



Senior Care Plus Essential Plan Preventive

NO CALENDAR YEAR MAXIMUM

The following is a complete list of dental procedures for which benefits are payable under this Plan. Non-listed procedures are not covered. This Plan does not allow alternate benefits. Members must utilize an in network provider to receive benefits. **If elected, Member is responsible for all non-covered procedures.**

CDT Code	Description	Member Responsibility	Limitations
Diagnostic Services			
D0120	Periodic oral evaluation	0%	1 of (D0120-D0180) every calendar year
D0140	Limited oral evaluation	0%	
D0150	Comprehensive oral evaluation	0%	
D0160	Oral evaluation, problem focused	0%	
D0170	Re-evaluation, limited, problem focused	0%	
D0171	Re-evaluation, post operative office visit	0%	
D0180	Comprehensive periodontal evaluation	0%	
D0210	Intraoral, comprehensive series of radiographic images	0%	1 of (D0210, D0330) every 3 calendar years
D0220	Intraoral, periapical, first radiographic image	0%	
D0230	Intraoral, periapical, each add 'l radiographic image	0%	
D0240	Intraoral, occlusal radiographic image	0%	1 (D0240) every calendar year
D0270	Bitewing, single radiographic image	0%	1 of (D0270-D0274) every calendar year
D0272	Bitewings, two radiographic images	0%	
D0273	Bitewings, three radiographic images	0%	
D0274	Bitewings, four radiographic images	0%	
D0330	Panoramic radiographic image	0%	1 of (D0210, D0330) every 3 calendar years
Preventive Services			
D1110	Prophylaxis, adult	0%	2 (D1110) every calendar year