



Dental Benefit Details

2025

This document provides additional details about the supplemental dental benefits that are covered under our plan. For more information about this document or your dental benefits, please contact Member Services at the phone number or web address shown on the back cover of the *Evidence of Coverage* or on your Member ID card.

The *Dental Benefit Details* applies to the plan benefit package shown below. The plan benefit package is on the cover of the *Evidence of Coverage*, on the lower right corner.

State	Plan Benefit Package	Plan Name
HI	H2491004000	Wellcare 'Ohana Dual Align (HMO-POS D-SNP)
HI	H2491026000	Wellcare 'Ohana Dual Liberty (HMO-POS D-SNP)

Disclaimers:

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.

Please contact your plan for details.



Summary of Dental Benefits
Wellcare 'Ohana Dual Liberty (HMO D-SNP) & Wellcare 'Ohana
Dual Align (HMO D-SNP) - Group No. 9050-1
Effective: 01/01/2025



This summary is a brief description of a Hawaii Dental Service (HDS) member's dental benefits. Some limitations, restrictions, and exclusions may apply. Plan benefits are governed by the provisions detailed in the Wellcare By 'Ohana Health Plan's agreement with HDS, HDS's Procedure Code Guidelines and Delta Dental National Policies when applicable. Certain provisions may vary across agreements such as waiting periods, frequency and age limitations, etc. and may not be included in this summary. For additional information, please contact HDS Customer Service.

You must receive services from an HDS Medicare Advantage network dentist for HDS to pay for the covered benefits listed below in the table. If you receive services from a dentist that doesn't participate in the HDS Medicare Advantage network, the services are not covered by the plan and you will be responsible for the full cost of the services.

For the list of network dentists, see the Provider Directory, visit hawaiidentalsservice.com or call HDS customer service at 529-9248 or toll free 1-844-379-4325 (Monday through Friday, 8:00 a.m. to 8:00 p.m.).

Code	Code Description	Periodicity
D0460	Pulp Vitality Test	1 per tooth per date of service
D0470	Diagnostic casts	1 every 12 months per test
D0472	Accession of tissue, gross exam, prep & report	1 every 12 months per test
D0473	Accession of tissue, gross/micro. exam, prep, report	1 every 12 months per test
D0474	Accession of tissue, gross/micro. exam, report	1 every 12 months per test
D0480	Accession of exfoliative cytologic smears	1 every 12 months per test
D0484	Consultation on slides prepared elsewhere	1 every 12 months per test
D0999	Unspecified diagnostic procedure, by report	1 every 12 months per test
D2390	Resin-based composite crown, anterior	1 every 24 months, per surface per tooth
D2542	Onlay, metallic, two surfaces	1 every 84 months or 7 years per tooth

Code	Code Description	Periodicity
D2543	Onlay, metallic, three surfaces	1 every 84 months or 7 years per tooth
D2544	Onlay, metallic, four or more surfaces	1 every 84 months or 7 years per tooth
D2642	Onlay, porcelain/ceramic, two surfaces	1 every 84 months or 7 years per tooth
D2643	Onlay, porcelain/ceramic, three surfaces	1 every 84 months or 7 years per tooth
D2644	Onlay, porcelain/ceramic, four or more surfaces	1 every 84 months or 7 years per tooth
D2662	Onlay, resin-based composite, two surfaces	1 every 84 months or 7 years per tooth
D2663	Onlay, resin-based composite, three surfaces	1 every 84 months or 7 years per tooth
D2664	Onlay, resin-based composite, four or more surfaces	1 every 84 months or 7 years per tooth
D2710	Crown, resin-based composite (indirect)	1 every 84 months or 7 years per tooth
D2712	Crown, $\frac{3}{4}$ resin-based composite (indirect)	1 every 84 months or 7 years per tooth
D2720	Crown - resin-based composite (indirect)	1 every 84 months or 7 years per tooth
D2721	Crown, resin with predominantly base metal	1 every 84 months or 7 years per tooth
D2722	Crown, resin with noble metal	1 every 84 months or 7 years per tooth
D2740	Crown, porcelain/ceramic	1 every 84 months or 7 years per tooth
D2750	Crown - porcelain fused to high noble metal	1 every 84 months or 7 years per tooth
D2751	Crown, porcelain fused to predominantly base metal	1 every 84 months or 7 years per tooth
D2752	Crown, porcelain fused to noble metal	1 every 84 months or 7 years per tooth
D2753	Crown, porcelain fused to titanium alloy	1 every 84 months or 7 years per tooth
D2780	Crown - $\frac{3}{4}$ cast high noble metal	1 every 84 months or 7 years per tooth
D2781	Crown, $\frac{3}{4}$ cast predominantly base metal	1 every 84 months or 7 years per tooth
D2782	Crown, $\frac{3}{4}$ cast noble metal	1 every 84 months or 7 years per tooth

Code	Code Description	Periodicity
D2783	Crown, $\frac{3}{4}$ porcelain/ceramic	1 every 84 months or 7 years per tooth
D2790	Crown - full cast high noble metal	1 every 84 months or 7 years per tooth
D2791	Crown, full cast predominantly base metal	1 every 84 months or 7 years per tooth
D2792	Crown, full cast noble metal	1 every 84 months or 7 years per tooth
D2794	Crown - titanium	1 every 84 months or 7 years per tooth
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	1 every 12 months per tooth
D2921	Reattachment of tooth fragment, incisal edge or cusp (anterior)	1 every 12 months per tooth
D2928	Prefabricated porcelain/ceramic crown	1 every 36 months per tooth
D2932	Prefabricated resin crown	1 every 36 months per tooth
D2940	Protective restoration	1 every 24 months per tooth
D2955	Post removal	1 every 84 months or 7 years per tooth
D2971	Additional procedure to customize a crown to fit under an existing partial denture framework	1 every 84 months or 7 years per tooth
D2980	Crown repair necessitated by restorative material failure	1 every 36 months per tooth
D2981	Inlay repair necessitated by restorative material failure	1 every 36 months per tooth
D2982	Onlay repair necessitated by restorative material failure	1 every 36 months per tooth
D2983	Veneer repair necessitated by restorative material failure	1 every 36 months per tooth
D2999	Unspecified restorative procedure, by report	1 every 36 months per tooth
D3110	Pulp cap, direct (excluding final restoration)	1 per lifetime per tooth
D3120	Pulp cap, indirect (excluding final restoration)	1 per lifetime per tooth
D3220	Therapeutic pulpotomy (excluding final restoration)	1 per lifetime per tooth
D3221	Pulpal debridement, primary and permanent teeth	1 per lifetime per tooth

Code	Code Description	Periodicity
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	1 per lifetime per tooth
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	1 per lifetime per tooth
D3240	Pulpal therapy, posterior, primary tooth (excluding final restoration)	1 per lifetime per tooth
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	1 per lifetime per tooth
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	1 per lifetime per tooth
D3331	Treatment of root canal obstruction; non-surgical access	1 per lifetime per tooth
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	1 per lifetime per tooth
D3333	Internal root repair of perforation defects	1 per lifetime per tooth
D3346	Retreatment of previous root canal therapy, anterior	1 per lifetime per tooth
D3347	Retreatment of previous root canal therapy, premolar	1 per lifetime per tooth
D3348	Retreatment of previous root canal therapy, molar	1 per lifetime per tooth
D3351	Apexification/recalcification, initial visit	1 per lifetime per tooth
D3352	Apexification/recalcification, interim medication replacement	1 per lifetime per tooth
D3353	Apexification/recalcification, final visit	1 per lifetime per tooth
D3410	Apicoectomy, anterior	1 per lifetime per tooth
D3421	Apicoectomy, premolar (first root)	1 per lifetime per tooth
D3425	Apicoectomy, molar (first root)	1 per lifetime per tooth
D3426	Apicoectomy, (each additional root)	1 per lifetime per tooth
D3430	Retrograde filling, per root	1 per lifetime per tooth
D3450	Root amputation, per root	1 per lifetime per tooth

Code	Code Description	Periodicity
D3471	Surgical repair of root resorption - anterior	1 per lifetime per tooth
D3472	Surgical repair of root resorption - premolar	1 per lifetime per tooth
D3473	Surgical repair of root resorption - molar	1 per lifetime per tooth
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption anterior	1 per lifetime per tooth
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	1 per lifetime per tooth
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	1 per lifetime per tooth
D3920	Hemisection, not including root canal therapy	1 per lifetime per tooth
D3921	Decoronation or submergence of an erupted tooth	1 per lifetime per tooth
D3999	Unspecified endodontic procedure, by report	1 per lifetime per tooth
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	1 every 36 months per quadrant
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	1 every 36 months per quadrant
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1 per lifetime per tooth
D4240	Gingival flap procedure, four or more teeth per quadrant	1 every 36 months per quadrant
D4241	Gingival flap procedure, one to three teeth per quadrant	1 every 36 months per quadrant
D4249	Clinical crown lengthening, hard tissue	1 per lifetime per tooth
D4260	Osseous surgery, four or more teeth per quadrant	1 every 36 months per quadrant
D4261	Osseous surgery, one to three teeth per quadrant	1 every 36 months per quadrant
D4263	Bone replacement graft, retained natural tooth, first site, quadrant	1 every 36 months per quadrant
D4264	Bone replacement graft, retained natural tooth, each additional site	1 every 36 months per quadrant

Code	Code Description	Periodicity
D4265	Biologic materials to aid in soft and osseous tissue regeneration per site	1 every 36 months per site
D4266	Guided tissue regeneration, resorbable barrier, per site	1 every 36 months per site
D4267	Guided tissue regeneration, non-resorbable barrier, per site	1 every 36 months per site
D4273	Autogenous connective tissue graft procedure, first tooth	1 every 36 months per site/quad
D4275	Non-autogenous connective tissue graft, first tooth	1 every 36 months per site/quad
D4277	Free soft tissue graft, first tooth	1 every 36 months per site/quad
D4278	Free soft tissue graft, each additional tooth	1 every 36 months per site/quad
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	1 every 36 months per site/quad
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	1 every 36 months per site/quad
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	1 every 24 months per procedure
D4920	Unscheduled dressing change (other than treating dentist or staff)	1 every 12 months per procedure
D4999	Unspecified periodontal procedure, by report	1 every 12 months per procedure
D5211	Maxillary partial denture, resin base	1 every 60 months per procedure
D5212	Mandibular partial denture, resin base	1 every 60 months per procedure
D5213	Maxillary partial denture, cast metal, resin base	1 every 60 months per procedure
D5214	Mandibular partial denture, cast metal, resin base	1 every 60 months per procedure
D5221	Immediate maxillary partial denture, resin base	1 every 60 months per procedure
D5222	Immediate mandibular partial denture, resin base	1 every 60 months per procedure
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	1 every 60 months per procedure
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	1 every 60 months per procedure
D5225	Maxillary partial denture, flexible base	1 every 60 months per procedure

Code	Code Description	Periodicity
D5226	Mandibular partial denture, flexible base	1 every 60 months per procedure
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	1 every 60 months per procedure
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	1 every 60 months per procedure
D5282	Removable unilateral partial denture, one piece cast metal, maxillary	1 every 60 months per procedure
D5283	Removable unilateral partial denture, one piece cast metal, mandibular	1 every 60 months per procedure
D5284	Unilateral removeable partial denture, flexible base, per quadrant	1 every 60 months per procedure
D5286	Unilateral removable partial denture, resin base, per quadrant	1 every 60 months per quadrant
D5621	Repair cast partial framework, mandibular	1 every 12 months
D5622	Repair cast partial framework, maxillary	1 every 12 months
D5630	Repair or replace broken retentive clasping, per tooth	1 every 12 months per arch
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	1 every 24 months per arch
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	1 every 24 months per arch
D5725	Rebase hybrid prosthesis	1 every 24 months per arch per procedure
D5765	Soft liner for complete or partial removable denture - indirect	1 every 24 months per arch per procedure
D5850	Tissue conditioning, maxillary	1 every 12 months
D5851	Tissue conditioning, mandibular	1 every 12 months
D5863	Overdenture, complete, maxillary	1 every 60 months per procedure
D5864	Overdenture, partial, maxillary	1 every 60 months per procedure
D5865	Overdenture, complete, mandibular	1 every 60 months per procedure
D5866	Overdenture, partial, mandibular	1 every 60 months per procedure
D5899	Unspecified removable prosthodontic procedure, by report	1 every 12 months per arch per procedure

Code	Code Description	Periodicity
D6205	Pontic, indirect resin based composite	1 every 84 months or 7 years per tooth
D6210	Pontic, cast high noble metal	1 every 84 months or 7 years per tooth
D6211	Pontic, cast predominantly base metal	1 every 84 months or 7 years per tooth
D6212	Pontic, cast noble metal	1 every 84 months or 7 years per tooth
D6214	Pontic - titanium	1 every 84 months or 7 years per tooth
D6240	Pontic - porcelain fused to high noble metal	1 every 84 months or 7 years per tooth
D6241	Pontic, porcelain fused to predominantly base metal	1 every 84 months or 7 years per tooth
D6242	Pontic, porcelain fused to noble metal	1 every 84 months or 7 years per tooth
D6243	Pontic - porcelain fused to titanium and titanium alloys	1 every 84 months or 7 years per tooth
D6245	Pontic, porcelain/ceramic	1 every 84 months or 7 years per tooth
D6250	Pontic - resin with high noble metal	1 every 84 months or 7 years per tooth
D6251	Pontic, resin with predominantly base metal	1 every 84 months or 7 years per tooth
D6252	Pontic, resin with noble metal	1 every 84 months or 7 years per tooth
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	1 every 84 months or 7 years per tooth
D6545	Retainer, cast metal for resin bonded fixed prosthesis	1 every 84 months or 7 years per tooth
D6548	Retainer, porcelain/ceramic, resin bonded fixed prosthesis	1 every 84 months or 7 years per tooth
D6549	Resin retainer, for resin bonded fixed prosthesis	1 every 84 months or 7 years per tooth
D6600	Retainer inlay, porcelain/ceramic, two surfaces	1 every 84 months or 7 years per tooth
D6601	Retainer inlay, porcelain/ceramic, three or more surfaces	1 every 84 months or 7 years per tooth
D6602	Retainer inlay, cast high noble metal, two surfaces	1 every 84 months or 7 years per tooth

Code	Code Description	Periodicity
D6603	Retainer inlay, cast high noble metal, three or more surfaces	1 every 84 months or 7 years per tooth
D6604	Retainer inlay, cast base metal, two surfaces	1 every 84 months or 7 years per tooth
D6605	Retainer inlay, cast base metal, three or more surfaces	1 every 84 months or 7 years per tooth
D6606	Retainer inlay, cast noble metal, two surfaces	1 every 84 months or 7 years per tooth
D6607	Retainer inlay, cast noble metal, three or more surfaces	1 every 84 months or 7 years per tooth
D6608	Retainer onlay, porcelain/ceramic, two surfaces	1 every 84 months or 7 years per tooth
D6609	Retainer onlay, porcelain/ceramic, three or more surfaces	1 every 84 months or 7 years per tooth
D6610	Retainer onlay - cast high noble metal, two surfaces	1 every 84 months or 7 years per tooth
D6611	Retainer onlay - cast high noble metal, three or more surfaces	1 every 84 months or 7 years per tooth
D6612	Retainer onlay, cast base metal, two surfaces	1 every 84 months or 7 years per tooth
D6613	Retainer onlay, cast base metal, three or more surfaces	1 every 84 months or 7 years per tooth
D6614	Retainer onlay, cast noble metal, two surfaces	1 every 84 months or 7 years per tooth
D6615	Retainer onlay, cast noble metal, three or more surfaces	1 every 84 months or 7 years per tooth
D6710	Retainer crown, indirect resin based composite	1 every 84 months or 7 years per tooth
D6720	Retainer crown - resin with high noble metal	1 every 84 months or 7 years per tooth
D6721	Retainer crown, resin with predominantly base metal	1 every 84 months or 7 years per tooth
D6722	Retainer crown, resin with noble metal	1 every 84 months or 7 years per tooth
D6740	Retainer crown, porcelain/ceramic	1 every 84 months or 7 years per tooth
D6750	Crown - Porcelain Fused To High Noble Metal	1 every 84 months or 7 years per tooth
D6751	Retainer crown, porcelain fused to predominantly base metal	1 every 84 months or 7 years per tooth
D6752	Retainer crown, porcelain fused to noble metal	1 every 84 months or 7 years per tooth

Code	Code Description	Periodicity
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	1 every 84 months or 7 years per tooth
D6780	Retainer crown - $\frac{3}{4}$ cast high noble metal	1 every 84 months or 7 years per tooth
D6781	Retainer crown, $\frac{3}{4}$ cast predominantly base metal	1 every 84 months or 7 years per tooth
D6782	Retainer crown, $\frac{3}{4}$ cast noble metal	1 every 84 months or 7 years per tooth
D6783	Retainer crown, $\frac{3}{4}$ porcelain/ceramic	1 every 84 months or 7 years per tooth
D6790	Retainer crown - full cast high noble metal	1 every 84 months or 7 years per tooth
D6791	Retainer crown, full cast predominantly base metal	1 every 84 months or 7 years per tooth
D6792	Retainer crown, full cast noble metal	1 every 84 months or 7 years per tooth
D6794	Retainer crown - titanium	1 every 84 months or 7 years per tooth
D6930	Re-cement or re-bond fixed partial denture	1 every 24 months per tooth
D6980	Fixed partial denture repair, restorative material failure	1 every 24 months per arch per procedure
D6999	Unspecified fixed prosthodontic procedure, by report	1 every 24 months per arch per procedure
D7111	Extraction, coronal remnants-deciduous tooth	
D7251	Coronectomy - intentional partial tooth removal	1 per lifetime per tooth
D7261	Primary closure of a sinus perforation	Once per quadrant per lifetime
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	
D7290	Surgical repositioning of teeth	Once per tooth per lifetime
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	Once per tooth per lifetime
D7413	Excision of malignant lesion, up to 1.25 cm	unlimited per procedure
D7414	Excision of malignant lesion, greater than 1.25 cm	unlimited per procedure
D7440	Excision of malignant tumor, up to 1.25 cm	unlimited per procedure

Code	Code Description	Periodicity
D7441	Excision of malignant tumor, greater than 1.25 cm	unlimited per procedure
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	unlimited per procedure
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	unlimited per procedure
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	unlimited per procedure
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	unlimited per procedure
D7465	Destruction of lesion(s) by physical or chemical method, by report	unlimited per procedure
D7471	Removal of lateral exostosis, maxilla or mandible	1 per lifetime per procedure
D7472	Removal of torus palatinus	1 per lifetime per procedure
D7473	Removal of torus mandibularis	1 per lifetime per procedure
D7485	Reduction of osseous tuberosity	1 per lifetime per maxillary quad
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	unlimited per procedure
D7520	Incision & drainage of abscess, extraoral soft tissue	unlimited per procedure
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	unlimited per procedure
D7530	Remove foreign body, mucosa, skin, tissue	unlimited per procedure
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	unlimited per procedure
D7953	Bone replacement graft for ridge preservation - per site	1 per lifetime per tooth
D7961	Frenectomy/frenuloplasty maxillary	1 every 60 months per procedure
D7962	Frenectomy/frenuloplasty mandibular	1 every 60 months per procedure
D7963	Frenuloplasty	1 every 60 months per procedure
D7972	Surgical Reduction of Fibrous Tuberosity	1 per lifetime per maxillary quad
D7999	Unspecified oral surgery procedure, by report	unlimited per procedure

Code	Code Description	Periodicity
D9120	Fixed Partial Denture Sectioning	1 every 12 months per procedure
D9222	Deep sedation/general anesthesia, first 15 minute increment	unlimited per procedure
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	unlimited per procedure
D9430	Office visit, observation, regular hours, no other services	1 every 6 months per procedure
D9610	Therapeutic Parenteral Drug, Single Administration	unlimited per procedure
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	unlimited per procedure
D9930	Treatment of complications, post surgical, unusual, by report	1 per date of service
D9944	Occlusal guard, hard appliance, full arch	1 every 60 months per procedure
D9945	Occlusal guard, soft appliance, full arch	1 every 60 months per procedure
D9946	Occlusal guard, hard appliance, partial arch	1 every 60 months per procedure
D9951	Occlusal adjustment, limited	1 every 24 months per procedure
D9999	Unspecified adjunctive procedure, by report	1 per date of service

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