



2021

Dental Guide

Save this guide and bring it to your next dental visit.

SAN ANTONIO
Medicare HMO Plans



How to use this guide

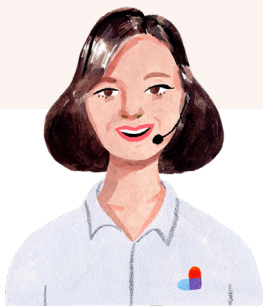
We want to keep a big healthy smile on your face. So here's how to use your dental benefits to the fullest and avoid any surprises.

Know your benefits

This guide has all the details you need to know about your plan's dental coverage. Just flip to your plan to find out how it works.

When you go to the dentist...

- 1 Take this guide with you.
- 2 Tell them your Devoted Health plan gives you dental coverage through **DentaQuest**.
- 3 Ask for an estimate before you get care. You can even show them the chart at the end of this guide — it has billing codes for the services your plan covers.



Questions? Call us anytime.

1-800-385-0916 TTY 711

Core and Prime Plans

Your plan covers preventive and comprehensive dental care. Here's how it works.

Preventive Care

Your plan pays the full cost of covered preventive care, like oral exams and cleanings. You don't have any copays and there's no dollar limit on what your plan pays.

Comprehensive Care

Your plan pays for covered comprehensive care — like dentures and extractions — up to \$2,000. Once we reach that limit, you pay the full cost for comprehensive care for the rest of the year.

Plan Summary

Preventive Care

\$0 copays and no dollar limits on

- Oral exams
- Routine cleanings
- X-rays
- Fluoride treatment

Comprehensive Care

Core HMO

\$2,000 limit

Prime HMO

\$2,000 limit

Covered Services

- Deep cleanings
- Fillings
- Extractions
- Dentures
- Denture repair
- Crowns*
- Root canals*
- **And more**

*Your plan pays 50% of the cost, up to your comprehensive care limit. All other services listed have a \$0 copay. See the chart at the end of this guide for more details.

Let's say you need only routine care.

You go to the dentist twice a year just for a checkup.

You get	It costs*
2 routine checkups	\$350
1 set of bitewing X-rays	\$100
Total	\$450

Your plan pays \$450
You pay \$0

Now let's look at more advanced care.

Maybe on top of routine care, you have some other needs.

You get	It costs*
2 routine checkups	\$350
1 set of bitewing X-rays	\$100
2 fillings	\$350
1 root canal	\$1,200
Total	\$2,000

Your plan pays \$450 for the preventive care
Your plan pays \$950 for the fillings and 50% of the root canal
You pay \$600 for 50% of the root canal

*Costs shown are just examples. Check with your dentist to learn your actual costs.

Preventive Care — All Plans

Oral Evaluation	0%	<p>Any 2 of the following per year</p> <ul style="list-style-type: none"> Established Patient (D0120) Problem Focused (D0140) Comprehensive (D0150) Extensive (D0160) Re-Evaluation (D0170) Comprehensive Periodontal Evaluation (D0180)
Imaging	0%	<p>Any 1 of the following per 3 years</p> <ul style="list-style-type: none"> Intraoral — Complete Series, includes Bitewings (D0210) Panoramic Film (D0330)
Intraoral Imaging	0%	<p>Periapical First Film (D0220) 1 per year</p> <p>Periapical Each Additional Film (D0230) 1 per year</p> <p>Occlusal Radiographic Image (D0240) 2 per year</p>
Bitewings	0%	<p>Single Film (D0270) 4 per year</p> <p>Two Films (D0272) 2 per year</p> <p>Three Films (D0273) 1 per year</p> <p>Four Films (D0274) 1 per year</p>
Preventive Cleanings & Sealants	0%	<p>Any 2 of the following per year</p> <ul style="list-style-type: none"> Prophylaxis, Adult (D1110) Scaling in Presence of Moderate or Severe Inflammation, Full Mouth After Evaluation (D4346) Periodontal Maintenance (D4910) <p>1 per year</p> <p>Fluoride, excluding varnish (D1208)</p>

Comprehensive Care — All Plans

Fillings	0%	<p>Any 1 of the following per surface per tooth per 3 years</p> <p>AMALGAM One Surface — Primary or Permanent (D2140) Two Surfaces — Primary or Permanent (D2150) Three Surfaces — Primary or Permanent (D2160) Four or More Surfaces — Primary or Permanent (D2161)</p> <p>RESIN-BASED COMPOSITE One Surface — Anterior (D2330) Two Surfaces — Anterior (D2331) Three Surfaces — Anterior (D2332) Four or More Surfaces — Involving Incisal Angle (D2335) Crown — Anterior (D2390) One Surface — Posterior (D2391) Two Surfaces — Posterior (D2392) Three Surfaces — Posterior (D2393) Four or More Surfaces — Posterior (D2394)</p>
Periodontal Scaling & Root Planing	0%	<p>1 of any of the following per quadrant per 2 years</p> <p>Four or More Teeth per Quadrant (D4341) One to Three Teeth per Quadrant (D4342)</p>
Full Mouth Debridement	0%	<p>To Enable Comprehensive Evaluation and Diagnosis, Subsequent Visit (D4355) 1 every 2 years</p>
Simple Extractions	0%	<p>Erupted Or Exposed Root (D7140) Surgical Removal Erupted Tooth (D7210) 1 per tooth per lifetime</p>
Palliative (Emergency) Treatment	0%	<p>Minor Procedure (D9110) 1 per year when provided with D0140 and X-rays</p>

Comprehensive Care — All Plans

DENTAL SERVICE	YOUR COST	BENEFIT DETAILS
Crowns	50%	1 of the following per tooth every 5 years Porcelain/Ceramic (D2740) Porcelain Fused to High Noble Metal (D2750) Porcelain Fused to Predominantly Base Metal (D2751) Porcelain Fused to Noble Metal (D2752) Full Cast High Noble Metal (D2790) Full Cast Predominantly Base Metal (D2791) Full Cast Noble Metal (D2792)
Re-cement or Re-bond	50%	Inlay, Onlay, Veneer, or Partial Coverage (D2910) 1 every year per tooth Indirectly Fabricated/Prefabricated Post & Core (D2915) 1 every year per tooth Crown (D2920) 1 every year per tooth
Protective Restoration	50%	1 per tooth per lifetime (D2940)
Core Buildup	50%	Including Any Pins When Required (D2950) 1 per tooth every 5 years
Pin Retention	50%	Per Tooth, in Addition to Restoration (D2951) 1 per tooth every 5 years
Post & Core in Addition to Crown	50%	Indirectly Fabricated (D2952) 1 per tooth every 5 years Prefabricated (D2954) 1 per tooth every 5 years
Post Removal	50%	Not In Conjunction With Endodontic Therapy (D2955) 1 per tooth every 5 years
Pulpal Debridement	50%	Primary and Permanent Teeth (D3221) 1 per tooth per lifetime

DENTAL SERVICE	YOUR COST	BENEFIT DETAILS
Endodontic Therapy	50%	1 of the following per tooth per lifetime Anterior Tooth (excluding final restoration) (D3310) Bicuspid Tooth (excluding final restoration) (D3320) Molar (excluding final restoration) (D3330)
Treatment of Root Canal Obstruction	50%	Non-surgical Access (D3331) 1 per tooth per lifetime
Incomplete Endodontic Therapy	50%	Inoperable, Unrestorable, Fractured Tooth (D3332) 1 per tooth per lifetime
Internal Root Repair of Perforation Defects	50%	Internal Root Repair of Perforation Defects (D3333) 1 per tooth per lifetime
Retreatment of Previous Root Canal Therapy	50%	1 of the following per tooth per lifetime Anterior (D3346) Bicuspid (D3347) Molar (D3348)
Dentures	0%	1 of the following every 5 years COMPLETE DENTURE Maxillary (D5110) Mandibular (D5120) IMMEDIATE DENTURE Maxillary (D5130) Mandibular (D5140) PARTIAL DENTURE Maxillary — Resin Base (D5211) Mandibular — Resin Base (D5212) Maxillary — Cast Metal, Resin Base (D5213) Mandibular — Cast Metal, Resin Base (D5214) Immediate Maxillary — Resin Base (D5221) Immediate Mandibular — Resin Base (D5222) Immediate Maxillary — Cast Metal Framework, Resin Denture Base (D5223) Immediate Mandibular — Cast Metal Framework, Resin Denture Base (D5224) METAL SUBSTRUCTURE Add metal substructure to acrylic full denture (D5876)

DENTAL SERVICE	YOUR COST	BENEFIT DETAILS
Denture Adjustments	0%	<p>1 per arch every 2 years</p> <p>Complete Denture — Maxillary (D5410) Complete Denture — Mandibular (D5411) Partial Denture — Maxillary (D5421) Partial Denture — Mandibular (D5422)</p>
Denture Repair	0%	<p>GENERAL DENTURE REPAIR</p> <p>1 per arch every 3 years of the following</p> <p>Repair Broken Complete Denture Base — Mandibular (D5511) Repair Broken Complete Denture Base — Maxillary (D5512) Replace Missing or Broken Teeth — Complete Denture (D5520) Repair Resin Partial Denture Base — Mandibular (D5611) Repair Resin Partial Denture Base — Maxillary (D5612) Repair Cast Partial Framework — Mandibular (D5621) Repair Cast Partial Framework — Maxillary (D5622)</p> <p>ADDITIONAL REPAIR</p> <p>1 per tooth every year of the following</p> <p>Repair or Replace Broken Clasp (D5630) Replace Broken Teeth — Per Tooth (D5640) Add Tooth To Existing Partial Denture (D5650) Add Clasp To Existing Partial Denture (D5660)</p>
Relining	0%	<p>1 every 2 years</p> <p>Complete Maxillary Denture — Chairside (D5730) Complete Mandibular Denture — Chairside (D5731) Maxillary Partial Denture — Chairside (D5740) Mandibular Partial Denture — Chairside (D5741) Complete Maxillary Denture — Laboratory (D5750) Complete Mandibular Denture — Laboratory (D5751) Maxillary Partial Denture — Laboratory (D5760) Mandibular Partial Denture — Laboratory (D5761)</p>

DENTAL SERVICE	YOUR COST	BENEFIT DETAILS
Other Services	0%	<p>DENTURE SECTIONING Fixed Partial Denture Sectioning (D9120)</p> <p>ANESTHESIA Deep Sedation/general anesthesia-first 15 minutes (D9222) Deep Sedation/general anesthesia-each subsequent 15 minute increment (D9223) Inhalation of nitrous oxide/ analgesia, anxiolysis (D9230) Intravenous moderation (conscious) (D9239) Intravenous moderation (conscious)-each subsequent 15 minute increment (D9243) Non-intravenous (conscious) sedation (D9248)</p> <p>CONSULTATION Other Than Requesting Dentist (D9310)</p>

Additional limitations may apply. Please refer to the Evidence of Coverage for a full list of covered services. You are only covered for the services, codes, and limits listed in the Evidence of Coverage. Any dental services that are furnished that are not listed as a covered code, or if you exceed the maximum service limit or annual maximum, will not be covered by Devoted Health, and you will be responsible for the full cost.



Questions? Call us.

1-800-385-0916 TTY 711

If you're a Devoted Health Member, call:

1-800-338-6833 TTY 711

San Antonio includes Bexar county

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