

SECTION XVIII.

**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	
PEDIATRIC DENTAL CARE ESSENTIAL HEALTH BENEFIT			
Deductible <ul style="list-style-type: none"> • One (1) Member under age 19 • Two (2) or more Members under age 19 	<p>\$50</p> <p>\$50 per member</p>	<p>Non-Participating Provider Services Are Not Covered and You Pay the Full Cost</p>	
Out-of-Pocket Limit <ul style="list-style-type: none"> • One (1) Member under age 19 • Two (2) or more Members under age 19 	<p>\$350</p> <p>\$700</p>		
<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>			

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 - \$100 Copayment After Deductible</p> <p>\$30 - \$350 Copayment After Deductible</p> <p>\$51 - \$133 Copayment After Deductible</p> <p>\$20 - \$350 Copayment After Deductible</p> <p>\$60 - \$306 Copayment After Deductible</p> <p>\$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="99 296 396 394">ADDITIONAL PEDIATRIC DENTAL CARE</p> <p data-bbox="99 428 261 459">Deductible</p> <ul data-bbox="99 464 375 632" style="list-style-type: none"> <li data-bbox="99 464 375 527">• One (1) Member under age 19 <li data-bbox="99 531 375 632">• Two (2) or more Members under age 19 <p data-bbox="99 699 386 730">Out-of-Pocket Limit</p> <ul data-bbox="99 735 375 903" style="list-style-type: none"> <li data-bbox="99 735 375 798">• One (1) Member under age 19 <li data-bbox="99 802 375 903">• Two (2) or more Members under age 19 <p data-bbox="99 1003 412 1272">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="423 495 496 527">\$50</p> <p data-bbox="423 562 672 594">\$50 per member</p> <p data-bbox="423 762 509 793">None</p> <p data-bbox="423 829 509 861">None</p>	<p data-bbox="753 464 1052 594">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- \$115 Copayment After Deductible</p> <p>\$0 - \$727 Copayment After Deductible</p> <p>\$95 - \$344 Copayment After Deductible</p> <p>\$69 - \$638 Copayment After Deductible</p> <p>\$20 - \$793 Copayment After Deductible</p> <p>\$25 - \$364 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>

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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	

<p>COST-SHARING</p> <p>ADULT DENTAL CARE</p> <p>Deductible</p> <ul style="list-style-type: none"> • Individual • Family <p>Out-of-Pocket Limit</p> <ul style="list-style-type: none"> • Individual • Family <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>Preauthorization</p>	<p>Participating Provider Member Responsibility for Cost-Sharing</p> <p>\$50 \$50 per member</p> <p>None None</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 Member Responsibility for Cost-Sharing</p> <p>Non-Participating Provider Services Are Not Covered and You Pay the Full Cost</p>	
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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	