Dental Health Services

Dental Check-up

D0120 Periodic oral evaluation - established patient...............................20
D0140 Limited oral evaluation - problem focused...................................20
D0150 Comprehensive oral evaluation - new or established patient .........20
D0190 Screening of a patient.................................................................20
D0191 Assessment of a patient..............................................................20
D0210 Intraoral - complete series of radiographic images.......................20
D0220 Intraoral - periapical first radiographic image...............................20
D0230 Intraoral - periapical each additional radiographic image.............20
D0240 Intraoral - occlusal radiographic image.......................................20
D0270 Bitewing - single radiographic image..........................................20
D0272 Bitewings - two radiographic images..........................................20
D0273 Bitewings - three radiographic images........................................20
D0274 Bitewings - four radiographic images.........................................20
D0330 Panoramic radiographic image....................................................20
D0340 Cephalometric radiographic image..............................................20
D0350 Oral/facial photographic images obtained intraorally or extraorally..20
D0460 Pulp vitality tests........................................................................20
D0470 Diagnostic casts.........................................................................20
D1110 Prophylaxis - adult (limited to 1 per 6 months).............................20
D1120 Prophylaxis - child (limited to 1 in 6 months).................................20
D1206 Topical application of fluoride varnish........................................20
D1208 Topical application of fluoride....................................................20
D1330 Oral hygiene instructions...........................................................20
D1351 Sealant - per tooth.....................................................................20
D9630 Other drugs and/or medicaments, by report.................................20
D9930 Treatment of complications (post-surgical) - unusual circumstances, by report..............................................................20

Super SmartSmile Plan

Schedule of Covered Services and Copayments

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1510</td>
<td>Space maintainer - fixed - unilateral</td>
<td>35</td>
</tr>
<tr>
<td>D1515</td>
<td>Space maintainer - fixed - bilateral</td>
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</tr>
<tr>
<td>D1550</td>
<td>Re-cementation of space maintainer</td>
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</tr>
<tr>
<td>D1555</td>
<td>Removal of fixed space maintainer</td>
<td>35</td>
</tr>
<tr>
<td>D2140</td>
<td>Amalgam - one surface, primary or permanent</td>
<td>35</td>
</tr>
<tr>
<td>D2150</td>
<td>Amalgam - two surfaces, primary or permanent</td>
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</tr>
<tr>
<td>D2160</td>
<td>Amalgam - three surfaces, primary or permanent</td>
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</tr>
<tr>
<td>D2161</td>
<td>Amalgam - four or more surfaces, primary or permanent</td>
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</tr>
<tr>
<td>D2330</td>
<td>Resin-based composite - one surface, anterior</td>
<td>35</td>
</tr>
<tr>
<td>D2331</td>
<td>Resin-based composite - two surfaces, anterior</td>
<td>35</td>
</tr>
<tr>
<td>D2332</td>
<td>Resin-based composite - three surfaces, anterior</td>
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</tr>
<tr>
<td>D2335</td>
<td>Resin-based composite - four or more surfaces or involving incisal angle, anterior</td>
<td>35</td>
</tr>
<tr>
<td>D2390</td>
<td>Resin-based composite crown, anterior</td>
<td>35</td>
</tr>
<tr>
<td>D2391</td>
<td>Resin-based composite - one surface, posterior</td>
<td>35</td>
</tr>
<tr>
<td>D2392</td>
<td>Resin-based composite - two surfaces, posterior</td>
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</tr>
<tr>
<td>D2393</td>
<td>Resin-based composite - three surfaces, posterior</td>
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<tr>
<td>D2394</td>
<td>Resin-based composite - four or more surfaces, posterior</td>
<td>35</td>
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<tr>
<td>D2710</td>
<td>Crown - resin-based composite (indirect)</td>
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<tr>
<td>D2910</td>
<td>Recement inlay, onlay, or partial coverage restoration</td>
<td>35</td>
</tr>
<tr>
<td>D2915</td>
<td>Recement cast or prefabricated post and core</td>
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</tr>
<tr>
<td>D2920</td>
<td>Recement crown</td>
<td>35</td>
</tr>
<tr>
<td>D2929</td>
<td>Prefabricated porcelain/ceramic crown - primary tooth</td>
<td>35</td>
</tr>
<tr>
<td>D2930</td>
<td>Prefabricated stainless steel crown - primary tooth</td>
<td>35</td>
</tr>
<tr>
<td>D2931</td>
<td>Prefabricated stainless steel crown - permanent tooth</td>
<td>35</td>
</tr>
<tr>
<td>D2932</td>
<td>Prefabricated resin crown</td>
<td>35</td>
</tr>
<tr>
<td>D2933</td>
<td>Prefabricated stainless steel crown with resin window</td>
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</tr>
<tr>
<td>D2934</td>
<td>Prefabricated esthetic coated stainless steel crown - primary tooth</td>
<td>35</td>
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<tr>
<td>D2941</td>
<td>Interim therapeutic restoration – primary dentition</td>
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<tr>
<td>D2950</td>
<td>Core buildup, including any pins when required</td>
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</tr>
<tr>
<td>D2952</td>
<td>Post and core in addition to crown, indirectly fabricated</td>
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</tr>
<tr>
<td>D2954</td>
<td>Prefabricated post and core in addition to crown</td>
<td>35</td>
</tr>
<tr>
<td>D3120</td>
<td>Pulp cap - indirect (excluding final restoration)</td>
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<tr>
<td>D3220</td>
<td>Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament</td>
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<tr>
<td>D3221</td>
<td>Pulpal debridement, primary and permanent teeth</td>
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<tr>
<td>D3230</td>
<td>Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)</td>
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</tr>
<tr>
<td>D3240</td>
<td>Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)</td>
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<tr>
<td>D3351</td>
<td>Apexification/recalci.... - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc)</td>
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<tr>
<td>D3352</td>
<td>Apexification/recalci.... - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc)</td>
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<tr>
<td>D3430</td>
<td>Retrograde filling - per root</td>
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<tr>
<td>D4211</td>
<td>Gingivectomy or gingioplasty - one to three contiguous teeth or tooth bounded spaces per quadrant</td>
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<tr>
<td>D4341</td>
<td>Periodontal scaling and root planing - four or more teeth per quadrant</td>
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<tr>
<td>D4342</td>
<td>Periodontal scaling and root planing - one to three teeth per quadrant</td>
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<tr>
<td>D4355</td>
<td>Full mouth debridement to enable comprehensive evaluation and diagnosis</td>
<td>35</td>
</tr>
<tr>
<td>D4910</td>
<td>Periodontal maintenance (limited to 1 per 3 months)</td>
<td>35</td>
</tr>
<tr>
<td>D5410</td>
<td>Adjust complete denture - maxillary</td>
<td>35</td>
</tr>
<tr>
<td>D5411</td>
<td>Adjust complete denture - mandibular</td>
<td>35</td>
</tr>
<tr>
<td>D5421</td>
<td>Adjust partial denture - maxillary</td>
<td>35</td>
</tr>
<tr>
<td>Code</td>
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<tr>
<td>D5422</td>
<td>Adjust partial denture - mandibular</td>
<td>35</td>
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<tr>
<td>D5510</td>
<td>Repair broken complete denture base</td>
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<tr>
<td>D5520</td>
<td>Replace missing or broken teeth - complete denture (each tooth)</td>
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<tr>
<td>D5610</td>
<td>Repair resin denture base</td>
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</tr>
<tr>
<td>D5620</td>
<td>Repair cast framework</td>
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</tr>
<tr>
<td>D5630</td>
<td>repair or replace broken clasp</td>
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<tr>
<td>D5640</td>
<td>replace broken teeth - per tooth</td>
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<tr>
<td>D5650</td>
<td>Add tooth to existing partial denture</td>
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<tr>
<td>D5660</td>
<td>Add clasp to existing partial denture</td>
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<tr>
<td>D5850</td>
<td>Tissue conditioning, maxillary</td>
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<tr>
<td>D5851</td>
<td>Tissue conditioning, mandibular</td>
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<tr>
<td>D5899</td>
<td>Unspecified removable prosthodontic procedure, by report</td>
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<tr>
<td>D6930</td>
<td>Recement fixed partial denture</td>
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<tr>
<td>D7111</td>
<td>Extraction, coronal remnants - deciduous tooth</td>
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<tr>
<td>D7140</td>
<td>Extraction, erupted tooth or exposed root (elevation and/or forceps removal)</td>
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<tr>
<td>D7210</td>
<td>Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated</td>
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<tr>
<td>D7250</td>
<td>Surgical removal of residual tooth roots (cutting procedure)</td>
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<tr>
<td>D7283</td>
<td>Placement of device to facilitate eruption of impacted tooth</td>
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<tr>
<td>D7286</td>
<td>Biopsy of oral tissue - soft</td>
<td>35</td>
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<tr>
<td>D7288</td>
<td>Brush biopsy - transepithelial sample collection</td>
<td>35</td>
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<tr>
<td>D7510</td>
<td>Incision and drainage of abscess - intraoral soft tissue</td>
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<tr>
<td>D7971</td>
<td>Excision of periocular gingiva</td>
<td>35</td>
</tr>
<tr>
<td>D9110</td>
<td>Palliative (emergency) treatment of dental pain - minor procedure</td>
<td>35</td>
</tr>
<tr>
<td>D9223</td>
<td>Deep sedation/general anesthesia - each 15 minute increment</td>
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<tr>
<td>D9230</td>
<td>Inhalation of nitrous oxide / anxiolysis, analgesia</td>
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<tr>
<td>D9248</td>
<td>Non-intravenous conscious sedation</td>
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<tr>
<td>D9440</td>
<td>Office visit - after regularly scheduled hours</td>
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<tr>
<td>D9610</td>
<td>Therapeutic parenteral drug, single administration</td>
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<tr>
<td>D9612</td>
<td>Therapeutic parenteral drugs, two or more administrations, different medications</td>
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<tr>
<td>D9920</td>
<td>Behavior management, by report</td>
<td>35</td>
</tr>
<tr>
<td>99201</td>
<td>Office/outpatient visit, new</td>
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<tr>
<td>99211</td>
<td>Office/outpatient visit, established</td>
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</tr>
<tr>
<td>99231</td>
<td>Subsequent hospital care</td>
<td>35</td>
</tr>
<tr>
<td>99241</td>
<td>Office consultation</td>
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<tr>
<td>99251</td>
<td>Inpatient consultation</td>
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**Major Dental Care**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Copayment</th>
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<tbody>
<tr>
<td>D2720</td>
<td>Crown - resin with high noble metal</td>
<td>350</td>
</tr>
<tr>
<td>D2721</td>
<td>Crown - resin with predominantly base metal</td>
<td>350</td>
</tr>
<tr>
<td>D2722</td>
<td>Crown - resin with noble metal</td>
<td>350</td>
</tr>
<tr>
<td>D2740</td>
<td>Crown - porcelain/ceramic substrate</td>
<td>350</td>
</tr>
<tr>
<td>D2750</td>
<td>Crown - porcelain fused to high noble metal</td>
<td>350</td>
</tr>
<tr>
<td>D2751</td>
<td>Crown - porcelain fused to predominantly base metal</td>
<td>350</td>
</tr>
<tr>
<td>D2752</td>
<td>Crown - porcelain fused to noble metal</td>
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</tr>
<tr>
<td>D3310</td>
<td>Endodontic therapy, anterior tooth (excluding final restoration)</td>
<td>350</td>
</tr>
<tr>
<td>D3320</td>
<td>Endodontic therapy, bicuspoid tooth (excluding final restoration)</td>
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<tr>
<td>D3330</td>
<td>Endodontic therapy, molar (excluding final restoration)</td>
<td>350</td>
</tr>
<tr>
<td>D3346</td>
<td>Retreatment of previous root canal therapy - anterior</td>
<td>350</td>
</tr>
<tr>
<td>D3347</td>
<td>Retreatment of previous root canal therapy - bicuspoid</td>
<td>350</td>
</tr>
<tr>
<td>D3348</td>
<td>Retreatment of previous root canal therapy - molar</td>
<td>350</td>
</tr>
<tr>
<td>D3410</td>
<td>Apicoectomy - anterior</td>
<td>350</td>
</tr>
<tr>
<td>D4210</td>
<td>Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant</td>
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<tr>
<td>D5110</td>
<td>Complete denture - maxillary</td>
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</tr>
<tr>
<td>D5120</td>
<td>Complete denture - mandibular</td>
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</table>

**Other Covered Services**

Copayments for non-essential health benefit services listed under Other Covered Services do not apply to the member out-of-pocket maximum.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>D0145</td>
<td>Oral evaluation for a patient under three years of age and counseling with primary caregiver</td>
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<tr>
<td>D0160</td>
<td>Detailed and extensive oral evaluation - problem focused, by report</td>
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<tr>
<td>D0170</td>
<td>Re-evaluation - limited, problem focused, not post-operative visit</td>
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<tr>
<td>D0171</td>
<td>Re-evaluation - post-operative office visit</td>
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<tr>
<td>D0180</td>
<td>Comprehensive periodontal evaluation - new or established patient</td>
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<tr>
<td>D0250</td>
<td>Extraradial - first radiographic image</td>
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</tr>
<tr>
<td>D0277</td>
<td>Vertical bitewings - 7 to 8 radiographic images</td>
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<tr>
<td>D0391</td>
<td>Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report</td>
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<tr>
<td>D0415</td>
<td>Collection of microorganisms for culture and sensitivity</td>
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<tr>
<td>D0425</td>
<td>Caries susceptibility tests</td>
<td>10</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>D0431</td>
<td>Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures</td>
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<tr>
<td>D0601</td>
<td>Caries risk assessment and documentation, with a finding of low risk</td>
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<tr>
<td>D0602</td>
<td>Caries risk assessment and documentation, with a finding of moderate risk</td>
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<tr>
<td>D0603</td>
<td>Caries risk assessment and documentation, with a finding of high risk</td>
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</tr>
<tr>
<td>D1310</td>
<td>Nutritional counseling for control of dental disease</td>
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<tr>
<td>D1320</td>
<td>Tobacco counseling for the control and prevention of oral disease</td>
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<tr>
<td>D1352</td>
<td>Preventive resin restoration in a moderate to high caries risk patient - permanent tooth</td>
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<tr>
<td>D1353</td>
<td>Sealant repair - per tooth</td>
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<tr>
<td>D1354</td>
<td>Interim caries arresting medication application</td>
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</tr>
<tr>
<td>D1520</td>
<td>Space maintainer - removable - unilateral</td>
<td>150</td>
</tr>
<tr>
<td>D1525</td>
<td>Space maintainer - removable - bilateral</td>
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</tr>
<tr>
<td>D1575</td>
<td>Distal shoe space maintainer - fixed - unilateral</td>
<td>35</td>
</tr>
<tr>
<td>D2712</td>
<td>Crown - 1/3 resin-based composite (indirect)</td>
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<tr>
<td>D2940</td>
<td>Protective restoration</td>
<td>35</td>
</tr>
<tr>
<td>D2949</td>
<td>Restorative foundation for an indirect restoration</td>
<td>30</td>
</tr>
<tr>
<td>D2951</td>
<td>Pin retention - per tooth, in addition to restoration</td>
<td>35</td>
</tr>
<tr>
<td>D2955</td>
<td>Post removal</td>
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</tr>
<tr>
<td>D2957</td>
<td>Each additional indirectly fabricated post - same tooth</td>
<td>90</td>
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<tr>
<td>D3311</td>
<td>Treatment of root canal obstruction; non-surgical access</td>
<td>175</td>
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<tr>
<td>D3332</td>
<td>Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth</td>
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<tr>
<td>D3333</td>
<td>Internal root repair of perforation defects</td>
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<tr>
<td>D3335</td>
<td>Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)</td>
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<tr>
<td>D3355</td>
<td>Pulpal regeneration - initial visit</td>
<td>100</td>
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<tr>
<td>D3356</td>
<td>Pulpal regeneration - interim medication replacement</td>
<td>100</td>
</tr>
<tr>
<td>D3357</td>
<td>Pulpal regeneration - completion of treatment</td>
<td>550</td>
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<tr>
<td>D4346</td>
<td>Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation</td>
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<tr>
<td>D4921</td>
<td>Gingival irrigation - per quadrant</td>
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<tr>
<td>D5986</td>
<td>Fluoride gel carrier</td>
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<tr>
<td>D6081</td>
<td>Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure</td>
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<tr>
<td>D8010</td>
<td>Limited orthodontic treatment of the primary dentition</td>
<td>Prorated</td>
</tr>
<tr>
<td>D8020</td>
<td>Limited orthodontic treatment of the transitional dentition</td>
<td>Prorated</td>
</tr>
<tr>
<td>D8030</td>
<td>Limited orthodontic treatment of the adolescent dentition</td>
<td>Prorated</td>
</tr>
<tr>
<td>D8040</td>
<td>Limited orthodontic treatment of the adult dentition</td>
<td>Prorated</td>
</tr>
<tr>
<td>D8050</td>
<td>Interceptive orthodontic treatment of the primary dentition</td>
<td>Prorated</td>
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<tr>
<td>D8060</td>
<td>Interceptive orthodontic treatment of the transitional dentition</td>
<td>Prorated</td>
</tr>
<tr>
<td>D8070</td>
<td>Comprehensive orthodontic treatment of the transitional dentition</td>
<td>3395</td>
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<tr>
<td>D8080</td>
<td>Comprehensive orthodontic treatment of the adolescent dentition</td>
<td>3395</td>
</tr>
<tr>
<td>D8090</td>
<td>Comprehensive orthodontic treatment of the adult dentition</td>
<td>3495</td>
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<tr>
<td>D8660</td>
<td>Pre-orthodontic treatment examination to monitor growth and development</td>
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<tr>
<td>D8670</td>
<td>Periodic orthodontic treatment visit</td>
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<tr>
<td>D8680</td>
<td>Orthodontic retention (removal of appliances, construction and placement of retainer(s))</td>
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<tr>
<td>D8690</td>
<td>Orthodontic treatment (alternative billing to a contract fee)</td>
<td>0</td>
</tr>
</tbody>
</table>

### Congenital Anomalies

Coverage for the treatment of congenital anomalies is available utilizing the services and copayments listed above.

### Orthodontia

Medically necessary orthodontia - member pays $350/year prorated monthly starting with the first month of treatment, with a maximum lifetime copayment of $700.

Orthodontic Services will only be approved for enrollees with a malocclusion associated with:

- a. Cleft lip and palate, cleft palate, or cleft lip with alveolar process involvement;
- b. Craniofacial anomalies for:
  - Hemifacial microsomia;
  - Craniosynostosis syndromes;
  - Arthrogryposis; or
  - Marfan syndrome.

Must be prior approved.

For more detailed information on the terms of your coverage, please consult your Exclusions and Limitations document.

Please note: The listed procedures and copayments apply when the service is received at your participating general dentist. Not every dentist will perform all services. If your dentist refers you to a specialist, please contact your Member Service Specialist before proceeding. All procedures are available from Dental Health Services participating specialists. All specialty services must be pre-authorized with Dental Health Services through a referral from your participating dentist.
If you ever have questions about your dental coverage, call your Member Service Specialist at [800-637-6453]DM[855-495-0906]EX. We are happy to help you.

**Pediatric Exclusions and Limitations**
(18 years old and under)

**Limitations:**

Diagnostic Services are covered with the following limitations:

a. Intraoral complete series (D0210) is covered once in a three-year period unless a panoramic radiograph (D0330) for the same enrollee has been performed in the same three-year period. Additional D0210 and D0330 are only covered if deemed by an orthodontist or Oral Surgeon to be medically necessary (see c);

b. Medically necessary periapical x-rays that are not included in a complete series for diagnosis in conjunction with definitive treatment;

c. An occlusal intraoral x-ray once in a two-year period;

d. A maximum of four bitewing x-rays (once per quadrant) once every twelve months;

e. Panoramic radiograph (D0330) in conjunction with four bitewings (D0274), once in a three-year period, only when an intraoral complete series (D0210) for the same enrollee has not been paid in the same three-year period.

f. Radiographs with no specific limitation are on a case-by-case basis when medically necessary.

g. Oral and facial photographic images (D0350) on a case-by-case basis.

Preventive Services are covered with the following limitations:

a. Dental Prophylaxis (D1110 & D1120) limited to once every 6 months for enrollees 18 and under;

b. Topical Fluoride Treatment (D1208) including fluoride rinse, foam or gel, including disposable trays for enrollees:
   i. 6 years of age and younger up to 3 times per 12-month period per enrollee;
   ii. 7 to 18 years of age, up to 2 times per 12 month period per enrollee;
   iii. Up to 3 times in a 12-month period per enrollee during orthodontic treatment;
   iv. Additional applications on a case-by-case basis.

c. Oral hygiene instruction for enrollees 8 and younger. The benefit must include individualized oral hygiene instructions, tooth brushing techniques, flossing, and use of oral hygiene aids no more than once every 6 months, up to 2 times in a 12 month period.

d. Sealants (D1351) are for enrollees 18 years or younger when used on mechanically and/or chemically prepared enamel surface once per tooth in a 3-year period. For developmentally disabled performed once per tooth in a two-year period.

e. Space Maintainers (D1510, D1515, D1550, D1555) for enrollees 12 years of age and younger for fixed unilateral or bilateral space maintenance are for primary molars A, B, J, K, L, S and T.
   i. Replacement of space maintainers are covered.
   ii. Removal of fixed space maintainers for enrollees 18 years of age or younger.

Restorative Services are covered with the following limitations:

a. Two occlusal restorations for the upper molars on teeth 1, 2, 3, 14, 15, and 16 if, the restorations are anatomically separated by sound tooth structure;

b. A maximum of five surfaces per tooth for permanent posterior teeth, except for upper molars and a maximum of six surfaces per tooth for teeth 1, 2, 3, 14, 15 and 16;

c. A maximum of six surfaces per tooth for resin-based composite restorations for permanent anterior teeth;

d. An indirect crown once every 5 years, per tooth, for permanent anterior teeth for enrollees from 12 through 18 years of age. Must be pre-authorized;

e. All recementations of permanent indirect crowns for enrollees from 12 through 18 years of age;

f. Prefabricated stainless steel crowns for primary posterior teeth once every 3 years;

g. Prefabricated stainless steel crowns for permanent posterior teeth excluding 1, 16, 17, and 32 once every 3 years;

h. Core buildup, including pins, only on permanent teeth, when performed in conjunction with a crown;

Periodontal Services are covered with the following limitations:

a. Surgical periodontal services and post-operative care for gingivectomy/gingivoplasty.

b. Non-surgical periodontal scaling and root planing for teeth scaled that are periodontically involved, once per quadrant for enrollees aged 13 and older, per enrollee per two year period when pre-authorized and evidenced by x-ray.

c. Periodontal maintenance for enrollees aged 13 and older, once per enrollee, per 3 month period with pre-authorization.

Endodontic Services are covered with the following limitations:

a. Therapeutic pulpotomy on primary teeth and pulpal debridement on permanent teeth only [excluding teeth 1, 16, 17, and 32];

b. Treatment with resorbable material for primary maxillary incisor teeth D, E, F, and G, if the entire root is present at treatment;

c. Treatment for permanent anterior, bicuspid, and molar teeth [excluding teeth 1, 16, 17, and 32].

d. Retreatment for the removal of post, pin, old root canal filing material, and all procedures necessary to prepare the canal with placement of new filing material.

Prosthodontic Services - Removable are covered with the following limitations:

a. One resin based partial denture; replacement covered if provided at least three years after the seat date;

b. One complete denture upper and lower and one replacement denture per lifetime after at least 5 years from the seat date;

c. Rebasing and relining of complete or partial dentures once in a 3 year period, if performed at least 6 months from the seating date;

d. Partial, complete and immediate dentures must be pre-approved.

Other Limitations:

a. Authorized treatment is rendered only by your selected participating dentist, orthodontist, or specialist. Services provided by a dentist other than the members designated participating dentist, orthodontist or specialist, except for emergency dental conditions, are not covered.

b. All services performed must be medically necessary and consistent with a diagnosis of dental disease or condition.

Specialty services require a referral from your participating dentist and must be pre-authorized by Dental Health Services, including a referral to a pediatric dentist.

d. Optional services are not covered. All cases in which the member selects a plan of treatment that is considered optional or unnecessary by the attending dentist. The member is responsible for all charges for option treatment. This does not apply to standard covered restorative procedures which offer a choice of material.

e. Upgraded services (cases in which the enrollee selects a plan of treatment that is considered an upgraded procedure) Dental Health Services' upgrade charges would apply.

f. Denturists - Enrollees may elect to travel to the nearest participating denturist as long as the service performed was within the lawful scope of the denturist's license.

g. Dental procedure that cannot be performed in the dental office due to the general health and/or physical limitations of the enrollee are limited to covered services listed in this Schedule of Covered Services and Copayments.

h. Not all participating dentists can perform all dental procedures. Some complicated extractions, periodontal treatment, osseous surgery and root canal treatment may be referred to a participating specialist at the discretion of the participating general dentist.

i. Coverage for services are only available while the member is eligible for coverage.

j. Emergency dental condition is the emergent and acute onset of a symptom or symptoms, including severe pain that would lead a
prudent layperson acting reasonably to believe that dental condition exists that requires immediate, palliative care by a licensed dentist for the relief of pain, swelling or bleeding. This does not include routine treatment. Emergency dental care is limited to palliative treatment.

k. Temporomandibular joint (TMJ) disorders and related disease treatment are limited to coverage for occlusal orthotic device for 12-20 months on a case by case basis.

Exclusions:
The following are not covered by your dental plan.

a. Services not specifically listed in the “Schedule of Covered Services andCopayments.”

b. Dental work in progress is not covered for new members. This includes crown preps prepared and temporized but not cemented, root canals in mid-treatment, prosthetic cases post final impression stage (sent to the lab), etc. This does not include teeth slated for root canal treatment and/or canals filled during an emergency visit.

c. Benefits are only available if work is completed at the enrollee’s participating dentist’s, orthodontist’s or specialist’s office.

d. This Plan does not provide benefits for services or supplies to the extent that benefits are payable for them under workers compensation or employer liability laws, any motor vehicle medical, motor vehicle no-fault, uninsured motorist, underinsured motorist, personal injury protection (PIP), commercial liability, homeowner’s policy, or other similar type of coverage.

e. Cosmetic dentistry – services for appearance only. This includes, but not limited to such services as the replacement of clinically acceptable amalgam fillings, composite fillings, clinically acceptable veneers, crowns and removable prosthetics.

Non-Medically Necessary Orthodontic Limitations:
The following are limitations on covered benefits.

a. Malocclusions too severe or mutilated which are not amenable to ideal orthodontic therapy.

Non-Medically Necessary Orthodontic Exclusions:
The following are not covered by your dental plan.

a. Cephalometric x-rays, dental x-rays for orthodontic purposes.

b. Tracings and photographs.

c. Study Models.

d. Replacement of lost or broken appliances.

e. Retreatment of orthodontic cases.

f. Treatment of a case in progress at inception of eligibility.

g. Treatment and/or surgical procedures related to cleft palate, micrognathia or microdontia.

h. Orthodontic treatment rendered or required after the member is no longer eligible for coverage. During a member’s lapse of coverage, the member is responsible for the cost of the treatment in progress. The cost of the treatment in progress will be prorated and converted to the Orthodontist’s actual fee-for-service amount.

Adult Covered Services and Copayments
(19 years old and older)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0120</td>
<td>Periodic oral evaluation - established patient</td>
<td>2</td>
</tr>
<tr>
<td>D0140</td>
<td>Limited oral evaluation - problem focused</td>
<td>2</td>
</tr>
<tr>
<td>D0145</td>
<td>Oral evaluation for a patient under three years of age and counseling with primary caregiver</td>
<td>2</td>
</tr>
<tr>
<td>D0150</td>
<td>Comprehensive oral evaluation - new or established patient</td>
<td>5</td>
</tr>
<tr>
<td>D0160</td>
<td>Detailed and extensive oral evaluation - problem focused, by report</td>
<td>40</td>
</tr>
<tr>
<td>D0170</td>
<td>Re-evaluation - limited, problem focused (established patient; not post-operative visit)</td>
<td>2</td>
</tr>
<tr>
<td>D0171</td>
<td>Re-evaluation - post-operative office visit</td>
<td>2</td>
</tr>
<tr>
<td>D0180</td>
<td>Comprehensive periodontal evaluation - new or established patient</td>
<td>12</td>
</tr>
<tr>
<td>D0190</td>
<td>Screening of a patient</td>
<td>10</td>
</tr>
<tr>
<td>D0191</td>
<td>Assessment of a patient</td>
<td>10</td>
</tr>
<tr>
<td>D0210</td>
<td>Intraoral - complete series of radiographic images</td>
<td>0</td>
</tr>
<tr>
<td>D0220</td>
<td>Intraoral - periapical first radiographic image</td>
<td>0</td>
</tr>
<tr>
<td>D0230</td>
<td>Intraoral - periapical each additional radiographic image</td>
<td>0</td>
</tr>
<tr>
<td>D0240</td>
<td>Intraoral - occlusal radiographic image</td>
<td>0</td>
</tr>
<tr>
<td>D0250</td>
<td>Extraoral - first radiographic image</td>
<td>0</td>
</tr>
<tr>
<td>D0270</td>
<td>Bitewings - single radiographic image</td>
<td>0</td>
</tr>
<tr>
<td>D0272</td>
<td>Bitewings - two radiographic images</td>
<td>0</td>
</tr>
<tr>
<td>D0273</td>
<td>Bitewings - three radiographic images</td>
<td>0</td>
</tr>
<tr>
<td>D0274</td>
<td>Bitewings - four radiographic images</td>
<td>0</td>
</tr>
<tr>
<td>D0277</td>
<td>Vertical bitewings - 7 to 8 radiographic images</td>
<td>10</td>
</tr>
<tr>
<td>D0330</td>
<td>Panoramic radiographic image</td>
<td>25</td>
</tr>
<tr>
<td>D0340</td>
<td>Cephalometric radiographic image</td>
<td>0</td>
</tr>
<tr>
<td>D0350</td>
<td>Oral/facial photographic images obtained intraorally or extraorally</td>
<td>5</td>
</tr>
<tr>
<td>D0391</td>
<td>Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report</td>
<td>75</td>
</tr>
<tr>
<td>D0415</td>
<td>Collection of microorganisms for culture and sensitivity</td>
<td>35</td>
</tr>
<tr>
<td>D0425</td>
<td>Caries susceptibility tests</td>
<td>10</td>
</tr>
<tr>
<td>D0431</td>
<td>Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures</td>
<td>15</td>
</tr>
<tr>
<td>D0460</td>
<td>Pulp vitality tests</td>
<td>35</td>
</tr>
<tr>
<td>D0470</td>
<td>Diagnostic casts</td>
<td>15</td>
</tr>
<tr>
<td>D0601</td>
<td>Caries risk assessment and documentation, with a finding of low risk</td>
<td>15</td>
</tr>
<tr>
<td>D0602</td>
<td>Caries risk assessment and documentation, with a finding of moderate risk</td>
<td>15</td>
</tr>
<tr>
<td>D0603</td>
<td>Caries risk assessment and documentation, with a finding of high risk</td>
<td>10</td>
</tr>
</tbody>
</table>

Preventive
Dental prophylaxis (teeth cleaning) includes shallow scaling and polishing - maximum one per six months, two per contract year at lower copayment amount. Additional are available at a higher copayment.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1110</td>
<td>Prophylaxis - adult (limited to 1 per 6 months)</td>
<td>10</td>
</tr>
<tr>
<td>D1110</td>
<td>Prophylaxis - adult (additional beyond 1 in 6 months)</td>
<td>80</td>
</tr>
<tr>
<td>D1120</td>
<td>Prophylaxis - child (limited to 1 in 6 months)</td>
<td>10</td>
</tr>
<tr>
<td>D1120</td>
<td>Prophylaxis - child (additional beyond 1 in 6 months)</td>
<td>80</td>
</tr>
<tr>
<td>D1206</td>
<td>Topical application of fluoride varnish</td>
<td>14</td>
</tr>
<tr>
<td>D1208</td>
<td>Topical application of fluoride</td>
<td>5</td>
</tr>
<tr>
<td>D1310</td>
<td>Nutritional counseling for control of dental disease</td>
<td>0</td>
</tr>
<tr>
<td>D1320</td>
<td>Tobacco counseling for the control and prevention of</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Copayment</td>
</tr>
<tr>
<td>-------</td>
<td>------------------------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>D1330</td>
<td>Oral hygiene instructions</td>
<td>0</td>
</tr>
<tr>
<td>D1351</td>
<td>Sealant - per tooth</td>
<td>5</td>
</tr>
<tr>
<td>D1352</td>
<td>Preventive resin restoration in a moderate to high caries risk</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>patient - permanent tooth</td>
<td></td>
</tr>
<tr>
<td>D1353</td>
<td>Sealant repair - per tooth</td>
<td>5</td>
</tr>
<tr>
<td>D1354</td>
<td>Interim caries arresting medicament application</td>
<td>35</td>
</tr>
</tbody>
</table>

**Space Maintainers**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1510</td>
<td>Space maintainer - fixed - unilateral</td>
<td>125</td>
</tr>
<tr>
<td>D1515</td>
<td>Space maintainer - fixed - bilateral</td>
<td>150</td>
</tr>
<tr>
<td>D1520</td>
<td>Space maintainer - removable - unilateral</td>
<td>125</td>
</tr>
<tr>
<td>D1525</td>
<td>Space maintainer - removable - bilateral</td>
<td>150</td>
</tr>
<tr>
<td>D1550</td>
<td>Re-cementation of space maintainer</td>
<td>10</td>
</tr>
<tr>
<td>D1555</td>
<td>Removal of fixed space maintainer</td>
<td>10</td>
</tr>
<tr>
<td>D1575</td>
<td>Distal shoe space maintainer - fixed - unilateral</td>
<td>125</td>
</tr>
</tbody>
</table>

**Amalgam Restorations - Primary or Permanent**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2140</td>
<td>Amalgam - one surface, primary or permanent</td>
<td>25</td>
</tr>
<tr>
<td>D2150</td>
<td>Amalgam - two surfaces, primary or permanent</td>
<td>35</td>
</tr>
<tr>
<td>D2160</td>
<td>Amalgam - three surfaces, primary or permanent</td>
<td>48</td>
</tr>
<tr>
<td>D2161</td>
<td>Amalgam - four or more surfaces, primary or permanent</td>
<td>60</td>
</tr>
</tbody>
</table>

**Resin-based Composite Restorations**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2330</td>
<td>Resin-based composite - one surface, anterior</td>
<td>47</td>
</tr>
<tr>
<td>D2331</td>
<td>Resin-based composite - two surfaces, anterior</td>
<td>57</td>
</tr>
<tr>
<td>D2332</td>
<td>Resin-based composite - three surfaces, anterior</td>
<td>67</td>
</tr>
<tr>
<td>D2335</td>
<td>Resin-based composite - four or more surfaces or</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>involving incisal angle (anterior)</td>
<td></td>
</tr>
<tr>
<td>D2390</td>
<td>Resin-based composite crown, anterior</td>
<td>90</td>
</tr>
<tr>
<td>D2391</td>
<td>Resin-based composite crown, one surface, posterior</td>
<td>60</td>
</tr>
<tr>
<td>D2392</td>
<td>Resin-based composite crown, two surfaces, posterior</td>
<td>75</td>
</tr>
<tr>
<td>D2393</td>
<td>Resin-based composite crown, three surfaces, posterior</td>
<td>90</td>
</tr>
<tr>
<td>D2394</td>
<td>Resin-based composite crown, four or more surfaces, posterior</td>
<td>105</td>
</tr>
</tbody>
</table>

**Crowns - Single Restoration Only**

Additional copay of $25 for specialized crowns such as Lava, Captek, Cercon, etc. This benefit only applies for adults 19 years of age and older.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2510</td>
<td>Inlay - metallic - one surface</td>
<td>525</td>
</tr>
<tr>
<td>D2520</td>
<td>Inlay - metallic - two surfaces</td>
<td>560</td>
</tr>
<tr>
<td>D2530</td>
<td>Inlay - metallic - three or more surfaces</td>
<td>560</td>
</tr>
<tr>
<td>D2542</td>
<td>Onlay - metallic - two surfaces</td>
<td>560</td>
</tr>
<tr>
<td>D2543</td>
<td>Onlay - metallic - three surfaces</td>
<td>560</td>
</tr>
<tr>
<td>D2544</td>
<td>Onlay - metallic - four or more surfaces</td>
<td>560</td>
</tr>
<tr>
<td>D2610</td>
<td>Inlay - porcelain/ceramic - one surface</td>
<td>550</td>
</tr>
<tr>
<td>D2620</td>
<td>Inlay - porcelain/ceramic - two surfaces</td>
<td>585</td>
</tr>
<tr>
<td>D2630</td>
<td>Inlay - porcelain/ceramic - three or more surfaces</td>
<td>615</td>
</tr>
<tr>
<td>D2642</td>
<td>Onlay - porcelain/ceramic - two surfaces</td>
<td>585</td>
</tr>
<tr>
<td>D2643</td>
<td>Onlay - porcelain/ceramic - three surfaces</td>
<td>615</td>
</tr>
<tr>
<td>D2644</td>
<td>Onlay - porcelain/ceramic - four or more surfaces</td>
<td>615</td>
</tr>
<tr>
<td>D2650</td>
<td>Inlay - resin-based composite - one surface</td>
<td>550</td>
</tr>
<tr>
<td>D2651</td>
<td>Inlay - resin-based composite - two surfaces</td>
<td>585</td>
</tr>
<tr>
<td>D2652</td>
<td>Inlay - resin-based composite - three or more surfaces</td>
<td>615</td>
</tr>
<tr>
<td>D2662</td>
<td>Onlay - resin-based composite - two surfaces</td>
<td>585</td>
</tr>
<tr>
<td>D2663</td>
<td>Onlay - resin-based composite - three surfaces</td>
<td>615</td>
</tr>
<tr>
<td>D2664</td>
<td>Onlay - resin-based composite - four or more surfaces</td>
<td>615</td>
</tr>
<tr>
<td>D2710</td>
<td>Crown - resin-based composite (indirect)</td>
<td>240</td>
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<tr>
<td>D2712</td>
<td>Crown - ¾ resin-based composite (indirect)</td>
<td>240</td>
</tr>
<tr>
<td>D2720</td>
<td>Crown - resin with high noble metal</td>
<td>625</td>
</tr>
<tr>
<td>D2721</td>
<td>Crown - resin with predominantly base metal</td>
<td>475</td>
</tr>
<tr>
<td>D2722</td>
<td>Crown - resin with noble metal</td>
<td>600</td>
</tr>
<tr>
<td>D2740</td>
<td>Crown - porcelain/ceramic substrate</td>
<td>625</td>
</tr>
<tr>
<td>D2750</td>
<td>Crown - porcelain fused to high noble metal</td>
<td>625</td>
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**Other Restorative Services**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2910</td>
<td>Recement inlay, onlay, or partial coverage restoration</td>
<td>15</td>
</tr>
<tr>
<td>D2915</td>
<td>Recement cast or prefabricated post and core</td>
<td>15</td>
</tr>
<tr>
<td>D2920</td>
<td>Recement crown</td>
<td>15</td>
</tr>
<tr>
<td>D2921</td>
<td>Retraction of tooth fragment, incisal edge or cusp</td>
<td>77</td>
</tr>
<tr>
<td>D2929</td>
<td>Prefabricated porcelain/ceramic crown - primary tooth</td>
<td>165</td>
</tr>
<tr>
<td>D2930</td>
<td>Prefabricated stainless steel crown - primary tooth</td>
<td>75</td>
</tr>
<tr>
<td>D2931</td>
<td>Prefabricated stainless steel crown - permanent tooth</td>
<td>125</td>
</tr>
<tr>
<td>D2932</td>
<td>Prefabricated resin crown</td>
<td>125</td>
</tr>
<tr>
<td>D2933</td>
<td>Prefabricated stainless steel crown with resin window</td>
<td>110</td>
</tr>
<tr>
<td>D2934</td>
<td>Prefabricated esthetic coated stainless steel crown -</td>
<td></td>
</tr>
<tr>
<td></td>
<td>primary tooth</td>
<td>110</td>
</tr>
<tr>
<td>D2940</td>
<td>Protective restoration</td>
<td>30</td>
</tr>
<tr>
<td>D2941</td>
<td>Interim therapeutic restoration - primary dentition</td>
<td>50</td>
</tr>
<tr>
<td>D2949</td>
<td>Restorative foundation for an indirect restoration</td>
<td>30</td>
</tr>
<tr>
<td>D2950</td>
<td>Core buildup, including any pins when required</td>
<td>95</td>
</tr>
<tr>
<td>D2951</td>
<td>Pin retention - per tooth, in addition to restoration</td>
<td>35</td>
</tr>
<tr>
<td>D2952</td>
<td>Post and core in addition to crown, indirectly fabricated</td>
<td>100</td>
</tr>
<tr>
<td>D2953</td>
<td>Each additional indirectly fabricated post - same tooth</td>
<td>90</td>
</tr>
<tr>
<td>D2954</td>
<td>Prefabricated post and core in addition to crown</td>
<td>100</td>
</tr>
<tr>
<td>D2955</td>
<td>Post removal</td>
<td>125</td>
</tr>
<tr>
<td>D2957</td>
<td>Each additional prefabricated post - same tooth</td>
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<tr>
<td>D2960</td>
<td>Labial veneer (resin laminate) - chairside</td>
<td>350</td>
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<tr>
<td>D2961</td>
<td>Labial veneer (resin laminate) - laboratory</td>
<td>400</td>
</tr>
<tr>
<td>D2962</td>
<td>Labial veneer (porcelain laminate) - laboratory</td>
<td>500</td>
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<tr>
<td>D2971</td>
<td>Additional procedures to construct new crown under existing partial denture framework</td>
<td>20</td>
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<tr>
<td>D2975</td>
<td>Coping</td>
<td>200</td>
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<tr>
<td>D2980</td>
<td>Crown repair necessitated by restorative material failure</td>
<td>125</td>
</tr>
<tr>
<td>D2990</td>
<td>Resin infiltration of incipient smooth surface lesions</td>
<td>8</td>
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**Endodontics**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Copayment</th>
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<tbody>
<tr>
<td>D3110</td>
<td>Pulp cap - direct (excluding final restoration)</td>
<td>35</td>
</tr>
<tr>
<td>D3120</td>
<td>Pulp cap - indirect (excluding final restoration)</td>
<td>35</td>
</tr>
<tr>
<td>D3220</td>
<td>Therapeutic pulpotomy (excluding final restoration) -</td>
<td></td>
</tr>
<tr>
<td></td>
<td>removal of pulp coronal to the dentinocemental junction</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and application of medicament</td>
<td>55</td>
</tr>
<tr>
<td>D3221</td>
<td>Pulpal debridement, primary and permanent teeth</td>
<td>55</td>
</tr>
<tr>
<td>D3222</td>
<td>Partial pulpotomy for apexogenesis - permanent tooth</td>
<td>55</td>
</tr>
<tr>
<td>D3230</td>
<td>Pulpal therapy (resorbable filling) - anterior, primary tooth</td>
<td>80</td>
</tr>
<tr>
<td>D3240</td>
<td>Pulpal therapy (resorbable filling) - posterior, primary tooth</td>
<td>80</td>
</tr>
<tr>
<td>D3310</td>
<td>Endodontic therapy, anterior tooth (excluding final restoration)</td>
<td>325</td>
</tr>
<tr>
<td>D3320</td>
<td>Endodontic therapy, bicuspid tooth (excluding final restoration)</td>
<td>400</td>
</tr>
<tr>
<td>D3330</td>
<td>Endodontic therapy, molar (excluding final restoration)</td>
<td>575</td>
</tr>
<tr>
<td>D3331</td>
<td>Treatment of root canal obstruction; non-surgical access</td>
<td>175</td>
</tr>
<tr>
<td>D3332</td>
<td>Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth</td>
<td>200</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Copayment</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>D3333</td>
<td>Internal root repair of perforation defects</td>
<td>150</td>
</tr>
<tr>
<td>D3346</td>
<td>Retreatment of previous root canal therapy - anterior</td>
<td>600</td>
</tr>
<tr>
<td>D3347</td>
<td>Retreatment of previous root canal therapy - bicuspid</td>
<td>700</td>
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<tr>
<td>D3348</td>
<td>Retreatment of previous root canal therapy - molar</td>
<td>850</td>
</tr>
<tr>
<td>D3351</td>
<td>Apically receded - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space dissection, etc.)</td>
<td>250</td>
</tr>
<tr>
<td>D3352</td>
<td>Apically receded - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space dissection, etc.)</td>
<td>120</td>
</tr>
<tr>
<td>D3353</td>
<td>Apically receded - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)</td>
<td>300</td>
</tr>
<tr>
<td>D3355</td>
<td>Pulpal regeneration - initial visit</td>
<td>30</td>
</tr>
<tr>
<td>D3356</td>
<td>Pulpal regeneration - interim medication replacement</td>
<td>30</td>
</tr>
<tr>
<td>D3357</td>
<td>Pulpal regeneration - completion of treatment</td>
<td>550</td>
</tr>
<tr>
<td>D3410</td>
<td>Apicectomy - anterior</td>
<td>330</td>
</tr>
<tr>
<td>D3421</td>
<td>Apicectomy - bicuspid (first root)</td>
<td>375</td>
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<tr>
<td>D3425</td>
<td>Apicectomy - molar (first root)</td>
<td>425</td>
</tr>
<tr>
<td>D3426</td>
<td>Apicectomy (each additional root)</td>
<td>140</td>
</tr>
<tr>
<td>D3427</td>
<td>Periapical surgery without apicectomy</td>
<td>330</td>
</tr>
<tr>
<td>D3430</td>
<td>Retrograde filling - per tooth</td>
<td>120</td>
</tr>
<tr>
<td>D3450</td>
<td>Root amputation - per root</td>
<td>200</td>
</tr>
<tr>
<td>D3920</td>
<td>Hemisection (including any root removal), not including root canal therapy</td>
<td>300</td>
</tr>
<tr>
<td>D3950</td>
<td>Canal preparation and fitting of preformed dowel or post</td>
<td>75</td>
</tr>
</tbody>
</table>

**Periodontics**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>D4210</td>
<td>Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant</td>
<td>225</td>
</tr>
<tr>
<td>D4211</td>
<td>Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant</td>
<td>80</td>
</tr>
<tr>
<td>D4212</td>
<td>Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth</td>
<td>80</td>
</tr>
<tr>
<td>D4230</td>
<td>Anatomical crown exposure - four or more contiguous teeth per quadrant</td>
<td>450</td>
</tr>
<tr>
<td>D4231</td>
<td>Anatomical crown exposure - one to three teeth per quadrant</td>
<td>350</td>
</tr>
<tr>
<td>D4240</td>
<td>Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant</td>
<td>300</td>
</tr>
<tr>
<td>D4241</td>
<td>Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant</td>
<td>200</td>
</tr>
<tr>
<td>D4245</td>
<td>Apically positioned flap</td>
<td>200</td>
</tr>
<tr>
<td>D4249</td>
<td>Clinical crown lengthening - hard tissue</td>
<td>350</td>
</tr>
<tr>
<td>D4260</td>
<td>Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant</td>
<td>500</td>
</tr>
<tr>
<td>D4261</td>
<td>Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant</td>
<td>350</td>
</tr>
<tr>
<td>D4263</td>
<td>Bone replacement graft - first site in quadrant</td>
<td>300</td>
</tr>
<tr>
<td>D4264</td>
<td>Bone replacement graft - each additional site in quadrant</td>
<td>350</td>
</tr>
<tr>
<td>D4266</td>
<td>Guided tissue regeneration - resorbable barrier, per site</td>
<td>300</td>
</tr>
<tr>
<td>D4267</td>
<td>Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)</td>
<td>350</td>
</tr>
<tr>
<td>D4268</td>
<td>Surgical revision procedure, per tooth</td>
<td>450</td>
</tr>
<tr>
<td>D4270</td>
<td>Pedicle soft tissue graft procedure</td>
<td>450</td>
</tr>
<tr>
<td>D4274</td>
<td>Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)</td>
<td>250</td>
</tr>
<tr>
<td>D4277</td>
<td>Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft</td>
<td>445</td>
</tr>
<tr>
<td>D4278</td>
<td>Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site</td>
<td>100</td>
</tr>
<tr>
<td>D4341</td>
<td>Periodontal scaling and root planing - four or more teeth</td>
<td>100</td>
</tr>
<tr>
<td>D4342</td>
<td>Periodontal scaling and root planing - one to three teeth per quadrant</td>
<td>70</td>
</tr>
<tr>
<td>D4346</td>
<td>Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation</td>
<td>45</td>
</tr>
<tr>
<td>D4355</td>
<td>Full mouth debridement to enable comprehensive evaluation and diagnosis</td>
<td>55</td>
</tr>
<tr>
<td>D4381</td>
<td>Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth</td>
<td>55</td>
</tr>
<tr>
<td>D4910</td>
<td>Periodontal maintenance (limited to 1 per 3 months)</td>
<td>70</td>
</tr>
<tr>
<td>D4921</td>
<td>Gingival irrigation - per quadrant</td>
<td>25</td>
</tr>
</tbody>
</table>

**Dentures**

*Full/partial dentures (upper and/or lower) - one per five year period. Replacement will be provided where caring is unsatisfactory and cannot be made satisfactory. Lost or stolen appliances are the responsibility of the patient. Unilateral partials (Nesbit) are not a recommended treatment.*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5110</td>
<td>Complete denture - maxillary</td>
<td>825</td>
</tr>
<tr>
<td>D5120</td>
<td>Complete denture - mandibular</td>
<td>825</td>
</tr>
<tr>
<td>D5130</td>
<td>Immediate denture - maxillary</td>
<td>900</td>
</tr>
<tr>
<td>D5140</td>
<td>Immediate denture - mandibular</td>
<td>900</td>
</tr>
<tr>
<td>D5211</td>
<td>Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)</td>
<td>675</td>
</tr>
<tr>
<td>D5212</td>
<td>Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)</td>
<td>675</td>
</tr>
<tr>
<td>D5213</td>
<td>Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)</td>
<td>875</td>
</tr>
<tr>
<td>D5214</td>
<td>Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)</td>
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<tr>
<td>D5221</td>
<td>Immediate maxillary partial denture - resin base</td>
<td>950</td>
</tr>
<tr>
<td>D5222</td>
<td>Immediate mandibular partial denture - resin base</td>
<td>950</td>
</tr>
<tr>
<td>D5223</td>
<td>Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)</td>
<td>950</td>
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<tr>
<td>D5224</td>
<td>Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)</td>
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</tr>
<tr>
<td>D5225</td>
<td>Maxillary partial denture - flexible base (including any clasps, rests and teeth)</td>
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</tr>
<tr>
<td>D5226</td>
<td>Mandibular partial denture - flexible base (including any clasps, rests and teeth)</td>
<td>825</td>
</tr>
<tr>
<td>D5281</td>
<td>Removable unilateral partial denture - one piece cast metal (including clasps and teeth)</td>
<td>425</td>
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</table>

**Denture Adjustments & Repairs**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5410</td>
<td>Adjust complete denture - maxillary</td>
<td>30</td>
</tr>
<tr>
<td>D5411</td>
<td>Adjust complete denture - mandibular</td>
<td>30</td>
</tr>
<tr>
<td>D5421</td>
<td>Adjust partial denture - maxillary</td>
<td>30</td>
</tr>
<tr>
<td>D5422</td>
<td>Adjust partial denture - mandibular</td>
<td>30</td>
</tr>
<tr>
<td>D5510</td>
<td>Repair broken complete denture base</td>
<td>130</td>
</tr>
<tr>
<td>D5520</td>
<td>Replace missing or broken teeth - complete denture (each tooth)</td>
<td>125</td>
</tr>
<tr>
<td>D5610</td>
<td>Repair resin denture base</td>
<td>130</td>
</tr>
<tr>
<td>D5620</td>
<td>Repair cast framework</td>
<td>135</td>
</tr>
<tr>
<td>D5630</td>
<td>Repair or replace broken clasp</td>
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</tr>
<tr>
<td>D5640</td>
<td>Replace broken teeth - per tooth</td>
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<tr>
<td>D5650</td>
<td>Add tooth to existing partial denture</td>
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<tr>
<td>D5660</td>
<td>Add clasps to existing partial denture</td>
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</tr>
<tr>
<td>D5670</td>
<td>Replace all teeth and acrylic on cast metal framework (maxillary)</td>
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<tr>
<td>D5671</td>
<td>Replace all teeth and acrylic on cast metal framework (mandibular)</td>
<td>500</td>
</tr>
</tbody>
</table>
### Denture Adjustments & Repairs

**Implants are covered only for adults 19 years of age and older. Additional copy of $25 for specialized crowns such as Lava, Captek, Cercon, etc.**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Copayment</th>
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</thead>
<tbody>
<tr>
<td>D5710</td>
<td>Rebase complete maxillary denture</td>
<td>225</td>
</tr>
<tr>
<td>D5711</td>
<td>Rebase complete mandibular denture</td>
<td>225</td>
</tr>
<tr>
<td>D5720</td>
<td>Rebase maxillary partial denture</td>
<td>225</td>
</tr>
<tr>
<td>D5721</td>
<td>Rebase mandibular partial denture</td>
<td>225</td>
</tr>
<tr>
<td>D5730</td>
<td>Reline complete maxillary denture (chairside)</td>
<td>125</td>
</tr>
<tr>
<td>D5731</td>
<td>Reline complete mandibular denture (chairside)</td>
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</tr>
<tr>
<td>D5740</td>
<td>Reline maxillary partial denture (chairside)</td>
<td>125</td>
</tr>
<tr>
<td>D5741</td>
<td>Reline mandibular partial denture (chairside)</td>
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</tr>
<tr>
<td>D5750</td>
<td>Reline complete maxillary denture (laboratory)</td>
<td>200</td>
</tr>
<tr>
<td>D5751</td>
<td>Reline complete mandibular denture (laboratory)</td>
<td>200</td>
</tr>
<tr>
<td>D5760</td>
<td>Reline maxillary partial denture (laboratory)</td>
<td>200</td>
</tr>
<tr>
<td>D5761</td>
<td>Reline mandibular partial denture (laboratory)</td>
<td>200</td>
</tr>
<tr>
<td>D5910</td>
<td>Interim complete denture (maxillary)</td>
<td>325</td>
</tr>
<tr>
<td>D5911</td>
<td>Interim complete denture (mandibular)</td>
<td>325</td>
</tr>
<tr>
<td>D5920</td>
<td>Interim partial denture (maxillary)</td>
<td>325</td>
</tr>
<tr>
<td>D5921</td>
<td>Interim partial denture (mandibular)</td>
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</tr>
<tr>
<td>D5950</td>
<td>Tissue conditioning, maxillary</td>
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<tr>
<td>D5951</td>
<td>Tissue conditioning, mandibular</td>
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<tr>
<td>D5863</td>
<td>Overdenture - complete maxillary</td>
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<tr>
<td>D5864</td>
<td>Overdenture - partial maxillary</td>
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<tr>
<td>D5865</td>
<td>Overdenture - complete mandibular</td>
<td>900</td>
</tr>
<tr>
<td>D5866</td>
<td>Overdenture - partial mandibular</td>
<td>900</td>
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<tr>
<td>D5875</td>
<td>Modification of removable prosthesis following implant surgery</td>
<td>475</td>
</tr>
<tr>
<td>D5986</td>
<td>Fluoride gel carrier</td>
<td>30</td>
</tr>
</tbody>
</table>

### Bridges

Bridges are covered only for adults 19 years of age and older. Additional copy of $25 for specialized crowns such as Lava, Captek, Cercon, etc.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>D6060</td>
<td>Surgical placement of implant body: endosteal implant</td>
<td>1500</td>
</tr>
<tr>
<td>D6056</td>
<td>Prefabricated abutment - includes modification and placement</td>
<td>450</td>
</tr>
<tr>
<td>D6057</td>
<td>Custom fabricated abutment - includes placement</td>
<td>450</td>
</tr>
<tr>
<td>D6058</td>
<td>Abutment supported porcelain/ceramic crown</td>
<td>1150</td>
</tr>
<tr>
<td>D6059</td>
<td>Abutment supported porcelain fused to metal crown (high noble metal)</td>
<td>1150</td>
</tr>
<tr>
<td>D6060</td>
<td>Abutment supported porcelain fused to metal crown (predominantly base metal)</td>
<td>1000</td>
</tr>
<tr>
<td>D6061</td>
<td>Abutment supported porcelain fused to metal crown (noble metal)</td>
<td>1125</td>
</tr>
<tr>
<td>D6062</td>
<td>Abutment supported cast metal crown (high noble metal)</td>
<td>1125</td>
</tr>
<tr>
<td>D6063</td>
<td>Abutment supported cast metal crown (predominantly base metal)</td>
<td>1000</td>
</tr>
<tr>
<td>D6064</td>
<td>Abutment supported cast metal crown (noble metal)</td>
<td>1125</td>
</tr>
<tr>
<td>D6065</td>
<td>Implant supported porcelain/ceramic crown</td>
<td>1150</td>
</tr>
<tr>
<td>D6066</td>
<td>Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)</td>
<td>1150</td>
</tr>
<tr>
<td>D6067</td>
<td>Implant supported metal crown (titanium, titanium alloy, high noble metal)</td>
<td>1150</td>
</tr>
<tr>
<td>D6068</td>
<td>Abutment supported retainer for porcelain/ceramic FPD</td>
<td>1150</td>
</tr>
<tr>
<td>D6069</td>
<td>Abutment supported retainer for porcelain fused to metal FPD (high noble metal)</td>
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</tr>
<tr>
<td>D6070</td>
<td>Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)</td>
<td>1000</td>
</tr>
<tr>
<td>D6071</td>
<td>Abutment supported retainer for porcelain fused to metal FPD (noble metal)</td>
<td>1125</td>
</tr>
<tr>
<td>D6072</td>
<td>Abutment supported retainer for cast metal FPD (high noble metal)</td>
<td>1150</td>
</tr>
<tr>
<td>D6073</td>
<td>Abutment supported retainer for cast metal FPD (predominantly base metal)</td>
<td>1000</td>
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<tr>
<td>D6074</td>
<td>Abutment supported retainer for cast metal FPD (noble metal)</td>
<td>1125</td>
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<tr>
<td>D6075</td>
<td>Implant supported retainer for ceramic FPD</td>
<td>1150</td>
</tr>
<tr>
<td>D6076</td>
<td>Implant supported retainer for porcelain fused to metal</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Copayment</th>
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<tbody>
<tr>
<td>D6077</td>
<td>Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)</td>
<td>1150</td>
</tr>
<tr>
<td>D6081</td>
<td>Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure</td>
<td>55</td>
</tr>
<tr>
<td>D6092</td>
<td>Re-cement or re-bond implant/abutment supported crown</td>
<td>30</td>
</tr>
<tr>
<td>D6093</td>
<td>Re-cement or re-bond implant/abutment supported fixed partial denture</td>
<td>40</td>
</tr>
<tr>
<td>D6094</td>
<td>Abutment supported crown - (titanium)</td>
<td>500</td>
</tr>
<tr>
<td>D6110</td>
<td>Implant /abutment supported removable denture for edentulous arch - maxillary</td>
<td>2250</td>
</tr>
<tr>
<td>D6111</td>
<td>Implant /abutment supported removable denture for edentulous arch - mandibular</td>
<td>2250</td>
</tr>
<tr>
<td>D6112</td>
<td>Implant /abutment supported removable denture for partially edentulous arch - maxillary</td>
<td>2250</td>
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<tr>
<td>D6113</td>
<td>Implant /abutment supported removable denture for partially edentulous arch - mandibular</td>
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<tr>
<td>D6194</td>
<td>Abutment supported retainer crown for FPD (titanium)</td>
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**D6205 Pontic - indirect resin based composite** ........................................... 240
**D6210 Pontic - cast high noble metal** ............................................................. 625
**D6211 Pontic - cast predominantly base metal** ............................................. 475
**D6212 Pontic - cast noble metal** ................................................................. 600
**D6214 Pontic - titanium** .................................................................................. 625
**D6240 Pontic - porcelain fused to high noble metal** .................................... 625
**D6241 Pontic - porcelain fused to predominantly base metal** ....................... 475
**D6242 Pontic - porcelain fused to noble metal** ............................................ 600
**D6245 Pontic - porcelain/ceramic** ................................................................. 625
**D6250 Pontic - resin with high noble metal** .................................................. 625
**D6251 Pontic - resin with predominantly base metal** ................................... 475
**D6252 Pontic - resin with noble metal** ........................................................... 600
**D6253 Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression** .................................................. 200
**D6545 Retainer - cast metal for resin bonded fixed prosthesis** ..................... 310
**D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis** ........... 550
**D6549 Resin retainer - for resin bonded fixed prosthesis** ............................ 310
**D6600 Inlay - porcelain/ceramic, two surfaces** ............................................. 585
**D6601 Inlay - porcelain/ceramic, three or more surfaces** .............................. 625
**D6602 Inlay - cast high noble metal, two surfaces** ....................................... 585
**D6603 Inlay - cast high noble metal, three or more surfaces** ......................... 625
**D6604 Inlay - cast predominantly base metal, two surfaces** ............................ 435
**D6605 Inlay - cast predominantly base metal, three or more surfaces** ............. 475
**D6606 Inlay - cast noble metal, two surfaces** ............................................... 560
**D6607 Inlay - cast noble metal, three or more surfaces** .................................. 600
**D6608 Onlay - porcelain/ceramic, two surfaces** .............................................. 585
**D6609 Onlay - porcelain/ceramic, three or more surfaces** .............................. 625
**D6610 Onlay - cast high noble metal, two surfaces** ....................................... 585
**D6611 Onlay - cast high noble metal, three or more surfaces** ........................ 625
**D6612 Onlay - cast predominantly base metal, two surfaces** ............................ 435
**D6613 Onlay - cast predominantly base metal, three or more surfaces** ............. 475
**D6614 Onlay - cast noble metal, two surfaces** ............................................... 500
**D6615 Onlay - cast noble metal, three or more surfaces** .................................. 600
**D6624 Inlay - titanium** .................................................................................... 625
**D6634 Onlay - titanium** .................................................................................. 625
**D6710 Crown - indirect resin based composite** .............................................. 475
**D6720 Crown - resin with high noble metal** .................................................... 625
**D6721 Crown - resin with predominantly base metal** ....................................... 475
**D6722 Crown - resin with noble metal** ............................................................. 600
**D6740 Crown - porcelain/ceramic** ................................................................. 625
<table>
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<th>Description</th>
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<tr>
<td>D6750</td>
<td>Crown - porcelain fused to high noble metal</td>
<td>625</td>
</tr>
<tr>
<td>D6751</td>
<td>Crown - porcelain fused to predominantly base metal</td>
<td>475</td>
</tr>
<tr>
<td>D6752</td>
<td>Crown - porcelain fused to noble metal</td>
<td>600</td>
</tr>
<tr>
<td>D6780</td>
<td>Crown - ¾ cast high noble metal</td>
<td>625</td>
</tr>
<tr>
<td>D6781</td>
<td>Crown - ¾ cast predominantly base metal</td>
<td>475</td>
</tr>
<tr>
<td>D6782</td>
<td>Crown - ¾ cast noble metal</td>
<td>600</td>
</tr>
<tr>
<td>D6783</td>
<td>Crown - ¼ porcelain/ ceramic</td>
<td>625</td>
</tr>
<tr>
<td>D6790</td>
<td>Crown - full cast high noble metal</td>
<td>625</td>
</tr>
<tr>
<td>D6791</td>
<td>Crown - full cast predominantly base metal</td>
<td>475</td>
</tr>
<tr>
<td>D6792</td>
<td>Crown - full cast noble metal</td>
<td>600</td>
</tr>
<tr>
<td>D6793</td>
<td>Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression</td>
<td>200</td>
</tr>
<tr>
<td>D6794</td>
<td>Crown - titanium</td>
<td>625</td>
</tr>
<tr>
<td>D6930</td>
<td>Recement fixed partial denture</td>
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</tr>
<tr>
<td>D6980</td>
<td>Fixed partial denture repair necessitated by restorative material failure</td>
<td>100</td>
</tr>
</tbody>
</table>

**Oral Surgery**

- **D7110** Extraction, coronal remnants - deciduous tooth ..................................... 60
- **D7140** Extraction, erupted tooth or exposed root (elevation and/or forceps removal) .............................................. 60
- **D7210** Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated ..................................... 135
- **D7220** Removal of impacted tooth - soft tissue .............................................. 150
- **D7230** Removal of impacted tooth - partially bony ....................................... 180
- **D7240** Removal of impacted tooth - completely bony .................................... 215
- **D7241** Removal of impacted tooth - completely bony, with unusual surgical complications .............................................. 265
- **D7250** Surgical removal of residual tooth roots (cutting procedure) .................... 150
- **D7251** Coronectomy - intentional partial tooth removal .................................. 210
- **D7270** Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth .............................................. 270
- **D7280** Surgical access of an unerupted tooth .................................................. 125
- **D7282** Mobilization of erupted or malpositioned tooth to aid eruption ................ 270
- **D7283** Placement of device to facilitate eruption of impacted tooth ....................... 0
- **D7285** Biopsy of oral tissue - hard (bone, tooth) ............................................. 100
- **D7286** Biopsy of oral tissue - soft .................................................................. 100
- **D7288** Brush biopsy - transepithelial sample collection ................................. 25
- **D7310** Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant ...................... 110
- **D7311** Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant ..................... 150
- **D7320** Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .................. 140
- **D7321** Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .................... 80
- **D7510** Incision and drainage of abscess - intraoral soft tissue .......................... 100
- **D7511** Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fusal spaces) .................................................. 125
- **D7960** Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure ........ 150
- **D7963** Frenuloplasty .......................................................................................... 225
- **D7970** Excision of hyperplastic tissue - per arch .............................................. 125
- **D7971** Excision of pericoronal gingiva .................................................................. 40

**Other Services**

- **D9110** Palliative (emergency) treatment of dental pain - minor procedure ................ 30
- **D9120** Fixed partial denture sectioning ................................................................ 35
- **D9210** Local anesthesia not in conjunction with operative or surgical procedures  

**Orthodontics**

- **D8010** Limited orthodontic treatment of the primary dentition .............................. D8070
- **D8020** Limited orthodontic treatment of the transitional dentition .......................... D8070
- **D8030** Limited orthodontic treatment of the adolescent dentition ............................ D8080
- **D8040** Limited orthodontic treatment of the adult dentition .................................... D8090
- **D8050** Interceptive orthodontic treatment of the primary dentition ........................ D8070
- **D8060** Interceptive orthodontic treatment of the transitional dentition ..................... D8070
- **D8070** Comprehensive orthodontic treatment of the primary dentition .......................... Prorated
- **D8080** Comprehensive orthodontic treatment of the adolescent dentition .................... Prorated
- **D8090** Comprehensive orthodontic treatment of the adult dentition ............................ Prorated
For more detailed information on the terms of your coverage, please consult your Exclusions and Limitations document.

Please note: The listed procedures and copayments apply when the service is received at your participating general dentist. Not every dentist will perform all services. If your dentist refers you to a specialist, please contact your Member Service Specialist before proceeding. All procedures are available from Dental Health Services participating specialists. All specialty services must be pre-authorized with Dental Health Services through a referral from your participating dentist.

If you ever have questions about your dental coverage, call your Member Service Specialist at [800-637-6453]EX. We are happy to help you.

Adult Exclusions and Limitations
(19 years old and older)

Diagnostic Services are covered with the following limitations:

a. D0210 and D0330 Intraoral complete series films and panoramic films limited to once every three years.

Preventive Services are covered with the following limitations:

a. D1110 - Prophylaxis (removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition) limited to one every six month period

Restorative Services are covered with the following limitations:

a. Crowns and Bridges - crowns and bridges are limited to 10 units in a 12 month period. Additional crowns and bridges are subject to a $200 copayment increase per unit.

Fixed bridges are optional and not covered for patients under the age of 16.

Periodontal Services are covered with the following limitations:

a. D4910 - Periodontal Maintenance - limited to one per three month period.

b. D4341 or D4342 - Periodontal scaling and root planing - limited to four quadrants per six months; and 2 quadrants per day.

Prosthodontic Services - Removable are covered with the following limitations:

a. D5110 through D5281 - Full/partial dentures (upper and/or lower) - limited to one per five year period. New dentures are covered only if the existing denture cannot be made satisfactory by either a reline or repair. Lost or stolen appliances are the responsibility of the patient.

Other Limitations:

a. Authorized treatment is rendered only by your selected participating dentist. Services provided by a dentist other than the enrollee’s designated participating dentist or another participating dentist, except for emergency dental conditions, are not covered. (See item d. below).

b. Not all participating dentists can perform all dental procedures. Some complicated extractions, periodontal treatment, osseous surgery and root canal treatment may be referred to a specialist at the discretion of the participating general dentist.

c. Coverage for services are only available while the member is eligible for coverage.

d. Emergency dental condition is the emergent and acute onset of a symptom or symptoms, including severe pain that would lead a prudent layperson acting reasonably to believe that dental condition exists that requires immediate, palliative care by a licensed dentist for the relief of pain, swelling or bleeding. This does not include routine treatment. Emergency dental care is limited to palliative treatment.

e. Upgraded services - (cases in which the enrollee selects a plan of treatment that is considered an upgraded procedure) Dental Health Services’ upgrade charges would apply.

f. Services for and restoration of implants are available at specific participating dental offices. Check www.dentalhealthservices.com to locate participating provider offices which offer implant services.

g. Orthodontic extractions are covered if medically necessary for Orthodontic treatment.

h. Cosmetic dentistry - services for appearance only. This includes, but is limited to such services as the replacement of clinically acceptable amalgam fillings, composite fillings, clinically acceptable veneers, crowns and removable prosthetics.

Exclusions:

The following are not covered benefits under your dental plan.

- a. Services not specifically listed in the “Schedule of Covered Services and Copayments.”

- b. Treatment by a specialist is not covered for anyone 19 and over, but may be available at a discounted fee from one of Dental Health Services’ contracted, participating specialists.

- c. Dental work in progress is not covered for new members. This includes crown preps prepared and temporized but not cemented, root canals in mid-treatment, prosthetic cases post final impression stage (sent to the lab), etc. This does not include teeth slated for root canal treatment and/or canals filled during an emergency visit.

- d. Services for Temporomandibular Joint (TMJ) disorder and related TMJ diseases are not covered.

- e. Services that are reimbursed by a third party such as the medical portion of a health insurance plan, workers compensation or any other third party indemnification. (The member may be responsible for the payment of usual and customary charges to his/her Dentist for services that are reimbursed by a third party).

- f. Optional services: when the patient selects a plan of treatment that is considered optional or unnecessary by the attending dentist, the additional cost is the responsibility of the patient.

- g. Services that are not consistent with professionally recognized standards of practice.

- h. Hospitalization charges, dental procedures or services rendered while patient is hospitalized.

- i. Dental procedures that cannot be performed in the dental office due to the general health and/or physical limitations of the member.

- j. Dental procedures that cannot be performed in the dental office due to the general health and/or physical limitations of the member.

Orthodontic Limitations:

The following are limitations on covered benefits.

- a. Malocclusions too severe or mutilated which are not amenable to ideal orthodontic therapy.

Orthodontic Exclusions:

The following are not covered by your dental plan.

- a. Cephalometric x-rays, dental x-rays for orthodontic purposes.

- b. Tracings and photographs.

- c. Study Models.

- d. Replacement of lost or broken appliances.

- e. Retreatment of orthodontic cases.

- f. Treatment of a case in progress at inception of eligibility.

- g. Treatment and/or surgical procedures related to cleft palate, micrognathia.
or microdontia.

h. Orthodontic treatment rendered or required after the member is no longer eligible for coverage. During a member's lapse of coverage, the member is responsible for the cost of the treatment in progress. The cost of the treatment in progress will be prorated and converted to the Orthodontist's actual fee-for-service amount.