



# Family Dental Plans | 2021 ADULT DENTAL BENEFITS, LIMITATIONS AND EXCLUSIONS

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

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

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.