



SECTION [XVII].

[EssentialSmile 112, NS, INN, Family Dental, Dep 29]
SCHEDULE OF BENEFITS

COST-SHARING	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	
<p>PEDIATRIC DENTAL CARE ESSENTIAL HEALTH BENEFIT</p> <p>Deductible</p> <ul style="list-style-type: none"> • One (1) Member under age 19 • Two (2) or more Members under age 19 <p>Out-of-Pocket Limit</p> <ul style="list-style-type: none"> • One (1) Member under age 19 • Two (2) or more Members under age 19 <p>Deductibles, Coinsurance and Copayments that make up Your Out-of-Pocket Limit accumulate on a calendar year ending on December 31 of each year.</p>	<p>\$50</p> <p>\$50 per member</p> <p>\$350</p> <p>\$700</p>	<p>Non-Participating Provider Services Are Not Covered and You Pay the Full Cost</p>	

SHI -G-SCH-1-OF-NY0416

Underwritten by Solstice Health Insurance Company, a licensed Accident and Health Insurance Company under New York Insurance Law Section 1113(a)(3)



PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFIT & CARE	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
<p>Pediatric Dental Care</p> <ul style="list-style-type: none"> • Emergency Dental Care • Preventive Dental Care • Routine Dental Care • Endodontics • Periodontics • Prosthodontics • Oral Surgery • Orthodontics <p>Preauthorization</p>	<p>\$10 Copayment After Deductible</p> <p>\$0- \$125 Copayment After Deductible</p> <p>\$0 - \$350 Copayment After Deductible</p> <p>\$30 - \$350 Copayment After Deductible</p> <p>\$51 - \$350 Copayment After Deductible</p> <p>\$20 - \$350 Copayment After Deductible</p> <p>\$60 - \$306 Copayment After Deductible</p> <p>\$25 - \$350 Copayment After Deductible</p> <p>Treatment of Malignancies, Cysts, or Neoplasms, General Anesthesia, IV Sedation, Crowns, Bridges, Prosthetics, and Specialist Care Require Preauthorization</p>	<p>Non-Participating Provider Services Are Not Covered You Pay the Full Cost</p>	<p>One (1) dental exam & cleaning per six (6) month period</p> <p>Full mouth X-rays or panoramic X-rays at 36 month intervals and bitewing X-rays at six month intervals</p>



The Copayments listed in the Schedule of Benefits are for Covered Services provided by a Participating Provider who is a General Dentist.

CODE	DESCRIPTION	MEMBER COST-SHARING CHILD	LIMITATIONS
PREVENTIVE DENTAL CARE			
D1110	Prophylaxis - adult	\$0	Six (6) month intervals
D1120	Prophylaxis - child	\$0	Six (6) month intervals
D1206	Topical application of fluoride varnish	\$30	Six (6) month intervals where the local water supply is not fluoridated
D1208	Topical application of fluoride - excluding varnish	\$30	Six (6) month intervals where the local water supply is not fluoridated
D1351	Sealant - per tooth	\$0	One (1) time in any thirty-six (36) consecutive month per tooth
D1510	Space maintainer - fixed - unilateral	\$50	
D1515	Space maintainer - fixed - bilateral	\$100	
D1520	Space maintainer - removable - unilateral	\$75	
D1525	Space maintainer - removable - bilateral	\$125	
D1550	Re-cement or re-bond space maintainer	\$20	
D1555	Removal of fixed space maintainer	\$20	
D8210	Removable appliance therapy	\$100	
ROUTINE DENTAL CARE - APPOINTMENTS			
D0120	Periodic oral evaluation - established patient	\$0	Once within a six (6) month consecutive period
D0140	Limited oral evaluation - problem focused	\$0	
D0145	Oral evaluation for a patient under 3 years of age	\$0	Once within a six (6) month consecutive period
D0150	Comprehensive oral evaluation - new or established patient	\$0	Once within a thirty-six (36) consecutive month period
D0160	Detailed and extensive oral evaluation - problem focused	\$0	Once within a six (6) month consecutive period
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$10	For Emergency Dental
ROUTINE DENTAL CARE - RADIOGRAPHY / DIAGNOSTIC DENTISTRY			
D0210	Intraoral - complete series of radiographic images	\$0	Thirty-six (36) month intervals
D0220	Intraoral - periapical first radiographic image	\$0	
D0270	Bitewing - single radiographic image	\$0	Six (6) month intervals



CODE	DESCRIPTION	MEMBER COST- SHARING CHILD	LIMITATIONS
ROUTINE DENTAL CARE - RADIOGRAPHY / DIAGNOSTIC DENTISTRY CONT.			
D0272	Bitewings - 2 radiographic images	\$0	Six (6) month intervals
D0273	Bitewings - 3 radiographic images	\$0	Six (6) month intervals
D0274	Bitewings - 4 radiographic images	\$0	Six (6) month intervals
D0330	Panoramic radiographic image	\$0	Thirty-six (36) month intervals
D2140	Amalgam - one surface, primary or permanent	\$25	
D2150	Amalgam - two surfaces, primary or permanent	\$40	
D2160	Amalgam - three surfaces, primary or permanent	\$50	
D2161	Amalgam - four or more surfaces, primary or permanent	\$65	
D2330	Resin-based composite - one surface, anterior	\$50	
D2331	Resin-based composite - two surfaces, anterior	\$60	
D2332	Resin-based composite - three surfaces, anterior	\$80	
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$100	
D2930	Prefabricated stainless steel crown - primary tooth	\$75	Limited to one (1) per tooth per consecutive sixty (60) months
D2931	Prefabricated stainless steel crown - permanent tooth	\$75	Limited to one (1) per tooth per consecutive sixty (60) months
D2940	Protective restoration	\$10	
ROUTINE DENTAL CARE - ORAL SURGERY			
D7111	Extraction, coronal remnants - deciduous tooth	\$60	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$70	
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$132	
D7220	Removal of impacted tooth - soft tissue	\$177	
D7230	Removal of impacted tooth - partially bony	\$229	
D7240	Removal of impacted tooth - completely bony	\$281	
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$306	
D7250	Surgical removal of residual roots (cutting procedure)	\$127	
D7251	Coronectomy – intentional partial tooth removal	\$270	
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$200	
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	\$100	
D7280	Surgical access of an unerupted tooth	\$220	
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$196	



CODE	DESCRIPTION	MEMBER COST-SHARING CHILD	LIMITATIONS
ROUTINE DENTAL CARE - ORAL SURGERY CONT.			
D7283	Placement of device to facilitate eruption of impacted tooth	\$80	
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$175	
D7963	Frenuloplasty	\$125	
ENDODONTICS			
D3110	Pulp cap - direct (excluding final restoration)	\$30	
D3120	Pulp cap - indirect (excluding final restoration)	\$30	
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$70	
D3221	Pulpal debridement, primary and permanent teeth	\$90	
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$70	
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$60	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$350	
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$350	
D3330	Endodontic therapy, molar (excluding final restoration)	\$350	
D3331	Treatment of root canal obstruction; non-surgical access	\$85	
D3332	Incomplete Endodontic therapy; inoperable, unrestorable or fractured tooth	\$75	
D3333	Internal root repair of perforation defects	\$115	
D3346	Retreatment of previous root canal therapy - anterior	\$100	
D3347	Retreatment of previous root canal therapy - bicuspid	\$100	
D3348	Retreatment of previous root canal therapy - molar	\$100	
D3421	Apicoectomy - bicuspid (first root)	\$50	
D3425	Apicoectomy - molar (first root)	\$50	
D3426	Apicoectomy (each add root)	\$50	
D3430	Retrograde filling - per root	\$65	
D3450	Root amputation - per root	\$225	
PERIODONTICS			
D4341	Periodontal scaling & root planing - four or more teeth per quadrant	\$133	Limited to (1) per quadrant per 24 months
D4342	Periodontal scaling & root planing - one to three teeth per quadrant	\$51	Limited to (1) per quadrant per 24 months



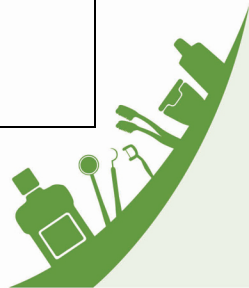
CODE	DESCRIPTION	MEMBER COST- SHARING CHILD	LIMITATIONS
PERIODONTICS CONT.			
D4910	Periodontal maintenance	\$74	Once within a six (6) month consecutive period
PROSTHODONTICS - REMOVABLE			
D5110	Complete denture - maxillary	\$350	Limited to one (1) per consecutive sixty (60) months
D5120	Complete denture - mandibular	\$350	Limited to one (1) per consecutive sixty (60) months
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$350	Limited to one (1) per consecutive sixty (60) months
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$350	Limited to one (1) per consecutive sixty (60) months
D5410	Adjust complete denture - maxillary	\$20	
D5411	Adjust complete denture - mandibular	\$20	
D5421	Adjust partial denture - maxillary	\$20	
D5422	Adjust partial denture - mandibular	\$20	
D5510	Repair broken complete denture base	\$120	
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$125	
D5610	Repair resin denture base	\$120	
D5620	Repair cast framework	\$130	
D5630	Repair or replace broken clasp- per tooth	\$130	
D5640	Replace broken teeth - per tooth	\$115	
D5710	Rebase complete maxillary denture	\$175	
D5711	Rebase complete mandibular denture	\$175	
D5720	Rebase maxillary partial denture	\$170	
D5721	Rebase mandibular partial denture	\$170	
D5730	Reline complete maxillary denture (chairside)	\$135	
D5731	Reline complete mandibular denture (chairside)	\$135	
D5740	Reline maxillary partial denture (chairside)	\$135	
D5741	Reline mandibular partial denture (chairside)	\$135	
D5750	Reline complete maxillary denture (laboratory)	\$165	
D5751	Reline complete mandibular denture (laboratory)	\$165	
D5760	Reline maxillary partial denture (laboratory)	\$165	
D5761	Reline mandibular partial denture (laboratory)	\$165	
PROSTHODONTICS - FIXED			
D6211	Pontic - cast predominantly base metal	\$350	Limited to one (1) per tooth per consecutive sixty (60) months
D6251	Pontic - resin with predominantly base metal	\$350	Limited to one (1) per tooth per consecutive sixty (60) months



CODE	DESCRIPTION	MEMBER COST-SHARING CHILD	LIMITATIONS
PROSTHODONTICS - FIXED CONT.			
D6721	Crown - resin with predominantly base metal	\$350	Limited to one (1) per tooth per consecutive sixty (60) months
D6791	Crown - full cast predominantly base metal	\$350	Limited to one (1) per tooth per consecutive sixty (60) months
ORTHODONTIA			
Orthodontic treatment is Medically Necessary only and limited to no more than twenty-four (24) months of treatment, with the initial payment of 20% at banding and remaining payment prorated over the course of treatment.			
D8050	Interceptive orthodontic treatment of the primary dentition	\$350	
D8060	Interceptive orthodontic treatment of the transitional dentition	\$350	
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$350	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$350	
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$350	
MISCELLANEOUS SERVICES			
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	\$50	



COST-SHARING	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	
<p data-bbox="167 394 451 485">ADDITIONAL PEDIATRIC DENTAL CARE</p> <p data-bbox="167 527 318 554">Deductible</p> <ul data-bbox="167 562 431 730" style="list-style-type: none"> • One (1) Member under age 19 • Two (2) or more Members under age 19 <p data-bbox="167 800 440 827">Out-of-Pocket Limit</p> <ul data-bbox="167 835 431 1003" style="list-style-type: none"> • One (1) Member under age 19 • Two (2) or more Members under age 19 <p data-bbox="167 1108 467 1367">Deductibles, Coinsurance and Copayments that make up Your Out-of-Pocket Limit accumulate on a calendar year ending on December 31 of each year.</p>	<p data-bbox="505 594 553 621">\$50</p> <p data-bbox="505 663 727 690">\$50 per member</p> <p data-bbox="496 863 565 890">None</p> <p data-bbox="496 932 565 959">None</p>	<p data-bbox="824 562 1105 688">Non-Participating Provider Services Are Not Covered and You Pay the Full Cost</p>	



ADDITIONAL PEDIATRIC DENTAL CARE	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
<p>Pediatric Dental Care</p> <ul style="list-style-type: none"> • Preventive Dental Care • Routine Dental Care • Endodontics • Periodontics • Prosthodontics • Oral Surgery • Orthodontics <p>Preauthorization</p>	<p>\$0- \$125 Copayment After Deductible</p> <p>\$0 - \$727 Copayment After Deductible</p> <p>\$30 - \$350 Copayment After Deductible</p> <p>\$51 - \$638 Copayment After Deductible</p> <p>\$20 - \$793 Copayment After Deductible</p> <p>\$60 - \$306 Copayment After Deductible</p> <p>\$25 - \$1,900 Copayment After Deductible</p> <p>Treatment of Malignancies, Cysts, or Neoplasms, General Anesthesia, IV Sedation, Crowns, Bridges, Prosthetics, and Specialist Care Require Preauthorization</p>	<p>Non-Participating Provider Services Are Not Covered You Pay the Full Cost</p>	<p>One (1) dental exam & cleaning per six (6) month period</p> <p>Full mouth X-rays or panoramic X-rays at 36 month intervals and bitewing X-rays at six month intervals</p>



The Copayments listed in the Schedule of Benefits are for Covered Services provided by a Participating Provider who is a General Dentist.

CODE	DESCRIPTION	MEMBER COST-SHARING CHILD	LIMITATIONS
PREVENTIVE DENTAL CARE			
D1310	Nutritional counseling for control of dental disease	\$0	
D1320	Tobacco counseling for the control and prevention of oral disease	\$0	
D8220	Fixed appliance therapy	\$115	
ROUTINE DENTAL CARE - APPOINTMENTS			
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$30	
D0180	Comprehensive periodontal evaluation - new or established patient	\$59	Once within a six (6) month consecutive period
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$58	
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$0	
D9440	Office visit - after regularly scheduled hours	\$35	
ROUTINE DENTAL CARE - RADIOGRAPHY / DIAGNOSTIC DENTISTRY			
D0230	Intraoral - periapical each additional radiographic image	\$10	
D0240	Intraoral - occlusal radiographic image	\$18	
D0250	Extraoral - first radiographic image	\$29	One (1) time in any twelve (12) consecutive months
D0277	Vertical bitewings - 7 to 8 radiographic images	\$43	Six (6) month intervals
D0290	Posterior-anterior or lateral skull and facial bone survey radiographic image	\$150	
D0320	Temporomandibular joint arthrogram, including injection	\$250	
D0321	Other temporomandibular joint radiographic images, by report	\$150	
D0322	Tomographic survey	\$150	
D0340	Cephalometric radiographic image	\$150	
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$35	
D0415	Collection of microorganisms for culture and sensitivity	\$20	
D0425	Caries susceptibility tests	\$10	
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions	\$65	
D0460	Pulp vitality tests	\$25	
D0470	Diagnostic casts	\$53	
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$65	



CODE	DESCRIPTION	MEMBER COST-SHARING CHILD	LIMITATIONS
ROUTINE DENTAL CARE - RADIOGRAPHY / DIAGNOSTIC DENTISTRY CONT.			
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$65	
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease	\$65	
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	\$65	
ROUTINE DENTAL CARE - RESTORATIVE DENTISTRY			
D2390	Resin-based composite crown, anterior	\$128	
D2391	Resin-based composite - one surface, posterior	\$76	
D2392	Resin-based composite - two surfaces, posterior	\$103	
D2393	Resin-based composite - three surfaces, posterior	\$132	
D2394	Resin-based composite - four or more surfaces, posterior	\$150	
D2410	Gold foil - one surface	\$100	
D2420	Gold foil - two surfaces	\$150	
D2430	Gold foil - three surfaces	\$175	
D2510	Inlay - metallic - one surface	\$292	
D2520	Inlay - metallic - two surfaces	\$338	
D2530	Inlay - metallic - three or more surfaces	\$389	
D2542	Onlay - metallic - two surfaces	\$368	
D2543	Onlay - metallic - three surfaces	\$399	
D2544	Onlay - metallic - four or more surfaces	\$415	
D2610	Inlay - porcelain/ceramic - one surface	\$563	
D2620	Inlay - porcelain/ceramic - two surfaces	\$573	
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$599	
D2642	Onlay - porcelain/ceramic - two surfaces	\$568	
D2643	Onlay - porcelain/ceramic - three surfaces	\$629	
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$727	
D2650	Inlay - resin-based composite - one surface	\$297	
D2651	Inlay - resin-based composite - two surfaces	\$328	
D2652	Inlay - resin-based composite - three or more surfaces	\$338	
D2662	Onlay - resin-based composite - two surfaces	\$297	
D2663	Onlay - resin-based composite - three surfaces	\$338	
D2664	Onlay - resin-based composite - four or more surfaces	\$399	
D2710	Crown - resin-based composite (indirect)	\$515	Limited to one (1) per tooth per consecutive sixty (60) months
D2712	Crown - ¾ resin-based composite (indirect)	\$515	Limited to one (1) per tooth per consecutive sixty (60) months
D2720	Crown- resin with high noble metal	\$675	Limited to one (1) per tooth per consecutive sixty (60) months



CODE	DESCRIPTION	MEMBER COST- SHARING CHILD	LIMITATIONS
ROUTINE DENTAL CARE - RESTORATIVE DENTISTRY CONT.			
D2721	Crown - resin with predominantly base metal	\$660	Limited to one (1) per tooth per consecutive sixty (60) months
D2722	Crown - resin with noble metal	\$615	Limited to one (1) per tooth per consecutive sixty (60) months
D2740	Crown - porcelain/ceramic substrate	\$722	Limited to one (1) per tooth per consecutive sixty (60) months
D2750	Crown - porcelain fused to high noble metal	\$706	Limited to one (1) per tooth per consecutive sixty (60) months
D2751	Crown - porcelain fused to predominantly base metal	\$660	Limited to one (1) per tooth per consecutive sixty (60) months
D2752	Crown - porcelain fused to noble metal	\$629	Limited to one (1) per tooth per consecutive sixty (60) months
D2780	Crown - 3/4 cast high noble metal	\$660	Limited to one (1) per tooth per consecutive sixty (60) months
D2781	Crown - 3/4 cast predominantly base metal	\$660	Limited to one (1) per tooth per consecutive sixty (60) months
D2782	Crown - 3/4 cast noble metal	\$615	Limited to one (1) per tooth per consecutive sixty (60) months
D2783	Crown - 3/4 porcelain/ceramic	\$660	Limited to one (1) per tooth per consecutive sixty (60) months
D2790	Crown - full cast high noble metal	\$706	Limited to one (1) per tooth per consecutive sixty (60) months
D2791	Crown- full cast predominantly base metal	\$660	Limited to one (1) per tooth per consecutive sixty (60) months
D2792	Crown - full cast noble metal	\$615	Limited to one (1) per tooth per consecutive sixty (60) months
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	\$128	Limited to one (1) per tooth per consecutive sixty (60) months
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$15	
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$20	
D2920	Re-cement or re-bond crown	\$43	



CODE	DESCRIPTION	MEMBER COST-SHARING CHILD	LIMITATIONS
ROUTINE DENTAL CARE - RESTORATIVE DENTISTRY CONT.			
D2932	Prefabricated resin crown	\$125	Limited to one (1) per tooth per consecutive sixty (60) months
D2933	Prefabricated stainless steel crown with resin window	\$150	
D2950	Core buildup, including any pins when required	\$90	
D2951	Pin retention - per tooth, in addition to restoration	\$29	
D2952	Post and core in addition to crown, indirectly fabricated	\$150	
D2953	Each additional indirectly fabricated post - same tooth	\$105	
D2954	Prefabricated post and core in addition to crown	\$145	
D2955	Post removal	\$45	
D2957	Each additional prefabricated post - same tooth	\$35	
D2960	Labial veneer (resin laminate) - chairside	\$281	
D2961	Labial veneer (resin laminate) - laboratory	\$338	
D2962	Labial veneer (porcelain laminate) - laboratory	\$670	
D2971	Additional procedures to construct new crown under existing partial denture framework	\$89	
D2980	Crown repair necessitated by restorative material failure	\$100	
ROUTINE DENTAL CARE - ORAL SURGERY			
D7260	Oroantral fistula closure	\$364	
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$138	
D7286	Incisional biopsy of oral tissue - soft	\$140	
D7287	Exfoliative cytological sample collection	\$90	
D7288	Brush biopsy - transepithelial sample collection	\$30	
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$100	
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$80	
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$155	
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$85	
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$198	
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$201	
D7471	Removal of lateral exostosis (maxilla or mandible)	\$306	
D7472	Removal of torus palatinus	\$350	
D7473	Removal of torus mandibularis	\$350	
D7485	Surgical reduction of osseous tuberosity	\$350	
D7510	Incision and drainage of abscess - intraoral soft tissue	\$95	
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$25	
D7520	Incision and drainage of abscess - extraoral soft tissue	\$75	



CODE	DESCRIPTION	MEMBER COST-SHARING CHILD	LIMITATIONS
ROUTINE DENTAL CARE - ORAL SURGERY CONT.			
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$105	
D7910	Suture of recent small wounds up to 5 cm	\$45	
D7970	Excision of hyperplastic tissue - per arch	\$140	
D7971	Excision of pericoronal gingiva	\$110	
ENDODONTICS			
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$180	
D3352	Apexification/recalcification - interim medication replacement	\$127	
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$241	
D3410	Apicoectomy - anterior	\$344	
D3470	Intentional re-implantation (including necessary splinting)	\$200	
D3910	Surgical procedure for isolation of tooth with rubber dam	\$95	
D3920	Hemisection (including any root removal), not including root canal therapy	\$210	
D3950	Canal preparation and fitting of preformed dowel or post	\$95	
PERIODONTICS			
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$339	
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$98	
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$284	
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$185	
D4245	Apically positioned flap	\$180	
D4249	Clinical crown lengthening - hard tissue	\$363	
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$638	
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$325	
D4263	Bone replacement graft - first site in quadrant	\$515	
D4264	Bone replacement graft - each additional site in quadrant	\$390	



CODE	DESCRIPTION	MEMBER COST-SHARING CHILD	LIMITATIONS
PERIODONTICS CONT.			
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$390	
D4266	Guided tissue regeneration - resorbable barrier, per site	\$415	
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal)	\$520	
D4270	Pedicle soft tissue graft procedure	\$344	
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$335	
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$205	
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$563	
D4320	Provisional splinting - intracoronal	\$158	
D4321	Provisional splinting - extracoronal	\$319	
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$69	
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$74	
PROSTHODONTICS - REMOVABLE			
D5130	Immediate denture - maxillary	\$762	Limited to one (1) per consecutive sixty (60) months
D5140	Immediate denture - mandibular	\$762	Limited to one (1) per consecutive sixty (60) months
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$793	Limited to one (1) per consecutive sixty (60) months
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$793	Limited to one (1) per consecutive sixty (60) months
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$788	Limited to one (1) per consecutive sixty (60) months
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$788	Limited to one (1) per consecutive sixty (60) months
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$555	Limited to one (1) per consecutive sixty (60) months
D5650	Add tooth to existing partial denture	\$140	
D5660	Add clasp to existing partial denture- per tooth	\$154	



CODE	DESCRIPTION	MEMBER COST-SHARING CHILD	LIMITATIONS
PROSTHODONTICS - REMOVABLE CONT.			
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$292	
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$292	
D5810	Interim complete denture (maxillary)	\$486	
D5811	Interim complete denture (mandibular)	\$486	
D5820	Interim partial denture (maxillary)	\$435	
D5821	Interim partial denture (mandibular)	\$435	
D5850	Tissue conditioning, maxillary	\$41	
D5851	Tissue conditioning, mandibular	\$41	
D5862	Precision attachment, by report	\$160	
D5899	Unspecified removable prosthodontic procedure, by report	\$20	
PROSTHODONTICS - FIXED			
D6210	Pontic - cast high noble metal	\$640	Limited to one (1) per tooth per consecutive sixty (60) months
D6212	Pontic - cast noble metal	\$615	Limited to one (1) per tooth per consecutive sixty (60) months
D6240	Pontic - porcelain fused to high noble metal	\$640	Limited to one (1) per tooth per consecutive sixty (60) months
D6241	Pontic - porcelain fused to predominantly base metal	\$558	Limited to one (1) per tooth per consecutive sixty (60) months
D6242	Pontic - porcelain fused to noble metal	\$615	Limited to one (1) per tooth per consecutive sixty (60) months
D6245	Pontic - porcelain/ceramic	\$660	Limited to one (1) per tooth per consecutive sixty (60) months
D6250	Pontic - resin with high noble metal	\$640	Limited to one (1) per tooth per consecutive sixty (60) months
D6252	Pontic - resin with noble metal	\$615	Limited to one (1) per tooth per consecutive sixty (60) months
D6253	Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	\$255	Limited to one (1) per tooth per consecutive sixty (60) months
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$350	Limited to one (1) per tooth per consecutive sixty (60) months
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$425	Limited to one (1) per tooth per consecutive sixty (60) months

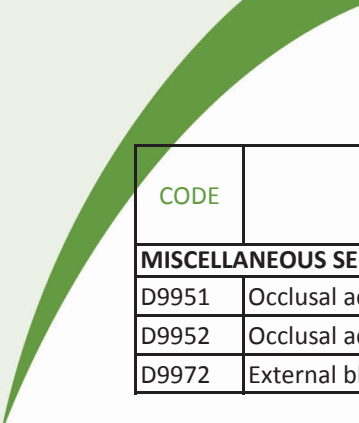


CODE	DESCRIPTION	MEMBER COST-SHARING CHILD	LIMITATIONS
PROSTHODONTICS - FIXED CONT.			
D6600	Inlay - porcelain/ceramic, two surfaces	\$560	
D6601	Inlay - porcelain/ceramic, three or more surfaces	\$585	
D6602	Inlay - cast high noble metal, two surfaces	\$485	
D6603	Inlay - cast high noble metal, three or more surfaces	\$496	
D6604	Inlay - cast predominantly base metal, two surfaces	\$440	
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$476	
D6606	Inlay - cast noble metal, two surfaces	\$460	
D6607	Inlay - cast noble metal, three or more surfaces	\$460	
D6608	Onlay - porcelain/ceramic, two surfaces	\$563	
D6609	Onlay - porcelain/ceramic, three or more surfaces	\$599	
D6610	Onlay - cast high noble metal, two surfaces	\$563	
D6611	Onlay - cast high noble metal, three or more surfaces	\$599	
D6612	Onlay - cast predominantly base metal, two surfaces	\$440	
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$476	
D6614	Onlay - cast noble metal, two surfaces	\$460	
D6615	Onlay - cast noble metal, three or more surfaces	\$476	
D6710	Crown - indirect resin based composite	\$515	Limited to one (1) per tooth per consecutive sixty (60) months
D6720	Crown - resin with high noble metal	\$640	Limited to one (1) per tooth per consecutive sixty (60) months
D6722	Crown - resin with noble metal	\$615	Limited to one (1) per tooth per consecutive sixty (60) months
D6740	Crown - porcelain/ceramic	\$722	Limited to one (1) per tooth per consecutive sixty (60) months
D6750	Crown - porcelain fused to high noble metal	\$706	Limited to one (1) per tooth per consecutive sixty (60) months
D6751	Crown - porcelain fused to predominantly base metal	\$660	Limited to one (1) per tooth per consecutive sixty (60) months
D6752	Crown - porcelain fused to noble metal	\$686	Limited to one (1) per tooth per consecutive sixty (60) months
D6780	Crown - 3/4 cast high noble metal	\$615	Limited to one (1) per tooth per consecutive sixty (60) months
D6781	Crown - 3/4 cast predominantly base metal	\$558	Limited to one (1) per tooth per consecutive sixty (60) months




CODE	DESCRIPTION	MEMBER COST-SHARING CHILD	LIMITATIONS
PROSTHODONTICS - FIXED CONT.			
D6782	Crown - 3/4 cast noble metal	\$615	Limited to one (1) per tooth per consecutive sixty (60) months
D6783	Crown - 3/4 porcelain/ceramic	\$660	Limited to one (1) per tooth per consecutive sixty (60) months
D6790	Crown - full cast high noble metal	\$640	Limited to one (1) per tooth per consecutive sixty (60) months
D6792	Crown - full cast noble metal	\$615	Limited to one (1) per tooth per consecutive sixty (60) months
D6930	Re-cement or re-bond fixed partial denture	\$62	
D6940	Stress breaker	\$145	
D6950	Precision attachment	\$195	
D6980	Fixed partial denture repair necessitated by restorative material failure	\$85	
ORTHODONTIA			
Orthodontic treatment is Medically Necessary only and limited to no more than twenty-four (24) months of treatment, with the initial payment of 20% at banding and remaining payment prorated over the course of treatment.			
D8010	Limited orthodontic treatment of the primary dentition	\$1,800	
D8020	Limited orthodontic treatment of the transitional dentition	\$1,900	
D8030	Limited orthodontic treatment of the adolescent dentition	\$1,900	
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$66	
D8693	Re-cement or re-bond fixed retainer	\$25	
D8999	Unspecified orthodontic procedure, by report	\$250	
MISCELLANEOUS SERVICES			
D9120	Fixed partial denture sectioning	\$0	
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$10	
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0	
D9223	Deep sedation/general anesthesia – each 15 minute increment	\$50	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$26	
D9610	Therapeutic parenteral drug, single administration	\$15	
D9630	Other drugs and/or medicaments, by report	\$15	
D9910	Application of desensitizing medicament	\$30	One (1) time in any twelve (12) consecutive months
D9940	Occlusal guard, by report	\$314	
D9942	Repair and/or reline of occlusal guard	\$45	
D9950	Occlusion analysis - mounted case	\$85	





CODE	DESCRIPTION	MEMBER COST- SHARING CHILD	LIMITATIONS
MISCELLANEOUS SERVICES CONT.			
D9951	Occlusal adjustment - limited	\$69	
D9952	Occlusal adjustment - complete	\$196	
D9972	External bleaching - per arch - performed in office	\$150	



COST-SHARING	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	
ADULT DENTAL CARE			
Deductible <ul style="list-style-type: none"> • Individual • Family 	\$50 \$50 per member	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Out-of-Pocket Limit <ul style="list-style-type: none"> • Individual • Family 	None None		
Deductibles, Coinsurance and Copayments that make up Your Out-of-Pocket Limit accumulate on a calendar year ending on December 31 of each year.			
Preauthorization	Treatment of Malignancies, Cysts or Neoplasms, General Anesthesia, IV Sedation, Crowns, Bridges, Prosthetics, and Specialist Care Require Preauthorization		



The Copayments listed in the Schedule of Benefits are for Covered Services provided by a Participating Provider who is a General Dentist.

Symbol Legend		† Procedures that are not eligible at a Specialist ^ Adult Copayments that do not include the cost of material and/or laboratory fees.	
CODE	DESCRIPTION	MEMBER COST-SHARING ADULT	LIMITATIONS
PREVENTIVE DENTAL CARE			
D1110	Prophylaxis - adult	\$0	Six (6) month intervals
D1206	Topical application of fluoride varnish	\$30	Six (6) month intervals where the local water supply is not fluoridated
D1208	Topical application of fluoride - excluding varnish	\$15	Six (6) month intervals where the local water supply is not fluoridated
D1310	Nutritional counseling for control of dental disease	\$0	
D1320	Tobacco counseling for the control and prevention of oral disease	\$0	
D1351	Sealant - per tooth	\$43	One (1) time in any thirty-six (36) consecutive month per tooth
D8210	Removable appliance therapy	\$115	
D8220	Fixed appliance therapy	\$115	
ROUTINE DENTAL CARE - APPOINTMENTS			
D0120	Periodic oral evaluation - established patient	\$15	Once within a six (6) month consecutive period
D0140	Limited oral evaluation - problem focused	\$15	
D0150	Comprehensive oral evaluation - new or established patient	\$15	Once within a thirty-six (36) consecutive month period
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$15	Once within a six (6) month consecutive period
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$15	
D0180	Comprehensive periodontal evaluation - new or established patient	\$15	Once within a six (6) month consecutive period
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$45	For Emergency Dental
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$58	
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$0	
D9440	Office visit - after regularly scheduled hours	\$35	



CODE	DESCRIPTION	MEMBER COST-SHARING ADULT	LIMITATIONS
ROUTINE DENTAL CARE - RADIOGRAPHY / DIAGNOSTIC DENTISTRY			
D0210	Intraoral - complete series of radiographic images	\$25	Thirty-six (36) month intervals
D0220	Intraoral - periapical first radiographic image	\$14	
D0230	Intraoral - periapical each additional radiographic image	\$10	
D0240	Intraoral - occlusal radiographic image	\$15	
D0250	Extraoral - first radiographic image	\$15	One (1) time in any twelve (12) consecutive months
D0270	Bitewing - single radiographic image	\$14	Six (6) to twelve (12) month intervals
D0272	Bitewings - two radiographic images	\$15	Six (6) to twelve (12) month intervals
D0273	Bitewings - three radiographic images	\$15	Six (6) to twelve (12) month intervals
D0274	Bitewings - four radiographic images	\$15	Six (6) to twelve (12) month intervals
D0277	Vertical bitewings - 7 to 8 radiographic images	\$29	Six (6) to twelve (12) month intervals
D0290	Posterior-anterior or lateral skull and facial bone survey radiographic image	\$150	
D0320	Temporomandibular joint arthrogram, including injection	\$250	
D0321	Other temporomandibular joint radiographic images, by report	\$150	
D0322	Tomographic survey	\$150	
D0330	Panoramic radiographic image	\$25	Thirty-six (36) month intervals
D0340	Cephalometric radiographic image	\$125	
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$20	
D0415	Collection of microorganisms for culture and sensitivity	\$20	
D0425	Caries susceptibility tests	\$10	
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$65	
D0460	Pulp vitality tests	\$25	
D0470	Diagnostic casts	\$53	
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$65	
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$65	



CODE	DESCRIPTION	MEMBER COST-SHARING ADULT	LIMITATIONS
ROUTINE DENTAL CARE - RADIOGRAPHY / DIAGNOSTIC DENTISTRY CONT.			
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$65	
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	\$65	
ROUTINE DENTAL CARE - RESTORATIVE DENTISTRY			
D2140	Amalgam - one surface, primary or permanent	\$25	
D2150	Amalgam - two surfaces, primary or permanent	\$40	
D2160	Amalgam - three surfaces, primary or permanent	\$50	
D2161	Amalgam - four or more surfaces, primary or permanent	\$65	
D2330	Resin-based composite - one surface, anterior	\$50	
D2331	Resin-based composite - two surfaces, anterior	\$60	
D2332	Resin-based composite - three surfaces, anterior	\$80	
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$100	
D2390	Resin-based composite crown, anterior	\$125	
D2391	Resin-based composite - one surface, posterior	\$75	
D2392	Resin-based composite - two surfaces, posterior	\$100	
D2393	Resin-based composite - three surfaces, posterior	\$130	
D2394	Resin-based composite - four or more surfaces, posterior	\$150	
D2410	Gold foil - one surface	\$100	
D2420	Gold foil - two surfaces	\$150	
D2430	Gold foil - three surfaces	\$175	
D2510	Inlay - metallic - one surface	\$290	
D2520	Inlay - metallic - two surfaces	\$335	
D2530	Inlay - metallic - three or more surfaces	\$385	
D2542	Onlay - metallic - two surfaces	\$365	
D2543	Onlay - metallic - three surfaces	\$395	
D2544	Onlay - metallic - four or more surfaces	\$415	
D2610	Inlay - porcelain/ceramic - one surface	\$325^	
D2620	Inlay - porcelain/ceramic - two surfaces	\$350^	
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$375^	
D2642	Onlay - porcelain/ceramic - two surfaces	\$345^	
D2643	Onlay - porcelain/ceramic - three surfaces	\$390^	
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$500^	
D2650	Inlay - resin-based composite - one surface	\$295	
D2651	Inlay - resin-based composite - two surfaces	\$325	
D2652	Inlay - resin-based composite - three or more surfaces	\$335	
D2662	Onlay - resin-based composite - two surfaces	\$295	
D2663	Onlay - resin-based composite - three surfaces	\$335	
D2664	Onlay - resin-based composite - four or more surfaces	\$395	



CODE	DESCRIPTION	MEMBER COST-SHARING ADULT	LIMITATIONS
ROUTINE DENTAL CARE - RESTORATIVE DENTISTRY CONT.			
D2710	Crown - resin-based composite (indirect)	\$515	Limited to one (1) per tooth per consecutive sixty (60) months
D2712	Crown - ¾ resin-based composite (indirect)	\$515	Limited to one (1) per tooth per consecutive sixty (60) months
D2720	Crown- resin with high noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D2721	Crown - resin with predominantly base metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D2722	Crown - resin with noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D2740	Crown - porcelain/ceramic substrate	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D2750	Crown - porcelain fused to high noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D2751	Crown - porcelain fused to predominantly base metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D2752	Crown - porcelain fused to noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D2780	Crown - 3/4 cast high noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D2781	Crown - 3/4 cast predominantly base metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D2782	Crown - 3/4 cast noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D2783	Crown - 3/4 porcelain/ceramic	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D2790	Crown - full cast high noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D2791	Crown - full cast predominantly base metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D2792	Crown - full cast noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months



CODE	DESCRIPTION	MEMBER COST-SHARING ADULT	LIMITATIONS
ROUTINE DENTAL CARE - RESTORATIVE DENTISTRY CONT.			
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	\$125	Limited to one (1) per tooth per consecutive sixty (60) months
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$15	
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post & core	\$20	
D2920	Re-cement or re-bond crown	\$40	
D2931	Prefabricated stainless steel crown - permanent tooth	\$115	Limited to one (1) per tooth per consecutive sixty (60) months
D2932	Prefabricated resin crown	\$125	Limited to one (1) per tooth per consecutive sixty (60) months
D2933	Prefabricated stainless steel crown with resin window	\$150	
D2940	Protective restoration	\$15	
D2950	Core buildup, including any pins when required	\$90	
D2951	Pin retention - per tooth, in addition to restoration	\$29	
D2952	Post and core in addition to crown, indirectly fabricated	\$150	
D2953	Each additional indirectly fabricated post - same tooth	\$105	
D2954	Prefabricated post and core in addition to crown	\$145	
D2955	Post removal	\$45	
D2957	Each additional prefabricated post - same tooth	\$35	
D2960	Labial veneer (resin laminate) - chairside	\$280	
D2961	Labial veneer (resin laminate) - laboratory	\$335	
D2962	Labial veneer (porcelain laminate) - laboratory	\$605^	
D2971	Additional procedures to construct new crown under existing partial denture framework	\$89	
D2980	Crown repair necessitated by restorative material failure	\$100	
ROUTINE DENTAL CARE - ORAL SURGERY			
D7111	Extraction, coronal remnants - deciduous tooth	\$65	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$75	
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$135	
D7220	Removal of impacted tooth - soft tissue	\$185	
D7230	Removal of impacted tooth - partially bony	\$229	
D7240	Removal of impacted tooth - completely bony	\$281	
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$340	
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$130	
D7260	Oroantral fistula closure	\$360	
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$200	



CODE	DESCRIPTION	MEMBER COST-SHARING ADULT	LIMITATIONS
ROUTINE DENTAL CARE - ORAL SURGERY CONT.			
D7280	Surgical access of an unerupted tooth	\$230	
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$200	
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$170	
D7286	Incisional biopsy of oral tissue - soft	\$170	
D7287	Exfoliative cytological sample collection	\$90	
D7288	Brush biopsy - transepithelial sample collection	\$30	
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$120	
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$80	
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$160	
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$85	
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$340	
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$545	
D7471	Removal of lateral exostosis (maxilla or mandible)	\$320	
D7472	Removal of torus palatinus	\$350	
D7473	Removal of torus mandibularis	\$350	
D7485	Surgical reduction of osseous tuberosity	\$350	
D7510	Incision and drainage of abscess - intraoral soft tissue	\$95	
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$25	
D7520	Incision and drainage of abscess - extraoral soft tissue	\$75	
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$105	
D7910	Suture of recent small wounds up to 5 cm	\$45	
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$210	
D7963	Frenuloplasty	\$125	
D7970	Excision of hyperplastic tissue - per arch	\$140	
D7971	Excision of pericoronal gingiva	\$110	
ENDODONTICS			
D3110	Pulp cap - direct (excluding final restoration)	\$50	
D3120	Pulp cap - indirect (excluding final restoration)	\$50	
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$85	
D3221	Pulpal debridement, primary and permanent teeth	\$100	



CODE	DESCRIPTION	MEMBER COST- SHARING ADULT	LIMITATIONS
ENDODONTICS CONT.			
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$75	
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$65	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$440	
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$515	
D3330	Endodontic therapy, molar (excluding final restoration)	\$660	
D3331	Treatment of root canal obstruction; non-surgical access	\$95	
D3332	Incomplete Endodontic therapy; inoperable, unrestorable or fractured tooth	\$85	
D3333	Internal root repair of perforation defects	\$130	
D3346	Retreatment of previous root canal therapy - anterior	\$540	
D3347	Retreatment of previous root canal therapy - bicuspid	\$660	
D3348	Retreatment of previous root canal therapy - molar	\$760	
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$180	
D3352	Apexification/recalcification - interim medication replacement	\$125	
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$240	
D3410	Apicoectomy - anterior	\$340	
D3421	Apicoectomy - bicuspid (first root)	\$365	
D3425	Apicoectomy - molar (first root)	\$440	
D3426	Apicoectomy - each additional root	\$155	
D3430	Retrograde filling - per root	\$70	
D3450	Root amputation - per root	\$255	
D3470	Intentional re-implantation (including necessary splinting)	\$200	
D3910	Surgical procedure for isolation of tooth with rubber dam	\$95	
D3920	Hemisection (including any root removal), not including root canal therapy	\$210	
D3950	Canal preparation and fitting of preformed dowel or post	\$95	
PERIODONTIC SERVICES			
D4210	Gingivectomy or gingivoplasty -four or more contiguous teeth or tooth bounded spaces per quadrant	\$335	



CODE	DESCRIPTION	MEMBER COST-SHARING ADULT	LIMITATIONS
PERIODONTIC SERVICES CONT.			
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$95	
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$280	
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$145	
D4245	Apically positioned flap	\$180	
D4249	Clinical crown lengthening - hard tissue	\$360	
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$635	
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$230	
D4263	Bone replacement graft - first site in quadrant	\$515	
D4264	Bone replacement graft - each additional site in quadrant	\$390	
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$390	
D4266	Guided tissue regeneration - resorbable barrier, per site	\$415	
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal)	\$520	
D4270	Pedicle soft tissue graft procedure	\$340	
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$310	
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$205	
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$560	
D4320	Provisional splinting - intracoronal	\$155	
D4321	Provisional splinting - extracoronal	\$315	
D4341	Periodontal scaling & root planing - four or more teeth per quadrant	\$130+	Limited to (1) per quadrant per 24 months
D4342	Periodontal scaling & root planing - one to three teeth per quadrant	\$50+	Limited to (1) per quadrant per 24 months
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$65+	
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$70+	



CODE	DESCRIPTION	MEMBER COST-SHARING ADULT	LIMITATIONS
PERIODONTIC SERVICES CONT.			
D4910	Periodontal maintenance	\$70	Once within a six (6) month consecutive period
PROSTHODONTICS - REMOVABLE			
D5110	Complete denture - maxillary	\$475^	Limited to one (1) per consecutive sixty (60) months
D5120	Complete denture - mandibular	\$475^	Limited to one (1) per consecutive sixty (60) months
D5130	Immediate denture - maxillary	\$525^	Limited to one (1) per consecutive sixty (60) months
D5140	Immediate denture - mandibular	\$525^	Limited to one (1) per consecutive sixty (60) months
D5211	Maxillary part denture - resin base (including any conventional clasps, rests and teeth)	\$425^	Limited to one (1) per consecutive sixty (60) months
D5212	Mandibular part denture - resin base (including any conventional clasps, rests and teeth)	\$425^	Limited to one (1) per consecutive sixty (60) months
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$550^	Limited to one (1) per consecutive sixty (60) months
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$550^	Limited to one (1) per consecutive sixty (60) months
D5225	Maxillary partial denture - flexible base (including any conventional clasps, rests and teeth)	\$550^	Limited to one (1) per consecutive sixty (60) months
D5226	Mandibular partial denture - flexible base (including any conventional clasps, rests and teeth)	\$550^	Limited to one (1) per consecutive sixty (60) months
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$325^	Limited to one (1) per consecutive sixty (60) months
D5410	Adjust complete denture - maxillary	\$15	
D5411	Adjust complete denture - mandibular	\$15	
D5421	Adjust partial denture - maxillary	\$15	
D5422	Adjust partial denture - mandibular	\$15	
D5510	Repair broken complete denture base	\$85^	
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$85^	
D5610	Repair resin denture base	\$85^	
D5620	Repair cast framework	\$95^	
D5630	Repair or replace broken clasp- per tooth	\$95^	



CODE	DESCRIPTION	MEMBER COST-SHARING ADULT	LIMITATIONS
PROSTHODONTICS - REMOVABLE CONT.			
D5640	Replace broken teeth - per tooth	\$80^	
D5650	Add tooth to existing partial denture	\$90^	
D5660	Add clasp to existing partial denture- per tooth	\$100^	
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$290	
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$290	
D5710	Rebase complete maxillary denture	\$150^	
D5711	Rebase complete mandibular denture	\$150^	
D5720	Rebase maxillary partial denture	\$145^	
D5721	Rebase mandibular partial denture	\$145^	
D5730	Reline complete maxillary denture (chairside)	\$100^	
D5731	Reline complete mandibular denture (chairside)	\$100^	
D5740	Reline maxillary partial denture (chairside)	\$100^	
D5741	Reline mandibular partial denture (chairside)	\$100^	
D5750	Reline complete maxillary denture (laboratory)	\$125^	
D5751	Reline complete mandibular denture (laboratory)	\$125^	
D5760	Reline maxillary partial denture (laboratory)	\$125^	
D5761	Reline mandibular partial denture (laboratory)	\$125^	
D5810	Interim complete denture (maxillary)	\$260^	
D5811	Interim complete denture (mandibular)	\$260^	
D5820	Interim partial denture (maxillary)	\$210^	
D5821	Interim partial denture (mandibular)	\$210^	
D5850	Tissue conditioning, maxillary	\$40	
D5851	Tissue conditioning, mandibular	\$40	
D5862	Precision attachment, by report	\$160	
D5899	Unspecified removable prosthodontic procedure, by report	\$20	
PROSTHODONTICS - FIXED			
D6210	Pontic - cast high noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6211	Pontic - cast predominantly base metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6212	Pontic - cast noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6240	Pontic - porcelain fused to high noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6241	Pontic - porcelain fused to predominantly base metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months



CODE	DESCRIPTION	MEMBER COST-SHARING ADULT	LIMITATIONS
PROSTHODONTICS - FIXED CONT.			
D6242	Pontic - porcelain fused to noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6245	Pontic - porcelain/ceramic	\$350^	Limited to one (1) per tooth per consecutive sixty (60) months
D6250	Pontic - resin with high noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6251	Pontic - resin with predominantly base metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6252	Pontic - resin with noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6253	Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	\$255	Limited to one (1) per tooth per consecutive sixty (60) months
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$195^	Limited to one (1) per tooth per consecutive sixty (60) months
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$270^	Limited to one (1) per tooth per consecutive sixty (60) months
D6600	Inlay - porcelain/ceramic, two surfaces	\$340^	
D6601	Inlay - porcelain/ceramic, three or more surfaces	\$340^	
D6602	Inlay - cast high noble metal, two surfaces	\$340^	
D6603	Inlay - cast high noble metal, three or more surfaces	\$340^	
D6604	Inlay - cast predominantly base metal, two surfaces	\$340^	
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$340^	
D6606	Inlay - cast noble metal, two surfaces	\$340^	
D6607	Inlay - cast noble metal, three or more surfaces	\$340^	
D6608	Onlay - porcelain/ceramic, two surfaces	\$340^	
D6609	Onlay - porcelain/ceramic, three or more surfaces	\$340^	
D6610	Onlay - cast high noble metal, two surfaces	\$340^	
D6611	Onlay - cast high noble metal, three or more surfaces	\$340^	
D6612	Onlay - cast predominantly base metal, two surfaces	\$340^	
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$340^	
D6614	Onlay - cast noble metal, two surfaces	\$340^	
D6615	Onlay - cast noble metal, three or more surfaces	\$340^	
D6710	Crown - indirect resin based composite	\$500	Limited to one (1) per tooth per consecutive sixty (60) months



CODE	DESCRIPTION	MEMBER COST-SHARING ADULT	LIMITATIONS
PROSTHODONTICS - FIXED CONT.			
D6720	Crown - resin with high noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6721	Crown - resin with predominantly base metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6722	Crown - resin with noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6740	Crown - porcelain/ceramic	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6750	Crown - porcelain fused to high noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6751	Crown - porcelain fused to predominantly base metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6752	Crown - porcelain fused to noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6780	Crown - 3/4 cast high noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6781	Crown - 3/4 cast predominantly base metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6782	Crown - 3/4 cast noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6783	Crown - 3/4 porcelain/ceramic	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6790	Crown - full cast high noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6791	Crown - full cast predominantly base metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6792	Crown - full cast noble metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
D6930	Re-cement or re-bond fixed partial denture	\$60	
D6940	Stress breaker	\$145	
D6950	Precision attachment	\$195	
D6980	Fixed partial denture repair necessitated by restorative material failure	\$85	



CODE	DESCRIPTION	MEMBER COST-SHARING ADULT	LIMITATIONS
ORTHODONTIA - Adult Cosmetic			
D8040	Limited orthodontic treatment of the adult dentition	\$2,000	
D8090	Comprehensive orthodontic treatment of the adult dentition	\$3,850	
MISCELLANEOUS SERVICES			
D9120	Fixed partial denture sectioning	\$0	
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$10	
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0	
D9223	Deep sedation/general anesthesia – each 15 minute increment	\$50	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$25	
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increments	\$50	
D9610	Therapeutic parenteral drug, single administration	\$15	
D9630	Other drugs and/or medicaments, by report	\$15	
D9910	Application of desensitizing medicament	\$20	One (1) time in any twelve (12) consecutive months
D9940	Occlusal guard, by report	\$250	
D9942	Repair and/or relines of occlusal guard	\$40	
D9950	Occlusion analysis - mounted case	\$75	
D9951	Occlusal adjustment - limited	\$30	
D9952	Occlusal adjustment - complete	\$100	
D9972	External bleaching - per arch - performed in office	\$150	

