

Dental Benefit Details

2024

This document provides additional details about the supplemental dental benefits that are covered under our plan. For more information about this document or your dental benefits, please contact Member Services at the phone number or web address shown on the back cover of the *Evidence of Coverage* or on your Member ID card.

The *Dental Benefit Details* applies to the plan benefit packages shown below. The plan benefit package is on the cover of the *Evidence of Coverage*, on the lower right corner.

State	Plan Benefit Package	Plan Name
CA	H5087005000	Wellcare No Premium (HMO)
CA	H5087016000	Wellcare No Premium (HMO)
CA	H5087024000	Wellcare No Premium (HMO)
CA	H5087032000	Wellcare Giveback (HMO)
CA	H5087033000	Wellcare Giveback (HMO)

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Covered Dental Benefits: Our plan contracts with Delta Dental of California to administer the covered dental benefits described below. Refer to your *2024 Evidence of Coverage* for any applicable cost sharing.

You must go to your assigned participating provider to obtain covered services, except emergency dental services or services provided by a specialist (which must be preauthorized by us).

Dental 2024 Schedule of Benefits

Code	Description	You pay
D0100-D0999	I. DIAGNOSTIC	
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0171	Re-evaluation - post-operative office visit	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0210	Intraoral - comprehensive series of radiographic images - <i>limited to 1 series every 24 months</i>	No Cost
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	No Cost
D0251	Extraoral posterior dental radiographic image	No Cost
D0270	Bitewing - single radiographic image	No Cost
D0272	Bitewings - two radiographic images	No Cost
D0273	Bitewings three radiographic images	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i>	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image	No Cost
D0470	Diagnostic casts	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	No Cost
D1000-D1999	II. PREVENTIVE	

Code	Description	You pay
D1110	Prophylaxis <i>cleaning</i> - adult - 1 D1110 or D4346 per 6 month period	No Cost
D1208	Topical application of fluoride - excluding varnish - 1 per 6 month period	No Cost
D2000-D2999	III. RESTORATIVE	
	<ul style="list-style-type: none"> Includes <i>polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.</i> When there are more than six crowns in the same treatment plan, you may be charged an additional \$100.00 per crown, beyond the 6th unit. Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old. 	
D2140	Amalgam - one surface, primary or permanent	No Cost
D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior	No Cost
D2331	Resin-based composite - two surfaces, anterior	No Cost
D2332	Resin-based composite - three surfaces, anterior	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	No Cost
D2391	Resin-based composite - one surface, posterior	No Cost
D2392	Resin-based composite - two surfaces, posterior	No Cost
D2393	Resin-based composite - three surfaces, posterior	No Cost
D2394	Resin-based composite - four or more surfaces, posterior	No Cost
D2542	Onlay - metallic - two surfaces	No Cost
D2543	Onlay - metallic - three surfaces	No Cost
D2544	Onlay - metallic - four or more surfaces	No Cost
D2642	Onlay - porcelain/ceramic - two surfaces	No Cost
D2643	Onlay - porcelain/ceramic - three surfaces	No Cost
D2644	Onlay - porcelain/ceramic - four or more surfaces	No Cost
D2662	Onlay - resin-based composite - two surfaces	No Cost
D2663	Onlay - resin-based composite - three surfaces	No Cost
D2664	Onlay - resin-based composite - four or more surfaces	No Cost

Code	Description	You pay
D2710	Crown - resin-based composite (indirect)	No Cost
D2712	Crown - 3/4 resin-based composite (indirect)	No Cost
D2720	Crown - resin with high noble metal	No Cost
D2721	Crown - resin with predominantly base metal	No Cost
D2722	Crown - resin with noble metal	No Cost
D2740	Crown - porcelain/ceramic	No Cost
D2750	Crown - porcelain fused to high noble metal	No Cost
D2751	Crown - porcelain fused to predominantly base metal	No Cost
D2752	Crown - porcelain fused to noble metal	No Cost
D2780	Crown - 3/4 cast high noble metal	No Cost
D2781	Crown - 3/4 cast predominantly base metal	No Cost
D2782	Crown - 3/4 cast noble metal	No Cost
D2790	Crown - full cast high noble metal	No Cost
D2791	Crown - full cast predominantly base metal	No Cost
D2792	Crown - full cast noble metal	No Cost
D2794	Crown - titanium and titanium alloys	No Cost
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	No Cost
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	No Cost
D2920	Re-cement or re-bond crown	No Cost
D2921	Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>)	No Cost
D2931	Prefabricated stainless steel crown - permanent tooth	No Cost
D2940	Protective restoration	No Cost
D2949	Restorative foundation for an indirect restoration	No Cost
D2950	Core buildup, including any pins when required	No Cost
D2951	Pin retention - per tooth, in addition to restoration	No Cost
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	No Cost
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	No Cost

Code	Description	You pay
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i>	No Cost
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i>	No Cost
D2980	Crown repair necessitated by restorative material failure	No Cost
D2981	Inlay repair necessitated by restorative material failure	No Cost
D2982	Onlay repair necessitated by restorative material failure	No Cost
D2983	Veneer repair necessitated by restorative material failure	No Cost
D3000-D3999	IV. ENDODONTICS	
D3110	Pulp cap - direct (excluding final restoration)	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	No Cost
D3221	Pulpal debridement, primary and permanent teeth	No Cost
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	No Cost
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration)	No Cost
D3320	<i>Root canal</i> - endodontic therapy, premolar tooth (excluding final restoration)	No Cost
D3330	<i>Root canal</i> - endodontic therapy, molar tooth (excluding final restoration)	No Cost
D3346	Retreatment of previous root canal therapy - anterior	No Cost
D3347	Retreatment of previous root canal therapy - premolar	No Cost
D3348	Retreatment of previous root canal therapy - molar	No Cost
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	No Cost
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	No Cost
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	No Cost

Code	Description	You pay
D3410	Apicoectomy - anterior	No Cost
D3421	Apicoectomy - premolar (first root)	No Cost
D3425	Apicoectomy - molar (first root)	No Cost
D3426	Apicoectomy (each additional root)	No Cost
D3427	Periradicular surgery without apicoectomy	No Cost
D3430	Retrograde filling - per root	No Cost
D3450	Root amputation - per root	No Cost
D4000-D4999	V. PERIODONTICS	
<ul style="list-style-type: none"> Includes pre-operative and post-operative evaluations and treatment under a local anesthetic. 		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	No Cost
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	No Cost

Code	Description	You pay
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	No Cost
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - <i>1 D1110 or D4346 per 6 month period</i>	No Cost
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit - <i>limited to 1 treatment in any 12 consecutive months</i>	No Cost
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i>	No Cost
D5000-D5899	VI. PROSTHODONTICS (removable)	
<ul style="list-style-type: none"> • <i>For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. For all listed immediate dentures and immediate removable partial dentures, Copayment includes other delivery adjustments and tissue conditioning, if needed, for the first three months after placement. You must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.</i> • <i>Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.</i> • <i>Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.</i> • <i>Dentures require preauthorization prior to treatment.</i> 		
D5110	Complete denture - maxillary	No Cost
D5120	Complete denture - mandibular	No Cost
D5130	Immediate denture - maxillary	No Cost
D5140	Immediate denture - mandibular	No Cost
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	No Cost
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	No Cost
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	No Cost
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	No Cost
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	No Cost

Code	Description	You pay
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	No Cost
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	No Cost
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	No Cost
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth) - prosthetic appliances will be replaced only after five years have elapsed from the time of delivery	No Cost
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	No Cost
D5410	Adjust complete denture - maxillary	No Cost
D5411	Adjust complete denture - mandibular	No Cost
D5421	Adjust partial denture - maxillary	No Cost
D5422	Adjust partial denture - mandibular	No Cost
D5511	Repair broken complete denture base, mandibular	No Cost
D5512	Repair broken complete denture base, maxillary	No Cost
D5520	Replace missing or broken teeth - complete denture (each tooth)	No Cost
D5611	Repair resin partial denture base, mandibular	No Cost
D5612	Repair resin partial denture base, maxillary	No Cost
D5621	Repair cast partial framework, mandibular	No Cost
D5622	Repair cast partial framework, maxillary	No Cost
D5630	Repair or replace broken retentive/clasping materials - per tooth	No Cost
D5640	Replace broken teeth - per tooth	No Cost
D5650	Add tooth to existing partial denture	No Cost
D5660	Add clasp to existing partial denture - per tooth	No Cost
D5710	Rebase complete maxillary denture	No Cost
D5711	Rebase complete mandibular denture	No Cost
D5720	Rebase maxillary partial denture	No Cost
D5721	Rebase mandibular partial denture	No Cost
D5730	Reline complete maxillary denture (chairside)	No Cost

Code	Description	You pay
D5731	Reline complete mandibular denture (chairside)	No Cost
D5740	Reline maxillary partial denture (chairside)	No Cost
D5741	Reline mandibular partial denture (chairside)	No Cost
D5750	Reline complete maxillary denture (laboratory)	No Cost
D5751	Reline complete mandibular denture (laboratory)	No Cost
D5760	Reline maxillary partial denture (laboratory)	No Cost
D5761	Reline mandibular partial denture (laboratory)	No Cost
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary - <i>limited to 1 in any 12 consecutive months</i>	No Cost
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular - <i>limited to 1 in any 12 consecutive months</i>	No Cost
D5850	Tissue conditioning, maxillary	No Cost
D5851	Tissue conditioning, mandibular	No Cost
D5900-D5999	VII. MAXILLOFACIAL PROSTHETICS - Not Covered	
D6000-D6199	VIII. IMPLANT SERVICES - Not Covered	
D6200-D6999	IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])	
	<ul style="list-style-type: none"> • <i>When a crown and/or pontic exceeds six units in the same treatment plan, you may be charged an additional \$100.00 per unit, beyond the 6th unit.</i> • <i>Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.</i> 	
D6210	Pontic - cast high noble metal	No Cost
D6211	Pontic - cast predominantly base metal	No Cost
D6212	Pontic - cast noble metal	No Cost
D6214	Pontic - titanium and titanium alloys	No Cost
D6240	Pontic - porcelain fused to high noble metal	No Cost
D6241	Pontic - porcelain fused to predominantly base metal	No Cost
D6242	Pontic - porcelain fused to noble metal	No Cost
D6245	Pontic - porcelain/ceramic	No Cost
D6250	Pontic - resin with high noble metal	No Cost

Code	Description	You pay
D6251	Pontic - resin with predominantly base metal	No Cost
D6252	Pontic - resin with noble metal	No Cost
D6600	Retainer inlay - porcelain/ceramic, two surfaces	No Cost
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	No Cost
D6602	Retainer inlay - cast high noble metal, two surfaces	No Cost
D6603	Retainer inlay - cast high noble metal, three or more surfaces	No Cost
D6604	Retainer inlay - cast predominantly base metal, two surfaces	No Cost
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	No Cost
D6606	Retainer inlay - cast noble metal, two surfaces	No Cost
D6607	Retainer inlay - cast noble metal, three or more surfaces	No Cost
D6608	Retainer onlay - porcelain/ceramic, two surfaces	No Cost
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	No Cost
D6610	Retainer onlay - cast high noble metal, two surfaces	No Cost
D6611	Retainer onlay - cast high noble metal, three or more surfaces	No Cost
D6612	Retainer onlay - cast predominantly base metal, two surfaces	No Cost
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	No Cost
D6614	Retainer onlay - cast noble metal, two surfaces	No Cost
D6615	Retainer onlay - cast noble metal, three or more surfaces	No Cost
D6720	Retainer crown - resin with high noble metal	No Cost
D6721	Retainer crown - resin with predominantly base metal	No Cost
D6722	Retainer crown - resin with noble metal	No Cost
D6740	Retainer crown - porcelain/ceramic	No Cost
D6751	Retainer crown - porcelain fused to predominantly base metal	No Cost
D6752	Retainer crown - porcelain fused to noble metal	No Cost
D6780	Retainer crown - 3/4 cast high noble metal	No Cost
D6781	Retainer crown - 3/4 cast predominantly base metal	No Cost
D6782	Retainer crown - 3/4 cast noble metal	No Cost
D6790	Retainer crown - full cast high noble metal	No Cost
D6791	Retainer crown - full cast predominantly base metal	No Cost

Code	Description	You pay
D6792	Retainer crown - full cast noble metal	No Cost
D6794	Retainer crown - titanium and titanium alloys	No Cost
D6930	Re-cement or re-bond fixed partial denture	No Cost
D6980	Fixed partial denture repair necessitated by restorative material failure	No Cost
D7000-D7999	X. ORAL AND MAXILLOFACIAL SURGERY	
<ul style="list-style-type: none"> Includes preoperative and postoperative evaluations and treatment under a local anesthetic. 		
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No Cost
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	No Cost
D7220	Removal of impacted tooth - soft tissue	No Cost
D7230	Removal of impacted tooth - partially bony	No Cost
D7240	Removal of impacted tooth - completely bony	No Cost
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	No Cost
D7250	Removal of residual tooth roots (cutting procedure)	No Cost
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	No Cost
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible)	No Cost
D7510	Incision and drainage of abscess - intraoral soft tissue	No Cost
D7970	Excision of hyperplastic tissue - per arch	No Cost
D7971	Excision of pericoronal gingiva	No Cost
D8000-D8999	XI. ORTHODONTICS - Not Covered	
D9000-D9999	XII. ADJUNCTIVE GENERAL SERVICES	

Code	Description	You pay
D9110	Palliative treatment of dental pain - per visit	No Cost
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	No Cost
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	No Cost
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	No Cost
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	No Cost
D9410	House/Extended Care Facility Call	No Cost
D9420	Hospital or ambulatory surgical center call	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No Cost
D9440	Office visit - after regularly scheduled hours	No Cost
D9610	Case presentation, subsequent to detailed and extensive treatment planning	No Cost
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	No Cost
D9630	Drugs or medicaments dispensed in the office for home use	No Cost
D9911	Application of desensitizing resin for cervical, root surface, per tooth	No Cost
D9920	Behavior management, by report	No Cost
D9930	Treatment of complications, post surgical, unusual, by report	No Cost
D9932	Cleaning and inspection of removable complete denture, maxillary	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular	No Cost
D9934	Cleaning and inspection of removable partial denture, maxillary	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular	No Cost
D9942	Repair and/or Reline of Occlusal Guard	No Cost
D9944	Occlusal guard, hard appliance, full arch	No Cost
D9945	Occlusal guard, soft appliance, full arch	No Cost

Code	Description	You pay
D9946	Occlusal guard, hard appliance, partial arch	No Cost
D9951	Occlusal adjustment, limited	No Cost
D9995	Teledentistry - synchronous; real-time encounter	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to Dentist for subsequent review	No Cost

Limitations:

1. The frequency of certain benefits is limited. All frequency limitations are listed in the Schedule of Benefits above.
2. Participating dentists may offer services that utilize brand or trade names at an additional fee. The member must be offered the plan benefits of a high-quality laboratory processed crown/pontic that may include: porcelain/ceramic; porcelain with base, noble or high-noble metal. If the member chooses the alternative of a material upgrade (brand name laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek, Procera, Lava, Empress and Cerec) the participating dentist may charge an additional fee not to exceed \$325.00 in addition to the applicable cost share. Contact Member Services at the phone number on your Member ID Card if you have questions regarding the additional fee or name brand services.

Exclusions:

1. Any procedure that is not specifically listed under dental schedule of benefits above.
2. Any procedure that in the professional opinion of the contracted dentist:
 - has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or
 - is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.
4. Lost or stolen appliances including, but not limited to, full or partial dentures, crowns and fixed partial dentures (bridges).
5. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
6. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
7. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
8. Consultations for non-covered benefits.

9. Dental services received from any dental facility other than the assigned in-network dentist, a preauthorized dental specialist, except for emergency dental service.
10. Dental expenses incurred in connection with any dental procedure started before the member's eligibility with our plan. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken.
11. Services or supplies covered under a hospital, surgical/medical (including Medicare Advantage), or prescription drug program.
12. Myofunctional and parafunctional appliances and/or therapies.
13. Extraction of teeth, when teeth are asymptomatic/non-pathologic (no signs or symptoms of pathology or infection), including but not limited to the removal of third molars and orthodontic extractions.
14. Interim partial dentures (stayplates), in conjunction with fixed or removable appliances, are limited to the replacement of extracted anterior teeth for adults during a healing period when the teeth cannot be added to an existing partial denture.
15. Benefits for a soft tissue management program are limited to those parts, which are listed covered services listed on the above schedule of benefits. If a member declines non-covered services within a soft tissue management program, it does not eliminate or alter other covered benefits.
16. Treatment or appliances that are provided by a dentist whose practice specializes in prosthodontic services.
17. Orthodontic treatment must be provided by a licensed dentist. Self-administered orthodontics are not covered.
18. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.