

Code	Service	Copayment
	Office visit charge - per visit	10.00
	Failed/no-show appointment without 24-hour notice	40.00

Services when performed by a Dental Health Services participating dentist

Diagnostic

D0120	Periodic oral evaluation	5.00
D0140	Limited oral evaluation - problem-focused	5.00
D0145	Oral evaluation for a patient under 3 years of age	5.00
D0150	Comprehensive oral evaluation - new or established patient	7.00
D0180	Comprehensive periodontal evaluation - new or established patient	20.00
D0210	Intraoral - complete series of x-rays (including bitewings)	25.00
D0220	Intraoral - periapical first film	7.00
D0230	Intraoral - periapical each additional film	4.00
D0240	Intraoral - occlusal film	9.00
D0250	Extraoral - first film	9.00
D0260	Extraoral - each additional film	6.00
D0270	Bitewing - single film	10.00
D0272	Bitewings - two films	13.00
D0273	Bitewings - three films	15.00
D0274	Bitewings - four films	17.00
D0330	Panoramic film	30.00
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	50.00
D0460	Pulp vitality tests	None
D0470	Diagnostic casts	35.00

Preventive

Dental Prophylaxis (cleaning) - Maximum of 4 per contract year. 3rd & 4th at a higher copayment.

D1110	Prophylaxis - adult	25.00
D1110	Prophylaxis - adult (3rd & 4th cleaning)	80.00
D1120	Prophylaxis - child	18.00
D1120	Prophylaxis - child (3rd & 4th cleaning)	80.00
D1203	Topical application of fluoride - child	5.00
D1204	Topical application of fluoride - adult	5.00
D1206	Topical fluoride varnish, therapeutic application for moderate to high caries risk patients	12.00
D1330	Oral hygiene instructions	None
D1351	Sealant - per tooth	5.00
D1510	Space maintainer - fixed - unilateral	125.00
D1515	Space maintainer - fixed - bilateral	150.00
D1520	Space maintainer - removable - unilateral	125.00
D1525	Space maintainer - removable - bilateral	150.00
D1550	Recementation of space maintainer	10.00
D1555	Removal of fixed space maintainer	10.00

Restorative

D2140	Amalgam - one surface, primary or permanent	47.00
D2150	Amalgam - two surfaces, primary or permanent	52.00
D2160	Amalgam - three surfaces, primary or permanent	62.00
D2161	Amalgam - four or more surfaces, primary or permanent	77.00
D2330	Resin-based composite - one surface, anterior	62.00
D2331	Resin-based composite - two surfaces, anterior	76.00
D2332	Resin-based composite - three surfaces, anterior	90.00
D2335	Resin-based composite - four or more surfaces, or involving incisal angle (anterior)	95.00
D2391	Resin-based composite - one surface, posterior	82.00
D2392	Resin-based composite - two surfaces, posterior	100.00

Code	Service	Copayment
D2393	Resin-based composite - three surfaces, posterior	120.00
D2394	Resin-based composite - four or more surfaces, posterior	135.00
D2510	Inlay - metallic - one surface	*320.00
D2520	Inlay - metallic - two surfaces	*360.00
D2530	Inlay - metallic - three or more surfaces	*390.00
D2542	Onlay - metallic - two surfaces	*360.00
D2543	Onlay - metallic - three surfaces	*390.00
D2544	Onlay - metallic - four or more surfaces	*390.00
D2610	Inlay - porcelain/ceramic - one surface	*320.00
D2620	Inlay - porcelain/ceramic - two surfaces	*360.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	*390.00
D2642	Onlay - porcelain/ceramic - two surfaces	*360.00
D2643	Onlay - porcelain/ceramic - three surfaces	*390.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	*390.00
D2650	Inlay - resin-based composite - one surface	*320.00
D2651	Inlay - resin-based composite - two surfaces	*360.00
D2652	Inlay - resin-based composite - three or more surfaces	*390.00
D2662	Onlay - resin-based composite - two surfaces	*360.00
D2663	Onlay - resin-based composite - three surfaces	*390.00
D2664	Onlay - resin-based composite - four or more surfaces	*390.00
D2710	Crown - resin-based composite (indirect)	240.00
D2712	Crown - 3/4 resin based composite (indirect)	240.00
D2740	Crown - porcelain/ceramic substrate	*400.00
D2750	Crown - porcelain fused to high noble metal	*400.00
D2751	Crown - porcelain fused to predominantly base metal	*400.00
D2752	Crown - porcelain fused to noble metal	*400.00
D2780	Crown - 3/4 cast high noble metal	*400.00
D2781	Crown - 3/4 cast predominantly base metal	*400.00
D2782	Crown - 3/4 cast noble metal	*400.00
D2783	Crown - 3/4 porcelain/ceramic	*400.00
D2790	Crown - full cast high noble metal	*400.00
D2791	Crown - full cast predominantly base metal	*400.00
D2792	Crown - full cast noble metal	*400.00
D2794	Crown - titanium	*400.00
D2910	Recement inlay, onlay, or partial coverage restoration	15.00
D2915	Recement cast or prefabricated post and core	15.00
D2920	Recement crown	15.00
D2930	Prefabricated stainless steel crown - primary tooth	75.00
D2931	Prefabricated stainless steel crown - permanent tooth	125.00
D2932	Prefabricated resin crown	125.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	110.00
D2940	Sedative filling	30.00
D2950	Core buildup, including any pins	95.00
D2951	Pin retention - per tooth, in addition to restoration	35.00
D2952	Post and core in addition to crown, indirectly fabricated	*100.00
D2954	Prefabricated post and core in addition to crown	100.00

*** Patient is responsible for the cost of any laboratory charges.**

Endodontics

D3110	Pulp cap - direct (excluding final restoration)	35.00
D3120	Pulp cap - indirect (excluding final restoration)	35.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	55.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	55.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	80.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	80.00

Code	Service	Copayment
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	300.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	395.00
D3330	Endodontic therapy, molar (excluding final restoration)	675.00

Periodontics

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	225.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	80.00
D4249	Clinical crown lengthening - hard tissue	350.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	85.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	45.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	55.00
D4910	Periodontal maintenance	50.00
D4910	Periodontal maintenance (3rd & 4th periodontal maintenance)	125.00

Removable prosthodontics

When performed by your general dentist. Full/partial dentures (upper and/or lower) - one per five year period. Replacement is provided where casing is unsatisfactory and cannot be made satisfactory. Lost or stolen appliances are the responsibility of the patient. Unilateral partials (Nesbitt) are not a recommended treatment.

D5110	Complete denture - maxillary	*475.00
D5120	Complete denture - mandibular	*475.00
D5130	Immediate denture - maxillary	*490.00
D5140	Immediate denture - mandibular	*490.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	*500.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	*500.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	*550.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	*550.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	*550.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	*550.00
D5410	Adjust complete denture - maxillary	30.00
D5411	Adjust complete denture - mandibular	30.00
D5421	Adjust partial denture - maxillary	30.00
D5422	Adjust partial denture - mandibular	30.00
D5510	Repair broken complete denture base	*30.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	*30.00
D5610	Repair resin denture base	*35.00
D5620	Repair cast framework	*35.00
D5630	Repair or replace broken clasp	*30.00
D5640	Replace broken teeth - per tooth	*30.00
D5650	Add tooth to existing partial denture	*30.00
D5660	Add clasp to existing partial denture	*35.00
D5710	Rebase complete maxillary denture	225.00
D5711	Rebase complete mandibular denture	225.00
D5720	Rebase maxillary partial denture	225.00
D5721	Rebase mandibular partial denture	225.00
D5730	Reline complete maxillary denture (chairside)	125.00

Code	Service	Copayment
D5731	Reline complete mandibular denture (chairside)	125.00
D5740	Reline maxillary partial denture (chairside)	125.00
D5741	Reline mandibular partial denture (chairside)	125.00
D5750	Reline complete maxillary denture (laboratory)	200.00
D5751	Reline complete mandibular denture (laboratory)	200.00
D5760	Reline maxillary partial denture (laboratory)	200.00
D5761	Reline mandibular partial denture (laboratory)	200.00
D5810	Interim complete denture (maxillary)	304.00
D5811	Interim complete denture (mandibular)	304.00
D5820	Interim partial denture (maxillary)	304.00
D5821	Interim partial denture (mandibular)	304.00
D5850	Tissue conditioning, maxillary	40.00
D5850	Tissue conditioning, mandibular	40.00

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Fixed prosthodontics

D6205	Pontic - indirect resin based composite	240.00
D6210	Pontic - cast high noble metal	*400.00
D6211	Pontic - cast predominantly base metal	*400.00
D6212	Pontic - cast noble metal	*400.00
D6214	Pontic - titanium	*400.00
D6240	Pontic - porcelain fused to high noble metal	*400.00
D6241	Pontic - porcelain fused to predominantly base metal	*400.00
D6242	Pontic - porcelain fused to noble metal	*400.00
D6245	Pontic - porcelain/ceramic	*400.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	310.00
D6600	Inlay - porcelain/ceramic, two surfaces	*360.00
D6601	Inlay - porcelain/ceramic, three or more surfaces	*400.00
D6602	Inlay - cast high noble metal, two surfaces	*360.00
D6603	Inlay - cast high noble metal, three or more surfaces	*400.00
D6604	Inlay - cast predominantly base metal, two surfaces	*360.00
D6605	Inlay - cast predominantly base metal, three or more surfaces	*400.00
D6606	Inlay - cast noble metal, two surfaces	*360.00
D6607	Inlay - cast noble metal, three or more surfaces	*400.00
D6608	Onlay - porcelain/ceramic, two surfaces	*360.00
D6609	Onlay - porcelain/ceramic, three or more surfaces	*400.00
D6610	Onlay - cast high noble metal, two surfaces	*360.00
D6611	Onlay - cast high noble metal, three or more surfaces	*400.00
D6612	Onlay - cast predominantly base metal, two surfaces	*360.00
D6613	Onlay - cast predominantly base metal, three or more surfaces	*400.00
D6614	Onlay - cast noble metal, two surfaces	*360.00
D6615	Onlay - cast noble metal, three or more surfaces	*400.00
D6624	Inlay - titanium	*400.00
D6634	Onlay - titanium	*400.00
D6710	Crown - indirect resin based composite	*400.00
D6740	Crown - porcelain/ceramic	*400.00
D6750	Crown - porcelain fused to high noble metal	*400.00
D6751	Crown - porcelain fused to predominantly base metal	*400.00
D6752	Crown - porcelain fused to noble metal	*400.00
D6780	Crown - 3/4 cast high noble metal	*400.00
D6781	Crown - 3/4 cast predominantly base metal	*400.00
D6782	Crown - 3/4 cast noble metal	*400.00
D6783	Crown - 3/4 porcelain/ceramic	*400.00
D6790	Crown - full cast high noble metal	*400.00
D6791	Crown - full cast predominantly base metal	*400.00
D6792	Crown - full cast noble metal	*400.00
D6794	Crown - titanium	*400.00
D6930	Recement fixed partial denture	30.00
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	*100.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	100.00

Code	Service	Copayment
D6973	Core build up for retainer, including any pins	95.00
<i>* Patient is responsible for the cost of any laboratory charges.</i>		

Oral surgery

D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	65.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone	134.00
D7220	Removal or impacted tooth - soft tissue	155.00
D7230	Removal of impacted tooth - partially bony	195.00
D7240	Removal of impacted tooth - completely bony	235.00
D7250	Surgical removal of residual root tips (cutting procedure)	150.00
D7280	Surgical access of an unerupted tooth	151.00
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	135.00
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	165.00
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	105.00
D7510	Incision and drainage of abscess - intraoral soft tissue	90.00

Other services

D9110	Palliative (emergency) treatment of dental pain - minor procedure	30.00
D9215	Local anesthesia	None
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	20.00
D9440	Office visit - after regularly scheduled hours	40.00
D9940	Occlusal guard, by report	*175.00
D9972	External bleaching - per arch (take home treatment only not to exceed \$200)	200.00

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Orthodontics

When performed by a Dental Health Services participating orthodontist.

Consultation - credited if treatment commences	40.00
Orthodontic office visit charge - per visit	5.00
Retention appliance - after orthodontic treatment	315.00
Full banded - Adult - conventional 24 month treatment (excluding x-rays and models, additional charges apply for more extensive treatment)	3495.00
Full banded - child, up to age 19 - conventional 24 month treatment (excluding x-rays and models, additional charges apply for more extensive treatment)	3395.00

Cosmetic services

Cosmetic services such as veneers and bonding are offered at a 15% discount.

Implants

Implants are only available at specific participating dental offices. Check www.dentalhealthservices.com to locate participating provider offices which offer this service. If your specific plan does not have a listed copayment for implant services, they are available at a 20% reduction in the participating dentist's standard fee.

Covered denturist services

*When services are received from a licensed Dental Health Services' Denturist. *Only plastic teeth will be covered by Dental Health Services. Upgrades on dentures will be the member's responsibility (at a 20% discount) off of the participating denturist's usual and customary fees.*

D5110	Complete denture - maxillary	525.00
D5120	Complete denture - mandibular	525.00

Code	Service	Copayment
D5130	Immediate denture - maxillary	540.00
D5140	Immediate denture - mandibular	540.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	575.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	575.00
D5410	Adjust complete denture - maxillary	20.00
D5411	Adjust complete denture - mandibular	20.00
D5421	Adjust partial denture - maxillary	20.00
D5422	Adjust partial denture - mandibular	20.00
D5510	Repair broken complete denture base	50.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	50.00
D5610	Repair resin denture base	60.00
D5620	Repair cast framework	60.00
D5630	Repair or replace broken clasp	55.00
D5640	Replace broken teeth - per tooth	55.00
D5650	Add tooth to existing partial denture	55.00
D5660	Add clasp to existing partial denture	85.00
D5710	Rebase complete maxillary denture	195.00
D5711	Rebase complete mandibular denture	195.00
D5720	Rebase maxillary partial denture	195.00
D5721	Rebase mandibular partial denture	195.00
D5730	Reline complete maxillary denture (chairside)	110.00
D5731	Reline complete mandibular denture (chairside)	110.00
D5740	Reline maxillary partial denture (chairside)	110.00
D5741	Reline mandibular partial denture (chairside)	110.00
D5750	Reline complete maxillary denture (laboratory)	170.00
D5751	Reline complete mandibular denture (laboratory)	170.00
D5760	Reline maxillary partial denture (laboratory)	170.00
D5761	Reline mandibular partial denture (laboratory)	170.00
D5810	Interim complete denture (maxillary)	270.00
D5811	Interim complete denture (mandibular)	270.00
D5820	Interim partial denture (maxillary)	135.00
D5821	Interim partial denture (mandibular)	135.00
D5850	Tissue conditioning, maxillary	40.00
	Denture cleaning	5.00

Dental limitations

The following are limitations on covered benefits.

- A. Authorized treatment is rendered only by your selected participating provider. Services provided by a dentist other than the enrollee's designated participating provider, except for emergency dental conditions, are not covered. (See item C. below)
- B. Limitation on the frequency and appropriateness of services:
 1. D1110 - Prophylaxis (teeth cleaning, shallow scaling and polishing) or D4910 - Periodontal Maintenance - Maximum of four per contract year. 3rd & 4th at a higher copayment.
 2. D4341 or D4342 - Periodontal scaling and root planing - limited to four quadrants per six months.
 3. 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.
 4. Fixed bridges are optional and not covered for patients under the age of 16.

Dental Limitations (continued)

- C. 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, extensive or postponable treatment. Emergency dental care is limited to palliative treatment.
- D. The additional cost to the enrollee for laboratory charges, unless specified in the “Schedule of Covered Services and Copayments,” will be charged at the provider’s actual cost.
- E. Optional services (all cases in which the enrollee selects a plan of treatment that is considered unnecessary by the provider). The enrollee is responsible for fee-for-service rates. This does not apply to standard covered restorative procedures which offer a choice of material.
- F. 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.
- G. Cosmetic dentistry – services for appearance only are available at a discount off of full fees. This includes such services as the replacement of clinically acceptable amalgam fillings, veneers and bonding.
- H. Crowns and bridges – crowns and bridges are limited to 10 in a 12 month period. Additional crowns and bridges are subject to a \$200 copayment increase per procedure.
- I. Unsatisfactory patient-doctor relationship: Dental Health Services providers reserve the right to limit or deny services to an enrollee who fails to follow the prescribed course of treatment, repeatedly fails to keep appointments, fails to pay applicable copayments, is abusive to the participating provider or their staff, or obtains services by fraud or deception.
- J. Submit claims within 60 days. Dental Health Services shall not be liable to pay a claim for emergency care or for any Dental Health Services authorized treatment provided by a dentist other than a participating provider unless the enrollee submits the claim to Dental Health Services within 60 days after treatment.
- K. Denturist benefit subject to existence and availability of a licensed denturist within a 30 mile radius. Enrollees may elect to travel to the nearest participating denturist for services.
- L. Benefits are only available if work is completed in enrollee’s participating provider’s office.
- M. Some complicated extractions, periodontal treatment and root canal treatment may be referred to a specialist at the discretion of the general dentist.
- N. Not all participating dentists can perform all dental procedures, please verify what services your selected provider can perform for you.
- O. Coverage for services only available during period of enrollment.
- P. Implants – Implants are only available at specific participating dental offices. Check www.dentalhealthservices.com to locate participating provider offices which offer this service. If your specific plan does not have a listed copayment for implant services, they are available at a 20% reduction in the participating dentist’s standard fee.

Dental Exclusions

The following are not covered by your dental plan.

- A. Services not specifically listed in the “Schedule of Covered Services and Copayments.”
- B. Treatment at a specialist is not covered, but may be available at a discount unless your specific plan contains specialty copayments.
- C. Work in progress: Dental work in progress (non-emergency/temporary procedures started but not finished prior to the date of eligibility) is not covered. 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. Temporomandibular joint (TMJ) disorders and related disease including myofunctional therapy. Procedures for training, treating or developing muscles in and around the jaw of the mouth (unless provided by a separate, supplemental Dental Health Services program.)
- E. Any dental procedure that cannot be performed in the dental office due to the general health and/or physical limitations of the enrollee.
- F. Services that are reimbursed by a third party such as the medical portion of a health insurance plan 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.)

Orthodontic Limitations

The following are limitations on covered benefits.

- A. Cephalometric x-rays, dental x-rays.
- B. Tracings and photographs.
- C. Study models.
- D. Changes in treatment necessitated by accident of any kind.
- E. Services which are compensable under Worker’s Compensation or employer liability laws.
- F. 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. Replacement of lost or broken appliances.
- B. Retreatment of orthodontic cases.
- C. Treatment of a case in progress at inception of eligibility.
- D. Treatment and/or surgical procedures related to cleft palate, micrognathia or microdontia.
- E. Treatment related to Temporomandibular joint disturbances and/or hormonal imbalances.
- F. Any dental procedures considered to be within the field of general dentistry, including but not limited to:
 - 1. Myofunctional therapy.
 - 2. General anesthetics including intravenous and inhalation sedation.
 - 3. Dental services of any nature performed in a hospital.
 - 4. Services which are compensable under Worker’s Compensation or employer liability laws.
- G. Payment by Dental Health Services or any special discounted orthodontic copayment for treatment rendered or required after enrollee is no longer eligible for coverage (i.e. current premium unpaid). The cost of treatment in progress will be prorated and converted to the Orthodontist’s actual fee-for-service amount.