high noble metal (See Note G.)	759
D2791*	Crown—full cast predominantly base metal (See Note G.)	679
D2792*	Crown—full cast noble metal (See Note G.)	713
D2794*	Crown—titanium and titanium alloys (See Note G.)	759
D2910	Re-cement inlay (See Note U.)	55
D2915	Re-cement cast (prefabricated post and core) (See Note U.)	55
D2920	Re-cement crown (See Note O.)	53
D2940	Sedative filling (See Note E.)	57
D2950	Core buildup, with pins (See Note U.)	167
D2951	Pin retention—per tooth, in addition to restoration (See Note U.)	31
D2952	Cast post and core in addition to crown (See Note U.)	227
D2953	Each additional post, same tooth, indirectly fabricated (See Note G.)	0
D2954	Prefab post and core in addition to crown (See Note U.)	220
D2980	Crown repair necessitated by restorative material failure	133
D2990	Resin infiltration of incipient smooth surface lesion	0
D2999	Unspecified restorative procedure, by report	0

Endodontics (root canals)

D3220	Therapeutic pulpotomy, excluding final restoration	107
D3221	Gross pulpal debridement primary and secondary teeth (See Note J.)	107
D3310	Root canal therapy—anterior, excluding final restoration (See Note J.)	460
D3320	Root canal therapy—premolar, excluding final restoration (See Note J.)	546
D3330	Root canal therapy—molar, excluding final restoration (See Note J.)	838
D3331	Treatment of root canal obstruction; non-surgical access (See Note J.)	0
D3346	Retreatment of previous root canal therapy—anterior (See Note U.)	542
D3347	Retreatment of previous root canal therapy—bicuspid (See Note U.)	644
D3348	Retreatment of previous root canal therapy—molar (See Note U.)	990
D3410*	Apicoectomy—anterior (See Note U.)	593
D3421*	Apicoectomy—premolar, first root (See Note U.)	652
D3425*	Apicoectomy—molar, first root (See Note U.)	733
D3426*	Apicoectomy—each additional root (See Note U.)	233
D3430*	Retrograde filling—per root (See Note U.)	194
D3450	Root amputation—per root (See Note U.)	373
D3999	Unspecified endodontic procedure	0

Periodontics (treatment of gum disease)

D4210*	Gingivectomy or gingivoplasty—four or more contiguous teeth per quadrant (See Note F.)	480
D4211*	Gingivectomy or gingivoplasty—one to three contiguous teeth per quadrant (See Note F.)	154

Periodontics (treatment of gum disease), continued

D4240*	Gingival flap procedure, including root planing—four or more contiguous teeth or tooth-bound spaces per quadrant (See Note F.)	585
D4241*	Gingival flap procedure, including root planing—one to three contiguous teeth or tooth-bound spaces per quadrant (See Note F.)	293
D4249*	Clinical crown lengthening—hard tissue (See Note G.)	660
D4260*	Osseous surgery, including flap entry and closure—per quadrant (See Note F.)	953
D4261*	Osseous surgery, including flap entry and closure—one to three teeth per quadrant (See Note F.)	476
D4341*	Periodontal scaling and root planing, per quadrant (See Note D.)	160
D4342	Periodontal scaling and root planing, one to three teeth per quadrant (See Note D.)	80
D4346	Scaling in the presence of generalized moderate or severer gingival inflammation, full mouths (See Note A.)	49
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit (See Note C.)	107
D4910	Periodontal maintenance after active therapy (See Note M.)	107
D4999	Unspecified periodontal procedures	0

Prosthetics/removable (dentures)

D5110	Complete denture—upper (See Note P.)	795
D5120	Complete denture—lower (See Note Q.)	795
D5130	Immediate denture—upper (See Note P.)	865
D5140	Immediate denture—lower (See Note Q.)	865
D5211	Maxillary partial denture—resin base including retentive clasping materials, rests, and teeth (See Note P.)	660
D5212	Mandibular partial denture—resin base including retentive clasping materials, rests, and teeth (See Note Q.)	660
D5213	Maxillary partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) (See Note P.)	823
D5214	Mandibular partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) (See Note Q.)	823
D5221	Immediate maxillary partial denture—resin base including retentive/clasping materials, rests, and teeth (See Note P.)	290
D5222	Immediate mandibular partial denture—resin base	290
D5223	Immediate maxillary partial denture—cast metal framework with resin denture bases including retentive/clasping materials, rests, and teeth (See Note P.)	290
D5224	Immediate mandibular partial denture—cast metal framework with resin denture bases including retentive/clasping materials, rests, and teeth (See Note Q.)	290
D5225	Maxillary partial denture—flexible base, including retentive/clasping materials, rests, and teeth (See Note P.)	823
D5226	Mandibular partial denture—flexible base, including retentive/clasping materials, rests, and teeth (See Note Q.)	823
D5227	Immediate maxillary partial denture—flexible base, including any clasps, rests, and teeth (See Note P.)	290
D5228	Immediate mandibular partial denture—flexible base, including any clasps, rests, and teeth (See Note Q.)	290
D5410	Adjust complete denture—upper (See Note B.)	37
D5411	Adjust complete denture—lower (See Note B.)	37

Prosthetics/removable (dentures), continued

D5421	Adjust partial denture—upper (See Note B.)	37
D5422	Adjust partial denture—lower (See Note B.)	37
D5511	Repair broken complete denture base—mandibular (See Note K.)	37
D5512	Repair broken complete denture base—maxillary (See Note K.)	37
D5520	Replace missing or broken tooth—complete denture, each tooth (See Note K.)	69
D5611	Repair resin partial denture base—mandibular (See Note K.)	37
D5612	Repair resin partial denture base—maxillary (See Note K.)	37
D5621	Repair cast partial framework—mandibular (See Note K.)	37
D5622	Repair cast partial framework—maxillary (See Note K.)	37
D5630	Repair or replace broken retentive/clasping materials—per tooth (See Note K.)	91
D5640	Replace broken teeth—per tooth (See Note K.)	70
D5650	Add tooth to existing partial denture (See Note K.)	88
D5660	Add clasp to existing partial denture (See Note K.)	109
D5710	Rebase complete denture—upper (See Note C.)	278
D5711	Rebase complete denture—lower (See Note C.)	278
D5720	Rebase partial denture—upper (See Note C.)	278
D5721	Rebase partial denture—lower (See Note C.)	278
D5725	Rebase hybrid prosthesis (See Note C.)	278
D5730	Reline complete denture—direct, upper (See Note C.)	164
D5731	Reline complete denture—direct, lower (See Note C.)	164
D5740	Reline partial denture—direct, upper (See Note C.)	164
D5741	Reline partial denture—direct, lower (See Note C.)	164
D5750	Reline complete denture—indirect, upper (See Note C.)	224
D5751	Reline complete denture—indirect, lower (See Note C.)	224
D5760	Reline partial denture—indirect, upper (See Note C.)	224
D5761	Reline partial denture—indirect, lower (See Note C.)	224
D5765	Soft liner for complete or partial removable denture—indirect (See Note C.)	84
D5850	Tissue conditioning—upper (See Note C.)	84
D5851	Tissue conditioning—lower (See Note C.)	79
D5863	Overdenture—complete maxillary (See Note P.)	795
D5864	Overdenture—partial maxillary (See Note P.)	795
D5865	Overdenture—complete mandibular (See Note Q.)	823
D5866	Overdenture—partial mandibular (See Note Q.)	823
D5876	Add metal substructure to acrylic full denture—per arch (See Note C.)	278
D5899	Unspecified removable prosthodontic procedures	0
D5999	Unspecified maxillofacial prosthesis, by report	0

Prosthetics/fixed (bridges)

D6205*	Pontic—indirect resin-based composite (See Note R.)	287
D6210*	Pontic—cast high noble metal (See Note R.)	746
D6211*	Pontic—cast predominantly base metal (See Note R.)	686
D6212*	Pontic—cast noble metal (See Note R.)	660
D6214*	Pontic—titanium and titanium alloys (See Note R.)	746
D6240*	Pontic—porcelain fused to high noble metal (See Note R.)	752
D6241*	Pontic—porcelain fused to predominantly base metal (See Note R.)	660

Prosthetics/fixed (bridges), continued

D6242*	Pontic—porcelain fused to noble metal (See Note R.)	718
D6243*	Pontic—porcelain fused to titanium and titanium alloys (See Note R.)	782
D6245*	Pontic—porcelain/ceramic (See Note R.)	752
D6250	Pontic—resin with high noble metal (See Note R.)	655
D6251	Pontic—resin with base metal (See Note R.)	482
D6252	Pontic—resin with noble metal (See Note R.)	517
D6545*	Retainer—cast metal for resin bonded fixed prosthesis (See Note R.)	279
D6548*	Retainer—porcelain/ceramic for resin bonded fixed prosthesis (See Note R.)	279
D6549*	Resin retainer—for resin bonded fixed prosthesis (See Note R.)	279
D6602*	Inlay—cast high noble metal, two surfaces (See Note R.)	580
D6603*	Inlay—cast high noble metal, three or more surfaces (See Note R.)	689
D6604*	Inlay—cast predominantly base metal, two surfaces (See Note R.)	580
D6605*	Inlay—cast predominantly base metal, three or more surfaces (See Note R.)	595
D6606*	Inlay—cast noble metal, two surfaces (See Note R.)	527
D6607*	Inlay—cast noble metal, three or more surfaces (See Note R.)	626
D6608*	Onlay—porcelain/ceramic, two surfaces (See Note R.)	713
D6609*	Onlay—porcelain/ceramic, three or more surfaces (See Note R.)	787
D6610*	Onlay—cast high noble metal, two surfaces (See Note R.)	787
D6611*	Onlay—cast high noble metal, three or more surfaces (See Note R.)	860
D6612*	Onlay—cast predominantly base metal, two surfaces (See Note R.)	677
D6613*	Onlay—cast predominantly base metal, three or more surfaces (See Note R.)	749
D6614*	Onlay—cast noble metal, two surfaces (See Note R.)	713
D6615*	Onlay—cast noble metal, three or more surfaces (See Note R.)	787
D6624*	Inlay—titanium (See Note R.)	689
D6634*	Onlay—titanium (See Note R.)	860
D6710*	Crown—indirect resin-based composite (See Note R.)	287
D6720	Retainer crown—resin with high noble metal (See Note R.)	491
D6721	Retainer crown—resin with predominantly base metal (See Note R.)	499
D6722	Retainer crown—resin with noble metal (See Note R.)	193
D6740*	Crown—porcelain/ceramic (See Note R.)	772
D6750*	Crown—porcelain fused to high noble metal (See Note R.)	772
D6751*	Crown—porcelain fused to predominantly base metal (See Note R.)	686
D6752*	Crown—porcelain fused to noble metal (See Note R.)	733
D6753*	Crown—porcelain fused to titanium and titanium alloys (See Note R.)	803
D6780*	Crown— $\frac{3}{4}$ cast high noble metal (See Note R.)	705
D6781*	Crown— $\frac{3}{4}$ cast base metal (See Note R.)	686
D6782*	Crown— $\frac{3}{4}$ cast noble metal (See Note R.)	733
D6784*	Crown— $\frac{3}{4}$ titanium and titanium alloys (See Note R.)	733
D6790*	Crown—full cast high noble metal (See Note R.)	759
D6791*	Crown—full cast predominantly base metal (See Note R.)	679
D6792*	Crown—full cast noble metal (See Note R.)	713
D6793	Provisional retainer crown (See Note R.)	79
D6794*	Crown—titanium and titanium alloys (See Note R.)	759
D6930	Re-cement fixed partial denture (See Note R.)	76
D6980	Fixed partial denture repair (See Note V.)	125

Prosthetics/fixed (bridges), continued

D6999 Unspecified fixed prosthodontics procedures 0

Oral surgery (extractions)

D7140	Extraction of erupted tooth or exposed root (See Note J.)	84
D7210*	Surgical removal of erupted tooth (See Note J.)	194
D7220	Removal impacted tooth—soft tissue (See Note J.)	191
D7230	Removal of impacted tooth—partially bony (See Note J.)	249
D7240	Removal of impacted tooth—completely bony (See Note J.)	295
D7241	Removal of impacted tooth—completely bony, with unusual surgical complications (See Note J.)	304
D7250	Surgical removal of residual tooth roots (cutting procedure) (See Note J.)	213
D7251	Coronectomy—intentional partial tooth removal, impacted teeth only (See Note J.)	256
D7259	Nerve dissection (See Note X.)	16
D7260	Oroantral fistula closure (See Note W.)	506
D7261	Primary closure of a sinus perforation (See Note W.)	506
D7284	Excisional biopsy of minor salivary glands	556
D7285	Incisional biopsy or oral tissue—hard	105
D7286	Incisional biopsy or oral tissue—soft	141
D7310	Alveoloplasty in conjunction with extractions—four or more teeth per quadrant (See Note X.)	154
D7311	Alveoloplasty in conjunction with extractions—one to three teeth per quadrant (See Note X.)	77
D7320	Alveoloplasty no extractions—four or more teeth per quadrant (See Note X.)	306
D7321	Alveoloplasty no extractions—one to three teeth per quadrant (See Note X.)	153
D7340	Vestibuloplasty-ridge extension (secondary epithelization) (See Note Y.)	747
D7350	Vestibuloplasty-ridge extensions (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) (See Note Y.)	943
D7410	Excision of benign lesion of up to 1.25 cm	115
D7411	Excision of benign lesion greater than 1.25 cm	208
D7440	Excision of malignant tumor—lesion diameter up to 1.25 cm	175
D7441	Excision of malignant tumor—lesion diameter greater than 1.25 cm	232
D7450	Removal of benign odontogenic cyst or tumor—lesion diameter up to 1.25 cm	248
D7451	Removal of benign odontogenic cyst or tumor—lesion diameter greater than 1.25 cm	288
D7460	Removal of benign nonodontogenic cyst or tumor—lesion diameter up to 1.25 cm.	121
D7461	Removal of benign nonodontogenic cyst or tumor—lesion diameter greater than 1.25 cm.	143
D7471*	Removal exostosis—per site	233
D7472*	Removal of torus palatinus (See Note W.)	233
D7473*	Removal of torus mandibularis (See Note W.)	233
D7485*	Surgical reduction of osseous tuberosity (See Note W.)	233
D7510	Incision and drainage of abscess—intraoral soft	89
D7520	Incision and drainage of abscess—extraoral soft tissue	75

Oral surgery (extractions), continued

D7521	Incision and drainage of abscess—extraoral soft tissue complicated	0
D7956*	Guided tissue regeneration, edentulous area—resorbable barrier, per site (See Note F.)	546
D7957*	Guided tissue regeneration, edentulous area—non-resorbable barrier, per site (See Note F.)	667
D7961	Buccal/labial frenectomy (frenulectomy) (See Note Y.)	287
D7962	Lingual frenectomy (frenulectomy) (See Note W.)	287
D7963	Frenuloplasty (See Note Y.)	416
D7970	Excision of hyperplastic tissue—per arch (See Note F.)	261
D7971	Excision of pericoronal gingiva (See Note F.)	120
D7999	Unspecified oral surgery procedure, by report	0

Additional procedures

D9110	Palliative treatment of dental pain—per visit (See Note L.)	53
D9222*	Deep sedation/general anesthesia—first 15 minutes (See Note S.)	157
D9223*	Deep sedation/general anesthesia—each subsequent 15-minute increment (See Note S.)	157
D9230*	Analgesia (See Note S.)	39
D9239	Intravenous moderation (conscious) (See Note S.)	124
D9243	Intravenous—each subsequent 15 minute increment (See Note Z.)	84
D9248	Non-intravenous (conscious) sedation (See Note S.)	45
D9310	Application of desensitizing medicament (See Note AA.)	46
D9410	House-extended care facility call (See Note H.)	36
D9420	Hospital or ambulatory surgical center call (See Note H.)	32
D9910	Application of desensitizing medicament (See Note S.)	28
D9930	Treatment of complications (post-surgical) (See Note CC.)	33
D9950	Occlusal analysis-mounted case (See Note BB.)	30
D9951*	Occlusal adjustment—limited (See Note S.)	67
D9952*	Occlusal adjustment—complete (See Note BB.)	287
D9995	Teledentistry—synchronous-real-time encounter (See Note DD.)	0
D9996	Teledentistry—synchronous; information stored and forwarded to dentist for subsequent review (See Note DD.)	0

Frequency Limits and Notes

- A. Service is limited to 2 preventive exams, cleanings, fluoride applications and caries risk assessment per calendar year. Service is limited to 2 of D0120, D0150, D0160 or D0180 per patient per 1 calendar year. Service is limited to 2 of D1206 or D1208 per calendar year. Service is limited to 2 of D0150 or D0180 per provider per calendar year. Service is limited to 2 of D110, D4346, D4910 per calendar year.
- B. Service is limited to one 1 per 6 months.
- C. Rebases and relines are limited to 1 upper complete or partial denture and 1 lower complete or partial denture per 12 months.
- D. Service is limited to 1 of (D4341 or D4342) per 24 months.
- E. Service is limited to 1 of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394 per 36 months, when rendered on the same tooth.
- F. Service is limited to 1 per 36 months. 1 of (D0210, D0277, D0330, D0372) per 36 months per patient. One of (D4210, D4211, D4240, D4241, D4260, D4261) per 36 months per patient same quadrant. 1 of (D7956, D7957) per 36 months per patient on same tooth.
- G. Service is limited to 1 inlay, onlay, or crown per 60 months, per tooth.

- H. Service is limited to 1 per date of service; up to 6 per year.
- I. Service is limited to 1 of D0270, D0272, D0273, D0274, D0373, D0708 per calendar year.
- J. Service is limited to 1 tooth per lifetime.
- K. Service is limited to 3 per 60 months.
- L. Palliative care (D9110) is covered as a separate benefit if no other service, other than the exam and X-rays, was performed on the tooth during the visit.
- M. Service is limited to 2 per 12 months following periodontal therapy.
- N. Service is limited to 8 per calendar year.
- O. Service is limited to 12 per 12 months.
- P. Service is limited to 1 upper partial, complete, or immediate denture per 60 months.
- Q. Service is limited to 1 lower partial, complete, or immediate denture per 60 months.
- R. Service is limited to 1 fixed denture per 60 months per tooth.
- S. Service is limited to 1 per patient per day. D9243 not allowed D9222 and D9223 on same date of service. D9248 is not allowed with D9222, D9223, D9230, D9239, and D9243 on the same day.
- T. Service is limited to 1 of D0140, D0170, D0240 per day per patient.
- U. Service is limited to 1 of D2910, D2915, D2950, D2951, D2952, D2954, D2980, D3220, D3346, D3347, D3348, D3410, D3421, D3425, D3426, D3430, D3450 per day per patient and same tooth
- V. Service is limited to 1 per 24 months only after 6 months of initial placement
- W. Service is limited to 1 per patient per day same arch.
- X. Service is limited to 1 of (D7310 and D7311) and (D7320 and D7321) per day per patient in the same quadrant. 1 of (D7320, D7321) is also limited to 1 per patient per lifetime in the same quadrant.
- Y. Service is limited to 1 per arch per lifetime per patient.
- Z. Service is limited to 3 per member per date of service. Not allowed with (D9222, D9223) on the same day.
- AA. Service is limited to 1 per provider or location per year. Not allowed with (D0120, D0140, D0150, D0160, D0170, D0180) by same provider or location.
- BB. Service is limited to 1 of (D9950, D9952) per 60 months.
- CC. Service is limited to 1 per year per patient. Not to be used for routine post-operative care or dry socket treatment.
- DD. Service is limited to 1 of (D9995 or D9996) per patient per provider or location per date of service. Cannot be billed as standalone code. D9995 or D9996 must be billed with exam code.

Exclusions:

- If a code or procedure isn't listed, it's not covered.
- Cosmetic procedures including teeth whitening.
- Orthodontics including Invisalign.
- Implants and all associated services.
- Consultation fees.
- Services provided before the member was eligible under the plan benefits.
- Services provided after the member was terminated from the plan.
- Services provided by a non-contracted provider.

If you have any questions, please call Customer Service at 1-800-325-5669 (TRS 711), 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1–March 31).

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-325-5669. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-325-5669. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-325-5669。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-325-5669。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-325-5669. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-325-5669. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-325-5669 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-325-5669. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-325-5669번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-325-5669. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، بمساعدتك. هذه خدمة مجانية ليس عليك سوى الاتصال بنا على 1-800-325-5669. سيقوم شخص ما يتحدث العربية

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-325-5669 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-325-5669. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-325-5669. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-325-5669. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-325-5669. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-325-5669にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Khmer: យើងមានសេវាកម្មអ្នកបកប្រែផ្ទាល់មាត់ឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយ ដែលអ្នកអាចមានអំពី គម្រោងសុខភាព ឬគម្រោងឱសថរបស់អ្នក។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ សូមទូរសព្ទមកយើង តាមលេខ 1-800-325-5669 ។ អ្នកណាម្នាក់ដែលនិយាយភាសាអង់គ្លេស/ភាសា អាចជួយអ្នក បាន។ នេះគឺជាសេវាកម្មមិនគិតថ្លៃ។