



Code	Description	Copayment	
		Child 18 and under	Adult 19+

Plan Information

Failed (no show)/ missed appointments are charged to patient according to office policy.

	Annual Maximum	None	None
D9543	Office Visit	15	7
	Deductible	0	0
	Out of Pocket Maximum	1000	N/A
	Specialty Services Covered	Yes	No

Services must be performed by a Dental Health Services participating dentist. Specialty services must be pre-authorized and is only available for children 18 and under.

Diagnostic

D0120	Periodic oral evaluation - established patient	0	0
D0140	Limited oral evaluation - problem focused	0	2
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	0	2
D0150	Comprehensive oral evaluation - new or established patient	0	5
D0160	Detailed and extensive oral evaluation - problem focused, by report	20	40
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	7	2
D0180	Comprehensive periodontal evaluation - new or established patient	19	12
D0210	Intraoral - complete series of radiographic images	13	0
D0220	Intraoral - periapical first radiographic image	10	0
D0230	Intraoral - periapical each additional radiographic image	2	0
D0240	Intraoral - occlusal radiographic image	5	0
D0250	Extraoral - first radiographic image	6	0
D0260	Extraoral - each additional radiographic image	4	0
D0270	Bitewing - single radiographic image	4	0
D0272	Bitewings - two radiographic images	6	0
D0273	Bitewings - three radiographic images	7	0
D0274	Bitewings - four radiographic images	8	0
D0277	Vertical bitewings - 7 to 8 radiographic images	10	0
D0290	Posterior-anterior or lateral skull and facial bone survey radiographic image	10	NC
D0310	Sialography	150	NC

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D0320	Temporomandibular joint arthrogram, including injection	100	NC
D0321	Other temporomandibular joint radiographic images, by report	100	NC
D0322	Tomographic survey	200	NC
D0330	Panoramic radiographic image	28	18
D0340	Cephalometric radiographic image	25	25
D0350	Oral/facial photographic images obtained intraorally or extraorally	7	0
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	5	5
D0415	Collection of microorganisms for culture and sensitivity	75	75
D0425	Caries susceptibility tests	30	30
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	50
D0460	Pulp vitality tests	0	0
D0470	Diagnostic casts	35	35

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.

D1110	Prophylaxis - adult (limited to 1 per 6 months & additional at higher copayments)	25	5
D1110	Prophylaxis - adult (additional beyond 1 in 6 months)	80	80
D1120	Prophylaxis - child (limited to 1 per 6 months & additional at higher copayments)	25	5
D1120	Prophylaxis - child (additional beyond 1 in 6 months)	80	80
D1206	Topical application of fluoride varnish	5	12
D1208	Topical application of fluoride	0	5
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
D1351	Sealant - per tooth	5	5
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	50	50

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Space maintainers			
D1510	Space maintainer - fixed - unilateral	125	125
D1515	Space maintainer - fixed - bilateral	150	150
D1520	Space maintainer - removable - unilateral	125	125
D1525	Space maintainer - removable - bilateral	125	150
D1550	Re-cementation of space maintainer	10	10
D1555	Removal of fixed space maintainer	10	10

Amalgam restorations - primary or permanent

D2140	Amalgam - one surface, primary or permanent	40	25
D2150	Amalgam - two surfaces, primary or permanent	40	35
D2160	Amalgam - three surfaces, primary or permanent	45	48
D2161	Amalgam - four or more surfaces, primary or permanent	55	60

Resin-based composite restorations

D2330	Resin-based composite - one surface, anterior	60	47
D2331	Resin-based composite - two surfaces, anterior	60	57
D2332	Resin-based composite - three surfaces, anterior	67	67
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	77	77
D2390	Resin-based composite crown, anterior	90	90
D2391	Resin-based composite - one surface, posterior	60	60
D2392	Resin-based composite - two surfaces, posterior	75	75
D2393	Resin-based composite - three surfaces, posterior	90	90
D2394	Resin-based composite - four or more surfaces, posterior	105	105

Crowns - single restoration only

D2510	Inlay - metallic - one surface	525	525
D2520	Inlay - metallic - two surfaces	560	560
D2530	Inlay - metallic - three or more surfaces	590	590
D2542	Onlay - metallic - two surfaces	560	560
D2543	Onlay - metallic - three surfaces	560	560
D2544	Onlay - metallic - four or more surfaces	560	560
D2610	Inlay - porcelain/ceramic - one surface	550	550
D2620	Inlay - porcelain/ceramic - two surfaces	585	585
D2630	Inlay - porcelain/ceramic - three or more surfaces	615	615
D2642	Onlay - porcelain/ceramic - two surfaces	585	585
D2643	Onlay - porcelain/ceramic - three surfaces	615	615

Code	Description	Copayment	
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D2644	Onlay - porcelain/ceramic - four or more surfaces	615	615
D2650	Inlay - resin-based composite - one surface	550	550
D2651	Inlay - resin-based composite - two surfaces	585	585
D2652	Inlay - resin-based composite - three or more surfaces	615	615
D2662	Onlay - resin-based composite - two surfaces	585	585
D2663	Onlay - resin-based composite - three surfaces	615	615
D2664	Onlay - resin-based composite - four or more surfaces	615	615
D2710	Crown - resin-based composite (indirect)	240	240
D2712	Crown - $\frac{3}{4}$ resin-based composite (indirect)	240	240
D2720	Crown - resin with high noble metal	625	625
D2721	Crown - resin with predominantly base metal	475	475
D2722	Crown - resin with noble metal	600	600
D2740	Crown - porcelain/ceramic substrate	625	625
D2750	Crown - porcelain fused to high noble metal	625	625
D2751	Crown - porcelain fused to predominantly base metal	475	475
D2752	Crown - porcelain fused to noble metal	600	600
D2780	Crown - $\frac{3}{4}$ cast high noble metal	625	625
D2781	Crown - $\frac{3}{4}$ cast predominantly base metal	475	475
D2782	Crown - $\frac{3}{4}$ cast noble metal	600	600
D2783	Crown - $\frac{3}{4}$ porcelain/ceramic	625	625
D2790	Crown - full cast high noble metal	625	625
D2791	Crown - full cast predominantly base metal	475	475
D2792	Crown - full cast noble metal	600	600
D2794	Crown - titanium	625	625
D2799	Provisional crown— further treatment or completion of diagnosis necessary prior to final impression (Not to be used as a temporary crown for a routine prosthetic restoration.)	200	200

Other restorative services

D2910	Recement inlay, onlay, or partial coverage restoration	15	15
D2915	Recement cast or prefabricated post and core	15	15
D2920	Recement crown	15	15
D2929	Prefabricated porcelain/ceramic crown – primary tooth	165	165
D2930	Prefabricated stainless steel crown - primary tooth	75	75

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		Child 18 and under	Adult 19+
D2931	Prefabricated stainless steel crown - permanent tooth	125	125
D2932	Prefabricated resin crown	125	125
D2933	Prefabricated stainless steel crown with resin window	110	110
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	110	110
D2940	Protective restoration	30	30
D2950	Core buildup, including any pins when required	95	95
D2951	Pin retention - per tooth, in addition to restoration	35	35
D2952	Post and core in addition to crown, indirectly fabricated	100	100
D2953	Each additional indirectly fabricated post - same tooth	90	90
D2954	Prefabricated post and core in addition to crown	100	100
D2955	Post removal	125	125
D2957	Each additional prefabricated post - same tooth	80	80
D2960	Labial veneer (resin laminate) - chairside	400	400
D2961	Labial veneer (resin laminate) - laboratory	550	550
D2962	Labial veneer (porcelain laminate) - laboratory	650	650
D2970	Temporary crown (fractured tooth)	125	125
D2971	Additional procedures to construct new crown under existing partial denture framework	20	20
D2975	Coping	200	200
D2980	Crown repair necessitated by restorative material failure	125	125
D2990	Resin infiltration of incipient smooth surface lesions	8	8

Endodontics

D3110	Pulp cap - direct (excluding final restoration)	35	35
D3120	Pulp cap - indirect (excluding final restoration)	35	35
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	55	55
D3221	Pulpal debridement, primary and permanent teeth	55	55
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	55	55
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	80	80
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	80	80

Code	Description	Copayment	
		Child 18 and under	Adult 19+
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	300	275
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	395	370
D3330	Endodontic therapy, molar (excluding final restoration)	675	575
D3331	Treatment of root canal obstruction; non-surgical access	175	175
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured	200	200
D3333	Internal root repair of perforation defects	150	150
D3346	Retreatment of previous root canal therapy - anterior	600	600
D3347	Retreatment of previous root canal therapy - bicuspid	700	700
D3348	Retreatment of previous root canal therapy - molar	850	850
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	30	30
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	30	30
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	30	30
D3354	Pulpal regeneration – (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration	550	550
D3410	Apicoectomy - anterior	300	330
D3421	Apicoectomy - bicuspid (first root)	375	375
D3425	Apicoectomy - molar (first root)	425	425
D3426	Apicoectomy (each additional root)	140	140
D3430	Retrograde filling - per root	115	120
D3450	Root amputation - per root	200	200
D3920	Hemisection (including any root removal), not including root canal therapy	300	300
D3950	Canal preparation and fitting of preformed dowel or post	75	75

Periodontics

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	225	225
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	80	80
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	80	80

Code	Description	Copayment	
		Child 18 and under	Adult 19+
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant	450	450
D4231	Anatomical crown exposure - one to three teeth per quadrant	350	350
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	300	300
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	200	200
D4245	Apically positioned flap	350	350
D4249	Clinical crown lengthening - hard tissue	350	350
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	500	500
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	350	350
D4263	Bone replacement graft - first site in quadrant	300	300
D4264	Bone replacement graft - each additional site in quadrant	350	350
D4266	Guided tissue regeneration - resorbable barrier, per site	300	300
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	350	350
D4268	Surgical revision procedure, per tooth	450	450
D4270	Pedicle soft tissue graft procedure	450	450
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	250	250
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	445	445
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	100	100
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	50	70
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	45	45
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	55	55
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	40	40
D4910	Periodontal maintenance (limited to 1 per 6 months & additional at higher copayments)	30	40
D4910	Periodontal maintenance (additional beyond 1 in 6 months)	125	125

Code	Description	Copayment	
		Child 18 and under	Adult 19+
Dentures			
<i>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.</i>			
D5110	Complete denture - maxillary	700	825
D5120	Complete denture - mandibular	700	825
D5130	Immediate denture - maxillary	730	900
D5140	Immediate denture - mandibular	730	900
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	550	675
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	550	675
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	875	875
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	875	875
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	825	825
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	825	825
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	425	425
Denture adjustments & repairs			
D5410	Adjust complete denture - maxillary	30	30
D5411	Adjust complete denture - mandibular	30	30
D5421	Adjust partial denture - maxillary	30	30
D5422	Adjust partial denture - mandibular	30	30
D5510	Repair broken complete denture base	85	130
D5520	Replace missing or broken teeth - complete denture (each tooth)	75	125
D5610	Repair resin denture base	135	135
D5620	Repair cast framework	115	135
D5630	Repair or replace broken clasp	130	130
D5640	Replace broken teeth - per tooth	130	130
D5650	Add tooth to existing partial denture	100	130
D5660	Add clasp to existing partial denture	110	135
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	300	500
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	500	500
D5710	Rebase complete maxillary denture	225	225
D5711	Rebase complete mandibular denture	225	225
D5720	Rebase maxillary partial denture	225	225
D5721	Rebase mandibular partial denture	225	225

Code	Description	Copayment	
		Child 18 and under	Adult 19+
D5730	Reline complete maxillary denture (chairside)	125	125
D5731	Reline complete mandibular denture (chairside)	125	125
D5740	Reline maxillary partial denture (chairside)	125	125
D5741	Reline mandibular partial denture (chairside)	125	125
D5750	Reline complete maxillary denture (laboratory)	200	200
D5751	Reline complete mandibular denture (laboratory)	200	200
D5760	Reline maxillary partial denture (laboratory)	200	200
D5761	Reline mandibular partial denture (laboratory)	200	200
D5810	Interim complete denture (maxillary)	325	325
D5811	Interim complete denture (mandibular)	325	325
D5820	Interim partial denture (maxillary)	325	325
D5821	Interim partial denture (mandibular)	325	325
D5850	Tissue conditioning, maxillary	30	30
D5851	Tissue conditioning, mandibular	30	30
D5860	Overdenture – complete, by report	900	900
D5861	Overdenture – partial, by report	900	900
D5986	Fluoride gel carrier	30	NC

Implants

D6010	Surgical placement of implant body: endosteal implant	NC	1500
D6053	Implant/abutment supported removable denture for completely edentulous arch	NC	2300
D6054	Implant/abutment supported removable denture for partially edentulous arch	NC	2300
D6056	Prefabricated abutment – includes modification and placement	NC	450
D6057	Custom fabricated abutment – includes placement	NC	450
D6058	Abutment supported porcelain/ceramic crown	NC	1150
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	NC	1150
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	NC	1000
D6061	Abutment supported porcelain fused to metal crown (noble metal)	NC	1125
D6062	Abutment supported cast metal crown (high noble metal)	NC	1150
D6063	Abutment supported cast metal crown (predominantly base metal)	NC	1000
D6064	Abutment supported cast metal crown (noble metal)	NC	1125
D6065	Implant supported porcelain/ceramic crown	NC	1150

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D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	NC	1150
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	NC	1150
D6068	Abutment supported retainer for porcelain/ceramic FPD	NC	1150
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	NC	1150
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	NC	1000
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	NC	1125
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	NC	1150
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	NC	1000
D6074	Abutment supported retainer for cast metal FPD (noble metal)	NC	1125
D6075	Implant supported retainer for ceramic FPD	NC	1150
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	NC	1150
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	NC	1150
D6092	Recement implant/abutment supported crown	NC	30
D6093	Recement implant/abutment supported fixed partial denture	NC	40
D6094	Abutment supported crown - (titanium)	NC	500
D6194	Abutment supported retainer crown for FPD (titanium)	NC	500

Bridges

D6205	Pontic - indirect resin based composite	NC	240
D6210	Pontic - cast high noble metal	NC	625
D6211	Pontic - cast predominantly base metal	NC	475
D6212	Pontic - cast noble metal	NC	600
D6214	Pontic - titanium	NC	625
D6240	Pontic - porcelain fused to high noble metal	NC	625
D6241	Pontic - porcelain fused to predominantly base metal	NC	475
D6242	Pontic - porcelain fused to noble metal	NC	600
D6245	Pontic - porcelain/ceramic	NC	625
D6250	Pontic - resin with high noble metal	NC	625
D6251	Pontic - resin with predominantly base metal	NC	475
D6252	Pontic - resin with noble metal	NC	625

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D6253	Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression (Not to be used as a temporary pontic for routine prosthetic fixed partial dentures.)	NC	200
D6545	Retainer - cast metal for resin bonded fixed prosthesis	NC	310
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	NC	550
D6600	Inlay - porcelain/ceramic, two surfaces	NC	585
D6601	Inlay - porcelain/ceramic, three or more surfaces	NC	625
D6602	Inlay - cast high noble metal, two surfaces	NC	585
D6603	Inlay - cast high noble metal, three or more surfaces	NC	625
D6604	Inlay - cast predominantly base metal, two surfaces	NC	435
D6605	Inlay - cast predominantly base metal, three or more surfaces	NC	475
D6606	Inlay - cast noble metal, two surfaces	NC	560
D6607	Inlay - cast noble metal, three or more surfaces	NC	600
D6608	Onlay - porcelain/ceramic, two surfaces	NC	585
D6609	Onlay - porcelain/ceramic, three or more surfaces	NC	625
D6610	Onlay - cast high noble metal, two surfaces	NC	585
D6611	Onlay - cast high noble metal, three or more surfaces	NC	625
D6612	Onlay - cast predominantly base metal, two surfaces	NC	435
D6613	Onlay - cast predominantly base metal, three or more surfaces	NC	475
D6614	Onlay - cast noble metal, two surfaces	NC	560
D6615	Onlay - cast noble metal, three or more surfaces	NC	600
D6624	Inlay - titanium	NC	525
D6634	Onlay - titanium	NC	625
D6710	Crown - indirect resin based composite	NC	475
D6720	Crown - resin with high noble metal	NC	625
D6721	Crown - resin with predominantly base metal	NC	475
D6722	Crown - resin with noble metal	NC	600
D6740	Crown - porcelain/ceramic	NC	625
D6750	Crown - porcelain fused to high noble metal	NC	625
D6751	Crown - porcelain fused to predominantly base metal	NC	475
D6752	Crown - porcelain fused to noble metal	NC	600
D6780	Crown - 3/4 cast high noble metal	NC	625
D6781	Crown - 3/4 cast predominantly base metal	NC	475
D6782	Crown - 3/4 cast noble metal	NC	600
D6783	Crown - 3/4 porcelain/ceramic	NC	625
D6790	Crown - full cast high noble metal	NC	625

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D6791	Crown - full cast predominantly base metal	NC	475
D6792	Crown - full cast noble metal	NC	600
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	NC	200
D6794	Crown - titanium	NC	625
D6930	Recement fixed partial denture	30	30
D6975	Coping	200	200
D6980	Fixed partial denture repair necessitated by restorative material failure	100	100

Oral Surgery

D7111	Extraction, coronal remnants - deciduous tooth	55	65
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	75	60
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	110	135
D7220	Removal of impacted tooth - soft tissue	125	150
D7230	Removal of impacted tooth - partially bony	160	180
D7240	Removal of impacted tooth - completely bony	190	215
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	230	265
D7250	Surgical removal of residual tooth roots (cutting procedure)	125	150
D7251	Coronectomy – intentional partial tooth removal	210	210
D7260	Oroantral fistula closure	400	NC
D7261	Primary closure of a sinus perforation	300	NC
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	225	270
D7280	Surgical access of an unerupted tooth	150	125
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	270	275
D7285	Biopsy of oral tissue - hard (bone, tooth)	100	100
D7286	Biopsy of oral tissue - soft	100	100
D7287	Exfoliative cytological sample collection	100	NC
D7288	Brush biopsy - transepithelial sample collection	25	25
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	135	110
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	150	150
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	140	140

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D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	80	80
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	600	NC
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	1500	NC
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	300	NC
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	500	NC
D7465	Destruction of lesion(s) by physical or chemical method, by report	250	NC
D7471	Removal of lateral exostosis (maxilla or mandible)	280	NC
D7510	Incision and drainage of abscess - intraoral soft tissue	95	100
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	125	125
D7520	Incision and drainage of abscess - extraoral soft tissue	200	NC
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	145	NC
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	350	NC
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	300	NC
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	1000	NC
D7670	Alveolus closed reduction may include stabilization of teeth	1100	NC
D7770	Alveolus - open reduction stabilization of teeth	1500	NC
D7910	Suture of recent small wounds up to 5 cm	150	NC
D7911	Complicated suture - up to 5 cm	250	NC
D7912	Complicated suture - greater than 5 cm	400	NC
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	150	150
D7963	Frenuloplasty	200	225
D7970	Excision of hyperplastic tissue - per arch	125	125
D7971	Excision of pericoronal gingiva	40	40
D7980	Sialolithotomy	400	NC
D7981	Excision of salivary gland, by report	350	NC
D7982	Sialodochoplasty	900	NC
D7983	Closure of salivary fistula	750	NC
D7990	Emergency tracheotomy	750	NC
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	150	NC

Code	Description	Copayment	
		Child 18 and under	Adult 19+
Other Services			
D9110	Palliative (emergency) treatment of dental pain - minor procedure	30	30
D9120	Fixed partial denture sectioning	35	35
D9210	Local anesthesia not in conjunction with operative or surgical procedures	50	50
D9211	Regional block anesthesia	60	60
D9212	Trigeminal division block anesthesia	150	150
D9215	Local anesthesia in conjunction with operative or surgical procedures	0	0
D9220	Deep sedation/general anesthesia - first 30 minutes	150	300
D9221	Deep sedation/general anesthesia - each additional 15 minutes	70	100
D9230	Inhalation of nitrous oxide / anxiolysis, analgesia	30	40
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	170	300
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	70	150
D9248	Non-intravenous conscious sedation	135	250
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	20	20
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	25	25
D9440	Office visit - after regularly scheduled hours	40	40
D9450	Case presentation, detailed and extensive treatment planning	0	0
D9610	Therapeutic parenteral drug, single administration	15	15
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	30	30
D9630	Other drugs and/or medicaments, by report	25	25
D9910	Application of desensitizing medicament	15	15
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	15	15
D9920	Behavior management, by report	75	NC
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	70	70
D9940	Occlusal guard, by report	350	350
D9941	Fabrication of athletic mouthguard	350	350
D9942	Repair and/or reline of occlusal guard	75	75
D9951	Occlusal adjustment - limited	35	35
D9952	Occlusal adjustment - complete	75	75
D9970	Enamel microabrasion	175	175
D9971	Odontoplasty 1 - 2 teeth; includes removal of enamel projections	130	130

Code	Description	Copayment	
		Child 18 and under	Adult 19+
D9972	External bleaching - per arch - performed in office	NC	200
D9973	External bleaching - per tooth	NC	40
D9974	Internal bleaching - per tooth	NC	75
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	NC	200

Code	Description	Copayment	
		Child 18 and under	Adult 19+
D8693	Rebonding or recementing of fixed retainers	45	45

Orthodontics

Orthodontia Benefits for children under 19 must be preauthorized and will be covered according to the EHB requirements when medically necessary. Medically Necessary Orthodontia is considered: A. Cleft palate; or B. Cleft palate with cleft lip; and C. Whose orthodontia treatment began prior to 21 years of age; or whose surgical corrections of cleft palate or cleft lip were not completed prior to age 21; D. P.A is required for orthodontia exams and records. A referral letter from a physician or dentist indicating diagnosis of cleft palate/ cleft lip must be included in the client's record and a copy sent with the P.A request; E. Documentation in the client's record must include diagnosis, length and type of treatment; F. Payment for appliance therapy includes the appliance and all follow-up visits; G. Orthodontists evaluate orthodontia treatment for cleft palate/ cleft lip as two phases. Stage one is generally the use of an activator (palatal expander) and stage two is generally the placement of fixed appliances (banding). Medically Necessary Orthodontia copayment is paid over 2 years – First half due in year 1 and second half is due in year 2. The child copayment only applies to medically necessary orthodontia. Non-medically necessary orthodontia is available for pediatric members at the adult copayment amount.

D8010	Limited orthodontic treatment of the primary dentition	1000	D8070 prorated
D8020	Limited orthodontic treatment of the transitional dentition	1000	D8070 prorated
D8030	Limited orthodontic treatment of the adolescent dentition	1000	D8080 prorated
D8040	Limited orthodontic treatment of the adult dentition	1000	D8090 prorated
D8050	Interceptive orthodontic treatment of the primary dentition	1000	D8070 prorated
D8060	Interceptive orthodontic treatment of the transitional dentition	1000	D8070 prorated
D8070	Comprehensive orthodontic treatment of the transitional dentition	2000	3395
D8080	Comprehensive orthodontic treatment of the adolescent dentition	2000	3395
D8090	Comprehensive orthodontic treatment of the adult dentition	2000	3495
D8210	Removable appliance therapy	250	250
D8220	Fixed appliance therapy	230	230
D8660	Pre-orthodontic treatment visit	40	40
D8670	Periodic orthodontic treatment visit (as part of contract)	5	5
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	315	315
D8690	Orthodontic treatment (alternative billing to a contract fee)	0	included
D8691	Repair of orthodontic appliance	50	50
D8692	Replacement of lost or broken retainer	150	150



Exclusions and Limitations

Super SmartSmile

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). Children under 19, have specialty coverage and must be preauthorized and referred by their participating provider when treated at a specialist.
- 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 reline 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. 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.
- 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. 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.
- G. 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.
- H. 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.
- I. 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.
- J. Benefits are only available if work is completed in enrollee's participating provider's office.
- K. 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.
- L. Coverage for services only available during period of enrollment.
- M. Implants – Implants are only available for the adult plans at specific participating dental offices. Check www.dentalhealthservices.com to locate participating provider offices which offer implant services.
- N. Orthodontic extractions are covered if medically necessary for Orthodontic treatment.

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 for anyone 19 and over, but may be available at a discount.

- 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.
- E. Any dental procedure that cannot be performed in the dental office due to the general health and/or physical limitations of the enrollee, unless specifically covered on the pediatric EHB plan for children under 19.
- 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.)
- G. Cosmetic services for appearance only are not covered.
- H. Extractions for asymptomatic teeth are not covered.

Adult orthodontia and non-medically necessary children's orthodontia is offered at a discounted fee.

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:
 - Myofunctional therapy.
 - General anesthetics including intravenous and inhalation sedation.
 - Dental services of any nature performed in a hospital.
 - 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.