Fallon Medicare Plus™ Orange HMO
Fallon Medicare Plus Blue HMO
Fallon Medicare Plus Green HMO
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Fallon Medicare Plus Premier HMO

Dental Services: Copayments

Effective: Jan. 1, 2026

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Addendum
Dental Services: Copayments

This addendum is part of your Fallon Medicare Plus Evidence of Coverage.
Effective Jan. 1, 2026

This addendum provides you with the copayments that you're responsible for when you get covered dental care from a plan dentist. You won't pay more than the listed copayment. For a list of plan dentists, see the online Fallon Medicare Plus 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 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 *(See Note A.)*	0
D0140	Limited oral evaluation (problem focused) *(See Note T.)*	0
D0150	Comprehensive oral evaluation *(See Note A.)*	0
D0160	Extensive oral exam, problem focused *(See Note A.)*	60
D0180	Comprehensive periodontal evaluation *(See Note A.)*	0
D0210	Intraoral—comprehensive series of radiographic images *(See Note F.)*	40
D0220	Intraoral—periapical, first radiographic image *(See Note N.)*	0
D0230	Intraoral—periapical, each additional radiographic image *(See Note N.)*	0
D0270	Bitewing—single radiographic image *(See Note I.)*	0
D0272	Bitewings—2 radiographic images *(See Note I.)*	0
D0273	Bitewings—3 radiographic images *(See Note I.)*	0
D0274	Bitewings—4 radiographic images *(See Note I.)*	0
D0277	Vertical bitewings—7 to 8 radiographic images *(See Note F.)*	20
D0330	Panoramic radiographic image *(See Note F.)*	40
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium *(See Note GG)*	180
D0372	Intraoral tomosynthesis—comprehensive series of radiographic images *(See Note F.)*	40
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—1 surface *(See Note E.)*	55
D2150	Amalgam—2 surfaces *(See Note E.)*	65
D2160	Amalgam—3 surfaces *(See Note E.)*	71
D2161	Amalgam—4 or more surfaces *(See Note E.)*	83
D2330	Resin—1 surface, anterior *(See Note E.)*	70
D2331	Resin—2 surfaces, anterior *(See Note E.)*	82
D2332	Resin—3 surfaces, anterior *(See Note E.)*	96
D2335	Resin—4 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—1 surface, posterior *(See Note E.)*	55
D2392	Resin-based composite—2 surfaces, posterior *(See Note E.)*	62
D2393	Resin-based composite—3 surfaces, posterior *(See Note E.)*	74
D2394	Resin-based composite—4 or more surfaces, posterior *(See Note E.)*	81

Major restorative (crowns)

D2510*	Inlay—metallic, 1 surface *(See Note G.)*	466
D2520*	Inlay—metallic, 2 surfaces *(See Note G.)*	527
D2530*	Inlay—metallic, 3 or more surfaces *(See Note G.)*	626
D2542*	Onlay—metallic, 2 surfaces *(See Note G.)*	662
D2543*	Onlay—metallic, 3 surfaces *(See Note G.)*	735
D2544*	Onlay—metallic, 4 or more surfaces *(See Note G.)*	798
D2610*	Inlay—porcelain/ceramic, 1 surface *(See Note G.)*	580
D2620*	Inlay—porcelain/ceramic, 2 surfaces *(See Note G.)*	585
D2630*	Inlay—porcelain/ceramic, 3 or more surfaces *(See Note G.)*	666
D2642*	Onlay—porcelain/ceramic, 2 surfaces *(See Note G.)*	536
D2643*	Onlay—porcelain/ceramic, 3 surfaces *(See Note G.)*	595
D2644*	Onlay—porcelain/ceramic, 4 or more surfaces *(See Note G.)*	646
D2650*	Inlay—composite/resin, 1 surface *(See Note G.)*	287
D2651*	Inlay—composite/resin, 2 surfaces *(See Note G.)*	772
D2652*	Inlay—composite/resin, 3 or more surfaces *(See Note G.)*	772
D2662	Onlay—resin-based composite-2 surfaces *(See Note G.)*	571
D2663	Onlay—resin-based composite-3 surfaces *(See Note G.)*	570
D2664	Onlay—resin-based composite-4 or more surfaces *(See Note G.)*	570
D2710*	Crown—resin (laboratory) *(See Note G.)*	287
D2712*	Crown—¾ 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
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

Major restorative (crowns), continued

D2780*	Crown—¾ cast high noble metal *(See Note G.)*	759
D2781*	Crown—¾ cast base metal *(See Note G.)*	679
D2782*	Crown—¾ cast noble metal *(See Note G.)*	713
D2783*	Crown—¾ 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
D2954	Prefab post and core in addition to crown *(See Note U.)*	220
D2980	Crown repair necessitated by restorative material failure	133

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

Periodontics (treatment of gum disease)

D4210*	Gingivectomy or gingivoplasty—4 or more contiguous teeth per quadrant *(See Note F.)*	480
D4211*	Gingivectomy or gingivoplasty—1 to 3 contiguous teeth per quadrant *(See Note F.)*	154
D4240*	Gingival flap procedure, including root planing—4 or more contiguous teeth or tooth-bound spaces per quadrant *(See Note F.)*	585
D4241*	Gingival flap procedure, including root planing—1 to 3 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

Periodontics (treatment of gum disease), continued

D4261*	Osseous surgery, including flap entry and closure—1 to 3 teeth per quadrant *(See Note F.)*	476
D4263*	Bone replacement graft – retained natural tooth; initial site in quadrant	426
D4264*	Bone replacement graft – retained natural tooth; additional site per quadrant	606
D4341	Periodontal scaling and root planing, per quadrant *(See Note D.)*	160
D4342	Periodontal scaling and root planing, 1 to 3 teeth per quadrant *(See Note D.)*	80
D4346	Scaling in the presence of generalized moderate or sevener 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 Notes A& M.)*	107

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
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

Prosthetics/removable (dentures), continued

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
D5877	Duplication of complete denture—maxillary (*See Note C)*	596
D5878	Duplication of complete denture—mandibular (*See Note C)*	596

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
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

Prosthetics/fixed (bridges), continued

D6548*	Retainer—porcelain/ceramic for resin bonded fixed prosthesis *(See Note R.)*	279
D6549*	Resin retainer—for resin bonded fixed prosthesis *(S*ee Note R.)	279
D6602*	Inlay—cast high noble metal, 2 surfaces *(See Note R.)*	580
D6603*	Inlay—cast high noble metal, 3 or more surfaces *(See Note R.)*	689
D6604*	Inlay—cast predominantly base metal, 2 surfaces *(See Note R.)*	580
D6605*	Inlay—cast predominantly base metal, 3 or more surfaces *(See Note R.)*	595
D6606*	Inlay—cast noble metal, 2 surfaces *(See Note R.)*	527
D6607*	Inlay—cast noble metal, 3 or more surfaces *(See Note R.)*	626
D6608*	Onlay—porcelain/ceramic, 2 surfaces *(See Note R.)*	713
D6609*	Onlay—porcelain/ceramic, 3 or more surfaces *(See Note R.)*	787
D6610*	Onlay—cast high noble metal, 2 surfaces *(See Note R.)*	787
D6611*	Onlay—cast high noble metal, 3 or more surfaces *(See Note R.)*	860
D6612*	Onlay—cast predominantly base metal, 2 surfaces *(See Note R.)*	677
D6613*	Onlay—cast predominantly base metal, 3 or more surfaces *(See Note R.)*	749
D6614*	Onlay—cast noble metal, 2 surfaces *(See Note R.)*	713
D6615*	Onlay—cast noble metal, 3 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—¾ cast high noble metal *(See Note R.)*	705
D6781*	Crown—¾ cast base metal *(See Note R.)*	686
D6782*	Crown—¾ cast noble metal *(See Note R.)*	733
D6784*	Crown—¾ 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

Oral surgery (extractions)

D7111	Extraction, coronal remnants – primary tooth	42
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

Oral surgery (extractions), continued

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
D7270	Tooth re-implantation and/or stabilization of accidentally avulsed or dispatched tooth	287
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—4 or more teeth per quadrant *(See Note X.)*	154
D7311	Alveoloplasty in conjunction with extractions—1 to 3 teeth per quadrant *(See Note X.)*	77
D7320	Alveoloplasty no extractions—4 or more teeth per quadrant *(See Note X.)*	306
D7321	Alveoloplasty no extractions—1 to 3 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
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

Oral surgery (extractions), continued

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

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
D9224*	Administration of general anesthesia with advanced airway—first 15-minute increment, or any portion thereof *(See Note S.)*	157
D9225*	Administration of general anesthesia with advanced airway—each subsequent 15-minute increment, or any portion thereof *(See Note EE.)*	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
D9244*	In office administration of minimal sedation—single drug – enteral *(See Note S.)*	45
D9245*	Administration of moderate sedation—enteral *(See Note S.)*	45
D9246*	Administration of moderate sedation—non-intravenous parenteral – first 15-minute increment, or any portion thereof *(See Note S.)*	23
D9247*	Administration of moderate sedation—non-intravenous parenteral – each subsequent 15-minute increment, or any portion thereof *(See Note EE.)*	23
D9248	Non-intravenous (conscious) sedation *(See Note S.)*	45
D9310	Consultation on diagnostic service provided by dentist or physician other than requesting dentist or physician *(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.)*	
D9932	Cleaning and inspection of removable complete denture, maxillary *(See Note FF.)*	33 100
D9933	Cleaning and inspection of removable complete denture, mandibular *(See Note FF.)*	100
D9934	Cleaning and inspection of removable partial denture, maxillary *(See Note FF.)*	50
D9935	Cleaning and inspection of removable partial denture, mandibular *(See Note FF.)*	50
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, per calendar year.

B. Service is limited to 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. One 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, 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 is not allowed with 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, , 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, D0150, D0160, 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.
EE. Service is limited to 5 per member per date of service.
FF. Service is limited to 1 per patient per 12 month period.
GG. Service is limited only to scenarios where a panoramic would not capture sufficient detail – e.g, trauma, proximity to nerve, implant, etc.

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).

Notice of availability of language assistance services and auxiliary aids and services

You can get this document for free in other formats, such as large print, braille, or audio. Call 1-800-325-5669 (TRS 711) 8 a.m.–8 p.m., Monday–Friday (7 days a week, Oct. 1-March 31). The call is free.

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. The call is free. We also provide free auxiliary aids and services, such as large print, braille, or audio. Just call us at the number above to make this request.

Spanish: Contamos con servicios de intérprete gratuitos para responder cualquier pregunta que tenga sobre nuestro plan de salud o medicamentos. Para obtener un intérprete, solo llámenos al 1-800-325-5669. Alguien que habla español podrá ayudarle. La llamada es gratuita. También ofrecemos ayudas y servicios auxiliares gratuitos, como impresión en letra grande, braille o audio. Solo llámenos al número mencionado arriba para hacer esta solicitud.

Chinese: 我們提供免費口譯服務，以解答您有關我們的健康或藥物計劃的任何問題。如需口譯服務，請撥打 1-800-325-5669。會有說中文的人為您提供幫助。此為免付費電話。我們也提供免費的輔助工具和服務，例如大號字體印刷版、盲文或音訊。請撥打上述電話向我們提出請求。

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez avoir sur notre régime de santé ou d'assurance médicaments. Pour obtenir un interprète, il vous suffit de nous appeler au 1-800-325-5669. Une personne parlant français pourra vous aider. L'appel est gratuit. Nous fournissons également gratuitement des aides et des services auxiliaires, tels que des documents en gros caractères, en braille ou audio. Il vous suffit de nous appeler au numéro ci-dessus pour en faire la demande.

Vietnamese: Chúng tôi cung cấp dịch vụ thông dịch miễn phí để giải đáp mọi thắc mắc liên quan đến chương trình bảo hiểm sức khỏe hoặc chương trình thuốc của chúng tôi. Để yêu cầu chúng tôi bố trí thông dịch viên, vui lòng gọi điện đến số 1-800-325-5669. Một nhân viên nói tiếng Việt sẽ hỗ trợ quý vị. Cuộc gọi này hoàn toàn miễn phí. Chúng tôi cũng cung cấp các công cụ và dịch vụ hỗ trợ miễn phí, chẳng hạn như bản in khổ chữ lớn, chữ nổi Braille hoặc băng thu âm. Quý vị chỉ cần gọi cho chúng tôi theo số điện thoại bên trên để yêu cầu các dịch vụ này.

Korean: 저희는 건강 플랜 또는 의약품 플랜에 관한 질문에 답변해 드릴 무료 통역 서비스를 제공합니다. 통역사를 이용하시려면 1-800-325-5669로 전화해 주십시오. 한국어를 구사하는 직원이 도와드릴 수 있습니다. 통화는 무료입니다. 또한 큰 활자, 점자 또는 오디오와 같은 무료 보조 지원과 서비스도 제공합니다. 이러한 요청을 하시려면 위의 번호로 전화해 주십시오.

Russian: Мы можем предоставить вам бесплатные услуги переводчика, чтобы вы могли получить ответы на все ваши вопросы о нашем плане медицинского обслуживания и обеспечения лекарственными препаратами. Чтобы запросить услуги переводчика, просто позвоните по номеру 1-800-325-5669. Сотрудник, владеющий русским языком, сможет вам помочь. Звонок бесплатный. Мы также предлагаем бесплатные вспомогательные средства и услуги, например материалы, напечатанные крупным шрифтом, шрифтом Брайля или в виде аудиозаписи. Просто позвоните нам по вышеуказанному номеру, чтобы сделать соответствующий запрос.

Arabic:
لدينا خدمات مترجم فوري مجانية للإجابة على أي أسئلة التي قد تكون لديك حول خطتنا للرعاية الصحية أو خطة الأدوية الخاصة بنا. للحصول على مترجم فوري، فقط اتصل بنا على الرقم 1-800-325-5669. يمكن لشخص يتكلم اللغة الإنجليزية أن يساعدك. إن المكالمة مجانية. نحن نقدم أيضًا مساعدات وخدمات مساعدة مجانية، مثل طباعة بأحرف كبيرة، أو بطريقة برايل، أو ملفات صوتية. فقط اتصل بنا على الرقم المذكور أعلاه لتقديم هذا الطلب.

Hindi: हमारे स्वास्थ्य या दवा योजना के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएँ हैं। दुभाषिया पाने के लिए बस हमें 1-800-325-5669 पर कॉल करें। कोई हिन्दी बोलने वाला व्यक्ति आपकी मदद कर सकता है। कॉल निःशुल्क है। हम बड़े प्रिंट, ब्रेल या ऑडियो जैसी निःशुल्क सहायक सामग्री और सेवाएं भी प्रदान करते हैं। इस अनुरोध के लिए बस हमें ऊपर दिए गए नंबर पर कॉल करें।

Italian: Disponiamo di servizi gratuiti di interpretariato per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per chiedere un interprete basta chiamarci al numero 1-800-325-5669. La assisterà un operatore che parla italiano. La chiamata è gratuita. Forniamo inoltre servizi e supporti ausiliari gratuiti, come ad esempio stampa in caratteri grandi, braille o audio. Per questa richiesta basta chiamarci al numero sopra indicato.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer perguntas que possa ter sobre o nosso plano de saúde ou medicamentos. Para obter um intérprete, ligue para 1-800-325-5669. Alguém que fala português poderá prestar assistência. A chamada é gratuita. Também fornecemos recursos e serviços auxiliares gratuitos, como impressão em letras grandes, braile ou áudio. Basta ligar para o número acima e fazer tal solicitação.

Haitian Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-325-5669. Yon moun ki pale kreyòl ka ede w. Apèl la gratis. Nou bay èd ak sèvis oksilyè gratis tou, tankou gwo lèt, bray oswa odyo. Jis rele nou nan nimewo ki anwo a pou fè demann sa a.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszystkie Państwa pytania dotyczące planu ubezpieczenia zdrowotnego lub refundacji leków. Aby skorzystać z usług tłumacza, należy zadzwonić pod numer 1-800-325-5669. Osoba mówiąca po polsku udzieli Państwu pomocy. Połączenie jest bezpłatne. Zapewniamy również wsparcie i usługi pomocnicze, takie jak materiały pisane dużym drukiem, alfabetem Braille'a lub nagrania głosowe. Aby o nie poprosić, wystarczy zadzwonić pod podany powyżej numer telefonu.

Khmer: យើងមានសេវាកម្មអ្នកបកប្រែផ្តាល់មាត់តាមទូរស័ព្ទដើម្បីឆ្លើយសំណួរណាមួយ ដែលអ្នកអាចមានអំពីគម្រោងសុខភាព ឬគម្រោងឱសថរបស់អ្នក។ ដើម្បីទទួលបានអ្នកបកប្រែផ្តាល់មាត់ម្នាក់ សូមទូរស័ព្ទមកយើងតាមលេខ 1-800-325-5669។ នរណាម្នាក់ដែលនិយាយ ភាសាអង់គ្លេស អាចជួយអ្នកបាន។ ការទាក់ទងតាមទូរស័ព្ទនេះគឺពុំគិតថ្លៃឡើយ។ យើងក៏ផ្តល់ជំនួយបន្ថែម និងសេវាកម្មជំនួយដោយតាមគិតថ្លៃផងដែរ ដូចជាអក្សរពុម្ពធំ អក្សរស្ទាប ឬសំឡេង។ គ្រាន់តែទូរស័ព្ទមកយើងខ្ញុំតាមលេខខាងលើដើម្បីធ្វើការស្នើសុំនេះ។

Greek: Διαθέτουμε δωρεάν υπηρεσίες διερμηνείας για να απαντάμε σε οποιεσδήποτε ερωτήσεις μπορεί να έχετε σχετικά με το πρόγραμμα ιατρικής ή φαρμακευτικής περίθαλψης που παρέχουμε. Για να βρείτε διερμηνέα, απλώς καλέστε μας στον αριθμό 1-800-325-5669. Κάποιος που μιλά αγγλικά μπορεί να σας βοηθήσει. Η κλήση είναι χωρίς χρέωση. Επίσης, παρέχουμε δωρεάν βοηθήματα και βοηθητικές υπηρεσίες, όπως μεγάλη γραμματοσειρά, μπράιγ ή ηχητική μορφή. Απλώς καλέστε μας στον παραπάνω αριθμό για να υποβάλετε αυτό το αίτημα.

Gujarati: અમારી આરોગ્ય અથવા દવા યોજના વિશે તમને હોય શકે તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે મફત દુભાષિયા સેવા છે. દુભાષિયા સેવા મેળવવા માટે, અમને 1-800-325-5669 પર કૉલ કરો. ગુજરાતી બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. કૉલ મફત છે. અમે મોટા પ્રિન્ટ, બ્રેઇલ અથવા ઑડિઓ જેવી મફત વધારાની સહાય અને સેવાઓ પણ પ્રદાન કરીએ છીએ. આ વિનંતી કરવા માટે અમને ફક્ત ઉપરના નંબર પર કૉલ કરો.