Independence

As of January 1, 2027, this list applies to Independence Blue Cross Medicare Advantage Keystone 65 Essential Rx HMO-POS.

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

The following list of services are covered, subject to the exclusions, limitations, and visit limits outlined in your Evidence of Coverage. Comprehensive dental care is covered up to an annual $1,500 benefit limit. When you reach the $1,500 annual benefit limit for 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%	50%	No	1 per 6 months
D0140	limited oral evaluation - problem focused	0%	50%	No	2 per 12 months
D0150	comprehensive oral evaluation - new or established patient	0%	50%	No	1 per 36 months
D0160	detailed and extensive oral evaluation - problem focused, by report	0%	50%	No	1 per 12 months
D0180	comprehensive periodontal evaluation - new or established patient	0%	50%	No	1 per 36 months
D0210	intraoral - complete series of radiographic images	0%	50%	No	1 per 36 months
D0220	intraoral - periapical first radiographic image	0%	50%	No	1 per 36 months
D0230	intraoral - periapical each additional radiographic image	0%	50%	No	1 per 36 months
D0240	intraoral - occlusal radiographic image	0%	50%	No	1 per 36 months
D0270	bitewing - single radiographic image	0%	50%	No	1 set per 12 months
D0272	bitewings - two radiographic images	0%	50%	No	1 set per 12 months
D0273	bitewings - three radiographic images	0%	50%	No	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%	50%	No	1 set per 12 months
D0277	vertical bitewings - 7 to 8 radiographic images	0%	50%	No	1 set per 12 months
D0330	panoramic radiographic image	0%	50%	No	1 per 36 months
D1110	prophylaxis - adult	0%	50%	No	1 per 6 months
D1206	topical application of fluoride varnish	0%	50%	No	1 per 12 months
D1208	topical application of fluoride – excluding varnish	0%	50%	No	1 per 12 months
D2140	amalgam - one surface, primary or permanent	20%	50%	Yes	1 per 24 months
D2150	amalgam - two surfaces, primary or permanent	20%	50%	Yes	1 per 24 months
D2160	amalgam - three surfaces, primary or permanent	20%	50%	Yes	1 per 24 months
D2161	amalgam - four or more surfaces, primary or permanent	20%	50%	Yes	1 per 24 months
D2330	resin-based composite - one surface, anterior	20%	50%	Yes	1 per 24 months
D2331	resin-based composite - two surfaces, anterior	20%	50%	Yes	1 per 24 months
D2332	resin-based composite - three surfaces, anterior	20%	50%	Yes	1 per 24 months
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	20%	50%	Yes	1 per 24 months
D2391	resin-based composite - one surface, posterior	20%	50%	Yes	1 per 24 months
D2392	resin-based composite - two surfaces, posterior	20%	50%	Yes	1 per 24 months
D2393	resin-based composite - three surfaces, posterior	20%	50%	Yes	1 per 24 months
D2394	resin-based composite - four or more surfaces, posterior	20%	50%	Yes	1 per 24 months
D2740	crown - porcelain/ceramic	20%	50%	Yes	1 per tooth per 5 years
D2750	crown - porcelain fused to high noble metal	20%	50%	Yes	1 per tooth per 5 years
D2751	crown - porcelain fused to predominantly base metal	20%	50%	Yes	1 per tooth per 5 years
D2752	crown - porcelain fused to noble metal	20%	50%	Yes	1 per tooth per 5 years
D2753	crown - porcelain fused to titanium and titanium alloys	20%	50%	Yes	1 per tooth per 5 years
D2780	crown - 3/4 cast high noble metal	20%	50%	Yes	1 per tooth per 5 years
D2781	crown - 3/4 cast predominantly base metal	20%	50%	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
D2782	crown - 3/4 cast noble metal	20%	50%	Yes	1 per tooth per 5 years
D2783	crown - 3/4 porcelain/ceramic	20%	50%	Yes	1 per tooth per 5 years
D2790	crown - full cast high noble metal	20%	50%	Yes	1 per tooth per 5 years
D2791	crown - full cast predominantly base metal	20%	50%	Yes	1 per tooth per 5 years
D2792	crown - full cast noble metal	20%	50%	Yes	1 per tooth per 5 years
D2794	crown - titanium and titanium alloys	20%	50%	Yes	1 per tooth per 5 years
D2950	core buildup, including any pins when required	20%	50%	Yes	1 per tooth per 5 years
D2954	prefabricated post and core, in addition to crown	20%	50%	Yes	1 per tooth per 5 years
D3310	endodontic therapy, anterior tooth (excluding final restoration)	20%	50%	Yes	1 per tooth per lifetime
D3320	endodontic therapy, premolar tooth (excluding final restoration)	20%	50%	Yes	1 per tooth per lifetime
D3330	endodontic therapy, molar tooth (excluding final restoration)	20%	50%	Yes	1 per tooth per lifetime
D3346	retreatment of previous root canal therapy - anterior	20%	50%	Yes	1 per tooth per lifetime
D3347	retreatment of previous root canal therapy - premolar	20%	50%	Yes	1 per tooth per lifetime
D3348	retreatment of previous root canal therapy - molar	20%	50%	Yes	1 per tooth per lifetime
D4341	periodontal scaling and root planing - four or more teeth per quadrant	20%	50%	Yes	1 per 24 months per quadrant
D4342	periodontal scaling and root planing - one to three teeth per quadrant	20%	50%	Yes	1 per 24 months per quadrant
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	20%	50%	Yes	1 per 24 months per quadrant
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	20%	50%	Yes	1 per lifetime
D4910	periodontal maintenance	20%	50%	Yes	4 per 12 months
D5110	complete denture - maxillary	40%	50%	Yes	1 per 5 years
D5120	complete denture - mandibular	40%	50%	Yes	1 per 5 years
D5130	immediate denture - maxillary	40%	50%	Yes	1 per 5 years

ADA Code	Procedure Description	In-Network Coinsurance	Out-of-Network Coinsurance	Does your Annual Allowance Apply?	Frequency Limitation
D5140	immediate denture - mandibular	40%	50%	Yes	1 per 5 years
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	40%	50%	Yes	1 per 5 years
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	40%	50%	Yes	1 per 5 years
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	40%	50%	Yes	1 per 5 years
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	40%	50%	Yes	1 per 5 years
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	40%	50%	Yes	1 per 5 years
D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	40%	50%	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%	50%	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%	50%	Yes	1 per 5 years
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	40%	50%	Yes	1 per 5 years
D5226	mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	40%	50%	Yes	1 per 5 years
D5410	adjust complete denture - maxillary	40%	50%	Yes	1 per 24 months
D5411	adjust complete denture - mandibular	40%	50%	Yes	1 per 24 months

ADA Code	Procedure Description	In-Network Coinsurance	Out-of-Network Coinsurance	Does your Annual Allowance Apply?	Frequency Limitation
D5421	adjust partial denture - maxillary	40%	50%	Yes	1 per 24 months
D5422	adjust partial denture - mandibular	40%	50%	Yes	1 per 24 months
D5511	repair broken complete denture base, mandibular	40%	50%	Yes	1 per 24 months
D5512	repair broken complete denture base, maxillary	40%	50%	Yes	1 per 24 months
D5520	replace missing or broken teeth - complete denture (each tooth)	40%	50%	Yes	1 per 24 months
D5611	repair resin partial denture base, mandibular	40%	50%	Yes	1 per 24 months
D5612	repair resin partial denture base, maxillary	40%	50%	Yes	1 per 24 months
D5621	repair cast partial framework, mandibular	40%	50%	Yes	1 per 24 months
D5622	repair cast partial framework, maxillary	40%	50%	Yes	1 per 24 months
D5640	replace broken teeth - per tooth	40%	50%	Yes	1 per 24 months
D5650	add tooth to existing partial denture	40%	50%	Yes	1 per 24 months
D5660	add clasp to existing partial denture - per tooth	40%	50%	Yes	1 per 24 months
D5710	rebase complete maxillary denture	40%	50%	Yes	1 per 24 months
D5711	rebase complete mandibular denture	40%	50%	Yes	1 per 24 months
D5720	rebase maxillary partial denture	40%	50%	Yes	1 per 24 months
D5721	rebase mandibular partial denture	40%	50%	Yes	1 per 24 months
D5730	reline complete maxillary denture (direct)	40%	50%	Yes	1 per 24 months
D5731	reline complete mandibular denture (direct)	40%	50%	Yes	1 per 24 months
D5740	reline maxillary partial denture (direct)	40%	50%	Yes	1 per 24 months
D5741	reline mandibular partial denture (direct)	40%	50%	Yes	1 per 24 months
D5750	reline complete maxillary denture (indirect)	40%	50%	Yes	1 per 24 months
D5751	reline complete mandibular denture (indirect)	40%	50%	Yes	1 per 24 months
D5760	reline maxillary partial denture (indirect)	40%	50%	Yes	1 per 24 months
D5761	reline mandibular partial denture (indirect)	40%	50%	Yes	1 per 24 months

ADA Code	Procedure Description	In-Network Coinsurance	Out-of-Network Coinsurance	Does your Annual Allowance Apply?	Frequency Limitation
D5850	tissue conditioning, maxillary	40%	50%	Yes	1 Per Lifetime Per Denture
D5851	tissue conditioning, mandibular	40%	50%	Yes	1 Per Lifetime Per Denture
D6210	pontic - cast high noble metal	40%	50%	Yes	1 per 5 years
D6211	pontic - cast predominantly base metal	40%	50%	Yes	1 per 5 years
D6212	pontic - cast noble metal	40%	50%	Yes	1 per 5 years
D6214	pontic - titanium and titanium alloys	40%	50%	Yes	1 per 5 years
D6240	pontic - porcelain fused to high noble metal	40%	50%	Yes	1 per 5 years
D6241	pontic - porcelain fused to predominantly base metal	40%	50%	Yes	1 per 5 years
D6242	pontic - porcelain fused to noble metal	40%	50%	Yes	1 per 5 years
D6245	pontic - porcelain/ceramic	40%	50%	Yes	1 per 5 years
D6250	pontic - resin with high noble metal	40%	50%	Yes	1 per 5 years
D6251	pontic - resin with predominantly base metal	40%	50%	Yes	1 per 5 years
D6252	pontic - resin with noble metal	40%	50%	Yes	1 per 5 years
D6720	retainer crown - resin with high noble metal	40%	50%	Yes	1 per 5 years
D6721	retainer crown - resin with predominantly base metal	40%	50%	Yes	1 per 5 years
D6722	retainer crown - resin with noble metal	40%	50%	Yes	1 per 5 years
D6740	retainer crown - porcelain/ceramic	40%	50%	Yes	1 per 5 years
D6750	retainer crown - porcelain fused to high noble metal	40%	50%	Yes	1 per 5 years
D6751	retainer crown - porcelain fused to predominantly base metal	40%	50%	Yes	1 per 5 years
D6752	retainer crown - porcelain fused to noble metal	40%	50%	Yes	1 per 5 years
D6753	retainer crown - porcelain fused to titanium and titanium alloys	40%	50%	Yes	1 per 5 years
D6790	retainer crown - full cast high noble metal	40%	50%	Yes	1 per 5 years
D6791	retainer crown - full cast predominantly base metal	40%	50%	Yes	1 per 5 years
D6792	retainer crown - full cast noble metal	40%	50%	Yes	1 per 5 years
D6794	retainer crown - titanium and titanium alloys	40%	50%	Yes	1 per 5 years
D6930	re-cement or re-bond fixed partial denture	40%	50%	Yes	1 per 24 months

ADA Code	Procedure Description	In-Network Coinsurance	Out-of-Network Coinsurance	Does your Annual Allowance Apply?	Frequency Limitation
D7111	extraction, coronal remnants – primary tooth	20%	50%	Yes	1 per tooth per lifetime
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	20%	50%	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%	50%	Yes	1 per tooth per lifetime
D7250	removal of residual tooth roots (cutting procedure)	40%	50%	Yes	1 per tooth per lifetime
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	40%	50%	Yes	
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	40%	50%	Yes	
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	40%	50%	Yes	
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	40%	50%	Yes	
D7510	incision and drainage of abscess - intraoral soft tissue	40%	50%	Yes	
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	40%	50%	Yes	
D7953	bone replacement graft for ridge preservation	40%	50%	Yes	
D9110	palliative (emergency) treatment of dental pain - minor procedure	0%	50%	Yes	
D9222	deep sedation/general anesthesia – first 15 minutes	0%	50%	Yes	
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	0%	50%	Yes	
D9239	intravenous moderate (conscious) sedation/analgesia - first 15 minutes	0%	50%	Yes	
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	0%	50%	Yes	

ADA Code	Procedure Description	In-Network Coinsurance	Out-of-Network Coinsurance	Does your Annual Allowance Apply?	Frequency Limitation
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	0%	50%	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.

Independence

KS17279 (07/26)
Y0041_H3952_KS_27_129162_M