



Summary of Dental Benefits
Wellcare 'Ohana No Premium Open (PPO) - Group No.
9050-6
Effective: 01/01/2022



This summary is a brief description of a Hawaii Dental Service (HDS) member's dental benefits. Some limitations, restrictions, and exclusions may apply. Plan benefits are governed by the provisions detailed in the Wellcare By 'Ohana Health Plan's agreement with HDS, HDS's Procedure Code Guidelines and Delta Dental National Policies when applicable. Certain provisions may vary across agreements such as waiting periods, frequency and age limitations, etc. and may not be included in this summary. For additional information, please contact HDS Customer Service.

You can choose to receive care from out-of-network dentists. Your plan will cover services from either in-network or out-of-network dentists, as long as the services are covered benefits and clinically necessary. However, if you use an out-of-network dentist, your share of the costs for your covered services may be higher.

To find in-network dentists via the 'Find A Dentist' tool on the HDS website, select 'Medicare Advantage' as the Provider Network. You can also search for out-of-network dentists by selecting 'HDS PPO' as the Provider Network.

For the list of network dentists, see the Provider Directory, visit hawaiidentalsservice.com or call HDS customer service at 529-9248 or toll free 1-844-379-4325 (Monday through Friday, 8:00 a.m. to 8:00 p.m.).

PLAN MAXIMUM The most HDS will pay for each person for all covered dental services performed during the plan year.

| Wellcare 'Ohana No Premium Open (PPO) | | |
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| Plan Maximum | \$1000 | |
| | HDS PLAN PAYS | |
| DIAGNOSTIC | IN-NETWORK | OUT-OF-NETWORK |
| Examinations D0120 - Periodic oral evaluation, established patient D0150 - Comprehensive oral evaluation, new or established patient D0180 - Comprehensive periodontal evaluation, new or established patient | 100% 2x/cal. yr | 30% 2x/cal. yr |
| Focused Evaluations D0140 - Limited oral evaluation, problem focused | 100% 1x/yr/dental office (D0140, D0160, D0170, D0171) | 30% 1x/yr/dental office (D0140, D0160, D0170, D0171) |
| X-ray - Single (Processed as D0210 when the combined fees of D0220-D0240, D0270-D0277, and D0330 on the same date of service by the same dentist/dental office equal or exceeds the allowance of D0210) D0220 - Intraoral, periapical first radiographic image | 100% 1x/patient/provider (dental office)/day | 30% 1x/patient/provider (dental office)/day |
| D0230 - Intraoral, periapical each additional radiographic image | 100% | 30% |
| X-ray - Occlusal Radiographic Image (Processed as D0210 when the combined fees of D0220-D0240, | 100% | 30% |

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| D0270-D0277, and D0330 on the same date of service by the same dentist/dental office equal or exceeds the allowance of D0210) D0240 - Intraoral, occlusal radiographic image | | |
| X-ray - Extraoral First and Additional Radiographic Image D0250 - Extra-oral, 2D projection radiographic image created using a stationary radiation source, and detector | 100% | 30% |
| Bitewings (Processed as D0210 when the combined fees of D0220-D0240, D0270-D0277, and D0330 on the same date of service by the same dentist/dental office equal or exceeds the allowance of D0210) D0270 - Bitewing, single radiographic image D0272 - Bitewings, two radiographic images D0273 - Bitewings, three radiographic images D0274 - Bitewings, four radiographic images D0277 - Vertical bitewings, 7 to 8 radiographic images | 100% 1x/cal. yr | 30% 1x/cal. yr |
| Other X-rays D0210 - Intraoral, complete series of radiographic images | 100% full mouth X-rays 1x/3yrs | 30% full mouth X-rays 1x/3yrs |
| (Processed as D0210 when the combined fees of D0220-D0240, D0270-D0277, and D0330 on the same date of service by the same dentist/dental office equal or exceeds the allowance of D0210) D0330 - Panoramic radiographic image | 100% full mouth X-rays 1x/3yrs | 30% full mouth X-rays 1x/3yrs |
| D0340 - 2Dcephalometric radiographic image-acquisition, measurement and analysis D0350 - 2D oral/facial photographic image obtained intraorally or extraorally | 100% 1x/proc/3yrs | 30% 1x/proc/3yrs |
| Other Comprehensive Diagnostic D0470 - Diagnostic casts | 60% 1x/test/yr | 30% 1x/test/yr |
| D0472 - Accession of tissue, gross exam, prep & report D0473 - Accession of tissue, gross and microscopic exam, prep & report D0474 - Accession of tissue, gross and microscopic exam, including assessment of surgical margins for presence of disease, prep & report | 60% 1x/site on same date of service & same dental office (D0472, D0473, D0474) | 30% 1x/site on same date of service & same dental office (D0472, D0473, D0474) |
| D0480 - Accession of exfoliative cytologic smears, microscopic exam, prep, report D0484 - Consultation on slides prepared elsewhere | 60% | 30% |
| D0999 - Unspecified diagnostic procedure, by report | 60% | 30% |
| PREVENTIVE | | |
| Cleanings | 100% | 30% |

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| D1110 - Prophylaxis, adult | 2x/cal. yr (D1110, D4346, D4355) | 2x/cal. yr (D1110, D4346, D4355) |
| Fluoride D1206 - Topical application of fluoride varnish D1208 - Topical application of fluoride, excluding varnish | 100% 1x/cal. yr | 30% 1x/cal. yr |
| RESTORATIVE | | |
| Amalgam Restorations (silver fillings) D2140 - Amalgam, one surface, primary or permanent D2150 - Amalgam, two surfaces, primary or permanent D2160 - Amalgam, three surfaces, primary or permanent D2161 - Amalgam, four or more surfaces, primary or permanent | 60% 1x/surface/tooth/2yrs | 30% 1x/surface/tooth/2yrs |
| Resin-Based Composite Restorations - Direct (white fillings) D2330 - Resin-based composite, one surface, anterior D2331 - Resin-based composite, two surfaces, anterior D2332 - Resin-based composite, three surfaces, anterior D2335 - Resin-based composite, four or more surfaces or involving incisal angle (anterior) D2390 - Resin-based composite crown, anterior D2391 - Resin-based composite, one surface, posterior D2392 - Resin-based composite, two surfaces, posterior D2393 - Resin-based composite, three surfaces, posterior D2394 - Resin-based composite, four or more surfaces, posterior | | |
| Inlay/Onlay Restorations D2542 - Onlay, metallic, two surfaces D2543 - Onlay, metallic, three surfaces D2544 - Onlay, metallic, four or more surfaces D2642 - Onlay, porcelain/ceramic, two surfaces D2643 - Onlay, porcelain/ceramic, three surfaces D2644 - Onlay, porcelain/ceramic, four or more surfaces D2662 - Onlay, resin-based composite, two surfaces D2663 - Onlay, resin-based composite, three surfaces D2664 - Onlay, resin-based composite, four or more surfaces | 60% 1x/tooth/7yrs if eligible | 30% 1x/tooth/7yrs if eligible |
| Crowns-Single Restorations Only D2710 - Crown, resin-based composite (indirect) D2712 - Crown, ¾ resin-based composite (indirect) D2720 - Crown, resin with high noble metal D2721 - Crown, resin with predominantly base metal D2722 - Crown, resin with noble metal D2740 - Crown, porcelain/ceramic D2750 - Crown, porcelain fused to high noble metal D2751 - Crown, porcelain fused to predominantly base metal D2752 - Crown, porcelain fused to noble metal D2780 - Crown, ¾ cast high noble metal D2781 - Crown, ¾ cast predominantly base metal | | |

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| D2782 - Crown, 3/4 cast noble metal D2783 - Crown, 3/4 porcelain/ceramic D2790 - Crown, full cast high noble metal D2791 - Crown, full cast predominantly base metal D2792 - Crown, full cast noble metal D2794 - Crown, titanium and titanium alloys | | |
| Other Restorative Services D2910 - Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration D2915 - Re-cement or re-bond indirectly fabricated/prefabricated post and core D2920 - Re-cement or re-bond crown | 60% after 6 mos then 1x/yr | 30% after 6 mos then 1x/yr |
| D2921 - Reattachment of tooth fragment, incisal edge or cusp D2928 - Prefabricated porcelain/ceramic crown, permanent tooth D2931 - Prefabricated stainless steel crown, permanent tooth D2932 - Prefabricated resin crown D2940 - Protective restoration | 60% 1x/2yrs | 30% 1x/2yrs |
| D2950 - Core buildup, including any pins | 60% 1x/2yrs if eligible | 30% 1x/2yrs if eligible |
| D2951 - Pin retention, per tooth, in addition to restoration | 60% 1x/2yrs | 30% 1x/2yrs |
| D2952 - Post and core in addition to crown, indirectly fabricated | 60% 1x/7yrs if eligible | 30% 1x/7yrs if eligible |
| D2954 - Prefabricated post and core in addition to crown | 60% 1x/2yrs if eligible | 30% 1x/2yrs if eligible |
| D2955 - Post removal | 60% If eligible | 30% If eligible |
| D2971 - Additional procedures to customize a crown to fit under an existing partial denture framework | 60% If eligible | 30% If eligible |
| D2980 - Crown repair necessitated by restorative material failure D2981 - Inlay repair necessitated by restorative material failure D2982 - Onlay repair necessitated by restorative material failure D2983 - Veneer repair necessitated by restorative material failure | 60% 6 mos after initial placement, then 1x/yr if eligible | 30% 6 mos after initial placement, then 1x/yr if eligible |
| D2999 - Unspecified restorative procedure, by report | 60% | 30% |
| ENDODONTICS (ROOT CANALS) | | |
| D3110 - Pulp cap, direct (excluding final restoration) | 60% | 30% |

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| D3120 - Pulp cap, indirect (excluding final restoration) | if eligible | if eligible |
| D3220 - Therapeutic pulpotomy (excluding final restoration), removal of pulp coronal to the dentinocemental junction and application of medicament | 60% 1x/tooth/lifetime | 30% 1x/tooth/lifetime |
| D3221 - Pulpal debridement, primary and permanent teeth | 60% 1x/tooth/lifetime if eligible | 30% 1x/tooth/lifetime if eligible |
| D3222 - Partial pulpotomy for apexogenesis, permanent tooth with incomplete root development | 60% if eligible | 30% if eligible |
| D3230 - Pulpal therapy (resorbable filling), anterior, primary tooth (excluding final restoration) | 60% 1x/tooth/lifetime if eligible | 30% 1x/tooth/lifetime if eligible |
| D3240 - Pulpal therapy (resorbable filling), posterior, primary tooth (excluding final restoration) | 60% if eligible | 30% if eligible |
| D3310 - Endodontic therapy, anterior tooth (excluding final restoration) D3320 - Endodontic therapy, premolar tooth (excluding final restoration) D3330 - Endodontic therapy, molar tooth (excluding final restoration) | 60% 1x/tooth/lifetime if eligible | 30% 1x/tooth/lifetime if eligible |
| D3331 - Treatment of root canal obstruction; non-surgical access | 60% if eligible | 30% if eligible |
| D3332 - Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth D3333 - Internal root repair of perforation defects | 60% 1x/tooth/lifetime if eligible | 30% 1x/tooth/lifetime if eligible |
| D3346 - Retreatment of previous root canal therapy, anterior D3347 - Retreatment of previous root canal therapy, premolar D3348 - Retreatment of previous root canal therapy, molar | 60% 1x/tooth/2yrs if eligible | 30% 1x/tooth/2yrs if eligible |
| D3351 - Apexification/recalcification/pulpal regeneration initial visit (apical closure/calcific repair of perforations, root resorption, etc.) | 60% 1x/tooth/lifetime if eligible | 30% 1x/tooth/lifetime if eligible |
| D3352 - Apexification/recalcification/pulpal regeneration interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) D3353 - Apexification/recalcification, final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) | 60% In conjunction with D3351 if eligible | 30% In conjunction with D3351 if eligible |
| PERIODONTIC TREATMENTS AND MAINTENANCE (GUM/BONE SURGERIES AND MAINTENANCE) | | |
| D4341 - Periodontal scaling and root planing, four or more teeth per quadrant D4342 - Periodontal scaling and root planing, one to three teeth per quadrant | 60% 1x/site/quad/2yrs if eligible | 30% 1x/site/quad/2yrs if eligible |
| D4346 - Scaling in presence of generalized moderate or | 60% 2x/cal. yr | 30% 2x/cal. yr |

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| severe gingival inflammation, full mouth after oral evaluation | (D1110, D4346, D4355) | (D1110, D4346, D4355) |
| D4355 - Full mouth debridement to enable comprehensive evaluation and diagnosis on subsequent visit | 60% (D1110, D4346, D4355), if eligible | 30% (D1110, D4346, D4355), if eligible |
| D4910 - Periodontal maintenance | 60% 2x/cal. yr, if eligible | 30% 2x/cal. yr, if eligible |
| D4920 - Unscheduled dressing change (by someone other than treating dentist or their staff) | 60% 1x/dentist/dental office | 30% 1x/dentist/dental office |
| D4999 - Unspecified periodontal procedure, by report | 60% | 30% |
| ORAL SURGERY | | |
| D7140 - Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | 60% 1x/tooth/lifetime | 30% 1x/tooth/lifetime |
| D7210 - Extraction of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated D7220 - Removal of impacted tooth, soft tissue D7230 - Removal of impacted tooth, partially bony D7240 - Removal of impacted tooth, completely bony D7241 - Removal of impacted tooth, completely bony, with unusual surgical complications D7250 - Removal of residual tooth roots (cutting procedure) | 60% 1x/tooth/lifetime if eligible | 30% 1x/tooth/lifetime if eligible |
| D7260 - Oroantral fistula closure D7261 - Primary closure of a sinus perforation D7270 - Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth D7280 - Exposure of an unerupted tooth D7282 - Mobilization of erupted or malpositioned tooth to aid eruption D7285 - Incisional biopsy of oral tissue, hard (bone, tooth) D7286 - Incisional biopsy of oral tissue, soft D7290 - Surgical repositioning of teeth D7291 - Transseptal fiberotomy/supra crestal fiberotomy, by report D7310 - Alveoloplasty in conjunction w/ extractions, four or more teeth or tooth spaces per quadrant | 60% if eligible | 30% if eligible |
| D7311 - Alveoloplasty in conjunction w/ extractions, one to three teeth or tooth spaces per quadrant | 60% in conjunction with simple extraction | 30% in conjunction with simple extraction |
| D7320 - Alveoloplasty not in conjunction with extractions, four or more teeth or tooth spaces per quadrant D7321 - Alveoloplasty not in conjunction with extractions, one to three teeth, or tooth spaces per quadrant | 60% | 30% |
| D7410 - Excision of benign lesion up to 1.25 cm D7411 - Excision of benign lesion greater than 1.25 cm D7413 - Excision of malignant lesion up to 1.25 cm D7414 - Excision of malignant lesion greater than 1.25 cm | 60% if eligible | 30% if eligible |

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| <p>D7440 - Excision of malignant tumor, lesion diameter up to 1.25 cm</p> <p>D7441 - Excision of malignant tumor, lesion diameter greater than 1.25 cm</p> <p>D7450 - Removal of benign odontogenic cyst or tumor, lesion diameter up to 1.25 cm</p> <p>D7451 - Removal of benign odontogenic cyst or tumor, lesion diameter greater than 1.25 cm</p> <p>D7460 - Removal of benign nonodontogenic cyst or tumor, lesion diameter up to 1.25 cm</p> <p>D7461 - Removal of benign nonodontogenic cyst or tumor, lesion diameter greater than 1.25 cm</p> <p>D7465 - Destruction of lesion(s) by physical or chemical method, by report</p> <p>D7471 - Removal of lateral exostosis (maxilla or mandible)</p> <p>D7472 - Removal of torus palatinus</p> <p>D7473 - Removal of torus mandibularis</p> <p>D7485 - Reduction of osseous tuberosity</p> <p>D7510 - Incision and drainage of abscess, intraoral soft tissue</p> <p>D7511 - Incision and drainage of abscess, intraoral soft tissue, complicated (includes drainage of multiple fascial spaces)</p> <p>D7520 - Incision and drainage of abscess, extraoral soft tissue</p> <p>D7521 - Incision and drainage of abscess, extraoral soft tissue, complicated (includes drainage of multiple fascial spaces)</p> <p>D7530 - Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue</p> <p>D7540 - Removal of reaction producing foreign bodies, musculoskeletal system</p> <p>D7961 - Buccal/labial frenectomy (frenulectomy)</p> <p>D7962 - Lingual frenectomy (frenulectomy)</p> <p>D7963 - Frenuloplasty</p> <p>D7970 - Excision of hyperplastic tissue, per arch</p> <p>D7971 - Excision of pericoronal gingiva</p> <p>D7972 - Surgical reduction of fibrous tuberosity</p> | | |
| D7999 - Unspecified oral surgery procedure, by report | 60% | 30% |
| ADJUNCTIVE GENERAL SERVICES | | |
| D9110 - Palliative (emergency) treatment of dental pain, minor procedure | 100% 1x/visit, if eligible | 30% 1x/visit, if eligible |
| D9120 - Fixed partial denture sectioning | 60% 1x/fixed partial denture | 30% 1x/fixed partial denture |
| D9420 - Hospital or ambulatory surgical center call | 60% 1x/day, if eligible | 30% 1x/day, if eligible |
| ADDITIONAL SERVICES, IF ELIGIBLE | | |

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| Other Diagnostic D0160 - Detailed and extensive oral evaluation - problem focused, by report D0170 - Re-evaluation - limited, problem focused (established patient; not post-operative visit) D0171 - Re-evaluation, post operative office visit | 100% 1x/dental office/yr (Counts toward focused evaluation frequency D0140, D0160, D0170, D0171) | 30% 1x/dental office/yr (Counts toward focused evaluation frequency D0140, D0160, D0170, D0171) |
| Other Preventative D0251 - Extra-oral posterior dental radiographic image | 100% 2x/yr | 30% 2x/yr |
| D0310 - Sialography | 100% 1x/3yrs | 30% 1x/3yrs |
| D0391 - Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report | 100% | 30% |
| D0604 - Antigen testing for a public health related pathogen, including coronavirus D0605 - Antibody testing for a public health related pathogen, including coronavirus | 100% 1x/visit/test | 30% 1x/visit/test |
| D1355 - Caries prevention medicament application per tooth | 100% 1x/yr | 30% 1x/yr |
| Other Comprehensive Diagnostic D0414 - Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report D0415 - Collection of microorganisms for culture and sensitivity D0416 - Viral Culture D0431 - Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures D0475 - Decalcification procedure D0476 - Special stains for microorganisms D0477 - Special stains not for microorganisms D0478 - Immunohistochemical stains D0479 - Tissue in-situ hybridization, including interpretation D0481 - Electron microscopy D0482 - Direct immunofluorescence D0483 - Indirect immunofluorescence D0485 - Consultation, including preparation of slides from biopsy material supplied by referring source D0486 - Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report D0502 - Other oral pathology procedures, by report | 60% 1x/proc/yr | 30% 1x/proc/yr |
| Other Restorative D2975 - Coping | 60% 1x/tooth/7yrs | 30% 1x/tooth/7yrs |
| D4381 - Localized delivery of antimicrobial agent via a | 60% | 30% |

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| controlled release vehicle into diseased crevicular tissue per tooth, per report | 2 sites/quad/2yrs | 2 sites/quad/2yrs |
| Other Oral Surgery D7272 - Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) | 60% 1x/tooth/lifetime | 30% 1x/tooth/lifetime |
| D7287 - Exfoliative cytological sample collection D7288 - Brush biopsy, transepithelial sample collection D7292 - Placement of temporary anchorage device (screw retained plate) requiring flap D7293 - Placement of temporary anchorage device requiring flap D7294 - Placement of temporary anchorage device without flap | 60% 1x/site/proc/2yrs | 30% 1x/site/proc/2yrs |
| D7340 - Vestibuloplasty, ridge extension (secondary epithelialization) D7350 - Vestibuloplasty, ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | 60% 1x/site/quad/5yrs | 30% 1x/site/quad/5yrs |
| D7412 - Excision of benign lesion, complicated D7415 - Excision of malignant lesion, complicated | 60% | 30% |
| D7997 - Appliance removal (not by dentist who placed appliance), includes removal of archbar | 60% 1x/proc/5yrs | 30% 1x/proc/5yrs |
| D9410 - House/extended care facility call | 60% | 30% |

SPECIAL CONSIDERATIONS

1. Hawaii general excise tax is not reimbursable by HDS and is not billable to the patient.
2. HDS Medicare Advantage network dentists must obtain written agreement from members when performing services that are not reimbursable by HDS. The written agreement must 1) Describe the services to be provided; 2) Explain the member is responsible for paying for the services; and 3) Reflect HDS will not pay for the services.
3. Benefit limitations are based on claims incurred and covered by this plan only.
4. HDS Medicare Advantage providers must submit claims for Wellcare members within 180 days of the date of service. All other providers must submit claims within 12 months of the date of service.

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