

Highlights	
Deductible	\$0
Annual Allowance	None

ADA Code	Procedure Description	In-Network Coinsurance	Out-of-Network Coinsurance	Does your Annual Allowance Apply?	Frequency Limitation
D0120	periodic oral evaluation - established patient	0%	100%	No	1 per 6 months
D0150	comprehensive oral evaluation - new or established patient	0%	100%	No	1 per 36 months
D0210	intraoral - complete series of radiographic images	0%	100%	No	1 per 36 months
D0220	intraoral - periapical first radiographic image	0%	100%	No	1 per 36 months
D0230	intraoral - periapical each additional radiographic image	0%	100%	No	1 per 36 months
D0240	intraoral - occlusal radiographic image	0%	100%	No	1 per 36 months
D0270	bitewing - single radiographic image	0%	100%	No	1 set per 12 months
D0272	bitewings - two radiographic images	0%	100%	No	1 set per 12 months
D0273	bitewings - three radiographic images	0%	100%	No	1 set per 12 months
D0274	bitewings - four radiographic images	0%	100%	No	1 set per 12 months
D0277	vertical bitewings - 7 to 8 radiographic images	0%	100%	No	1 set per 12 months
D0330	panoramic radiographic image	0%	100%	No	1 per 36 months
D1110	prophylaxis - adult	0%	100%	No	1 per 6 months

Call our Member Help Team number at 1-800-645-3965 (TTY/TDD users call 711). Hours are seven days a week, 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail.

Benefits underwritten by Keystone Health Plan East, a subsidiary of Independence Blue Cross – independent licensees of the Blue Cross and Blue Shield Association.

Dental benefits are offered by Keystone Health Plan East.

Independence Blue Cross offers HMO and HMO-POS Medicare Advantage plans with a Medicare contract. Enrollment in Independence Blue Cross HMO and HMO-POS Medicare Advantage plans depends on contract renewal.



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