Dental Benefit Details

2026

This document provides additional details about the supplemental dental benefits that are covered under our plan. The *Dental Benefit Details* applies to the 2026 plan benefit packages shown on the following page(s). 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 2026 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	H3561008000	Wellcare Health Net Dual Align (HMO D-SNP)
CA	H3561009000	Wellcare Dual Liberty (HMO D-SNP)

Disclaimers:

CA HMO D-SNP (H3561): Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.

Please contact your plan for details.

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 and benefit maximum. Note, some codes may be covered under Medicaid.

Dental 2026 Schedule of Benefits

Code	Code Description	Periodicity
Comprehensive Services		
D2720	Crown - resin-based composite (indirect)	Crowns are limited to two per calendar year per patient
D2722	Crown, resin with noble metal	Crowns are limited to two per calendar year per patient
D2750	Crown - porcelain fused to high noble metal	Crowns are limited to two per calendar year per patient
D2752	Crown, porcelain fused to noble metal	Crowns are limited to two per calendar year per patient
D2790	Crown - full cast high noble metal	Crowns are limited to two per calendar year per patient
D2792	Crown, full cast noble metal	Crowns are limited to two per calendar year per patient
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	One every 5 calendar years
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	One every 5 calendar years
D5710	Rebase complete maxillary denture	Rebases are limited to one per arch per calendar year
D5711	Rebase complete mandibular denture	Rebases are limited to one per arch per calendar year
D5720	Rebase maxillary partial denture	Rebases are limited to one per arch per calendar year
D5721	Rebase mandibular partial denture	Rebases are limited to one per arch per calendar year
D6240	Pontic - porcelain fused to high noble metal	Pontics are limited to one per tooth per five calendar years
D6242	Pontic, porcelain fused to noble metal	Pontics are limited to one per tooth per five calendar years
D6250	Pontic - resin with high noble metal	Pontics are limited to one per tooth per five calendar years

Code	Code Description	Periodicity
D6252	Pontic, resin with noble metal	Pontics are limited to one per tooth per five calendar years
D6750	Retainer Crown - Porcelain Fused to High Noble Metal	Retainer crowns are limited to one (D6750 or D6752) per tooth per five calendar years
D6752	Retainer Crown - Porcelain Fused to Noble Metal	Retainer crowns are limited to one (D6750 or D6752) per tooth per five calendar years

Limitations:

- Optional treatment: If you select a more expensive service than is customarily provided, an alternate benefit allowance may be made for certain services based on the fee for the customarily provided service. You are responsible for the difference in cost.
    - When posterior teeth are missing in both quadrants of the same arch, a benefit request for one or more posterior fixed bridges in that arch will be limited to the benefit of a conventional tooth and soft tissue-based partial denture.

Exclusions:

- Services or supplies for correction of congenital or developmental malformations.
- Cosmetic dentistry services or surgery for aesthetic purposes (including the treatment of congenital or developmental malformations, bleaching of teeth and grafts to improve aesthetics).
- Charges for hospitalization, laboratory tests, and histopathological examinations.
- Charges for failure to keep a scheduled appointment with the Dentist.
- Services or supplies for which no valid dental need can be demonstrated.
- Services or supplies that do not meet accepted standards of dental practice.
- Services or supplies that are investigational or experimental in nature, including services required to treat complications from investigational or experimental procedures.
- Services or supplies covered under a hospital, surgical/medical (including Medicare Advantage), or prescription drug program.
- Appliances, restorations, or services for the diagnosis or treatment of disturbances or dysfunction of the temporomandibular joint (TMJ).
- Appliances, surgical procedures, and restorations (amalgam or composite resin fillings, crowns, bridges, inlays, or onlays) for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, abfraction, or erosion; or for periodontal splinting.
- Services or supplies not listed in the above table.

Treatment Completion Date

Treatment completion date is defined as the date that treatment is complete and may be billable. Treatment is complete on dates of delivery for removable complete and partial dentures, final cementation for crowns and bridges, and final fill for root canals.

Prior Authorization

Prior Authorization is required prior to treatment for certain codes and address issues of eligibility and available benefits at time of request. This is not a guarantee of payment. Approval for payment is based upon the member's eligibility on the date of service, dental record documentation, and any policy limitations and remaining available benefits on the date of service.

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