

Prominence Plus – H5945-002 \$2,000 Annual Benefit maximum \$0 Annual Deductible

No out-of-network benefits

Coinsurance is the percentage owed by Prominence member to the rendering provider.

For questions please call member services at: 855-969-5882 (TTY: 711).

Listing of covered Dental codes:

Code	Description	Frequency Limitations	Coinsurance	
Preventative				
<i>Exams</i>				
D0120	Periodic oral evaluation - established patient	1 of (D0120 - D0180) every 6 months	0%	
D0140	Limited oral evaluation - problem focused		0%	
D0150	Comprehensive oral evaluation - new patient		0%	
D0170	Re-evaluation - limited, problem focused		0%	
D0180	Periodontal evaluation		0%	
<i>Radiographs</i>				
D0210	Intraoral - complete series	1 of (D0210 - D0330) every 36 months	0%	
D0220	Intraoral - periapical first image	1 of (D0210 - D0330) every 36 months	0%	
D0230	Intraoral - periapical each additional image		0%	
D0240	Intraoral - occlusal radiographic image		0%	
D0270	Bitewing - single image		0%	
D0272	Bitewing - two images	2 of (D0270 - D0274) every 12 months	0%	
D0273	Bitewing - three images		0%	
D0274	Bitewing - four images		0%	
D0330	Panoramic Image	1 of (D0210 - D0330) every 36 months	0%	
<i>Prophylaxis, Topical Fluoride, Hygiene</i>				
D1110	Prophylaxis - adult	1 of (D1110 - D1208) every 6 months	0%	
D1206	Topical fluoride - varnish	1 of (D1206 - D1208) every 6 months	0%	
D1208	Topical fluoride - excluding varnish		0%	
D1330	Oral hygiene instructions	1 every 12 months	0%	
D1999	Unspecified preventative procedure, by report		0%	
Restorative Services				
<i>Restorations 2 per year</i>				
D2140	Amalgam - one surface	2 of (D2140 - D2394) per tooth, per service every 12 months	10%	
D2150	Amalgam - two surfaces		10%	
D2160	Amalgam - three surfaces		10%	
D2161	Amalgam - four or more surfaces		10%	
D2330	Resin based composite - one surface, anterior		10%	
D2331	Resin based composite - two surfaces, anterior		10%	
D2332	Resin based composite - three surfaces, anterior		10%	
D2335	Resin based composite - four or more surfaces, anterior		10%	
D2391	Resin based composite - one surface, posterior		10%	
D2392	Resin based composite - two surfaces, posterior		10%	
D2393	Resin based composite - three surfaces, posterior		10%	
D2394	Resin based composite - four or more surfaces, posterior		10%	
Endodontics Services				
D3120	Pulp cap - indirect (excluding final restoration)			50%
D3221	Therapeutic pulpotomy (excluding final restoration)		50%	
D3310	Endodontic therapy - anterior		50%	
D3320	Endodontic therapy - premolar		50%	
D3330	Endodontic therapy - molar		50%	
D3331	Treatment of root canal obstruction		50%	
D3332	Incomplete endodontic therapy, irreparable, unrestorable or fractured tooth		50%	
D3333	Internal root repair of perforation defects		50%	
D3346	Retreatment of root canal therapy - anterior		50%	

D3347	Retreatment of root canal therapy - premolar		50%
D3348	Retreatment of root canal therapy - molar		50%
D3910	Surgical procedure for isolation of tooth with rubber dam		50%
Periodontal Services			
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth per quad	1 per 24 months per quad	50%
D4341	Scaling and root planing - four or more teeth per quadrant	1 of (D4341 - D4342) per quad per 24 months	50%
D4342	Scaling and root planing - one to three teeth per quadrant		50%
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - after oral evaluation	1 of (D4346 - D4355) per 24 months	10%
D4355	Fullmouth debridement to enable a comprehensive oral evaluation		10%
D4381	Localized delivery of antimicrobial agent		10%
D4910	Periodontal maintenance	2 every 12 months	10%
D4921	gingival irrigation - per quad	1 per quadrant per 24 months	10%
Prosthetic Services			
<i>Removable prosthetics</i>			
D5110	Complete denture - maxillary	1 of (D5110 - D5226) per arch, per 60 months	50%
D5120	Complete denture - mandibular		50%
D5130	Immediate denture - maxillary		50%
D5140	Immediate denture - mandibular		50%
D5211	Maxillary partial denture - resin base		50%
D5212	Mandibular partial denture - resin base		50%
D5213	Maxillary partial denture - cast metal, resin base		50%
D5214	Mandibular partial denture - cast metal, resin base		50%
D5221	Immediate maxillary partial denture - resin base		50%
D5222	Immediate mandibular partial denture - resin base		50%
D5223	Immediate maxillary partial denture - cast metal framework, resin base		50%
D5224	Immediate mandibular partial denture - cast metal framework, resin base	50%	
D5225	Maxillary partial denture - flexible base	50%	
D5226	Mandibular partial denture - flexible base	50%	
D5410	Adjust complete denture - maxillary	1 of (D5410 - D5761) per arch every calendar year; not payable within 6 months of initial insertion performed by same provider/location	10%
D5411	Adjust complete denture - mandibular		10%
D5421	Adjust partial denture - maxillary		10%
D5422	Adjust partial denture - mandibular		10%
D5511	Repair broken complete denture base - mandibular		10%
D5512	Repair broken complete denture base - maxillary		10%
D5520	Replace missing or broken teeth - complete denture		10%
D5611	Repair resin partial denture base - mandibular		10%
D5612	Repair resin partial denture base - maxillary		10%
D5630	Repair or replace broken clasp		10%
D5640	Replace broken teeth - per tooth		10%
D5650	Add tooth to existing partial denture		10%
D5660	Add clasp to existing partial denture - per tooth		10%
D5710	Rebase complete - maxillary denture		10%
D5711	Rebase complete - mandibular denture		10%
D5730	Reline complete maxillary denture - direct		10%
D5731	Reline complete mandibular denture - direct		10%
D5740	Reline maxillary partial denture - direct		10%
D5741	Reline mandibular partial denture - direct		10%
D5750	Reline complete maxillary denture - indirect		10%
D5751	Reline complete mandibular denture - indirect	10%	
D5760	Reline maxillary partial denture - indirect	10%	
D5761	Reline mandibular partial denture - indirect	10%	
D5810	Interim complete denture - maxillary	1 of (D5850 - D5851) per arch every calendar year	50%
D5811	Interim complete denture - mandibular		50%
D5820	Interim partial denture - maxillary		50%
D5821	Interim partial denture - mandibular		50%
D5850	Tissue conditioning - maxillary		50%
D5851	Tissue conditioning - mandibular	50%	
D5865	Overdenture - complete mandibular		50%
D5867	Replacement of semi-precision attachment		50%
<i>Fixed Prosthetics</i>			
D6240	Pontic - porcelain fused to high noble metal	1 of (D6240 - D6752) per tooth per 5 years	50%
D6241	Pontic - porcelain fused to predominantly base metal		50%
D6242	Pontic - porcelain fused to noble metal		50%
D6245	Pontic - porcelain/ceramic		50%
D6250	Pontic - resin with high noble metal		50%
D6740	Retainer crown - porcelain/ceramic		50%
D6750	Retainer crown - porcelain fused to high noble metal		50%
D6751	Retainer crown - porcelain fused to predominantly base metal		50%
D6752	Retainer crown - porcelain fused to noble metal		50%
D6930	Recement fixed partial denture		1 per tooth per 12 months

Oral and Maxillofacial Surgery			
D7140	Extraction - erupted tooth or exposed root		10%
D7210	Extraction - erupted tooth requiring removal of bone and/or section of tooth		10%
D7220	Removal of impacted tooth - soft tissue		10%
D7230	Removal of impacted tooth - partially bony		10%
D7240	Removal of impacted tooth - complete bony		10%
D7241	Removal of impacted tooth - complete bony with unusual surgical complications		10%
D7250	Removal of residual tooth roots - cutting procedure		10%
D7310	Alveoloplasty in conjunction with extractions - four or more teeth per quad	1 per quadrant per 5 years	50%
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth per quad	1 per quadrant per 5 years	50%
Adjunctive General Services			
D9110	Palliative treatment of dental pain - emergency		10%
D9120	Fixed partial denture sectioning		10%
D9215	Local anesthesia in conjunction with operative or surgical procedures		50%
D9222	General anesthesia - first 15 minutes		50%
D9223	General anesthesia - each 15 minute increment		50%
D9230	Inhalation of nitros oxide/analgesia		50%
D9239	Intravenous sedation - first 15 minutes		50%
D9243	Intravenous sedation - each 15 minute increment		50%
D9310	Consultation		10%
D9995	Teledentistry - synchronous		10%
D9996	Teledentistry - asynchronous		10%

Note: All Endodontic, Periodontal, Prosthodontics and Extraction services require prior authorizations

Total reimbursement does not include lab costs. Lab fees are the member's responsibility.

Panoramic Film (D0330) may be taken in place of Intraoral-Complete Series (D0210).

Coinsurance is the percentage owed by the patient to the rendering provider.