Dental Benefit Details

2026

This document provides additional details about the supplemental dental benefits that are covered under our plan. The *Dental Benefit Details* applies to the 2026 plan benefit packages shown on the following page(s). For more information about this document or your dental benefits, please contact Member Services at the phone number or web address shown on the back cover of the *Evidence of Coverage* or on your Member ID card.

The *Dental Benefit Details* applies to the 2026 plan benefit packages shown below. The plan benefit package is on the cover of the *Evidence of Coverage*, on the lower right corner.

State	Plan Benefit Package	Plan Name
AZ	H0351064000	Wellcare Giveback (HMO)
CT	H0712019000	Wellcare Simple (HMO-POS)
CT	H0712032000	Wellcare Giveback (HMO-POS)
CT	H1914001000	Wellcare Simple Open (PPO)
CT	H1914002000	Wellcare Giveback Open (PPO)
FL	H1032193000	Wellcare Giveback (HMO)
FL	H1032198000	Wellcare Giveback (HMO)
FL	H1032200000	Wellcare Giveback (HMO)
FL	H1032204000	Wellcare Giveback (HMO)
FL	H1032210000	Wellcare Giveback (HMO)
FL	H1032212000	Wellcare Giveback (HMO)
GA	H1112042000	Wellcare Giveback (HMO-POS)
LA	H2491031000	Wellcare Giveback (HMO-POS)
ME	H9364004000	Wellcare Giveback (HMO-POS)
MI	H5475031000	Wellcare Giveback (HMO-POS)
MO	H1664006000	Wellcare Giveback (HMO-POS)
MS	H1416065000	Wellcare Giveback (HMO-POS)
NC	H1914010000	Wellcare Giveback Open (PPO)
NE	H1215003000	Wellcare Giveback (HMO-POS)
NJ	H0913002000	Wellcare Low Premium (HMO-POS)
NJ	H0913021000	Wellcare Giveback (HMO-POS)
NJ	H0913022000	Wellcare Simple (HMO-POS)
NY	H5599004000	Wellcare Fidelis Simple (HMO-POS)
NY	H4868019000	Wellcare Simple (HMO-POS)
NY	H2775106000	Wellcare Simple Open (PPO)
NY	H2775111000	Wellcare Giveback Open (PPO)
OR	H5439015000	Wellcare Giveback Open (PPO)
OR	H5439019000	Wellcare Low Premium Open (PPO)
OR	H5439022001	Wellcare Simple Open (PPO)
OR	H5439022002	Wellcare Simple Open (PPO)
OR	H6815038000	Wellcare Low Premium (HMO-POS)
OR	H6815039000	Wellcare Simple (HMO-POS)
SC	H4847007000	Wellcare Giveback (HMO-POS)
TN	H1416079000	Wellcare Giveback (HMO-POS)
TX	H5294019000	Wellcare Giveback (HMO)
TX	H7323012000	Wellcare Simple Open (PPO)

State	Plan Benefit Package	Plan Name
TX	H4506030000	Wellcare Simple Value (HMO-POS)
TX	H0174017000	Wellcare Giveback (HMO)
TX	H0174018000	Wellcare Giveback (HMO)
TX	H0174019000	Wellcare Giveback (HMO)
TX	H0174020000	Wellcare Giveback (HMO)
TX	H0174021000	Wellcare Giveback (HMO)

Disclaimers:

Texas (H0174, H4506, H7323): Wellcare (HMO, HMO SNP, and PPO) includes products that are underwritten by WellCare of Texas, Inc., WellCare National Health Insurance Company, Superior HealthPlan, Inc., and SelectCare of Texas, Inc.

Please contact your plan for details.

Covered Dental Benefits: Our plan provides coverage for the dental services described below. Refer to your 2026 *Evidence of Coverage* for any applicable cost sharing and benefit maximum.

Dental 2026 Schedule of Benefits

Code	Code Description	Periodicity
Diagnostic (Preventive) Services		
D0120	Periodic Oral Evaluation	2 of (D0120) every plan year, not within 6 months of D0150
D0140	Limited Oral Evaluation	2 of (D0140, D0160, D9310) every plan year
D0150	Comprehensive oral evaluation	1 of (D0150) every 3 plan years; not within 3 plan years of D0120
D0160	Oral evaluation, problem focused	2 of (D0140, D0160, D9310) every plan year
D0180	Comprehensive Periodontal Evaluation	2 of (D0180) every plan year; not on same date as D0120 or D0150
D0210	Intraoral, complete series of radiographic images	1 of (D0210, D0330, D0701, D0709) every 3 plan years
D0220	Intraoral, periapical, first radiographic image	1 of (D0220) per date of service. Maximum number of x-rays on a single date of service limited to a complete mouth series
D0230	Intraoral, periapical, each add additional radiographic image	4 of (D0230) per date of service. Maximum reimbursement for x-rays on a single date of service limited to the allowed reimbursement for a complete mouth series
D0240	Intraoral, occlusal radiographic image	1 of (D0240) every plan year

Code	Code Description	Periodicity
D0251	Extra-oral posterior dental radiographic image	2 of (D0251) every plan year
D0270	Bitewing, single radiographic image	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series
D0272	Bitewings, two radiographic images	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series
D0273	Bitewings, three radiographic images	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series
D0274	Bitewings, four radiographic images	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series
D0277	Vertical bitewings – 7 to 8 radiographic images	2 of (D0270-D0277) every plan year. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series
D0330	Panoramic radiographic image	1 of (D0210, D0330, D0701, D0709) every 3 plan years. Maximum reimbursement for a single date of service limited to the allowed reimbursement for a complete mouth series
D0350	2D oral/facial photographic image, intra-orally/extra-orally	1 of (D0350) every 3 plan years
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of image, including report	1 of (D0391) per date of service; allowed only when submitted along with (D0701, D0703, D0706-D0709)
D0460	Pulp Vitality Test	1 of (D0460) per visit

Code	Code Description	Periodicity
D0701	Panoramic radiographic image - image capture only	1 of (D0210, D0330, D0701, D0709) every 3 plan years
D0703	2-D photographic image - image capture only	1 of (D0703) every 3 plan years
D0706	Intraoral - occlusal radiographic image - image capture only	2 of (D0706) every plan year
D0707	Intraoral - periapical radiographic image - image capture only	1 of (D0707) per date of service
D0708	Intraoral - bitewing radiographic image - image capture only	2 of (D0708) every plan year
D0709	Intraoral - complete series of radiographic images - image capture only	1 of (D0210, D0330, D0701, D0709) every 3 plan years
D1110	Prophylaxis, adult	2 of (D1110) every plan year
D1206	Fluoride varnish	1 of (D1206, D1208) every plan year
D1208	Topical application of fluoride, excluding varnish	1 of (D1206, D1208) every plan year
D1355	Application of a caries preventive medicament	One of (D1355) per tooth per 6 months

Code	Code Description	Periodicity
D9310	Consultation, other than requesting dentist	2 of (D0140, D0160, D9310) every plan year
Comprehensive Services		
D9110	Palliative (emergency) treatment, minor procedure	1 of (D9110) per plan year
D9410	House/Extended Care Facility Call	1 of (D9410, D9420, D9997) per date of service
D9420	Hospital or ambulatory surgical center call	1 of (D9410, D9420, D9997) per date of service
D9995	Teledentistry - synchronous; real-time encounter	1 of (D9995-D9996) per date of service
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	1 of (D9995-D9996) per date of service
D9997	Dental Case Management - patients with special needs	1 of (D9410, D9420, D9997) per date of service

Exclusions:

- Services or supplies for correction of congenital or developmental malformations.
- Cosmetic dentistry services or surgery for aesthetic purposes (including the treatment of congenital or developmental malformations, bleaching of teeth and grafts to improve aesthetics).
- Charges for hospitalization, laboratory tests, and histopathological examinations.
- Charges for failure to keep a scheduled appointment with the Dentist.
- Services or supplies for which no valid dental need can be demonstrated.
- Services or supplies that do not meet accepted standards of dental practice.
- Services or supplies that are investigational or experimental in nature, including services required to treat complications from investigational or experimental procedures.
- Services or supplies covered under a hospital, surgical/medical (including Medicare Advantage), or prescription drug program.
- Appliances, restorations, or services for the diagnosis or treatment of disturbances or dysfunction of the temporomandibular joint (TMJ).
- Appliances, surgical procedures, and restorations (amalgam or composite resin fillings, crowns, bridges, inlays, or onlays) for increasing vertical dimension; for altering, restoring, or

maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, abfraction, or erosion; or for periodontal splinting.

- Services or supplies not listed in the above table.

Treatment Completion Date

Treatment completion date is defined as the date that treatment is complete and may be billable. Treatment is complete on dates of delivery for removable complete and partial dentures, final cementation for crowns and bridges, and final fill for root canals.

Prior Authorization

Prior Authorization is required prior to treatment for certain codes and address issues of eligibility and available benefits at time of request. This is not a guarantee of payment. Approval for payment is based upon the member's eligibility on the date of service, dental record documentation, and any policy limitations and remaining available benefits on the date of service.