2024 DEN950

Florida GoldPlus Dental Network

The following provides an all-inclusive list of dental services covered under this plan. All services must be received in-office from a participating in-network general dentist or dental specialist (e.g., oral surgeon, endodontist, periodontist, etc.). Limitations and exclusions may apply. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

The dentist may suggest and help arrange for additional services not listed in this benefit schedule; however, any procedures received that are not listed or exceed the benefit limitations listed in this schedule are not covered. The 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. Submitted claims are subject to a review process, which may include a clinical review and dental history to approve coverage.

Contact Information

Members: For information about your dental benefits, call CarePlus Member Services at **1-800-794-5907 (TTY: 711)**. Hours of operation: Oct. 1 – March 31, 7 days a week, 8 a.m. to 8 p.m., and April 1 – Sept. 30, Monday – Friday, 8 a.m. to 8 p.m., Eastern time. You may leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day. To view your Evidence of Coverage (EOC) for a full listing of dental limitations and exclusions, please sign in to MyCarePlus, your secure member portal, at **CarePlusHealthPlans.com/Logon**.

Providers: For information about dental benefits, call Dental Provider Customer Service at **1-800-833-2223**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Additional Plan Details

- In-network dental providers have agreed to provide covered services at contracted rates per the in-network fee schedules (INFS). If a member visits a participating network dental provider, the member cannot be billed for charges that exceed the negotiated fee schedule (but coinsurance payment still applies).
- No out-of-network coverage on this plan.
- CarePlus is a health maintenance organization (HMO) plan with a Medicare contract. Enrollment in CarePlus depends on contract renewal.
- Dental benefits on this plan use a Preferred Provider Organization (PPO) dental network.

2024 DEN950

Florida GoldPlus Dental Network

Deductible	$0
Annual maximum	None
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network coverage	Out-of-network coverage
Exam				
D0120	Periodic oral evaluation – established patient	Two procedure codes per calendar year	100%	0%
Additional exam				
D0150	Comprehensive oral evaluation – new or established patient	One procedure code every three calendar years	100%	0%
Full mouth and panoramic X-rays				
D0210	Intraoral – comprehensive series of radiographic images	One procedure code from this group per calendar year	100%	0%
D0330	Panoramic radiographic image		100%	0%
Bitewing X-rays				
D0270	Bitewing – single radiographic image	Two procedure codes from this group per calendar year	100%	0%
D0272	Bitewings – two radiographic images		100%	0%
D0273	Bitewings – three radiographic images		100%	0%
D0274	Bitewings – four radiographic images		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Two procedure codes per calendar year	100%	0%
Fluoride				
D1206	Topical application of fluoride varnish	Two procedure codes from this group per calendar year	100%	0%
D1208	Topical application of fluoride – excluding varnish		100%	0%
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Four procedure codes from this group per calendar year	100%	0%
D2150	Amalgam – two surfaces, primary or permanent		100%	0%
D2160	Amalgam – three surfaces, primary or permanent		100%	0%

ADA code	Description of benefit	Frequency/limitations	In-network coverage	Out-of-network coverage
Restorations (fillings) (continued)				
D2161	Amalgam – four or more surfaces, primary or permanent	Four procedure codes from this group per calendar year	100%	0%
D2330	Resin-based composite – one surface, anterior (front)		100%	0%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	0%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	0%
D2335	Resin-based composite – four or more surfaces (anterior)		100%	0%
D2391	Resin-based composite – one surface, posterior (back)		100%	0%
D2392	Resin-based composite – two surfaces, posterior (back)		100%	0%
D2393	Resin-based composite – three surfaces, posterior (back)		100%	0%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	0%
Crowns				
D2740	Crown – porcelain/ceramic	One procedure code from this group per calendar year	100%	0%
D2750	Crown – porcelain fused to high noble metal		100%	0%
Endodontic services				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One procedure code from this group per calendar year	100%	0%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		100%	0%
D3330	Endodontic therapy, molar tooth (excluding final restoration)		100%	0%
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure code per quadrant from this group per calendar year	100%	0%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	0%
Scaling – moderate gingival inflammation				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One procedure code per calendar year	100%	0%
Periodontal maintenance				
D4910	Periodontal maintenance	Four procedure codes per calendar year	100%	0%

ADA code	Description of benefit	Frequency/limitations	In-network coverage	Out-of-network coverage
Complete dentures or removable partial dentures (including routine post-delivery care)				
D5110	Complete denture – maxillary		100%	0%
D5120	Complete denture – mandibular		100%	0%
D5130	Immediate denture – maxillary		100%	0%
D5140	Immediate denture – mandibular		100%	0%
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	0%
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	One upper and lower complete denture every five calendar years	100%	0%
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
Denture adjustments or reline (not allowed on spare dentures or if within six months of initial placement)				
D5410	Adjust complete denture – maxillary		100%	0%
D5411	Adjust complete denture – mandibular		100%	0%
D5710	Rebase complete maxillary denture		100%	0%
D5711	Rebase complete mandibular denture		100%	0%
D5730	Reline complete maxillary denture (direct)	One procedure code from this group per calendar year	100%	0%
D5731	Reline complete mandibular denture (direct)		100%	0%
D5750	Reline complete maxillary denture (indirect)		100%	0%
D5751	Reline complete mandibular denture (indirect)		100%	0%
Implants				
D6010	Surgical placement of implant body: endosteal implant		100%	0%
D6011	Surgical access to an implant body (second stage implant surgery)		100%	0%
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	One procedure code from this group per calendar year	100%	0%
D6013	Surgical placement of mini implant		100%	0%
D6040	Surgical placement: eposteal implant		100%	0%
D6050	Surgical placement: transosteal implant		100%	0%

ADA code	Description of benefit	Frequency/limitations	In-network coverage	Out-of-network coverage
Implants (continued)				
D6055	Connecting bar – implant supported or abutment supported		100%	0%
D6056	Prefabricated abutment – includes modification and placement		100%	0%
D6057	Custom fabricated abutment – includes placement		100%	0%
D6058	Abutment supported porcelain/ceramic crown		100%	0%
D6059	Abutment supported porcelain fused to metal crown (high noble metal)		100%	0%
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)		100%	0%
D6061	Abutment supported porcelain fused to metal crown (noble metal)		100%	0%
D6062	Abutment supported cast metal crown (high noble metal)		100%	0%
D6063	Abutment supported cast metal crown (predominantly base metal)		100%	0%
D6064	Abutment supported cast metal crown (noble metal)	One procedure code from this group per calendar year	100%	0%
D6065	Implant supported porcelain/ceramic crown		100%	0%
D6066	Implant supported crown – porcelain fused to high noble alloys		100%	0%
D6067	Implant supported crown – high noble alloys		100%	0%
D6068	Abutment supported retainer for porcelain/ceramic FPD		100%	0%
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)		100%	0%
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)		100%	0%
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)		100%	0%
D6072	Abutment supported retainer for cast metal FPD (high noble metal)		100%	0%
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)		100%	0%

ADA code	Description of benefit	Frequency/limitations	In-network coverage	Out-of-network coverage
Implants (continued)				
D6074	Abutment supported retainer for cast metal FPD (noble metal)		100%	0%
D6075	Implant supported retainer for ceramic FPD		100%	0%
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys		100%	0%
D6077	Implant supported retainer for metal FPD – high noble alloys		100%	0%
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments		100%	0%
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		100%	0%
D6082	Implant supported crown – porcelain fused to predominantly base alloys		100%	0%
D6083	Implant supported crown – porcelain fused to noble alloys	One procedure code from this group per calendar year	100%	0%
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys		100%	0%
D6086	Implant supported crown – predominantly base alloys		100%	0%
D6087	Implant supported crown – noble alloys		100%	0%
D6088	Implant supported crown – titanium and titanium alloys		100%	0%
D6089	Accessing and retorquing loose implant screw – per screw		100%	0%
D6090	Repair implant supported prosthesis, by report		100%	0%
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment		100%	0%
D6092	Re-cement or re-bond implant/abutment supported crown		100%	0%
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture		100%	0%
D6094	Abutment supported crown – titanium and titanium alloys		100%	0%
D6095	Repair implant abutment, by report		100%	0%

ADA code	Description of benefit	Frequency/limitations	In-network coverage	Out-of-network coverage
Implants (continued)				
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	One procedure code from this group per calendar year	100%	0%
D6098	Implant supported retainer – porcelain fused to predominantly base alloys		100%	0%
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys		100%	0%
D6100	Surgical removal of implant body		100%	0%
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		100%	0%
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		100%	0%
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure		100%	0%
D6104	Bone graft at time of implant placement		100%	0%
D6105	Removal of implant body not requiring bone removal or flap elevation		100%	0%
D6106	Guided tissue regeneration – resorbable barrier, per implant		100%	0%
D6107	Guided tissue regeneration – non-resorbable barrier, per implant		100%	0%
D6110	Implant/abutment supported removable denture for edentulous arch – maxillary		100%	0%
D6111	Implant/abutment supported removable denture for edentulous arch – mandibular		100%	0%
D6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary		100%	0%
D6113	Implant/abutment supported removable denture for partially edentulous arch – mandibular		100%	0%
D6114	Implant/abutment supported fixed denture for edentulous arch – maxillary		100%	0%
D6115	Implant/abutment supported fixed denture for edentulous arch – mandibular		100%	0%

ADA code	Description of benefit	Frequency/limitations	In-network coverage	Out-of-network coverage
Implants (continued)				
D6116	Implant/abutment supported fixed denture for partially edentulous arch – maxillary	One procedure code from this group per calendar year	100%	0%
D6117	Implant/abutment supported fixed denture for partially edentulous arch – mandibular		100%	0%
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys		100%	0%
D6121	Implant supported retainer for metal FPD – predominantly base alloys		100%	0%
D6122	Implant supported retainer for metal FPD – noble alloys		100%	0%
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys		100%	0%
D6190	Radiographic/surgical implant index, by report		100%	0%
D6194	Abutment supported retainer crown for FPD – titanium and titanium alloys		100%	0%
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys		100%	0%
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant		100%	0%
Simple or surgical extractions (Unlimited extractions covered for the purpose of member receiving dentures, all other extractions limited to frequency below)				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Six procedure codes from this group per calendar year	100%	0%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100%	0%
D7220	Removal of impacted tooth – soft tissue		100%	0%
D7230	Removal of impacted tooth – partially bony		100%	0%
D7240	Removal of impacted tooth – completely bony		100%	0%
D7250	Removal of residual tooth roots (cutting procedure)		100%	0%

ADA code	Description of benefit	Frequency/limitations	In-network coverage	Out-of-network coverage
Anesthesia				
D9222	Deep sedation/general anesthesia – first 15 minutes	As needed with covered codes	100%	0%
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		100%	0%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		100%	0%
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		100%	0%
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment		100%	0%
D9910	Application of desensitizing medicament		100%	0%

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IMPORTANT

At CarePlus, it is important you are treated fairly.

CarePlus Health Plans, Inc. does not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. CarePlus complies with applicable federal civil rights laws. If you believe that you have been discriminated against by CarePlus, there are ways to get help.

- You may file a complaint, also known as a grievance, with:
  CarePlus Health Plans, Inc. Attention: Grievances and Appeals department.
  PO Box 277810, Miramar, FL 33027.
  If you need help filing a grievance, call Member Services at **1-800-794-5907 (TTY: 711)**. 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.

- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at **https://www.hhs.gov/ocr/office/file/index.html**.

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 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.

CarePlus
HEALTH PLANS

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-794-5907 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-794-5907 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 1-800-794-5907 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-800-794-5907 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-794-5907 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-794-5907 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-794-5907 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-794-5907 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고있습니다 . 통역 서비스를 이용하려면 전화 1-800-794-5907 (TTY: 711) 번으로 문의해 주십시오 . 한국어를 하는 담당자가 도와 드릴 것입니다 . 이 서비스는 무료로 운영됩니다 .

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-794-5907 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (برّقياً: 711) 5907-794-800-1. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه هي خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ़्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-794-5907 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिंदी बोलता है आपकी मदद कर सकता है. यह एक मुफ़्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-794-5907 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-794-5907 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-794-5907 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-794-5907 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-794-5907 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。