

Schedule of Covered Services and Copayments Classic Super SmartSmile (WA-E)

Code	Description	Copayment
D9543	Office Visit	7
D9986	missed appointment	Per office policy
D9987	cancelled appointment	Per office policy

Services when performed by a Dental Health Services participating dentist. Specialty Services are not a covered benefit (except orthodontia). If you need dental services that your general dentist cannot perform, contact Member Services to discuss options.

Diagnostic

Diagnostic		
D0120	periodic oral evaluation - established patient	2
D0140	limited oral evaluation - problem focused	2
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	2
D0150	comprehensive oral evaluation - new or established patient	5
D0160	detailed and extensive oral evaluation - problem focused, by report	40
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	2
D0171	re-evaluation – post-operative office visit	2
D0180	comprehensive periodontal evaluation - new or established patient	12
D0210	intraoral - complete series of radiographic images	0
D0220	intraoral - periapical first radiographic image	0
D0230	intraoral - periapical each additional radiographic image	0
D0240	intraoral - occlusal radiographic image	0
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	0
D0270	bitewing - single radiographic image	0
D0272	bitewings - two radiographic images	0
D0273	bitewings - three radiographic images	0
D0274	bitewings - four radiographic images	0
D0277	vertical bitewings - 7 to 8 radiographic images	0
D0330	panoramic radiographic image	18
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	25
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	5
D0415	collection of microorganisms for culture and sensitivity	75
D0425	caries susceptibility tests	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
D0460	pulp vitality tests	0
D0470	diagnostic casts	35

Code	Description	Copayment
D0601	caries risk assessment and documentation, with a finding of low risk	30
D0602	caries risk assessment and documentation, with a finding of moderate risk	30
D0603	caries risk assessment and documentation, with a finding of high risk	30
Preventi	ive	
D1110	prophylaxis - adult (limited to 1 every 6 months)	12
D1120	prophylaxis - child (limited to 1 every 6 months)	12
D11AX	prophylaxis - adult (additional beyond 1 in 6 months)	80
D11CX	prophylaxis - child (additional beyond 1 in 6 months)	80
D1206	topical application of fluoride varnish	12
D1208	topical application of fluoride – excluding varnish	5
D1310	nutritional counseling for control of dental disease	0
D1320	tobacco counseling for the control and prevention of oral disease	0
D1330	oral hygiene instructions	0
D1351	sealant - per tooth	5
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	50
D1353	sealant repair – per tooth	5
D1354	interim caries arresting medicament application- per tooth	50
Space M	Iaintainers	
D1510	space maintainer - fixed - unilateral	125
D1515	space maintainer - fixed - bilateral	150
D1520	space maintainer - removable - unilateral	125
D1525	space maintainer - removable - bilateral	150
D1550	re-cement or re-bond space maintainer	10
D1555	removal of fixed space maintainer	10
D1575	distal shoe space maintainer – fixed – unilateral	125
Amalga	m Restorations - Primary or Permanent	
D2140	amalgam - one surface, primary or permanent	25
D2150	amalgam - two surfaces, primary or permanent	
D2160	amalgam - three surfaces, primary or permanent	48
D2161	amalgam - four or more surfaces, primary or permanent	60
Resin-B	ased Composite Restorations	
D2330	resin-based composite - one surface, anterior	47
D2331	resin-based composite - two surfaces, anterior	57
D2332	resin-based composite - three surfaces, anterior	67
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	77
D2390	resin-based composite crown, anterior	90

Description	Code	Description	Copayment	Code	Description	Copayment
Days	D2391	resin-based composite - one surface, posterior	60	D2915	· · · · · · · · · · · · · · · · · · ·	15
The section of the process of the pr	D2392	resin-based composite - two surfaces, posterior	75		-	
19294 sein-based composite - Four or more 105	D2393	resin-based composite - three surfaces,	90			15
December Corona Single Restoration Only December Decembe	D2394	1	105	D2921		77
D227191 and D22719 are althouble aggrate longes for positificing procession of the section of the process of the position of the	Crowns			D2929		165
what a Lange Capeth, Cerona, i.e. It is charged to auditation to the tyle of porter billot. D2510 inlay-metallic - two surfaces 550	D27SP, D.	27HP, and D27NP are allowable upgrade charges for specia		D2930		75
D2520 silay - mediller - nos surfaces 580 permanent tooth	such as Lav	a, Captek, Cercon, etc. It is charged in addition to the type o	f crown billed.	D2931		125
192592 onlay - metallic - three or more surfaces 585	D2510	inlay - metallic - one surface	550		1	
D2545 Onlay metallic - two surfaces 585 D2934 prefabricated eitheric coated stainless steel D2544 Onlay - metallic - flour or more surfaces 585 D2940 protective restoration 30 D2020 inlay - porcelain/cenumic - two surfaces 435 D2941 internal therapeutic restoration 70 D2020 inlay - porcelain/cenumic - two surfaces 435 D2941 internal therapeutic restoration 70 D2020 inlay - porcelain/cenumic - two surfaces 435 D2941 internal therapeutic restoration 70 P2020 P20	D2520	•	585	D2932	prefabricated resin crown	125
no maky metallic - three surfaces	D2530	•		D2933		110
D2544 onlay - procelain/ceramic - one surfaces 400 D2940 proceedine restoration 30 D2020 miny - procelain/ceramic - two surfaces 435 D2941 interim therapeutic restoration - primary 55 dentition 50 D2030 miny - procelain/ceramic - two surfaces 435 D2941 interim therapeutic restoration - primary 55 dentition 50 D2042 dentition 50 D2042 dentition 50 D2042						
D2610 inlay - porcelain/ceramic - one surface 400 D2620 inlay - porcelain/ceramic - two surfaces 435 D2941 interin therapeutic restoration — primary 5 denoted on the process of the proce		•		D2934		110
D2620 inlay - porcelain/ ceramic - two surfaces 455 D2630 sinlay - porcelain/ ceramic - two surfaces 455 D2641 onlay - porcelain/ ceramic - two surfaces 455 D2642 onlay - porcelain/ ceramic - two surfaces 465 D2643 onlay - porcelain/ ceramic - two surfaces 465 D2644 onlay - porcelain/ ceramic - four or more surfaces 465 D2645 onlay - porcelain/ ceramic - four or more surface 550 D2650 inlay - resin-based composite - one surface 550 D2651 inlay - resin-based composite - two surfaces 585 D2652 inlay - resin-based composite - two surfaces 585 D2663 onlay - resin-based composite - two surfaces 585 D2664 onlay - porcelain/ ceramic - three surfaces 585 D2665 inlay - resin-based composite - two surfaces 585 D2666 onlay - resin-based composite - two surfaces 585 D2666 onlay - resin-based composite - two surfaces 585 D2766 onlay - resin-based composite - two surfaces 585 D2766 onlay - resin-based composite - two surfaces 585 D2766 onlay - resin-based composite - two surfaces 585 D2766 onlay - resin-based composite - two surfaces 585 D2766 onlay - resin-based composite - two surfaces 585 D2766 onlay - resin-based composite - two surfaces 585 D2766 onlay - resin-based composite - two surfaces 585 D2760 onlay - resin-based composite - two surfaces 585 D2760 onlay - resin-based composite - two surfaces 585 D2760 onlay - resin-based composite - two surfaces 585 D2760 onlay - resin-based composite - two surfaces 585 D2760 onlay - resin-based composite - two surfaces 585 D2760 onlay - resin-based composite - two surfaces 585 D2760 onlay - resin-based composite - two surfaces 585 D2760 onlay - resin-based composite - two surfaces 585 D2760 onlay - resin-based composite - four or more 585 D2760 onlay - resin-based composite - four or more 585 D2760 onlay - resin-based composite - four or more 585 D2760 onlay - resin-based composite - four or more 585 D2760 onlay - resin-based composite - four or more 585 D2760 onlay - resin-based composite - four or more 585 D2760 onlay - resin-based composite - four or more 585 D2760 onlay - re		,		D2040		20
D2630 Inlay - porcelain/ceramic - three or more surfaces S2049 restorative foundation for an indirect S2042 S2049 restorative foundation for an indirect S2042		7 -			1	
D2690 surfaces D2692 crestorative foundation for an indirect storative foundation for an indirect restoration D2694 conlay - porcelain/ceramic - two surfaces 435 D2950 core buildup, including any pins when required 95 D2644 onlay - porcelain/ceramic - four or more 465 D2951 pin retention - per tooth, in addition to crestoration D2650 inlay - resin-based composite - one surface 550 D2951 pin retention - per tooth, in addition to crown, indirectly fabricated D2651 inlay - resin-based composite - two surfaces S85 D2652 inlay - resin-based composite - three or more surfaces S85 D2663 onlay - resin-based composite - three surfaces 615 D2953 post renoval and core in addition to crown and part - resin-based composite - three surfaces S85 D2954 perfabricated post and core in addition to crown and part - resin-based composite - three surfaces S85 D2954 post renoval 20 D2955 post renoval 20 D2956 dabia vener (resin haminate) - laboratory 30 D2956 dabia vener (resin hamin	D2620	inlay - porcelain/ceramic - two surfaces	435	D2941		5
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D2644 onlay - procedual/ceramic - four or more surfaces s	D2642	onlay - porcelain/ceramic - two surfaces	435	D2050		1 05
D2644 surfaces Post-price	D2643	onlay - porcelain/ceramic - three surfaces	465			
December	D2644	r ÷	465		restoration	
D2651 inlay - resin-based composite - two surfaces surfaces surfaces surfaces surfaces surfaces surfaces only - resin-based composite - two surfaces surfaces only - resin-based composite - two surfaces only - resin-based composite - four or more of 15 D2957 each additional prefabricated post and core in addition to 100 crown - resin-based composite - four or more of 15 D2957 each additional prefabricated post - same tooth 80 surfaces surfaces only - resin-based composite (indirect) 240 D2960 labial veneer (resin laminate) - laboratory 40 D29712 crown - ½0 resin with high noble metal 625 D2971 additional prefabricated post - same tooth 80 D29720 crown - resin with high noble metal 600 D2975 coping additional procedures to construct new crown under existing partial denture framework 120 D29721 crown - resin with predominantly base metal 475 D2990 resin infiltration of incipient smooth surface lesions 120 D2975 crown - porcelain fused to high noble metal 625 D2971 additional procedures to construct new crown under existing partial denture framework 120 D2975 crown - porcelain fused to high noble metal 625 D2990 resin infiltration of incipient smooth surface lesions 120 D2990 resin infiltration of incipient smooth surface 120 D2990 resin infiltration of incipient smooth	D2650	inlay - resin-based composite - one surface	550	D2952		100
D2652 inlay - resin-based composite - three or more surfaces surfaces surfaces surfaces onlay - resin-based composite - two surfaces S85 D2662 onlay - resin-based composite - two surfaces S85 D2663 onlay - resin-based composite - four or more surfaces D2664 onlay - resin-based composite - four or more surfaces D2664 onlay - resin-based composite - four or more surfaces D2664 onlay - resin-based composite (indirect) 240 D2960 labial veneer (resin laminate) - laboratory 400 D29712 erown - resin-based composite (indirect) 240 D2961 labial veneer (porcelain laminate) - laboratory 400 D27720 crown - resin with high noble metal 625 D2971 additional procedures to construct new crown under existing partial denture framework D27720 crown - resin with predominantly base metal 475 D2971 additional procedures to construct new crown under existing partial denture framework D27720 crown - porcelain fused to high noble metal 625 D2990 resin infiltration of incipient smooth surface lesions D2780 crown - porcelain fused to high noble metal 625 D2990 resin infiltration of incipient smooth surface D2791 d2990 resin infiltration D2790 resin infiltration D2790 resin infiltration D2790	D2651		585	D2052		00
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D2664 onlay - resin-based composite - four or more surfaces D2710 crown - resin-based composite (indirect) 240 D2962 labial veneer (resin laminate) - chairside 356 D2712 crown - ¼ resin-based composite (indirect) 240 D2962 labial veneer (resin laminate) - laboratory 400 D2712 crown - ¼ resin-based composite (indirect) 240 D2962 labial veneer (resin laminate) - laboratory 500 D2720 crown - resin with high noble metal 625 D2971 additional procedures to construct new crown under existing partial denture framework 200 D2720 crown - resin with noble metal 600 D2975 coping 200 D2740 crown - porcelain fused to high noble metal 625 D2990 resin infiltration of incipient smooth surface lesions D2751 crown - porcelain fused to noble metal 600 D3110 pulp cap - indirect (excluding final restoration) 350 D2780 crown - 3/4 cast high noble metal 600 D3110 pulp cap - indirect (excluding final restoration) 350 D2781 crown - 3/4 cast predominantly base metal 475 D320 therapeutic pulpotomy (excluding final restoration) 475 D2782 crown - 3/4 cast noble metal 600 dentinated by a force of the process of the proc		onlay - resin-based composite - two surfaces		D2954		100
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D2710 crown - resin-based composite (indirect) 240 D2961 labial veneer (resin laminate) - chariside 351 D2712 crown - ½ resin-based composite (indirect) 240 D2962 labial veneer (resin laminate) - laboratory 400 D2720 crown - resin with high noble metal 625 D2971 additional procedures to construct new crown under existing partial denture framework D2720 crown - resin with noble metal 600 D2975 coping 200 crown - porcelain/ceramic 475 D2990 resin infiltration of incipient smooth surface lesions entail 500 crown - porcelain fused to high noble metal 625 crown - porcelain fused to predominantly base metal 475 D2751 crown - porcelain fused to noble metal 600 D3110 pulp cap - direct (excluding final restoration) 35 D2780 crown - 3/4 cast high noble metal 625 D3120 pulp cap - indirect (excluding final restoration) 35 D2781 crown - 3/4 cast noble metal 625 D320 therapeutic pulpotomy (excluding final restoration) are restoration - removal of pulp coronal to the dentinocemental junction and application of medicament 55 partial deprotomy for apexogenesis - permanent tooth with incomplete root development 550 pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) 2790 provisional crown - further treatment or completion of diagnosis necessary prior to final impression 50 D3310 pulpal therapy (resorbable filling) - porteior, primary tooth (excluding final restoration) 50 D3310 endodontic therapy, anterior tooth (excluding final restoration) 50 D3310 endodontic therapy, premolar tooth (excluding final restoration) 50 D3330 endodontic therapy, premolar tooth (excluding final restoration) 50 D3330 endodontic therapy, premolar tooth (excluding final restoration) 50 D3330 endodontic therapy, premolar tooth (excluding final restoration) 50 D3330 endodontic therapy, molar tooth (excluding 572 primary tooth (excluding final restoration) 50 D3330 endodontic therapy, molar tooth (excluding 573 primary tooth (excluding final restoration) 50 D3330 endodontic therapy, molar tooth (excluding 573 primar	D2664		615	D2957	each additional prefabricated post - same tootl	n 80
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D2720 crown - resin with high noble metal 625 D2721 crown - resin with predominantly base metal 475 D2722 crown - resin with predominantly base metal 600 D2740 crown - porcelain fused to high noble metal 625 D2750 crown - porcelain fused to high noble metal 625 D2751 crown - porcelain fused to predominantly base metal 475 D2752 crown - porcelain fused to noble metal 625 D2753 crown - porcelain fused to noble metal 625 D2754 crown - porcelain fused to noble metal 625 D2755 crown - porcelain fused to noble metal 625 D2760 crown - 3/4 cast high noble metal 625 D2781 crown - 3/4 cast high noble metal 625 D2782 crown - 3/4 cast noble metal 600 D2783 crown - 3/4 porcelain/ceramic 475 D2784 crown - 3/4 porcelain/ceramic 475 D2795 crown - full cast high noble metal 600 D2790 crown - full cast high noble metal 625 D2791 crown - full cast predominantly base metal 475 D2792 crown - full cast predominantly base metal 475 D2793 provisional crown further treatment or completion of diagnosis necessary prior to final impression D2794 specialized porcelain- high noble/titanium 25 D27NP specialized porcelain- noble metal crown 50 D27NP specialize				D2961		400
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D2750 crown - porcelain fused to high noble metal 625 lesions D2751 crown - porcelain fused to predominantly base metal 600 D3110 pulp cap - direct (excluding final restoration) 35 D2780 crown - 3/4 cast high noble metal 625 D3120 pulp cap - indirect (excluding final restoration) 35 D2781 crown - 3/4 cast high noble metal 600 denotes a force of the dentinocemental junction and application of medicament 600 denotes (root canal therapy) D2782 crown - 3/4 cast high noble metal 600 dentinocemental junction and application of medicament 600 dentinocemental junction and application of 6000 dentinocemental junction and application of 600 dentinocemental junction and application of 600 dentinocemental junction and application of 6000 dentinocemental junction and application of 600 dentinocemental junction and application of 6000 dentinocemental junction and pulp dentinocemental for 6000 dentinocem						200
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D2752 crown - porcelain fused to noble metal 600 D3110 pulp cap - direct (excluding final restoration) 35 D2780 crown - 3/4 cast high noble metal 625 D320 therapeutic pulpotomy (excluding final restoration) 55 D2781 crown - 3/4 cast predominantly base metal 475 D3220 therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament pulpotomy for apexagenesis - pulpal debridement, primary and permanent teeth teeth D2791 crown - full cast predominantly base metal 475 D2792 crown - full cast noble metal 600 D2793 provisional crown - further treatment or completion of diagnosis necessary prior to final impression D2794 crown - titanium D2795 specialized porcelain- high noble/titanium 25 D2796 postalized porcelain- noble metal crown 50 D2797 specialized porcelain- noble metal crown 50 D2798 specialized porcelain- all porcelain crown 175 D2799 provisional crown- further treatment or crown 175 D2700 re-cement or re-bond inlay, onlay, veneer or 15 D27010 re-cement or re-bond inlay, onlay, veneer or 15 D27010 re-cement or re-bond inlay, onlay, veneer or 15 D27010 pulpat therapy, molar tooth (excluding 572 D27010 pulpat therapy, premolar tooth (excluding 573 D27010 pulpat therapy, premolar tooth (excluding 574 D27010 pulpat therapy, premolar tooth (excluding 574 D27010 pulpat therapy, premolar tooth (excluding 575 D27010010 pulpat therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) D27010 pulpat therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) D27010 pulpat therapy (resorbable filling) - posterior, p					lesions	
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D2794 crown - titanium D2799 provisional crown— further treatment or completion of diagnosis necessary prior to final impression D27HP specialized porcelain— high noble/titanium D27NP specialized porcelain— noble metal crown D27NP specialized porcelain— noble metal	D2791		475			
D2799 provisional crown– further treatment or completion of diagnosis necessary prior to final impression D27HP specialized porcelain- high noble/titanium crown D27NP specialized porcelain- noble metal crown D27NP speci	D2792	crown - full cast noble metal	600	D3222		55
completion of diagnosis necessary prior to final impression D27HP specialized porcelain- high noble/titanium crown D27NP specialized porcelain- noble metal crown D27NP spe	D2794	crown - titanium	625			
D27HP specialized porcelain- high noble/titanium crown 25 D3240 pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) 27 primar	D2799		200	D3230	pulpal therapy (resorbable filling) - anterior,	80
D27NP specialized porcelain- noble metal crown 50 D3310 endodontic therapy, anterior tooth (excluding final restoration) D27SP specialized porcelain-all porcelain crown 175 D3320 endodontic therapy, premolar tooth (excluding final restoration) D2910 re-cement or re-bond inlay, onlay, veneer or 15 D3330 endodontic therapy, molar tooth (excluding 57)	D27HP		25	D3240	pulpal therapy (resorbable filling) - posterior,	80
D27SP specialized porcelain-all porcelain crown 175 Other Restorative Services D2910 re-cement or re-bond inlay, onlay, veneer or 15 D3320 endodontic therapy, premolar tooth (excluding final restoration) D3330 endodontic therapy, molar tooth (excluding 575)	D27NP	crown	50	D3310		275
Dither Restorative Services Differ Restorati				55.50	1.	
D2910 re-cement or re-bond inlay, onlay, veneer or 15 D3330 endodontic therapy, molar tooth (excluding 57)			275	D3320	endodontic therapy, premolar tooth	370
177	D2910	re-cement or re-bond inlay, onlay, veneer or	15	D3330		575

Code	Description	Copayment	Code	Description	Copayment
D3331	treatment of root canal obstruction; non- surgical access	175	D4266	guided tissue regeneration - resorbable barrier per site	, 300
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	200	D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	350
D3333	internal root repair of perforation defects	150	D4268	surgical revision procedure, per tooth	450
D3346	retreatment of previous root canal therapy -	600	D4270	pedicle soft tissue graft procedure	450
D3347	anterior retreatment of previous root canal therapy - premolar	700	D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical	250
D3348	retreatment of previous root canal therapy - molar	850	D4277	area) free soft tissue graft procedure (including	445
D3353	apexification/recalcification - final visit (includes completed root canal therapy -	30	D 1217	recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	113
	apical closure/calcific repair of perforations, root resorption, etc.)		D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each	100
D3355	pulpal regeneration - initial visit	30		additional contiguous tooth, implant or edentulous tooth position in same graft site	
D3356	pulpal regeneration - interim medication replacement	30	D4341	periodontal scaling and root planing - four or more teeth per quadrant	70
D3357	pulpal regeneration - completion of treatment	550	D4342	periodontal scaling and root planing - one to	45
D3421	apicoectomy - premolar (first root)	375	174342	three teeth per quadrant	43
D3425	apicoectomy - molar (first root)	425	D4346	scaling in presence of generalized moderate or	55
D3426	apicoectomy (each additional root)	140		severe gingival inflammation - full mouth,	
D3427	periradicular surgery without apicoectomy	330		after oral evaluation	
D3430	retrograde filling - per root	120	D4355	full mouth debridement to enable a	55
D3450	root amputation - per root	200		comprehensive oral evaluation and diagnosis on a subsequent visit	
D3920	hemisection (including any root removal), not including root canal therapy	300	D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased	40
D3950	canal preparation and fitting of preformed dowel or post	75		crevicular tissue, per tooth	
Periodon	tics		D4910	periodontal maintenance (1st and 2nd in year)	40
D4210	gingivectomy or gingivoplasty - four or more	225	D4921	gingival irrigation – per quadrant	25
D4210	contiguous teeth or tooth bounded spaces per quadrant	223	D49XC Dentures	periodontal maintenance (3rd and 4th in year)	125
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	80	provided whe	l dentures (upper and/or lower) - one per five year period. R. ere casing is unsatisfactory and cannot be made satisfactory. I re the responsibility of the patient. Unilateral partials (Nesb	Lost or stolen
D4212	gingivectomy or gingivoplasty to allow access	80	recommended	d treatment.	
	for restorative procedure, per tooth		D5110	complete denture - maxillary	825
D4230	anatomical crown exposure - four or more	450	D5120	complete denture - mandibular	825
	contiguous teeth or bounded spaces per quadrant		D5130	immediate denture - maxillary	900
D4231	anatomical crown exposure - one to three	350	D5140	immediate denture - mandibular	900
D4240	teeth or bounded spaces per quadrant gingival flap procedure, including root	300	D5211	maxillary partial denture - resin base (including any conventional clasps, rests and	675
2 1210	planing - four or more contiguous teeth or tooth bounded spaces per quadrant		D5212	teeth) mandibular partial denture - resin base	675
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or	200	D5042	(including any conventional clasps, rests and teeth)	075
	tooth bounded spaces per quadrant		D5213	maxillary partial denture - cast metal framework with resin denture bases (including	875
D4245	apically positioned flap	350		any conventional clasps, rests and teeth)	•
D4249	clinical crown lengthening – hard tissue	350	D5214	mandibular partial denture - cast metal	875
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per	500	D5221	framework with resin denture bases (including any conventional clasps, rests and teeth) immediate maxillary partial denture – resin	950
	quadrant		155221	base (including any conventional clasps, rests	750
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per	350	D5222	and teeth) immediate mandibular partial denture – resin	950
D4263	quadrant bone replacement graft – retained natural	300		base (including any conventional clasps, rests and teeth)	250
D4264	tooth – first site in quadrant bone replacement graft – retained natural	350	D5223	immediate maxillary partial denture – cast metal framework with resin denture bases	950
D4204	tooth – each additional site in quadrant	330		(including any conventional clasps, rests and teeth)	

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Code	Description	Copayment	Code	Description	Copayment
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases	950	Implants Implants are only available at specific participating dental offices. Check		h
	(including any conventional clasps, rests and teeth)		www.dentalhealthservices.com to locate participating dental offices which offer this servi D60SP, D60HP, and D60NP are allowable upgrade charges for specialized porcela such as Lava, Captek, Cercon, etc. It is charged in addition to the type of abutment retainer billed. ***Standard x-rays include periapical, bitewing and occlusal films. That are additional fees for panoramic, cephalometric, CT or other films. ****There are additional fees for any replacement parts, screws, etc.		
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	825			
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	825			
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	425	D6010	surgical placement of implant body: endoste implant	al 1500
Denture	Adjustments & Repairs		D6056	prefabricated abutment – includes	450
D5410	adjust complete denture - maxillary	30	D6057	modification and placement custom fabricated abutment – includes	450
D5411	adjust complete denture - mandibular	30	D0037	placement	430
D5421	adjust partial denture - maxillary	30	D6058	abutment supported porcelain/ceramic crow	vn 1000
D5422	adjust partial denture - mandibular	30	D6059	abutment supported porcelain fused to meta	
D5511	repair broken complete denture base, mandibular	130	D6060	crown (high noble metal) abutment supported porcelain fused to meta	
D5512	repair broken complete denture base, maxillary	130	20000	crown (predominantly base metal)	1000
D5520	replace missing or broken teeth - complete denture (each tooth)	125	D6061	abutment supported porcelain fused to meta crown (noble metal)	ıl 1125
D5611	repair resin partial denture base, mandibular	135	D6062	abutment supported cast metal crown (high	1150
D5612	repair resin partial denture base, maxillary	135		noble metal)	
D5621	repair cast partial framework, mandibular	135	D6063	abutment supported cast metal crown	1000
D5622	repair cast partial framework, maxillary	135		(predominantly base metal)	
D5630	repair or replace broken clasp - per tooth	130	D6064	abutment supported cast metal crown (noble	e 1125
D5640	replace broken teeth - per tooth	130	D(0(5	metal)	1000
D5650	add tooth to existing partial denture	130	D6065	implant supported porcelain/ceramic crown	
D5660	add clasp to existing partial denture - per tooth	135	D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble	1150
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	500	D6067	metal) implant supported metal crown (titanium,	1150
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	500	D6068	titanium alloy, high noble metal)	1000
D5710	rebase complete maxillary denture	225	D0000	abutment supported retainer for porcelain/ceramic FPD	1000
D5711	rebase complete mandibular denture	225	D6069	abutment supported retainer for porcelain	1150
D5720	rebase maxillary partial denture	225		fused to metal FPD (high noble metal)	
D5721	rebase mandibular partial denture	225	D6070	abutment supported retainer for porcelain	1000
D5730	reline complete maxillary denture (chairside)	125		fused to metal FPD (predominantly base	
D5731	reline complete mandibular denture (chairside)	125		metal)	
D5740	reline maxillary partial denture (chairside)	125	D6071	abutment supported retainer for porcelain	1125
D5741	reline mandibular partial denture (chairside)	125	D/072	fused to metal FPD (noble metal)	1150
D5750	reline complete maxillary denture (laboratory)	200	D6072	abutment supported retainer for cast metal FPD (high noble metal)	1150
D5751	reline complete mandibular denture (laboratory)	200	D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	1000
D5760	reline maxillary partial denture (laboratory)	200	D6074	abutment supported retainer for cast metal	1125
D5761	reline mandibular partial denture (laboratory)	200	D0074	FPD (noble metal)	1123
D5810	interim complete denture (maxillary)	325	D6075	implant supported retainer for ceramic FPD	1000
D5811	interim complete denture (mandibular)	325	D6076	implant supported retainer for porcelain fuse	
D5820	interim partial denture (maxillary)	325		to metal FPD (titanium, titanium alloy, or	
D5821	interim partial denture (mandibular)	325		high noble metal)	
D5850	tissue conditioning, maxillary	30	D6077	implant supported retainer for cast metal	1150
D5851	tissue conditioning, mandibular	30		FPD (titanium, titanium alloy, or high noble	
D5863	overdenture – complete maxillary	900	D.(004	metal)	55
D5864	overdenture – partial maxillary	900	D6081	scaling and debridement in the presence of inflammation or mucositis of a single implan	55 ot
D5865 D5866	overdenture – complete mandibular overdenture – partial mandibular	900 900		including cleaning of the implant surfaces, without flap entry and closure	,
	1		D6085	provisional implant crown	200
			D6092	re-cement or re-bond implant/abutment supported crown	30
			D6093	re-cement or re-bond implant/abutment supported fixed partial denture	40

Code	Description	Copayment	Code	Description	Copayment
D6094	abutment supported crown - (titanium)	500	D6607	retainer inlay - cast noble metal, three or more	600
D60HP	specialized porcelain- high noble/titanium abutment retainer	25	D6608	surfaces retainer onlay - porcelain/ceramic, two	435
D60NP	specialized porcelain- noble metal abutment retainer	50	D6609	surfaces retainer onlay - porcelain/ceramic, three or	475
D60SP	specialized porcelain- all porcelain abutment	175	D0009	more surfaces	
D6110	retainer implant /abutment supported removable	2300	D6610	retainer onlay - cast high noble metal, two surfaces	585
D6111	denture for edentulous arch – maxillary implant /abutment supported removable	2300	D6611	retainer onlay - cast high noble metal, three or more surfaces	585
	denture for edentulous arch - mandibular		D6612	retainer onlay - cast predominantly base metal, two surfaces	, 435
D6112	implant /abutment supported removable denture for partially edentulous arch – maxillary	2300	D6613	retainer onlay - cast predominantly base metal, three or more surfaces	, 475
D6113	implant /abutment supported removable	2300	D6614	retainer onlay - cast noble metal, two surfaces	560
	denture for partially edentulous arch – mandibular		D6615	retainer onlay - cast noble metal, three or more surfaces	600
D6194	abutment supported retainer crown for FPD	500	D6624	retainer inlay - titanium	585
	(titanium)		D6634	retainer onlay - titanium	585
Bridges			D6710	retainer crown - indirect resin based composit	e 475
_	62HP, D62NP, D67SP, D67HP, and D67NP are all	lowable upgrade	D6720	retainer crown - resin with high noble metal	625
	pecialized porcelain such as Lava, Captek, Cercon, etc. It is he type of abutment or pontic billed.	charged in	D6721	retainer crown - resin with predominantly base metal	475
D6205	pontic - indirect resin based composite	240	D6722	retainer crown - resin with noble metal	600
D6210	pontic - cast high noble metal	625	D6740	retainer crown - porcelain/ceramic	475
D6211	pontic - cast predominantly base metal	475	D6750	retainer crown - porcelain fused to high noble	625
D6212	pontic - cast noble metal	600		metal	
D6214	pontic - titanium	625	D6751	retainer crown - porcelain fused to	475
D6240	pontic - porcelain fused to high noble metal	625		predominantly base metal	
D6241	pontic - porcelain fused to predominantly	475	D6752	retainer crown - porcelain fused to noble meta	
	base metal		D6780	retainer crown - 3/4 cast high noble metal	625
D6242	pontic - porcelain fused to noble metal	600	D6781	retainer crown - 3/4 cast predominantly base	475
D6245	pontic - porcelain/ceramic	475	D.(702	metal	200
D6250	pontic - resin with high noble metal	625	D6782	retainer crown - 3/4 cast noble metal	600
D6251	pontic - resin with predominantly base metal	475	D6783	retainer crown - 3/4 porcelain/ceramic	475
D6252	pontic - resin with noble metal	600	D6790	retainer crown - full cast high noble metal	625
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to	200	D6791	retainer crown - full cast predominantly base metal	475
	final impression		D6792	retainer crown - full cast noble metal provisional retainer crown - further treatment	600
D62HP	specialized porcelain- high noble/titanium pontic	25	D6793	or completion of diagnosis necessary prior to final impression	200
D62NP	specialized porcelain- noble metal pontic	50	D6794	retainer crown - titanium	625
D62SP D6545	specialized porcelain- all porcelain pontic retainer - cast metal for resin bonded fixed	175 310	D67HP	specialized porcelain- high noble/titanium abutment	25
D (510	prosthesis	550	D67NP	specialized porcelain- noble metal abutment	50
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	550	D67SP	specialized procelain- all porcelain abutment	175
D6549	resin retainer – for resin bonded fixed	310	D6930	re-cement or re-bond fixed partial denture	30
D.((00	prosthesis	125	Oral Sur	gery	
D6600	inlay - porcelain/ceramic, two surfaces	435	D7111	extraction, coronal remnants - primary tooth	60
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	475	D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	60
D6602	retainer inlay - cast high noble metal, two surfaces	585	D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and	135
D6603	retainer inlay - cast high noble metal, three or more surfaces	625		including elevation of mucoperiosteal flap if indicated	
D6604	retainer inlay - cast predominantly base metal,	435	D7220	removal of impacted tooth - soft tissue	150
DCCOF	two surfaces	475	D7230	removal of impacted tooth - partially bony	180
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	475	D7240	removal of impacted tooth - completely bony	215
D6606	retainer inlay - cast noble metal, two surfaces	560	D7241	removal of impacted tooth - completely bony,	265
_ 0000	James and Hotel Metal, two surfaces	300		with unusual surgical complications	

Code	Description	Copayment
D7250	removal of residual tooth roots (cutting procedure)	150
D7251	coronectomy – intentional partial tooth removal	210
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	270
D7280	exposure of an unerupted tooth	125
D7282	mobilization of erupted or malpositioned tooth to aid eruption	275
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	100
D7286	incisional biopsy of oral tissue-soft	100
D7288	brush biopsy - transepithelial sample collection	25
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	110
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	150
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	140
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	80
D7510	incision and drainage of abscess - intraoral soft tissue	100
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	125
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	150
D7963	frenuloplasty	225
D7970	excision of hyperplastic tissue - per arch	125
D7971	excision of pericoronal gingiva	40
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Other Services

General Anesthesia is covered soley 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.

D9110	palliative (emergency) treatment of dental pain - minor procedure	30
D9120	fixed partial denture sectioning	35
D9210	local anesthesia not in conjunction with operative or surgical procedures	50
D9211	regional block anesthesia	60
D9212	trigeminal division block anesthesia	150
D9215	local anesthesia in conjunction with operative or surgical procedures	0
D9219	evaluation for deep sedation or general anesthesia	40
D9222	deep sedation/general anesthesia – first 15 minutes	150
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	150
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	40
D9239	intravenous moderate (conscious) sedation/analgesia – first 15 minutes	150
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	150
D9248	non-intravenous conscious sedation	250

Code	Description	Copayment
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	20
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	25
D9440	office visit - after regularly scheduled hours	40
D9450	case presentation, detailed and extensive treatment planning	0
D9610	therapeutic parenteral drug, single administration	15
D9612	therapeutic parenteral drugs, two or more administrations, different medications	30
D9630	drugs or medicaments dispensed in the office for home use	25
D9910	application of desensitizing medicament	15
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	15
D9932	cleaning and inspection of removable complete denture, maxillary	15
D9933	cleaning and inspection of removable complete denture, mandibular	15
D9934	cleaning and inspection of removable partial denture, maxillary	15
D9935	cleaning and inspection of removable partial denture, mandibular	15
D9940	occlusal guard, by report	350
D9941	fabrication of athletic mouthguard	350
D9942	repair and/or reline of occlusal guard	75
D9943	occlusal guard adjustment	15
D9951	occlusal adjustment - limited	35
D9952	occlusal adjustment - complete	75
D9970	enamel microabrasion	175
D9971	odontoplasty 1 - 2 teeth; includes removal of enamel projections	130
D9972	external bleaching - per arch - performed in office	200
D9973	external bleaching - per tooth	40
D9974	internal bleaching - per tooth	75
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	200
D9991	dental case management – addressing appointment compliance barriers	0
D9992	dental case management - care coordination	0
D9993	dental case management – motivational interviewing	0
D9994	dental case management – patient education to improve oral health literacy	0

Orthodontics

When performed by a Dental Health Services participating orthodontist.

D	08010	Limited orthodontic treatment of the primary dentition	D8070 prorated
D	8020	Limited orthodontic treatment of the transitional dentition	D8070 prorated
D	08030	Limited orthodontic treatment of the adolescent dentition	D8080 prorated
D) 8040	Limited orthodontic treatment of the adult dentition	D8090 prorated
D) 8050	Interceptive orthodontic treatment of the primary dentition	D8070 prorated

Code	Description	Copayment	
D8060	Interceptive orthodontic treatment of the transitional dentition	D8070 prorated	
D8070	Comprehensive orthodontic treatment of the transitional dentition	3395	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	3395	
D8090	Comprehensive orthodontic treatment of the adult dentition	3495	
D8210	Removable appliance therapy	550	
D8220	Fixed appliance therapy	550	
D8660	Pre-orthodontic treatment examination to monitor growth and development	40	
D8670	Periodic orthodontic treatment visit	5	
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	315	
D8690	Orthodontic treatment (alternative billing to a contract fee)	included	
D8693	Re-cement or re-bond fixed retainer	45	
Comprehensive orthodontic treatment copayment amounts (D8070, D8080, D8090) are based on a typical 24-month case. If case extends beyond 24 months, additional months are prorated according to the number of extra months			

of treatment.Denturists

Covered Denturist Services and Copayments 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).

D5110	Complete denture - maxillary	700
D5120	Complete denture - mandibular	700
D5130	Immediate denture - maxillary	725
D5140	Immediate denture - mandibular	725
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	750
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	750
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	750
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	750
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	775
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	775
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	775
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	775
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	750
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	750
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	300
D5410	Adjust complete denture - maxillary	20

Code	Description	Copayment
D5411	Adjust complete denture - mandibular	20
D5421	Adjust partial denture - maxillary	20
D5422	Adjust partial denture - mandibular	20
D5511	Repair broken complete denture base, mandibular	100
D5512	Repair broken complete denture base, maxillary	100
D5520	Replace missing or broken teeth - complete denture (each tooth)	100
D5611	repair resin partial denture base, mandibular	110
D5612	repair resin partial denture base, maxillary	110
D5621	repair cast partial framework, mandibular	110
D5622	repair cast partial framework, maxillary	110
D5630	repair or replace broken clasp - per tooth	100
D5640	Replace broken teeth - per tooth	100
D5650	Add tooth to existing partial denture	100
D5660	add clasp to existing partial denture - per tooth	n 105
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	375
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	375
D5710	Rebase complete maxillary denture	195
D5711	Rebase complete mandibular denture	195
D5720	Rebase maxillary partial denture	195
D5721	Rebase mandibular partial denture	195
D5730	Reline complete maxillary denture (chairside)	110
D5731	Reline complete mandibular denture (chairside)	110
D5740	Reline maxillary partial denture (chairside)	110
D5741	Reline mandibular partial denture (chairside)	110
D5750	Reline complete maxillary denture (laboratory)	170
D5751	Reline complete mandibular denture (laboratory)	170
D5760	Reline maxillary partial denture (laboratory)	170
D5761	Reline mandibular partial denture (laboratory)	170
D5810	Interim complete denture (maxillary)	300
D5811	Interim complete denture (mandibular)	300
D5820	Interim partial denture (maxillary)	300
D5821	Interim partial denture (mandibular)	300
D5850	Tissue conditioning, maxillary	25
D5851	Tissue conditioning, mandibular	25
D5863	Overdenture – complete maxillary	725
D5864	Overdenture – partial maxillary	725
D5865	Overdenture – complete mandibular	725
D5866	Overdenture – partial mandibular	725



Exclusions & Limitations of Coverage

Super SmartSmile - Plan WA-E

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)

Limitation on the frequency and appropriateness of services:

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

D0120 Periodic oral evaluation: D1206 and D1208 Fluoride are limited to one per six months.

Caries risk assessments (D0601-D0603) are covered for members 18 years of age and younger.
a. D0601 & D0602 are covered once every 6 months.

b. D0603 is covered once every 3 months.
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.

D4341 or D4342 – Periodontal scaling and root planing – limited to four quadrants per six months; and two quadrants per day.

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.

Fixed bridges are optional and not covered for patients under the

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.

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.

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 full fees. This includes such services as the replacement of clinically acceptable amalgam fillings, Veneers and Bonding.

Crowns and Bridges – limited to 10 in a 12 month period. Additional Crowns and Bridges are subject to a \$200 copayment

increase per procedure.

- 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.
- 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.

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.

Benefits are only available if work is completed in enrollee's

participating provider's office. 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.

Coverage for services only available during period of enrollment. Implants – 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.

- Services not specifically listed in the "Schedule of Covered Services and Copayments.'
- Treatment at a specialist is not covered, but may be available at a discount unless your specific plan contains specialty copayments.
- 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.
- 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.)

Any dental procedure that cannot be performed in the dental office due to the general health and/or physical limitations of the enrollee.

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.

Changes in treatment necessitated by accident of any kind.

Services which are compensable under Worker's Compensation or employer liability laws.

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

Orthodontic Exclusions

The following are not covered by your dental plan.

- Cephalometric x-rays, dental x-rays for orthodontic purposes.
- Tracings and photographs.

C. D.

Study Models.
Replacement of lost or broken appliances.

Ε. Retreatment of orthodontic cases.

- F. Treatment of a case in progress at inception of eligibility.
- Treatment and/or surgical procedures related to cleft palate, G. micrognathia or microdontia.

 Treatment related to temporomandibular joint disturbances and/or
- Н. hormonal imbalances.
- 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.

Dental Health Services

A Great Reason to Smile 800-637-6453

100 W. Harrison Street, Suite S-440, South Tower, Seattle, WA 98119 www.dentalhealthservices.com