

Dental Benefit Details

2023

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)

This page is intentionally left blank.

Covered Dental Benefits: Our plan contracts with Delta Dental Plan of Arkansas to administer the covered dental benefits described below. Refer to your 2023 *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.

Dental 2023 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	Once per 36 months
D0160	detailed and extensive oral evaluation - problem focused, by report	Once per 36 months
D0180	comprehensive periodontal evaluation - new or established patient	Once 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 calendar year).
D1000-D1999 Diagnostic		
D1110	prophylaxis - adult	Four per calendar year
D1206, D1208	topical application of fluoride	Once per calendar year

Limitation:

- Bitewing x-rays are not payable in the same year that a full mouth x-ray, which includes bitewings, has been paid.

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
- 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.