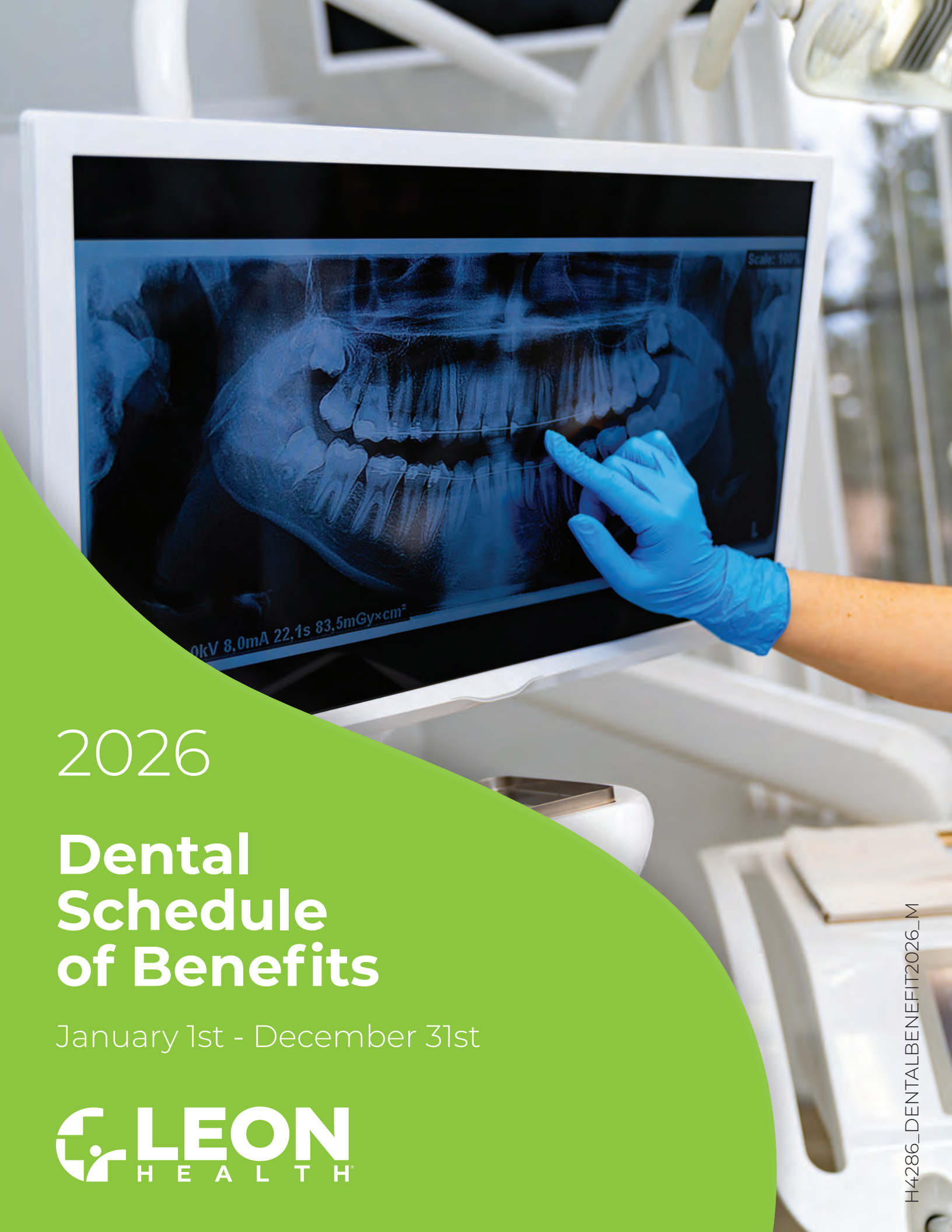

2026

Dental Schedule of Benefits

January 1st - December 31st

LEON HEALTH

H4286_DENTALBENEFIT2026_M

2026 Dental Schedule of Benefits

This document describes your covered dental benefits and services. Some services may be either limited or excluded. For questions about your dental benefits, or to find a network dentist, visit www.leonhealth.com or call Member Services at 1-844-969-5366.

Deductible

There's no deductible under this dental plan.

Annual Maximum

Leon MediExtra: $7,250 maximum annual benefit.

Leon MediDual: $5,050 maximum annual benefit.

Leon MediMore: $5,250 maximum annual benefit.

Leon MediMax: $5,050 maximum annual benefit.

These are the maximum dollar amounts the dental plans will cover towards the cost of your dental care for combined preventive and comprehensive services.

You are responsible for paying all costs above the annual maximum amount.

Dental Benefits

The copayments listed in the table below only apply when you're treated by a general dentist or dental specialist in our network. If you get a service not listed in the schedule of benefits, or from a dentist or other provider not in our network, you'll have to pay the full cost.

You should discuss all treatment options with your network dentist and request a written treatment plan before receiving dental care.

Code	Description	Limitation	You Pay
Exams, x-rays, and tests			
D0120	Periodic Oral Evaluation	1 / year	$0
D0140	Limited Oral Evaluation – Problem Focused	1 / year	$0
D0150	Comprehensive Oral Evaluation – new or established patient	1 / year	$0
D0160	Detailed and extensive oral eval-problem	1 - 6 months	$0
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	1 - 6 months	$0
D0171	Re-Evaluation - post - operative office visit		$0
D0180	Comprehensive Periodontal Eval - new or established patient	1 - 3 years	$0
D0210	Intraoral - Complete series of radiographic images	1 / year	$0
D0220	Intraoral - Periapical - First radiographic image	1 / year	$0
D0230	Intraoral - Periapical - each additional radiographic image	1 / year	$0
D0240	Intraoral occlusal radiographic image		$0
D0270	Bitewing - Single Radiographic Image	1 - 6 months	$0
D0272	Bitewings - Two Radiographic Images	1 - 6 months	$0
D0273	Bitewings - Three radiographic Images	1 - 6 months	$0
D0274	Bitewings - Four Radiographic Images	1 / year	$0
D0277	Vertical Bitewings – 7 to 8 radiographic images	1 / year	$0
D0330	Panoramic Radiographic Image	1 / year	$0
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible		$0
D0460	Pulp vitality testing	3 - 2 years	$0
D0601	Caries risk assessment, low risk	1 - 3 years	$0
D0602	Caries risk assessment, moderate risk	1 - 3 years	$0
D0603	Caries risk assessment, high risk	1 - 3 years	$0

Code	Description	Limitation	You Pay
Cleanings (Preventive)			
D1110	Prophylaxis (routine cleaning) - Adult	1 - 6 months	$0
D1204	Topical application of fluoride - Adult	1 / year	$0
D1330	Oral hygiene instructions		$0
D1310	Nutritional counseling for control of dental disease	1 / year	$0
Fillings (Restorative)			
D2140	Amalgam - one Surface, primary or permanent		$0
D2150	Amalgam - two Surfaces, primary or permanent		$0
D2160	Amalgam - three Surfaces, primary or permanent		$0
D2161	Amalgam - four Surfaces or more, primary or permanent		$0
D2330	Resin - based composite - one surface, anterior		$0
D2331	Resin - based composite - two surface, anterior		$0
D2332	Resin - based composite - three surface, anterior		$0
D2335	Resin - Based Composite - four or more surfaces or involving incisal angle (anterior)		$0
D2390	Resin - based composite crown, anterior		$0
D2391	Resin - based composite - one surface, posterior		$0
D2392	Resin - based composite - two surface, posterior		$0
D2393	Resin - based composite - three surface, posterior		$0
D2394	Resin - based composite - four or more surfaces, posterior		$0
D2710	Crown - resin - based composite (indirect)		$0
D2712	Crown - ¾ resin - based composite (indirect)		$0
D2720	Crown – resin with high noble metal		$0
D2721	Crown – resin with predominantly base metal		$0
D2722	Crown - resin with noble metal		$0

Code	Description	Limitation	You Pay
D2740	Crown - porcelain / ceramic substrate		$0
D2750	Crown - porcelain fused to high noble metal		$0
D2751	Crown - porcelain fused to predominantly base metal		$0
D2752	Crown - porcelain fused to noble metal		$0
D2753	Crown - porcelain fused to titanium and titanium alloys		$0
D2780	Crown - % cast high noble metal		$0
D2781	Crown - % cast predominantly base metal		$0
D2782	Crown - Full cast noble metal		$0
D2783	Crown - Full porcelain / ceramic		$0
D2790	Crown - Full cast high noble metal		$0
D2791	Crown - % cast predominately base metal		$0
D2792	Crown - % cast noble metal		$0
D2794	Crown - titanium		$0
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression		$0
D2920	Recement or rebond crown		$0
D2940	Protective restoration		$0
D2950	Core buildup, including any pins when required		$0
D2951	Pin retention - per tooth, in addition to restoration		$0
D2952	Post and core in addition to crown, indirectly fabricated		$0
D2953	Each additional indirectly fabricated post – same tooth		$0
D2954	Prefabricated post and core in addition to crown		$0
D2955	Post removal (not In conjunction with endodontic therapy)		$0
D2957	Each additional prefabricated post - same tooth		$0

Code	Description	Limitation	You Pay
D2971	Additional procedures to construct new crown under existing partial denture framework		$0
Root Canals (Endodontics)			
D3110	Pulp cap - direct (excluding final restoration)		$0
D3120	Pulp cap - indirect (excluding final restoration)		$0
D3220	Therapeutic pulpotomy (excluding final restoration)		$0
D3221	Pulpal Debridement, Primary And Permanent Teeth		$0
D3310	Endodontic therapy, anterior tooth (excluding final restoration)		$0
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)		$0
D3331	Treatment of root canal obstruction; non-surgical access		$0
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		$0
D3333	Internal root repair of perforation defects		$0
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)		$0
D3352	Apexification / recalcification – interim medication replacement		$0
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure / calcific repair of perforations, root resorption, etc.)		$0
D3410	Apicoectomy – anterior		$0
D3421	Apicoectomy – bicuspid (first root)		$0
D3425	Apicoectomy – molar (first root)		$0
D3426	Apicoectomy (each additional root)		$0
D3427	Periradicular surgery without apicoectomy		$0
D3430	Retrograde filling - per root		$0
D3450	Root amputation - per root		$0
D3920	Hemisection (including any root removal), not including root canal therapy		$0
D3999	Unspecified endodontic procedure, by report		$0

Code	Description	Limitation	You Pay
Gum and Bone Treatment (Periodontics)			
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	1 - 6 months	$0
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	1 - 6 months	$0
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	1 - 6 months	$0
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	1 - 6 months	$0
D4346	Scailing in the presence of generalized moderate or severe gingival imflammation - full mouth, after oral evaluation	1 - 6 months	$0
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	1 - 6 months	$0
D4910	Periodontal maintenance	1 - 6 months	$0
D4921	Gingival irrigation - per quadrant	1 - 6 months	$0
Dentures (Removable prosthodontics)			
D5110	Complete denture – maxillary	1 set of any combination of maxillary and mandibular full/ partial dentures every 5 years	$0
D5120	Complete denture – mandibular	1 set of any combination of maxillary and mandibular full/ partial dentures every 5 years	$0
D5130	Immediate denture – maxillary	1 set of any combination of maxillary and mandibular full/ partial dentures every 5 years	$0

Code	Description	Limitation	You Pay
D5140	Immediate denture – mandibular	1 set of any combination of maxillary and mandibular full/ partial dentures every 5 years	$0
D5211	Maxillary partial denture - resin base (Including any conventional clasps, rests and teeth)	1 set of any combination of maxillary and mandibular full/ partial dentures every 5 years	$0
D5212	Mandibular partial denture - resin base (Including any conventional clasps, rests and teeth)	1 set of any combination of maxillary and mandibular full/ partial dentures every 5 years	$0
D5213	Maxillary Partial Denture – Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	1 set of any combination of maxillary and mandibular full/ partial dentures every 5 years	$0
D5214	Mandibular partial denture – Cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1 set of any combination of maxillary and mandibular full/ partial dentures every 5 years	$0
D5410	Adjust complete denture – maxillary		$0
D5411	Adjust complete denture – mandibular		$0
D5421	Adjust partial denture – maxillary		$0
D5422	Adjust partial denture – mandibular		$0
D5510	Repair Broken Complete Denture Base		$0
D5511	Repair broken complete denture base, mandibular		$0
D5512	Repair broken complete denture base, maxillary		$0
D5520	Replace missing or broken teeth - complete denture (each tooth)		$0

Code	Description	Limitation	You Pay
D5610	Repair resin denture base		$0
D5611	Repair resin partial denture base, mandibular		$0
D5612	Repair resin partial denture base, maxillary		$0
D5620	Repair cast framework		$0
D5621	Repair cast partial framework, mandibular		$0
D5622	Repair cast partial framework, maxillary		$0
D5630	Repair or replace broken clasp - per tooth		$0
D5640	Replace broken teeth - per tooth		$0
D5650	Add tooth to existing partial denture		$0
D5660	Add clasp to existing partial denture - per tooth		$0
D5670	Replace all teeth and acryllic on cast metal framework (maxillary)		$0
D5671	Replace all teeth and acryllic on cast metal framework (mandibular)		$0
D5710	Rebase complete maxillary denture		$0
D5711	rebase complete mandibular denture		$0
D5720	Rebase maxillary partial denture		$0
D5721	Rebase mandibular partial denture		$0
D5730	Reline complete maxillary denture (chairside)		$0
D5731	Reline complete mandibular denture (chairside)		$0
D5740	Reline maxillary partial denture (chairside)		$0
D5741	Reline mandibular partial denture (chairside)		$0
D5750	Reline complete maxillary denture (laboratory)		$0
D5751	Reline complete mandibular denture (laboratory)		$0
D5760	Reline maxillary partial denture (laboratory)		$0
D5761	Reline mandibular partial denture (laboratory)		$0
D5850	Tissue conditioning, maxillary		$0
D5851	Tissue conditioning, mandibular		$0

Code	Description	Limitation	You Pay
D5875	Modification of removable prosthesis following implant surgery		$0
D5899	Unspecified removable prosthodontic procedure, by report		$0
Dental Implants (Implant Services) To support the lower full denture on fully edentulous lower arch only. Does not include membranes and / or bone replacement or graft.			
D6010	Surgical placement of implant body: endosteal implant	2 every 5 years	$0
D6020	Abutment placement or substitution: endosteal implant		$0
D6052	Semi - precision attachment abutment		$0
D6058	Abutment supported porcelain / ceramic crown		$0
D6059	Abutment supported porcelain fused to high noble crown		$0
D6060	Abutment supported porcelain fused to base metal crown		$0
D6061	Abutment supported porcelain fused to noble metal crown		$0
D6062	Abutment supported cast metal crown, high noble		$0
D6063	Abutment supported cast metal crown, base metal		$0
D6064	Abutment supported cast metal crown, noble metal		$0
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant		$0
D6085	Provisional implant crown		$0
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular		$0
Crowns and Pontics (Fixed Prosthodontics)			
D6210	Pontic - cast high noble metal		$0
D6211	Pontic - cast predominantly base metal		$0
D6212	Pontic - cast noble metal		$0
D6214	Pontic - titanium		$0
D6240	Pontic - porcelain fused to high noble metal		$0

Code	Description	Limitation	You Pay
D6241	Pontic - porcelain fused to predominantly base metal		$0
D6242	Pontic - porcelain fused to noble metal		$0
D6243	Pontic - porcelain fused to titanium and titanium alloys		$0
D6245	Pontic - porcelain - ceramic		$0
D6250	Pontic - resin with high noble metal		$0
D6251	Pontic - resin with predominantly base metal		$0
D6252	Pontic - resin with noble metal		$0
D6720	Crown - resin with high noble metal		$0
D6721	Crown - resin with predominantly base metal		$0
D6722	Crown - resin with noble metal		$0
D6740	Retainer crown - porcelain / ceramic		$0
D6750	Retainer crown - porcelain fused to high noble metal		$0
D6751	Retainer crown - porcelain fused to predominantly base metal		$0
D6752	Crown - porcelain fused to noble metal		$0
D6753	Retainer crown - porcelain fused to titanium and titanium alloys		$0
D6780	Crown - % cast high noble metal		$0
D6781	Crown - % cast predominantly base metal		$0
D6782	Crown - % cast fused to noble metal		$0
D6783	Crown - % porcelain / ceramic		$0
D6784	Retainer crown % - titanium and titanium alloys		$0
D6790	Crown - full cast high noble metal		$0
D6791	Crown - full cast predominately base metal		$0
D6792	Crown - full cast noble metal		$0
D6794	Retainer crown - titanium		$0

Code	Description	Limitation	You Pay
D6930	Recement or Rebond fixed partial denture		$0
D6940	Stress breaker		$0
D6999	Unspecified fixed prosthodontic procedure, by report		$0
Extractions and Removals (Oral and Maxillofacial Surgery)			
D7140	Extraction, erupted tooth or exposed root (elevation and / or forceps removal)		$0
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucopiosteal flap if indicated		$0
D7220	Removal of impacted tooth - soft tissue		$0
D7230	Removal of impacted tooth - partially bony		$0
D7240	Removal of impacted tooth - completely bony		$0
D7241	Removal of impacted tooth - completely bony, with unusual surgical complication		$0
D7250	Surgical removal of residual tooth roots (cutting procedure)		$0
D7251	Coronectomy - intentional partial tooth removal		$0
D7260	Oral antral fistula closure		$0
D7261	Primary closure of a sinus perforation		$0
D7280	Exposure of and unerupted tooth		$0
D7286	Incisional biopsy oral tissue - soft		$0
D7287	Exfolliative cytological sample collection		$0
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		$0
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		$0
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces per quadrant		$0
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		$0
D7410	Excision benign lesion up to 1.25 cm		$0

Code	Description	Limitation	You Pay
D7450	Removal benign odontogenic cyst / tumor - lesion diameter uo to 1.25 cm		$0
D7471	Removal of exostosis, per site		$0
D7472	Removal of torus palatinus		$0
D7473	Removal of torus mandibularis		$0
D7510	Incision and drainage of abscess - intraoral soft tissue		$0
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)		$0
D7520	Incision and drainage of abscess - extraoral soft tissue		$0
D7970	Excision of hyperplastic tissue - per arch		$0
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)		$0
D9940	Occlusal guard, by report		$0

Non-covered Services

The plan does not cover the following:

- Dental services not listed in this Schedule of Benefits
- Dental services received from an out-of-network dentist
- Services or items listed in the Exclusions section or dental services that exceed frequency limitations

You're responsible for all charges related to any excluded services. You must also pay the costs of any services received greater than the limits specified.

EXCLUSIONS

- Oral surgery requiring the setting of fractures or dislocations.
- Any treatment, which cannot be, performed due to the general health and physical limits of the eligible member, as indicated by said member's personal physician or dentist.
- Any dental procedure considered experimental.
- Any treatment paid for by Worker's Compensation or employer's liability laws, by a federal; or state government agency or other insurance coverage carried by the member. Any treatment provided without cost by any municipality, county or other political subdivision.
- The administration of general anesthesia.
- Any dental care provided by a non-participating general dentist or specialist.
- Services resulting from any act of war, declared or not, or resulting from military services.
- The dentist shall have the right to refuse treatment to a member who fails to follow a prescribed course of treatment.
- Any dental treatment started and or completed prior to the member's effective date for eligibility of dental benefits including but not limited to teeth prepared for crowns, root canals in progress and dental implants.
- Any services associated with dental implants not originally placed by a Leon Medical Center participating provider.
- All related fees for admission, use, or stays in a hospital, outpatient surgery center or other similar care facility.
- Any procedure that in the professional opinion of the participating dentist or specialist: 1) has poor probability for success based on the condition of the tooth or teeth and or implants or surrounding structures, 2) is inconsistent with generally accepted standards for dentistry.
- Restorations placed solely for cosmetic reasons.

- D4381 – Localized Delivery of Antimicrobial Agents.
- Extractions of teeth, when teeth are asymptomatic show no signs of infection, including but not limited to the removal of third molars.
- Treatment or extraction of non-infected primary teeth when normal loss is imminent.
- Accidental injury defined as damage to the hard and soft tissue of the oral cavity resulting from forces external to the mouth.
- Exams or consultation for non-covered benefits and out-of-network procedures.
- Orthodontic procedures and/or services in general.
- Fabrication of D5225 and D5226 (flex-base partials) or services related to those appliances.
- The benefits schedule is valid at Leon Medical Centers' dental facilities and contracted specialist dental offices only.

Leon Health, Inc. is an HMO with a Medicare contract. Enrollment in Leon Health, Inc. depends on contract renewal. ATENCIÓN: Si usted habla español, los servicios gratuitos de asistencia lingüística están disponibles para usted. También están disponibles de forma gratuita ayudas y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-844-969-5366 (TTY:711) o hable con su proveedor.

Multi-Language Insert

Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-969-5366. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-969-5366. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-844-969-5366。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-844-969-5366。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-969-5366. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-969-5366. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-844-969-5366 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-969-5366. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-969-5366 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-969-5366. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-969-5366 سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-969-5366 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-969-5366. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-969-5366. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-969-5366. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-969-5366. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには 1-844-969-5366 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

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