Dental Benefit Details

2027

This document provides additional details about the supplemental dental benefits that are covered under our plan. The *Dental Benefit Details* applies to the 2027 plan benefit packages shown on the following page(s). 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 2027 plan benefit packages 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	H9630002000	Wellcare Simple (HMO-POS)
AR	H9630014000	Wellcare Arkansas Total Care Dual Reserve (HMO-POS D-SNP)
AZ	H0351071000	Wellcare Simple (HMO)
CT	H0712019000	Wellcare Simple (HMO-POS)
CT	H1914001000	Wellcare Simple Open (PPO)
FL	H1032193000	Wellcare Giveback (HMO-POS)
FL	H1032198000	Wellcare Giveback (HMO-POS)
FL	H1032200000	Wellcare Giveback (HMO-POS)
FL	H1032204000	Wellcare Giveback (HMO-POS)
FL	H1032210000	Wellcare Giveback (HMO-POS)
FL	H1032212000	Wellcare Giveback (HMO-POS)
GA	H1112042000	Wellcare Giveback (HMO-POS)
LA	H2491031000	Wellcare Giveback (HMO-POS)
ME	H2775109000	Wellcare Low Premium Open (PPO)
ME	H2775115000	Wellcare Dual Access Open (PPO D-SNP)
MI	H5475031000	Wellcare Giveback (HMO-POS)
MO	H1664001000	Wellcare Simple (HMO-POS)
MO	H1664012000	Wellcare Home State Health Dual Reserve (HMO-POS D-SNP)
MO	H7518001000	Wellcare Simple Open (PPO)
MS	H1416065000	Wellcare Giveback (HMO-POS)
MS	H1416068000	Wellcare Assist (HMO-POS)
NE	H1215003000	Wellcare Giveback (HMO-POS)
NE	H1215005000	Wellcare Simple (HMO-POS)
NJ	H0913002000	Wellcare Low Premium (HMO-POS)
NJ	H0913015000	Wellcare Assist (HMO-POS)
NY	H2775113000	Wellcare Assist Open (PPO)
NY	H5599004000	Wellcare Fidelis Simple (HMO-POS)
NY	H2775106000	Wellcare Simple Open (PPO)
NY	H2775111000	Wellcare Giveback Open (PPO)
OR	H5439015000	Wellcare Low Premium Open (PPO)
OR	H5439019000	Wellcare Premium Enhanced Open (PPO)
OR	H6815038000	Wellcare Low Premium (HMO-POS)
SC	H4847007000	Wellcare Giveback (HMO-POS)

State	Plan Benefit Package	Plan Name
TX	H0062013000	Wellcare Superior HealthPlan Dual Reserve Value (HMO D-SNP)
TX	H5294026000	Wellcare Simple Value (HMO)
WA	H5439015000	Wellcare Low Premium Open (PPO)
WA	H5439019000	Wellcare Premium Enhanced Open (PPO)

Disclaimers:

Louisiana (H2491): Louisiana D-SNP members: As a Wellcare HMO D-SNP member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through Wellcare and are also eligible to receive additional health care services and coverage through Louisiana Medicaid. Learn more about providers who participate in Louisiana Medicaid by visiting www.myplan.healthy.la.gov/en/find-provider or https://www.louisianahealthconnect.com. For detailed information about Louisiana Medicaid benefits, please visit the Medicaid website at https://ldh.la.gov/medicaid and select the "Learn about Medicaid Services" link. To request a written copy of our Medicaid Provider Directory, please contact us.

Texas (H0062-013): As a Wellcare Superior HealthPlan Dual Reserve Value (HMO D-SNP) member, you have coverage for both Medicare and Medicaid. You will receive your Medicare health care and prescription drug benefits through Wellcare Superior HealthPlan Dual Reserve Value (HMO D-SNP). You are also eligible to receive additional health care benefits through STAR+PLUS Medicaid. You can learn more about providers who participate in Wellcare Superior HealthPlan Dual Reserve Value (HMO D-SNP) and Medicaid by visiting https://www.wellcarefindaprovider.com/navigate-a-network.html. To request written copies of our Medicare and Medicaid Provider Directories, please contact us at 1-855-445-3556 (TTY: 711), or reach out to your STAR+PLUS Managed Care Organization (MCO)

Washington (H5439): Washington residents: Health Net Life Insurance Company is contracted with Medicare for PPO plans. "Wellcare" is issued by Health Net Life Insurance Company.

Please contact your plan for details.

Covered Dental Benefits: Our plan provides coverage for the dental services described below. Refer to your 2027 *Evidence of Coverage* for any applicable cost sharing and benefit maximum.

Dental 2027 Schedule of Benefits

Code	Code Description	Periodicity	Prior Auth
Diagnostic (Preventive) Services			
D0120	Periodic Oral Evaluation	2 of (D0120) every plan year, not within 6 months of D0150	N
D0140	Limited Oral Evaluation	2 of (D0140, D0160) every plan year	N
D0150	Comprehensive oral evaluation	1 of (D0150) every 3 plan years, not within 3 plan years of D0120	N
D0160	Oral evaluation, problem focused	2 of (D0140, D0160, D9310) every plan year	N
D0180	Comprehensive Periodontal Evaluation	2 of (D0180) every plan year, not on same date as D0120 or D0150	N
D0210	Intraoral, complete series of radiographic images	1 of (D0210, D0330, D0701, D0709) every 3 plan years	N
D0220	Intraoral, periapical, first radiographic image	1 of (D0220) per date of service. Maximum number of x-rays on a single date of service limited to a complete mouth series	N
D0230	Intraoral, periapical, each add additional radiographic image	4 of (D0230) per date of service. Maximum reimbursement for x-rays on a single date of service limited to the allowed reimbursement for a complete mouth series	N
D0240	Intraoral, occlusal radiographic image	1 of (D0240) every plan year	N
D0251	Extra-oral posterior dental radiographic image	2 of (D0251) every plan year	N
D0270	Bitewing, single radiographic image	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the	N

Code	Code Description	Periodicity	Prior Auth
		allowed reimbursement for a complete mouth series	
D0272	Bitewings, two radiographic images	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series.	N
D0273	Bitewings, three radiographic images	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series.	N
D0274	Bitewings, four radiographic images	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series.	N
D0277	Vertical bitewings – 7 to 8 radiographic images	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series.	N
D0330	Panoramic radiographic image	1 of (D0210, D0330, D0701, D0709) every 3 plan years. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series.	N
D0350	2D oral/facial photographic image, intra-orally/extra-orally	1 of (D0350) every 3 plan years	N
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of image, including report	1 of (D0391) per date of service; allowed only when submitted along with (D0701, D0703, D0706-D0709).	N
D0460	Pulp Vitality Test	1 of (D0460) per visit	N

Code	Code Description	Periodicity	Prior Auth
D0701	Panoramic radiographic image - image capture only	1 of (D0210, D0330, D0701, D0709) every 3 plan years	N
D0703	2-D photographic image - image capture only	1 of (D0703) every 3 plan years	N
D0706	Intraoral - occlusal radiographic image - image capture only	2 of (D0706) every plan year	N
D0707	Intraoral - periapical radiographic image - image capture only	1 of (D0707) per date of service	N
D0708	Intraoral - bitewing radiographic image - image capture only	2 of (D0708) every plan year	N
D0709	Intraoral - complete series of radiographic images - image capture only	1 of (D0210, D0330, D0701, D0709) every 3 plan years	N
D1110	Prophylaxis, adult	2 of (D1110) every plan year	N
D1206	Fluoride varnish	1 of (D1206, D1208) every plan year	N
D1208	Topical application of fluoride, excluding varnish	1 of (D1206, D1208) every plan year	N
D1355	Application of a caries preventive medicament	One of (D1355) per tooth per 6 months.	N
Adjunctive General Services			
D9995	Teledentistry - synchronous; real-time encounter	1 of (D9995-D9996) per date of service.	N
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	1 of (D9995-D9996) per date of service.	N

Exclusions:

- Services or supplies for correction of congenital or developmental malformations.
- Cosmetic dentistry services or surgery for aesthetic purposes (including the treatment of congenital or developmental malformations, bleaching of teeth and grafts to improve aesthetics).
- 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.
- Appliances, restorations, or services for the diagnosis or treatment of disturbances or dysfunction of the temporomandibular joint (TMJ).
- Appliances, surgical procedures, and restorations (amalgam or composite resin fillings, crowns, bridges, inlays, or onlays) for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, abfraction, or erosion; or for periodontal splinting.
- Services or supplies not listed in the above table.

Treatment Completion Date

Treatment completion date is defined as the date that treatment is complete and may be billable. Treatment is complete on dates of delivery for removable complete and partial dentures, final cementation for crowns and bridges, and final fill for root canals.

Prior Authorization

Prior Authorization is required prior to treatment for certain codes and address issues of eligibility and available benefits at time of request. This is not a guarantee of payment. 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.

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