2027

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Summary of Benefits

Elderplan Plus Long-Term Care (HMO-POS D-SNP)

January 1, 2027 to December 31, 2027

H3347_EP18225_M

Introduction

This document is a brief summary of the benefits and services covered by Elderplan Plus Long-Term Care (HMO-POS D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Elderplan Plus Long-Term Care (HMO-POS D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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A. Disclaimers



This is a summary of health services covered by Elderplan Plus Long-Term Care (HMO-POS D-SNP) for January 1, 2027 through December 31, 2027. This is only a summary. Read the *Evidence of Coverage* for the full list of benefits. If you don't have an Evidence of Coverage, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at the number at the bottom of this page. You can also find a copy of the Evidence of Coverage, and many other member resources, on our website at www.elderplan.org.

- Elderplan is an HMO plan with Medicare and Medicaid contracts. Enrollment in Elderplan depends on contract renewal. Anyone entitled to Medicare Parts A and B may apply. Enrolled members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid. This booklet gives you a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, see the 2027 Elderplan Plus Long-Term Care (HMO-POS D-SNP) Evidence of Coverage. A copy of the Evidence of Coverage is located on our website at www.elderplan.org

- When this document says “we,” “us,” or “our,” it means Elderplan, Inc. When it says “plan” or “our plan,” it means Elderplan Plus Long-Term Care (HMO-POS D-SNP).

- For more information about **Medicare**, you can read the *Medicare & You* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don’t have a copy of this booklet, you can access it online at the Medicare website (www.medicare.gov) or request a copy by calling 1 800 MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1 877-486-2048.

- Special eligibility requirements for our plan. Our plan is designed to meet the needs of people who receive certain Medicaid benefits. (Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources.) To be eligible for our plan you must be eligible for Medicare and Full Medicaid Benefits. Additionally, you:

  - Must have Medicare Part A and Medicare Part B.
  - Must reside in the plan’s service area: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland and Westchester counties.

- Must be a United States citizen or lawfully present in the United States.
- Must meet the special eligibility requirements described below.
- Must be 18 years of age or older.
- Must enroll in Elderplan Plus Long-Term Care Medicare Advantage Dual Special Needs Plan;
- Are capable at the time of enrollment of returning to or remaining in your home and community without jeopardy to your health and safety, or you are permanent placed in a nursing home;
- Need at least one Community Long Term Support Services (CBLTSS) for more than 120 days and the following:

  a. individuals with a diagnosis by a physician of Dementia or Alzheimer's and needs help with at least supervision with more than one activity of daily living (ADL); or

  b. individuals who are assessed as needing at least limited assistance with physical maneuvering with more than two ADLs.

If you enrolled in the MLTC program as of August 2025, you will be granted MLTC Plan Legacy status and be assessed under previous criteria as long as you remain continuously enrolled. As a result, you will not be required to meet the Minimum Needs Requirements at reassessment.

CBLTSS includes services provided in the home or community setting (any place of residence, either permanent or temporary, other than a hospital, skilled nursing home, or health related facility) as included in the Elderplan Plus Long-Term Care MAP plan and provided by Elderplan when medically necessary. CBLTSS services includes:

- Private Duty Nursing,
- Skilled Nursing,
- Home Health Services,
- Personal Care Services,
- Consumer Directed Personal Assistance Services, and
- Adult Day Health Care.

* Level 2 requires physical assistance with activities of daily living. Services such as housekeeping and shopping do not meet the need for level 2 services. More information is available in Title 18 - 505.14.

Note: Individuals enrolled in the MLTC program as of August 2025 will be granted MLTC Plan Legacy status and be assessed under previous criteria as long as they remain continuously enrolled. These MLTC Plan Legacy individuals will not be required to meet the Minimum Needs Requirements at reassessment.

An applicant is not eligible to enroll into the Elderplan Plus Long-Term Care Plan (HMO-POS D-SNP) if they are:

- a hospital inpatient or is an inpatient or resident of a facility licensed by the State Office of Mental Health (OMH), the Office of Addiction Services and Supports (OASAS) or the State Office For People With Developmental Disabilities (OPWDD); or
- is enrolled in another managed care plan capitated by Medicaid, a Home and Community-based Services waiver program or OPWDD Day Treatment Program.

An applicant who is receiving services from a hospice may be eligible to enroll into the plan upon discharge or termination from the inpatient hospital, facility licensed by the OMH, OASAS or OPWDD, other managed care plan, hospice, Home and Community-Based Services waiver program, or OPWDD Day Treatment Program.

If you decide to change your Medicare plan, you will also have to leave Elderplan Plus Long-Term Care (HMO-POS D-SNP) Program, and must also change your managed long-term care plan.

The coverage explained in this handbook becomes effective on the effective date of your enrollment in Elderplan Plus Long-Term Care (HMO-POS D-SNP) Medicaid Advantage Plus Program. Enrollment in the Elderplan Plus Long-Term Care (HMO-POS D-SNP) Medicaid Advantage Plus Program is voluntary.

New York Independent Assessor Program (NYIAP) – Initial Assessment Process

The New York Independent Assessor Program (NYIAP) will conduct an initial assessment for individuals who have expressed an interest in enrolling in a Managed Long Term care plan. The initial process includes completing the:

- **Community Health Assessment (CHA):** The CHA is used to see if you need personal care services (PCS) and/or consumer directed personal assistance services (CDPAS) and are eligible for enrollment in a Managed Long-Term Care plan.

- **Clinical appointment and Practitioner Order (PO):** The PO documents your clinical appointment and indicates that you:
  - have a need for help with daily activities, and
  - that your medical condition is stable so that it is safe for you to receive PCS and/or CDPAS in your home.

The NYIAP will schedule both the CHA and clinical appointment. The CHA is completed by a trained registered nurse (RN). After the CHA, a clinician from the NYIAP will complete a clinical appointment and PO a few days later.

Annually, you will also be reassessed by Elderplan to ensure your needs still meet the managed long term care program eligibility requirements in the Medicaid Advantage Plus program.

Elderplan will use the CHA and PO outcomes to determine what kind of help you need and create your own plan of care. If your plan of care proposes PCS and/or CDPAS for more than 12 hours per day, on average, a separate review by the NYIAP Independent Review Panel (IRP) will be required by the New York State Department of Health. The IRP is a panel of medical professionals that will review your CHA, PO, plan of care and any other medical documentation. If more information is needed, someone on the panel may schedule you for a physical exam or contact you to discuss your needs. The IRP will make a recommendation to Elderplan about whether the plan of care meets your needs.

Once NYIAP has completed the initial assessment steps and determined that you are eligible for MLTC, you can then choose which MLTC Care plan in which to enroll. Because you also are enrolled in Medicare for this same plan, you have chosen to combine your benefits and enroll in Elderplan Plus Long-Term Care (HMO-POS D-SNP).

- Please note: If you lose your Medicaid eligibility but can reasonably be expected to regain eligibility within three (3) months, then you are still eligible for membership in our plan (Chapter 4, Section 2.1 of the *Evidence of Coverage* tells you about coverage during a period of deemed continued eligibility.)

- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-877-891-6447 (TTY users should call 711.). Hours are 8 a.m. to 8 p.m., 7 days a week. The call is free.

- This document is available for free in Spanish and Chinese. Please contact our Member Services number at 1-877-891-6447 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., 7 days a week.

B. Frequently asked questions

The following table lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What's a Medicaid Advantage Plus (MAP/ HMO) + Dual Eligible Special Needs Plan (D-SNP) plan?	Our MAP plan is a Health Maintenance Organization (HMO) aligned with a Dual Eligible (Medicaid and Medicare) Special Needs Plan (D-SNP). Our plan combines your Medicaid home care and long-term care services and your Medicare services. It combines your doctors, hospital, pharmacies, home care, nursing home care, behavioral health care (mental health and substance use/addiction services), and other health care providers into one coordinated health care system. It also has care coordinators to help you manage all of your providers and services. They all work together to provide the care you need. Our MAP plan is called Elderplan Plus Long-Term Care (HMO-POS D-SNP).

Frequently Asked Questions (FAQ)	Answers
Will I get the same Medicare and Medicaid benefits in Elderplan Plus Long-Term Care (HMO-POS D-SNP) that I get now?	If you're coming to Elderplan Plus Long-Term Care (HMO-POS D-SNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You'll get almost all your covered Medicare and Medicaid benefits directly from Elderplan Plus Long-Term Care (HMO-POS D-SNP). When you enroll in Elderplan Plus Long-Term Care (HMO-POS D-SNP), you and your Care Team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Elderplan Plus Long-Term Care (HMO-POS D-SNP) doesn't normally cover, you can get a temporary supply, and we'll help you to transition to another drug or get an exception for Elderplan Plus Long-Term Care (HMO-POS D-SNP) to cover your drug if medically necessary.

Frequently Asked Questions (FAQ)	Answers
Will I get the same Medicare and Medicaid benefits in Elderplan Plus Long-Term Care (HMO-POS D-SNP) that I get now?	If you're taking any Medicare Part D drugs that Elderplan Plus Long-Term Care (HMO-POS D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Elderplan Plus Long-Term Care (HMO-POS D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.

Frequently Asked Questions (FAQ)	Answers
Can I use the same health care providers I use now?	That's often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with Elderplan Plus Long-Term Care (HMO-POS D-SNP) and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." You must use the providers in Elderplan Plus Long-Term Care (HMO-POS D-SNP)'s network. • If you need urgent or emergency care or behavioral health crisis services or out-of-area dialysis services, you can use providers outside of Elderplan Plus Long-Term Care (HMO-POS D-SNP)'s network. • Our plan allows you to see providers outside of our network (non contracted providers). However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.

Frequently Asked Questions (FAQ)	Answers
Can I use the same health care providers I use now? *(continued)*	To find out if your providers are in the plan's network, call Member Services at the numbers in the bottom of this page or read Elderplan Plus Long-Term Care (HMO-POS D-SNP)'s *Provider and Pharmacy Directory*. You can also visit our website at www.elderplan.org for the most current listing.

Frequently Asked Questions (FAQ)	Answers
Can I use the same health care providers I use now? *(continued)*	If Elderplan Plus Long-Term Care (HMO-POS D-SNP) is new for you, we'll work with you to develop an Individualized Plan of Care (ICP) to address your needs. You can keep using the providers you use now for 90 days or until your ICP is completed. Further, members who enroll on or after January 1, 2027, can continue to use their same behavioral health providers for up to 24 months as part of a continuous episode of care. "Continuous Behavioral Health Episode of Care" means a course of ambulatory behavioral health treatment, other than ambulatory detoxification and withdrawal services, which began prior to the effective date of the behavioral health benefit inclusion into MAP in the geographic service area in which services had been provided to an enrollee at least twice during the six months preceding January 1, 2027 by the same provider for the treatment of the same or related behavioral health condition.

Frequently Asked Questions (FAQ)	Answers
What's a Care Manager?	A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need. Members may have a Care Manager who works for the Plan as well as a specialized Health Home/Health Home Plus Care Manager (refer to **Section E.** Benefits covered outside of Elderplan Plus Long-Term Care (HMO-POS D-SNP).
What are Managed Long-term Services and Supports (MLTSS)?	Managed Long-term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.

Frequently Asked Questions (FAQ)	Answers
What happens if I need a service but no one in Elderplan Plus Long-Term Care (HMO-POS D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, such as due to shortage of staff with necessary expertise and/or availability to provide services, Elderplan Plus Long-Term Care (HMO-POS D-SNP) will cover services provided by an out-of-network provider.
Where's Elderplan Plus Long-Term Care (HMO-POS D-SNP) available?	The service area for this plan includes Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland and Westchester counties. You must live in one of these counties to join the plan.

Frequently Asked Questions (FAQ)	Answers
What's prior authorization?	Prior authorization means that you must get approval from Elderplan Plus Long-Term Care (HMO-POS D-SNP) before Elderplan Plus Long-Term Care (HMO-POS D-SNP) will cover a specific service, item, or drug or out-of-network provider. Elderplan Plus Long-Term Care (HMO-POS D-SNP) may not cover the service, item or drug if you don't get prior approval. **If you need urgent or emergency care or behavioral health crisis services or out-of-area dialysis services, you don't need to get approval first.** Elderplan Plus Long-Term Care (HMO-POS D-SNP) can provide you with a list of services or procedures that require you to get prior authorization from Elderplan Plus Long-Term Care (HMO-POS D-SNP) before the service is provided. Refer to **Chapter 3**, of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Evidence of Coverage* to learn which services require a prior authorization.

Frequently Asked Questions (FAQ)	Answers
What's prior authorization? *(Continued)*	If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member at the numbers listed at the bottom of this page for help.
Do I pay a monthly amount (also called a premium) under Elderplan Plus Long-Term Care (HMO-POS D-SNP)?	No. Because you have Medical Assistance (Medicaid), you won't pay any monthly premiums for your health coverage. However, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance (Medicaid) or another third party.

Frequently Asked Questions (FAQ)	Answers
Do I pay a deductible as a member of Elderplan Plus Long-Term Care (HMO-POS D-SNP)?	No. You don't pay deductibles in Elderplan Plus Long-Term Care (HMO-POS D-SNP).

Frequently Asked Questions (FAQ)	Answers
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Elderplan Plus Long-Term Care (HMO-POS D-SNP)?	There's no cost-sharing (copays or deductibles) for medical services in Elderplan Plus Long-Term Care (HMO-POS D-SNP), so your annual out-of-pocket costs will be $0.

C. Overview of services

The following table is a quick overview of what services you may need and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital care	$0 copayment	Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	$0 copayment	
	Ambulatory surgical center (ASC) services	$0 copayment	

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Doctor visits - Primary Care Providers	$0 copayment for each visit.	This benefit is also available through Telehealth. Please call your current provider for details.
You want to use an outpatient health care provider	Doctor Visits - Specialist	**In-Network and Out-of-Network** $0 copayment for each visit.	This benefit is also available through in-network Telehealth. Please call your current provider for details.
	Visits to treat an injury or illness	$0 copayment	

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to use a health care provider *(continued)*	Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	$0 copayment	There is no coinsurance, copayment or deductible for Medicare-covered Preventive Services.
	Wellness visits, such as a physical	$0 copayment	
	"Welcome to Medicare" preventive visit (one time only)	$0 copayment	

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services, including mental health emergencies at Comprehensive Psychiatric Emergency Programs (CPEPs)	$0 copayment for each visit.	You may use any emergency room or CPEP if you reasonably believe you need emergency care. You don't need prior authorization and you don't have to be in-network. Emergency room services AREN'T covered outside of the U.S. and its territories except under limited circumstances. Contact the plan for details.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Lab tests, such as blood work	$0 copayment	
You need medical tests	X-rays or other pictures, such as CAT scans	$0 copayment	Authorization is required only for Positron Emission Tomography (PET), Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), and CAT Scan (CT).
	Screenings, such as tests to check for cancer	$0 copayment	

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care *(continued)*	Urgent care	$0 copayment for each visit.	This benefit is also available through Telehealth. Please call your current provider for details. Urgent care isn't emergency care. You don't need prior authorization and you don't have to be in-network. Urgent care ISN'T covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Hearing screenings (including routine hearing exams)	$0 copayment	
You need hearing/ auditory services	Hearing aids (as well as fittings and associated accessories and supplies)	$0 copayment	Hearing Aids (all types) are covered up to $2,000 for both ears combined maximum benefit limit every year. Authorization is required.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	Medicare-covered Compre-hensive Dental Services $0 Copay-ment	For more information about which services are covered please contact Member Services.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care *(continued)*		**In-Network and Out-of-Network Combined** Diagnostic & Preventive Dental Services and Supplemental Comprehensive Dental Services are limited to the selected service codes from the categories below.	Authorization may be required for Supplemental Comprehensive Dental Services

Supplemental Diagnostic & Preventive Dental Services

In-Network and Out-of-Network

Code	Procedure Name	Frequency Limitations	Copayment
Oral Exams			
D0120	Periodic oral evaluation – established patient	One of (D0120) per 6 Month(s) per patient	$0 copayment
D0140	Limited oral evaluation– problem focused	One every month	$0 copayment
D0150	Comprehensive oral evaluation – new or established patient	One of (D0150) every 6 months per provider or location	$0 copayment
D0160	Detailed and extensive oral evaluation – problem focused, by report	One of (D0160) per 90 Day(s) per provider or location. One of (D9991) per 60 Day(s) per provider or location	$0 copayment
D0170	Re-evaluation, limited problem focused	One every 6 months	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral Exams			
D0180	Comprehensive periodontal evaluation – new or established patient	One every 6 months	$0 copayment
D0190	Screening of a patient	One of (D0190, D0191) per 10 Day(s) per provider and location	$0 copayment
D0191	Assessment of a patient	One of (D0190, D0191) per 10 Day(s) per provider and location	$0 copayment
X-Rays			
D0210	Intraoral – comprehensive series of radiographic images	One of (D0210, D0330) per 36 Month(s) per patient	$0 copayment
D0220	Intraoral – periapical first radiographic image	3 of (D0220) per 6 Month(s) per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
X-Rays			
D0230	Intraoral – periapical each additional radiographic image	The total fee for additional intraoral films may not exceed the total fee allowed for a complete intraoral series.	$0 copayment
D0240	Intraoral – occlusal radiographic image	One of (D0240) per 6 Month(s) per patient, same arch	$0 copayment
D0250	Extra-oral – 2d projection radiographic image created using a stationary radiation source, and detector	Two of (D0250) per 1 Week(s) per patient	$0 copayment
D0251	Extra-oral posterior dental radiographic image	Two of (D0251) per 1 Week(s) per patient	$0 copayment
D0270	Bitewing – single radiographic image	3 of (D0270, D0272, D0273, D0274) per 12 Month(s) per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
X-Rays			
D0272	Bitewings – two radiographic images	3 of (D0270, D0272, D0273, D0274) per 12 Month(s) per patient	$0 copayment
D0273	Bitewings – three radiographic images	3 of (D0270, D0272, D0273, D0274) per 12 Month(s) per patient	$0 copayment
D0274	Bitewings – four radiographic images	3 of (D0270, D0272, D0273, D0274) per 12 Month(s) per patient	$0 copayment
D0277	Vertical bitewings – 7 to 8 films	One every 6 months	$0 copayment
D0310	Saliography	Two of (D0310) per 1 Week(s) per patient	$0 copayment
D0320	Temporoman-dibular joint arthogram, including injection	Covered	$0 copayment
D0321	Other temporo-mandibular joint films, by report	Two of (D0321) per 12 Month(s) per patient	$0 copayment
D0330	Panoramic radiographic image	One of (D0210, D0330) per 36 Month(s) per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
X-Rays			
D0340	Cephalometric radiographic image	One of (D0340) per 36 Month(s) per patient	$0 copayment
D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	Two of (D0350) per 6 Month(s) per patient	$0 copayment
D0364	Cone beam CT capture and interpretation with limited field of view, less than one whole jaw	Capture of Cone beam CT with interpretation of such- limited to less than whole jaw	$0 copayment
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	Capture of Cone beam CT with interpretation of such- limited to mandibular arch.	$0 copayment
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	Capture of Cone beam CT with interpretation of such- limited to maxillary arch (without cranium)	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
X-Rays			
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	A panoramic radiograph (D0330) or similar film, along with documentation of medical necessity, must be submitted with requests for prior approval. Approval is limited to those cases demonstrating significant risk for a complication such as nerve injury or jaw fracture as well as pathology or trauma workups and implants	$0 copayment
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	Capture of Cone beam CT with interpretation of such – limited to TMJ series (2 or more exposures)	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
X-Rays			
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	One of (D0372) every 36 months per patient	$0 copayment
D0373	Intraoral tomosynthesis – bitewing radiographic image	One of (D0373) every 12 months per patient	$0 copayment
D0374	Intraoral tomosynthesis – periapical radiographic image	One of (D0374) every 12 months per patient	$0 copayment
D0387	Intraoral tomosynthesis – comprehensive series image capture	Covered	$0 copayment
D0388	Intraoral tomosynthesis – bitewing image capture	Covered	$0 copayment
D0389	Intraoral tomosynthesis – periapical image capture	One of (D0389) every 12 months per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
X-Rays			
D0470	Diagnostic casts	One of (D0470) per 12 Month(s) per patient	$0 copayment
Other Diagnostic Services			
D0474	Accession of tissue, gross and microscopic exam (surgical)	Reimbursement is limited to enrolled oral pathologist.	$0 copayment
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	Reimbursement is limited to enrolled oral pathologist.	$0 copayment
D0502	Other oral pathology procedures, by report	Reimbursement is limited to enrolled oral pathologist	$0 copayment
D0999	Unspecified diagnostic procedure, by report	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Cleanings			
D1110	Prophylaxis – adult	One of (D1110) per 6 Month(s) per patient. Includes scaling and polishing procedures to remove coronal plaque, calculus and stains. Prophylaxis is intended to control local irritation factors in conjunction with D4341 on the same date of service.	$0 copayment
Fluoride Treatment			
D1206	Topical application of fluoride varnish	One of (D1206, D1208) per 3 Month(s)	$0 copayment
D1208	Topical application of fluoride – excluding varnish	One of (D1206, D1208) per 3 Month(s) per patient. Four of (D1206) per 12 Month(s) per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Other Preventive Dental Services			
D1320	Tobacco counseling for control and prevention of oral disease	Covered	$0 copayment
D1354	Application of caries arresting medicament – per tooth	Covered with topical application of fluoride (D1206 or D1208) when they are performed on the same date of service	$0 copayment
D1999	Unspecified preventive procedure, by report	Covered	$0 copayment

Supplemental Comprehensive Dental Services

In-Network and Out-of-Network Combined

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2140	Amalgam – one surface, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	$0 copayment
D2150	Amalgam – two surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	$0 copayment
D2160	Amalgam – three surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2161	Amalgam – four or more surfaces, primary or permanent	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	$0 copayment
D2330	Resin-based composite – one surface, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	$0 copayment
D2331	Resin-based composite – two surfaces, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2332	Resin-based composite – three surfaces, anterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	$0 copayment
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	$0 copayment
D2390	Resin-based composite crown, anterior	One of (D2390) per 12 month(s) per patient, Same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2391	Resin-based composite – one surface, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	$0 copayment
D2392	Resin-based composite – two surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	$0 copayment
D2393	Resin-based composite – three surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2394	Resin-based composite – four or more surfaces, posterior	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) every 12 months	$0 copayment
D2510	Inlay-metallic – 1 surface	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2520	Inlay-metallic – 2 surfaces	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2530	Inlay-metallic – 3+ surfaces	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2542	Onlay-metallic – 2 surfaces	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2620	Inlay-porcelain/ ceramic – 2 surfaces	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2630	Inlay-porc/ceramic – 3+ surfaces	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2710	Crown – resin-based composite (indirect)	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2712	Crown – ¾ resin-based composite (indirect)	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2720	Crown – resin with high noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2721	Crown – resin with predominantly base metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2722	Crown – resin with noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2740	Crown – porcelain/ceramic	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2750	Crown – porcelain fused to high noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2751	Crown – porcelain fused to predominantly base metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2752	Crown – porcelain fused to noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2753	Crown – porcelain fused to titanium and titanium alloys	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2780	Crown – ¾ cast high noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2781	Crown – ¾ cast predominantly base metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2782	Crown – ¾ cast noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2790	Crown – full cast high noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2791	Crown – full cast predominantly base metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2792	Crown – full cast noble metal	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2794	Crown – titanium	One of (D2510, D2520, D2530, D2542, D2620, D2630, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2790, D2791, D2792, D2794), once per tooth per 60 months, per patient	$0 copayment
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Covered	$0 copayment
D2920	Re-cement or re-bond crown	One of (D2920) per 24 Month(s) per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2931	Prefabricated stainless steel crown-permanent tooth	One of (D2931, D2932, D2933) per 60 Month(s) per patient, same tooth	$0 copayment
D2932	Prefabricated resin crown	One of (D2931, D2932, D2933) per 24 Month(s) per patient, same tooth	$0 copayment
D2933	Prefabricated stainless steel crown with resin window	One of (D2931, D2932, D2933) per 24 Month(s) per patient, same tooth	$0 copayment
D2940	Placement of interim direct restoration	Two every 12 months	$0 copayment
D2951	Pin retention – per tooth, in addition to restoration	Two of (D2951) per 12 Month(s) per patient, same tooth	$0 copayment
D2952	Cast post and core in addition to crown	One of (D2952) per 60 Month(s) per patient, same tooth	$0 copayment
D2953	Each additional cast post – same tooth	One of (D2953) every 60 months per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Restorative Services‡			
D2954	Prefabricated post and core in addition to crown	One of (D2954) per 60 Month(s) per patient, same tooth	$0 copayment
D2955	Post removal (not in conjunction with endodontic therapy)	One of (D2955) per 60 Month(s), same tooth	$0 copayment
D2980	Crown repair, by report	One of (D2980) per 60 Month(s) per patient, same tooth	$0 copayment
D2989	Excavation of a tooth resulting in the determination of a non-restorability	Covered	$0 copayment
D2999	Unspecified restorative procedure, by report	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Endodontic Services‡			
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	One of (D3220) per 1 Lifetime, same tooth	$0 copayment
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	One of (D3230) per 1 Lifetime per patient, same tooth	$0 copayment
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	One of (D3240) per 1 Lifetime per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Endodontic Services‡			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One of (D3310) per 1 Lifetime per patient, same tooth	$0 copayment
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	One of (D3320) per 1 Lifetime per patient, same tooth	$0 copayment
D3330	Endodontic therapy, molar tooth (excluding final restoration)	One of (D3330) per 1 Lifetime per patient, same tooth	$0 copayment
D3346	Retreatment of previous root canal therapy-anterior	One of (D3346) per 1 Lifetime per patient, same tooth	$0 copayment
D3347	Retreatment of previous root canal therapy – premolar	One of (D3347) per 1 Lifetime per patient, same tooth	$0 copayment
D3348	Retreatment of previous root canal therapy – molar	One of (D3348) per 1 Lifetime per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Endodontic Services‡			
D3410	Apicoectomy – anterior	One of (D3410) per 1 Lifetime per patient, same tooth	$0 copayment
D3421	Apicoectomy – premolar (first root)	One of (D3421) per 1 Lifetime per patient, same tooth	$0 copayment
D3425	Apicoectomy – molar (first root)	One of (D3425) per 1 Lifetime per patient, same tooth	$0 copayment
D3426	Apicoectomy (each additional root)	One of (D3426) per 1 Lifetime per patient, same tooth	$0 copayment
D3430	Retrograde filling – per root	One of (D3430) per 1 Lifetime per patient, same tooth	$0 copayment
D3999	Unspecified endodontic procedure, by report	Covered	$0 copayment
Periodontic Services‡			
D4210	Gingivectomy or gingivoplasty – 4 or more contiguous teeth or tooth bounded spaces per quadrant	One of (D4210, D4211) per 12 Month(s), same quadrant	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Periodontic Services‡			
D4211	Gingivectomy or gingivoplasty – 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	One of (D4210, D4211) per 12 Month(s), same quadrant	$0 copayment
D4240	Gingival flap procedure, including root planing –4 or more contiguous teeth or tooth bounded spaces per quadrant	One (D4240) every 60 months per patient	$0 copayment
D4245	Apically positioned flap	Covered	$0 copayment
D4249	Clinical crown lengthening – hard tissue	One of (D4249) per 1 Lifetime per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Periodontic Services‡			
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – 4 or more contiguous teeth or tooth bounded spaces per quadrant	One of (D4260 or D4261), once per quadrant per 60 months, per patient	$0 copayment
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	One of (D4260 or D4261), once per quadrant per 60 months, per patient	$0 copayment
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	One of (D4266, D4267) per 1 Lifetime per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Periodontic Services‡			
D4267	Guided tissue regeneration, natural teeth – non-resorbable barrier, per site	One of (D4266, D4267) per 1 Lifetime per patient, same tooth	$0 copayment
D4273	Subepithelial connective tissue graft procedure	One of (D4273, D4275) per 1 Lifetime per patient, same tooth	$0 copayment
D4275	Soft tissue allograft	One of (D4273, D4275) per 1 Lifetime per patient, same tooth	$0 copayment
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	One per tooth, per lifetime	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Periodontic Services‡			
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	One of (D4278) per 1 Lifetime per patient, same tooth	$0 copayment
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	One of (D4283, D4285) per 1 Lifetime per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Periodontic Services‡			
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	One of (D4283, D4285) per 1 Lifetime per patient, same tooth	$0 copayment
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant	One of (D4341, D4342) per 24 Month(s) per patient, same quadrant	$0 copayment
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant	One of (D4341, D4342) per 24 Month(s) per patient, same quadrant	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Periodontic Services‡			
D4910	Periodontal maintenance procedures	One of (D4910) per 6 Month(s) per patient	$0 copayment
D4999	Unspecified periodontal procedure, by report	Covered	$0 copayment
Prosthodontic Removable Services‡			
D5110	Complete denture – maxillary	One of (D5110, D5211, D5213, D5225) per 96 Month(s) per patient	$0 copayment
D5120	Complete denture – mandibular	One of (D5120, D5212, D5214, D5226) per 96 Month(s) per patient	$0 copayment
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	One of (D5110, D5211, D5213, D5225) per 96 Month(s) per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontic Removable Services‡			
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	One of (D5120, D5212, D5214, D5226) per 96 Month(s) per patient	$0 copayment
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One of (D5110, D5211, D5213, D5225) per 96 Month(s) per patient	$0 copayment
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One of (D5120, D5212, D5214, D5226) per 96 Month(s) per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontic Removable Services‡			
D5225	Maxillary partial denture-flexible base	One of (D5110, D5211, D5213, D5225) per 96 Month(s) per patient	$0 copayment
D5226	Mandibular partial denture-flexible base	One of (D5120, D5212, D5214, D5226) per 96 Month(s) per patient	$0 copayment
D5410	Adjust complete denture-maxillary	4 of (D5410) per 12 Month(s) per patient. Not covered within 6 months of placement	$0 copayment
D5411	Adjust complete denture-mandibular	4 of (D5411) per 12 Month(s) per patient. Not covered within 6 months of placement	$0 copayment
D5421	Adjust partial denture-maxillary	4 of (D5421) per 12 Month(s) per patient. Not covered within 6 months of placement	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontic Removable Services‡			
D5422	Adjust partial denture-mandibular	4 of (D5422) per 12 Month(s) per patient. Not covered within 6 months of placement	$0 copayment
D5511	Repair broken complete denture base, mandibular	Two of (D5511) per 12 Month(s) per patient	$0 copayment
D5512	Repair broken complete denture base, maxillary	Two of (D5512) per 12 Month(s) per patient	$0 copayment
D5520	Replace missing or broken teeth – complete denture – per tooth	One of (D5520) per 12 Month(s) per patient, same tooth	$0 copayment
D5611	Repair resin denture base, mandibular	Two of (D5611) per 12 Month(s) per patient	$0 copayment
D5612	Repair resin denture base, maxillary	Two of (D5612) per 12 Month(s) per patient	$0 copayment
D5621	Repair cast framework, mandibular	One of (D5621) per 12 Month(s) per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontic Removable Services‡			
D5622	Repair cast framework, maxillary	One of (D5622) per 12 Month(s) per patient	$0 copayment
D5630	Repair or replace broken clasp	Two of (D5630) per 12 Month(s) per patient, same tooth	$0 copayment
D5640	Replace missing or broken teeth – partial denture – per tooth	One of (D5640) per 12 Month(s) per patient, same tooth	$0 copayment
D5650	Add tooth to existing partial denture – per tooth	One of (D5650) per 12 Month(s) per patient, same tooth	$0 copayment
D5660	Add clasp to existing partial denture	One of (D5660) per 12 Month(s) per patient, same tooth	$0 copayment
D5710	Rebase complete maxillary denture	One of (D5710) per 24 Month(s) per patient. Not covered within 6 months of placement	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontic Removable Services‡			
D5711	Rebase complete mandibular denture	One of (D5711) per 24 Month(s) per patient. Not covered within 6 months of placement	$0 copayment
D5720	Rebase maxillary partial denture	One of (D5720) per 24 Month(s) per patient. Not covered within 6 months of placement	$0 copayment
D5721	Rebase mandibular partial denture	One of (D5721) per 24 Month(s) per patient. Not covered within 6 months of placement	$0 copayment
D5725	Rebase of hybrid prosthesis	One of (D5275) every 24 month(s) per patient. Not covered within 6 months of placement	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontic Removable Services‡			
D5730	Reline complete maxillary denture (chairside)	One of (D5730) per 12 Month(s) per patient. Not covered within 6 months of placement	$0 copayment
D5731	Reline complete mandibular denture (chairside)	One of (D5731) per 12 Month(s) per patient. Not covered within 6 months of placement	$0 copayment
D5740	Reline maxillary partial denture (chairside)	One of (D5740) per 12 Month(s) per patient. Not covered within 6 months of placement	$0 copayment
D5741	Reline mandibular partial denture (chairside)	One of (D5741) per 12 Month(s) per patient. Not covered within 6 months of placement	$0 copayment
D5750	Reline complete maxillary denture (laboratory)	One of (D5750) per 24 Month(s) per patient. Not covered within 6 months of placement	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontic Removable Services‡			
D5751	Reline complete mandibular denture (laboratory)	One of (D5751) per 24 Month(s) per patient. Not covered within 6 months of placement	$0 copayment
D5760	Reline maxillary partial denture (laboratory)	One of (D5760) per 24 Month(s) per patient. Not covered within 6 months of placement	$0 copayment
D5761	Reline mandibular partial denture (laboratory)	One of (D5761) per 24 Month(s) per patient. Not covered within 6 months of placement	$0 copayment
D5820	Interim partial denture – upper	One of (D5820) every 12 month(s) per patient	$0 copayment
D5821	Interim partial denture – lower	One of (D5821) every 12 month(s) per patient	$0 copayment
D5850	Tissue conditioning, maxillary	One of (D5850) per 12 Month(s) per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontic Removable Services‡			
D5851	Tissue conditioning, mandibular	One of (D5851) per 12 Month(s) per patient	$0 copayment
D5877	Duplication of complete denture – maxillary	One of (D5110, D5130, D5877) per 60 months, per patient	$0 copayment
D5878	Duplication of complete denture – mandibular	One of (D5120, D5140, D5878) per 60 months, per patient	$0 copayment
D5899	Unspecified removable prosthodontic procedure, by report	Covered	$0 copayment
Maxillofacial Prosthetics‡			
D5909	Maxillary guidance prosthesis with guide flange	Covered	$0 copayment
D5911	Facial moulage (sectional)	One of (D5911) per 12 Month(s) per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Maxillofacial Prosthetics‡			
D5912	Facial moulage (complete)	One of (D5912) per 12 Month(s) per patient	$0 copayment
D5913	Nasal prosthesis	One of (D5913) per 12 Month(s) per patient	$0 copayment
D5914	Auricular prosthesis	One of (D5914) per 12 Month(s) per patient	$0 copayment
D5915	Orbital prosthesis	One of (D5915) per 12 Month(s) per patient	$0 copayment
D5916	Ocular prosthesis	One of (D5916) per 12 Month(s) per patient	$0 copayment
D5919	Facial prosthesis	6 of (D5919) per 2 Month(s) per patient	$0 copayment
D5922	Nasal septal prosthesis	One of (D5922) per 12 Month(s) per patient	$0 copayment
D5923	Ocular prosthesis, interim	One of (D5923) per 12 Month(s) per patient	$0 copayment
D5924	Cranial prosthesis	One of (D5924) per 12 Month(s) per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Maxillofacial Prosthetics‡			
D5925	Facial augment implant prosthesis	One of (D5925) per 12 Month(s) per patient	$0 copayment
D5926	Nasal prosthesis, replacement	One of (D5926) per 12 Month(s) per patient	$0 copayment
D5927	Auricular prosthesis, replace	One of (D5927) per 12 Month(s) per patient	$0 copayment
D5928	Orbital prosthesis, replace	One of (D5928) per 12 Month(s) per patient	$0 copayment
D5929	Facial prosthesis, replacement	One of (D5929) per 12 Month(s) per patient	$0 copayment
D5930	Maxillary guidance prosthesis without guide flange	Covered	$0 copayment
D5931	Obturator prosthesis, surgical	One of (D5931) per 12 Month(s) per patient	$0 copayment
D5932	Obturator prosthesis, definitive	One of (D5932) per 12 Month(s) per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Maxillofacial Prosthetics‡			
D5933	Obturator prosthesis, modification	One of (D5933) per 6 Month(s) per patient	$0 copayment
D5934	Mandibular resection prosthesis with guide flange	One of (D5934) per 12 Month(s) per patient	$0 copayment
D5935	Mandibular resection prosthesis without guide flange	One of (D5935) per 12 Month(s) per patient	$0 copayment
D5936	Obturator prosthesis, interim	One of (D5936) per 12 Month(s) per patient	$0 copayment
D5937	Trismus appliance (not for TMD treatment)	One of (D5937) per 12 Month(s) per patient	$0 copayment
D5938	Resection prosthesis, maxillary complete removable	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Maxillofacial Prosthetics‡			
D5939	Resection prosthesis, mandibular complete removable	Covered	$0 copayment
D5940	Resection prosthesis, maxillary partial removable	Covered	$0 copayment
D5941	Resection prosthesis, mandibular partial removable	Covered	$0 copayment
D5942	Resection prosthesis, maxillary implant/ abutment supported removable prosthesis for edentulous arch	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Maxillofacial Prosthetics‡			
D5943	Resection prosthesis, mandibular implant/ abutment supported removable prosthesis for edentulous arch	Covered	$0 copayment
D5944	Resection prosthesis, maxillary implant/ abutment supported removable prosthesis for the partial edentulous arch	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Maxillofacial Prosthetics‡			
D5945	Resection prosthesis, mandibular implant/ abutment supported removable prosthesis for the partial edentulous arch	Covered	$0 copayment
D5946	Resection prosthesis, maxillary implant/ abutment supported fixed prosthesis for edentulous arch	Covered	$0 copayment
D5947	Resection prosthesis, mandibular implant/ abutment supported fixed prosthesis for edentulous arch	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Maxillofacial Prosthetics‡			
D5948	Resection prosthesis, maxillary implant/ abutment supported fixed prosthesis for the partial edentulous arch	Covered	$0 copayment
D5949	Resection prosthesis, mandibular implant/ abutment supported fixed prosthesis for the partial edentulous arch	Covered	$0 copayment
D5951	Feeding aid	One of (D5951) per 12 Month(s) per patient	$0 copayment
D5953	Speech aid prosthesis, adult	One of (D5953) per 12 Month(s) per patient	$0 copayment
D5954	Palatal augment prosthesis	One of (D5954) per 12 Month(s) per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Maxillofacial Prosthetics‡			
D5955	Palatal lift prosthesis, definitive	One of (D5955) per 12 Month(s) per patient	$0 copayment
D5958	Palatal lift prosthesis, interim	One of (D5958) per 12 Month(s) per patient	$0 copayment
D5959	Palatal lift prosthesis, modification	One of (D5959) per 12 Month(s) per patient	$0 copayment
D5960	Speech aid prosthesis, modification	One of (D5960) per 12 Month(s) per patient	$0 copayment
D5982	Surgical stent	One of (D5982) per 12 Month(s) per patient	$0 copayment
D5983	Radiation carrier	One of (D5983) per 12 Month(s) per patient	$0 copayment
D5984	Radiation shield	One of (D5984) per 12 Month(s) per patient	$0 copayment
D5985	Radiation cone locator	One of (D5985) per 12 Month(s) per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Maxillofacial Prosthetics‡			
D5986	Fluoride gel carrier	Two of (D5986) per 12 Month(s) per patient, same arch	$0 copayment
D5987	Commissure splint	One of (D5987) per 12 Month(s) per patient	$0 copayment
D5988	Surgical splint	One of (D5988) per 12 Month(s) per patient	$0 copayment
D5999	Unspecified maxillofacial prosthesis, by report	Covered	$0 copayment
Implants Services‡			
D6010	Surgical placement of implant body: endosteal implant	One of (D6010, D6013) per 1 Lifetime per patient, same tooth	$0 copayment
D6013	Surgical placement of mini implant	One of (D6010, D6013) per 1 Lifetime per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Implants Services‡			
D6049	Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure	Covered	$0 copayment
D6055	Connecting bar – implant supported or abutment supported	One of (D6055) per 8 years, per patient, same arch	$0 copayment
D6056	Prefabricated abutment – includes modification and placement	One of (D6056, D6057) per 8 years per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Implants Services‡			
D6057	Custom fabricated abutment – includes placement	One of (D6056, D6057) per 8 years per patient, same tooth	$0 copayment
D6058	Abutment supported porcelain/ceramic crown	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064) per 8 years per patient, same tooth	$0 copayment
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064) per 8 years per patient, same tooth	$0 copayment
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064) per 8 years per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Implants Services‡			
D6061	Abutment supported porcelain fused to metal crown (noble metal)	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064) per 8 years per patient, same tooth	$0 copayment
D6062	Abutment supported cast metal crown (high noble metal)	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064) per 8 years per patient, same tooth	$0 copayment
D6063	Abutment supported cast metal crown (predominantly base metal)	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064) per 8 years per patient, same tooth	$0 copayment
D6064	Abutment supported cast metal crown (noble metal)	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064) per 8 years per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Implants Services‡			
D6065	Implant supported porcelain/ceramic crown	One of (D6065, D6066, D6067) per 8 years per patient, same tooth	$0 copayment
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	One of (D6065, D6066, D6067) per 8 years per patient, same tooth	$0 copayment
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	One of (D6065, D6066, D6067) per 8 years per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Implants Services‡			
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	One of (D6081) per 12 Month(s) per patient, same tooth	$0 copayment
D6090	Repair of implant/ abutment supported prosthesis	One of (D6090) per 12 Month(s) per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Implants Services‡			
D6091	Replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/ abutment supported prosthesis, per attachment	One of (D6091) per 12 Month(s) per patient, same quadrant	$0 copayment
D6092	Re-cement or re-bond implant/ abutment supported crown	One of (D6092) per 2 years per patient, same tooth	$0 copayment
D6093	Re-cement or re-bond implant/ abutment supported fixed partial denture	One of (D6093) per 2 years per patient, same tooth	$0 copayment
D6094	Abutment supported crown – (titanium)	One of (D6094) per 8 Year(s) per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Implants Services‡			
D6095	Repair implant abutment	One of (D6095) per 12 Month(s) per patient, same tooth	$0 copayment
D6096	Remove broken implant retaining screw	One of (D6096) per 12 Month(s) per patient, same tooth	$0 copayment
D6100	Surgical removal of implant body	Covered	$0 copayment
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	One of (D6101, D6102) per 2 Year(s) per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Implants Services‡			
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	One of (D6101, D6102) per 2 Year(s) per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Implants Services‡			
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately	One of (D6103) per 2 Year(s) per patient, same tooth	$0 copayment
D6104	Bone graft at time of implant placement	One of (D6104) per 1 Lifetime per patient, same tooth	$0 copayment
D6106	Guided tissue regeneration – resorbable barrier, per implant	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Implants Services‡			
D6107	Guided tissue regeneration – non-resorbable barrier, per implant	Covered	$0 copayment
D6110	Implant /abutment supported removable denture for edentulous arch – maxillary	One of (D6110, D6112) per 8 years per patient, same arch	$0 copayment
D6111	Implant /abutment supported removable denture for edentulous arch – mandibular	One of (D6111, D6113) per 8 years per patient, same arch	$0 copayment
D6112	Implant /abutment supported removable denture for partially edentulous arch – maxillary	One of (D6110, D6112) per 8 years per patient, same arch	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Implants Services‡			
D6113	Implant /abutment supported removable denture for partially edentulous arch – mandibular	One of (D6111, D6113) per 8 years per patient, same arch	$0 copayment
D6190	Radiographic/ surgical implant index, by report	One of (D6190) per 12 Month(s) per patient, same arch	$0 copayment
D6191	Semi-precision abutment – placement	One of (D6191) per 8 years per patient, same tooth	$0 copayment
D6192	Semi-precision attachment – placement	One of (D6192) per 8 years per patient, same tooth	$0 copayment
D6193	Replacement of an implant screw	One of (D6193) per 12 Month(s) per patient per tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Implants Services‡			
D6199	Unspecified implant procedure	Covered	$0 copayment
Prosthodontics Fixed Services‡			
D6210	Pontic – cast high noble metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth	$0 copayment
D6211	Pontic – cast base metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontics Fixed Services‡			
D6212	Pontic – cast noble metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth	$0 copayment
D6214	Pontic – titanium	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontics Fixed Services‡			
D6240	Pontic – porcelain fused – high noble	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth	$0 copayment
D6241	Pontic – porcelain fused to base metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontics Fixed Services‡			
D6242	Pontic – porcelain fused – noble metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth.	$0 copayment
D6243	Pontic – porcelain fused to titanium and titanium alloys	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s)	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontics Fixed Services‡			
D6245	Prosthodontics fixed, pontic – porcelain/ceramic	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth	$0 copayment
D6250	Pontic – resin with high noble metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontics Fixed Services‡			
D6251	Pontic – resin with base metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth	$0 copayment
D6252	Pontic – resin with noble metal	One of (D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) per patient, same tooth	$0 copayment
D6545	Retainer – cast metal fixed	One of (D6545) per 60 Month(s) per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontics Fixed Services‡			
D6720	Crown – resin with high noble metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	$0 copayment
D6721	Crown – resin with base metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth.	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontics Fixed Services‡			
D6722	Crown – resin with noble metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	$0 copayment
D6740	Retainer crown – porcelain/ ceramic	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontics Fixed Services‡			
D6750	Crown – porcelain fused high noble	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	$0 copayment
D6751	Crown – porcelain fused to base metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontics Fixed Services‡			
D6752	Crown – porcelain fused noble metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	$0 copayment
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontics Fixed Services‡			
D6780	Crown – ¾ cast high noble metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	$0 copayment
D6781	Prosthodontics fixed, crown ¾ cast predominantly based metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontics Fixed Services‡			
D6782	Prosthodontics fixed, crown ¾ cast noble metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	$0 copayment
D6783	Prosthodontics fixed, crown ¾ porcelain/ceramic	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontics Fixed Services‡			
D6784	Retainer crown –¾-titanium and titanium alloys	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	$0 copayment
D6790	Crown – full cast high noble	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontics Fixed Services‡			
D6791	Crown – full cast base metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	$0 copayment
D6792	Crown – full cast noble metal	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Prosthodontics Fixed Services‡			
D6794	Crown – titanium	One of (D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 60 Month(s) per patient, same tooth	$0 copayment
D6930	Re-cement or re-bond fixed partial denture	One of (D6930) per 24 Month(s) per patient, same quadrant	$0 copayment
D6980	Fixed partial denture repair	One of (D6980) per 60 Month(s) per patient, same quadrant	$0 copayment
D6999	Fixed prosthodontic procedure	Covered	$0 copayment
D7111	Extraction, coronal remnants – primary tooth	One of (D7111) per 1 Lifetime per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	One of (D7140) per 1 Lifetime per patient, same tooth	$0 copayment
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	One of (D7210) per 1 Lifetime per patient, same tooth	$0 copayment
D7220	Removal of impacted tooth-soft tissue	One of (D7220) per 1 Lifetime per patient, same tooth	$0 copayment
D7230	Removal of impacted tooth-partially bony	One of (D7230) per 1 Lifetime per patient, same tooth	$0 copayment
D7240	Removal of impacted tooth-completely bony	One of (D7240) per 1 Lifetime per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	One of (D7241) per 1 Lifetime per patient, same tooth	$0 copayment
D7250	Surgical removal of residual tooth roots (cutting procedure)	One of (D7250) per 1 Lifetime per patient, same tooth	$0 copayment
D7260	Oroantral fistula closure	One of (D7260) per 1 Lifetime per patient, same quadrant	$0 copayment
D7261	Primary closure of a sinus perforation	One of (D7261) per 1 Lifetime per patient, same quadrant	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	One of (D7270) per 1 Lifetime per patient, same tooth	$0 copayment
D7272	Tooth transplantation (includes reimplantation from one site to another)	One of (D7272) per 1 Lifetime per patient, same tooth	$0 copayment
D7280	Surgical access of an unerupted tooth	One of (D7280) per 1 Lifetime per patient, same tooth	$0 copayment
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	One of (D7282) per 1 Lifetime per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7283	Placement of device to facilitate eruption of impacted tooth	One of (D7283) per 1 Lifetime per patient, same tooth	$0 copayment
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	One of (D7285) per 12 Month(s) per patient	$0 copayment
D7286	Incisional biopsy of oral tissue-soft	One of (D7286) per 12 Month(s) per patient, same quadrant	$0 copayment
D7290	Surgical repositioning of teeth	One of (D7290) per 1 Lifetime per patient, same tooth	$0 copayment
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	One of (D7310, D7311, D7320, D7321) per 1 Lifetime per patient, same quadrant	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	One of (D7310, D7311, D7320, D7321) per 1 Lifetime per patient, same quadrant	$0 copayment
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	One of (D7310, D7311, D7320, D7321) per 1 Lifetime per patient, same quadrant	$0 copayment
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	One of (D7310, D7311, D7320, D7321) per 1 Lifetime per patient, same quadrant	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	Two of (D7340) per 60 Month(s) per patient, same arch	$0 copayment
D7350	Vestibuloplasty – ridge extension	Two of (D7350) per 60 Month(s) per patient, same arch	$0 copayment
D7410	Radical excision – lesion diameter up to 1.25cm	Covered	$0 copayment
D7411	Excision of benign lesion greater than 1.25 cm	Covered	$0 copayment
D7412	Excision of benign lesion, complicated	Covered	$0 copayment
D7413	Excision of malignant lesion up to 1.25 cm	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7414	Excision of malignant lesion greater than 1.25 cm	Covered	$0 copayment
D7415	Excision of malignant lesion, complicated	Covered	$0 copayment
D7440	Excision of malignant tumor – lesion diameter up to 1.25cm	Covered	$0 copayment
D7441	Excision of malignant tumor – lesion diameter greater than 1.25cm	Covered	$0 copayment
D7450	Removal of odontogenic cyst or tumor – lesion diameter up to 1.25cm	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7451	Removal of odontogenic cyst or tumor – lesion greater than 1.25cm	Covered	$0 copayment
D7460	Removal of nonodontogenic cyst or tumor – lesion diameter up to 1.25cm	Covered	$0 copayment
D7461	Removal of nonodontogenic cyst or tumor – lesion greater than 1.25cm	Covered	$0 copayment
D7465	Destruction of lesion(s) by physical or chemical method, by report	Covered	$0 copayment
D7471	Removal of exostosis – per site	One per tooth, per lifetime	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7472	Removal of torus palatinus	Covered	$0 copayment
D7473	Removal of torus mandibularis	Covered	$0 copayment
D7485	Surgical reduction of osseous tuberosity	One of (D7485) per 1 Lifetime per patient, same quadrant	$0 copayment
D7490	Radical resection of maxilla or mandible	Covered	$0 copayment
D7510	Incision and drainage of abscess – intraoral soft tissue	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	Covered	$0 copayment
D7520	Incision and drainage of abscess – extraoral soft tissue	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	Covered	$0 copayment
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	Covered	$0 copayment
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7550	Partial ostectomy/ sequestrectomy for removal of non-vital bone	Covered	$0 copayment
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Covered	$0 copayment
D7610	Maxilla – open reduction	Covered	$0 copayment
D7620	Maxilla – closed reduction	Covered	$0 copayment
D7630	Mandible – open reduction	Covered	$0 copayment
D7640	Mandible – closed reduction	Covered	$0 copayment
D7650	Malar and/or zygomatic arch- open reduction	Covered	$0 copayment
D7660	Malar and/or zygomatic arch- closed	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7670	Alveolus stabilization of teeth, closed reduction splinting	Covered	$0 copayment
D7671	Alveolus – open reduction, may include stabilization of teeth	Covered	$0 copayment
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	Covered	$0 copayment
D7710	Maxilla – open reduction	Covered	$0 copayment
D7720	Maxilla – closed reduction	Covered	$0 copayment
D7730	Mandible – open reduction	Covered	$0 copayment
D7740	Mandible – closed reduction	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7750	Malar and/or zygomatic arch-open reduction	Covered	$0 copayment
D7760	Malar and/or zygomatic arch-closed reduction	Covered	$0 copayment
D7770	Alveolus-stabilization of teeth, open reduction splinting	Covered	$0 copayment
D7771	Alveolus, closed reduction stabilization of teeth	Covered	$0 copayment
D7780	Facial bones – complicated reduction with fixation and multiple surgical approaches	Covered	$0 copayment
D7810	Open reduction of dislocation	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7820	Closed reduction dislocation	Covered	$0 copayment
D7830	Manipulation under anesthesia	Covered	$0 copayment
D7840	Condylectomy	Covered	$0 copayment
D7850	Surgical discectomy, with/ without implant	Two of (D7850) per 1 Lifetime per patient	$0 copayment
D7852	Disc repair	Two of (D7852) per 1 Lifetime per patient	$0 copayment
D7854	Synovectomy	Two of (D7854) per 1 Lifetime per patient	$0 copayment
D7856	Myotomy	Two of (D7856) per 1 Lifetime per patient	$0 copayment
D7858	Joint reconstruction	Two of (D7858) per 1 Lifetime per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7860	Arthrotomy	Two of (D7860) per 1 Lifetime per patient	$0 copayment
D7865	Arthroplasty	Two of (D7865) per 1 Lifetime per patient	$0 copayment
D7870	Arthrocentesis	One of (D7870) per 6 Month(s) per patient	$0 copayment
D7872	Arthroscopy – diagnosis with or without biopsy	Two of (D7872) per 1 Lifetime per patient	$0 copayment
D7873	Arthroscopy-surgical: lavage and lysis of adhesions	Two of (D7873) per 1 Lifetime per patient	$0 copayment
D7874	Arthroscopy-surgical: disc repositioning and stabilization	Two of (D7874) per 1 Lifetime per patient	$0 copayment
D7875	Arthroscopy-surgical synovectomy	Two of (D7875) per 1 Lifetime per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7876	Arthroscopy-surgery discectomy	Two of (D7876) per 1 Lifetime per patient	$0 copayment
D7877	Arthroscopy-surgical debridement	Two of (D7877) per 1 Lifetime per patient	$0 copayment
D7880	Occlusal orthotic device, by report	One of (D7880) per 12 Month(s) per patient	$0 copayment
D7899	Unspecified tmd therapy, by report	Covered	$0 copayment
D7910	Suture small wounds up to 5 cm	Covered	$0 copayment
D7911	Complicated suture-up to 5 cm	Covered	$0 copayment
D7912	Complex suture – greater than 5 cm	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7920	Skin graft (identify defect covered, location and type of graft)	Covered	$0 copayment
D7940	Osteoplasty – for orthognathic deformities	Covered	$0 copayment
D7941	Osteotomy – mandibular rami	Covered	$0 copayment
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	Covered	$0 copayment
D7944	Osteotomy – segmented or subapical – per sextant or quadrant	Covered	$0 copayment
D7945	Osteotomy – body of mandible	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7946	Lefort i (maxilla – total)	Covered	$0 copayment
D7947	Lefort i (maxilla – segmented)	Covered	$0 copayment
D7948	Lefort ii or lefort iii – without bone graft	Covered	$0 copayment
D7949	Lefort ii or lefort iii – with bone graft	Covered	$0 copayment
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report	Covered	$0 copayment
D7951	Sinus augmentation	One of (D7951) per 1 Lifetime per patient, same quadrant	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7952	Sinus augmentation via a vertical approach	Covered	$0 copayment
D7953	Bone replacement graft for ridge preservation – per site	One of (D7953) per 1 Lifetime per patient, same tooth	$0 copayment
D7961	Buccal / labial frenectomy (frenulectomy)	Three of (D7961) per 1 Lifetime per patient, same arch	$0 copayment
D7962	Lingual frenectomy (frenulectomy)	Three of (D7962) per 1 Lifetime per patient, same arch	$0 copayment
D7970	Excision of hyperplastic tissue – per arch	Two of (D7970) per 1 Lifetime per patient, same arch	$0 copayment
D7971	Excision of pericoronal gingiva	One of (D7971) per 24 Month(s) per patient, same tooth	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7972	Surgical reduction of fibrous tuberosity	Two of (D7972) per 1 Lifetime per patient, same quadrant	$0 copayment
D7980	Surgical sialolithotomy	Covered	$0 copayment
D7981	Excision of salivary gland, by report	Covered	$0 copayment
D7982	Sialodochoplasty	Covered	$0 copayment
D7993	Closure of salivary fistula	Covered	$0 copayment
D7990	Emergency tracheotomy	Covered	$0 copayment
D7991	Coronoidectomy	One of (D7991) per 1 Lifetime per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Oral and Maxillofacial Surgery Services‡			
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	Covered	$0 copayment
D7998	Intraoral fixation device – non-fracture	Covered	$0 copayment
D7999	Unspecified oral surgery procedure, by report	Covered	$0 copayment
Adjunctive General Services‡			
D9110	Palliative treatment of dental pain – per visit	Two of (D9110) per 12 Month(s) per patient	$0 copayment
D9120	Fixed partial denture sectioning	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Adjunctive General Services‡			
D9210	Local anesthesia not in conjunction with operative or surgical procedure *not billable separately from main service	Covered	$0 copayment
D9211	Regional block anesthesia *not billable separately from main service	Covered	$0 copayment
D9212	Trigeminal division block anesthesia *not billable separately from main service	Covered	$0 copayment
D9215	Local anesthesia *not billable separately from main service	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Adjunctive General Services‡			
D9219	Anesthesia	Covered	$0 copayment
D9222	Deep sedation/ general anesthesia-first 15 minutes	Covered	$0 copayment
D9223	Deep sedation/ general anesthesia – each subsequent 15 minute increment	Covered	$0 copayment
D9224	Administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof	One of (D9222, D9224, D9239) per date of service, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Adjunctive General Services‡			
D9225	Administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	3 of (D9223, D9225, D9243) per date of service, per patient	$0 copayment
D9230	Inhalation of nitrous oxide/ analgesia, anxiolysis	Not allowed on same day as D9222, D9223, D9239, D9243, or D9248.	$0 copayment
D9239	Intravenous moderation (conscious)	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Adjunctive General Services‡			
D9243	Intravenous moderation (conscious)– each subsequent 15 minute increment	Covered	$0 copayment
D9244	In-office administration of minimal sedation – single drug – enteral	One of (D9244, D9245, D9246, D9247) per date of service, per patient	$0 copayment
D9245	Administration of moderate sedation – enteral	One of (D9244, D9245, D9246, D9247) per date of service, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Adjunctive General Services‡			
D9246	Administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof	One of (D9244, D9245, D9246, D9247) per date of service, per patient	$0 copayment
D9247	Administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof	One of (D9244, D9245, D9246, D9247) per date of service, per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Adjunctive General Services‡			
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	One of (D9310) per 6 Month(s) per patient	$0 copayment
D9311	Consultation with a medical health care professional	One of (D9311) per 7 day(s)	$0 copayment
D9410	House/extended care facility call	Covered	$0 copayment
D9420	Hospital or ambulatory surgical center call	Professional visits for pre-operative or operative care	$0 copayment
D9430	Office visit for observation – no other services performed	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Adjunctive General Services‡			
D9440	Office visit – after regularly scheduled hours	Covered	$0 copayment
D9610	Therapeutic drug injection, by report	Covered	$0 copayment
D9612	Therapeutic drug injection – 2 or more medications by report	Covered	$0 copayment
D9910	Application of desensitizing medicament	Covered	$0 copayment
D9936	Cleaning and inspection of occlusal guard – per appliance	One of (D9936) per 12 months	$0 copayment
D9944	Occlusal guard – hard appliance, full arch	One of (D9944, D9945, D9946) per 12 Month(s) per patient	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Adjunctive General Services‡			
D9945	Occlusal guard – soft appliance full arch	One of (D9944, D9945, D9946) per 12 Month(s) per patient	$0 copayment
D9946	Occlusal guard – hard appliance, partial arch	One of (D9944, D9945, D9946) per 12 Month(s) per patient	$0 copayment
D9951	Occlusal adjustment – limited	Covered	$0 copayment
D9952	Occlusal adjustment – complete	Covered	$0 copayment
D9990	Certified translation or sign-language services per visit	Covered	$0 copayment
D9991	Dental case management – addressing appointment compliance barriers	Covered	$0 copayment

Code	Procedure Name	Frequency Limitations	Copayment
Adjunctive General Services‡			
D9995	Teledentistry – synchronous; real-time encounter	Covered	$0 copayment
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	Covered	$0 copayment
D9997	Dental case management – patients with special health care needs	One every 6 months	$0 copayment
D9999	Unspecified adjunctive procedure, by report	Covered	$0 copayment

‡ Authorization may be required

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Vision services (including annual eye exams)	$0 copayment	
	Glasses or contact lenses	$0 copayment	We cover the following services: ● Medicare-covered eyeglasses or contact lenses after cataract surgery ● Non-Medicare covered eyewear (Routine) up to $600 annual maximum every year. Includes contact lenses and eyewear.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care *(continued)*	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	$0 copayment	
Annual health related social needs screening and navigation to services	You can connect to organizations in your community that provide services to help with housing, transportation, and care management at no-cost to you, through a regional Social Care Network (SCN).	$0 copayment	If you're interested, please call Member Services and we'll connect you to a SCN in your area. The Social Care Navigator will verify your eligibility, tell you more about these services, and help you get connected to them.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition	Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), State Operated Addiction Treatment Centers (ATC), Inpatient addition rehabilitation, Inpatient Medically Supervised Detox, or critical access hospital)	$0 copayment	Authorization is required.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition *(continued)*	Adult outpatient mental health care Continuing Day Treatment (CDT) Partial hospitalization	$0 copayment	Authorization is required for partial hospitalization. Authorization is required for Continuing Day Treatment (CDT).

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition *(continued)*	Adult outpatient rehabilitative mental health care Assertive Community Treatment (ACT) Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) Personalized Recovery Oriented Services (PROS)	$0 copayment	

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition *(continued)*	Adult outpatient rehabilitative mental health and addiction services for members who meet clinical requirements. These are also known as Community Oriented Recovery and Empowerment (CORE) services. CORE services:	$0 copayment	

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition *(continued)*	Psychosocial Rehabilitation (PSR) Community Psychiatric Supports and Treatment (CPST) Empowerment services – peer supports Family Support and Training (FST)		

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition *(continued)*	Adult mental health crisis services Comprehensive Psychiatric Emergency Program (CPEP) Mobile Crisis and Telephonic Crisis Services Crisis Residential Programs	$0 copayment	

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition *(continued)*	Outpatient mental health care (including, but not limited to, clinical counseling and therapy, peer support, psychosocial rehabilitation, medication management, family psychoeducation, and intensive outpatient models of care)	$0 copayment	Authorization may be required. Services may be provided by any OMH licensed, designated, or approved provider agency, or a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant,

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition *(continued)*	(**Note**: This isn't a complete list of the plan's expanded outpatient mental health services. Call Member Services at the numbers listed at the bottom of this page or read the *Evidence of Coverage* for more information.)	$0 copayment	Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws. This benefit is also available through Telehealth. Please call your current provider for details.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You are having a mental health or substance use crisis	Mobile Crisis services (assessment by telephone or mobile crisis team response); short-term residential crisis stabilization (for mental health crises)	$0 copayment	Any approved mobile crisis or licensed crisis residence provider in New York State.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition or a substance use disorder	CORE Services (which are person-centered, recovery-oriented mobile behavioral health supports. CORE Services build skills and self-efficacy that promote and facilitate community participation and independence).	$0 copayment	CORE services are available to members who meet certain clinical requirements. Anyone can refer or self-refer to CORE Services.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition or a substance use disorder *(continued)*	(**Note**: For more information about CORE Services and to determine whether you're eligible for them, call Member Services at the numbers listed at the bottom of this page or read the *Evidence of Coverage*.)		

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a substance use disorder	Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment)	$0 copayment	Authorization is required for inpatient substance use disorder treatment services. Telehealth access is dependent on provider's availability.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a substance use disorder *(continued)*	(**Note**: This isn't a complete list of the plan's expanded substance use disorder services. Call Member Services at the numbers listed at the bottom of this page or read the *Evidence of Coverage* for more information.)		

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	$0 copayment	The plan covers up to 100 days each benefit period, a 3-day prior hospital stay is not required. Authorization is required.
	Nursing home	$0 copayment	Authorization is required.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you *(continued)*	Custodial care (long-term care in a Nursing Facility)	$0 copayment	Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission. Authorization is required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy (outpatient or in-home)	**In-Network and Out of-Network** $0 copayment	Authorization is required.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services	Emergency transportation	$0 copayment	Ambulance is covered for each one-way trip. Authorization is only required for non-emergency services.
You need drugs to treat your illness or condition	Medicare Part B prescription drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	$0 copayment	Some Medicare Part B Prescription Drugs may be subject to step therapy requirements. Authorization may be required for certain drugs. Read the *Evidence of Coverage* for more information on these drugs.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition *(continued)*	Medicare Part D prescription drugs*^†Ω **Note:** All drugs including generic and brand name drugs are on a single tier	If you do not get Extra Help paying for your drugs, you pay $700 in the first stage, the Deductible Stage. Once you have paid $700 for your drugs, you move to the Initial Coverage Stage.	There may be limitations on the types of drugs covered. Refer to Elderplan Plus Long-Term Care (HMO-POS D-SNP)'s Drug List at www.elderplan.org for more information. Once you or others on your behalf pay $2,400 you've reached the catastrophic coverage stage and you pay $0 for all your Medicare drugs. Read the *Evidence of Coverage* for more information on this stage.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition *(continued)*		In the Initial Coverage Stage, For **Generic Drugs** (including brand drugs treated as generic):	Elderplan Plus Long-Term Care (HMO-POS D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Elderplan Plus Long-Term Care (HMO-POS D-SNP) for certain drugs.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition *(continued)*		Depending on your Extra Help you pay: $0 copay or $1.65 copay or $5.80 copay or 25% of the cost	*One month supply for Standard retail (in network), Long term care (31 day), and Out of network cost share. Extended supply for Standard retail (in network) and Mail order cost sharing. ^60 Day supply is also available for Standard retail (in network). †NDS – Non-Extended Days Supply. Certain specialty drugs will be limited up to a 30-day supply per fill.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition *(continued)*		For **All Other Drugs**: Depending on your Extra Help you pay: $0 copay or $5.00 copay or $14.40 copay or 25% of the cost	ΩYou will not pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing for Part B and D drugs, even if you have not paid your deductible.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition *(continued)*		Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition *(continued)*			You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, Comprehensive Formulary and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov/plan-compare.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition *(continued)*	Over-the-counter (OTC) drugs	$0 copayment	For some drugs, you can get a long term supply (also called an extended supply, up to 90-days) at standard retail pharmacies or by mail-order. There may be limitations on the types of drugs covered. Please refer to Elderplan Plus Long-Term Care 's *List of Covered Drugs (Drug List)* for more information.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services (including routine exams)	$0 copayment	We cover the following services: **Supplemental Podiatry Services** In-Network $0 copayment per visit. You may receive up to 12 Routine Foot Care visits per year. Out-of-Network $0 copayment per visit. You may receive up to 12 Routine Foot Care visits per year. Authorization is only required for in-home visits
	Orthotic services	$0 copayment	Authorization is required.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) or supplies	Wheelchairs, nebulizers, crutches, roll about knee walkers, walkers, and oxygen equipment and supplies, for example (**Note:** This is not a complete list of covered DME or supplies. Call Member Services at the numbers listed at the bottom of this page or read the *Evidence of Coverage* for more information.)	$0 copayment	Authorization is required for certain items.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need interpreter services	Spoken language interpreter	$0 copayment	Services available upon request. Please contact Member Services.
	Sign language interpreter	$0 copayment	Services available upon request. Please contact Member Services.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services	Acupuncture	$0 copayment	You may receive up to 60 visits every year for the following Expanded Acupuncture Services: ● Acupuncture ● Cupping/Moxa ● Acupressure ● Tui Na ● Gua Sha ● Reflexology ● Infrared Therapy
	Plan Care coordination	$0 copayment	
	Chiropractic services	$0 copayment	We cover only Manual manipulation of the spine to correct subluxation.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services *(continued)*	Diabetic supplies	$0 copayment	Diabetic Test Strips and Blood Glucose Meters are limited to specific manufacturers: Abbott Diabetes Care and Ascensia Diabetes Care.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services *(continued)*	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services)	$0 copayment	EPSDT is for members under 21 years of age. Authorization Required for Private Duty Nursing Services

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services *(continued)*	Family planning	$0 copayment	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.
	Hospice care	$0 copayment	Elderplan Plus Long-Term Care (HMO-POS D-SNP) will pay for a one-time consultative visit before you select hospice.
	Mammograms	$0 copayment	

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services *(continued)*	Managed Long-term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); and social adult day care)	$0 copayment	MLTSS provides services for members that need the level of care typically provided in a Nursing Facility and allows them to get necessary care in a residential or community setting. MLTSS is available to all members; specific service authorization, including amount, is indicated in the member's individualized approved Plan of Care. Authorization is required.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services *(continued)*	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)	$0 copayment	Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living. Authorization is required.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services *(continued)*	Personal Care Assistance (PCA) (assistance with daily activities such as bathing, dressing, using the bathroom, shopping, cooking, including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as	$0 copayment	Authorization is required.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services *(continued)*	certified by a physician in accordance with a member's written plan of care)		
	Prosthetic services	$0 copayment	Authorization is required.
	Services to help manage your disease	$0 copayment	

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read Elderplan Plus Long-Term Care (HMO-POS D-SNP)'s *Evidence of Coverage*. If you have questions, you can also call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at the numbers at the bottom of this page.

D. Additional services Elderplan Plus Long-Term Care (HMO-POS D-SNP) covers

This isn't a complete list. Call Member Services at the numbers at the bottom of this page or read the *Evidence of Coverage* to find out about other covered services.

Additional services Elderplan Plus Long-Term Care (HMO-POS D-SNP) covers	Your costs
Brain Games with BrainHQ® Members will have access to an online memory fitness program to improve brain function through games, puzzles and other fun exercises.	$0 copayment
Health and wellness education programs Fitness Benefit (Gym Access) Members have access to the Silver&Fit® Healthy Aging and Exercise program at no cost. Under this program, members can access no-cost participating fitness centers. In addition, members can choose 1 (one) home fitness kit per benefit year at no cost. Members can also access other Silver&Fit® program features including thousands of on-demand workout videos, virtual events through the Well-Being club, and specialized coaching sessions. The Silver&Fit toll-free number is 1-877-427-4788 (TTY 711) Monday through Friday, 8 am to 9 pm.	$0 copayment

Additional services Elderplan Plus Long-Term Care (HMO-POS D-SNP) covers	Your costs
Flex Card Flex Card benefit offers $400 allowance to use in 2027 on out-of-pocket expenses for dental, vision, hearing, and/or fitness services. Any unused benefit dollars will expire at the end of the calendar year or if you disenroll from the plan.	$0 copayment
OTC You may purchase up to $290 every month of eligible OTC items on an OTC card provided by Elderplan. The OTC card balance will be carried over from month to month but expire at the end of the year.	$0 copayment

Additional services Elderplan Plus Long-Term Care (HMO-POS D-SNP) covers	Your costs
Special Supplemental Benefits for the Chronically Ill*	$0 copayment
For eligible members (with certain chronic conditions) the Special Supplemental Benefits for the Chronically Ill combines with the OTC benefit to includes the following items/services: • Community Rides • Rent/Mortgage Assistance • Internet and Utility Bill Payment • Home-Delivered Meals • Healthy Foods and Fresh Produce • Indoor Air Quality Equipment and Services • Pest Control • Personal Hygiene *Eligibility is determined by whether you have a chronic condition associated with the SSBCI benefit (expanded OTC). Examples include, but are not limited to, Cardiovascular Disorders, Diabetes, Arthritis, Chronic Kidney Disease, Chronic Respiratory Disease (e.g., COPD). There are other eligible conditions not listed. Standards may vary for this benefit.	

Additional services Elderplan Plus Long-Term Care (HMO-POS D-SNP) covers	Your costs
Teladoc® Teladoc® connects you with board-certified doctors 24 hours a day, 7 days a week for video or phone chat using your mobile device or computer. These doctors can help diagnose, treat and even write prescriptions for a variety of non-emergency conditions.	$0 copayment
Worldwide Emergency / Emergency Transportation / Urgent Coverage You are covered for a maximum of $50,000 per year.	$0 copayment
Travel Assistance Get help 24/7 when you travel more than 100 miles away from home or to another country. This program connects you to doctors, hospitals, pharmacies, and other services all over the world, so you're never without access to care.	$0 copayment

E. Benefits covered outside of Elderplan Plus Long-Term Care (HMO-POS D-SNP)

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other services not covered by Elderplan Plus Long-Term Care (HMO-POS D-SNP) but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service	Your costs
Assisted Living Program	$0 copayment
Comprehensive Medicaid Case Management services	$0 copayment
Directly Observed Therapy for Tuberculosis Disease	$0 copayment
Home & Community-Based Waiver Program Services	$0 copayment
Medicaid Pharmacy Benefits as allowed by State Law (select drug categories excluded from the Medicare Part D benefit)	$0 copayment
Office for People With Developmental Disability Services	$0 copayment

Other services covered directly by Medicaid fee-for-service	Your costs
Out of network Family Planning services under the direct access provisions	$0 copayment
Rehabilitation Services Provided to Residents of OMH Licensed Community Residences (CRs) and Family-based Treatment Programs	$0 copayment
Non-Emergency Medical Transportation	$0 copayment

F. Services that Elderplan Plus Long-Term Care (HMO-POS D-SNP), Medicare, and Medicaid don't cover

The following services aren't covered by our plan. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services Elderplan Plus Long-Term Care (HMO-POS D-SNP), Medicare, and Medicaid don't cover	
Cosmetic surgery if not medically necessary.	Services of a provider that isn't part of the plan, unless the plan sends you to that provider.
Custodial care.	Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel, such as care that helps you with activities of daily living, such as bathing or dressing.

Services Elderplan Plus Long-Term Care (HMO-POS D-SNP), Medicare, and Medicaid don't cover	
Experimental medical and surgical procedures, equipment and medications. Experimental procedures and items are those items and procedures determined by Original Medicare to not be generally accepted by the medical community.	
Fees charged for care by your immediate relatives or members of your household.	
Full-time nursing care in your home.	

Services Elderplan Plus Long-Term Care (HMO-POS D-SNP), Medicare, and Medicaid don't cover	
Orthopedic shoes or supportive devices for the feet.	Covered under specific conditions: Shoes that are part of a leg brace and are included in the cost of the brace. Orthopedic or therapeutic shoes for people with diabetic foot disease.
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television.	
Private room in a hospital.	
Reversal of sterilization procedures and/ or nonprescription contraceptive supplies.	
Routine chiropractic care	
Radial keratotomy, LASIK surgery, and other low vision aids.	
Services considered not reasonable and necessary, according to Original Medicare standards.	

G. Your rights and responsibilities as a member of the plan

As a member of Elderplan Plus Long-Term Care (HMO-POS D-SNP), you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you can't be refused medically necessary treatment. You can use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, read the *Evidence of Coverage*.

Your rights include, but are not limited to, the following:

- You have a right to respect, fairness, and dignity. This includes the right to:
  - Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex, age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
  - Ask for and get information in other formats (for example, large print, braille, audio) free of charge
  - Be free from any form of physical restraint or seclusion

- Not be billed by network providers
- Have your questions and concerns answered completely and courteously
- Apply your rights freely without any negative effect on the way Elderplan Plus Long-Term Care or your provider treats you

- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
  - Elderplan Plus Long-Term Care (HMO-POS D-SNP)
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and Care Managers
  - Your rights and responsibilities
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year. You can call 1-877-891-6447 (TTY 711) if you want to change your PCP.

- Use a women's health care provider without a referral
- Get your covered services and drugs quickly
- Know about all treatment options, no matter what they cost or whether they are covered
- Refuse treatment as far as the law allows, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. Elderplan Plus Long-Term Care (HMO-POS D-SNP) will pay for the cost of your second opinion visit.
- Make your health care wishes known in an advance directive

- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act

- Have interpreters to help with communication with your doctors, other providers, and your health plan. Call Member Services at 1-877-891-6447 (TTY 711) if you need help with this service
- Have your *Evidence of Coverage* and any printed materials from Elderplan Plus Long-Term Care (HMO-POS D-SNP) translated into your primary language, and/or have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
- Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation

- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected

- Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
- Have privacy during treatment

- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - Access an easy process to voice your concerns, and to expect follow-up by Elderplan Plus Long-Term Care (HMO-POS D-SNP)
  - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers
  - Ask for a State Appeal (State Fair Hearing)
  - Get a detailed reason why services were denied

Your responsibilities include, but are not limited to, the following:

- **You have a responsibility to treat others with respect, fairness, and dignity.** You should:
  - Treat your health care providers with dignity and respect
  - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel

- **You have the responsibility to give information about you and your health.** You should:
  - Tell your health care provider your health complaints clearly and provide as much information as possible
  - Tell your health care provider about yourself and your health history
  - Tell your health care provider that you're a Elderplan Plus Long-Term Care (HMO-POS D-SNP) member
  - Talk to your PCP, Care Manager, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergency)
  - Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
  - Notify Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
  - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
  - Partner with your Care Team and work out treatment plans and goals together

- Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health

- **You have the responsibility to obtain your services from Elderplan Plus Long-Term Care (HMO-POS D-SNP).** You should:
  - Get all your health care from Elderplan Plus Long-Term Care (HMO-POS D-SNP), except in cases of emergency, urgent care, behavioral health crisis services, out-of-area dialysis services, or family planning services, unless Elderplan Plus Long-Term Care (HMO-POS D-SNP) provides a prior authorization for out-of-network care
  - Not allow anyone else to use your Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member ID Card to obtain healthcare services
  - Notify Elderplan Plus Long-Term Care (HMO-POS D-SNP) when you believe that someone has purposely misused Elderplan Plus Long-Term Care (HMO-POS D-SNP) benefits or services

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can also call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at the numbers listed at the bottom of this page.

H. How to file a complaint or appeal a denied service

If you have a complaint or think Elderplan Plus Long-Term Care (HMO-POS D-SNP) should cover something we denied, call Elderplan Plus Long-Term Care (HMO-POS D-SNP) at 1-877-891-6447. (TTY users, call 711). You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Evidence of Coverage*. You can also call Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services at the numbers listed at the bottom of this page.

ELDERPLAN

ATTN: APPEALS & GRIEVANCES

55 WATER STREET, 46TH FLOOR

NEW YORK, NY 10041

1-877-891-6447 Calls to this number are free. 8 am to 8 pm, 7 days a week TTY: 711

FAX: 718 765-2027

To file a complaint about your managed care at any time

You also have a right to contact the New York State Department of Health about your complaint. Contact the Department of Health by:

- Phone: 1-866-712-7197
- Mail: New York State Department of Health Bureau of Consumer Services
  99 Washington Ave / One Commerce Plaza
  16th Fl
  Albany, NY 12210
- E-mail: mltccomplaints@health.ny.gov

I. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, contact us.

- Call us at Elderplan Plus Long-Term Care (HMO-POS D-SNP) Member Services. Phone numbers are at the numbers listed at the bottom of this page.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- Or, call the New York State Medicaid Fraud Hotline 1–877–87 FRAUD.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-877-891-6447**.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.elderplan.org or call 1-877-891-6447 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co insurance may change on **January 1, 2028**.
- ☐ Your medical and prescription coverage were reviewed against your current insurance coverage. You will become a member of Elderplan upon enrollment verification and no longer have coverage with your current plan.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non contracted providers.
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

NOTICE OF NON-DISCRIMINATION

Elderplan complies with Federal civil rights laws. **Elderplan** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (as defined in 45 CFR § 92.101(a)(2)).

Elderplan provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **Elderplan** at 1-877-891-6447. For TTY/TDD services, call 711.

If you believe that **Elderplan** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by:

- Mail: 55 Water Street, 46th Floor, New York, NY 10041
- Phone: 1-877-326-9978 (for TTY/TDD services, call 711)
- Fax: 1-718-758-3643
- In person: 55 Water Street, 46th Floor, New York, NY 10041
- Email: COMPLIANCEDEPT@MJHS.ORG

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- Web: Office for Civil Rights Complaint Portal at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*
- Mail: U.S. Department of Health and Human Services
  200 Independence Avenue SW., Room 509F, HHH Building
  Washington, DC 20201
  Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html
- Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

This notice is available at Elderplan's website:
https://www.elderplan.org/disclaimers/notice-of-nondiscrimination/

LANGUAGE ASSISTANCE

ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 1-877-891-6447 (TTY:711).	English
ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 1-877-891-6447 (TTY:711).	Spanish
请注意：您可以免费获得语言协助服务和其他辅助服务。请致电 1-877-891-6447 (TTY:711)。	Chinese
ملاحظة: خدمات المساعدة اللغوية والمساعدات الأخرى المجانية متاحة لك. اتصل بالرقم 1-877-891-6447 (TTY:711).	Arabic
주의: 언어 지원 서비스 및 기타 지원을 무료로 이용하실 수 있습니다. 1-877-891-6447 (TTY:711) 번으로 연락해 주십시오.	Korean
ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика и другие виды помощи. Звоните по номеру 1-877-891-6447 (TTY:711).	Russian
ATTENZIONE: Sono disponibili servizi di assistenza linguistica e altri ausili gratuiti. Chiamare il 1-877-891-6447 (TTY:711).	Italian
ATTENTION : Des services d'assistance linguistique et d'autres ressources d'aide vous sont offerts gratuitement. Composez le 1-877-891-6447 (TTY:711).	French
ATANSYON: Gen sèvis pou bay asistans nan lang ak lòt èd ki disponib gratis pou ou. Rele 1-877-891-6447 (TTY:711).	French Creole
אכטונג: שפראך הילף סערוויסעס און אנדערע הילף, זענען אוועילעבל פאר אייך אומזיסט. רופט 1-877-891-6447 (TTY:711) .	Yiddish
UWAGA: Dostępne są bezpłatne usługi językowe oraz inne formy pomocy. Zadzwoń: 1-877-891-6447 (TTY:711).	Polish
ATENSYON: Available ang mga serbisyong tulong sa wika at iba pang tulong nang libre. Tumawag sa 1-877-891-6447 (TTY:711).	Tagalog
মনোযোগ নামূল্যে ভাষা সহায়তা পরিষেবা এবং অন্যান্য সাহায্য আপনার জন্য উপলব্ধ। 1-877-891-6447 (TTY:711)-এ ফোন করুন।	Bengali
VINI RE: Për ju disponohen shërbime asistence gjuhësore dhe ndihma të tjera falas. Telefononi 1-877-891-6447 (TTY:711).	Albanian
ΠΡΟΣΟΧΗ: Υπηρεσίες γλωσσικής βοήθειας και άλλα βοηθήματα είναι στη διάθεσή σας, δωρεάν. Καλέστε στο 1-877-891-6447 (TTY:711).	Greek
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