

Prominence Beyond – H7680-019 \$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 or established patient		0%
D0160	Detailed and extensive oral evaluation - problem focused, by report		0%
D0180	Comprehensive periodontal evaluation - new or established patient		0%
D0190	Screening of a patient	1 of (D0190 - D0191) ever 12 months	0%
D0191	Assessment of a patient		0%
<i>Radiographs</i>			
D0210	Intraoral - comprehensive series of radiographic images	1 of (D0210 - D0330) every 36 months	0%
D0220	Intraoral - periapical first radiographic image		0%
D0230	Intraoral - periapical each additional radiographic image		0%
D0270	Bitewing - single radiographic image	2 of (D0270 - D0274) every 12 months	0%
D0272	Bitewing - two radiographic images		0%
D0273	Bitewing - three radiographic images		0%
D0274	Bitewing - four radiographic images		0%
D0277	Vertical bitewings - 7 to 8 radiographic images		0%
D0330	Panoramic radiographic image	1 of (D0210 - D0330) every 36 months	0%
D0419	Assessment of salivary flow by measurement		0%
D0460	Pulp vitality tests		0%
D0601	Caries risk assessment and documentation, low risk		0%
D0602	Caries risk assessment and documentation, moderate risk		0%
D0603	Caries risk assessment and documentation, high risk		0%
<i>Prophylaxis, Topical Fluoride, Hygiene</i>			
D1110	Prophylaxis - adult	1 of (D1110) 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%
Restorative Services			
<i>Restorations 2 per year</i>			
D2140	Amalgam - one surface, primary or permanent	2 of (D2140 - D2394) per tooth per 12 months	10%
D2150	Amalgam - two surfaces, primary or permanent		10%
D2160	Amalgam - three surfaces, primary or permanent		10%
D2161	Amalgam - four or more surfaces, primary or permanent		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%
D2390	Resin based composite crown, 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%
Endodontic Services			
D3110	Pulp cap - direct (excluding final restoration)		50%
D3120	Pulp cap - indirect (excluding final restoration)		50%
D3220	Therapeutic pulpotomy (excluding final restoration)		50%
D3221	Pulpal debridement, primary and permanent teeth		50%

D3310	Endodontic therapy - anterior tooth		50%
D3320	Endodontic therapy - premolar		50%
D3330	Endodontic therapy - molar		50%
D3331	Treatment of root canal obstruction, non-surgical access		50%
D3346	Retreatment of previous root canal therapy - anterior		50%
D3347	Retreatment of previous root canal therapy - premolar		50%
D3348	Retreatment of previous root canal therapy - molar		50%
D3351	Apexification/recalcification - initial visit		50%
D3352	Apexification/recalcification - interim visit		50%
D3353	Apexification/recalcification - final visit		50%
D3410	Apicoectomy - anterior		50%
D3421	Apicoectomy - premolar (first root)		50%
D3425	Apicoectomy - molar (first root)		50%
D3426	Apicoectomy (each additional root)		50%
D3430	Retrograde filling - per root		50%
D3450	Root amputation - per root		50%
D3910	Surgical procedure for isolation of tooth with rubber dam		50%

Periodontic Services

Surgical Periodontics

D4210	Gingivectomy/gingivoplasty - four or more contiguous teeth or tooth bounded spaces, per	1 of (D4210 - D4211) per quadrant every 24 months	50%
D4211	Gingivectomy/gingivoplasty - one to three contiguous teeth or tooth bounded spaces, per		50%
D4212	Gingivectomy/gingivoplasty to allow access for restorative procedure, per tooth	1 per tooth per 24 months	50%
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces, per quadrant	1 of (D4240 - D4241) per quadrant every 24 months	10%
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces, per quadrant		10%

D4249	Clinical crown lengthening - hard tissue		10%
D4260	Osseous surgery - four or more contiguous teeth or tooth bounded spaces, per quadrant	1 of (D4260 - D4261) per quadrant per 24 months	10%
D4261	Osseous surgery - one to three contiguous teeth or tooth bounded spaces, per quadrant		10%

Non-Surgical Periodontics

Non-Surgical Periodontics				100%
D4341	Scaling and root planing - four or more teeth per quadrant	1 of (D4341 - D4342) per quadrant every 24 months	50%	
D4342	Scaling and root planing - one to three teeth per quadrant		50%	
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	1 of (D4346, D4355) every 24 months	10%	
D4355	Fullmouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit		10%	
D4910	Periodontal maintenance	1 of (D1110 or D4910) every 6 months	10%	
D4921	Gingival irrigation with a medicinal agent - per quadrant	1 per quadrant per 24 months	10%	

Prosthetic Services

Removable prosthetics

D5110	Complete denture - maxillary	1 of (D5110 - D5228) 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 framework with resin denture bases		50%
D5214	Mandibular partial denture - cast metal framework with resin denture bases		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		50%

D5224	Immediate mandibular partial denture - cast metal framework		50%
D5225	Maxillary partial denture - flexible base		50%
D5226	Mandibular partial denture - flexible base		50%
D5227	Immediate maxillary partial denture -flexible base		50%
D5228	Immediate 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	Adjsut 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 (each tooth)		10%
D5611	Repair resin partial denture base, mandibular		10%
D5612	Repair resin partial denture base, maxillary		10%
D5621	Repair cast partial framework, mandibular		10%
D5622	Repair cast partial framework, maxillary		10%
D5630	Repair or replace broken retentive/clasping materials - per tooth		10%
D5640	Replace broken teeth -per tooth		10%
D5650	Add tooth to existing partial denture		10%
D5670	Replace all teeth and acrylic on cast metal framework - maxillary		10%
D5671	Repace all teeth and acrylic on cast metal fraework - mandibular		10%
D5710	Rebase complete maxillary denture		10%
D5711	Rebase complete mandibular denture	10%	
D5720	Rebase maxillary partial denture	10%	
D5721	Rebase mandibular partial 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%
D5765	Soft liner for complete or partial removable denture (indirect)		50%
D5820	Interim partial denture - maxillary		50%
D5821	Interim partial denture - mandibular		50%
D5850	Tissue conditioning, maxillary		50%
D5851	Tissue conditioning, mandibular		50%

Fixed Prosthetics

D6210	Pontic - cast high noble metal	1 of (D6210 - D6252) per year per 60 months	50%
D6211	Pontic - cast predominantly base metal		50%
D6212	Pontic - cast noble metal		50%
D6214	Pontic - titanium and titanium alloys		50%
D6240	Pontic - porcelain fused to high noble metal		50%
D6241	Pontic - porcelain fused to predominantly base metal		50%
D6242	Pontic - porcelain fused to noble metal		50%
D6243	Pontic - porcelain fused to titanium and titanium alloys		50%
D6245	Pontic - porcelain/ceramic		50%
D6250	Pontic - resin with high noble metal		50%
D6251	Pontic - resin with predominantly base metal	50%	

D6252	Pontic - resin with noble metal		50%
D6602	Retainer inlay - cast high noble metal, three or more surfaces	1 of (D6602 - D6792) per year per 60 month	50%
D6603	Retainer inlay - cast high noble metal, three or more surfaces		50%
D6604	Retainer inlay - cast predominantly base metal, two surfaces		50%
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces		50%
D6606	Retainer inlay - cast noble metal, two surfaces		50%
D6607	Retainer inlay - cast noble metal, three or more surfaces		50%
D6608	Retainer onlay - porcelain/ceramic, two surfaces		50%
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces		50%
D6610	Retainer onlay - cast high noble metal, two surfaces		50%
D6611	Retainer onlay - cast high noble metal, three or more surfaces		50%
D6612	Retainer onlay - cast predominantly base metal, two surfaces		50%
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces		50%
D6614	Retainer onlay - cast noble metal, two surfaces		50%
D6615	Retainer onlay - cast noble metal, three or more surfaces		50%
D6720	Retainer crown - resin with high noble metal		50%
D6721	Retainer crown - resin with predominantly base metal		50%
D6722	Retainer crown - resin with noble metal		50%
D6740	Retainer crown - porcelain/ceramic	50%	
D6750	Retainer crown - porcelain fused to high noble metal	50%	
D6751	Retainer crown - porcelain fued to predominantly base metal	50%	
D6752	Retainer crown - porcelain fused to noble metal	50%	
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	50%	
D6780	Retainer crown - 3/4 cast high noble metal	50%	
D6781	Retainer crown - 3/4 cast predominantly base metal	50%	

D6782	Retainer crown - 3/4 cast noble metal		50%
D6783	Retainer crown - 3/4 porcelain/ceramic		50%
D6784	Retainer crown - 3/4 titanium and titanium alloys		50%
D6790	Retainer crown - full cast high noble metal		50%
D6791	Retainer crown - full cast predominantly base metal		50%
D6792	Retainer crown - full cast noble metal		50%
D6930	Re-cement or re-bond fixed partial denture	1 of (D6930 - D6980) per tooth per 12 months	10%
D6940	Stress breaker		50%
D6980	Fixed partial denture repair necessitated by restorative material failure		50%
Oral and Maxillofacial Surgery			
D7140	Extraction, erupted tooth or exposed root		10%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth		10%
D7220	Removal of impacted tooth - soft tissue		10%
D7230	Removal of impacted tooth - partially bony		10%
D7240	Removal of impacted tooth - completely bony		10%
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		10%
D7250	Removal of residual tooth roots		10%
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only		50%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		50%
D7280	Exposure of an unerupted tooth		50%
D7282	Mobilization of erupted or malpositioned tooth to aid eruption		50%
D7286	Incisional biops of oral tissue - soft		50%
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per	1 per quadrant per 5 years	50%
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per	1 per quadrant per 5 years	50%
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per	1 per quadrant per 5 years	50%
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per	1 per quadrant per 5 years	50%
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)		50%
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		50%
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm		50%
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm		50%
D7471	Removal of lateral exostosis (maxilla or mandible)		50%
D7472	Removal of torus palatinus		50%
D7473	Removal of torus mandibularis		50%
D7510	Incision and drainage of abscess - intraoral soft tissue		50%
D7922	site		50%
D7961	Buccal/labial frenectomy (frenulectomy)		50%
D7962	Lingual frenectomy (frenulectomy)		50%
D7970	Excision of hyperplastic tissue - per arch		50%
D7971	Excision of pericoronal gingiva		50%
Adjunctive General Services			
D9110	Palliative treatment of dental pain - per visit		10%
D9120	Fixed partial denture sectioning		10%
D9211	Regional block anesthesia		50%
D9212	Trigeminal division block anesthesia		50%
D9215	Local anesthesia in conjunction with operative or surgical procedures		50%
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia		50%
D9222	Deep sedation/general anesthesia - first 15 minutes		50%
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment		50%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		50%
D9239	Intravenous moderate (conscious) sedation - first 15 minutes		50%
D9243	Intravenous moderate (conscious) sedation - each subsequent 15 minute increment		50%
D9248	Non-intravenous conscious sedation		50%
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting		10%
D9311	Consultation with a medical health care professional		10%
D9430	Office visit for observation (during regularly scheduled hours) - no other services preformed		10%
D9440	Office visit - after regularly scheduled hours		10%
D9450	Case presentation, subsequent to detailed and extensive treatment planning		10%
D9932	Cleaning and inspection of removable complete denture, maxillary		10%
D9933	Cleaning and inspection of removable complete denture, mandibular		10%
D9934	Cleaning and inspection of removable partial denture, maxillary		10%
D9935	Cleaning and inspection of removable partial denture, mandibular		10%
D9951	Occlusal adjustment - limited		10%
D9952	Occlusal adjustment - complete		10%
D9975	External bleaching for home application - per arch		10%
D9990	Certified translation or sign-language services - per visit		10%
D9991	Dental case management - addressing appointment compliance barriers		10%
D9992	Dental case management - care coordination		10%
D9995	Teledentistry - synchronous, real-time encounter		10%
D9996	Teledentistry - asynchronous, information stored and forwarded to dentist for subsequent		10%
D9997	Dental case management - patients with special health care needs		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.