



## Family Dental Plans - 2025 ADULT DENTAL BENEFITS, LIMITATIONS AND EXCLUSIONS

\*Product also available to Covered California for Small Business (CCSB)

Covered Service by frequency	Anthem DHMO	Anthem DPPO	Blue Shield DHMO	Blue Shield DPPO	California Dental Network DHMO	Delta Dental DHMO*	Delta Dental DPPO*	Humana DPPO
Oral Exam	2 in 12 months	2 in calendar year	1 in 6 months	1 in 6 months	No frequency limitation	No frequency limitation	2 in calendar year	Once every 6 months or after 6 months have elapsed following comprehensive oral evaluation
Prophylaxis (cleaning)	2 in 12 months	2 in calendar year	1 in 6 months	1 in 6 months	1 in 6 months	2 in 1 year	2 in calendar year	Once in a 6-month period
Full Mouth X-Rays	1 in 3 years	1 in 5 years	1 in 36 months	1 in 36 months	1 in 24 months	1 in 2 years	1 in 5 years	Once every 3 years
Bitewing X-Rays	2 in 12 months	1 in 2 years	1 per 1 year	1 per 1 year	1 in 12 months	1 in 6 months	1 in calendar year	One set per 6-month period per provider
Periodontal Maintenance (gum maintenance)	2 in 12 months (in lieu of prophylaxis)	2 in calendar year (in lieu of prophylaxis)	1 in 6 months	1 in 6 months	1 in 6 months	2 in 1 year following active treatment (in lieu of prophylaxis)	2 in calendar year following active treatment (in lieu of prophylaxis)	Once every 3-month period following active periodontal therapy
Periodontal Scaling and Root Planning	1 per quadrant every 24 months	1 in 3 years	1 for 4 quadrants every 24 months	1 for 4 quadrants every 24 months	1 per quadrant in 12 months	4 quadrants during any 12 consecutive months	1 per quadrant every 24 months	Once per quadrant every 24 months and limited to Members aged 13 or older
Filling Per Tooth Surface	No frequency limitation	1 per tooth surface in 2 years	1 per tooth every 12 months	1 per tooth every 12 months	No frequency limitation	No frequency limitation	No frequency limitation	Once per 12-month period per permanent tooth
Replacement of a Crown	1 in 5 years	1 in 7 years	1 in 5 years	1 in 5 years	No frequency limitation	1 in 5 years	1 in 5 years	1 per 5 years per surface combination. Must include one or more of the following surfaces: B, L (cusp replacement).
Root Canal Per Tooth	1 tooth per lifetime	1 tooth per lifetime	1 tooth per lifetime	1 tooth per lifetime	No frequency limitation	1 per tooth per lifetime	1 per tooth per lifetime	Once per tooth per lifetime for tooth numbers
Extraction Per Tooth	No frequency limitation	1 per lifetime	1 tooth per lifetime	1 tooth per lifetime	No frequency limitation	No frequency limitation	1 per lifetime	No restriction
Fixed Bridge Procedures	1 in 5 years	1 in 7 years	1 in 5 years	1 in 5 years	No frequency limitation	1 in 5 years	1 in 5 years	Once per five years per tooth
Partial Dentures	1 in 5 years	1 in 7 years	1 in 5 years	1 in 5 years	Replacement 1 in 5 years	1 in 5 years	1 in 5 years	Once per 5 year
Complete Dentures	1 in 5 years	1 in 7 years	1 in 5 years	1 in 5 years	1 in 5 years	1 in 5 years	1 in 5 years	Once per 5 years
Excluded Services	<b>Veneers, implants, tooth whitening, and adult orthodontics are excluded in all plans.</b>							
	TMJ, maxillofacial prosthetics	Crown lengthening, bonding, TMJ, maxillofacial prosthetics	TMJ, cosmetic dental care, maxillofacial prosthetics	TMJ, cosmetic dental care, maxillofacial prosthetics	Crown lengthening, TMJ	Maxillofacial prosthetics	Maxillofacial prosthetics, TMJ	TMJ, maxillofacial prosthetics, cosmetic dental care

This is a summary of limitation and exclusions. Please see the plan's Schedule of Benefits and Evidence of Coverage documents for complete information on covered services, limitations, and excluded services.