



Dental Health Services

Schedule of Covered Procedures and Copayments

Super SmartSmile Plan - Schedule WA-E

<u>Code</u>	<u>Description</u>	<u>Copayment</u>
D9543	Office Visit Charge	7.00
	Failed (no show) appointment w/o 24 hr. notice.....	40.00

Services when performed by a Dental Health Services participating dentist

Diagnostic Services

D0120	periodic oral evaluation – established patient	2.00
D0140	limited oral evaluation - problem focused.....	2.00
D0145	oral evaluation for a patient under 3 years of age and counseling with primary care giver	2.00
D0150	comprehensive oral evaluation - new or established patient	5.00
D0160	detailed and extensive oral evaluation - problem focused, by report	40.00
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit).....	2.00
D0180	comprehensive periodontal evaluation - new or established patient	12.00
D0210	intraoral - complete series (including bitewings)	None
D0220	intraoral - periapical first film	None
D0230	intraoral - periapical each additional film	None
D0240	intraoral - occlusal film	None
D0250	extraoral - first film	None
D0260	extraoral - each additional film.....	None
D0270	bitewing - single film.....	None
D0272	bitewings - two films.....	None
D0273	bitewings - three films	None
D0274	bitewings - four films	None
D0277	vertical bitewings - 7 to 8 films	None
D0330	panoramic film	18.00
D0340	cephalometric film.....	25.00
D0350	oral/facial photographic images	None
D0415	collection of microorganisms for culture and sensitivity	75.00
D0425	caries susceptibility tests	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. For example, Vizilite.	50.00
D0460	pulp vitality tests	None
D0470	diagnostic casts	35.00

Preventive

D1110	prophylaxis (cleaning) – adult (limited to one per six months)	12.00
D1110	prophylaxis (cleaning) – adult (additional 3rd & 4th cleanings are available at higher copayments)	80.00
D1120	prophylaxis (cleaning) – child (limited to one per six months)	12.00
D1120	prophylaxis (cleaning) – child (additional 3rd & 4th cleanings are available at higher copayments)	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
D1310	nutritional counseling for control of dental disease	None
D1320	tobacco counseling for the control and prevention of oral disease	None
D1330	oral hygiene instructions.....	None
D1351	sealant - per tooth.....	5.00
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth.....	50.00

Space Maintenance

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	re-cementation of space maintainer	10.00
D1555	removal of fixed space maintainer.....	10.00

Restoration Services

*** Additional charges of \$125 for noble metal, \$150 for high noble metal, \$150 for titanium, \$175 for upgraded, specialized porcelain such as Lava, Captek, Cercon, etc. If standard porcelain is used, there is no charge to patient.**

Amalgam Restorations

D2140	amalgam - one surface, primary or permanent	25.00
D2150	amalgam - two surfaces, primary or permanent	35.00

<u>Code</u>	<u>Description</u>	<u>Copayment</u>
D2160	amalgam - three surfaces, primary or permanent	48.00
D2161	amalgam - four or more surfaces, primary or permanent	60.00

Resin-based Composite Restorations

D2330	resin-based composite - one surface, anterior	47.00
D2331	resin-based composite - two surfaces, anterior.....	57.00
D2332	resin-based composite - three surfaces, anterior	67.00
D2335	resin-based composite - four or more surfaces, or involving incisal angle (anterior)	77.00
D2390	resin-based composite crown, anterior	90.00
D2391	resin-based composite - one surface, posterior	60.00
D2392	resin-based composite - two surfaces, posterior	75.00
D2393	resin-based composite - three surfaces, posterior	90.00
D2394	resin-based composite - four or more surfaces, posterior	105.00

Inlay/Onlay Restorations

D2510	inlay - metallic - one surface.....	*400.00
D2520	inlay - metallic - two surfaces.....	*435.00
D2530	inlay - metallic - three or more surfaces.....	*465.00
D2542	onlay - metallic - two surfaces	*435.00
D2543	onlay - metallic - three surfaces	*435.00
D2544	onlay - metallic - four or more surfaces	*435.00
D2610	inlay - porcelain/ceramic - one surface	*400.00
D2620	inlay - porcelain/ceramic - two surfaces	*435.00
D2630	inlay - porcelain/ceramic - three or more surfaces	*465.00
D2642	onlay - porcelain/ceramic - two surfaces	*435.00
D2643	onlay - porcelain/ceramic - three surfaces	*465.00
D2644	onlay - porcelain/ceramic - four or more surfaces	*465.00
D2650	inlay - resin-based composite - one surface.....	*400.00
D2651	inlay - resin-based composite - two surfaces	*435.00
D2652	inlay - resin-based composite - three or more surfaces	*465.00
D2662	onlay - resin-based composite - two surfaces	*435.00
D2663	onlay - resin-based composite - three surfaces	*465.00
D2664	onlay - resin-based composite - four or more surfaces	*465.00

Crowns - Single Restoration Only

D2710	crown - resin (indirect).....	240.00
D2712	crown - 3/4 resin based composite (indirect)	240.00
D2720	crown - resin with high noble metal	*475.00
D2721	crown - resin with predominantly base metal.....	475.00
D2722	crown - resin with noble metal	*475.00
D2740	crown - porcelain/ceramic substrate.....	*475.00
D2750	crown - porcelain fused to high noble metal	*475.00
D2751	crown - porcelain fused to predominantly base metal.....	475.00
D2752	crown - porcelain fused to noble metal	*475.00
D2780	crown - 3/4 cast high noble metal	*475.00
D2781	crown - 3/4 cast predominantly base metal.....	475.00
D2782	crown - 3/4 cast noble metal.....	*475.00
D2783	crown - 3/4 porcelain/ceramic	*475.00
D2790	crown - full cast high noble metal.....	*475.00
D2791	crown - full cast predominantly base metal.....	475.00
D2792	crown - full cast noble metal.....	*475.00
D2794	crown - titanium.....	*475.00

Other Restorative Services

D2910	recent inlay, onlay, or partial coverage restoration	15.00
D2915	recent cast or prefabricated post and core	15.00
D2920	recent 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
D2933	prefabricated stainless steel crown with resin window	110.00
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	110.00
D2940	protective restoration	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
D2953	each additional indirectly fabricated post – same tooth	90.00
D2954	prefabricated post and core in addition to crown	100.00
D2955	post removal (not in conjunction with endodontic therapy).....	125.00
D2957	each additional prefabricated post - same tooth.....	80.00
D2960	labial veneer (resin laminate) - chairside	350.00

<u>Code</u>	<u>Description</u>	<u>Copayment</u>
D2961	labial veneer (resin laminate) - laboratory	400.00
D2962	labial veneer (porcelain laminate) - laboratory	500.00
D2970	temporary crown (fractured tooth)	125.00
D2971	additional procedures to construct new crown under existing partial denture framework.....	20.00
D2975	coping.....	200.00

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
D3221	Pulpal debridement, primary and permanent teeth.....	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

Endodontic Therapy (root canal therapy)

D3310	endodontic therapy, anterior tooth (excluding final restoration)	275.00
D3320	endodontic therapy, bicuspid tooth (excluding final restoration).....	370.00
D3330	endodontic therapy, molar (excluding final restoration)	575.00
D3331	treatment of root canal obstruction; non-surgical access	175.00
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.....	200.00
D3333	internal root repair of perforation defects	150.00
D3346	retreatment of previous root canal therapy - anterior	600.00
D3347	retreatment of previous root canal therapy - bicuspid	700.00
D3348	retreatment of previous root canal therapy - molar	850.00
D3351	apexification/recalcification/pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	30.00
D3352	apexification/recalcification/ pulpal regeneration - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.).....	30.00
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.).....	30.00
D3354	pulpal regeneration – (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration.....	550.00
D3410	apicoectomy/periradicular surgery - anterior	330.00
D3421	apicoectomy/periradicular surgery - bicuspid (first root)	375.00
D3425	apicoectomy/periradicular surgery - molar (first root)	425.00
D3426	apicoectomy/periradicular surgery - (each additional root)	140.00
D3430	retrograde filling - per root.....	120.00
D3450	root amputation - per root.....	200.00
D3920	hemisection (including any root removal), not including root canal therapy.....	300.00
D3950	canal preparation and fitting of preformed dowel or post.....	75.00

Periodontics

Periodontal Surgery

D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.....	225.00
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.....	80.00
D4230	anatomical crown exposure-four or more contiguous teeth per quadrant.....	450.00
D4231	anatomical crown exposure-one to three teeth per quadrant.....	350.00
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	300.00
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	200.00
D4245	apically positioned flap.....	350.00
D4249	clinical crown lengthening - hard tissue	350.00
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.....	500.00
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.....	350.00
D4263	bone replacement graft - first site in quadrant	300.00
D4264	bone replacement graft - each additional site in quadrant.....	350.00
D4266	guided tissue regeneration - resorbable barrier, per site	300.00
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal).....	350.00
D4268	Surgical revision procedure, per tooth.....	450.00
D4270	pedicle soft tissue graft procedure.....	450.00
D4271	free soft tissue graft procedure (including donor site surgery).....	375.00

<u>Code</u>	<u>Description</u>	<u>Copayment</u>
D4274	distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	250.00

Non-Surgical Periodontal Services

D4341	periodontal scaling and root planing - four or more teeth per quadrant ..	70.00
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
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.....	40.00
D4910	periodontal maintenance (limited to one per six months).....	40.00
D4910	Periodontal maintenance (3rd & 4th periodontal maintenance are available at higher copayments)	125.00

Dentures: (When performed by your general dentist)

Full/partial dentures (upper and/or lower) - one per five year period.

Replacement will be 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	825.00
D5120	complete denture - mandibular	825.00
D5130	immediate denture – maxillary	900.00
D5140	immediate denture - mandibular	900.00
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	675.00
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	675.00
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	875.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).....	875.00
D5225	maxillary partial denture – flexible base (including any clasps, rests and teeth).....	825.00
D5226	mandibular partial denture – flexible base (including any clasps, rests and teeth).....	825.00
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth).....	425.00

Adjustments / Repairs to Dentures

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.....	130.00
D5520	replace missing or broken teeth - complete denture (each tooth).....	125.00
D5610	repair resin denture base	135.00
D5620	repair cast framework	135.00
D5630	repair or replace broken clasp	130.00
D5640	replace broken teeth - per tooth	130.00
D5650	add tooth to existing partial denture	130.00
D5660	add clasp to existing partial denture.....	135.00
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	500.00
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	500.00
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
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)	325.00
D5811	interim complete denture (mandibular)	325.00
D5820	interim partial denture (maxillary).....	325.00
D5821	interim partial denture (mandibular)	325.00
D5850	tissue conditioning, maxillary	30.00
D5851	tissue conditioning, mandibular	30.00
D5860	overdenture - complete, by report	900.00
D5861	overdenture - partial, by report	900.00

<u>Code</u>	<u>Description</u>	<u>Copayment</u>
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Implants

Implants are only available at specific participating dental offices. Check www.dentalhealthservices.com to locate participating provider offices which offer this service.

** Additional charges of \$100 for noble metal, \$130 for high noble metal, \$130 for titanium, \$175 for upgraded, specialized porcelain such as Lava, Captek, Cercon, etc. If standard porcelain is used, there is no charge to patient.*

D6010	surgical placement of implant body: endosteal implant.....	1,500.00
D6053	implant/abutment supported removable denture for completely edentulous arch.....	2,300.00
D6054	implant/abutment supported removable denture for partially edentulous arch.....	2,300.00
D6056	prefabricated abutment - includes placement.....	450.00
D6057	custom abutment - includes placement.....	450.00
D6058	abutment supported porcelain/ceramic crown.....	*1,000.00
D6059	abutment supported porcelain fused to metal crown (high noble metal).....	1,000.00
D6060	abutment supported porcelain fused to metal crown (predominantly base metal).....	1,000.00
D6061	abutment supported porcelain fused to metal crown (noble metal).....	*1,000.00
D6062	abutment supported cast metal crown (high noble metal).....	*1,000.00
D6063	abutment supported cast metal crown (predominantly base metal).....	1,000.00
D6064	abutment supported cast metal crown (noble metal).....	*1,000.00
D6065	implant supported porcelain/ceramic crown.....	*1,000.00
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal).....	*1,000.00
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal).....	1,000.00
D6068	abutment supported retainer for porcelain/ceramic FPD.....	*1,000.00
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal).....	*1,000.00
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).....	1,000.00
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal).....	1,000.00
D6072	abutment supported retainer for cast metal FPD (high noble metal).....	*1,000.00
D6073	abutment supported retainer for cast metal FPD (predominantly base metal).....	1,000.00
D6074	abutment supported retainer for cast metal FPD (noble metal).....	*1,000.00
D6075	implant supported retainer for ceramic FPD.....	*1,000.00
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal).....	*1,000.00
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal).....	*1,000.00
D6092	recent implant/abutment supported crown.....	30.00
D6093	recent implant/abutment supported fixed partial denture.....	40.00
D6094	abutment supported crown - (titanium).....	500.00
D6194	abutment supported retainer crown for FPD - (titanium).....	500.00

Bridges

** Additional charges of \$125 for noble metal, \$150 for high noble metal, \$150 for titanium, \$175 for upgraded, specialized porcelain such as Lava, Captek, Cercon, etc. If standard porcelain is used, there is no charge to patient.*

D6205	pontic - indirect resin based composite.....	240.00
D6210	pontic - cast high noble metal.....	*475.00
D6211	pontic - cast predominantly base metal.....	*475.00
D6212	pontic - cast noble metal.....	*475.00
D6214	Pontic - titanium.....	*475.00
D6240	pontic - porcelain fused to high noble metal.....	*475.00
D6241	pontic - porcelain fused to predominantly base metal.....	475.00
D6242	pontic - porcelain fused to noble metal.....	*475.00
D6245	pontic - porcelain/ceramic.....	*475.00
D6250	pontic - resin with high noble metal.....	*475.00
D6251	pontic - resin with predominantly base metal.....	475.00
D6252	pontic - resin with noble metal.....	*475.00
D6545	retainer - cast metal for resin bonded fixed prosthesis.....	310.00
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis.....	550.00
D6600	inlay - porcelain/ceramic, two surfaces.....	*435.00
D6601	inlay - porcelain/ceramic, three or more surfaces.....	*475.00
D6602	inlay - cast high noble metal, two surfaces.....	*435.00
D6603	inlay - cast high noble metal, three or more surfaces.....	*475.00
D6604	inlay - cast predominantly base metal, two surfaces.....	435.00
D6605	inlay - cast predominantly base metal, three or more surfaces.....	475.00
D6606	inlay - cast noble metal, two surfaces.....	*435.00
D6607	inlay - cast noble metal, three or more surfaces.....	*475.00
D6608	onlay - porcelain/ceramic, two surfaces.....	*435.00
D6609	onlay - porcelain/ceramic, three or more surfaces.....	*475.00
D6610	onlay - cast high noble metal, two surfaces.....	*435.00
D6611	onlay - cast high noble metal, three or more surfaces.....	*475.00
D6612	onlay - cast predominantly base metal, two surfaces.....	435.00

<u>Code</u>	<u>Description</u>	<u>Copayment</u>
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D6613	onlay - cast predominantly base metal, three or more surfaces.....	475.00
D6614	onlay - cast noble metal, two surfaces.....	*435.00
D6615	onlay - cast noble metal, three or more surfaces.....	*475.00
D6624	inlay - titanium.....	*475.00
D6634	onlay - titanium.....	*475.00
D6710	crown - indirect resin based composite.....	475.00
D6720	crown - resin with high noble metal.....	*475.00
D6721	crown - resin with predominantly base metal.....	475.00
D6722	crown - resin with noble metal.....	*475.00
D6740	crown - porcelain/ceramic.....	*475.00
D6750	crown - porcelain fused to high noble metal.....	*475.00
D6751	crown - porcelain fused to predominantly base metal.....	475.00
D6752	crown - porcelain fused to noble metal.....	*475.00
D6780	crown - 3/4 cast high noble metal.....	*475.00
D6781	crown - 3/4 cast predominantly base metal.....	475.00
D6782	crown - 3/4 cast noble metal.....	*475.00
D6783	crown - 3/4 porcelain/ceramic.....	*475.00
D6790	crown - full cast high noble metal.....	*475.00
D6791	crown - full cast predominantly base metal.....	475.00
D6792	crown - full cast noble metal.....	*475.00
D6794	crown - titanium.....	*475.00
D6930	recent fixed partial denture.....	30.00
D6970	post and core in addition to fixed partial denture retainer, indirectly fabricated.....	150.00
D6972	prefabricated post and core in addition to fixed partial denture retainer.....	100.00
D6973	core build up for retainer, including any pins.....	95.00
D6975	coping - metal.....	200.00
D6976	each additional indirectly fabricated post - same tooth.....	80.00
D6977	each additional prefabricated post - same tooth.....	80.00

Oral Surgery

D7111	extraction, coronal remnants - deciduous tooth.....	60.00
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	60.00
D7210	surgical removal of erupted tooth requiring removal of bone and/or section of tooth including elevation of mucoperiosteal flap if indicated.....	135.00
D7220	removal or impacted tooth - soft tissue.....	150.00
D7230	removal of impacted tooth - partially bony.....	180.00
D7240	removal of impacted tooth - completely bony.....	215.00
D7241	removal of impacted tooth - completely bony, with unusual surgical complications.....	265.00
D7250	surgical removal of residual root tips (cutting procedure).....	150.00
D7251	coronectomy - intentional partial tooth removal.....	210.00
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.....	270.00
D7280	surgical access of an unerupted tooth.....	125.00
D7282	mobilization of erupted or malpositioned tooth to aid eruption.....	275.00
D7285	biopsy of oral tissue - hard (bone, tooth).....	100.00
D7286	biopsy of oral tissue - soft.....	100.00
D7288	brush biopsy - transepithelial sample collection.....	25.00
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	110.00
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	150.00
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	140.00
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	80.00
D7510	incision and drainage of abscess - intraoral soft tissue.....	100.00
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces).....	125.00
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure.....	150.00
D7963	frenuloplasty.....	225.00
D7970	excision of hyperplastic tissue - per arch.....	125.00
D7971	excision of pericoronal gingiva.....	40.00

Orthodontics

D8010	limited orthodontic treatment of the primary dentition.....	Comprehensive Prorated
D8020	limited orthodontic treatment of the transitional dentition.....	Comprehensive Prorated
D8030	limited orthodontic treatment of the adolescent dentition.....	Comprehensive Prorated
D8040	limited orthodontic treatment of the adult dentition.....	Comprehensive Prorated
D8050	interceptive orthodontic treatment of the primary dentition.....	800.00
D8060	interceptive orthodontic treatment of the transitional dentition.....	800.00
D8070	comprehensive orthodontic treatment of the transitional dentition.....	3,395.00
D8080	comprehensive orthodontic treatment of the adolescent dentition.....	3,395.00
D8090	comprehensive orthodontic treatment of the adult dentition.....	3,495.00

<u>Code</u>	<u>Description</u>	<u>Copayment</u>
D8210	removable appliance therapy.....	250.00
D8220	fixed appliance therapy.....	230.00
D8660	pre-orthodontic treatment visit.....	40.00
D8670	periodic orthodontic treatment visit (as part of contract).....	5.00
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s)).....	315.00
D8690	orthodontic treatment (alternative billing to a contract fee).....	included
D8691	repair of orthodontic appliance.....	50.00
D8692	replacement of lost or broken retainer.....	150.00
D8693	rebonding or recementing; and/or repair, as required, of fixed retainers.....	45.00

Other Services

D9110	palliative (emergency) treatment of dental pain - minor procedure.....	30.00
D9120	fixed partial denture sectioning.....	35.00
D9210	local anesthesia not in conjunction with operative or surgical procedures.....	50.00
D9211	regional block anesthesia.....	60.00
D9212	trigeminal division block anesthesia.....	150.00
D9215	local anesthesia in conjunction with operative or surgical procedures.....	None

General Anesthesia is covered solely for dependent children under the age of seven (7) or the physically or developmentally disabled, only when medically necessary and in conjunction with a covered dental procedure performed at a participating provider.

D9220	deep sedation / general anesthesia - first 30 minutes.....	300.00
D9221	deep sedation / general anesthesia - each additional 15 minutes.....	100.00
D9230	inhalation of nitrous oxide / anxiolysis, analgesia.....	40.00
D9241	intravenous conscious sedation/analgesia - first 30 minutes.....	300.00
D9242	intravenous conscious sedation/analgesia - each additional 15 minutes.....	150.00
D9248	non-intravenous conscious sedation.....	250.00
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment).....	20.00
D9430	office visit for observation (during regularly scheduled hours) - no other services performed.....	25.00
D9440	office visit - after regularly scheduled hours.....	40.00
D9450	case presentation, detailed and extensive treatment planning.....	None
D9610	therapeutic parenteral drug, single administration.....	15.00
D9612	therapeutic parenteral drugs, two or more administrations, different medications.....	30.00
D9630	other drugs and/or medicaments, by report.....	25.00
D9910	application of desensitizing medicament.....	15.00
D9911	application of desensitizing resin for cervical and/or root surface, per tooth.....	15.00
D9940	occlusal guard, by report.....	350.00
D9941	fabrication of athletic mouthguard.....	350.00
D9942	repair and/or reline of occlusal guard.....	75.00
D9951	occlusal adjustment - limited.....	35.00
D9952	occlusal adjustment - complete.....	75.00
D9970	enamel microabrasion.....	175.00
D9971	odontoplasty 1 - 2 teeth; includes removal of enamel projections.....	130.00
D9972	External bleaching – per arch (take home treatment only, not to exceed \$200).....	200.00
D9973	external bleaching - per tooth.....	40.00
D9974	internal bleaching - per tooth.....	75.00

<u>Code</u>	<u>Description</u>	<u>Copayment</u>
Covered Denturist Services and Copayments**		
<i>When services are received from a licensed Dental Health Services' Denturist</i>		
<i>**Only Plastic Teeth will be covered by Dental Health Services. Upgrades on dentures will be the member's responsibility (at a 20% discount)</i>		
D5110	complete denture – maxillary.....	525.00
D5120	complete denture - mandibular.....	525.00
D5130	immediate denture – maxillary.....	540.00
D5140	immediate denture - mandibular.....	540.00
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth).....	575.00
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth).....	575.00
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
D5225	maxillary partial denture – flexible base (including any clasps, rests and teeth).....	575.00
D5226	mandibular partial denture – flexible base (including any clasps, rests and teeth).....	575.00
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth).....	300.00
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
D5670	replace all teeth and acrylic on cast metal framework (maxillary).....	375.00
D5671	replace all teeth and acrylic on cast metal framework (mandibular).....	375.00
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.....	25.00
D5851	Tissue conditioning, mandibular.....	25.00
D5860	overdenture - complete, by report.....	725.00
D5861	overdenture - partial, by report.....	725.00
	Denture cleaning.....	5.00

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 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. We may be able to identify a participating general dentist in your area who can perform the procedure for your copayment amount. Otherwise, we may be able to recommend a specialist who will perform the procedure at a discounted rate.

If you ever have questions about your dental coverage, call your Member Service Specialist at 800.637.6453. We are happy to help you.

Dental Health Services

800.637.6453

936 North 34th Street, Suite 208, Seattle, WA 98103
www.dentalhealthservices.com

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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. D0210 and D0330 Intraoral complete series films and panoramic films limited to once every three years.
 2. D1110 - Prophylaxis (removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition) or D4910 - Periodontal Maintenance -. Limited to one per six month period, with any additional at additional copayment.
 3. D4341 or D4342 - Periodontal scaling and root planing - limited to four quadrants per six months; and 2 quadrants per day.
 4. D5110 Thru 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 relining or repair. Lost or stolen appliances are the responsibility of the patient.
 5. Fixed bridges are optional and not covered for patients under the age of 16.
- 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, may be 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. Not all participating dentists can perform all dental procedures, please verify what services your selected provider can perform for you. Some complicated extractions, periodontal treatment, osseous surgery and root canal treatment may be referred to a specialist at the discretion of the general dentist.
- N. Coverage for services only available during period of enrollment.
- O. Implants - Implants are only available at specific participating dental offices. Check www.dentalhealthservices.com to locate participating provider offices which offer implant services.

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. Changes in treatment necessitated by accident of any kind.
- B. Services which are compensable under Worker's Compensation or employer liability laws.
- C. 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. Treatment related to Temporomandibular joint disturbances and/or hormonal imbalances.
- I. 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.
- J. 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.

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