

2026

elderplan<sup>®</sup>

*Leading the way to great care.™*



# Dental Handbook

Elderplan Flex (HMO-POS)

*Benefit Year 2026*

## **Introduction to Elderplan Dental Handbook for Elderplan Flex (HMO-POS) Benefit Year 2026**

At Elderplan, we know that taking care of your teeth and gums is essential to your overall health and well-being. The key to maintaining good oral hygiene is keeping up with regular dental visits, even if you wear dentures. As we age, our oral health needs naturally change—requiring different types of care and attention. During a dental exam, your dentist checks for things like tooth decay, gum disease, poorly fitting dentures, mouth sores, infections, and even signs of oral cancer. In fact, your oral health can sometimes reveal early signs of other health conditions, such as diabetes.

That’s why Elderplan Flex offers dental coverage through DentaQuest—giving you access to a large network of experienced dentists and specialists who are ready to support your oral health needs. Every participating DentaQuest provider goes through a thorough credentialing process to help ensure you receive safe, high-quality care. You also have the flexibility to see any dentist in-network or out-of-network, giving you more control over where you receive care.

This Handbook includes the Dental Summary of Benefits for the 2026 plan year. It explains which dental services are covered, any costs you may be responsible for, and important steps to follow when receiving dental care.

Preventive and diagnostic services—such as dental exams, cleanings, and x-rays—are fully covered by Medicaid (some limitations and exclusions may apply). These services help maintain good oral hygiene and allow dental issues to be found early, making them easier to prevent or treat before they become serious. To help your dental visits go smoothly, be sure to bring both your Medicaid benefit card and your Elderplan member ID card to every appointment.

## **Help Paying for Dental Care With Your Flex Card**

Your Flex Card can help reduce out-of-pocket costs for dental care, including expenses from out-of-network providers that exceed what your plan covers. Bring your Flex Card with you when visiting your dentist. Apply your dental benefit first and then use your Flex card to help pay any out-of-pocket costs at both in-network and out-of-network providers. You can use your Flex Card at any provider that accepts Visa.

To check your current Flex Card balance, visit [mybenefitscenter.com](http://mybenefitscenter.com) or call 1-833-684-8472. The number is also listed on the back of your OTC + Flex card.

## **Know Your Dental Costs Before You Get Care**

Whether you visit an in-network or out-of-network dentist, we strongly recommend that your dentist request a Realtime Coverage Estimate from DentaQuest before services are provided. This helps you understand any potential out-of-pocket costs in advance. Please be aware that going to an out-of-network dentist could mean higher costs since you might have to pay the difference between what your plan covers and what the dentist charges.

For help requesting a Realtime Coverage Estimate, dentists should contact DentaQuest directly.

## **DentaQuest Customer Services Department**

DentaQuest is committed to providing high-quality dental benefits and helpful customer service. Customer service representatives are available to answer your questions and help you understand and use your dental benefits.

**You can contact the DentaQuest Customer Services Department at 1-844-797-3818 (TTY: 711).**

**Hours of Operation:** Available Monday through Friday, from 8:00 AM to 8:00 PM

**They can help with:**

- Questions about covered dental benefits.
- Finding a Dentist.
- Checking whether your dentist is in-network or out-of-network.
- Getting information about urgent dental care when traveling.

**How Dental Coverage Decisions Are Made**

Your dental benefits are designed to cover services that are appropriate for your specific dental condition and need to restore or maintain normal dental function. Coverage decisions are based on the clinical condition of the tooth or area being treated, not only the name of the procedure.

To make a decision, we may review:

- X-rays and diagnostic images
- Clinical notes and treatment plans
- The overall health and stability of the affected teeth and surrounding structures
- Whether the requested service is expected to provide effective, long-term results

Your dentist may be asked to provide additional clinical records or documentation if more information is needed.

**When Coverage May Be Limited or Denied**

Although many dental services are covered, coverage may be limited or denied when:

- The submitted information does not show that the service is medically necessary or clinically appropriate
- The condition of the tooth or oral structures does not support the requested treatment
- The service requested is not expected to be effective or durable based on your dental condition

- A different treatment option is available that better meets your needs
- The request does not meet benefit limits, frequency rules, or other Plan coverage requirements
- Required forms, documentation, or supporting records are missing or incomplete

These decisions are made using the Plan's coverage guidelines and clinical review standards.

### **Alternative Treatment Options**

In some situations, an alternative dental treatment may be more appropriate for your condition. If this occurs:

- The reason for the alternative will be explained
- Coverage will be evaluated based on your benefits and dental needs
- Your dentist may discuss other available treatment options with you

### **Understanding a Dental Denial**

If a requested dental service is denied, your decision notice will explain:

- Why the service was not approved
- What clinical or supporting information was reviewed
- Whether another covered option may be available

You always have the right to appeal a dental coverage decision if you disagree.

### **Three ways to find a participating Dentist in your area:**

1. Visit [www.elderplan.org/dental-benefits/](http://www.elderplan.org/dental-benefits/)
2. Call DentaQuest Customer Services Department at 1-844-797-3818 (TTY: 711) Monday through Friday, from 8:00 AM to 8:00 PM
3. Paper Copy of Provider Directory

You may also request a paper copy of the Provider Directory by calling Elderplan Member Services, but please be aware that since we're always adding new providers to the network, we recommend that you use the online search feature since it will have the most up-to-date information.

### **Urgent Care (Out-of-Area)**

If you're temporarily outside the Elderplan Flex service area and need urgent dental care, you're still covered for certain services. Urgent care refers to treatment for unexpected dental issues that can't wait until you return home—especially when it's needed to prevent serious problems with your dental health.

In these situations, your plan may reimburse for palliative treatment—care that helps relieve pain but doesn't fix the underlying issue—up to a set amount. For details on what's covered and how much may be reimbursed, please check your Dental Summary of Benefits.

### **In-Network Medicare-Covered Comprehensive Dental Services**

You pay 20% coinsurance for in-network Medicare-covered Dental Benefits.

Medicare will only pay for certain Dental Services that you get when you're in a hospital. Medicare can pay for inpatient hospital care if you need to have an emergency or complicated dental procedure.

## **What are Medicare covered services?**

Original Medicare (parts A & B) does NOT cover routine dental care such as cleanings, fillings, crowns, dentures, or root canals.

- It only covers dental services related to a medical condition or procedure, for example:
  - Dental exams before organ transplant or cardiac surgery.
  - Treatment for jaw fractures.
  - Oral exams during hospitalization for certain conditions.

These are limited and medically necessary situations, not preventive or routine care

## **In-Network and Out-of-Network Combined Supplemental Diagnostic and Preventative Dental Services**

### **What are supplemental benefits?**

Supplemental benefits are extra benefits offered by Elderplan that are not covered by Original Medicare.

## **In-Network and Out-of-Network Combined Supplemental Diagnostic and Preventive Dental services**

Supplemental Diagnostic and Preventive Dental Services are covered for both in-network and out-of-network providers. Coverage is limited to specific dental service codes within the categories listed below.

There is no coinsurance or copayment for the following covered services:

- Oral Exams
- Cleanings (Prophylaxis)
- Fluoride Treatment
- Dental X-Rays

## **In-Network and Out-of-Network Combined Supplemental Comprehensive Dental Services**

Supplemental Comprehensive Dental Services are covered for both in-network and out-of-network providers. Coverage is limited to specific dental service codes within the categories listed below. Benefit frequency may be limited based on American Dental Association (ADA) guidelines.

You pay \$0 copayment for Supplemental Comprehensive Dental Services up to \$2,500 annually in-network and out-of-network combined.

- Restorative Services
- Endodontic Services
- Periodontics Services
- Prosthodontics, fixed
- Prosthodontics, removable
- Oral/Maxillofacial Surgery
- Adjunctive General Services
  - Diagnostic and Preventive Dental does not apply towards the annual maximum in-network and out-of-network combined.
  - Upon exhaustion of the \$2,500 annual benefit limit in-network and out-of-network combined, the member will be responsible for the full cost.

Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions.

## Supplemental Diagnostic and Preventive Dental services In-Network and Out-of-Network Combined

Code	Procedure Name	Frequency Limitations	Copayment
<b>Exams</b>			
D0120	Periodic oral evaluation – established patient	1 of (D0120, D0160, D0170) every 6 months	\$0 Copay
D0140	Limited oral evaluation – problem focused	One every 6 months, not allowed with routine services	\$0 Copay
D0150	Comprehensive oral evaluation – new or established patient	One of (D0120, D0150, D0180) per 6 months per provider or location.	\$0 Copay
D0160	Detailed and extensive oral eval-problem focused, by report	One of (D0120, D0160, D0170) every 6 months, per patient	\$0 Copay
D0170	Re-evaluation, limited problem focused	One of (D0120, D0160, D0170) every 6 months, per patient	\$0 Copay
D0180	Comprehensive periodontal evaluation – new or established patient	One of (D0120, D0150, D0180) per 6 months per provider or location.	\$0 Copay
<b>Dental X-Rays</b>			
D0210	Intraoral– comprehensive series of radiographic images	One of (D0210, D0372) every 36 months, per patient	\$0 Copay
D0220	Intraoral – periapical first radiographic image	One of (D0220) every 12 months	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D0230	Intraoral – periapical each additional radiographic image	One of (D0230) every 12 months	\$0 Copay
D0240	Intraoral – occlusal radiographic image	One of (D0240) every 12 months	\$0 Copay
D0250	Extraoral x-ray	One of (D0250) every 12 months	\$0 Copay
D0270	Bitewing – single radiographic image	One of (D0270, D0272, D0273, D0274, D0373) every 12 months, per patient	\$0 Copay
D0272	Bitewings – two radiographic images	One of (D0270, D0272, D0273, D0274, D0373) every 12 months, per patient	\$0 Copay
D0273	Bitewings – three radiographic images	One of (D0270, D0272, D0273, D0274, D0373) every 12 months, per patient	\$0 Copay
D0274	Bitewings – four radiographic images	One of (D0270, D0272, D0273, D0274, D0373) every 12 months, per patient	\$0 Copay
D0277	Vertical bitewings – 7 to 8 films	One of (D0330, D0277) every 12 months, per patient	\$0 Copay
D0330	Panoramic radiographic image	One of (D0330, D0277) every 12 months, per patient	\$0 Copay
D0340	Cephalometric film	One of (D0340) every 12 months add code	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D0350	Oral/facial photographic images	One of (D0350) every 12 months	\$0 Copay
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	One of (D0210, D0372) every 36 months, per patient	\$0 Copay .
D0373	Intraoral tomosynthesis – bitewing radiographic image	One of (D0270, D0272, D0273, D0274, D0373) every 12 months, per patient	\$0 Copay
D0374	Intraoral tomosynthesis – periapical radiographic image	One of (D0374) every 12 months, per patient	\$0 Copay
D0387	Intraoral tomosynthesis – comprehensive series image capture	Covered	\$0 Copay
D0388	Intraoral tomosynthesis – bitewing image capture	Covered	\$0 Copay
D0389	Intraoral tomosynthesis – periapical image capture	One of (D0389) every 12 months, per patient	\$0 Copay
<b>Prophylaxis (Cleaning)</b>			
D1110	Prophylaxis – adult	One of (D1110, D4910) every 6 months	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
<b>Fluoride Treatment</b>			
D1206	Topical application of fluoride varnish	One of (D1206, D1208) every 6 months	\$0 Copay
D1208	Topical application of fluoride – excluding varnish	One of (D1206, D1208) every 6 months	\$0 Copay

**Supplemental Comprehensive Dental Services In-Network and Out-of-Network**

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
<b>Restorative Services</b>			
D2140	Amalgam – one surface, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient	\$0 Copay
D2150	Amalgam – two surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient	\$0 Copay
D2160	Amalgam – three surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient	\$0 Copay
D2161	Amalgam – four or more surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D2330	Resin-based composite – one surface, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient	\$0 Copay
D2331	Resin-based composite – two surfaces, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient	\$0 Copay
D2332	Resin-based composite – three surfaces, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient	\$0 Copay
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D2390	Resin-based composite crown, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient	\$0 Copay
D2391	Resin-based composite – one surface, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient	\$0 Copay
D2392	Resin-based composite – two surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient	\$0 Copay
D2393	Resin-based composite – three surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient	\$0 Copay
D2394	Resin-based composite – four or more surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394), one restoration per tooth, per surface, once in 24 months per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D2510	Inlay – metallic – 1 surface	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792), once per tooth per 60 months, per patient	\$0 Copay
D2520	Inlay – metallic– 2 surfaces	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792), once per tooth per 60 months, per patient	\$0 Copay
D2530	Inlay – metallic – 3+ surfaces	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792), once per tooth per 60 months, per patient	\$0 Copay
D2542	Onlay – metallic – 2 surfaces	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792), once per tooth per 60 months, per patient	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
D2620	Inlay– porcelain/ceramic– 2 surfaces	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792), once per tooth per 60 months, per patient	\$0 Copay
D2630	Inlay– porcelain/ceramic – 3+ surfaces	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792), once per tooth per 60 months, per patient	\$0 Copay
D2710	Crown – resin-based composite (indirect)	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792), once per tooth per 60 months, per patient	\$0 Copay
D2712	Crown – ¾ resin-based composite (indirect)	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792), once per tooth per 60 months, per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D2720	Crown– resin with high noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792), once per tooth per 60 months, per patient	\$0 Copay
D2721	Crown – resin with predominantly base metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792), once per tooth per 60 months, per patient	\$0 Copay
D2722	Crown – resin with noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792), once per tooth per 60 months, per patient	\$0 Copay
D2740	Crown – porcelain/ceramic	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792), once per tooth per 60 months, per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D2750	Crown – porcelain fused to high noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792), once per tooth per 60 months, per patient	\$0 Copay
D2751	Crown – porcelain fused to predominantly base metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792), once per tooth per 60 months, per patient	\$0 Copay
D2752	Crown – porcelain fused to noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792), once per tooth per 60 months, per patient	\$0 Copay
D2753	Crown – porcelain fused to titanium and titanium alloys	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792), once per tooth per 60 months, per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D2790	Crown – full cast high noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792), once per tooth per 60 months, per patient	\$0 Copay
D2791	Crown – full cast predominantly base metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792), once per tooth per 60 months, per patient	\$0 Copay
D2792	Crown – full cast noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792), once per tooth per 60 months, per patient	\$0 Copay
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	One per tooth every 6 months	\$0 Copay
D2920	Re-cement or re-bond crown	One per tooth every 6 months	\$0 Copay
D2921	Reattachment of tooth fragment	One of (D2921) every 6 months, per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D2930	Prefabricated stainless steel crown– primary tooth	One of (D2930) every 60 months, per patient	\$0 Copay
D2931	Prefabricated stainless steel crown– permanent	One of (D2931) every 60 months, per patient	\$0 Copay
D2951	Pin retention – per tooth, in addition to restoration	One of (D2951) once per tooth per 60 months, per patient when billed with resin or amalgam restoration	\$0 Copay
D2952	Cast post and core in addition to crown	One of (D2950, D2952, D2954) once per tooth per 60 months, per patient	\$0 Copay
D2953	Each additional cast post – same tooth	One per 60 months per tooth when billed with D2952	\$0 Copay
D2954	Prefabricated post and core in addition to crown	One of (D2950, D2952, D2954) once per tooth per 60 months, per patient	\$0 Copay
<b>Endodontic Services</b>			
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	One per tooth, per lifetime, per patient	\$0 Copay
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	One per tooth, per lifetime	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth, (excluding final restoration)	One per tooth, per lifetime	\$0 Copay
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One per permanent tooth per lifetime	\$0 Copay
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	One per permanent tooth per lifetime	\$0 Copay
D3330	Endodontic therapy, molar tooth (excluding final restoration)	One per permanent tooth per lifetime	\$0 Copay
D3346	Retreatment of previous root canal therapy-anterior	One per permanent tooth per lifetime	\$0 Copay
D3347	Retreatment of previous root canal therapy – premolar	One per permanent tooth per lifetime	\$0 Copay
D3348	Retreatment of previous root canal therapy – molar	One per permanent tooth per lifetime	\$0 Copay
D3410	Apicoectomy – anterior	One per permanent tooth per lifetime	\$0 Copay
D3421	Apicoectomy – premolar (first root)	One per permanent tooth per lifetime	\$0 Copay
D3425	Apicoectomy – molar (first root)	One per permanent tooth per lifetime	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D3426	Apicoectomy (each additional root)	One per permanent tooth per lifetime	\$0 Copay
D3430	Retrograde filling – per root	One per tooth per lifetime	\$0 Copay
D3501	Surgical exposure of root surface – anterior	One per tooth per lifetime	\$0 Copay
D3502	Surgical exposure of root surface – premolar	One per tooth per lifetime	\$0 Copay
D3503	Surgical exposure of root surface – molar	One per tooth per lifetime	\$0 Copay
<b>Periodontic Services</b>			
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	One per quadrant per 36 months, per patient	\$0 Copay
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	One of (D4240), once per quadrant per 60 months, per patient	\$0 Copay
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	One of (D4260 or D4261), once per quadrant per 60 months, per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	One of (D4260 or D4261), once per quadrant per 60 months, per patient	\$0 Copay
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One of (D4341 or D4342), once per quadrant per 36 months, per patient	\$0 Copay
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	One of (D4341 or D4342), once per quadrant per 36 months, per patient	\$0 Copay
D4355	Full mouth debridement to enable a comprehensive oral periodontal evaluation and diagnosis on a subsequent visit	One of (D4355) per 36 months, per patient	\$0 Copay
D4910	Periodontal maintenance procedures	One of (D4910) every 36 months, per patient	\$0 Copay
<b>Prosthodontic Removable Services</b>			
D5110	Complete denture – maxillary	One of (D5110, D5130, D5211, D5213, D5863, D5864), once per 60 months, per patient	\$0 Copay
D5120	Complete denture – mandibular	One of (D5120, D5140, D5212, D5214, D5865, D5866), once per 60 months, per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D5130	Immediate denture – maxillary	One of (D5110, D5130, D5211, D5213, D5863, D5864), once per 60 months, per patient	\$0 Copay
D5140	Immediate denture – mandibular	One of (D5120, D5140, D5212, D5214, D5865, D5866), once per 60 months, per patient	\$0 Copay
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	One of (D5110, D5130, D5211, D5213, D5863, D5864), once per 60 months, per patient	\$0 Copay
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	One of (D5120, D5140, D5212, D5214, D5865, D5866), once per 60 months, per patient	\$0 Copay
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One of (D5110, D5130, D5211, D5213, D5863, D5864), once per 60 months, per patient	\$0 Copay
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One of (D5120, D5140, D5212, D5214, D5865, D5866), once per 60 months, per patient	\$0 Copay
D5282	Removable unilateral partial denture – maxillary	One of (D5282) every 60 months, per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D5283	Removable unilateral partial denture – mandibular	One of (D5283) every 60 months, per patient	\$0 Copay
D5284	Removable unilateral partial denture – flexible base	One every 60 months, per patient	\$0 Copay
D5286	Removable unilateral partial denture – 1 piece resin	One every 60 months, per patient	\$0 Copay
D5410	Adjust complete denture – maxillary	Covered	\$0 Copay
D5411	Adjust complete denture – mandibular	Covered	\$0 Copay
D5421	Adjust partial denture – maxillary	Covered	\$0 Copay
D5422	Adjust partial denture – mandibular	Covered	\$0 Copay
D5511	Repair broken complete denture base, mandibular	One per arch per 12 months (after 6 months have elapsed since initial placement)	\$0 Copay
D5512	Repair broken complete denture base, maxillary	One per arch per 12 months (after 6 months have elapsed since initial placement)	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
D5520	Replace missing or broken teeth – complete denture – per tooth	One per tooth per 12 months (after 6 months have elapsed since initial placement)	\$0 Copay
D5611	Repair resin denture base, mandibular	One per arch per 12 months	\$0 Copay
D5612	Repair resin denture base, maxillary	One per arch per 12 months	\$0 Copay
D5621	Repair cast framework, mandibular	One per arch per 12 months	\$0 Copay
D5622	Repair cast framework, maxillary	One per arch per 12 months	\$0 Copay
D5630	Repair or replace broken clasp	One per arch per 12 months	\$0 Copay
D5640	Replace missing or broken teeth – partial denture – per tooth	One per arch per 12 months	\$0 Copay
D5650	Add tooth to existing partial denture – per tooth	One per arch per 12 months	\$0 Copay
D5660	Add clasp to existing partial denture	One per arch per 12 months	\$0 Copay
D5710	Reline complete maxillary denture	One of (D5710, D5730, D5750) per 12 months  After 6 months have elapsed since initial placement	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D5711	Rebase complete mandibular denture	One of (D5711, D5731, D5751) per 12 months <hr/> After 6 months have elapsed since initial placement	\$0 Copay
D5720	Reline maxillary partial denture	One of (D5720, D5740, D5760) per 12 months <hr/> After 6 months have elapsed since initial placement	\$0 Copay
D5721	Reline mandibular partial denture	One of (D5721, D5741, D5761) per 12 months <hr/> After 6 months have elapsed since initial placement	\$0 Copay
D5725	Rebase of hybrid prosthesis	One of D5725 per arch per 12 months <hr/> After 6 months have elapsed since initial placement	\$0 Copay
D5730	Reline complete maxillary denture (chairside)	One of (D5710, D5730, D5750) per 12 months <hr/> After 6 months have elapsed since initial placement	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D5731	Reline complete mandibular denture (chairside)	One of (D5711, D5731, D5751) per 12 months <hr/> After 6 months have elapsed since initial placement	\$0 Copay
D5740	Reline maxillary partial denture (chairside)	One of (D5720, D5740, D5760) per 12 months <hr/> After 6 months have elapsed since initial placement	\$0 Copay
D5741	Reline mandibular partial denture (chairside)	One of (D5721, D5741, D5761) per 12 months <hr/> After 6 months have elapsed since initial placement	\$0 Copay
D5750	Reline complete maxillary denture (laboratory)	One of (D5710, D5730, D5750) per 12 months <hr/> After 6 months have elapsed since initial placement	\$0 Copay
D5751	Reline complete mandibular denture (laboratory)	One of (D5711, D5731, D5751) per 12 months <hr/> After 6 months have elapsed since initial placement	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
D5760	Reline maxillary partial denture (laboratory)	One of (D5720, D5740, D5760) per 12 months  After 6 months have elapsed since initial placement	\$0 Copay
D5761	Reline mandibular partial denture (laboratory)	One of (D5721, D5741, D5761) per 12 months  After 6 months have elapsed since initial placement	\$0 Copay
D5863	Overdenture – complete maxillary	One of (D5110, D5130, D5211, D5213, D5863, D5864), once per 60 months, per patient	\$0 Copay
D5864	Overdenture – partial maxillary	One of (D5110, D5130, D5211, D5213, D5863, D5864), once per 60 months, per patient	\$0 Copay
D5865	Overdenture – complete mandibular	One of (D5120, D5140, D5212, D5214, D5865, D5866), once per 60 months, per patient	\$0 Copay
D5866	Overdenture – partial mandibular	One of (D5120, D5140, D5212, D5214, D5865, D5866), once per 60 months, per patient	\$0 Copay
D5877	Duplication of complete denture – maxillary	One of (D5110, D5130, D5877) per 60 months, per patient	\$0 Copay
D5878	Duplication of complete denture – mandibular	One of (D5120, D5140, D5878) per 60 months, per patient	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
<b>Prosthodontics Fixed Services</b>			
D6210	Pontic – cast high noble metal	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6243, D6250, D6251, D6252) per 60 months, per patient	\$0 Copay
D6211	Pontic – cast base metal	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6243, D6250, D6251, D6252) per 60 months, per patient	\$0 Copay
D6212	Pontic – cast noble metal	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6243, D6250, D6251, D6252) per 60 months, per patient	\$0 Copay
D6240	Pontic – porcelain fused – high noble	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6243, D6250, D6251, D6252) per 60 months, per patient	\$0 Copay
D6241	Pontic – porcelain fused to base metal	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6243, D6250, D6251, D6252) per 60 months, per patient	\$0 Copay
D6242	Pontic – porcelain fused – noble metal	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6243, D6250, D6251, D6252) per 60 months, per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D6243	Pontic – porcelain fused to titanium and titanium alloys	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6243, D6250, D6251, D6252) per 60 months, per patient	\$0 Copay
D6250	Pontic – resin with high noble metal	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6243, D6250, D6251, D6252) per 60 months, per patient	\$0 Copay
D6251	Pontic – resin with base metal	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6243, D6250, D6251, D6252) per 60 months, per patient	\$0 Copay
D6252	Pontic – resin with noble metal	One of (D6210, D6211, D6212, D6240, D6241, D6242, D6243, D6250, D6251, D6252) per 60 months, per patient	\$0 Copay
D6545	Retainer – cast metal fixed	One of (D6545, D6610, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792), per tooth per 60 months, per patient	\$0 Copay
D6610	Onlay – cast high noble metal, two surfaces	One of (D6545, D6610, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792), per tooth per 60 months, per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D6710	Crown – indirect resin based composite	One of (D6545, D6610, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792), per tooth per 60 months, per patient	\$0 Copay
D6720	Crown – resin with high noble metal	One of (D6545, D6610, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792), per tooth per 60 months, per patient	\$0 Copay
D6721	Crown – resin with base metal	One of (D6545, D6610, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792), per tooth per 60 months, per patient	\$0 Copay
D6722	Crown – resin with noble metal	One of (D6545, D6610, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792), per tooth per 60 months, per patient	\$0 Copay
D6740	Retainer crown – porcelain/ceramic	One of (D6545, D6610, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792), per tooth per 60 months, per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D6750	Crown – porcelain fused high noble	One of (D6545, D6610, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792), per tooth per 60 months, per patient	\$0 Copay
D6751	Crown – porcelain fused to base metal	One of (D6545, D6610, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792), per tooth per 60 months, per patient	\$0 Copay
D6752	Crown – porcelain fused noble metal	One of (D6545, D6610, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792), per tooth per 60 months, per patient	\$0 Copay
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	One of (D6753) once every 60 months	\$0 Copay
D6790	Crown – full cast high noble	One of (D6545, D6610, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792), per tooth per 60 months, per patient	\$0 Copay
D6791	Crown – full cast base metal	One of (D6545, D6610, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792), per tooth per 60 months, per patient	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D6792	Crown – full cast noble metal	One of (D6545, D6610, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6790, D6791, D6792), per tooth per 60 months, per patient	\$0 Copay
D6930	Re-cement or re-bond fixed partial denture	Covered	\$0 Copay
<b>Oral and Maxillofacial Surgery Services</b>			
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	One per tooth per lifetime	\$0 Copay
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	One per tooth per lifetime	\$0 Copay
D7220	Removal of impacted tooth– soft tissue	One per tooth per lifetime	\$0 Copay
D7230	Removal of impacted tooth – partially bony	One per tooth per lifetime	\$0 Copay
D7240	Removal of impacted tooth – completely bony	One per tooth per lifetime	\$0 Copay
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	One per tooth per lifetime	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D7250	Surgical removal of residual tooth roots (cutting procedure)	One per tooth per lifetime	\$0 Copay
D7260	Oroantral fistula closure	One per Arch per lifetime	\$0 Copay
D7280	Surgical access of an unerupted tooth	One per tooth per lifetime	\$0 Copay
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	One per tooth per lifetime	\$0 Copay
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	One of (D7310) per quadrant, per lifetime, per patient	\$0 Copay
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	One of (D7320) per quadrant, every 12 months, per patient	\$0 Copay
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	One per arch	\$0 Copay
D7410	Excision of benign lesion of up to 1.25 cm	Covered	\$0 Copay
D7411	Excision of benign lesion greater than 1.25cm	Covered	\$0 Copay

<b>Code</b>	<b>Procedure Name</b>	<b>Frequency Limitations</b>	<b>Copayment</b>
D7440	Excision of malignant tumor – lesion diameter up to 1.25cm	Covered	\$0 Copay
D7441	Excision of malignant tumor – lesion diameter greater than 1.25cm	Covered	\$0 Copay
D7450	Removal of odontogenic cyst or tumor – lesion diameter up to 1.25cm	Covered	\$0 Copay
D7451	Removal of odontogenic cyst or tumor – lesion greater than 1.25cm	Covered	\$0 Copay
D7460	Removal of nonodontogenic cyst or tumor – lesion diameter up to 1.25cm	Covered	\$0 Copay
D7461	Removal of nonodontogenic cyst or tumor – lesion greater than 1.25cm	Covered	\$0 Copay
D7471	Removal of exostosis – per site	Covered	\$0 Copay
D7473	Removal of torus mandibularis	Covered	\$0 Copay
D7510	Incision and drainage of abscess – intraoral soft tissue	Covered	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
D7520	Incision and drainage of abscess – extraoral soft tissue	Covered	\$0 Copay
D7961	Buccal / labial frenectomy (frenulectomy)	Covered	\$0 Copay
D7962	Lingual frenectomy (frenulectomy)	Covered	\$0 Copay
D7970	Excision of hyperplastic tissue – per arch	Covered	\$0 Copay
D7971	Excision of pericoronal gingiva	Covered	\$0 Copay
D7972	Surgical reduction of fibrous tuberosity	Covered	\$0 Copay
<b>Adjunctive General Services</b>			
D9110	Palliative treatment of dental pain – per visit	Not allowed with anything other than D0140 and x-rays	\$0 Copay
D9210	Local anesthesia not in conjunction with operative or surgical procedure *Not billable separately from main service.	Covered	\$0 Copay
D9211	Regional block anesthesia *Not billable separately from main service.	Covered	\$0 Copay

Code	Procedure Name	Frequency Limitations	Copayment
D9212	Trigeminal division block anesthesia *not billable separately from main service.	Covered	\$0 Copay
D9215	Local anesthesia *not billable separately from main service.	Covered	\$0 Copay
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	Covered	\$0 Copay
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	Covered	\$0 Copay
D9951	Occlusal adjustment – limited	Covered	\$0 Copay
D9952	Occlusal adjustment – complete	Covered	\$0 Copay

## Supplemental Dental Benefits Limitations and Exclusions

As a member of our plan, our plan offers dental benefits limitations and exclusions, including but not limited to:

- Our plan offers both in-network and out-of-network dental coverage; all covered services have \$0 copayment.
  - You pay \$0 copayment for Supplemental Comprehensive Dental Services. The plan will pay up to \$2,500 annually in-network and out-of-network combined for these supplemental comprehensive dental services. Upon exhaustion of the \$2,500 annual benefit limit in-network and out-of-network combined, you will be responsible for the full cost.
  - You pay \$0 copayment for Supplemental Diagnostic and Preventive Dental services
  - Service limitations apply based on established fee schedule, including type of service, number, and frequency
  - Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions.
- If you would like to learn more about how your dental coverage relates to your proposed dental treatment and costs, you may ask your dentist to obtain coverage estimate from DentaQuest. If the provider has questions about how to obtain this information, they can contact DentaQuest using the number on the back of your Member ID card.
- In-network dentists have agreed to provide services at a negotiated rate. If you visit an in-network dentist, you will not receive a bill for charges more than the negotiated fee schedule on covered services (annual maximum still applies).
  - When you have covered dental services performed at an in-network dentist, the dentist will submit the claim on your behalf.
- Dentists may ask you to sign an informed consent document detailing the risks, benefits, costs, and alternatives to all recommended treatments.

- Out-of-network dentists are not contracted to accept plan payment as payment in full, so they might charge you for more than what the plan pays, even for services listed as \$0 copayment.
  - When you see an out-of-network dentist, often the dentist will submit a claim on your behalf. If they do not, then you can submit it directly using the following instructions:
  - The claim submission must contain the following information:
    - Full member name and member ID number
    - Full provider name and address
    - List of dental services rendered with the corresponding ADA code(s)
    - Proof of payment in the form of an itemized receipt reflecting payment and a zero-patient balance
  - Mail all required claim information within 365 days from the date of service to:

**DentaQuest Claims**  
**PO Box 2906**  
**Milwaukee, WI 53201-2906**  
**or via fax at 262-834-3589**

- Payment will be sent to the address listed on your account. To update your address or for assistance with submitting claims, contact Member Services.
- Dental claims are paid within 30 days, and an Explanation of Payment (EOP) will accompany check payment.
- Other limitations or exclusions of plan dental coverage are:
  - Procedures used for cosmetic-only reasons (tooth bleaching/whitening, veneers, gingival recontouring), orthodontics, space maintenance, sales tax, charges for failure to keep appointments, dental case management, dental charges related to COVID screening, testing and vaccination, and unspecified procedures by report

- Services or supplies furnished along with, in preparation for, or as a result of a non-covered service(s)
- Dental expenses incurred in connection with any dental procedures started prior to your effective date of coverage
- Services related to congenital anomalies
- Any fees associated with non-covered services are your responsibility



For more information, call us toll-free

**1-800-353-3765**

8 a.m.–8 p.m., 7 days a week.

TTY/TDD users should call

**711**

Visit our website

**Elderplan.org**

Elderplan is an HMO plan with Medicare and Medicaid contracts. Enrollment in Elderplan depends on contract renewal. Anyone entitled to Medicare Parts A and B may apply. Enrolled members must continue to pay their Medicare part B premium if not otherwise paid for under Medicaid.