

Dental Benefit Details

2024

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 package 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
AR	H9630008000	Wellcare Giveback (HMO)

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Covered Dental Benefits: Our plan contracts with Delta Dental Plan of Arkansas to administer the covered dental benefits described below. Refer to your 2024 *Evidence of Coverage* for any applicable cost sharing and benefit maximum.

IMPORTANT: If you receive services from a dentist that DOES NOT participate in this dental plan’s network, YOU WILL BE RESPONSIBLE for the full cost of those services and no payment will be made by us.

*Please note, certain procedures may require routine review or diagnostic information such as radiographs or patient treatment records for claims processing and final payment determinations. **If further clarification regarding your coverage and benefits is needed, please ask your dentist for a pre-service organization determination.**

PSOD’s expire at the end of the benefit year. Once a new benefit year begins, it is recommended another request for a PSOD is submitted to determine whether the service is covered under the current benefit plan.

Dental 2024 Schedule of Benefits

Code	Description	Benefit Limitations
D0100-D0999 Diagnostic		
D0120	periodic oral evaluation - established patient	Twice per calendar year
D0140	limited oral evaluation - problem focused	As needed for diagnosis of emergency condition
D0150	comprehensive oral evaluation - new or established patient	Twice per calendar year
D0160	detailed and extensive oral evaluation - problem focused, by report	Twice per calendar year
D0180	comprehensive periodontal evaluation - new or established patient	Twice per calendar year
D0190	screening of a patient	Once per calendar year
D0270, D0272, D0273, D0274, D0277	bitewing x-rays	Once per calendar year (up to four individual bitewing x-rays are payable per

Code	Description	Benefit Limitations
		calendar year).
Diagnostic Notes:		
<ul style="list-style-type: none"> Oral examinations and evaluations (not including limited problem focused evaluations or patient screenings) share frequencies 		
D1000-D1999 Preventive		
D1110	prophylaxis - adult	Four per calendar year
D1206, D1208	topical application of fluoride	Once per calendar year
Preventive Notes:		
<ul style="list-style-type: none"> Prophylaxis is only payable on natural teeth 		

Limitation:

- Crowns or onlays are payable only for extensive loss of tooth structure, 50% loss of tooth structure or greater, due to caries (decay) or fracture (lost or mobile tooth structure).
- Core buildups and other substructures are payable only when needed to retain a crown on a tooth with excessive breakdown due to caries (decay) and/or fractures.
- Retention pins are payable once in any two-year period. Only one substructure per tooth is a Covered Service.

Exclusions:

- Services or supplies for correction of congenital or developmental malformations.
- Cosmetic dentistry services or surgery for aesthetic reasons.
- 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.
- Fluoride rinses, self-applied fluorides, or desensitizing medicaments
- Caries preventive medicament
- Bitewing x-rays are not payable when done within a clinically unreasonable period of time of performing panoramic and/or full mouth X-rays.
- Appliances, restorations, or services for the diagnosis or treatment of disturbances or dysfunction of the temporomandibular joint (TMJ).

- Services or supplies not listed in the above Schedule of Benefits.
- Services or supplies that exceed plan limitations.

Pre-service Organization Determinations

Your dentist or you can request a coverage decision to determine whether you qualify for a dental service that may be covered under this plan. 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.