



Capitation Rates

Subscriber

\$0.20

Code	Description	Member Copay (includes metal)	Supplemental Payment
	Office Visit	4	0

Diagnostic

D0120	periodic oral evaluation - established patient	0	0
D0140	limited oral evaluation - problem focused	0	0
D0150	comprehensive oral evaluation - new or established patient	0	0
D0160	detailed and extensive oral evaluation - problem focused, by report	0	0
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	0
D0171	re-evaluation – post-operative office visit	0	0
D0180	comprehensive periodontal evaluation - new or established patient	0	0
D0210	intraoral - complete series of radiographic images	10	0
D0220	intraoral - periapical first radiographic image	0	0
D0230	intraoral - periapical each additional radiographic image	0	0
D0240	intraoral - occlusal radiographic image	0	0
D0250	extraoral - first radiographic image	0	0
D0260	extraoral - each additional radiographic image	0	0
D0270	bitewing - single radiographic image	0	0
D0272	bitewings - two radiographic images	0	0
D0273	bitewings - three radiographic images	0	0
D0274	bitewings - four radiographic images	0	0
D0277	vertical bitewings - 7 to 8 radiographic images	0	0
D0330	panoramic radiographic image	10	0
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	5	0
D0460	pulp vitality tests	0	0
D0470	diagnostic casts	5	0

Preventive

Prophylaxis includes supragingival and shallow subgingival scaling

D1110	prophylaxis - adult (limited to 1 per 6 months & additional at higher copayments)	10	0
D1206	topical application of fluoride varnish	12	0
D1208	topical application of fluoride – excluding varnish	10	0
D1310	nutritional counseling for control of dental disease	0	0
D1320	tobacco counseling for the control and prevention of oral disease	0	0
D1330	oral hygiene instructions	0	0

Space Maintainers

D1510	space maintainer - fixed - unilateral	50	0
D1515	space maintainer - fixed - bilateral	70	0
D1520	space maintainer - removable - unilateral	40	0

Code	Description	Member Copay (includes metal)	Supplemental Payment
D1525	space maintainer - removable - bilateral	50	0
D1550	re-cement or re-bond space maintainer	0	0
D1555	removal of fixed space maintainer	0	0

Amalgam Restorations - Primary or Permanent

restorations include adhesives, bonding agents, liners, bases and/or polishing

D2140	amalgam - one surface, primary or permanent	25	0
D2150	amalgam - two surfaces, primary or permanent	30	0
D2160	amalgam - three surfaces, primary or permanent	35	0
D2161	amalgam - four or more surfaces, primary or permanent	40	0

Resin-Based Composite Restorations

restorations include adhesives, bonding agents, liners, bases and/or polishing

D2330	resin-based composite - one surface, anterior	30	0
D2331	resin-based composite - two surfaces, anterior	40	0
D2332	resin-based composite - three surfaces, anterior	45	0
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	50	0
D2390	resin-based composite crown, anterior	120	0
D2391	resin-based composite - one surface, posterior	110	0
D2392	resin-based composite - two surfaces, posterior	130	0
D2393	resin-based composite - three surfaces, posterior	150	0
D2394	resin-based composite - four or more surfaces, posterior	180	0

Crowns - Single Restoration Only

**Copayment already includes \$125 for noble metal, \$150 for high noble metal. Add \$100 for porcelain on molar crowns, \$50 for porcelain butt margin, \$175 for specialized crowns such as Lava, Captek, Empress, Procera, etc.*

D2510	inlay - metallic - one surface	230	0
D2520	inlay - metallic - two surfaces	230	0
D2530	inlay - metallic - three or more surfaces	230	0
D2542	onlay - metallic - two surfaces	230	0
D2543	onlay - metallic - three surfaces	230	0
D2544	onlay - metallic - four or more surfaces	230	0
D2610	inlay - porcelain/ceramic - one surface	310	0
D2620	inlay - porcelain/ceramic - two surfaces	330	0
D2630	inlay - porcelain/ceramic - three or more surfaces	330	0
D2642	onlay - porcelain/ceramic - two surfaces	330	0
D2643	onlay - porcelain/ceramic - three surfaces	330	0
D2644	onlay - porcelain/ceramic - four or more surfaces	330	0
D2650	inlay - resin-based composite - one surface	230	0
D2651	inlay - resin-based composite - two surfaces	250	0
D2652	inlay - resin-based composite - three or more surfaces	250	0
D2662	onlay - resin-based composite - two surfaces	250	0
D2663	onlay - resin-based composite - three surfaces	250	0
D2664	onlay - resin-based composite - four or more surfaces	250	0
D2710	crown - resin-based composite (indirect)	150	0
D2712	crown - $\frac{3}{4}$ resin-based composite (indirect)	150	0
D2720	* crown - resin with high noble metal	300	0
D2721	crown - resin with predominantly base metal	150	0
D2722	* crown - resin with noble metal	275	0
D2740	crown - porcelain/ceramic substrate	280	0

Code	Description	Member Copay (includes metal)	Supplemental Payment
D2750	* crown - porcelain fused to high noble metal	430	0
D2751	crown - porcelain fused to predominantly base metal	280	0
D2752	* crown - porcelain fused to noble metal	405	0
D2780	* crown - 3/4 cast high noble metal	380	0
D2781	crown - 3/4 cast predominantly base metal	230	0
D2782	* crown - 3/4 cast noble metal	355	0
D2783	crown - 3/4 porcelain/ceramic	280	0
D2790	* crown - full cast high noble metal	380	0
D2791	crown - full cast predominantly base metal	230	0
D2792	* crown - full cast noble metal	355	0
D2794	* crown - titanium	230	0
D2799	provisional crown— further treatment or completion of diagnosis necessary prior to final impression	200	0

Other Restorative Services

D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	25	0
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	25	0
D2920	re-cement or re-bond crown	25	0
D2921	reattachment of tooth fragment, incisal edge or cusp	50	0
D2929	prefabricated porcelain/ceramic crown – primary tooth	60	0
D2930	prefabricated stainless steel crown - primary tooth	60	0
D2931	prefabricated stainless steel crown - permanent tooth	60	0
D2932	prefabricated resin crown	60	0
D2933	prefabricated stainless steel crown with resin window	80	0
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	80	0
D2940	protective restoration	0	0
D2949	restorative foundation for an indirect restoration	0	0
D2950	core buildup, including any pins when required	30	0
D2951	pin retention - per tooth, in addition to restoration	20	0
D2952	post and core in addition to crown, indirectly fabricated	70	0
D2953	each additional indirectly fabricated post - same tooth	0	0
D2954	prefabricated post and core in addition to crown	55	0
D2955	post removal	55	0
D2957	each additional prefabricated post - same tooth	0	0
D2960	labial veneer (resin laminate) - chairside	240	0
D2961	labial veneer (resin laminate) - laboratory	280	0
D2962	labial veneer (porcelain laminate) - laboratory	360	0
D2970	temporary crown (fractured tooth)	60	0
D2971	additional procedures to construct new crown under existing partial denture framework	25	0
D2975	coping	230	0
D2990	resin infiltration of incipient smooth surface lesions	10	0

Endodontics

D3110	pulp cap - direct (excluding final restoration)	12	0
D3120	pulp cap - indirect (excluding final restoration)	6	0
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	17	0
D3221	pulpal debridement, primary and permanent teeth	17	0
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	17	0
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	60	0
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	70	0
D3310	endodontic therapy, anterior tooth (excluding final restoration)	150	0

Code	Description	Member Copay (includes metal)	Supplemental Payment
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	220	0
D3330	endodontic therapy, molar (excluding final restoration)	425	0
D3331	treatment of root canal obstruction; non-surgical access	50	0
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	80	0
D3333	internal root repair of perforation defects	50	0
D3346	retreatment of previous root canal therapy - anterior	200	0
D3347	retreatment of previous root canal therapy - bicuspid	320	0
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	35	0
D3352	apexification/recalcification – interim medication replacement	35	0
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	35	0
D3950	canal preparation and fitting of preformed dowel or post	55	0

Periodontics

intra-sulcular irrigation with any medicament is a covered benefit at \$25 per quad.

D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	150	0
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	60	0
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	60	0
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	250	0
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	200	0
D4277	free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	445	0
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	100	0
D4341	periodontal scaling and root planing - four or more teeth per quadrant	50	0
D4342	periodontal scaling and root planing - one to three teeth per quadrant	25	0
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	50	0
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	50	0
D4910	periodontal maintenance (limited to 1 per 6 months & additional at higher copayments)	50	0
D4921	gingival irrigation – per quadrant	25	0
D4999	unspecified periodontal procedure, by report	0	0

Dentures

dentures and partials include 4 months free adjustments; add lab cost of any gold; for soft, flexible dentures such as Valplast, Thermoflex, Flexite, etc. (use code 5225 and/or 5226)

D5110	complete denture - maxillary	450	0
D5120	complete denture - mandibular	450	0
D5130	immediate denture - maxillary	460	0
D5140	immediate denture - mandibular	460	0
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	300	0
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	300	0
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	480	0
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	480	0
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	680	0
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	680	0

Code	Description	Member Copay (includes metal)	Supplemental Payment
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	250	0
Denture Adjustments & Repairs			
D5410	adjust complete denture - maxillary	0	0
D5411	adjust complete denture - mandibular	0	0
D5421	adjust partial denture - maxillary	0	0
D5422	adjust partial denture - mandibular	0	0
D5510	repair broken complete denture base	30	0
D5520	replace missing or broken teeth - complete denture (each tooth)	20	0
D5610	repair resin denture base	30	0
D5620	repair cast framework	50	0
D5630	repair or replace broken clasp	40	0
D5640	replace broken teeth - per tooth	20	0
D5650	add tooth to existing partial denture	20	0
D5660	add clasp to existing partial denture	30	0
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	220	0
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	220	0
D5710	rebase complete maxillary denture	140	0
D5711	rebase complete mandibular denture	140	0
D5720	rebase maxillary partial denture	140	0
D5721	rebase mandibular partial denture	140	0
D5730	reline complete maxillary denture (chairside)	80	0
D5731	reline complete mandibular denture (chairside)	80	0
D5740	reline maxillary partial denture (chairside)	80	0
D5741	reline mandibular partial denture (chairside)	80	0
D5750	reline complete maxillary denture (laboratory)	140	0
D5751	reline complete mandibular denture (laboratory)	140	0
D5760	reline maxillary partial denture (laboratory)	140	0
D5761	reline mandibular partial denture (laboratory)	140	0
D5810	interim complete denture (maxillary)	140	0
D5811	interim complete denture (mandibular)	140	0
D5820	interim partial denture (maxillary)	140	0
D5821	interim partial denture (mandibular)	140	0
D5850	tissue conditioning, maxillary	40	0
D5851	tissue conditioning, mandibular	40	0

Bridges

**Copayment already includes \$125 for noble metal, \$150 for high noble metal. Add \$100 for porcelain on molar crowns, \$50 for porcelain butt margin, \$175 for specialized crowns such as Lava, Captek, Empress, Procera, etc.*

D6205	pontic - indirect resin based composite	130	0
D6210	* pontic - cast high noble metal	380	0
D6211	pontic - cast predominantly base metal	230	0
D6212	* pontic - cast noble metal	355	0
D6214	* pontic - titanium	230	0
D6240	* pontic - porcelain fused to high noble metal	430	0
D6241	pontic - porcelain fused to predominantly base metal	280	0
D6242	* pontic - porcelain fused to noble metal	405	0
D6245	pontic - porcelain/ceramic	280	0
D6250	* pontic - resin with high noble metal	280	0
D6251	pontic - resin with predominantly base metal	130	0
D6252	* pontic - resin with noble metal	255	0

Code	Description	Member Copay (includes metal)	Supplemental Payment
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	200	0
D6545	retainer - cast metal for resin bonded fixed prosthesis	180	0
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	180	0
D6549	resin retainer – for resin bonded fixed prosthesis	180	0
D6600	inlay - porcelain/ceramic, two surfaces	280	0
D6601	inlay - porcelain/ceramic, three or more surfaces	280	0
D6602	* inlay - cast high noble metal, two surfaces	380	0
D6603	* inlay - cast high noble metal, three or more surfaces	380	0
D6604	inlay - cast predominantly base metal, two surfaces	230	0
D6605	inlay - cast predominantly base metal, three or more surfaces	230	0
D6606	* inlay - cast noble metal, two surfaces	355	0
D6607	* inlay - cast noble metal, three or more surfaces	355	0
D6608	onlay - porcelain/ceramic, two surfaces	280	0
D6609	onlay - porcelain/ceramic, three or more surfaces	280	0
D6610	* onlay - cast high noble metal, two surfaces	380	0
D6611	* onlay - cast high noble metal, three or more surfaces	380	0
D6612	onlay - cast predominantly base metal, two surfaces	230	0
D6613	onlay - cast predominantly base metal, three or more surfaces	230	0
D6614	* onlay - cast noble metal, two surfaces	355	0
D6615	* onlay - cast noble metal, three or more surfaces	355	0
D6624	* inlay - titanium	230	0
D6634	* onlay - titanium	230	0
D6710	crown - indirect resin based composite	130	0
D6720	* crown - resin with high noble metal	280	0
D6721	crown - resin with predominantly base metal	130	0
D6722	* crown - resin with noble metal	255	0
D6740	crown - porcelain/ceramic	280	0
D6750	* crown - porcelain fused to high noble metal	430	0
D6751	crown - porcelain fused to predominantly base metal	280	0
D6752	* crown - porcelain fused to noble metal	405	0
D6780	* crown - 3/4 cast high noble metal	380	0
D6781	crown - 3/4 cast predominantly base metal	230	0
D6782	* crown - 3/4 cast noble metal	355	0
D6783	crown - 3/4 porcelain/ceramic	280	0
D6790	* crown - full cast high noble metal	380	0
D6791	crown - full cast predominantly base metal	230	0
D6792	* crown - full cast noble metal	355	0
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	200	0
D6794	* crown - titanium	230	0
D6930	re-cement or re-bond fixed partial denture	20	0

Oral Surgery

D7111	extraction, coronal remnants - deciduous tooth	30	0
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	35	0
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	100	0
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	250	0
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	80	0
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	80	0

Code	Description	Member Copay (includes metal)	Supplemental Payment
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	80	0
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	80	0
D7510	incision and drainage of abscess - intraoral soft tissue	10	0
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	100	0

Other Services

D9110	palliative (emergency) treatment of dental pain - minor procedure	10	0
D9120	fixed partial denture sectioning	40	0
D9210	local anesthesia not in conjunction with operative or surgical procedures	0	0
D9211	regional block anesthesia	0	0
D9212	trigeminal division block anesthesia	0	0
D9215	local anesthesia in conjunction with operative or surgical procedures	0	0
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	20	0
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	0	0
D9440	office visit - after regularly scheduled hours	50	0
D9450	case presentation, detailed and extensive treatment planning	0	0
D9610	therapeutic parenteral drug, single administration	15	0
D9612	therapeutic parenteral drugs, two or more administrations, different medications	30	0
D9630	other drugs and/or medicaments, by report	25	0
D9910	application of desensitizing medicament	20	0
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	20	0
D9940	occlusal guard, by report	180	0
D9941	fabrication of athletic mouthguard	100	0
D9942	repair and/or reline of occlusal guard	90	0
D9972	external bleaching - per arch - performed in office	200	0
D9973	external bleaching - per tooth	100	0
D9974	internal bleaching - per tooth	100	0
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	200	0

Specialty Services Included: No, this plan does not provide specialty services paid by Dental Health Services and specialty referrals do NOT need to be pre-authorized.

Special Plan Provisions: None

Exclusions and Limitations: See Service to Seniors / OC Preferred- 111v Plan Exclusions & Limitations



Exclusions

The following services are not covered:

- Services that are not consistent with professionally recognized standards of practice.
- Services related to implants or attachments to implants.
- Cosmetic services, for appearance only, unless specifically listed.
- Myofunctional therapy-procedures for training, treating or developing muscles in and around the jaw or mouth including TMJ and related diseases, except for an occlusal guard.
- Treatment for malignancies, neoplasms (tumors) and cysts as well as hereditary, congenital and/or developmental malformations.
- Dispensing of drugs not normally supplied in a dental office.
- Hospitalization charges, dental procedures or services rendered while a patient is hospitalized.
- Procedures, appliances or restorations (other than fillings) that are necessary for full mouth rehabilitation or crown/bridgework requiring more than 10 crowns/pontics. Procedures performed by a prosthodontist. Fixed bridges replacing second bicuspid and molar teeth are covered except when there are posterior, bilateral, non-restored missing teeth in the same arch.
- General anesthesia, including intravenous and inhalation sedation.
- Dental procedures that cannot be performed in the dental office due to the general health and/or physical limitations of the member.
- Expenses incurred for dental procedures initiated prior to member's eligibility with Dental Health Services, or after termination of eligibility.
- Services that are reimbursed by a third party (such as the medical portion of an insurance/health plan or any other third party indemnification).
- Extractions of non-pathologic, asymptomatic teeth, including extractions and/or surgical procedures for orthodontic reasons.
- Setting of a fracture or dislocation, surgical procedures related to cleft palate, micrognathia or macrognathia, and surgical grafting procedures.
- Coordination of benefits with another prepaid managed care dental plan.

- Orthodontic treatment of a case in progress and/or retreatment of orthodontic cases.
- Cephalometric x-rays, tracings, photographs and orthodontic study models.
- Replacement of lost or broken orthodontic appliances.
- Changes in orthodontic treatment necessitated by an accident of any kind.
- Malocclusions so severe or mutilated that they are not amenable to ideal orthodontic therapy.
- Services not specifically covered on the Schedule of Covered Services and Copayments.
- Hospitalization services: not covered.
- Prescription drug coverage: not covered.
- Emergency health services: not covered.
- Ambulance services: not covered.
- Durable medical equipment: not covered.
- Mental health Services: not covered.
- Chemical dependency services: not covered.
- Home health services: not covered.
- This dental plan does not provide general anesthesia. Members requiring general anesthesia should inquire with their medical plan for coverage.
- Any procedure that is not specifically listed in the Medical Benefits Chart, or in the professional opinion of the Dental Health Services dentist (a) has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or (b) is inconsistent with generally accepted standards for dentistry.
- Consultations for non-covered benefits.
- Implant services and implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
- Services solely for cosmetic purposes, or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.

Limitations

Restrictions on benefits are applied to the following services:

- Treatment of dental emergencies is limited to treatment that will alleviate acute symptoms and does not cover definitive restorative treatment including, but not limited to root canal treatment and crowns.
- 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.
- Routine teeth cleaning (prophylaxis) is limited to once every six months and full mouth x-rays are limited to one set every three years if needed.
- Periodontal surgical procedures are limited to four quadrants every two years.
- There are additional charges for precious/noble metals (gold).
- Replacement will be made of any existing appliance (denture, etc.) only if it is unsatisfactory and cannot be made satisfactory. Prosthetic appliances will be replaced only after five years have elapsed from the time of delivery. Lost or stolen removable appliances are the responsibility of the enrollee.
- Relines are limited to once per twelve months, per appliance.
- Single unit inlays and crowns are a benefit as provided above only when the teeth cannot be adequately restored with other restorative materials.
- Services provided by a dental specialist are not covered. The dental procedures listed are covered only when performed by your Dental Health Services general dentist.
- Restorative, crowns, endodontics and oral surgery services: Copayments for fillings, caps, root canals and extractions vary by procedure.