



Family Dental Plans - 2027 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	DentaQuest DHMO	Delta Dental DHMO*	Delta Dental DPPO*	Humana DPPO
Oral Exam	2 in 12 months	2 in 12 months	1 in 6 months	1 in 6 months	No frequency limitation	No frequency limitation	2 in calendar year	1 in 6 months
Prophylaxis (cleaning)	2 in 12 months	2 in 12 months	1 in 6 months	1 in 6 months	1 in 6 months	2 in 1 year	2 in calendar year	1 in 6 months
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	1 in 3 years
Bitewing X-Rays	2 in 12 months	1 in 12 months	1 per 1 year	1 per 1 year	1 in 12 months	1 in 6 months	1 in calendar year	1 in 6 months
Periodontal Maintenance (gum maintenance)	2 in 12 months (in lieu of prophylaxis)	4 in 12 months (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)	4 per calendar year following active periodontal therapy (in lieu of prophylaxis)
Periodontal Scaling and Root Planning	1 per quadrant every 24 months	1 per quadrant every 24 months	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	1 per quadrant every 24 months
Filling Per Tooth Surface	No frequency limitation	1 per tooth surface in 24 months	1 per tooth every 12 months	1 per tooth every 12 months	No frequency limitation	No frequency limitation	No frequency limitation	1 per tooth surface in 2 years
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 in 5 years
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	1 per tooth per lifetime
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 frequency limitation
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	1 in 5 years
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	1 in 5 years
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	1 in 5 years
Excluded Services	Veneers, implants, tooth whitening, and adult orthodontics are excluded in all plans.							
	TMJ, cosmetic dental care, maxillofacial prosthetics	TMJ, cosmetic dental care, 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.