

Medica and Dean Health Plan Quick Reference Guide

Effective: January 1, 2027

Provider Portal

dbp.com

The Provider Portal offers convenient, time-saving tools available 24 hours a day, 7 days a week. Features include eligibility verification, claims submission and status, remittance information, procedure-level pricing, fee schedules, benefit information, provider search and more.

If you need assistance with registration or have questions about portal access, contact Provider Services.

Provider services

Phone: **1-866-257-3380**

- Dedicated Service Representatives
8 a.m. to 6 p.m. EST
- Interactive Voice Response System 24/7

Member eligibility, benefits, claims, authorizations, network participation and contract questions

Pretreatment estimates

Pretreatment Estimates (PTE)

P.O. Box 30567

Salt Lake City, UT 84130

Provider Online Academy

Visit the **Provider Online Academy** to utilize the 24/7 on demand provider training and educational support videos.

Claims and pre-treatment estimates may be submitted electronically through your clearinghouse, online via the Provider Portal, or by mail using the addresses listed here.

Dental claim submissions

Dental Claims

P.O. Box 30567

Salt Lake City, UT 84130

Claim disputes or adjustments

Provider Disputes

P.O. Box 30567

Salt Lake City, UT 84130

Corrected claims

Adjustments/Resubmissions

P.O. Box 30567

Salt Lake City, UT 84130

Important notes

This guide is intended to be used as a quick reference and may not contain all of the necessary information. It is subject to change without notice. For a copy of the National Provider Manual, please sign into the **Provider Portal** and select *Manuals/Other Supporting Documents* under *Quick Links*.

Sample member ID cards

Medica
Payer ID: 71890
ID: 9234567891 Group: C01772
Name: H8889-029-002/STD/C01772
CareType: Medica Advantage Preferred (PPO)
SVC Type: Medical, Part D

In case of EMERGENCY go to the nearest Emergency Room or call 911.

Medicare limiting charges apply

MedicareRx
Prescription Drug Coverage
Rx BIN: 003858
Rx PCN: MD
Rx Group: 2MEDICA

Dental Benefit Providers:

CMS: H8889-029-002

DeanHealthPlan
by @Medica.
Payer ID: 71890
ID: 9234567891 Group: C01475
Name: H9096-010-000/STD/C01475
CareType: Dean Advantage Harmony (HMO-POS)
SVC Type: Medical

In case of EMERGENCY go to the nearest Emergency Room or call 911.

Medicare limiting charges apply
Medicare Part B Pharmacy Services Only

Dean Advantage
Medicare Coverage
by Dean Health Plan

Dental Benefit Providers:

Rx BIN: 610602
Rx PCN: NVT PART B
Rx Group: DHP9354

CMS: H9096-010-000

Visit Medica at www.Medica.com Card Issued: 09/02/26

Member Services: 1 (877) 407-8494 (TTY: 711)
Pharmacists: 1 (800) 922-1557
Medical Providers: 1 (800) 458-5512 or www.medica.com
Dental Member Line: 1 (866) 230-9845
Dental Provider Line: 1 (866) 257-3380

Open access provider network
Health Advocate Nurseline: 1 (866) 668-6548 (TTY: 711)
EPIC Hearing: 1 (866) 956-5400
Medical Claims: Medica
PO Box 211435, Eagan, MN 55121
Express Scripts, Attn: Medicare Part D,
PO Box 52023, Phoenix AZ 85072
Dental Claims: PO Box 30567, Salt Lake City, UT 84130 or dbp.com
Optum Chiropractic for Medicare Advantage: PO Box 212,
Payer ID 41161 Minneapolis, MN 55440-0212
Medica Behavioral Health Claims: PO Box 30757
Payer ID 87726 Salt Lake City, UT 84130

Visit DeanCare.com/Medicare Card Issued: 08/07/26

Member Services: 1 (877) 232-7566 (TTY: 711)
Pharmacists: 1 (866) 270-3877
Providers: 1 (800) 458-5512
Nurse Advice Line: 1 (800) 576-8773 (TTY: 711)
Dental Member Line: 1 (866) 536-4499
Dental Provider Line: 1 (866) 257-3380

Medical Claims:
Medica
PO Box 211435, Eagan, MN 55121

Rx Claims:
Medica
PO Box 211435, Eagan, MN 55121

Dental Claims:
PO Box 30567, Salt Lake City, UT 84130
or dbp.com

Note: The member ID number displayed on a member ID card may differ from the ID number shown in the eligibility system. To ensure accurate member identification and benefit information, providers should verify eligibility using the member's name and date of birth through the provider portal or by contacting Provider Services prior to rendering services.

Benefit coverage, limitations, and requirements

Some Medica members may have previously accessed their dental benefits using a Flex Card. These members may be unfamiliar with network requirements and how those requirements can affect benefit coverage and member cost-sharing responsibilities.

The following benefit grids contain all covered dental procedures and is intended to align to all State and Federal regulatory requirements. Therefore, the grids are subject to change.

P&D Only Plan Benefit grid

Medica Advantage Essential Plans, Medica Prime Solution Plans, DeanCare Gold Plans, Medica Group Advantage Solution Plan 2, Medica Group Prime Solution w/ Rx Plan 2

ADA Code(s)	Covered Service	Frequency and Limitations	In-Network Coverage	Out-of-Network Coverage
D0120	Periodic oral evaluation - established patient	2 per 1 plan year	100%	50%
D0150	comprehensive oral evaluation - new or established patient	1 per 3 plan year	100%	50%
D0210	Intraoral - complete series of radiographic images	1 per 3 plan year	100%	50%
D0270	Bitewing - single radiographic image	1 per 1 plan year (within bitewing category)	100%	50%

ADA Code(s)	Covered Service	Frequency and Limitations	In-Network Coverage	Out-of-Network Coverage
D0272	Bitewings - two radiographic images	1 per 1 plan year (within bitewing category)	100%	50%
D0273	Bitewings - three radiographic images	1 per 1 plan year (within bitewing category)	100%	50%
D0274	Bitewings - four radiographic images	1 per 1 plan year (within bitewing category)	100%	50%
D0277	Vertical bitewings - 7-8 radiographic images	1 per 1 plan year (within bitewing category)	100%	50%
D0330	Panoramic radiographic image	1 per 3 plan year	100%	
D1110	Prophylaxis - adult	2 per 1 plan year (not to exceed 3 per year with D4910/D1110)	100%	
D1310	Nutritional counseling for control of dental disease	1 per 1 plan year	100%	
D1354	Application of caries arresting medicament without surgical intervention - per tooth	2 per 1 plan year	100%	

P&D and Comprehensive Plan Benefit grid

Medica Advantage Value, Medica Advantage Select, Medica Advantage Preferred, Medica Advantage Salute, Dean Advantage Assurance, Dean Advantage Balance, Dean Advantage Essential, Dean Advantage Complete, Dean Advantage Harmony

ADA Code(s)	Covered Service	Frequency and Limitations	In-Network Coverage	Out-of-Network Coverage
D0120	Periodic Oral Evaluation - Established Patient	2 per 1 plan year	100%	50%
D0140	Limited Oral Evaluation - Problem Focused	1 per 1 plan year	100%	50%
D0150	Comprehensive Oral Evaluation - New Or Established Patient	1 per 3 plan year	100%	50%
D0210	Intraoral - Complete Series Of Radiographic Images	1 per 3 plan year	100%	50%
D0220	Intraoral - Periapical First Radiographic Image	8 per 1 plan year	100%	50%
D0230	Intraoral - Periapical Each Additional Radiographic Image	8 per 1 plan year	100%	50%
D0270	Bitewing - Single Radiographic Image	1 per 1 plan year (within bitewing category)	100%	50%
D0272	Bitewings - Two Radiographic Images	1 per 1 plan year (within bitewing category)	100%	50%
D0273	Bitewings - Three Radiographic Images	1 per 1 plan year (within bitewing category)	100%	50%
D0274	Bitewings - Four Radiographic Images	1 per 1 plan year (within bitewing category)	100%	50%
D0277	Vertical Bitewings - 7-8 Radiographic Images	1 per 1 plan year (within bitewing category)	100%	50%
D0330	Panoramic Radiographic Image	1 per 3 plan year	100%	50%
D1110	Prophylaxis - Adult	2 per 1 plan year (not to exceed 3 per year with D4910/D1110)	100%	50%
D1206	Application Of Medicament - Topical Fluoride Varnish; Full Mouth	2 per 1 plan year (not to exceed 3 per year with D1206/D1208)	100%	50%

ADA Code(s)	Covered Service	Frequency and Limitations	In-Network Coverage	Out-of-Network Coverage
D1208	Application Of Medicament - Topical Fluoride - Excluding Varnish; Full Mouth	2 per 1 plan year (not to exceed 3 per year with D1206/D1208)	100%	50%
D1310	Nutritional Counseling For Control Of Dental Disease	1 per 1 plan year	100%	50%
D1354	Application Of Caries Arresting Medicament Without Surgical Intervention - Per Tooth	2 per 1 plan year	100%	50%
D2140	Amalgam - One Surface, Primary Or Permanent	Unlimited per plan year	50%	50%
D2150	Amalgam - Two Surfaces, Primary Or Permanent	Unlimited per plan year	50%	50%
D2160	Amalgam - Three Surfaces, Primary Or Permanent	Unlimited per plan year	50%	50%
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	Unlimited per plan year	50%	50%
D2330	Resin-Based Composite - One Surface, Anterior	Unlimited per plan year	50%	50%
D2331	Resin-Based Composite - Two Surfaces, Anterior	Unlimited per plan year	50%	50%
D2332	Resin-Based Composite - Three Surfaces, Anterior	Unlimited per plan year	50%	50%
D2335	Resin-Based Composite - Four Or More Surfaces Involving Incisal Angle (Anterior)	Unlimited per plan year	50%	50%
D2391	Resin-Based Composite - One Surface Posterior	Unlimited per plan year	50%	50%
D2392	Resin-Based Composite - Two Surfaces, Posterior	Unlimited per plan year	50%	50%
D2393	Resin-Based Composite - Three Surfaces, Posterior	Unlimited per plan year	50%	50%
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	Unlimited per plan year	50%	50%
D2510	Inlay - Resin Based Composite - One Surface	1 per tooth, every 5 years (within Crowns/Inlays/Onlays category)	50%	50%
D2520	Inlay - Metallic - Two Surfaces	1 per tooth, every 5 years (within Crowns/Inlays/Onlays category)	50%	50%
D2530	Inlay - Metallic - Three Or More Surfaces	1 per tooth, every 5 years (within Crowns/Inlays/Onlays category)	50%	50%
D2542	Onlay - Metallic - Two Surfaces	1 per tooth, every 5 years (within Crowns/Inlays/Onlays category)	50%	50%
D2543	Onlay - Metallic - Three Surfaces	1 per tooth, every 5 years (within Crowns/Inlays/Onlays category)	50%	50%
D2544	Onlay - Metallic - Four Or More Surfaces	1 per tooth, every 5 years (within Crowns/Inlays/Onlays category)	50%	50%
D2610	Inlay - Porcelain/Ceramic - One Surface	1 per tooth, every 5 years (within Crowns/Inlays/Onlays category)	50%	50%

ADA Code(s)	Covered Service	Frequency and Limitations	In-Network Coverage	Out-of-Network Coverage
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	1 per tooth, every 5 years (within Crowns/Inlays/Onlays category)	50%	50%
D2630	Inlay - Porcelain/Ceramic - Three Or More Surfaces	1 per tooth, every 5 years (within Crowns/Inlays/Onlays category)	50%	50%
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	1 per tooth, every 5 years (within Crowns/Inlays/Onlays category)	50%	50%
D2740	Crown - Porcelain/Ceramic Substrate	1 per tooth, every 5 years (within Crowns/Inlays/Onlays category)	50%	50%
D2750	Crown - Porcelain Fused To High Noble Metal	1 per tooth, every 5 years (within Crowns/Inlays/Onlays category)	50%	50%
D2751	Crown - Porcelain Fused To Predominantly Base Metal	1 per tooth, every 5 years (within Crowns/Inlays/Onlays category)	50%	50%
D2752	Crown - Porcelain Fused To Noble Metal	1 per tooth, every 5 years (within Crowns/Inlays/Onlays category)	50%	50%
D2790	Crown - Full Cast High Noble Metal	1 per tooth, every 5 years (within Crowns/Inlays/Onlays category)	50%	50%
D2791	Crown - Full Cast Predominantly Base Metal	1 per tooth, every 5 years (within Crowns/Inlays/Onlays category)	50%	50%
D2792	Crown - Full Cast Noble Metal	1 per tooth, every 5 years (within Crowns/Inlays/Onlays category)	50%	50%
D2794	Crown - Titanium	1 per tooth, every 5 years (within Crowns/Inlays/Onlays category)	50%	50%
D2920	Recement Crown	1 per tooth, every 2 plan years	50%	50%
D2940	Placement Of An Interim Direct Restoration	1 per tooth, every 6 months	50%	50%
D2949	Restorative Foundation For An Indirect Restoration	1 per tooth, every 5 years, unlimited number of teeth per year	50%	50%
D2950	Core Build-Up, Including Any Pins When Required	1 per tooth, every 5 years, unlimited number of teeth per year	50%	50%
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	1 per tooth, every 5 years, unlimited number of teeth per year	50%	50%
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	1 per tooth, every 5 years, unlimited number of teeth per year	50%	50%
D2954	Prefabricated Post And Core In Addition To Crown	1 per tooth, every 5 years, unlimited number of teeth per year	50%	50%
D3110	Pulp Cap - Direct (Excluding Final Restoration)	Unlimited per plan year	50%	50%
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	Unlimited per plan year	50%	50%
D3310	Endodontic Therapy, Anterior (Excluding Final Restoration)	1 per tooth, per lifetime	50%	50%
D3320	Endodontic Therapy, Bicuspid (Excluding Final Restoration)	1 per tooth, per lifetime	50%	50%
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)	1 per tooth, per lifetime	50%	50%

ADA Code(s)	Covered Service	Frequency and Limitations	In-Network Coverage	Out-of-Network Coverage
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	1 per tooth, per lifetime	50%	50%
D3347	Retreatment Of Previous Root Canal Therapy - Molar	1 per tooth, per lifetime	50%	50%
D3348	Retreatment Of Previous Root Canal Therapy - Molar	1 per tooth, per lifetime	50%	50%
D4341	Periodontal Scaling & Root Planning Four Or More Teeth Per/Quad	1 per quadrant, every 2 years, not to exceed 4 unique quadrants every 2 years	50%	50%
D4342	Periodontal Scaling & Root Planning One To Three Teeth Per/Quad	1 per quadrant, every 2 years, not to exceed 4 unique quadrants every 2 years	50%	50%
D4355	Full Mouth Debridement	1 every 3 years	50%	50%
D4381	Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth	12 services per lifetime	50%	50%
D4910	Periodontal Maintenance	3 per 1 plan year (not to exceed 3 per year with D4910/D1110)	50%	50%
D6210	Pontic - Cast High Noble Metal	1 per tooth, every 5 plan years (within Bridges category)	50%	50%
D6211	Pontic - Cast Predominantly Base Metal	1 per tooth, every 5 plan years (within Bridges category)	50%	50%
D6212	Pontic - Cast Noble Metal	1 per tooth, every 5 plan years (within Bridges category)	50%	50%
D6214	Pontic - Titanium	1 per tooth, every 5 plan years (within Bridges category)	50%	50%
D6240	Pontic - Porcelain Fused To High Noble Metal	1 per tooth, every 5 plan years (within Bridges category)	50%	50%
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	1 per tooth, every 5 plan years (within Bridges category)	50%	50%
D6242	Pontic - Porcelain Fused To Noble Metal	1 per tooth, every 5 plan years (within Bridges category)	50%	50%
D6245	Pontic - Porcelain/Ceramic	1 per tooth, every 5 plan years (within Bridges category)	50%	50%
D6740	Crown - Porcelain/Ceramic	1 per tooth, every 5 plan years (within Bridges category)	50%	50%
D6750	Crown - Porcelain Fused To High Noble Metal	1 per tooth, every 5 plan years (within Bridges category)	50%	50%
D6751	Crown - Porcelain Fused To Predominantly Base Metal	1 per tooth, every 5 plan years (within Bridges category)	50%	50%
D6752	Crown - Porcelain Fused To Noble Metal	1 per tooth, every 5 plan years (within Bridges category)	50%	50%
D6790	Crown - Full Cast High Noble Metal	1 per tooth, every 5 plan years (within Bridges category)	50%	50%
D6791	Crown - Full Cast Predominantly Base Metal	1 per tooth, every 5 plan years (within Bridges category)	50%	50%

ADA Code(s)	Covered Service	Frequency and Limitations	In-Network Coverage	Out-of-Network Coverage
D6792	Crown - Full Cast Noble Metal	1 per tooth, every 5 plan years (within Bridges category)	50%	50%
D6794	Retainer Crown - Titanium	1 per tooth, every 5 plan years (within Bridges category)	50%	50%
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	1 per tooth, every 6 months	50%	50%
D7111	Extraction, Coronal Remnants - Primary Tooth	1 per tooth, per lifetime	50%	50%
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	1 per tooth, per lifetime	50%	50%
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	1 per tooth, per lifetime	50%	50%
D7250	Surgical Removal Of Residual Roots	1 per tooth, per lifetime	50%	50%
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	Unlimited per plan year	50%	50%
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	Unlimited per plan year	50%	50%
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure	2 per 1 plan year	50%	50%
D9230	Inhalation Of Nitrous Oxide/Analgesia, Anxiolysis	Unlimited per plan year	50%	50%



**Dental Benefit
Providers®**