Dental Benefit Details

2026

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	H9916001000	Wellcare 'Ohana Dual Align (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 Align (HMO D-SNP) - Group No. 9050-1

Effective: 01/01/2026

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 does not 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 hawaiidentalservice.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
Diagnostic (Preventive) Services		
D0460	Pulp Vitality Test	1x/visit
D0472	Accession of tissue, gross exam, prep & report	1x/site on same date of service & same dental office
D0473	Accession of tissue, gross/micro. exam, report	1x/site on same date of service & same dental office
D0474	Accession of tissue, gross/micro. exam, report	1x/site on same date of service & same dental office
D0480	Accession of exfoliative cytologic smears	No limit
D0484	Consultation on slides prepared elsewhere	If eligible
D0999	Unspecified diagnostic procedure, by report	If eligible
Comprehensive Services		

Code	Code Description	Periodicity
D2390	Resin-based composite crown, anterior	1x/surface/tooth/2yrs
D2542	Onlay, metallic, two surfaces	1x/tooth/7yrs
D2543	Onlay, metallic, three surfaces	1x/tooth/7yrs
D2544	Onlay, metallic, four or more surfaces	1x/tooth/7yrs
D2642	Onlay, porcelain/ceramic, two surfaces	1x/tooth/7yrs
D2643	Onlay, porcelain/ceramic, three surfaces	1x/tooth/7yrs
D2644	Onlay, porcelain/ceramic, four or more surfaces	1x/tooth/7yrs
D2662	Onlay, resin-based composite, two surfaces	1x/tooth/7yrs
D2663	Onlay, resin-based composite, three surfaces	1x/tooth/7yrs
D2664	Onlay, resin-based composite, four or more surfaces	1x/tooth/7yrs
D2710	Crown, resin-based composite (indirect)	1x/tooth/7yrs
D2712	Crown, ¾ resin-based composite (indirect)	1x/tooth/7yrs
D2720	Crown - resin-based composite (indirect)	1x/tooth/7yrs
D2721	Crown, resin with predominantly base metal	1x/tooth/7yrs
D2722	Crown, resin with noble metal	1x/tooth/7yrs
D2740	Crown, porcelain/ceramic	1x/tooth/7yrs
D2750	Crown - porcelain fused to high noble metal	1x/tooth/7yrs
D2751	Crown, porcelain fused to predominantly base metal	1x/tooth/7yrs
D2752	Crown, porcelain fused to noble metal	1x/tooth/7yrs
D2753	Crown, porcelain fused to titanium alloy	1x/tooth/7yrs
D2780	Crown - ¾ cast high noble metal	1x/tooth/7yrs

Code	Code Description	Periodicity
D2781	Crown, ¾ cast predominantly base metal	1x/tooth/7yrs
D2782	Crown, ¾ cast noble metal	1x/tooth/7yrs
D2783	Crown, ¾ porcelain/ceramic	1x/tooth/7yrs
D2790	Crown - full cast high noble metal	1x/tooth/7yrs
D2791	Crown, full cast predominantly base metal	1x/tooth/7yrs
D2792	Crown, full cast noble metal	1x/tooth/7yrs
D2794	Crown - titanium	1x/tooth/7yrs
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	After 6 mos. then 1x/yr
D2921	Reattachment of tooth fragment, incisal edge, or cusp (anterior)	1x/2yrs
D2928	Prefabricated porcelain/ceramic crown	1x/2yrs
D2932	Prefabricated resin crown	1x/2yrs
D2940	Placement of interim direct restoration	1x/2yrs
D2955	Post removal	If eligible
D2971	Additional procedure to customize a crown to fit under an existing partial denture framework	If eligible
D2980	Crown repair necessitated by restorative material failure	6 mos. after initial placement, then 1x/yr
D2981	Inlay repair necessitated by restorative material failure	6 mos. after initial placement, then 1x/yr
D2982	Onlay repair necessitated by restorative material failure	6 mos. after initial placement, then 1x/yr
D2983	Veneer repair necessitated by restorative material failure	6 mos. after initial placement, then 1x/yr
D2999	Unspecified restorative procedure, by report	If eligible

Code	Code Description	Periodicity
D3110	Pulp cap, direct (excluding final restoration)	If eligible
D3120	Pulp cap, indirect (excluding final restoration)	If eligible
D3220	Therapeutic pulpotomy (excluding final restoration)	1x/tooth/lifetime
D3221	Pulpal debridement, primary and permanent teeth	1x/tooth/lifetime
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	If eligible
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	1x/tooth/lifetime
D3240	Pulpal therapy, posterior, primary tooth (excluding finale restoration)	If eligible
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	1x/tooth/lifetime
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	1x/tooth/lifetime
D3331	Treatment of root canal obstruction; non-surgical access	If eligible
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	1x/tooth/lifetime
D3333	Internal root repair of perforation defects	1x/tooth/lifetime
D3346	Retreatment of previous root canal therapy, anterior	1x/tooth/2yrs
D3347	Retreatment of previous root canal therapy, premolar	1x/tooth/2yrs
D3348	Retreatment of previous root canal therapy, molar	1x/tooth/2yrs
D3351	Apexification/recalcification, initial visit	1x/tooth/lifetime
D3352	Apexification/recalcification, interim medication replacement	If eligible
D3353	Apexification/recalcification, final visit	1x/tooth/lifetime
D3410	Apicoectomy, anterior	1x/2yrs
D3421	Apicoectomy, premolar (first root)	1x/2yrs
D3425	Apicoectomy, molar (first root)	1x/2yrs

Code	Code Description	Periodicity
D3426	Apicoectomy, (each additional root)	1x/2yrs
D3430	Retrograde filling, per root	1x/2yrs
D3450	Root amputation, per root	1x/tooth/lifetime
D3471	Surgical repair of root resorption - anterior	1x/2yrs
D3472	Surgical repair of root resorption - premolar	1x/2yrs
D3473	Surgical repair of root resorption - molar	1x/2yrs
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption anterior	If eligible
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	If eligible
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	If eligible
D3920	Hemisection, not including root canal therapy	If eligible
D3921	Decoronation or submergence of an erupted tooth	1x/tooth/lifetime
D3999	Unspecified endodontic procedure, by report	If eligible
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	1x/quad/3yrs
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	1x/quad/3yrs
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1x/tooth/3yrs
D4240	Gingival flap procedure, four or more teeth per quadrant	1x/quad/3yrs
D4241	Gingival flap procedure, one to three teeth per quadrant	1x/quad/3yrs
D4249	Clinical crown lengthening, hard tissue	1x/tooth
D4260	Osseous surgery, four or more teeth per quadrant	1x/quad/3yrs
D4261	Osseous surgery, one to three teeth per quadrant	1x/quad/3yrs
D4263	Bone replacement graft, retained natural tooth, first site, quadrant	1x/site/3yrs

Code	Code Description	Periodicity
D4264	Bone replacement graft, retained natural tooth, each additional site	1x/site/3yrs
D4265	Biologic materials to aid in soft and osseous tissue regeneration per site	1x/site/3yrs
D4266	Guided tissue regeneration, resorbable barrier, per site	1x/site/3yrs
D4267	Guided tissue regeneration, non-resorbable barrier, per site	1x/site/3yrs
D4273	Autogenous connective tissue graft procedure, first tooth	1x/tooth (2 teeth/quad)/3yrs
D4275	Non-autogenous connective tissue graft, first tooth	1x/tooth (2 teeth/quad)/3yrs
D4277	Free soft tissue graft, first tooth	1x/tooth (2 teeth/quad)/3yrs
D4278	Free soft tissue graft, each additional tooth	1x/tooth (2 teeth/quad)/3yrs
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	1x/tooth (2 teeth/quad)/3yrs
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	1x/tooth (2 teeth/quad)/3yrs
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	2x/cal. yr
D4920	Unscheduled dressing change (other than treating dentist or staff)	1x/dentist/dental office
D4999	Unspecified periodontal procedure, by report	If eligible
D5211	Maxillary partial denture, resin base	1x/denture/5yrs
D5212	Mandibular partial denture, resin base	1x/denture/5yrs
D5213	Maxillary partial denture, cast metal, resin base	1x/denture/5yrs
D5214	Mandibular partial denture, cast metal, resin base	1x/denture/5yrs
D5221	Immediate maxillary partial denture, resin base	1x/denture/5yrs
D5222	Immediate mandibular partial denture, resin base	1x/denture/5yrs
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	1x/denture/5yrs
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	1x/denture/5yrs

Code	Code Description	Periodicity
D5225	Maxillary partial denture, flexible base	1x/denture/5yrs
D5226	Mandibular partial denture, flexible base	1x/denture/5yrs
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests, and teeth)	1x/denture/5yrs
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests, and teeth)	1x/denture/5yrs
D5282	Removable unilateral partial denture, one piece cast metal, maxillary	1x/denture/5yrs
D5283	Removable unilateral partial denture, one piece cast metal, mandibular	1x/denture/5yrs
D5284	Unilateral removeable partial denture, flexible base, per quadrant	1x/denture/5yrs
D5286	Unilateral removable partial denture, resin base, per quadrant	1x/denture/5yrs
D5621	Repair cast partial framework, mandibular	1x/proc/6mos, 6 months after delivery
D5622	Repair cast partial framework, maxillary	1x/proc/6mos, 6 months after delivery
D5630	Repair or replace broken retentive clasping, per tooth	1x/tooth/6mos, 6 months after delivery
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	1x/partial denture/2yrs, 6 months after delivery
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	1x/partial denture/2yrs, 6 months after delivery
D5725	Rebase hybrid prosthesis	1x/partial denture/2yrs, 6 months after delivery
D5765	Soft liner for complete or partial removable denture - indirect	1x/arch/2yrs, 6 months after delivery
D5850	Tissue conditioning, maxillary	2x/denture prior to insertion
D5851	Tissue conditioning, mandibular	2x/denture prior to insertion
D5863	Overdenture, complete, maxillary	1x/denture/5yrs
D5864	Overdenture, partial, maxillary	1x/denture/5yrs

Code	Code Description	Periodicity
D5865	Overdenture, complete, mandibular	1x/denture/5yrs
D5866	Overdenture, partial, mandibular	1x/denture/5yrs
D5899	Unspecified removable prosthodontic procedure, by report	If eligible
D6205	Pontic, indirect resin-based composite	1x/tooth/7yrs
D6210	Pontic, cast high noble metal	1x/tooth/7yrs
D6211	Pontic, cast predominantly base metal	1x/tooth/7yrs
D6212	Pontic, cast noble metal	1x/tooth/7yrs
D6214	Pontic - titanium	1x/tooth/7yrs
D6240	Pontic - porcelain fused to high noble metal	1x/tooth/7yrs
D6241	Pontic, porcelain fused to predominantly base metal	1x/tooth/7yrs
D6242	Pontic, porcelain fused to noble metal	1x/tooth/7yrs
D6243	Pontic - porcelain fused to titanium and titanium alloys	1x/tooth/7yrs
D6245	Pontic, porcelain/ceramic	1x/tooth/7yrs
D6250	Pontic - resin with high noble metal	1x/tooth/7yrs
D6251	Pontic, resin with predominantly base metal	1x/tooth/7yrs
D6252	Pontic, resin with noble metal	1x/tooth/7yrs
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	1x/tooth/7yrs
D6545	Retainer, cast metal for resin bonded fixed prosthesis	1x/tooth/7yrs
D6548	Retainer, porcelain/ceramic, resin bonded fixed prosthesis	1x/tooth/7yrs
D6549	Resin retainer, for resin bonded fixed prosthesis	1x/tooth/7yrs
D6600	Retainer inlay, porcelain/ceramic, two surfaces	1x/tooth/7yrs

Code	Code Description	Periodicity
D6601	Retainer inlay, porcelain/ceramic, three or more surfaces	1x/tooth/7yrs
D6602	Retainer inlay, cast high noble metal, two surfaces	1x/tooth/7yrs
D6603	Retainer inlay, cast high noble metal, three or more surfaces	1x/tooth/7yrs
D6604	Retainer inlay, cast base metal, two surfaces	1x/tooth/7yrs
D6605	Retainer inlay, cast base metal, three or more surfaces	1x/tooth/7yrs
D6606	Retainer inlay, cast noble metal, two surfaces	1x/tooth/7yrs
D6607	Retainer inlay, cast noble metal, three or more surfaces	1x/tooth/7yrs
D6608	Retainer onlay, porcelain/ceramic, two surfaces	1x/tooth/7yrs
D6609	Retainer onlay, porcelain/ceramic, three or more surfaces	1x/tooth/7yrs
D6610	Retainer onlay - cast high noble metal, two surfaces	1x/tooth/7yrs
D6611	Retainer onlay - cast high noble metal, three or more surfaces	1x/tooth/7yrs
D6612	Retainer onlay, cast base metal, two surfaces	1x/tooth/7yrs
D6613	Retainer onlay, cast base metal, three or more surfaces	1x/tooth/7yrs
D6614	Retainer onlay, cast noble metal, two surfaces	1x/tooth/7yrs
D6615	Retainer onlay, cast noble metal three or more surfaces	1x/tooth/7yrs
D6710	Retainer crown, indirect resin-based composite	1x/tooth/7yrs
D6720	Retainer crown - resin with high noble metal	1x/tooth/7yrs
D6721	Retainer crown, resin with predominantly base metal	1x/tooth/7yrs
D6722	Retainer crown, resin with noble metal	1x/tooth/7yrs
D6740	Retainer crown, porcelain/ceramic	1x/tooth/7yrs
D6750	Crown - Porcelain Fused to High Noble Metal	1x/tooth/7yrs

Code	Code Description	Periodicity
D6751	Retainer crown, porcelain fused to predominantly base metal	1x/tooth/7yrs
D6752	Retainer crown, porcelain fused to noble metal	1x/tooth/7yrs
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	1x/tooth/7yrs
D6780	Retainer crown - ¾ cast high noble metal	1x/tooth/7yrs
D6781	Retainer crown, ¾ cast predominantly base metal	1x/tooth/7yrs
D6782	Retainer crown, ¾ cast noble metal	1x/tooth/7yrs
D6783	Retainer crown, ¾ porcelain/ceramic	1x/tooth/7yrs
D6790	Retainer crown - full cast high noble metal	1x/tooth/7yrs
D6791	Retainer crown, full cast predominantly base metal	1x/tooth/7yrs
D6792	Retainer crown, full cast noble metal	1x/tooth/7yrs
D6794	Retainer crown - titanium	1x/tooth/7yrs
D6930	Re-cement or re-bond fixed partial denture	After 6 mos. then 1x/yr
D6980	Fixed partial denture repair, restorative material failure	After 6 mos. then 1x/yr
D6999	Unspecified fixed prosthodontic procedure, by report	If eligible
D7111	Extraction, coronal remnants-deciduous tooth	If eligible
D7251	Coronectomy - intentional partial tooth removal	1x/tooth (17, 32) /lifetime
D7261	Primary closure of a sinus perforation	If eligible
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	If eligible
D7290	Surgical repositioning of teeth	1x/tooth/lifetime
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	If eligible
D7413	Excision of malignant lesion, up to 1.25 cm	If eligible

Code	Code Description	Periodicity
D7414	Excision of malignant lesion, greater than 1.25 cm	If eligible
D7440	Excision of malignant tumor, up to 1.25 cm	If eligible
D7441	Excision of malignant tumor, greater than 1.25 cm	If eligible
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	If eligible
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	If eligible
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	If eligible
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	If eligible
D7465	Destruction of lesion(s) by physical or chemical method, by report	If eligible
D7471	Removal of lateral exostosis, maxilla, or mandible	If eligible
D7472	Removal of torus palatinus	If eligible
D7473	Removal of torus mandibularis	If eligible
D7485	Reduction of osseous tuberosity	If eligible
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	If eligible
D7520	Incision & drainage of abscess, extraoral soft tissue	If eligible
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	If eligible
D7530	Remove foreign body, mucosa, skin, tissue	If eligible
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	If eligible
D7953	Bone replacement graft for ridge preservation - per site	1x/site/2yrs
D7961	Frenectomy/frenuloplasty maxillary	If eligible
D7962	Frenectomy/frenuloplasty mandibular	If eligible
D7963	Frenuloplasty	If eligible

Code	Code Description	Periodicity
D7972	Surgical Reduction of Fibrous Tuberosity	If eligible
D7999	Unspecified oral surgery procedure, by report	If eligible
D9120	Fixed Partial Denture Sectioning	1x/fixed partial denture
D9222	Deep sedation/general anesthesia, first 15-minute increment	Up to 4
D9223	Deep sedation/general anesthesia, each subsequent 15-minute increment	Up to 4
D9430	Office visit, observation, regular hours, no other services	If eligible
D9610	Therapeutic Parenteral Drug, Single Administration	If eligible
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	If eligible
D9930	Treatment of complications, post-surgical, unusual, by report	1x/dentist/dental office, if other than treating dentist
D9944	Occlusal guard, hard appliance, full arch	1x/5yrs
D9945	Occlusal guard, soft appliance, full arch	1x/5yrs
D9946	Occlusal guard, hard appliance, partial arch	1x/5yrs
D9951	Occlusal adjustment, limited	1x/2yrs
D9999	Unspecified adjunctive procedure, by report	If eligible

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