

Dental Benefit Details

2026

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	H0562097000	Wellcare Low Premium (HMO)
CA	H0562012000	Wellcare Low Premium (HMO)
CA	H0562092000	Wellcare Specialty Simple (HMO C-SNP)
CA	H0562125000	Wellcare Simple Focus (HMO)
CA	H0562126000	Wellcare Simple Focus (HMO)
CA	H0562133000	Wellcare Low Premium (HMO)
CA	H0562136000	Wellcare Low Premium (HMO)
CA	H0562137000	Wellcare Low Premium (HMO)

Covered Dental Benefits: Our plan provides coverage for the dental services described below. Refer to your 2026 *Evidence of Coverage* for any applicable cost sharing.

Dental 2026 Schedule of Benefits

Code	Code description	Periodicity
Diagnostic (Preventive) Services		
D0120	Periodic oral evaluation	2
D0140	Limited oral evaluation - problem focused	Unlimited
D0150	Comprehensive oral evaluation - new or established patient	Unlimited
D0170	Re-evaluation - limited, problem focused (no post-op visit)	Unlimited
D0171	Re-evaluation-post operative ofc visit	Unlimited
D0180	Comprehensive periodontal evaluation - new or established patient	Unlimited
D0210	Intraoral-complete series including bitewings	1
D0220	Intraoral - periapical first radiographic image	Unlimited
D0230	Intraoral - periapical each additional radiographic image	Unlimited
D0240	Intraoral - occlusal radiographic image	Unlimited
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source and detector	Unlimited
D0251	Extra-oral posterior dental radiographic image	Unlimited
D0270	Bitewing - single radiographic image	4
D0272	Bitewings - two radiographic images	2
D0273	Bitewings - three radiographic images	2
D0274	Bitewings - four radiographic images	1

Code	Code description	Periodicity
D0277	Vertical bitewings - 7 to 8 radiographic images	Unlimited
D0330	Panoramic radiographic image	Unlimited
D0350	2D Oral/facial photographic images obtained intraorally or extraorally	Unlimited
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	1
D0373	Intraoral tomosynthesis – bitewing radiographic image	1
D0374	Intraoral tomosynthesis – periapical radiographic image	Unlimited
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	1
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	1
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	Unlimited
D0460	Pulp vitality tests	Unlimited
D0470	Diagnostic casts	Unlimited
D0472	Accession of tissue, gross examination, prep and transmission of written report	Unlimited
D0473	Accession of tissue, gross and microscopic examination, prep and transmission of written report	Unlimited
D0474	Accession of tissue, gross and microscopic exam, includes assessment of margins, prep and transmission of report	Unlimited
D0486	Laboratory accession of transepithelial cytologic sample, micro exam, preparation and transmission of written report	Unlimited
D0600	Non-ionizing diagnostic procedure	Unlimited
D0701	Panoramic radiographic image - image capture only	Unlimited
D0702	2-D cephalometric radiographic image - image capture only	Unlimited
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	Unlimited

Code	Code description	Periodicity
D0705	Extra-oral posterior dental radio. image – image capture only	Unlimited
D0706	Intraoral – occlusal radiographic image – image capture only	Unlimited
D0707	Intraoral – periapical radiographic image – image capture only	Unlimited
D0708	Intraoral – bitewing radiographic image – image capture only	4
D0709	Intraoral - complete series of radiographic images - image capture only	1
D0801	3D dental surface scan – direct	Unlimited
D0802	3D dental surface scan - indirect	Unlimited
D0803	3D facial surface scan – direct	Unlimited
D0804	3D facial surface scan – indirect	Unlimited
D0999	Unspecified diagnostic procedure, by report	Unlimited
D1110	Prophylaxis - adult	2
D1206	Topical application of fluoride varnish	1
D1301	Immunization counseling	Unlimited
D1310	Nutritional counseling for control of dental disease	Unlimited
D1330	Oral hygiene instructions	Unlimited
D1354	Application of caries arresting medicament application - per tooth	Unlimited
D1510	Space maintainer - fixed, unilateral - per quadrant	Unlimited
D1516	Space maintainer - fixed - bilateral, maxillary	Unlimited
D1517	Space maintainer - fixed - bilateral, mandibular	Unlimited

Code	Code description	Periodicity
D1520	Space maintainer - removable, unilateral - per quadrant	Unlimited
D1526	Space maintainer - removable - bilateral, maxillary	Unlimited
D1527	Space maintainer - removable - bilateral, mandibular	Unlimited
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	Unlimited
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	Unlimited
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	Unlimited
D1556	Removal of fixed unilateral space maintainer - per quadrant	Unlimited
D1557	Removal of fixed bilateral space maintainer - maxillary	Unlimited
D1558	Removal of fixed bilateral space maintainer - mandibular	Unlimited
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	Unlimited
D1701	Pfizer-BioNTech Covid-19 vaccine administration - first dose	Unlimited
D1702	Pfizer-BioNTech Covid-19 vaccine administration - second dose	Unlimited
D1703	Moderna Covid-19 vaccine administration - first dose	Unlimited
D1704	Moderna Covid-19 vaccine administration - second dose	Unlimited
D1705	AstraZeneca Covid-19 vaccine administration - first dose	Unlimited
D1706	AstraZeneca Covid-19 vaccine administration - second dose	Unlimited
D1707	Janssen Covid-19 vaccine administration	Unlimited
D1708	Pfizer-BioNTech Covid-19 vaccine administration-third dose	Unlimited
D1709	Pfizer-BioNTech Covid-19 vaccine administration-booster dose	Unlimited

Code	Code description	Periodicity
D1710	Moderna Covid-19 vaccine administration-third dose	Unlimited
D1711	Moderna Covid-19 vaccine administration-booster dose	Unlimited
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric-first dose	Unlimited
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric-second dose	Unlimited
D1781	Vaccine administration – human papillomavirus – Dose 1	Unlimited
D1782	Vaccine administration – human papillomavirus – Dose 2	Unlimited
D1783	Vaccine administration – human papillomavirus – Dose 3	Unlimited
Comprehensive Services		
D2140	Amalgam - one surface, primary or permanent	Unlimited
D2150	Amalgam - two surfaces, primary or permanent	Unlimited
D2160	Amalgam - three surfaces, primary or permanent	Unlimited
D2161	Amalgam - four or more surfaces, primary or permanent	Unlimited
D2330	Resin-based composite - one surface, anterior	Unlimited
D2331	Resin-based composite - two surfaces, anterior	Unlimited
D2332	Resin-based composite - three surfaces, anterior	Unlimited
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	Unlimited
D2390	Resin-based composite crown, anterior	Unlimited
D2391	Resin-based composite - one surface, posterior	Unlimited
D2392	Resin-based composite - two surfaces, posterior	Unlimited

Code	Code description	Periodicity
D2393	Resin-based composite - three surfaces, posterior	Unlimited
D2394	Resin-based composite - four or more surfaces, posterior	Unlimited
D2510	Inlay - metallic - one surface	1
D2520	Inlay - metallic - two surfaces	1
D2530	Inlay - metallic - three or more surfaces	1
D2542	Onlay metallic, two surfaces	1
D2543	Onlay-metallic-three surfaces	1
D2544	Onlay-metallic-four or more surfaces	1
D2740	Crown - porcelain/ceramic	1
D2750	Crown - porcelain fused to high noble metal	1
D2751	Crown - porcelain fused to predominantly base metal	1
D2752	Crown - porcelain fused to noble metal	1
D2753	Crown - porcelain fused to titanium and titanium alloys	1
D2780	Crown, 3/4 cast high noble metal	1
D2781	Crown, 3/4 cast predominantly base metal	1
D2782	Crown, 3/4 cast noble metal	1
D2783	Crown, 3/4 porcelain/ceramic	1
D2790	Crown - full cast high noble metal	1
D2791	Crown - full cast predominantly base metal	1

Code	Code description	Periodicity
D2792	Crown - full cast noble metal	1
D2794	Crown - titanium and titanium alloys	1
D2989	Excavation of a tooth resulting in the determination of non-restorability	Unlimited
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	Unlimited
D2915	Recement or re-bond cast indirectly fabricated or prefabricated post and core	Unlimited
D2920	Recement or re-bond crown	Unlimited
D2930	Prefabricated stainless steel crown - primary tooth	1
D2931	Prefabricated stainless steel crown - permanent tooth	1
D2940	Protective restoration	Unlimited
D2949	Restorative foundation for an indirect restoration	Unlimited
D2950	Core buildup, including any pins when required	Unlimited
D2951	Pin retention - per tooth, in addition to restoration	Unlimited
D2952	Cast post and core in addition to crown	Unlimited
D2953	Each additional indirectly fabricated post, same tooth	Unlimited
D2954	Prefabricated post and core in addition to crown	Unlimited
D2955	Post removal	Unlimited
D2956	Removal of an indirect restoration on a natural tooth	Unlimited
D2962	Labial veneer (porcelain laminate) - indirect	Unlimited
D3110	Pulp cap - direct (excluding final restoration)	Unlimited

Code	Code description	Periodicity
D3120	Pulp cap - indirect (excluding final restoration)	Unlimited
D3220	Therapeutic pulpotomy (excluding final restoration)	Unlimited
D3221	Pulpal debridement, primary and permanent teeth	Unlimited
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	Unlimited
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	Unlimited
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	Unlimited
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	Unlimited
D3330	Endodontic therapy, molar tooth (excluding final restoration)	Unlimited
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Unlimited
D3346	Retreatment of previous root canal therapy - anterior	Unlimited
D3347	Retreatment of previous root canal therapy - bicuspid	Unlimited
D3348	Retreatment of previous root canal therapy - molar	Unlimited
D3351	Apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc.	Unlimited
D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement	Unlimited
D3353	Apexification/recalcification - final visit (includes completed root)	Unlimited
D3410	Apicoectomy - anterior	Unlimited
D3421	Apicoectomy - premolar (first root)	Unlimited
D3425	Apicoectomy - molar (first root)	Unlimited
D3426	Apicoectomy (each additional root)	Unlimited

Code	Code description	Periodicity
D3430	Retrograde filling - per root	Unlimited
D3450	Root amputation - per root	Unlimited
D3471	Surgical repair of root resorption - anterior	Unlimited
D3472	Surgical repair of root resorption - premolar	Unlimited
D3473	Surgical repair of root resorption - molar	Unlimited
D3911	Intraorifice barrier	Unlimited
D3920	Hemisection (including any root removal), not including root canal therapy	Unlimited
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	1
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	1
D4240	Gingival flap procedure, including root planning - four or more contiguous teeth or tooth bounded spaces per quadrant	1
D4241	Gingival flap procedure - including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	1
D4249	Clinical crown lengthening - hard tissue	1
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	1
D4270	Pedicle soft tissue graft procedure	1
D4273	Autogenous connective tissue graft procedure, per first tooth, implant or edentulous tooth position in graft	1
D4274	Mesial/distal wedge procedure single tooth (when not performed in conjunction with surgical procedures in the same area)	1
D4283	Autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	1
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	1

Code	Code description	Periodicity
D4342	Periodontal scaling and root planing - one - three teeth, per quadrant	1
D4346	Scaling in presence of generalized moderate or severe gingival inflammation	2
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	Unlimited
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Unlimited
D4910	Periodontal maintenance	2
D4999	Unspecified periodontal procedure, by report	Unlimited
D5110	Complete denture - maxillary	1
D5120	Complete denture - mandibular	1
D5130	Immediate denture - maxillary	1
D5140	Immediate denture - mandibular	1
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	1
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests	1
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests	1
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	1
D5222	Immediate mandibular partial denture - resin base	1
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping material)	1
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping material)	1
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	1

Code	Code description	Periodicity
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	1
D5410	Adjust complete denture - maxillary	Unlimited
D5411	Adjust complete denture - mandibular	Unlimited
D5421	Adjust partial denture - maxillary	Unlimited
D5422	Adjust complete denture - mandibular	Unlimited
D5511	Repair broken complete denture base, mandibular	Unlimited
D5512	Repair broken complete denture base, maxillary	Unlimited
D5520	Replace missing or broken teeth - complete denture (each tooth)	Unlimited
D5611	Repair resin partial denture base, mandibular	Unlimited
D5612	Repair resin partial denture base, maxillary	Unlimited
D5621	Repair cast partial framework, mandibular	Unlimited
D5622	Repair cast partial framework, maxillary	Unlimited
D5630	Repair or replace broken retentive/clasping materials - per tooth	Unlimited
D5640	Replace broken teeth - per tooth	Unlimited
D5650	Add tooth to existing partial denture	Unlimited
D5660	Add clasp to existing partial denture - per tooth	Unlimited
D5710	Rebase complete maxillary denture	1
D5711	Rebase complete mandibular denture	1
D5720	Rebase maxillary partial denture	1

Code	Code description	Periodicity
D5721	Rebase mandibular partial denture	1
D5725	Rebase hybrid prosthesis	1
D5730	Reline complete maxillary denture (direct)	1
D5731	Reline complete mandibular denture (direct)	1
D5740	Reline maxillary partial denture (direct)	1
D5741	Reline mandibular partial denture (direct)	1
D5750	Reline complete maxillary denture (indirect)	1
D5751	Reline complete mandibular denture (indirect)	1
D5760	Reline maxillary partial denture (indirect)	1
D5761	Reline mandibular partial denture (indirect)	1
D5765	Soft liner for complete or partial removable denture - indirect	Unlimited
D5810	Interim complete denture (maxillary)	1
D5811	Interim complete denture (mandibular)	1
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), (maxillary)	1
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), (mandibular)	1
D5850	Tissue conditioning, maxillary	Unlimited
D5851	Tissue conditioning, mandibular	Unlimited
D5876	Add metal substructure to acrylic full denture (per arch)	1
D6210	Pontic - cast high noble metal	1

Code	Code description	Periodicity
D6211	Pontic - cast predominantly base metal	1
D6212	Pontic - cast noble metal	1
D6214	Pontic - titanium and titanium alloys	1
D6240	Pontic - porcelain fused to high noble metal	1
D6241	Pontic - porcelain fused to predominantly base metal	1
D6242	Pontic - porcelain fused to noble metal	1
D6243	Pontic - porcelain fused to titanium and titanium alloys	1
D6245	Pontic porcelain/ceramic	1
D6750	Retainer crown - porcelain fused to high noble metal	1
D6751	Retainer crown - porcelain fused to predominantly base metal	1
D6752	Retainer crown - porcelain fused to noble metal	1
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	1
D6780	Retainer crown - 3/4 cast high noble metal	1
D6781	Retainer crown-3/4 cast predominantly based metal	1
D6782	Retainer crown-3/4 cast noble metal	1
D6784	Retainer crown 3/4 - titanium and titanium alloys	1
D6790	Retainer crown - full cast high noble metal	1
D6791	Retainer crown - full cast predominantly base metal	1
D6792	Retainer crown - full cast noble metal	1

Code	Code description	Periodicity
D6794	Retainer crown - titanium and titanium alloys	1
D6930	Recement or re-bond fixed partial denture	Unlimited
D7111	Extraction, coronal remnants - primary tooth	1
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1
D7210	Extraction, erupted tooth req removal of bone, sectioning of tooth and including elevation of mucoperiosteal flap	1
D7220	Removal of impacted tooth - soft tissue	1
D7230	Removal of impacted tooth - partially bony	1
D7240	Removal of impacted tooth - completely bony	1
D7241	Removal of impacted tooth - completely bony, with unusual surgical	1
D7250	Removal of residual tooth roots (cutting procedure)	1
D7251	Coronectomy	1
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	Unlimited
D7280	Exposure of an unerupted tooth	Unlimited
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	Unlimited
D7286	Incisional biopsy of oral tissue - soft (all others)	Unlimited
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Unlimited
D7311	Alveoloplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	Unlimited
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Unlimited
D7321	Alveoloplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	Unlimited

Code	Code description	Periodicity
D7510	Incision and drainage of abscess - intraoral soft tissue	Unlimited
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Unlimited
D7961	Buccal / labial frenectomy (frenulectomy)	Unlimited
D7962	Lingual frenectomy (frenulectomy)	Unlimited
D7963	Frenuloplasty	Unlimited
D7971	Excision of pericoronal gingiva	Unlimited
D8070	Comprehensive orthodontic treatment of the transitional dentition	Unlimited
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Unlimited
D8090	Comprehensive orthodontic treatment of the adult dentition	Unlimited
D8660	Pre-orthodontic treatment examination to monitor growth and development	Unlimited
D8670	Periodic orthodontic treatment visit	Unlimited
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Unlimited
D8681	Removable orthodontic retainer adjustment	Unlimited
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	Unlimited
D8698	Re-cement or re-bond fixed retainer - maxillary	Unlimited
D8699	Re-cement or re-bond fixed retainer - mandibular	Unlimited
D8999	Unspecified orthodontic procedure, by report	Unlimited
D9110	Palliative (emergency) treatment of dental pain - minor procedure	Unlimited
D9120	Fixed partial denture sectioning	Unlimited

Code	Code description	Periodicity
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Unlimited
D9211	Regional block anesthesia	Unlimited
D9215	Local anesthesia in conjunction with operative or surgical procedures	Unlimited
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	Unlimited
D9222	Deep sedation/general anesthesia - first 15 minutes	Unlimited
D9223	Deep sedation/general anesthesia-each 15-minute increment	Unlimited
D9239	Intravenous moderate (conscious) sedation/anesthesia - first 15 minutes	Unlimited
D9243	Intravenous moderate (conscious) sedation/analgesia-each 15-minute increment	Unlimited
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	Unlimited
D9311	Consultation with a medical health care professional	Unlimited
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	Unlimited
D9440	Office visit - after regularly scheduled hours	Unlimited
D9630	Drugs or medicaments, dispensed in the office for home use	Unlimited
D9910	Application of desensitizing medicament	Unlimited
D9912	Pre-visit patient screening	Unlimited
D9942	Repair and/or reline of occlusal guards	Unlimited
D9943	Occlusal adjustment	Unlimited
D9944	Occlusal guard - hard appliance, full arch	Unlimited
D9945	Occlusal guard - soft appliance, full arch	Unlimited

Code	Code description	Periodicity
D9946	Occlusal guard - hard appliance, partial arch	Unlimited
D9947	Custom sleep apnea appliance fabrication and placement	Unlimited
D9948	Adjustment of custom sleep apnea appliance	Unlimited
D9949	Repair of custom sleep apnea appliance	Unlimited
D9951	Occlusal adjustment - limited	Unlimited
D9952	Occlusal adjustment - complete	Unlimited
D9953	Reline custom sleep apnea appliance (indirect)	Unlimited
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	Unlimited
D9955	Oral appliance therapy (OAT) titration visit	Unlimited
D9956	Administration of home sleep apnea test	Unlimited
D9957	Screening for sleep related breathing disorders	Unlimited
D9961	Duplicate/copy patient's records	Unlimited
D9972	External bleaching-per arch-performed in office	Unlimited
D9995	Teledentistry - synchronous; real-time encounter	Unlimited
D9996	Teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review	Unlimited
D9999	Unspecified adjunctive procedure, by report	Unlimited

General Limitations:

1. Any procedures not specifically listed as a covered benefit in this Plan's Schedule of Benefits are available at 100% of the usual and customary fees of the treating Health Net selected general or specialty care dentist.
2. Dental procedures or services performed solely for cosmetic purposes or solely for appearance are available at 100% of the usual and customary fees of the Health Net selected general or specialty care dentist, unless specifically listed as a covered benefit on this Plan's Schedule of Benefits.
3. General anesthesia is a covered benefit only when administered by the treating dentist, in conjunction with oral and periodontal surgical procedures.

Exclusions:

1. Services performed by any dentist not contracted with Health Net, without prior approval (except out-of-area emergency services). This includes services performed by a general dentist or specialty care dentist.
2. Dental procedures started prior to the member's eligibility under this Plan or started after the member's termination from the Plan. Examples include teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken.
3. Any dental services, or appliances, which are determined to be not reasonable and/ or necessary for maintaining or improving the member's dental health, as determined by the Health Net selected general dentist.
4. Orthognathic surgery.
5. Inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions or medications.
6. Replacement of dentures, crowns, appliances or bridgework that have been lost, stolen or damaged due to abuse, misuse, or neglect.
7. Treatment of malignancies, cysts, or neoplasms, unless specifically listed as a covered benefit on this Plan's Schedule of Benefits. Any services related to pathology laboratory fees.
8. Procedures, appliances, restorations whose primary main purpose is to change the vertical dimension of occlusion, correct congenital, developmental, or medically induced dental disorders including, but not limited to treatment of myofunctional, myoskeletal, temporomandibular joint disorders unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits.
9. Dental services provided for or paid for by a federal or state government agency or authority, political subdivision, or other public program other than Medicaid or Medicare.
10. Dental services required while serving in the Armed Forces of any country or international authority.
11. Dental services considered experimental in nature.
12. Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the member.
13. Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
14. Foreign services are not covered unless required as an emergency.

Orthodontic Benefit Limitations and Exclusions:

1. Orthodontic treatment must be provided by a Health Net selected general dentist or Health Net contracted orthodontist in order for the co-payments listed in this Plan's Schedule of Benefits to apply.
2. Plan benefits shall cover twenty-four (24) months of usual and customary orthodontic treatment and an additional twenty-four (24) months of retention. Treatment extending beyond such time periods will be subject to a charge of \$25 per visit.
3. The following are not included as orthodontic benefits:
 - A. Repair or replacement of lost or broken appliances.
 - B. Retreatment of orthodontic cases.
 - C. Treatment involving:
 - i. Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia.
 - ii. Hormonal imbalances or other factors affecting growth or developmental abnormalities.
 - iii. Treatment related to temporomandibular joint disorders.
 - iv. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
4. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.
5. Active orthodontic treatment in progress on your effective date of coverage is not covered. Active orthodontic treatment means tooth movement has begun.