

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

COST-SHARING PEDIATRIC DENTAL CARE ESSENTIAL HEALTH BENEFIT	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	
 Deductible One (1) Member under age 19 Two (2) or more Members under age 19 	\$50 \$50 per member	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
 Out-of-Pocket Limit One (1) Member under age 19 Two (2) or more Members under age 19 	\$350 \$700		
Deductibles, Coinsurance and Copayments that make up Your Out-of- Pocket Limit accumulate on a calendar year ending on December 31 of each year.			



PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFIT & CARE	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Pediatric Dental Care		Non-Participating Provider Services Are	
 Emergency Dental Care 	\$10 Copayment After Deductible	Not Covered You Pay the Full Cost	One (1) dental exam & cleaning per six (6)
Preventive Dental Care	\$0- \$125 Copayment After Deductible		month period Full mouth X-rays or panoramic X-rays at
Routine Dental Care	\$0 - \$350 Copayment After Deductible		36 month intervals and bitewing X-rays at six month intervals
• Endodontics	\$30 - \$350 Copayment After Deductible		
• Periodontics	\$51 - \$350 Copayment After Deductible		
• Prosthodontics	\$20 - \$350 Copayment After Deductible		
Oral Surgery	\$60 - \$306 Copayment After Deductible		
Orthodontics	\$25 - \$350 Copayment After Deductible		
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.

		MEMBER COST-	
CODE	DESCRIPTION	SHARING	LIMITATIONS
DDE) (ENI	THE DENIES CARE	CHILD	
	TVE DENTAL CARE	Ć0.	Six (C) magneth intermed
D1110 D1120	Prophylaxis - adult	\$0 \$0	Six (6) month intervals
D1206	Prophylaxis - child Topical application of fluoride varnish	\$30	Six (6) month intervals 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		I-1
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

		MEMBER COST-	
CODE	DESCRIPTION	SHARING CHILD	LIMITATIONS
OUTINE	I DENTAL CARE - RADIOGRAPHY / DIAGNOSTIC DENTISTRY C		
			Six (C) menth into
00272	Bitewings - 2 radiographic images	\$0	Six (6) month intervals
00273	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	
	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	
07280	Surgical access of an unerupted tooth	\$220	
07282	Mobilization of erupted or malpositioned tooth to aid eruption	\$196	

		MEMBER COST-	
CODE	DESCRIPTION	SHARING	LIMITATIONS
		CHILD	
OUTINI	DENTAL CARE - ORAL SURGERY CONT.		
7283	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	
7963	Frenuloplasty	\$125	
NDODC	INTICS		
3110	Pulp cap - direct (excluding final restoration)	\$30	
03120	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	
3347	Retreatment of previous root canal therapy - bicuspid	\$100	
03348	Retreatment of previous root canal therapy - molar	\$100	
03421	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	
PERIODO			Limited to (4) is a in
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

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CODE	DESCRIPTION	SHARING CHILD	LIMITATIONS
PERIODO	ONTICS CONT.	CITIED	
D4910	Periodontal maintenance	\$74	Once within a six (6) month consecutive period
PROSTH	ODONTICS - 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 D5520	Repair broken complete denture base Replace missing or broken teeth - complete denture (each tooth)	\$120 \$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	
PROSTH	ODONTICS - FIXED		In 11 (2)
D6211	Pontic - cast predominantly base metal	\$350	Limited to one (1) per tooth per consecutive
D6251	Pontic - resin with predominantly base metal	\$350	sixty (60) months Limited to one (1) per tooth per consecutive sixty (60) months

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		MEMBER COST-	
CODE	DESCRIPTION	SHARING	LIMITATIONS
		CHILD	
PROSTH	ODONTICS - FIXED CONT.		
			Limited to one (1) per
D6721	Crown - resin with predominantly base metal	\$350	tooth per consecutive
			sixty (60) months
			Limited to one (1) per
D6791	Crown - full cast predominantly base metal	\$350	tooth per consecutive
			sixty (60) months
ORTHO	OONTIA		
Orthodo	ontic treatment is Medically Necessary only and limited to n	o more than twent	y-four (24) months of
	nt, with the initial payment of 20% at banding and remaining		
treatme		0. 7 .	
	Interceptive orthodontic treatment of the primary	4	
D8050			
	dentition	\$350	
D0000	dentition Interceptive orthodontic treatment of the transitional		
D8060		\$350 \$350	
	Interceptive orthodontic treatment of the transitional	\$350	
D8060 D8070	Interceptive orthodontic treatment of the transitional dentition		
D8070	Interceptive orthodontic treatment of the transitional dentition Comprehensive orthodontic treatment of the transitional	\$350	
	Interceptive orthodontic treatment of the transitional dentition Comprehensive orthodontic treatment of the transitional dentition	\$350	
D8070 D8080	Interceptive orthodontic treatment of the transitional dentition Comprehensive orthodontic treatment of the transitional dentition Comprehensive orthodontic treatment of the adolescent	\$350 \$350 \$350	
D8070	Interceptive orthodontic treatment of the transitional dentition Comprehensive orthodontic treatment of the transitional dentition Comprehensive orthodontic treatment of the adolescent dentition	\$350	
D8070 D8080 D8680	Interceptive orthodontic treatment of the transitional dentition Comprehensive orthodontic treatment of the transitional dentition Comprehensive orthodontic treatment of the adolescent dentition Orthodontic retention (removal of appliances,	\$350 \$350 \$350	
D8070 D8080 D8680	Interceptive orthodontic treatment of the transitional dentition Comprehensive orthodontic treatment of the transitional dentition Comprehensive orthodontic treatment of the adolescent dentition Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$350 \$350 \$350	



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	COST-SHARING	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing		
	ADDITIONAL PEDIATRIC DENTAL CARE				
	 Deductible One (1) Member under age 19 Two (2) or more Members under age 19 	\$50 \$50 per member	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost		
	 Out-of-Pocket Limit One (1) Member under age 19 Two (2) or more Members under age 19 	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.				

ADDITIONAL PEDIATRIC DENTAL CARE	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Pediatric Dental Care		Non-Participating Provider Services Are Not Covered You Pay	
Preventive Dental Care	\$0- \$125 Copayment After Deductible	the Full Cost	One (1) dental exam & cleaning per six (6) month period
Routine Dental Care	\$0 - \$727 Copayment After Deductible		Full mouth X-rays or
Endodontics	\$30 - \$350 Copayment After Deductible		panoramic X-rays at 36 month intervals and bitewing X-rays at six month intervals
Periodontics	\$51 - \$638 Copayment After Deductible		monur intervals
Prosthodontics	\$20 - \$793 Copayment After Deductible		
Oral Surgery	\$60 - \$306 Copayment After Deductible		
Orthodontics	\$25 - \$1,900 Copayment After Deductible		
Preauthorization	Treatment of Malignancies, Cysts, or Neoplasms, General Anesthesia, IV Sedation, Crowns, Bridges, Prosthetics, and Specialist Care Require Preauthorization		



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		MEMBER COST-	
CODE	DESCRIPTION	SHARING	LIMITATIONS
		CHILD	
	TIVE DENTAL CARE	1	T
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	
ROUTINI	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	
	E 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	

		MEMBER COST-	
CODE	DESCRIPTION	SHARING	LIMITATIONS
CODL	DESCRIPTION	CHILD	LIMITATIONS
ROUTINE	DENTAL CARE - RADIOGRAPHY / DIAGNOSTIC DENTISTRY (<u>'</u>
	Accession of tissue, gross and misroscopic evamination		
00473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$65	
00474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of	\$65	
	disease		
	Laboratory accession of transepithelial cytologic sample,		
D0486	microscopic examination, preparation and transmission of	\$65	
	written report		
	DENTAL CARE - RESTORATIVE DENTISTRY		
02390	Resin-based composite crown, anterior	\$128	
02391	Resin-based composite - one surface, posterior	\$76	
D2392	Resin-based composite - two surfaces, posterior	\$103	
02393	Resin-based composite - three surfaces, posterior	\$132	
02394	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	
02510	Inlay - metallic - one surface	\$292	
02520	Inlay - metallic - two surfaces	\$338	
02530	Inlay - metallic - three or more surfaces	\$389	
02542	Onlay - metallic - two surfaces	\$368	
02543	Onlay - metallic - three surfaces	\$399	
02544	Onlay - metallic - four or more surfaces	\$415	
02610	Inlay - porcelain/ceramic - one surface	\$563	
02620	Inlay - porcelain/ceramic - two surfaces	\$573	
02630	Inlay - porcelain/ceramic - three or more surfaces	\$599	
02642	Onlay - porcelain/ceramic - two surfaces	\$568	
02643	Onlay - porcelain/ceramic - three surfaces	\$629	
02644	Onlay - porcelain/ceramic - four or more surfaces	\$727	
D2650	Inlay - resin-based composite - one surface	\$297	
D2651	Inlay - resin-based composite - two surfaces	\$328	
02652	Inlay - resin-based composite - three or more surfaces	\$338	
02662	Onlay - resin-based composite - two surfaces	\$297	
02663	Onlay - resin-based composite - three surfaces	\$338	
D2664	Onlay - resin-based composite - four or more surfaces	\$399	Limited to ana /1\ rar
02710	Crown - resin-based composite (indirect)	\$515	Limited to one (1) per tooth per consecutive
22/10	Crown - resin-based composite (manect)	3313	sixty (60) months
			Limited to one (1) per
02712	Crown - ¾ resin-based composite (indirect)	\$515	tooth per consecutive
	2.2 /2.23 23233 composite (mail cot)	Ψ0±0	sixty (60) months
	Crown- resin with high noble metal	\$675	Limited to one (1) per tooth per consecutive sixty (60) months
02720			sixty (60) months

7		MEMBER COCT	
CODE	DESCRIPTION	MEMBER COST- SHARING	LIMITATIONS
CODE	DESCRIPTION		LIMITATIONS
ROUTINE	I E DENTAL CARE - RESTORATIVE DENTISTRY CONT.	CHILD	
	PENTAL CARE RESTORATIVE BERTISTRY CONT.		Limited to one (1) per
02721	Crown - resin with predominantly base metal	\$660	tooth per consecutive
<i>D272</i> 1	lefown Teshi with predominantly base metal	7000	sixty (60) months
			Limited to one (1) per
D2722	Crown - resin with noble metal	\$615	tooth per consecutive
DZIZZ	Crown - resin with hobie metal	3013	sixty (60) months
			Limited to one (1) per
D2740	Crown - porcelain/ceramic substrate	\$722	tooth per consecutive
D2740	Crown - porceiani/cerannic substrate	\$722	sixty (60) months
			Limited to one (1) per
2750	Crown parcelain fused to high poble motal	\$706	
D2750	Crown - porcelain fused to high noble metal	\$706	tooth per consecutive
			sixty (60) months
2754	Crown parcelain fused to predeminantly base restal	¢cco	Limited to one (1) per
)2751	Crown - porcelain fused to predominantly base metal	\$660	tooth per consecutive
			sixty (60) months
		4000	Limited to one (1) per
2752	Crown - porcelain fused to noble metal	\$629	tooth per consecutive
			sixty (60) months
		4	Limited to one (1) per
D2780	Crown - 3/4 cast high noble metal	\$660	tooth per consecutive
			sixty (60) months
	Crown - 3/4 cast predominantly base metal	\$660	Limited to one (1) per
D2781			tooth per consecutive
			sixty (60) months
			Limited to one (1) per
D2782	Crown - 3/4 cast noble metal	\$615	tooth per consecutive
			sixty (60) months
			Limited to one (1) per
02783	Crown - 3/4 porcelain/ceramic	\$660	tooth per consecutive
			sixty (60) months
			Limited to one (1) per
D2790	Crown - full cast high noble metal	\$706	tooth per consecutive
			sixty (60) months
			Limited to one (1) per
02791	Crown- full cast predominantly base metal	\$660	tooth per consecutive
			sixty (60) months
			Limited to one (1) per
02792	Crown - full cast noble metal	\$615	tooth per consecutive
			sixty (60) months
	Provisional crown - further treatment or completion of		Limited to one (1) per
D2799	·	\$128	tooth per consecutive
	diagnosis necessary prior to final impression		sixty (60) months
D2010	Re-cement or re-bond inlay, onlay, veneer or partial	Ć1F	
D2910	coverage restoration	\$15	
2045	Re-cement or re-bond indirectly fabricated or	ć20	
D2915	prefabricated post and core	\$20	
2020	Re-cement or re-bond crown	\$43	
2920			

		MEMBER COST-	
CODE	DESCRIPTION	SHARING	LIMITATIONS
		CHILD	
ROUTINE	DENTAL CARE - RESTORATIVE DENTISTRY CONT.		•
			Limited to one (1) per
D2932	Prefabricated resin crown	\$125	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	
ROUTINI	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	
D7240	Alveoloplasty in conjunction with extractions – four or	¢100	
D7310	more teeth or tooth spaces, per quadrant	\$100	
D7311	Alveoloplasty in conjunction with extractions - one to	\$80	
J, J11	three teeth or tooth spaces, per quadrant	700	
D7320	Alveoloplasty not in conjunction with extractions - four or	\$155	
	more teeth or tooth spaces, per quadrant	·	
D7321	Alveoloplasty not in conjunction with extractions - one to	\$85	
	three teeth or tooth spaces, per quadrant Removal of benign odontogenic cyst or tumor - lesion		
D7450	diameter up to 1.25 cm	\$198	
	Removal of benign odontogenic cyst or tumor - lesion		
D7451	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	
_,,,,		755	
D7511	Incision and drainage of abscess - intraoral soft tissue -	\$25	
	complicated (includes drainage of multiple fascial spaces)	, ,	
D7520	Incision and drainage of abscess - extraoral soft tissue	\$75	

		MENADED COCT	
CODE	DESCRIPTION	MEMBER COST- SHARING CHILD	LIMITATIONS
ROUTIN	E 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	
ENDODO	ONTICS		
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	
PERIOD	ONTICS		
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	
D4203	Bone replacement graft - each additional site in quadrant	\$390	

CODE	DESCRIPTION	MEMBER COST- SHARING		
	DESCRIPTION ONTICS CONT.	CHILD	LIMITATIONS	
FERIODO	Biologic materials to aid in soft and osseous tissue			
04265	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		
PROSTH	ODONTICS - 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	months	4
D5660	Add clasp to existing partial denture- per tooth	\$154		

1		MEMBER COST-		
CODE	DESCRIPTION	SHARING CHILD	LIMITATIONS	
ROSTHO	DOONTICS - REMOVABLE CONT.	OTTLES	I	
5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$292		
5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$292		
5810	Interim complete denture (maxillary)	\$486		
5811	Interim complete denture (mandibular)	\$486		
5820	Interim partial denture (maxillary)	\$435		
5821	Interim partial denture (mandibular)	\$435		
5850	Tissue conditioning, maxillary	\$41		
5851	Tissue conditioning, mandibular	\$41		
5862	Precision attachment, by report	\$160		
5899	Unspecified removable prosthodontic procedure, by report	\$20		
ROSTHO	DDONTICS - FIXED		<u>'</u>	
06210	Pontic - cast high noble metal	\$640	Limited to one (1) per tooth per consecutive sixty (60) months	
06212	Pontic - cast noble metal	\$615	Limited to one (1) per tooth per consecutive sixty (60) months	
06240	Pontic - porcelain fused to high noble metal	\$640	Limited to one (1) per tooth per consecutive sixty (60) months	
06241	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	
06245	Pontic - porcelain/ceramic	\$660	Limited to one (1) per tooth per consecutive sixty (60) months	
06250	Pontic - resin with high noble metal	\$640	Limited to one (1) per tooth per consecutive sixty (60) months	
06252	Pontic - resin with noble metal	\$615	Limited to one (1) per tooth per consecutive sixty (60) months	
06253	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	
6545	Retainer - cast metal for resin bonded fixed prosthesis	\$350	Limited to one (1) per tooth per consecutive sixty (60) months	
6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$425	Limited to one (1) per tooth per consecutive sixty (60) months	

		MEMBER COST-		
CODE	DESCRIPTION	SHARING	LIMITATIONS	
		CHILD		
ROSTH	ODONTICS - FIXED CONT.	<u>, </u>		
6600	Inlay - porcelain/ceramic, two surfaces	\$560		
6601	Inlay - porcelain/ceramic, three or more surfaces	\$585		
06602	Inlay - cast high noble metal, two surfaces	\$485		
06603	Inlay - cast high noble metal, three or more surfaces	\$496		
D6604	Inlay - cast predominantly base metal, two surfaces	\$440		
06605	Inlay - cast predominantly base metal, three or more surfaces	\$476		
06606	Inlay - cast noble metal, two surfaces	\$460		
06607	Inlay - cast noble metal, three or more surfaces	\$460		
26608	Onlay - porcelain/ceramic, two surfaces	\$563		
06609	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		
06615	Onlay - cast noble metal, three or more surfaces	\$476		
			Limited to one (1) per	
D6710	Crown - indirect resin based composite	\$515	tooth per consecutive	
			sixty (60) months	
			Limited to one (1) per	
D6720	Crown - resin with high noble metal	\$640	tooth per consecutive	
			sixty (60) months	
D6722	Crown - resin with noble metal	\$615	Limited to one (1) per tooth per consecutive	
00722	Crown - resin with hobie metal	3013	sixty (60) months	
			Limited to one (1) per	
D6740	Crown - porcelain/ceramic	\$722	tooth per consecutive	
			sixty (60) months	
			Limited to one (1) per	
D6750	Crown - porcelain fused to high noble metal	\$706	tooth per consecutive	
			sixty (60) months	
		4	Limited to one (1) per	
D6751	Crown - porcelain fused to predominantly base metal	\$660	tooth per consecutive	
			sixty (60) months	
767E2	Crown parcolain fund to noble metal	¢coc	Limited to one (1) per	
06752	Crown - porcelain fused to noble metal	\$686	tooth per consecutive sixty (60) months	
			Limited to one (1) per	
06780	Crown - 3/4 cast high noble metal	\$615	tooth per consecutive	
0.00	Sylvassing, moderness	7013	sixty (60) months	
			Limited to one (1) per	
06781	Crown - 3/4 cast predominantly base metal	\$558	tooth per consecutive	•
	·		sixty (60) months	

		MEMBER COST-	
CODE	DESCRIPTION	SHARING	LIMITATIONS
		CHILD	
PROSTH	ODONTICS - FIXED CONT.		Limited to an a (4) man
0.6702	Cravin 3/4 seet nable matel	ĆC1E	Limited to one (1) per
06782	Crown - 3/4 cast noble metal	\$615	tooth per consecutive
			sixty (60) months Limited to one (1) per
D6783	Crown - 3/4 porcelain/ceramic	\$660	tooth per consecutive
20763	Crown - 3/4 porceidin/cerannic	Ş000	sixty (60) months
			Limited to one (1) per
06790	Crown - full cast high noble metal	\$640	tooth per consecutive
30730	crown run east night hobie metal	9040	sixty (60) months
			Limited to one (1) per
D6792	Crown - full cast noble metal	\$615	tooth per consecutive
		,	sixty (60) months
06930	Re-cement or re-bond fixed partial denture	\$62	1
06940	Stress breaker	\$145	
06950	Precision attachment	\$195	
	Fixed partial denture repair necessitated by restorative	·	+
D6980	material failure	\$85	
ORTHOD			·
	ntic treatment is Medically Necessary only and limited to no	more than twent	ty-four (24) months of
	nt, with the initial payment of 20% at banding and remainin		
reatme	nt.		
08010	Limited orthodontic treatment of the primary dentition	\$1,800	
08020	Limited orthodontic treatment of the transitional dentition	\$1,900	
20020		7 = / = 0	
D8030	Limited orthodontic treatment of the adolescent dentition	\$1,900	
D8030	Limited orthodontic treatment of the adolescent dentition Pre-orthodontic treatment examination to monitor growth	\$1,900	
D8030 D8660	Pre-orthodontic treatment examination to monitor growth and development	\$1,900 \$66	
D8030 D8660	Pre-orthodontic treatment examination to monitor growth	\$1,900	
08030 08660 08693 08999	Pre-orthodontic treatment examination to monitor growth and development Re-cement or re-bond fixed retainer Unspecified orthodontic procedure, by report	\$1,900 \$66	
08030 08660 08693 08999 WISCELL	Pre-orthodontic treatment examination to monitor growth and development Re-cement or re-bond fixed retainer Unspecified orthodontic procedure, by report ANEOUS SERVICES	\$1,900 \$66 \$25 \$250	
D8030 D8660 D8693 D8999 MISCELL	Pre-orthodontic treatment examination to monitor growth and development Re-cement or re-bond fixed retainer Unspecified orthodontic procedure, by report ANEOUS SERVICES Fixed partial denture sectioning	\$1,900 \$66 \$25	
D8030 D8660 D8693 D8999 MISCELL D9120	Pre-orthodontic treatment examination to monitor growth and development Re-cement or re-bond fixed retainer Unspecified orthodontic procedure, by report ANEOUS SERVICES Fixed partial denture sectioning Local anesthesia not in conjunction with operative or	\$1,900 \$66 \$25 \$250	
D8030 D8660 D8693 D8999 MISCELL	Pre-orthodontic treatment examination to monitor growth and development Re-cement or re-bond fixed retainer Unspecified orthodontic procedure, by report ANEOUS SERVICES Fixed partial denture sectioning Local anesthesia not in conjunction with operative or surgical procedures	\$1,900 \$66 \$25 \$250	
D8030 D8660 D8693 D8999 MISCELL	Pre-orthodontic treatment examination to monitor growth and development Re-cement or re-bond fixed retainer Unspecified orthodontic procedure, by report ANEOUS SERVICES Fixed partial denture sectioning Local anesthesia not in conjunction with operative or surgical procedures Local anesthesia in conjunction with operative or surgical	\$1,900 \$66 \$25 \$250	
D8030 D8660 D8693 D8999 WISCELL D9120	Pre-orthodontic treatment examination to monitor growth and development Re-cement or re-bond fixed retainer Unspecified orthodontic procedure, by report ANEOUS SERVICES Fixed partial denture sectioning Local anesthesia not in conjunction with operative or surgical procedures Local anesthesia in conjunction with operative or surgical procedures	\$1,900 \$66 \$25 \$250 \$0 \$10	
08030 08660 08693 08999 MISCELL 09120 09210	Pre-orthodontic treatment examination to monitor growth and development Re-cement or re-bond fixed retainer Unspecified orthodontic procedure, by report ANEOUS SERVICES Fixed partial denture sectioning Local anesthesia not in conjunction with operative or surgical procedures Local anesthesia in conjunction with operative or surgical procedures Deep sedation/general anesthesia – each 15 minute	\$1,900 \$66 \$25 \$250 \$0 \$10	
08030 08660 08693 08999 MISCELL 09120 09210	Pre-orthodontic treatment examination to monitor growth and development Re-cement or re-bond fixed retainer Unspecified orthodontic procedure, by report ANEOUS SERVICES Fixed partial denture sectioning Local anesthesia not in conjunction with operative or surgical procedures Local anesthesia in conjunction with operative or surgical procedures Deep sedation/general anesthesia – each 15 minute increment	\$1,900 \$66 \$25 \$250 \$0 \$10 \$0 \$50	
D8030 D8660 D8693 D8999 MISCELL D9120 D9210 D9215 D9223	Pre-orthodontic treatment examination to monitor growth and development Re-cement or re-bond fixed retainer Unspecified orthodontic procedure, by report ANEOUS SERVICES Fixed partial denture sectioning Local anesthesia not in conjunction with operative or surgical procedures Local anesthesia in conjunction with operative or surgical procedures Deep sedation/general anesthesia – each 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis	\$1,900 \$66 \$25 \$250 \$0 \$10 \$0 \$50 \$26	
08030 08660 08693 08999 MISCELL 09120 09215 09223	Pre-orthodontic treatment examination to monitor growth and development Re-cement or re-bond fixed retainer Unspecified orthodontic procedure, by report ANEOUS SERVICES Fixed partial denture sectioning Local anesthesia not in conjunction with operative or surgical procedures Local anesthesia in conjunction with operative or surgical procedures Deep sedation/general anesthesia – each 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis Therapeutic parenteral drug, single administration	\$1,900 \$66 \$25 \$250 \$0 \$10 \$0 \$50 \$26 \$15	
08030 08660 08693 08999 MISCELL 09120 09210 09215 09223	Pre-orthodontic treatment examination to monitor growth and development Re-cement or re-bond fixed retainer Unspecified orthodontic procedure, by report ANEOUS SERVICES Fixed partial denture sectioning Local anesthesia not in conjunction with operative or surgical procedures Local anesthesia in conjunction with operative or surgical procedures Deep sedation/general anesthesia – each 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis	\$1,900 \$66 \$25 \$250 \$0 \$10 \$0 \$50 \$26	One (4) kins - in a ve
08030 08660 08693 08999 MISCELL 09120 09210 09215 09223 09230 09610	Pre-orthodontic treatment examination to monitor growth and development Re-cement or re-bond fixed retainer Unspecified orthodontic procedure, by report ANEOUS SERVICES Fixed partial denture sectioning Local anesthesia not in conjunction with operative or surgical procedures Local anesthesia in conjunction with operative or surgical procedures Deep sedation/general anesthesia – each 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis Therapeutic parenteral drug, single administration	\$1,900 \$66 \$25 \$250 \$0 \$10 \$0 \$50 \$26 \$15	One (1) time in any twelve (12) consecutive
08030 08660 08693 08999 MISCELL 09120 09215 09223 09230 09610 09630	Pre-orthodontic treatment examination to monitor growth and development Re-cement or re-bond fixed retainer Unspecified orthodontic procedure, by report ANEOUS SERVICES Fixed partial denture sectioning Local anesthesia not in conjunction with operative or surgical procedures Local anesthesia in conjunction with operative or surgical procedures Deep sedation/general anesthesia – each 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis Therapeutic parenteral drug, single administration Other drugs and/or medicaments, by report Application of desensitizing medicament	\$1,900 \$66 \$25 \$250 \$0 \$10 \$0 \$50 \$26 \$15 \$15	twelve (12) consecutive
08030 08660 08693 08999 MISCELL 09120 09210 09215 09223 09610 09630 09910	Pre-orthodontic treatment examination to monitor growth and development Re-cement or re-bond fixed retainer Unspecified orthodontic procedure, by report ANEOUS SERVICES Fixed partial denture sectioning Local anesthesia not in conjunction with operative or surgical procedures Local anesthesia in conjunction with operative or surgical procedures Deep sedation/general anesthesia – each 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis Therapeutic parenteral drug, single administration Other drugs and/or medicaments, by report Application of desensitizing medicament Occlusal guard, by report	\$1,900 \$66 \$25 \$250 \$0 \$10 \$0 \$50 \$26 \$15 \$15 \$30 \$314	twelve (12) consecutive
D8030 D8660 D8693 D8999 WISCELL D9120	Pre-orthodontic treatment examination to monitor growth and development Re-cement or re-bond fixed retainer Unspecified orthodontic procedure, by report ANEOUS SERVICES Fixed partial denture sectioning Local anesthesia not in conjunction with operative or surgical procedures Local anesthesia in conjunction with operative or surgical procedures Deep sedation/general anesthesia – each 15 minute increment Inhalation of nitrous oxide/analgesia, anxiolysis Therapeutic parenteral drug, single administration Other drugs and/or medicaments, by report Application of desensitizing medicament	\$1,900 \$66 \$25 \$250 \$0 \$10 \$0 \$50 \$26 \$15 \$15	twelve (12) consecutive

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



COST-SHARING ADULT DENTAL CARE	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	
Deductible Individual Family Out-of-Pocket Limit Individual Family	\$50 \$50 per member None None	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
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. † Procedures that are not eligible at a Specialist Symbol Legend ^ Adult Copayments that do not include the cost of material and/or laboratory fees. MEMBER COST-CODE **DESCRIPTION SHARING LIMITATIONS** ADULT PREVENTIVE DENTAL CARE \$0 D1110 Prophylaxis - adult Six (6) month intervals Six (6) month intervals where the local water D1206 Topical application of fluoride varnish \$30 supply is not fluoridated Six (6) month intervals where the local water D1208 \$15 Topical application of fluoride - excluding varnish supply is not fluoridated D1310 Nutritional counseling for control of dental disease \$0 Tobacco counseling for the control and prevention of oral D1320 \$0 disease One (1) time in any thirty-D1351 Sealant - per tooth \$43 six (36) consecutive month per tooth D8210 Removable appliance therapy \$115 D8220 Fixed appliance therapy \$115 **ROUTINE DENTAL CARE - APPOINTMENTS** Once within a six (6) D0120 Periodic oral evaluation - established patient \$15 month consecutive period D0140 Limited oral evaluation - problem focused \$15 Once within a thirty-six Comprehensive oral evaluation - new or established D0150 (36) consecutive month \$15 patient period Once within a six (6) Detailed and extensive oral evaluation - problem focused, D0160 \$15 month consecutive by report period Re-evaluation - limited, problem focused (established D0170 \$15 patient; not post-operative visit) Once within a six (6) Comprehensive periodontal evaluation - new or D0180 \$15 month consecutive established patient period Palliative (emergency) treatment of dental pain - minor D9110 \$45 For Emergency Dental Consultation - diagnostic service provided by dentist or D9310 \$58 physician other than requesting dentist or physician Office visit for observation (during regularly scheduled D9430 \$0 hours) - no other services performed

\$35

Office visit - after regularly scheduled hours

D9440

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	

7		MEMBER COST-	
CODE	DESCRIPTION	SHARING	LIMITATIONS
0022	2 2551 1.01.	ADULT	
ROUTINE	DENTAL CARE - RADIOGRAPHY / DIAGNOSTIC DENTISTRY C		
	Accession of tissue, gross and microscopic examination,		
D0474	including assessment of surgical margins for presence of	\$65	
	disease, preparation and transmission of written report		
	Laboratory accession of transepithelial cytologic sample,		
00486	microscopic examination, preparation and transmission of	\$65	
	written report	, , ,	
ROUTINE	DENTAL CARE - RESTORATIVE DENTISTRY	'	
02140	Amalgam - one surface, primary or permanent	\$25	
02150	Amalgam - two surfaces, primary or permanent	\$40	
D2160	Amalgam - three surfaces, primary or permanent	\$50	
02161	Amalgam - four or more surfaces, primary or permanent	\$65	
02330	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	\$100	
	incisal angle (anterior)	·	
02390	Resin-based composite crown, anterior	\$125	
02391	Resin-based composite - one surface, posterior	\$75	
02392	Resin-based composite - two surfaces, posterior	\$100	
02393	Resin-based composite - three surfaces, posterior	\$130	
D2394	Resin-based composite - four or more surfaces, posterior	\$150	
D2410	Gold foil - one surface	\$100	
)2420	Gold foil - two surfaces	\$150	
02430	Gold foil - three surfaces	\$175	
)2510	Inlay - metallic - one surface	\$290	
D2520	Inlay - metallic - two surfaces	\$335	
D2530	Inlay - metallic - three or more surfaces	\$385	
02542	Onlay - metallic - two surfaces	\$365	
02543	Onlay - metallic - three surfaces	\$395	
02544	Onlay - metallic - four or more surfaces	\$415	
D2610	Inlay - porcelain/ceramic - one surface	\$325^	
02620	Inlay - porcelain/ceramic - two surfaces	\$350^	
02630	Inlay - porcelain/ceramic - three or more surfaces	\$375^	
02642	Onlay - porcelain/ceramic - two surfaces	\$345^	
02643	Onlay - porcelain/ceramic - three surfaces	\$390^	
02644	Onlay - porcelain/ceramic - four or more surfaces	\$500^	
02650	Inlay - resin-based composite - one surface	\$295	
02651	Inlay - resin-based composite - two surfaces	\$325	
2652	Inlay - resin-based composite - three or more surfaces	\$335	
2662	Onlay - resin-based composite - two surfaces	\$295	
02663	Onlay - resin-based composite - three surfaces	\$335	
D2664	Onlay - resin-based composite - four or more surfaces	\$395	

7		MEMBER COST-	
CODE	DESCRIPTION	SHARING	LIMITATIONS
CODE	DESCRIPTION	ADULT	LIMITATIONS
OUTINE	DENTAL CARE - RESTORATIVE DENTISTRY CONT.	ADOLI	
			Limited to one (1) per
710	Crown - resin-based composite (indirect)	\$515	tooth per consecutive
	Crown - resin-based composite (manect)	,,,,,	sixty (60) months
			Limited to one (1) per
712	Crown - ¾ resin-based composite (indirect)	\$515	tooth per consecutive
	one with the surface composite (manest)	ψ313	sixty (60) months
			Limited to one (1) per
D2720	Crown- resin with high noble metal	\$340^	tooth per consecutive
	erown-resin with high hobie metal	7540	sixty (60) months
			Limited to one (1) per
2721	Crown - resin with predominantly base metal	\$340^	tooth per consecutive
2/21	Crown - resin with predominantly base metal	\$540*	
		+	sixty (60) months
2722	Crown - resin with noble metal	\$340^	Limited to one (1) per
122	Crown - resin with hobie metal	\$340"	tooth per consecutive
			sixty (60) months
D2740	Constant of the control of the contr	60.404	Limited to one (1) per
2740	Crown - porcelain/ceramic substrate	\$340^	tooth per consecutive
			sixty (60) months
D2750	Crown - porcelain fused to high noble metal	40.00	Limited to one (1) per
		\$340^	tooth per consecutive
			sixty (60) months
	Crown - porcelain fused to predominantly base metal		Limited to one (1) per
2751		\$340^	tooth per consecutive
			sixty (60) months
			Limited to one (1) per
2752	Crown - porcelain fused to noble metal	\$340^	tooth per consecutive
			sixty (60) months
			Limited to one (1) per
2780	Crown - 3/4 cast high noble metal	\$340^	tooth per consecutive
			sixty (60) months
			Limited to one (1) per
2781	Crown - 3/4 cast predominantly base metal	\$340^	tooth per consecutive
			sixty (60) months
			Limited to one (1) per
2782	Crown - 3/4 cast noble metal	\$340^	tooth per consecutive
			sixty (60) months
			Limited to one (1) per
2783	Crown - 3/4 porcelain/ceramic	\$340^	tooth per consecutive
			sixty (60) months
			Limited to one (1) per
2790	Crown - full cast high noble metal	\$340^	tooth per consecutive
	3 11 1 11	, , ,	sixty (60) months
			Limited to one (1) per
2791	Crown - full cast predominantly base metal	\$340^	tooth per consecutive
_,,,	Tan case predominantly sase metal	95-10	sixty (60) months
			Limited to one (1) per
2792	Crown - full cast noble metal	\$340^	tooth per consecutive
LIJL	Crown - Iun cast noble metal	\$340''	sixty (60) months
22732			ISIXIV IDUI MONTIIS

		MEMBER COST-	
CODE	DESCRIPTION	SHARING	LIMITATIONS
CODE	DESCRIPTION	ADULT	LIMITATIONS
ROUTINE	E DENTAL CARE - RESTORATIVE DENTISTRY CONT.	ADOLI	
	Dravisianal group further treatment or completion of		Limited to one (1) per
D2799	Provisional crown - further treatment or completion of	\$125	tooth per consecutive
	diagnosis necessary prior to final impression		sixty (60) months
D2910	Re-cement or re-bond inlay, onlay, veneer or partial	\$15	
	coverage restoration	7	
D2915	Re-cement or re-bond indirectly fabricated or	\$20	
D2920	prefabricated post & core Re-cement or re-bond crown	¢40	+
D2920	Re-cement or re-bond crown	\$40	Limited to one (1) nor
D2931	Profebricated stainless steel grown permanent teeth	\$115	Limited to one (1) per tooth per consecutive
D2931	Prefabricated stainless steel crown - permanent tooth	\$112	sixty (60) months
			Limited to one (1) per
D2932	Prefabricated resin crown	\$125	tooth per consecutive
D2332	Tretabileacea resirrerown	7123	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^	
	Additional procedures to construct new crown under	ćao	
D2971	existing partial denture framework	\$89	
D2980	Crown repair necessitated by restorative material failure	\$100	
		7100	
	EDENTAL CARE - ORAL SURGERY	¢c.	
D7111	Extraction, coronal remnants - deciduous tooth	\$65	
D7140	Extraction, erupted tooth or exposed root (elevation	\$75	
	and/or forceps removal) Surgical removal of erupted tooth requiring removal of		
D7210	bone and/or sectioning of tooth, and including elevation	\$135	
J, Z10	of mucoperiosteal flap if indicated	7133	
D7220	Removal of impacted tooth - soft tissue	\$185	
D7230	Removal of impacted tooth - partially bony	\$229	
D7240	Removal of impacted tooth - completely bony	\$281	
	Removal of impacted tooth - completely bony, with		
D7241	unusual surgical complications	\$340	
	Surgical removal of residual tooth roots (cutting		
D7250	procedure)	\$130	
	Oroantral fistula closure	\$360	
D7260		·	
D7260 D7270	Tooth re-implantation and/or stabilization of accidentally	\$200	

		MEMBER COST-	
CODE	DESCRIPTION	SHARING	LIMITATIONS
		ADULT	
	DENTAL CARE - ORAL SURGERY CONT.	4000	
7280	Surgical access of an unerupted tooth	\$230	
7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$200	
7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$170	
7286	Incisional biopsy of oral tissue - soft	\$170	
7287	Exfoliative cytological sample collection	\$90	
7288	Brush biopsy - transepithelial sample collection	\$30	
7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$120	
7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$80	
07320	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	\$85	
D7450	three teeth or tooth spaces, per quadrant 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	
07472	Removal of torus palatinus	\$350	
07473	Removal of torus mandibularis	\$350	
7485	Surgical reduction of osseous tuberosity	\$350	
7510	Incision and drainage of abscess - intraoral soft tissue	\$95	
7511	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	
7521	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	
7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$210	
7963	Frenuloplasty	\$125	
7970	Excision of hyperplastic tissue - per arch	\$140	
7971	Excision of pericoronal gingiva	\$110	
NDODO	NTICS		
3110	Pulp cap - direct (excluding final restoration)	\$50	
03120	Pulp cap - indirect (excluding final restoration)	\$50	
	Therapeutic pulpotomy (excluding final restoration) -		
3220	removal of pulp coronal to the dentinocemental junction and application of medicament	\$85	
	Pulpal debridement, primary and permanent teeth	\$100	

		NATIVADED COST	
CODE	DESCRIPTION	MEMBER COST- SHARING ADULT	LIMITATIONS
FNDOD	I DNTICS CONT.	ADULT	
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	
03421	Apicoectomy - bicuspid (first root)	\$365	
03425	Apicoectomy - molar (first root)	\$440	
03426	Apicoectomy - each additional root	\$155	
03430	Retrograde filling - per root	\$70	
03450	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	
PERIOD	ONTIC SERVICES		
D4210	Gingivectomy or gingivoplasty -four or more contiguous teeth or tooth bounded spaces per quadrant	\$335	

		MEMBER COST-	
CODE	DESCRIPTION	SHARING ADULT	LIMITATIONS
PERIODO	ONTIC 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†	

		MEMBER COST-	
CODE	DESCRIPTION	SHARING	LIMITATIONS
		ADULT	
PERIODO	ONTIC SERVICES CONT.		Once within a six (6)
D4910	Periodontal maintenance	\$70	month consecutive
PROSTH	DOONTICS - REMOVABLE		репои
			Limited to one (1) per
D5110	Complete denture - maxillary	\$475^	consecutive sixty (60)
			months
			Limited to one (1) per
D5120	Complete denture - mandibular	\$475^	consecutive sixty (60)
			months
			Limited to one (1) per
05130	Immediate denture - maxillary	\$525^	consecutive sixty (60)
			months
DE4.40	Inches dieta dentuna gran dibutan	ĆE DE A	Limited to one (1) per
D5140	Immediate denture - mandibular	\$525^	consecutive sixty (60)
			months
05211	Maxillary part denture - resin base (including any	\$425^	Limited to one (1) per consecutive sixty (60)
73211	conventional clasps, rests and teeth)	3445''	months
			Limited to one (1) per
05212	Mandibular part denture - resin base (including any	\$425^	consecutive sixty (60)
<i>3212</i>	conventional clasps, rests and teeth)	Ų 123	months
	Maxillary partial denture - cast metal framework with resin		Limited to one (1) per
05213	denture bases (including any conventional clasps, rests	\$550^	consecutive sixty (60)
	and teeth)	·	months
	Mandibular partial denture - cast metal framework with		Limited to one (1) per
D5214	resin denture bases (including any conventional clasps,	\$550^	consecutive sixty (60)
	rests and teeth)		months
	Maxillary partial denture - flexible base (including any		Limited to one (1) per
D5225	conventional clasps, rests and teeth)	\$550^	consecutive sixty (60)
	conventional clasps, rests and teetin		months
	Mandibular partial denture - flexible base (including any		Limited to one (1) per
D5226	conventional clasps, rests and teeth)	\$550^	consecutive sixty (60)
	conventional clasps, rests and teethy		months
DE204	Removable unilateral partial denture - one piece cast	¢2254	Limited to one (1) per
D5281	metal (including clasps and teeth)	\$325^	consecutive sixty (60) months
D5410	Adjust complete denture - maxillary	\$15	monuis
D5411	Adjust complete denture - mandibular	\$15	
05421	Adjust partial denture - maxillary	\$15	
D5422	Adjust partial denture - mandibular	\$15	
D5510	Repair broken complete denture base	\$85^	
	Replace missing or broken teeth - complete denture (each	<u> </u>	
05520	tooth)	\$85^	
05610	Repair resin denture base	\$85^	
2010	Repair cast framework	\$95^	
D5620			

7		MEMBER COST-	
CODE	DESCRIPTION	SHARING	LIMITATIONS
	2203	ADULT	
ROSTH	ODONTICS - REMOVABLE CONT.		
5640	Replace broken teeth - per tooth	\$80^	
5650	Add tooth to existing partial denture	\$90^	
5660	Add clasp to existing partial denture- per tooth	\$100^	
05670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$290	
05671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$290	
05710	Rebase complete maxillary denture	\$150^	
05711	Rebase complete mandibular denture	\$150^	
05720	Rebase maxillary partial denture	\$145^	
05721	Rebase mandibular partial denture	\$145^	
05730	Reline complete maxillary denture (chairside)	\$100^	
05731	Reline complete mandibular denture (chairside)	\$100^	
05740	Reline maxillary partial denture (chairside)	\$100^	
D5741	Reline mandibular partial denture (chairside)	\$100^	
D5750	Reline complete maxillary denture (laboratory)	\$125^	
05751	Reline complete mandibular denture (laboratory)	\$125^	
05760	Reline maxillary partial denture (laboratory)	\$125^	
05761	Reline mandibular partial denture (laboratory)	\$125^	
05810	Interim complete denture (maxillary)	\$260^	
5811	Interim complete denture (mandibular)	\$260^	
5820	Interim partial denture (maxillary)	\$210^	
5821	Interim partial denture (mandibular)	\$210^	
5850	Tissue conditioning, maxillary	\$40	
5851	Tissue conditioning, mandibular	\$40	
5862	Precision attachment, by report	\$160	
	Unspecified removable prosthodontic procedure, by		
5899	report	\$20	
ROSTH	ODONTICS - FIXED		
		40.45	Limited to one (1) per
06210	Pontic - cast high noble metal	\$340^	tooth per consecutive
			sixty (60) months Limited to one (1) per
06211	Pontic - cast predominantly base metal	\$340^	tooth per consecutive
	Sites sast predominantly base metal	\$5.0	sixty (60) months
			Limited to one (1) per
06212	Pontic - cast noble metal	\$340^	tooth per consecutive
			sixty (60) months
			Limited to one (1) per
06240	Pontic - porcelain fused to high noble metal	\$340^	tooth per consecutive
			sixty (60) months
C2 44	Dontin normalain fured to anadomic authorized to	62404	Limited to one (1) per
06241	Pontic - porcelain fused to predominantly base metal	\$340^	Limited to one (1) per tooth per consecutive sixty (60) months
			sixty (60) months

		MENADED COCT	
CODE	DESCRIPTION	MEMBER COST- SHARING	LIMITATIONS
CODE	DESCRIPTION	ADULT	LIIVIITATIONS
ROSTH	DDONTICS - FIXED CONT.	ADOLI	
			Limited to one (1) per
06242	Pontic - porcelain fused to noble metal	\$340^	tooth per consecutive
			sixty (60) months
			Limited to one (1) per
06245	Pontic - porcelain/ceramic	\$350^	tooth per consecutive
			sixty (60) months
6250	Dentic recip with high noble metal	\$340^	Limited to one (1) per tooth per consecutive
70250	Pontic - resin with high noble metal	\$340^	sixty (60) months
			Limited to one (1) per
06251	Pontic - resin with predominantly base metal	\$340^	tooth per consecutive
_	,, ,	, , ,	sixty (60) months
			Limited to one (1) per
6252	Pontic - resin with noble metal	\$340^	tooth per consecutive
			sixty (60) months
	Provisional pontic - further treatment or completion of		Limited to one (1) per
06253	diagnosis necessary prior to final impression	\$255	tooth per consecutive
	,,		sixty (60) months
)6E4F	Potainar cast motal for rasin handed fixed prosthesis	¢1054	Limited to one (1) per
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$195^	tooth per consecutive sixty (60) months
	Retainer - porcelain/ceramic for resin bonded fixed prosthesis		Limited to one (1) per
06548		\$270^	tooth per consecutive
		, - · •	sixty (60) months
06600	Inlay - porcelain/ceramic, two surfaces	\$340^	
6601	Inlay - porcelain/ceramic, three or more surfaces	\$340^	
6602	Inlay - cast high noble metal, two surfaces	\$340^	
6603	Inlay - cast high noble metal, three or more surfaces	\$340^	
6604	Inlay - cast predominantly base metal, two surfaces	\$340^	
6605	Inlay - cast predominantly base metal, three or more surfaces	\$340^	
D6606	Inlay - cast noble metal, two surfaces	\$340^	
06607	Inlay - cast noble metal, three or more surfaces	\$340^	
06608	Onlay - porcelain/ceramic, two surfaces	\$340^	
06609	Onlay - porcelain/ceramic, three or more surfaces	\$340^	
06610	Onlay - cast high noble metal, two surfaces	\$340^	
6611	Onlay - cast high noble metal, three or more surfaces	\$340^	
6612	Onlay - cast predominantly base metal, two surfaces	\$340^	
06613	Onlay - cast predominantly base metal, three or more surfaces	\$340^	
06614	Onlay - cast noble metal, two surfaces	\$340^	
06615	Onlay - cast noble metal, three or more surfaces	\$340^	
	.,		Limited to one (1) per
06710	Crown - indirect resin based composite	\$500	tooth per consecutive
			sixty (60) months

		MEMBER COST-	
CODE	DESCRIPTION	SHARING	LIMITATIONS
CODL	DESCRIPTION	ADULT	LIMITATIONS
ROSTH	DONTICS - FIXED CONT.		
			Limited to one (1) per
6720	Crown - resin with high noble metal	\$340^	tooth per consecutive
			sixty (60) months
			Limited to one (1) per
6721	Crown - resin with predominantly base metal	\$340^	tooth per consecutive
			sixty (60) months
			Limited to one (1) per
6722	Crown - resin with noble metal	\$340^	tooth per consecutive
			sixty (60) months
			Limited to one (1) per
6740	Crown - porcelain/ceramic	\$340^	tooth per consecutive
			sixty (60) months
			Limited to one (1) per
6750	Crown - porcelain fused to high noble metal	\$340^	tooth per consecutive
			sixty (60) months
			Limited to one (1) per
06751	Crown - porcelain fused to predominantly base metal	\$340^	tooth per consecutive
			sixty (60) months
			Limited to one (1) per
06752	Crown - porcelain fused to noble metal	\$340^	tooth per consecutive
			sixty (60) months
	Crown - 3/4 cast high noble metal		Limited to one (1) per
6780		\$340^	tooth per consecutive
			sixty (60) months
			Limited to one (1) per
6781	Crown - 3/4 cast predominantly base metal	\$340^	tooth per consecutive
			sixty (60) months
		40.00	Limited to one (1) per
6782	Crown - 3/4 cast noble metal	\$340^	tooth per consecutive
			sixty (60) months
		40.404	Limited to one (1) per
06783	Crown - 3/4 porcelain/ceramic	\$340^	tooth per consecutive
			sixty (60) months
06700	Crown full cost birds with a state	62404	Limited to one (1) per
06790	Crown - full cast high noble metal	\$340^	tooth per consecutive
			sixty (60) months
06704		62404	Limited to one (1) per
06791	Crown - full cast predominantly base metal	\$340^	tooth per consecutive
			sixty (60) months
)6702	Crown - full cast noble metal	\$340^	Limited to one (1) per
06792	Crown - ruii cast nobie metal	\$340"	tooth per consecutive
26020	Do coment or re hand fixed portial destruct	ćeo	sixty (60) months
06930	Re-cement or re-bond fixed partial denture	\$60	
6940	Stress breaker	\$145	
6950	Precision attachment	\$195	
6980	Fixed partial denture repair necessitated by restorative material failure	\$85	

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		MEMBER COST-	
CODE	DESCRIPTION	SHARING	LIMITATIONS
		ADULT	
ORTHOD	ONTIA - Adult Cosmetic		
D8040	Limited orthodontic treatment of the adult dentition	\$2,000	
50000	Comprehensive orthodontic treatment of the adult	¢2.050	
D8090	dentition	\$3,850	
MISCELL	ANEOUS SERVICES	•	•
D9120	Fixed partial denture sectioning	\$0	
D0240	Local anesthesia not in conjunction with operative or	640	
D9210	surgical procedures	\$10	
	Local anesthesia in conjunction with operative or surgical		
D9215	procedures	\$0	
50000	Deep sedation/general anesthesia – each 15 minute	\$50	
D9223	increment		
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$25	
D0242	Intravenous moderate (conscious) sedation/analgesia –	ćEO	
D9243	each 15 minute increments	\$50	
D9610	Therapeutic parenteral drug, single administration	\$15	
D9630	Other drugs and/or medicaments, by report	\$15	
	Application of desensitizing medicament	\$20	One (1) time in any
D9910			twelve (12) consecutive
23310			months
D9940	Occlusal guard, by report	\$250	
D9942	Repair and/or reline 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	
	•		•



