

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	H3561001000	Wellcare Dual Liberty (HMO D-SNP)
CA	H3561008000	Wellcare Dual Align (HMO D-SNP)
CA	H3561009000	Wellcare Dual Liberty (HMO D-SNP)

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. Listed dental procedures not covered under our plan may be a covered benefit under the Denti-Cal state benefit for the member. Please also review covered benefits under Denti-Cal.

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 – Not Covered	
D1000-D1999	II. PREVENTIVE – Not Covered	
D2000-D2999	III. RESTORATIVE	
<ul style="list-style-type: none"> Crowns require prior authorization <i>Crowns are limited to two per calendar year per patient</i> <i>Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.</i> <i>Replacement of crowns requires the existing restoration to be 5+ years old.</i> <i>Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The participating dentist may charge an additional fee not to exceed \$325.00 in addition to the listed copayment.</i> <i>Porcelain margins are a cosmetic option. Participating dentist have agreed to charge a maximum of \$75.00 for porcelain.</i> 		
D2720	Crown - resin with high noble metal	No Cost
D2722	Crown - resin with noble metal	No Cost
D2750	Crown - porcelain fused to high noble metal	No Cost
D2752	Crown - porcelain fused to noble metal	No Cost
D2790	Crown - full cast high noble metal	No Cost
D2792	Crown - full cast noble metal	No Cost
D3000-D3999	IV. ENDODONTICS – Not Covered	
D4000-D4999	V. PERIODONTICS – Not Covered	
D5000-D5899	VI. PROSTHODONTICS (removable)	
<ul style="list-style-type: none"> <i>Rebases are limited to one per calendar year and not covered within six months of initial placement.</i> <i>Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.</i> 		
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	No Cost
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	No Cost

Code	Description	You pay
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
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"> • Pontics are limited to one per tooth per five calendar years. • Replacement of a pontic requires the existing bridge to be 5+ years old. • Name brand, laboratory processed or in-office processed pontics produced through specialized technique or materials are material upgrades. The participating dentist may charge an additional fee not to exceed \$325.00 in addition to the listed copayment. • Porcelain is considered a material upgrade with a maximum additional charge to the Enrollee of \$150.00 per molar. • Porcelain margins are a cosmetic option. Participating dentists have agreed to charge a maximum of \$75.00 for porcelain. 		
D6240	Pontic - porcelain fused to high noble metal	No Cost
D6242	Pontic - porcelain fused to noble metal	No Cost
D6250	Pontic - resin with high noble metal	No Cost
D6252	Pontic - resin with noble metal	No Cost
D7000-D7999	X. ORAL AND MAXILLOFACIAL SURGERY – Not Covered	
D8000-D8999	XI. ORTHODONTICS – Not Covered	
D9000-D9999	XII. ADJUNCTIVE GENERAL SERVICES – Not Covered	

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 the schedule of benefits above. Listed dental procedures not covered under our plan may be a covered benefit under the Denti-Cal state benefit for the member. Please also review covered benefits under Denti-Cal.
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, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost or stolen appliances including, but not limited to, full or partial dentures and crowns.
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. 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.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned in-network dentist, a preauthorized dental specialist, except for emergency dental service.
11. Services or supplies covered under a hospital, surgical/medical (including Medicare Advantage), or prescription drug program.
12. 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.
13. Treatment or appliances that are provided by a dentist whose practice specializes in prosthodontic services.