

Prominence Dual D-SNP – H7680-007 \$4,000 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		0%
D0230	Intraoral - periapical each additional image		0%
D0240	Intraoral -occlusal radiographic image		0%
D0270	Bitewing - single image	2 of (D0270 - D0274) every 12 months	0%
D0272	Bitewing - two images		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) every 6 months	0%
D1206	Topical fluoride - varnish	1 of (D1110 - D1208) every 6 months	0%
D1208	Topical fluoride - excluding varnish		0%
D1330	Oral hygiene instructions		1 every 12 months
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 surface per 12 months	0%
D2150	Amalgam - two surfaces		0%
D2160	Amalgam - three surfaces		0%
D2161	Amalgam - four or more surfaces		0%
D2330	Resin based composite - one surface, anterior		0%
D2331	Resin based composite - two surfaces, anterior		0%
D2332	Resin based composite - three surfaces, anterior		0%
D2335	Resin based composite - four or more surfaces, anterior		0%
D2391	Resin based composite - one surface, posterior		0%
D2392	Resin based composite - two surfaces, posterior		0%
D2393	Resin based composite - three surfaces, posterior		0%
D2394	Resin based composite - four or more surfaces, posterior	0%	
<i>Inlays and Onlays 1 per year</i>			
D2620	Inlay - porcelain/ceramic - two surfaces	1 of (D2620 - D2652) per tooth per 5 years. *Replacements 1 per tooth per 5 years	0%
D2630	Inlay - porcelain/ceramic - three or more surfaces		0%
D2643	Onlay - porcelain/ceramic - three surfaces		0%
D2652	Inlay - resin based composite - three or more surfaces		0%
<i>Crowns 1 per year</i>			
D2740	Crown - porcelain/ceramic	1 of (D2740 - D2792) per calendar year. *Replacements 1 per tooth per 5 years	0%
D2750	Crown - porcelain fused to high noble metal		0%
D2751	Crown - porcelain fused to predominantly base metal		0%
D2752	Crown - porcelain fused to noble metal		0%
D2783	Crown - 3/4 porcelain/ceramic		0%

D2790	Crown - full cast high noble metal		0%
D2791	Crown - full cast predominantly metal		0%
D2792	Crown - full cast noble metal		0%
D2910	Recement inlay, onlay, or partial coverage restoration		0%
D2920	Recement crown		0%
D2940	protective retoration		0%
D2950	Core buildup - including pins when required		0%
D2952	Post and core in addition to crown - indirectly fabricated		0%
D2954	Prefabricatted post and core in addition to crown		0%
D2971	Additional procedures to customize a crown to fit under an exisiting partial denture		0%
D2980	Crown repair necessitated by restorative material failure		0%
Endodontics Services			
D3120	Pulp cap - indirect (excluding final restoration)		0%
D3221	Therapeutic pulpotomy (excluding final restoration)		0%
D3310	Endodontic therapy - anterior		0%
D3320	Endodontic therapy - premolar		0%
D3330	Endodontic therapy - molar		0%
D3331	Treatment of root canal obstruction		0%
D3332	Incomplete endodontic therapy, inoperable, urestorable or fractured tooth		0%
D3333	Internal root repair of perforation defects		0%
D3346	Retreatment of root canal therapy - anterior		0%
D3347	Retreatment of root canal therapy - premolar		0%
D3348	Retreatment of root canal therapy - molar		0%
D3910	Surgical procedure for isolation of tooth with rubber dam		0%
Periodontal Services			
D4211	Gingivectomy or gingvoplasty - one to three contiguous teeth per quad	1 per 24 months per quad	0%
D4341	Scaling and root planing - four or more teeth per quadrant	1 of (D4341 - D4342) per quad per 24 months	0%
D4342	Scaling and root planing - one to three teeth per quadrant		0%
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - after oral evaluation	1 of (D4346 - D4355) per 24 months	0%
D4355	Fullmouth debridement to enable a comprehensive oral evaluation		0%
D4381	Localized delivery of antimicrobial agent		0%
D4910	Periodontal maintenance	1 (D4910) every 6 months	0%
D4921	gingival irrigation - per quad	1 per quadrant per 24 months	0%
Prosthetic Services			
<i>Removable prosthetics</i>			
D5110	Complete denture - maxillary	1 of (D5110 - D5226) per arch every 60 months	0%
D5120	Complete denture - mandibular		0%
D5130	Immediate denture - maxillary		0%
D5140	Immediate denture - mandibular		0%
D5211	Maxillary partial denture - resin base		0%
D5212	Mandibular partial denture - resin base		0%
D5213	Maxillary partial denture - cast metal, resin base		0%
D5214	Mandibular partial denture - cast metal, resin base		0%
D5221	Immediate maxillary partial denture - resin base		0%
D5222	Immediate mandibular partial denture - resin base		0%
D5223	Immediate maxillary partial denture - cast metal framework, resin base		0%
D5224	Immediate mandibular partial denture - cast metal framework, resin base		0%
D5225	Maxillary partial denture - flexible base		0%
D5226	Mandibular partial denture - flexible base		0%
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	0%
D5411	Adjust complete denture - mandibular		0%
D5421	Adjust partial denture - maxillary		0%
D5422	Adjust partial denture - mandibular		0%
D5511	Repair broken complete denture base - mandibular		0%
D5512	Repair broken complete denture base - maxillary		0%
D5520	Replace missing or broken teeth - complete denture		0%
D5611	Repair resin partial denture base - mandibular		0%
D5612	Repair resin partial denture base - maxillary		0%
D5630	Repair or replace borke clasp		0%
D5640	Replace boken teeth - per tooth		0%
D5650	Add tooth to existing partial denture		0%
D5660	Add clasp to existing partial denture - per tooth		0%
D5710	Rebase complete - maxillary denture		0%
D5711	Rebase complete - mandibular denture		0%
D5730	Reline complete maxillary denture - direct		0%
D5731	Reline complete mandibular denture - direct		0%
D5740	Reline maxillary partial denture - direct		0%
D5741	Reline mandibular partial denture - direct		0%
D5750	Reline complete maxillary denture - indirect		0%
D5751	Reline complete mandibular denture - indirect		0%
D5760	Reline maxillary partial denture - indirect		0%
D5761	Reline mandibular partial denture - indirect		0%
D5810	Interim complete denture - maxillary		0%

D5811	Interim complete denture - mandibular		0%
D5820	Interim partial denture - maxillary		0%
D5821	Interim partial denture - mandibular		0%
D5850	Tissue conditioning - maxillary		0%
D5851	Tissue conditioning - mandibular		0%
D5865	Overdenture - complete mandibular		0%
D5867	Replacement of semi-precision attachment		0%
Fixed Prosthetics			
D6240	Pontic - porcelain fused to high noble metal		0%
D6241	Pontic - porcelain fused to predominantly base metal		0%
D6242	Pontic - porcelain fused to noble metal		0%
D6245	Pontic - porcelain/ceramic		0%
D6250	Pontic - resin with high noble metal	1 of (D6240 - D6752) per tooth per 60 months	0%
D6740	Retainer crown - porcelain/ceramic		0%
D6750	Retainer crown - porcelain fused to high noble metal		0%
D6751	Retainer crown - porcelain fused to predominantly base metal		0%
D6752	Retainer crown - porcelain fused to noble metal		0%
D6930	Reacement fixed partial denture	1 per tooth per 12 months	0%
Oral and Maxillofacial Surgery			
D7140	Extraction - erupted tooth or exposed root		0%
D7210	Extraction - erupted tooth requiring removal of bone and/or section of tooth		0%
D7220	Removal of impacted tooth - soft tissue		0%
D7230	Removal of impacted tooth - partially bony		0%
D7240	Removal of impacted tooth - complete bony		0%
D7241	Removal of impacted tooth - complete bony with unusual surgical complications		0%
D7250	Removal of residual tooth roots - cutting procedure		0%
D7310	Alveoloplasty in conjunction with extractions - four or more teeth per quad	1 per quadrant per 5 years	0%
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth per quad	1 per quadrant per 5 years	0%
Adjunctive General Services			
D9110	Palliative treatment of dental pain - emergency		0%
D9120	Fixed partial denture sectioning		0%
D9215	Local anesthesia in conjunction with operative or surgical procedures		0%
D9222	General anesthesia - first 15 minutes		0%
D9223	General anesthesia - each 15 minute increment		0%
D9230	Inhalation of nitros oxide/analgesia		0%
D9239	Intravenous sedation - first 15 minutes		0%
D9243	Intravenous sedation - each 15 minute increment		0%
D9310	Consultation		0%
D9995	Teledentistry - synchronous		0%
D9996	Teledentistry - asynchronous		0%

Note: All Crown, 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.