

CareOne Plus (HMO-POS)

Lake, Marion, Orange, Osceola, Seminole, Sumter

CareSalute (HMO-POS)

Brevard, Indian River

CarePlus
HEALTH PLANS



2023 Dental Benefit Schedule
DEN 927

Benefit Descriptions / Limitations	Member Cost
Preventive	
Prophylaxis (Cleaning) – up to 2 per calendar year. Benefit limited to code: D1110	\$0
Fluoride Treatment – up to 2 per calendar year. Benefit limited to codes: D1206 / D1208	\$0
Diagnostic Exams	
Comprehensive Oral Evaluation / Exam – up to 1 every 3 calendar years. Benefit limited to code: D0150	\$0
Periodic Oral Evaluation / Exam – up to 2 per calendar year. Benefit limited to code: D0120	\$0
Emergency Diagnostic Exam – up to 2 per calendar year. Benefit limited to code: D0140	\$0
Note: The comprehensive oral evaluation/exam conducted once every 3 calendar years replaces one of the periodic oral evaluations/exams allowed during the calendar year.	
X-Rays	
Bitewing X-rays – up to 1 set per calendar year (single, two, three, or four films) Benefit limited to codes: D0210 / D0270 / D0272 / D0273 / D0274	\$0
Panoramic Film (full mouth X-rays) – up to 1 per calendar year. Benefit limited to code: D0330	\$0
Prosthodontics	
Complete or Partial Dentures up to 1 set every 5 calendar years. Benefit limited to one upper and/or one lower denture applicable to codes: D5110 / D5120 / D5130 / D5140 / D5211 / D5212 / D5213 / D5214 (Spare dentures not included.)	\$0
Denture Adjustment or Reline – up to 1 per calendar year Benefit limited to the following codes: D5410 / D5411 / D5710 / D5711 / D5730 / D5731 / D5750 / D5751	\$0
Restorative	
Amalgam and/or Composite Resin Filling – up to 2 unit(s) (one, two, or three surfaces) per calendar year Benefit limited to codes: D2140 / D2150 / D2160 / D2161 / D2330 / D2331 / D2332 / D2335 / D2391 / D2392 / D2393 / D2394	\$0
Root Canal – up to 1 per calendar year. Benefit limited to codes: D3310 / D3320 / D3330	\$0
Periodontics	
Periodontal Maintenance – up to 4 per calendar year. Benefit limited to code: D4910	\$0
Scaling and Root Planing (Deep Cleaning) – up to 1 per quadrant per calendar year. Benefit limited to codes: D4341 / D4342	\$0
Oral Surgery	
Simple or Surgical Extractions – up to 3 per calendar year Benefit limited to codes: D7140 / D7210 / D7220 / D7230 / D7240 / D7241 / D7250	\$0
Extractions necessary to fit the mouth for dentures – unlimited Benefit limited to codes: D7140 / D7210 / D7220 / D7230 / D7240 / D7241 / D7250	\$0
Anesthesia	
Anesthesia – included when billed with covered benefits Benefit limited to codes: D9215 / D9230 / D9222 / D9223 / D9239 / D9243	\$0

Services outlined in this benefit schedule are covered January 1 - December 31, 2023. Benefits are offered on a calendar year basis. Any unused benefits expire at the end of the year.

Covered services must be received from a participating, in-network, general dentist in the dentist's office. Your dentist may suggest and help you arrange for additional services not listed in this benefit schedule; however, any procedures you receive that are either not listed in this benefit schedule or exceed the benefit limitations listed in this schedule are not covered. Member is responsible for the costs of these additional services and will be charged the dental provider's usual and customary fees, less any contracted discount.

Important: At CarePlus, it is important you are treated fairly. CarePlus Health Plans, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities. The following department has been designated to handle inquiries regarding CarePlus' non-discrimination policies: Member Services, PO Box 277810, Miramar, FL 33027, 1-800-794-5907 (TTY: 711). Auxiliary aids and services, free of charge, are available to you. 1-800-794-5907 (TTY: 711). CarePlus provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

This information is available for free in other languages. Please call our Member Services number at 1-800-794-5907. Hours of operation: October 1 - March 31, 7 days a week, 8 a.m. to 8 p.m. April 1 - September 30, Monday - Friday, 8 a.m. to 8 p.m. You may leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

Español (Spanish): Esta información está disponible de forma gratuita en otros idiomas. Favor de llamar a Servicios para Afiliados al número que aparece anteriormente.

Kreyòl Ayisyen (French Creole): Enfòmasyon sa a disponib gratis nan lòt lang. Tanpri rele nimewo Sèvis pou Manm nou yo ki nan lis anwo an.

