

Highlights	
Deductible	\$0
Annual Allowance	Not Applicable

The following list of services are covered, subject to the exclusions, limitations, and visit limits outlined in your Evidence of Coverage. 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%	Not Applicable	1 per 6 months
D0140	limited oral evaluation - problem focused	0%	100%	Not Applicable	2 per 12 months
D0150	comprehensive oral evaluation - new or established patient	0%	100%	Not Applicable	1 per 36 months
D0160	detailed and extensive oral evaluation - problem focused, by report	0%	100%	Not Applicable	1 per 12 months
D0180	comprehensive periodontal evaluation - new or established patient	0%	100%	Not Applicable	1 per 36 months
D0210	intraoral - complete series of radiographic images	0%	100%	Not Applicable	1 per 36 months
D0220	intraoral - periapical first radiographic image	0%	100%	Not Applicable	1 per 36 months
D0230	intraoral - periapical each additional radiographic image	0%	100%	Not Applicable	1 per 36 months
D0240	intraoral - occlusal radiographic image	0%	100%	Not Applicable	1 per 36 months
D0270	bitewing - single radiographic image	0%	100%	Not Applicable	1 set per 12 months
D0272	bitewings - two radiographic images	0%	100%	Not Applicable	1 set per 12 months
D0273	bitewings - three radiographic images	0%	100%	Not Applicable	1 set per 12 months

ADA Code	Procedure Description	In-Network Coinsurance	Out-of-Network Coinsurance	Does your Annual Allowance Apply?	Frequency Limitation
D0274	bitewings - four radiographic images	0%	100%	Not Applicable	1 set per 12 months
D0277	vertical bitewings - 7 to 8 radiographic images	0%	100%	Not Applicable	1 set per 12 months
D0330	panoramic radiographic image	0%	100%	Not Applicable	1 per 36 months
D1110	prophylaxis - adult	0%	100%	Not Applicable	1 per 6 months
D1206	topical application of fluoride varnish	0%	100%	Not Applicable	1 per 12 months
D1208	topical application of fluoride – excluding varnish	0%	100%	Not Applicable	1 per 12 months
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	0%	100%	Not Applicable	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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