



Family Dental Plans | 2017 ADULT DENTAL BENEFITS, LIMITATIONS AND EXCLUSIONS

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

Covered Service by frequency	Access Dental DHMO	Anthem DPPO	California Dental Network DHMO	Delta Dental DHMO	Delta Dental DPPO	Dental Health Services DHMO	Liberty Dental Plan DHMO	Premier Access DPPO
Oral Exam	2 in 12 months	2 in calendar year	No frequency limitation	No frequency limitation	2 in calendar year	1 in 6 months	1 in 6 months	1 in 6 months
Prophylaxis (cleaning)	2 in 1 year	2 in calendar year	1 in 6 months	2 in 1 year	2 in calendar year	1 in 12 months	1 in 6 months	1 in 6 months
Full Mouth X-Rays	1 in 2 years	1 in 5 years	1 in 24 Months	1 in 2 years	1 in 5 years	1 in 3 years	1 in 36 months	1 in 5 years
Biting X-Rays	2 in 1 year	1 in 2 years	1 in 12 Months	1 in 6 months	1 in calendar year	1 in 6 months	1 in 6 months	1 in 1 year
Periodontal Maintenance (gum maintenance)	2 in 12 months	2 in calendar year with cleanings	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)	1 in a calendar quarter	1 in 6 months (in lieu of prophylaxis)	1 in 6 months following active treatment (in lieu of prophylaxis)
Periodontal Scaling and Root Planing	5 quadrants in 1 year	1 in 3 years	1 per quadrant in 12 months	4 quadrants during any 12 consecutive months	1 per quadrant every 24 months	1 per quadrant every 24 months	1 per site quadrant in 24 months	1 per quadrant in 2 years
Filling per tooth surface	No frequency limitation	1 per tooth surface in 2 years	No frequency limitation	No frequency limitation	No frequency limitation	1 in 36 months	1 in 36 months	1 per tooth surface in 36 months
Replacement of a Crown	1 in 5 years	1 per 7 years	1 in 5 years	1 in 5 years	1 in 5 years	1 in 5 years	1 in 5 years	1 in 5 years
Root Canal per tooth	1 in 2 years, same tooth	1 per lifetime	No frequency limitation	No frequency limitation	No frequency limitation	once per tooth	No frequency limitation	1 in 2 years, same tooth, same provider
Extraction per tooth	No frequency limitation	1 per lifetime	No frequency limitation	No frequency limitation	1 per lifetime	once per tooth	No frequency limitation	No frequency limitation
Fixed Bridge Procedures	Replacement 1 in 5 years	1 per 7 years	Replacement 1 in 5 years	1 in 5 years	1 in 5 years	1 in 5 years	1 in 5 years	Replacement 1 in 5 years
Partial Dentures	Replacement 1 in 5 years	1 per 7 years	Replacement 1 in 3 years	1 in 5 years	1 in 5 years	1 in 5 years	1 per arch in 5 years	Replacement 1 in 5 years
Complete Dentures	1 in 5 years	1 per 7 years	1 in 5 years	1 in 5 years	1 in 5 years	Replacement 1 in 5 years	1 per arch in 5 years	Replacement 1 in 5 years
Excluded Services	Implants, tooth whitening and adult orthodontics are excluded in all plans.							
	TMJ, veneers	crown lengthening, posterior composites, bonding and veneers	crown lengthening, TMJ	maxillofacial prosthetics	maxillofacial prosthetics, TMJ, veneers		cosmetic dental care, maxillofacial prosthetics	TMJ, veneers

This is a summary of limitations 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.