

Highlights	
Deductible	\$0
Annual Allowance	\$1,500 (applies to non-preventive procedures)

The following list of services are covered subject to the exclusions and limitations, including visit limits. Comprehensive dental care is covered up to an annual \$1,500 benefit limit. When you reach the \$1,500 annual benefit limit or comprehensive dental care, you pay 100% of the cost of services for the rest of the year. Reference your Evidence of Coverage for a full list of exclusions and limitations.

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
D0140	limited oral evaluation - problem focused	0%	100%	No	2 per 12 months
D0150	comprehensive oral evaluation - new or established patient	0%	100%	No	1 per 36 months
D0160	detailed and extensive oral evaluation - problem focused, by report	0%	100%	No	1 per 12 months
D0180	comprehensive periodontal 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

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D1110	prophylaxis - adult	0%	100%	No	1 per 6 months
D1206	topical application of fluoride varnish	0%	100%	No	1 per 12 months
D1208	topical application of fluoride – excluding varnish	0%	100%	No	1 per 12 months
D2140	amalgam - one surface, primary or permanent	20%	100%	Yes	1 per 24 months
D2150	amalgam - two surfaces, primary or permanent	20%	100%	Yes	1 per 24 months
D2160	amalgam - three surfaces, primary or permanent	20%	100%	Yes	1 per 24 months
D2161	amalgam - four or more surfaces, primary or permanent	20%	100%	Yes	1 per 24 months
D2330	resin-based composite - one surface, anterior	20%	100%	Yes	1 per 24 months
D2331	resin-based composite - two surfaces, anterior	20%	100%	Yes	1 per 24 months
D2332	resin-based composite - three surfaces, anterior	20%	100%	Yes	1 per 24 months
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	20%	100%	Yes	1 per 24 months
D2391	resin-based composite - one surface, posterior	20%	100%	Yes	1 per 24 months
D2392	resin-based composite - two surfaces, posterior	20%	100%	Yes	1 per 24 months
D2393	resin-based composite - three surfaces, posterior	20%	100%	Yes	1 per 24 months
D2394	resin-based composite - four or more surfaces, posterior	20%	100%	Yes	1 per 24 months
D2740	crown - porcelain/ceramic	20%	100%	Yes	1 per tooth per 5 years
D2750	crown - porcelain fused to high noble metal	20%	100%	Yes	1 per tooth per 5 years
D2751	crown - porcelain fused to predominantly base metal	20%	100%	Yes	1 per tooth per 5 years
D2752	crown - porcelain fused to noble metal	20%	100%	Yes	1 per tooth per 5 years
D2753	crown - porcelain fused to titanium and titanium alloys	20%	100%	Yes	1 per tooth per 5 years
D2780	crown - 3/4 cast high noble metal	20%	100%	Yes	1 per tooth per 5 years
D2781	crown - 3/4 cast predominantly base metal	20%	100%	Yes	1 per tooth per 5 years
D2782	crown - 3/4 cast noble metal	20%	100%	Yes	1 per tooth per 5 years
D2783	crown - 3/4 porcelain/ceramic	20%	100%	Yes	1 per tooth per 5 years

ADA Code	Procedure Description	In-Network Coinsurance	Out-of-Network Coinsurance	Does your Annual Allowance Apply?	Frequency Limitation
D2790	crown - full cast high noble metal	20%	100%	Yes	1 per tooth per 5 years
D2791	crown - full cast predominantly base metal	20%	100%	Yes	1 per tooth per 5 years
D2792	crown - full cast noble metal	20%	100%	Yes	1 per tooth per 5 years
D2794	crown - titanium and titanium alloys	20%	100%	Yes	1 per tooth per 5 years
D2950	core buildup, including any pins when required	20%	100%	Yes	1 per tooth per 5 years
D2954	prefabricated post and core, in addition to crown	20%	100%	Yes	1 per tooth per 5 years
D3310	endodontic therapy, anterior tooth (excluding final restoration)	20%	100%	Yes	1 per tooth per lifetime
D3320	endodontic therapy, premolar tooth (excluding final restoration)	20%	100%	Yes	1 per tooth per lifetime
D3330	endodontic therapy, molar tooth (excluding final restoration)	20%	100%	Yes	1 per tooth per lifetime
D3346	retreatment of previous root canal therapy - anterior	20%	100%	Yes	1 per tooth per lifetime
D3347	retreatment of previous root canal therapy - premolar	20%	100%	Yes	1 per tooth per lifetime
D3348	retreatment of previous root canal therapy - molar	20%	100%	Yes	1 per tooth per lifetime
D4341	periodontal scaling and root planing - four or more teeth per quadrant	20%	100%	Yes	1 per 24 months per quadrant
D4342	periodontal scaling and root planing - one to three teeth per quadrant	20%	100%	Yes	1 per 24 months per quadrant
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	20%	100%	Yes	1 per 24 months per quadrant
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	20%	100%	Yes	1 per lifetime
D4910	periodontal maintenance	20%	100%	Yes	4 per 12 months
D5110	complete denture - maxillary	40%	100%	Yes	1 per 5 years
D5120	complete denture - mandibular	40%	100%	Yes	1 per 5 years
D5130	immediate denture - maxillary	40%	100%	Yes	1 per 5 years
D5140	immediate denture - mandibular	40%	100%	Yes	1 per 5 years

ADA Code	Procedure Description	In-Network Coinsurance	Out-of-Network Coinsurance	Does your Annual Allowance Apply?	Frequency Limitation
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	40%	100%	Yes	1 per 5 years
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	40%	100%	Yes	1 per 5 years
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	40%	100%	Yes	1 per 5 years
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	40%	100%	Yes	1 per 5 years
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	40%	100%	Yes	1 per 5 years
D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	40%	100%	Yes	1 per 5 years
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	40%	100%	Yes	1 per 5 years
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	40%	100%	Yes	1 per 5 years
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	40%	100%	Yes	1 per 5 years
D5226	mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	40%	100%	Yes	1 per 5 years
D5410	adjust complete denture - maxillary	40%	100%	Yes	1 per 24 months
D5411	adjust complete denture - mandibular	40%	100%	Yes	1 per 24 months
D5421	adjust partial denture - maxillary	40%	100%	Yes	1 per 24 months

ADA Code	Procedure Description	In-Network Coinsurance	Out-of-Network Coinsurance	Does your Annual Allowance Apply?	Frequency Limitation
D5422	adjust partial denture - mandibular	40%	100%	Yes	1 per 24 months
D5511	repair broken complete denture base, mandibular	40%	100%	Yes	1 per 24 months
D5512	repair broken complete denture base, maxillary	40%	100%	Yes	1 per 24 months
D5520	replace missing or broken teeth - complete denture (each tooth)	40%	100%	Yes	1 per 24 months
D5611	repair resin partial denture base, mandibular	40%	100%	Yes	1 per 24 months
D5612	repair resin partial denture base, maxillary	40%	100%	Yes	1 per 24 months
D5621	repair cast partial framework, mandibular	40%	100%	Yes	1 per 24 months
D5622	repair cast partial framework, maxillary	40%	100%	Yes	1 per 24 months
D5640	replace broken teeth - per tooth	40%	100%	Yes	1 per 24 months
D5650	add tooth to existing partial denture	40%	100%	Yes	1 per 24 months
D5660	add clasp to existing partial denture - per tooth	40%	100%	Yes	1 per 24 months
D5710	rebase complete maxillary denture	40%	100%	Yes	1 per 24 months
D5711	rebase complete mandibular denture	40%	100%	Yes	1 per 24 months
D5720	rebase maxillary partial denture	40%	100%	Yes	1 per 24 months
D5721	rebase mandibular partial denture	40%	100%	Yes	1 per 24 months
D5730	reline complete maxillary denture (direct)	40%	100%	Yes	1 per 24 months
D5731	reline complete mandibular denture (direct)	40%	100%	Yes	1 per 24 months
D5740	reline maxillary partial denture (direct)	40%	100%	Yes	1 per 24 months
D5741	reline mandibular partial denture (direct)	40%	100%	Yes	1 per 24 months
D5750	reline complete maxillary denture (indirect)	40%	100%	Yes	1 per 24 months
D5751	reline complete mandibular denture (indirect)	40%	100%	Yes	1 per 24 months
D5760	reline maxillary partial denture (indirect)	40%	100%	Yes	1 per 24 months
D5761	reline mandibular partial denture (indirect)	40%	100%	Yes	1 per 24 months
D5850	tissue conditioning, maxillary	40%	100%	Yes	1 Per Lifetime Per Denture

ADA Code	Procedure Description	In-Network Coinsurance	Out-of-Network Coinsurance	Does your Annual Allowance Apply?	Frequency Limitation
D5851	tissue conditioning, mandibular	40%	100%	Yes	1 Per Lifetime Per Denture
D6010	surgical placement of implant body: endosteal implant	40%	100%	Yes	1 per 5 years
D6058	abutment supported porcelain/ceramic crown	40%	100%	Yes	1 per 5 years
D6059	abutment supported porcelain fused to metal crown (high noble metal)	40%	100%	Yes	1 per 5 years
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	40%	100%	Yes	1 per 5 years
D6061	abutment supported porcelain fused to metal crown (noble metal)	40%	100%	Yes	1 per 5 years
D6062	abutment supported cast metal crown (high noble metal)	40%	100%	Yes	1 per 5 years
D6063	abutment supported cast metal crown (predominantly base metal)	40%	100%	Yes	1 per 5 years
D6064	abutment supported cast metal crown (noble metal)	40%	100%	Yes	1 per 5 years
D6065	implant supported porcelain/ceramic crown	40%	100%	Yes	1 per 5 years
D6066	implant supported crown - porcelain fused to high noble alloys	40%	100%	Yes	1 per 5 years
D6067	implant supported crown - high noble alloys	40%	100%	Yes	1 per 5 years
D6082	implant supported crown - porcelain fused to predominantly base alloys	40%	100%	Yes	1 per 5 years
D6083	implant supported crown - porcelain fused to noble alloys	40%	100%	Yes	1 per 5 years
D6084	implant supported crown - porcelain fused to titanium and titanium alloys	40%	100%	Yes	1 per 5 years
D6086	implant supported crown - predominantly base alloys	40%	100%	Yes	1 per 5 years
D6087	implant supported crown - noble alloys	40%	100%	Yes	1 per 5 years
D6088	implant supported crown - titanium and titanium alloys	40%	100%	Yes	1 per 5 years
D6094	abutment supported crown - titanium and titanium alloys	40%	100%	Yes	1 per 5 years
D6097	abutment supported crown - porcelain fused to titanium and titanium alloys	40%	100%	Yes	1 per 5 years
D6210	pontic - cast high noble metal	40%	100%	Yes	1 per 5 years

ADA Code	Procedure Description	In-Network Coinsurance	Out-of-Network Coinsurance	Does your Annual Allowance Apply?	Frequency Limitation
D6211	pontic - cast predominantly base metal	40%	100%	Yes	1 per 5 years
D6212	pontic - cast noble metal	40%	100%	Yes	1 per 5 years
D6214	pontic - titanium and titanium alloys	40%	100%	Yes	1 per 5 years
D6240	pontic - porcelain fused to high noble metal	40%	100%	Yes	1 per 5 years
D6241	pontic - porcelain fused to predominantly base metal	40%	100%	Yes	1 per 5 years
D6242	pontic - porcelain fused to noble metal	40%	100%	Yes	1 per 5 years
D6245	pontic - porcelain/ceramic	40%	100%	Yes	1 per 5 years
D6250	pontic - resin with high noble metal	40%	100%	Yes	1 per 5 years
D6251	pontic - resin with predominantly base metal	40%	100%	Yes	1 per 5 years
D6252	pontic - resin with noble metal	40%	100%	Yes	1 per 5 years
D6720	retainer crown - resin with high noble metal	40%	100%	Yes	1 per 5 years
D6721	retainer crown - resin with predominantly base metal	40%	100%	Yes	1 per 5 years
D6722	retainer crown - resin with noble metal	40%	100%	Yes	1 per 5 years
D6740	retainer crown - porcelain/ceramic	40%	100%	Yes	1 per 5 years
D6750	retainer crown - porcelain fused to high noble metal	40%	100%	Yes	1 per 5 years
D6751	retainer crown - porcelain fused to predominantly base metal	40%	100%	Yes	1 per 5 years
D6752	retainer crown - porcelain fused to noble metal	40%	100%	Yes	1 per 5 years
D6753	retainer crown - porcelain fused to titanium and titanium alloys	40%	100%	Yes	1 per 5 years
D6790	retainer crown - full cast high noble metal	40%	100%	Yes	1 per 5 years
D6791	retainer crown - full cast predominantly base metal	40%	100%	Yes	1 per 5 years
D6792	retainer crown - full cast noble metal	40%	100%	Yes	1 per 5 years
D6794	retainer crown - titanium and titanium alloys	40%	100%	Yes	1 per 5 years
D6930	re-cement or re-bond fixed partial denture	40%	100%	Yes	1 per 24 months
D7111	extraction, coronal remnants – primary tooth	20%	100%	Yes	1 per tooth per lifetime

ADA Code	Procedure Description	In-Network Coinsurance	Out-of-Network Coinsurance	Does your Annual Allowance Apply?	Frequency Limitation
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	20%	100%	Yes	1 per tooth per lifetime
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	40%	100%	Yes	1 per tooth per lifetime
D7250	removal of residual tooth roots (cutting procedure)	40%	100%	Yes	1 per tooth per lifetime
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	40%	100%	Yes	
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	40%	100%	Yes	
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	40%	100%	Yes	
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	40%	100%	Yes	
D7510	incision and drainage of abscess - intraoral soft tissue	40%	100%	Yes	
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	40%	100%	Yes	
D7953	bone replacement graft for ridge preservation	40%	100%	Yes	
D9110	palliative (emergency) treatment of dental pain - minor procedure	0%	100%	Yes	
D9222	deep sedation/general anesthesia – first 15 minutes	0%	100%	Yes	
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	0%	100%	Yes	
D9239	intravenous moderate (conscious) sedation/analgesia - first 15 minutes	0%	100%	Yes	
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	0%	100%	Yes	
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	0%	100%	Yes	2 per calendar year

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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