

DMBA DENTAL PLAN BENEFITS

Updated January 1, 2026



Benefits are subject to change, and we recommend you visit the website periodically to verify you have the most up-to-date version. If you have questions, please call Customer Service at 801-578-5600 or 1-800-777-3622.

DESERET DENTAL

GENERAL INFORMATION

- Annual deductible of \$50 per person and \$150 per family
- No copayment for preventive care
- No waiting period
- This plan follows standard COB (coordination of benefits)

ANNUAL MAXIMUM

\$1,500 per person per calendar year

PREVENTIVE CARE

- All providers: 100% of the allowable amount
- Does not apply to the annual maximum
- Deductible does not apply

Routine exams

Two visits per calendar year

X-rays

Bitewings

- Twice each calendar year for patients aged 18 and younger
- Once each calendar year for patients aged 19 and older

Panorex/full mouth

Once every five years from the date of service

Periapical

Payable as needed

Prophylaxis (cleanings)

Two times per calendar year

Fluoride

- Two times per calendar year
- No age limit

Space maintainers

One per area

Pulp vitality tests

- Eligible as needed
- No age limit

SEALANTS

- All providers: 100% of the allowable amount
- One per tooth every five years from the date of service
- Only eligible on permanent molars
- Eligible up to but not including age 16
- Does not apply to the annual maximum
- Deductible does not apply



Helping our participants be healthy and prepare for retirement

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DESERET DENTAL CONTINUED

RESTORATIVE CARE (FILLINGS)

- All providers: 50% of the allowable amount after deductible
- One per tooth surface every two years from the date of service
- Composite fillings on posterior teeth are not downgraded to amalgam

ENDODONTIC PROCEDURES (PULPOTOMIES AND ROOT CANAL THERAPY)

- All providers: 50% of the allowable amount after deductible
- No frequency limitation

PROSTHODONTIC PROCEDURES

- All providers: 50% of the allowable amount after deductible
- Crowns and veneers are covered once every seven years from the date of service
 - » Periapical X-rays are required on veneers done on anterior teeth
 - » Crowns are not downgraded on posterior teeth
- Implant-supported crowns are covered once every five years from the date of service
- Bridges, inlays, onlays, partial dentures, and complete dentures are covered once every five years from the date of service

- Denture relines and rebases are covered once every three years from the date of service
- DMBA does not have a missing-tooth clause

PERIODONTAL PROCEDURES

All providers: 50% of the allowable amount after deductible

Non-surgical procedures

- Scaling and root planing, full-mouth debridement, periodontal exams, and chemotherapeutic agent procedures (i.e., Arestin) are eligible once every six months from the date of service
 - » Scaling and root planing and full-mouth debridement cannot be done within six months of each other
 - » With scaling and root planing, all four tooth quadrants may be serviced in the same day
- Periodontal maintenance is covered twice per calendar year

Surgical procedures

No frequency limitation

ORAL SURGERY

All providers: 50% of the allowable amount after deductible

ANESTHESIA

- All providers: 50% of the allowable amount after deductible
- Services are eligible if done with a surgical procedure or if they meet the outpatient hospitalization guidelines
- Anesthesia services that are not eligible:
 - » Analgesia (laughing gas/nitrous oxide)
 - » Block anesthesia
 - » Conscious sedation
 - » Local anesthesia
 - » Regional anesthesia



DESERET DENTAL CONTINUED

OUTPATIENT HOSPITAL

- All providers: 50% of the allowable amount after deductible
- Services do not apply to the annual maximum
- One or more of the following criteria must be met:
 - » Child up to but not including 5 years old
 - » Medical necessity (must be reviewed)
 - » Mental or sensory handicap (e.g. Down syndrome, blind, or deaf)

ORTHODONTICS

- Down payment: 50% up to \$400
- Monthly payment: 50% up to the lifetime maximum
- \$1,500 lifetime maximum
- Deductible does not apply
- No age limit
- Invisalign is eligible
- The following information is required to set up an orthodontic claim:
 - » Procedure code
 - » Total fee charged
 - » Down payment
 - » Length of treatment
 - » Placement date of bands or appliances
- Work in progress is eligible

ACCIDENT BENEFIT

- Regular dental benefits apply according to the benefit being done
- \$2,000 accident limit per accident (if five or more teeth are involved the maximum is \$5,000 per accident)
- Services must be done within two years of the accident (some exceptions are made on a case-by-case basis)
- The participant must be covered when the accident occurred
- Orthodontics are not eligible under this benefit
- Does not apply to the annual maximum
- Preauthorization is required

IMPLANTS

- All providers: 50% of the allowable amount after deductible
- Once every five years from the date of service

OTHER PROCEDURES

- Specialty exams: 50% of the allowable amount after deductible
- Palliative treatment: 50% of the allowable amount after deductible

NON-COVERED PROCEDURES

Occlusal guards

DESERET DENTAL PLUS

GENERAL INFORMATION

- Annual deductible of \$50 per person and \$150 per family
- No copayment for preventive care
- No waiting period
- This plan follows standard COB (coordination of benefits)

ANNUAL MAXIMUM

\$2,000 per person per calendar year

PREVENTIVE CARE

- All providers: 100% of the allowable amount
- Does not apply to the annual maximum
- Deductible does not apply

Routine exams

Two visits per calendar year

X-rays

Bitewings

- Twice each calendar year for patients aged 18 and younger
- Once each calendar year for patients aged 19 and older

Panorex/full mouth

Once every five years from the date of service

Periapical

Payable as needed

Prophylaxis (cleanings)

Two times per calendar year

Fluoride

- Two times per calendar year
- No age limit

Space maintainers

One per area

Pulp vitality tests

- Eligible as needed
- No age limit

SEALANTS

- All providers: 100% of the allowable amount
- One per tooth every five years from the date of service
- Only eligible on permanent molars
- Eligible up to but not including age 16
- Does not apply to the annual maximum
- Deductible does not apply

RESTORATIVE CARE (FILLINGS)

- All providers: 80% of the allowable amount after deductible
- One per tooth surface every two years from the date of service
- Composite fillings on posterior teeth are not downgraded to amalgam

ENDODONTIC PROCEDURES

(PULPOTOMIES AND ROOT CANAL THERAPY)

- All providers: 80% of the allowable amount after deductible
- No frequency limitation

PROSTHODONTIC PROCEDURES

- All providers: 80% of the allowable amount after deductible
- Crowns and veneers are covered once every seven years from the date of service
 - » Periapical X-rays are required on veneers done on anterior teeth
 - » Crowns are not downgraded on posterior teeth
- Implant-supported crowns are covered once every five years from the date of service
- Bridges, inlays, onlays, partial dentures, and complete dentures are covered once every five years from the date of service
- Denture relines and rebases are covered once every three years from the date of service
- DMBA does not have a missing-tooth clause

PERIODONTAL PROCEDURES

All providers: 80% of the allowable amount after deductible

DESERET DENTAL *PLUS* CONTINUED

Non-surgical procedures

- Scaling and root planing, full-mouth debridement, periodontal exams, and chemotherapeutic agent procedures (i.e., Arestin) are eligible once every six months from the date of service
 - » Scaling and root planing and full-mouth debridement cannot be done within six months of each other
 - » With scaling and root planing, all four tooth quadrants may be serviced in the same day
- Periodontal maintenance is covered twice per calendar year

Surgical procedures

No frequency limitation

ORAL SURGERY

All providers: 80% of the allowable amount after deductible

ANESTHESIA

- All providers: 80% of the allowable amount after deductible
- Services are eligible if done with a surgical procedure or if they meet the outpatient hospitalization guidelines
- Anesthesia services that are not eligible:
 - » Analgesia (laughing gas/nitrous oxide)
 - » Block anesthesia
 - » Conscious sedation
 - » Local anesthesia
 - » Regional anesthesia

OUTPATIENT HOSPITAL

- All providers: 80% of the allowable amount after deductible
- Services do not apply to the annual maximum
- One or more of the following criteria must be met:
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ORTHODONTICS

- Down payment: 50% up to \$400
- Monthly payment: 50% up to the lifetime maximum
- \$2,000 lifetime maximum
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- No age limit
- Invisalign is eligible
- The following information is required to set up an orthodontic claim:
 - » Procedure code
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ACCIDENT BENEFIT

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- \$2,000 accident limit per accident (if five or more teeth are involved the maximum is \$5,000 per accident)
- Services must be done within two years of the accident (some exceptions are made on a case-by-case basis)
- The participant must be covered when the accident occurred
- Orthodontics are not eligible under this benefit
- Does not apply to the annual maximum
- Preauthorization is required

IMPLANTS

- All providers: 80% of the allowable amount after deductible
- Once every five years from the date of service

OTHER PROCEDURES

- Specialty exams: 80% of the allowable amount after deductible
- Palliative treatment: 80% of the allowable amount after deductible

NON-COVERED PROCEDURES

Occlusal guards

SENIOR DENTAL

GENERAL INFORMATION

- No deductible
- No waiting period
- This plan follows standard COB (coordination of benefits)

ANNUAL MAXIMUM

\$1,100 per person per calendar year

PREVENTIVE CARE

- All providers: 100% of the allowable amount after a \$15 copayment
- Does not apply to the annual maximum
- Deductible does not apply

Routine exams

Two visits per calendar year

X-rays

Bitewings

Two times per calendar year

Panorex/full mouth

Once every three years from the date of service

Periapical

Payable as needed

Prophylaxis (cleanings)

Two times per calendar year

Fluoride

- Two times per calendar year
- No age limit

Space maintainers

One per area

Pulp vitality tests

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SEALANTS

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RESTORATIVE CARE (FILLINGS)

- All providers: 50% of the allowable amount
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ENDODONTIC PROCEDURES

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PERIODONTAL PROCEDURES

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Non-surgical procedures

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SENIOR DENTAL CONTINUED

- » With scaling and root planing, all four tooth quadrants may be serviced in the same day
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Surgical procedures

No frequency limitation

ORAL SURGERY

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- Orthodontics are not eligible under this benefit
- Does not apply to the annual maximum
- Preauthorization is required

IMPLANTS

- All providers: 50% of the allowable amount
- Once every five years from the date of service

OTHER PROCEDURES

- Specialty exams: 50% of the allowable amount
- Palliative treatment: 50% of the allowable amount

NON-COVERED PROCEDURES

Occlusal guards

CDT Code Eligibility List

Code	Description	Covered	Frequency and/or Limitations	Benefit
D0120	Periodic oral evaluation – established patient	Yes	Once every six months from date of service	Examination
D0140	Limited oral evaluation – problem focused	Yes	Payable as needed	Examination
D0150	Comprehensive oral evaluation – new or established patient	Yes	Once every six months from date of service	Examination
D0210	Intraoral - comprehensive series	Yes	Payable as needed	X-rays
D0220	Intraoral – periapical first radiographic image	Yes	Payable as needed	X-rays
D0230	Intraoral – periapical each additional radiographic image	Yes	Payable as needed	X-rays
D0240	Intraoral – occlusal radiographic image	Yes	Payable as needed	X-rays
D0270	Bitewing – single radiographic image	Yes	Payable as needed	X-rays
D0272	Bitewings – two radiographic images	Yes	Under 19 years of age: Twice per calendar year 19 years and older: Once per calendar year	X-rays
D0274	Bitewings – four radiographic images	Yes	Under 19 years of age: Twice per calendar year 19 years and older: Once per calendar year	X-rays
D0330	Panoramic radiographic image	Yes	Dental/Dental Plus: Once every five years from the date of service Senior Dental: Once every three years from the date of service	X-rays
D0350	Oral/facial photo images	Yes	Under 19 years of age: Twice per calendar year 19 years and older: Once per calendar year	X-rays
D0460	Pulp vitality tests	Yes	Payable as needed	Pathology
D1110	Prophylaxis – adult	Yes	Twice per calendar year	Cleaning/Prophylaxis
D1120	Prophylaxis – child	Yes	Twice per calendar year	Cleaning/Prophylaxis
d1206	Topical application of fluoride varnish	Yes	Twice per calendar year	Fluoride
D1208	Topical application of fluoride	Yes	Twice per calendar year	Fluoride
D1351	Sealant – per tooth	Yes	15 years old and younger, five years from the date of service, only on permanent molars	Sealants
D2330	Resin-based composite – one surface, anterior	Yes	Once per tooth surface every two years from the date of service	Fillings
D2331	Resin-based composite – two surfaces, anterior	Yes	Once per tooth surface every two years from the date of service	Fillings

Code	Description	Covered	Frequency and/or Limitations	Benefit
D2332	Resin-based composite – three surfaces, anterior	Yes	Once per tooth surface every two years from the date of service	Fillings
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	Yes	Once per tooth surface every two years from the date of service	Fillings
D2391	Resin-based composite – one surface, posterior	Yes	Once per tooth surface every two years from the date of service	Fillings
D2392	Resin-based composite – two surfaces, posterior	Yes	Once per tooth surface every two years from the date of service	Fillings
D2393	Resin-based composite – three surfaces, posterior	Yes	Once per tooth surface every two years from the date of service	Fillings
D2394	Resin-based composite – four or more surfaces, posterior	Yes	Once per tooth surface every two years from the date of service	Fillings
D2740	Crown – porcelain/ceramic	Yes	Once every seven years from the date of service	Crowns
D2790	Crown – full cast high noble metal	Yes	Once every seven years from the date of service	Crowns
D2920	Recement crown	Yes	Payable as needed	Crowns
D2930	Prefabricated stainless steel crown – primary tooth	Yes	Once every seven years from the date of service	Crowns
D2950	Core buildup, including any pins	Yes	Payable as needed	Fillings
D3120	Pulp cap – indirect (excluding final restoration)	Yes	Payable as needed	Root Canal Therapy
D3330	Endodontic therapy, molar tooth (excluding final restoration)	Yes	Payable as needed	Root Canal Therapy
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	Yes	Once every six months from date of service	Periodontal
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	Yes	Once every six months from date of service	Periodontal
D4910	Periodontal maintenance	Yes	Two in the last calendar year	Periodontal
D6010	Surgical placement of implant body: endosteal implant	Yes	Once every five years from the date of service	Implant
D6057	Custom fabricated abutment – includes placement	Yes	Payable as needed	Implant
D6058	Abutment supported porcelain/ceramic crown	Yes	Once every five years from the date of service	Implant
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Yes	Payable as needed	Extraction
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Yes	Payable as needed	Extraction

Code	Description	Covered	Frequency and/or Limitations	Benefit
D7230	Removal of impacted tooth – partially bony	Yes	Payable as needed	Extraction
D7240	Removal of impacted tooth – completely bony	Yes	Payable as needed	Extraction
D7953	Bone replacement graft for ridge preservation – per site	Needs Review	Payable as needed	Oral Surgery
D8020	Limited orthodontic treatment of the transitional dentition	Yes	Limited to Lifetime Orthodontic Limit	Orthodontics
D8070	Comprehensive orthodontic treatment of the transitional dentition	Yes	Limited to Lifetime Orthodontic Limit	Orthodontics
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Yes	Limited to Lifetime Orthodontic Limit	Orthodontics
D8090	Comprehensive orthodontic treatment of the adult dentition	Yes	Limited to Lifetime Orthodontic Limit	Orthodontics
D9222	Deep sedation/general anesthesia – first 15 minutes	Needs Review	Payable as needed when criteria are met	Anesthesia
D9223	Deep sedation/general anesthesia – each subsequent 15-minute increment	Needs Review	Payable as needed when criteria are met	Anesthesia