

A healthy smile just got easier with our dental benefit!

As a member of Passport Advantage (HMO D-SNP), you get the added benefit of supplemental dental services. Using this benefit is as easy as ABC.

ACCESS

How do I access the benefit?

A

Passport Advantage (HMO D-SNP) has partnered with DentaQuest, a national dental company to provide covered supplemental dental services to our members. Services are only available when provided by dentists who are part of the DentaQuest network. If you receive care from a dental provider who is not in the DentaQuest network you must pay for your own care.

To find a DentaQuest dental provider close to you:

- Starting May 1, 2023, search online – use our supplemental dental provider online search tool at **PassportHealthPlan.com** to find a DentaQuest network dentist
- Call DentaQuest at (800) 508-2059 (TTY: 711), Monday – Friday, 8 a.m. to 8 p.m., ET

When you call, a representative will verify your eligibility and search for a network dental provider in your area. A referral from your Primary Care Physician (PCP) is not required for this benefit.

BENEFIT

What is the benefit?

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Preventive dental services have no annual maximum allowance. Preventive dental services include cleanings and fluoride services.

You have a \$2,000 calendar year maximum for ALL covered comprehensive supplemental dental services. Each service has a specific limit (e.g., maximum allowance, number of procedures, and/or frequency of services).

Your denture coverage is limited to one set every 5 years.

Only the ADA dental procedure codes listed below are covered, comprehensive services will require Prior Authorization. These codes may be updated by the American Dental Association (ADA) during the year. If you have a question about a dental ADA code, please call Member Services.

BENEFIT

What is the benefit?

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Schedule of Covered Supplemental Dental Services		In-Network You Pay 0%	Out-of- Network You Pay 100%
Dental Services	Dental Code Description	Dental Code Details	
PREVENTIVE BENEFITS			
Preventive Care: No Maximum Allowance			
D1110	prophylaxis - adult	One (1) per 6 months	
D1208	topical application of fluoride	One (1) per 12 months	
COMPREHENSIVE BENEFITS			
DIAGNOSTIC			
Clinical Oral Evaluations			
D0120	periodic oral evaluation - established patient	1) One (1) per six (6) months either D0120, D0150 or D0180 2) Not covered if billed with D0140, D0150, D0160, D0170, or D0180 on same date of service	
D0140	limited oral evaluation - problem focused	1) Two (2) per calendar year 2) Not covered if billed with D0120, D0150, D0160, D0170 or D0180 on same date of service	
D0150	comprehensive oral evaluation - new or established patient	1) One (1) per provider, per lifetime 2) One (1) per six (6) months, either D0120, D0150, D0160, D0170, or D0180 3) Not covered if billed with D0120, D0140, D0160, D0170, or D0180 on same date of service	
D0160	detailed and extensive oral evaluation - problem focused, by report	1) One (1) per six (6) months, either D0120, D0150, D0160, D0170, or D0180 2) Not covered if billed with D0120, D0140, D0150, D0170, or D0180 on same date of service	
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	1) One (1) per six (6) months, either D0120, D0150, D0160, D0170, or D0180 2) Not covered if billed with D0120, D0140, D0150, D0160, or D0180 on same date of service	

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Dental Services	Dental Code Description	Dental Code Details	
D0180	comprehensive periodontal evaluation - new or established patient	1) One (1) per provider, per lifetime 2) One (1) per six (6) months either D0120, D0150, D0160, D0170, or D0180 3) Not covered if billed with D0120, D0140, D0150, D0160 or D0170 on same date of service	
Diagnostic Imaging			
D0210	intraoral - complete set of radiographic images	One (1) per 36 months, either D0210, D0277, D0330 or D0372	
D0220	intraoral - periapical first radiographic image	1) One (1) per date of service 2) Not covered if billed with D0210	
D0230	intraoral - periapical each additional radiographic image	1) Four (4) per procedure 2) Not covered if billed with D0210	
D0240	intraoral - occlusal radiographic image	1) Two (2) per 12 months. 2) Not covered if billed with D0330	
D0250	extra-oral 2D projection radiographic image, stationary radiation source	One (1) every 12 months	
D0270	bitewing - single radiographic image	1) Up to four (4) bitewings per 12 months 2) Not covered if billed with D0210	
D0272	bitewing - two radiographic images	1) Up to four (4) bitewings per 12 months 2) Not covered if billed with D0210	
D0273	bitewings - three radiographic images	1) Up to four (4) bitewings per 12 months 2) Not covered if billed with D0210	
D0274	bitewings - four radiographic images	1) Up to four (4) bitewings per 12 months 2) Not covered if billed with D0210	

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Dental Services	Dental Code Description	Dental Code Details	
D0277	vertical bitewings - 7-8 radiographic images	1) One (1) per 36 months 2) Not covered if billed with D0210, D0330 or D0372	
D0310	sialography	One (1) per 36 months	
D0320	temporomandibular joint arthrogram, including injection	One (1) per 36 months	
D0321	other temporomandibular joint radiographic images, by report	One (1) per 36 months	
D0322	tomographic survey	One (1) per 36 months	
D0330	panoramic radiograph image	One (1) per 36 months, either D0210, D0330 or D0372	
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	One (1) per 36 months	
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	One (1) per 36 months	
D0372	intraoral tomosynthesis-comprehensive series of radiographic images	1) One (1) per 36 months 2) Not covered if billed with D0210 or D0330	
D0373	intraoral tomosynthesis-bitewing radiographic image	1) Four (4) every 12 months 2) Not covered if billed with D0210	
D0374	intraoral tomosynthesis-periapical radiographic image	One (1) every 12 months	
D0415	collection of microorganisms for culture	One (1) per 12 months	
D0416	viral culture	One (1) per 12 months	
D0423	generic test for susceptibility	One (1) per 12 months	

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Dental Services	Dental Code Description	Dental Code Details	
D0425	caries susceptibility tests	One (1) per 12 months	
D0431	adjunctive pre-diagnostic test	One (1) per 12 months	
D0460	pulp vitality tests	One (1) per 12 months	
D0470	diagnostic casts	One (1) per 12 months	
D0472	accession of tissue, gross examination, preparation and transmission of written report	One (1) per 12 months	
D0473	accession of tissue, gross/micro exam, prep, report	One (1) per 12 months	
D0474	accession of tissue, gross/micro exam, report	One (1) per 12 months	
D0475	decalcification procedure	One (1) per 12 months	
D0476	special stains for microorganisms	One (1) per 12 months	
D0477	special stains, not for microorganisms	One (1) per 12 months	
D0478	immunohistochemical stains	One (1) per 12 months	
D0479	tissue in-situ hybridization, including interpretation	One (1) per 12 months	
D0480	accession of exfoliative cytological smears	One (1) per 12 months	
D0481	electron microscopy	One (1) per 12 months	
D0482	direct immunofluorescence	One (1) per 12 months	
D0483	indirect immunofluorescence	One (1) per 12 months	
D0484	consultation of slides prepared elsewhere	One (1) per 12 months	

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Dental Services	Dental Code Description	Dental Code Details	
D0485	consultation, including preparation of slides from biopsy material supplied by referring source	One (1) per 12 months	
D0486	laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	One (1) per 12 months	
D0502	other oral pathology procedures, by report	One (1) per 12 months	
D0999	unspecified diagnostic procedures, by report	One (1) per 12 months per test	
RESTORATIVE			
D2140	amalgam - one surface, primary or permanent	One (1) amalgam, resin or composite filling per tooth, every 36 months	
D2150	amalgam - two surfaces, primary or permanent	One (1) amalgam, resin or composite filling per tooth, every 36 months	
D2160	amalgam - three surfaces, primary or permanent	One (1) amalgam, resin or composite filling per tooth, every 36 months	
D2161	amalgam - four or more surfaces-permanent/primary	One (1) amalgam, resin or composite filling per tooth, every 36 months	
D2330	resin-based composite - one surface, anterior	One (1) amalgam, resin or composite filling per tooth, every 36 months	
D2331	resin-based composite - two surfaces, anterior	One (1) amalgam, resin or composite filling per tooth, every 36 months	
D2332	resin-based composite - three surfaces, anterior	One (1) amalgam, resin or composite filling per tooth, every 36 months	

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Dental Services	Dental Code Description	Dental Code Details		
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	One (1) amalgam, resin or composite filling per tooth, every 36 months		
D2390	resin-based composite crown, anterior	One (1) amalgam, resin or composite filling per tooth, every 36 months		
D2391	resin-based composite - one surface posterior	One (1) amalgam, resin or composite filling per tooth, every 36 months		
D2392	resin-based composite - two surfaces posterior	One (1) amalgam, resin or composite filling per tooth, every 36 months		
D2393	resin-based composite - three surfaces posterior	One (1) amalgam, resin or composite filling per tooth, every 36 months		
D2394	resin-based composite - four or more surfaces posterior	One (1) amalgam, resin or composite filling per tooth, every 36 months		
RESTORATIVE: One (1) per 60 months per tooth, either D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6545, D6548, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6612, D6613, D6614, D6615, D6710, D6721, D6722, D6740, D6751, D6752, D6781, D6782, D6783, D6791, D6792, D6793				
D2510	inlay - metallic - one surface	One (1) per 60 months per tooth		
D2520	inlay - metallic - two surfaces	One (1) per 60 months per tooth		
D2530	inlay - metallic - three or more surfaces	One (1) per 60 months per tooth		
D2542	onlay - metallic - two surfaces	One (1) per 60 months per tooth		
D2543	onlay - metallic - three surfaces	One (1) per 60 months per tooth		
D2544	onlay - metallic - four or more surfaces	One (1) per 60 months per tooth		

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Dental Services	Dental Code Description	Dental Code Details	
D2610	inlay - porcelain/ceramic - one surface	One (1) per 60 months per tooth	
D2620	inlay - porcelain/ceramic - two surfaces	One (1) per 60 months per tooth	
D2630	inlay - porcelain/ceramic - three or more surfaces	One (1) per 60 months per tooth	
D2642	onlay - porcelain/ceramic - two surfaces	One (1) per 60 months per tooth	
D2643	onlay - porcelain/ceramic - three surfaces	One (1) per 60 months per tooth	
D2644	onlay - porcelain/ceramic - four or more surfaces	One (1) per 60 months per tooth	
D2650	inlay, resin-based composite, one surface	One (1) per 60 months per tooth	
D2651	inlay, resin-based composite, two surfaces	One (1) per 60 months per tooth	
D2652	inlay, resin-based composite, three or more surfaces	One (1) per 60 months per tooth	
D2662	onlay, resin-based composite, two surfaces	One (1) per 60 months per tooth	
D2663	onlay, resin-based composite, three surfaces	One (1) per 60 months per tooth	
D2664	onlay, resin-based composite, four or more surfaces	One (1) per 60 months per tooth	
D2710	crown - resin-based composite (indirect)	One (1) per 60 months per tooth	
D2712	crown - 3/4 resin-based composite (indirect)	One (1) per 60 months per tooth	
D2720	crown-resin with high noble metal	One (1) per 60 months per tooth	
D2721	crown - resin with predominately base metal	One (1) per 60 months per tooth	

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Dental Services	Dental Code Description	Dental Code Details		
D2722	crown - resin with noble metal	One (1) per 60 months per tooth		
D2740	crown - porcelain/ceramic	One (1) per 60 months per tooth		
D2751	crown - porcelain/ceramic fused to predominantly base metal	One (1) per 60 months per tooth		
D2752	crown - porcelain fused to noble metal	One (1) per 60 months per tooth		
D2781	crown - 3/4 cast predominantly base metal	One (1) per 60 months per tooth		
D2782	crown - 3/4 cast noble metal	One (1) per 60 months per tooth		
D2783	crown - 3/4 porcelain/ceramic	One (1) per 60 months per tooth		
D2790	crown-full cast high noble metal	One (1) per 60 months per tooth		
D2791	crown - full cast predominantly base metal	One (1) per 60 months per tooth		
D2792	crown - full cast noble metal	One (1) per 60 months per tooth		
D2794	crown - titanium	One (1) per 60 months per tooth		
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	1) One (1) per 12 months per tooth 2) Not covered within 6 months of initial delivery to dentist or dental group that delivered the restoration		
D2915	re-cement of re-bond indirectly fabricated or prefabricated post and core	1) One (1) per 12 months per tooth 2) Not covered within 6 months of initial delivery to dentist or dental group that delivered the restoration		
D2920	re-cement or re-bond crown	1) One (1) per 12 months per tooth 2) Not covered within 6 months of initial delivery to dentist or dental group that delivered the restoration		

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Dental Services	Dental Code Description	Dental Code Details	
D2931	prefabricated stainless steel crown - permanent tooth	1) One (1) per 36 months per tooth, either D2390, D2931, D2932, D2933 or D2934 2) Not covered if being used as a temporary crown	
D2932	prefabricated resin crown	1) One (1) per 36 months per tooth, either D2390, D2931, D2932, D2933 or D2934 2) Not covered if being used as a temporary crown	
D2933	prefabricated stainless steel crown with resin window	1) One (1) per 36 months per tooth, either D2390, D2931, D2932, D2933 or D2934 2) Not covered if being used as a temporary crown	
D2940	protective restoration	1) One (1) per date of service 2) Not covered if billed with D3220, D3310, D3320 or D3330	
D2950	core buildup, including any pins when required	One (1) per 60 months per tooth, either D2950, D2952 or D2954	
D2951	pin retention - per tooth, in addition to restoration	1) One (1) per 60 months per tooth 2) Not covered if billed with D2950	
D2952	post and core in addition to crown, indirectly fabricated	One (1) per 60 months per tooth, either D2950, D2952 or D2954	
D2953	each additional indirectly fabricated post - same tooth	One (1) per 60 months per tooth, either D2953 or D2957	
D2954	prefabricated post and core in addition to crown	One (1) per 60 months per tooth, either D2950, D2952 or D2954	
D2955	post removal	One (1) per 60 months per tooth	
D2957	each additional prefabricated post - same tooth	One (1) per 60 months per tooth, either D2953 or D2957	

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Dental Services	Dental Code Description	Dental Code Details		
D2971	additional procedures to construct new crown under existing partial denture framework	One (1) per 60 months per tooth		
D2975	coping	One (1) per 60 months per tooth		
D2980	crown repair necessitated by restorative material failure, by report	1) One (1) per 60 months per tooth 2) Not covered within 6 months of initial delivery to dentist or dental group that delivered the restoration		
D2999	unspecified restorative procedure, by report	One (1) per 60 months per tooth		
ENDODONTICS				
D3110	pulp cap - direct (excluding final restoration)	One (1) per lifetime per tooth, either D3110 or D3120		
D3120	pulp cap - indirect (excluding final restoration)	One (1) per lifetime per tooth, either D3110 or D3120		
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament, not to be used for apexogenesis	One (1) per lifetime per tooth, either D3220 or D3221		
D3221	pulpal debridement, primary and permanent teeth	One (1) per lifetime per tooth, either D3220 or D3221		

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Dental Services	Dental Code Description	Dental Code Details	
Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care)			
D3310	endodontic therapy, anterior tooth (excluding final restoration)	One (1) per lifetime per tooth	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	One (1) per lifetime per tooth	
D3330	endodontic therapy, molar tooth (excluding final restoration)	One (1) per lifetime per tooth	
D3331	treatment of root canal obstruction; non-surgical access	One (1) per lifetime per tooth	
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	One (1) per lifetime per tooth	
D3333	internal root repair of perforation defects	One (1) per lifetime per tooth	
D3346	retreatment of previous root canal therapy - anterior	One (1) per lifetime per tooth	
D3347	retreatment of previous root canal therapy - premolar	One (1) per lifetime per tooth	
D3348	retreatment of previous root canal therapy - molar	One (1) per lifetime per tooth	

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Dental Services	Dental Code Description	Dental Code Details
D3351	apexification/ recalcification - initial visit (apical closure/ calcific repair of perforation, root resorption, etc.)	One (1) per lifetime per tooth
D3352	apexification/ recalcification - interim medication replacement	One (1) per lifetime per tooth
D3353	apexification/ recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	One (1) per lifetime per tooth
D3410	apicoectomy - anterior	One (1) per lifetime per tooth
D3421	apicoectomy - premolar (first root)	One (1) per lifetime per tooth
D3425	apicoectomy - molar (first root)	One (1) per lifetime per tooth
D3426	apicoectomy (each additional root)	One (1) per lifetime per tooth
D3430	retrograde filling - per root	One (1) per lifetime per tooth
D3450	root amputation - per root	One (1) per lifetime per tooth
D3460	endodontic endosseous implant	One (1) per lifetime per tooth
D3470	intentional re- implementation (including necessary splinting)	One (1) per lifetime per tooth

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Dental Services	Dental Code Description	Dental Code Details	
D3910	surgical procedure for isolation of tooth with rubber dam	One (1) per lifetime per tooth	
D3920	hemisection (including any root removal), not including root canal therapy	One (1) per lifetime per tooth	
D3950	canal preparation and fitting of performed dowel or post	One (1) per lifetime per tooth	
D3999	unspecified endodontic procedures, by report	One (1) per lifetime per tooth	
PERIODONTICS			
D4210	gingivectomy or gingivoplasty - four of more contiguous teeth or tooth bounded spaces per quadrant	One (1) per 24 months per quadrant, either D4341 or D4342	
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	One (1) per 24 months per quadrant, either D4341 or D4342	
D4230	anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces - per quadrant	One (1) per 24 months per quadrant, either D4230 or D4231	
D4231	anatomical crown exposure - one to three teeth or bounded tooth spaces - per quadrant	One (1) per 24 months per quadrant, either D4230 or D4231	

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Dental Services	Dental Code Description	Dental Code Details	
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	One (1) per 24 months per quadrant, either D4240 or D4241	
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	One (1) per 24 months per quadrant, either D4240 or D4241	
D4245	apically positioned flap	One (1) per 24 months per quadrant	
D4249	clinical crown lengthening - hard tissue	One (1) per lifetime per tooth	
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	One (1) per 24 months per quadrant, either D4260 or D4261	
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three teeth or tooth bounded spaces per quadrant	One (1) per 24 months per quadrant, either D4260 or D4261	
D4263	bone replacement graft - retained natural tooth - first site in quadrant	One (1) per 24 months per tooth, either D4263 or D4264	
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	One (1) per 24 months per tooth, either D4263 or D4264	

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Dental Services	Dental Code Description	Dental Code Details	
D4265	biologic materials to aid in soft and osseous tissue regeneration	One (1) per 24 months per tooth	
D4266	guided tissue regeneration - resorbable barrier, per site	One (1) per 24 months per tooth, either D4266 or D4267	
D4267	guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal)	One (1) per 24 months per tooth, either D4266 or D4267	
D4268	surgical revision procedure, per tooth	One (1) per 24 months per tooth	
D4270	pedicle soft tissue graft procedure	One (1) per 24 months per tooth	
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) - first tooth, implant or edentulous tooth position	One (1) per 24 months per tooth	
D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	One (1) per 24 months per tooth	
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	One (1) per 24 months per tooth	

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Dental Services	Dental Code Description	Dental Code Details
D4276	combined connective tissue and double pedicle graft	One (1) per 24 months per tooth
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	1) One (1) soft tissue graft per site per lifetime 2) Two contiguous sites are considered one graft 3) Soft tissue grafts are not covered on the same date of service as D4260 and D4261
D4320	provisional splinting, intracoronal	One (1) per 24 months per arch, either D4320 or D4321
D4321	provisional splinting, extracoronal	One (1) per 24 months per arch, either D4320 or D4321
D4341	periodontal scaling and root planing, four or more teeth per quadrant	One (1) per 24 months per quadrant, either D4341 or D4342
D4342	periodontal scaling and root planing, one to three teeth per quadrant	One (1) per 24 months per quadrant, either D4341 or D4342
D4355	full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit	1) One (1) per 36 months 2) Not covered if billed with D1110, D0120, D0140, D0150, D0160, D0170, or D0180
D4381	Localized delivery of antimicrobial agent/per tooth	One (1) every 12 months per tooth
D4910	periodontal maintenance	1) One (1) per 6 months 2) History of previous periodontal treatment required
D4920	unscheduled dressing change (other than treating dentist or staff)	One (1) per 12 months

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Dental Services	Dental Code Description	Dental Code Details		
D4921	gingival irrigation - per quadrant	Covered if performed outside of a periodontal procedure		
D4999	unspecified periodontal procedure, by report	One (1) per 12 months per procedure		
PROSTHODONTICS (REMOVABLE)				
D5110	complete denture - maxillary	One (1) per 60 months, either D5110 or D5130		
D5120	complete denture - mandibular	One (1) per 60 months, either D5120 or D5140		
D5130	immediate denture - maxillary	One (1) per 60 months, either D5110 or D5130		
D5140	immediate denture - mandibular	One (1) per 60 months, either D5120 or D5140		
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	One (1) per 60 months, either D5211, D5213, D5223, D5225, or D5281		
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	One (1) per 60 months, either D5212, D5214, D5224, D5226, or D5281		
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One (1) per 60 months, either D5211, D5213, D5223, D5225, or D5281		

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Dental Services	Dental Code Description	Dental Code Details		
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One (1) per 60 months, either D5212, D5214, D5222, D5224, D5226, or D5281		
D5225	maxillary partial denture - flexible base (including any conventional clasps, rests and teeth)	One (1) per 60 months, either D5211, D5213, D5223, D5225, or D5281		
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	One (1) per 60 months, either D5212, D5214, D5224, D5226, or D5281		
D5282	removable unilateral partial denture, one piece cast metal, maxillary	One (1) per 60 months per arch, either D5211, D5213, D5221, D5223, D5225, or D5282		
D5283	removable unilateral partial denture, one piece cast metal, mandibular	One (1) per 60 months per arch, either D5212, D5214, D5222, D5224, D5226, or D5283		
D5410	adjust complete denture - maxillary	One (1) per 12 months, either D5410 or D5421		
D5411	adjust complete denture - mandibular	One (1) per 12 months, either D5411 or D5422		
D5421	adjust partial denture - maxillary	One (1) per 12 months, either D5410 or D5421		
D5422	adjust partial denture - mandibular	One (1) per 12 months, either D5411 or D5422		
D5511	repair broken complete denture base, mandibular	One (1) per 12 months		

BENEFIT

What is the benefit?

B

Schedule of Covered Supplemental Dental Services			In-Network You Pay 0%	Out-of- Network You Pay 100%
Dental Services	Dental Code Description	Dental Code Details		
D5512	repair broken complete denture base, maxillary	One (1) per 12 months		
D5520	repair missing or broken teeth- complete denture (each tooth)	One (1) per 12 months		
D5611	repair resin partial denture base, mandibular	One (1) per 12 months		
D5612	repair resin partial denture base, maxillary	One (1) per 12 months		
D5621	repair resin cast partial framework, mandibular	One (1) per 12 months		
D5622	repair resin cast partial framework, maxillary	One (1) per 12 months		
D5630	repair or replace broken clasp, per tooth	One (1) per 12 months per tooth		
D5640	replaced broken teeth - per tooth	One (1) per 12 months per tooth		
D5650	add tooth to existing partial denture	One (1) per 12 months per tooth		
D5660	add clasp to existing partial denture, per tooth	One (1) per 12 months per tooth		
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	One (1) per 24 months		
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	One (1) per 24 months		
D5710	rebase complete maxillary denture	One (1) per 24 months, either D5710, D5730 or D5750		
D5711	rebase complete mandibular denture	One (1) per 24 months, either D5711, D5731 or D5751		
D5720	rebase maxillary partial denture	One (1) per 24 months, either D5720, D5740 or D5760		
D5721	rebase mandibular partial denture	One (1) per 24 months, either D5721, D5741 or D5761		

BENEFIT

What is the benefit?

B

Schedule of Covered Supplemental Dental Services

In-Network
You Pay 0%

Out-of-
Network You
Pay 100%

Dental Services	Dental Code Description	Dental Code Details
D5730	reline complete maxillary denture (chairside)	One (1) per 24 months, either D5710, D5730 or D5750
D5731	reline complete mandibular denture (chairside)	One (1) per 24 months, either D5711, D5731 or D5751
D5740	reline maxillary partial denture (chairside)	One (1) per 24 months, either D5720, D5740 or D5763
D5741	reline mandibular partial denture (chairside)	One (1) per 24 months, either D5721, D5741 or D5761
D5750	reline complete maxillary denture (laboratory)	One (1) per 24 months, either D5710, D5730 or D5750
D5751	reline complete mandibular denture (laboratory)	One (1) per 24 months, either D5711, D5731 or D5751
D5760	reline maxillary partial denture (laboratory)	One (1) per 24 months, either D5720, D5740 or D5760
D5761	reline mandibular partial denture (laboratory)	One (1) per 24 months, either D5721, D5741 or D5761
D5810	interim complete denture (maxillary)	One (1) per 60 months, either D5810 or D5820
D5811	interim complete denture (mandibular)	One (1) per 60 months, either D5811 or D5821
D5820	interim partial denture (maxillary)	One (1) per 60 months, either D5810 or D5820
D5821	interim partial denture (mandibular)	One (1) per 60 months, either D5811 or D5821
D5850	tissue conditioning, maxillary	One (1) per 12 months
D5851	tissue conditioning, mandibular	One (1) per 12 months
D5863	overdenture, complete, maxillary	One (1) every 60 months, either D5863 or D5865
D5864	overdenture, partial, maxillary	One (1) every 60 months, either D5864 or D5866

BENEFIT

What is the benefit?

B

Schedule of Covered Supplemental Dental Services		In-Network You Pay 0%	Out-of- Network You Pay 100%
Dental Services	Dental Code Description	Dental Code Details	
D5865	overdenture, complete, mandibular	One (1) every 60 months, either D5863 or D5865	
D5866	overdenture, partial, mandibular	One (1) every 60 months, either D5864 or D5866	
D5867	replacement of replaceable part of semi-precision or precision attachment (male or female component)	One (1) per 60 months per procedure	
D5875	modification of removable prosthesis following implant surgery	One (1) per 60 months per arch	
D5899	unspecified removable prosthodontic procedure, by report	One (1) per 60 months per procedure	
PROSTHODONTICS			
Prosthodontics, FIXED: Either D6205, D6210, D6211, D6212, D6241, D6242, D6245, D6251, D6252 or D6253			
D6205	pontic - indirect resin based composite	One (1) per 60 months per tooth	
D6210	pontic - cast high noble metal	One (1) per 60 months per tooth	
D6211	pontic - cast predominantly base metal	One (1) per 60 months per tooth	
D6212	pontic - cast noble metal	One (1) per 60 months per tooth	
D6241	pontic - porcelain fused to predominantly base metal	One (1) per 60 months per tooth	
D6242	pontic - porcelain fused to noble metal	One (1) per 60 months per tooth	

BENEFIT

What is the benefit?

B

Schedule of Covered Supplemental Dental Services		In-Network You Pay 0%	Out-of- Network You Pay 100%
Dental Services	Dental Code Description	Dental Code Details	
D6245	pontic - porcelain/ ceramic	One (1) per 60 months per tooth	
D6251	pontic - resin with predominantly base metal	One (1) per 60 months per tooth	
D6252	pontic - resin with noble metal	One (1) per 60 months per tooth	
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	One (1) per 60 months per tooth	
Fixed Partial Denture Retainers - Inlays/Onlays: One (1) per 60 months per tooth, either D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6545, D6548, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6612, D6613, D6614, D6615, D6710, D6721, D6722, D6740, D6751, D6752, D6781, D6782, D6783, D6791, D6792, D6793			
D6545	retainer - cast metal for resin bonded fixed prosthesis	One (1) per 60 months per tooth	
D6548	retainer - porcelain/ ceramic for resin bonded fixed prosthesis	One (1) per 60 months per tooth	
D6600	retainer inlay - porcelain/ceramic, two surfaces	One (1) per 60 months per tooth	
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	One (1) per 60 months per tooth	
D6602	retainer inlay - cast high noble metal, two surfaces	One (1) per 60 months per tooth	
D6603	retainer inlay - cast high noble metal, three or more surfaces	One (1) per 60 months per tooth	

BENEFIT

What is the benefit?

B

Schedule of Covered Supplemental Dental Services

In-Network
You Pay 0%

Out-of-
Network You
Pay 100%

Dental Services	Dental Code Description	Dental Code Details
D6604	retainer inlay - cast predominantly base metal, two surfaces	One (1) per 60 months per tooth
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	One (1) per 60 months per tooth
D6606	retainer inlay - cast noble metal, two surfaces	One (1) per 60 months per tooth
D6607	retainer inlay - cast noble metal, three or more surfaces	One (1) per 60 months per tooth
D6608	retainer onlay - porcelain/ceramic, two surfaces	One (1) per 60 months per tooth
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	One (1) per 60 months per tooth
D6612	retainer onlay - cast predominantly base metal, two surfaces	One (1) per 60 months per tooth
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	One (1) per 60 months per tooth
D6614	retainer onlay - cast noble metal, two surfaces	One (1) per 60 months per tooth
D6615	retainer onlay - cast noble metal, three or more surfaces	One (1) per 60 months per tooth

BENEFIT

What is the benefit?

B

Schedule of Covered Supplemental Dental Services		In-Network You Pay 0%	Out-of- Network You Pay 100%
Dental Services	Dental Code Description	Dental Code Details	
Fixed Partial Denture Retainers - Crowns: One (1) per 60 months per tooth, either D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2751, D2752, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6545, D6548, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6612, D6613, D6614, D6615, D6710, D6721, D6722, D6740, D6751, D6752, D6781, D6782, D6783, D6791, D6792, D6793			
D6710	retainer crown - indirect resin based composite	One (1) per 60 months per tooth	
D6721	retainer crown - resin with predominantly base metal	One (1) per 60 months per tooth	
D6722	retainer crown - resin with noble metal	One (1) per 60 months per tooth	
D6740	retainer crown - porcelain/ceramic	One (1) per 60 months per tooth	
D6751	retainer crown - porcelain fused to predominantly base metal	One (1) per 60 months per tooth	
D6752	retainer crown - porcelain fused to noble metal	One (1) per 60 months per tooth	
D6781	retainer crown - 3/4 cast predominantly base metal	One (1) per 60 months per tooth	
D6782	retainer crown - 3/4 cast noble metal	One (1) per 60 months per tooth	
D6783	retainer crown - 3/4 porcelain/ceramic	One (1) per 60 months per tooth	
D6791	retainer crown - full cast predominantly base metal	One (1) per 60 months per tooth	

BENEFIT

What is the benefit?

B

Schedule of Covered Supplemental Dental Services		In-Network You Pay 0%	Out-of- Network You Pay 100%
Dental Services	Dental Code Description	Dental Code Details	
D6792	retainer crown - full cast noble metal	One (1) per 60 months per tooth	
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	One (1) per 60 months per tooth	
D6920	connector bar	One (1) per 24 months per tooth	
D6930	re-cement or re-bond fixed partial denture	One (1) per 24 months per fixed partial denture	
D6940	stress breaker	One (1) per 24 months per tooth	
D6950	precision attachment	One (1) per 60 months per tooth	
D6980	fixed partial denture repair, by report	One (1) per 60 months per arch	
D6999	unspecified fixed prosthetic procedure, by report	One (1) per 12 months per fixed partial denture	
ORAL AND MAXILLOFACIAL SURGERY			
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	One (1) per lifetime per tooth	
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	One (1) per lifetime per tooth	
D7220	removal of impacted tooth - soft tissue	One (1) per lifetime per tooth	
D7230	removal of impacted tooth - partially bony	One (1) per lifetime per tooth	

BENEFIT

What is the benefit?

B

Schedule of Covered Supplemental Dental Services

In-Network
You Pay 0%

Out-of-
Network You
Pay 100%

Dental Services	Dental Code Description	Dental Code Details
D7240	removal of tooth - completely bony	One (1) per lifetime per tooth
D7241	removal of impacted tooth -completely bony, with unusual surgical complications	One (1) per lifetime per tooth
D7250	removal of residual tooth roots (cutting procedure)	One (1) per lifetime per tooth
D7260	oroantral fistula closure	One (1) per 60 months
D7261	primary closure of a sinus perforation	One (1) per 60 months
D7270	tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	One (1) per 60 months
D7272	tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization	One (1) per lifetime per tooth
D7280	surgical access of an unerupted tooth	One (1) per lifetime per tooth
D7282	mobilization of erupted or malpositioned tooth to aid eruption	One (1) per lifetime per tooth
D7283	placement of device to facilitate eruption of impacted tooth	One (1) per 60 months per tooth
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	One (1) per 60 months, per site
D7286	incisional biopsy of oral tissue - soft	One (1) per 60 months, per site

BENEFIT

What is the benefit?

B

Schedule of Covered Supplemental Dental Services		In-Network You Pay 0%	Out-of-Network You Pay 100%
Dental Services	Dental Code Description	Dental Code Details	
D7287	exfoliative cytological sample collection	One (1) per 60 months, per site	
D7288	brush biopsy - transepithelial sample collection	One (1) per 60 months, per site	
D7290	surgical repositioning of teeth	One (1) per 60 months, per tooth	
D7291	transseptal fiberotomy/ supra crestal fiberotomy, by report	One (1) per 60 months, per quadrant	
D7292	surgical placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal	One (1) per 60 months, per quadrant	
D7293	surgical placement of temporary anchorage device requiring flap; includes device removal	One (1) per 60 months, per quadrant	
D7294	surgical placement of temporary anchorage device without flap; includes device removal	One (1) per 60 months, per quadrant	
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	One (1) per 60 months per quadrant, either D7310, D7311, D7320 or D7321	
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	One (1) per 60 months per quadrant, either D7310, D7311, D7320 or D7321	

BENEFIT

What is the benefit?

B

Schedule of Covered Supplemental Dental Services			In-Network You Pay 0%	Out-of- Network You Pay 100%
Dental Services	Dental Code Description	Dental Code Details		
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	One (1) per 60 months per quadrant, either D7310, D7311, D7320 or D7321		
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	One (1) per 60 months per quadrant, either D7310, D7311, D7320 or D7321		
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	One (1) per 60 months per quadrant, either D7340 or D7350		
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	One (1) per 60 months per quadrant, either D7340 or D7350		
D7410	excision of benign lesion up to 1.25 cm	None		
D7411	excision of benign lesion greater than 1.25 cm	None		
D7412	excision of benign lesion, complicated	None		
D7413	excision of malignant lesion up to 1.25 cm	None		
D7414	excision of malignant lesion greater than 1.25 cm	None		
D7415	excision of malignant lesion, complicated	None		

BENEFIT

What is the benefit?

B

Schedule of Covered Supplemental Dental Services

In-Network
You Pay 0%

Out-of-
Network You
Pay 100%

Dental Services	Dental Code Description	Dental Code Details
D7440	excision of malignant tumor - lesion diameter up to 1.25 cm	None
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	None
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	None
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	None
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	None
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	None
D7465	destruction of lesion(s) by physical or chemical method, by report	None
D7471	removal of lateral exostosis (maxilla or mandible)	One (1) per lifetime per quadrant
D7472	removal of torus palatinus	One (1) per lifetime
D7473	removal of torus mandibularis	One (1) per lifetime per quadrant
D7485	surgical reduction of osseous tuberosity	One (1) per lifetime per quadrant
D7490	radical resection of maxilla or mandible	One (1) per lifetime per arch

BENEFIT

What is the benefit?

B

Schedule of Covered Supplemental Dental Services

In-Network
You Pay 0%

Out-of-
Network You
Pay 100%

Dental Services	Dental Code Description	Dental Code Details
D7510	incision and drainage of abscess - intraoral soft tissue	None
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	None
D7520	incision and drainage of abscess - extraoral soft tissue	None
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	None
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	None
D7540	removal of reaction producing foreign bodies, musculoskeletal system	None
D7961	buccal/labial frenectomy (frenulectomy)	One (1) per 60 months per arch
D7962	lingual frenectomy (frenulectomy)	One (1) per 60 months
D7963	frenuloplasty	One (1) per 60 months per quadrant
D7970	excision of hyperplastic tissue - per arch	One (1) per 60 months per arch
D7971	excision of pericoronal gingiva	One (1) per lifetime per tooth
D7972	surgical reduction of fibrous tuberosity	One (1) per lifetime per quadrant

BENEFIT

What is the benefit?

B

Schedule of Covered Supplemental Dental Services		In-Network You Pay 0%	Out-of- Network You Pay 100%
Dental Services	Dental Code Description	Dental Code Details	
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	One (1) per 60 months per procedure	
D7999	unspecified oral surgery procedure, by report	One (1) per 60 months	
ADJUNCTIVE GENERAL SERVICES			
D9110	palliative (emergency) treatment of dental pain - minor procedure	1) One (1) per 12 months 2) Not covered with any service except radiographs	
D9120	fixed partial denture sectioning	One (1) per 12 months per fixed partial denture	
Anesthesia			
D9210	local anesthesia not in conjunction with operative or surgical procedures	None	
D9211	regional block anesthesia	None	
D9212	trigeminal division block anesthesia	None	
D9215	local anesthesia in conjunction with operative or surgical procedures	None	
D9222	deep sedation/general anesthesia - first 15 minutes	1) Maximum of one (1) unit per date of service per dentist or dental group 2) Only covered in conjunction with a compensable surgical procedure or other condition	

BENEFIT

What is the benefit?

B

Schedule of Covered Supplemental Dental Services

In-Network
You Pay 0%

Out-of-
Network You
Pay 100%

Dental Services	Dental Code Description	Dental Code Details
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	1) Must be submitted along with code D9222 2) Only covered in conjunction with a compensable surgical procedure or other condition
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	None
D9239	intravenous moderate (conscious) sedation/analgesia - first 15 minutes	1) Maximum of one (1) unit per date of service per dentist or dental group 2) Only covered in conjunction with a compensable surgical procedure or other condition
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	1) Must be submitted along with code D9239 2) Only covered in conjunction with a compensable surgical procedure or other condition
D9248	non-intravenous conscious sedation	None
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	One (1) per 6 months per procedure
D9410	house/extended care facility call	One (1) per six (6) months
D9420	hospital or ambulatory surgical center call	One (1) per six (6) months
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	One (1) per six (6) months

BENEFIT

What is the benefit?

B

Schedule of Covered Supplemental Dental Services

In-Network
You Pay 0%

Out-of-
Network You
Pay 100%

Dental Services	Dental Code Description	Dental Code Details
D9440	office visit - after regularly scheduled hours	One (1) per six (6) months
D9450	case presentation, detailed and extensive treatment planning	One (1) per six (6) months
D9610	therapeutic parenteral drug, single administration	One (1) per six (6) months
D9612	therapeutic parenteral drugs, two or more administrations, different medications	One (1) per six (6) months
D9630	other drugs and/or medicaments, by report	One (1) per six (6) months
D9910	application of desensitizing medicament	One (1) per 24 months
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	One (1) per 24 months
D9920	behavior management, by report	One (1) per 24 months
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	One (1) per 24 months
D9942	repair and/or relining of occlusal guard	One (1) per 24 months
D9944	occlusal guard, hard appliance, full arch	One (1) per 24 months

BENEFIT

What is the benefit?

B

Schedule of Covered Supplemental Dental Services

In-Network
You Pay 0%

Out-of-
Network You
Pay 100%

Dental Services	Dental Code Description	Dental Code Details
D9945	occlusal guard, soft appliance, full arch	One (1) per 24 months
D9946	occlusal guard, hard appliance, partial arch	One (1) per 24 months
D9950	occlusion analysis - mounted case	One (1) per 24 months
D9951	occlusal adjustment - limited	One (1) per 24 months
D9952	occlusal adjustment - complete	One (1) per 24 months

Some covered supplemental dental services require prior authorization. Your DentaQuest network provider will handle any Plan-required authorizations for you.

CONTACT

How do I contact DentaQuest?



Remember you must use a DentaQuest dental network provider.

DentaQuest

Customer Service Phone	(800) 508-2059 (TTY: 711)
Customer Service Hours	Monday – Friday, 8 a.m. to 8 p.m., ET

Who do I call if I have problems?



If you need help, please call our Member Services Department.

Passport Advantage Member Services

Member Services Phone	(844) 859-6152 (TTY: 711)
Member Services Hours	7 days a week, 8 a.m. to 8 p.m., local time.
Website (Starting 5/1/23)	PassportHealthPlan.com

You are responsible for paying for any supplemental dental service received from a dental provider who is not in the DentaQuest network.

Depending on the clinical need, not all dental procedures recommended by a dentist may be covered by the Plan. To minimize your financial liability, you need to ask the dentist for a dental treatment plan in writing before agreeing to any work. Have the dentist detail all the costs – what the Plan will pay and what you will have to pay out-of-pocket.

DentaQuest network dentists may collect usual, reasonable, and customary fees for all services not covered under your supplemental dental benefit.

You are responsible for paying for procedures when the maximum coverage for that service is met and/or when your calendar year maximum has been reached.

Passport by Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

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Medicare Language Assistance Services

Free aids and services, such as sign language interpreters and written information in alternative formats are available to you. Call 1-844-859-6152 (TTY: 711).

English:

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-859-6152. Someone who speaks English can help you. This is a free service.

Spanish:

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-859-6152. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin:

我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-859-6152。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese:

您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-859-6152。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog:

Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-859-6152. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French:

Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-859-6152. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

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Vietnamese:

Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-859-6152 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German:

Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-859-6152. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean:

당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-859-6152 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian:

Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-859-6152. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-859-6152. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi:

हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-859-6152 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian:

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-859-6152. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués:

Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-859-6152. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole:

Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-859-6152. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish:

Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-859-6152. Ta usługa jest bezpłatna.

Japanese:

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