Schedule of benefits

Dental DMO Plan

For all full-time, salaried, employees of Conroe Independent School District, located in Texas.

Prepared for:

Contract holder:	Conroe Independent School District
Contract holder number:	GP-0100087
Schedule of benefits:	1A
Group agreement effective date:	September 1, 2021
Plan name:	Dental Maintenance Organization (DMO) - Texas
Plan effective date:	September 1, 2021
Plan issue date:	July 31, 2026
Plan revision effective date:	September 1, 2026

Underwritten by Aetna Dental Inc. in the state of Texas

Schedule of benefits

This schedule of benefits lists the **eligible dental services**, **copayments**, maximums, and any limits that apply to the services you get under this plan.

How to read your schedule of benefits

- When we say “in-network coverage” we mean that you get care from **in-network providers.**
- You must pay any office visit **copayment** and your part of the **copayment**.
- You must pay the full amount of any dental care services you get that is not a **covered benefit**.
- This plan also has limits for some **covered benefits**. For example, these could be visit limits. See later in this schedule of benefits for more information about limits.

Important note:
All **covered benefits** are subject to a **copayment** unless otherwise noted in the schedule of benefits below.

How to contact us for help

We are here to answer your questions:

- Register and log onto our self-service website available 24/7 at https://www.aetna.com/
- Call us at 1-877-238-6200

Aetna Dental Inc.'s group agreement provides the coverage described in this schedule of benefits. This schedule replaces any schedule of benefits previously in use. Keep it with your evidence of coverage.

General coverage provisions

This section explains the:

Calculations; determination of benefits provisions

Your financial responsibility for the cost of services will be calculated on the basis of when the service or supply is provided, not when payment is made. Benefits will be pro-rated to account for treatment that occurs in more than one **Calendar Year**. Determinations regarding when benefits are covered are subject to the terms and conditions of the EOC.

Plan features

In-network plan features

Expense	Copayment
Office visit	$5 per visit

Expense	Copayment
Comprehensive **orthodontic treatment** of adolescent and adult dentition	$2,400

Eligible dental services

In-network coverage

This dental care schedule applies to **eligible dental services** provided by **primary care dentists** (**PCDs**) and other **in-network providers** upon **referral** from your **PCD**. The plan covers only the **eligible dental services** listed below.

Eligible Dental Services	Limitations	Copayment Amounts
Periodic oral evaluation - established patient		$0
Limited oral evaluation - problem focused		$0
Oral evaluation for a patient under three years of age and counseling with a primary caregiver		$0
Comprehensive oral evaluation - new or established patient		$0
Detailed and extensive oral evaluation - problem focused, by report		$0
Re-evaluation - limited, problem focused (established patient; not post-operative visit)		$0
Comprehensive periodontal evaluation - new or established patient		$0
Intraoral - complete series of radiographic images		$0
Intraoral - periapical, first radiographic image		$0
Intraoral - periapical, each additional radiographic image		$0
Intraoral - occlusal radiographic image		$0
Extra-oral, first radiographic image		$0
Extra-oral, posterior radiographic image		$0
Bitewing - single radiographic image		$0
Bitewings - 2 radiographic images		$0
Bitewings - 3 radiographic images		$0
Bitewings - 4 radiographic images		$0
Vertical bitewings - 7 to 8 radiographic images		$0
Panoramic radiographic image		$0
Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report		$0
Testing for cracked tooth		$0
Diagnostic casts		$0
Accession of tissue, gross examination, preparation and transmission of written report		$0
Accession of tissue, gross and microscopic examination, preparation and transmission of written report		$0

Accession of tissue, gross and microscopic exam, including assessment of surgical margins for presence of disease, preparation and transmission of written report		$0
Prophylaxis - adult		$0
Prophylaxis - child		$0
Topical application of fluoride varnish if you are under age 16		$0
Topical application of fluoride - excluding varnish if you are under age 16		$0
Oral hygiene instruction		$0
Sealant - per tooth if you are under age 16		$0
Sealant repair - per tooth, if you are under age 16	For permanent molars	$0
Application of caries arresting medicament - per tooth if you are under age 16		$0
Caries preventive medicament application - per tooth if you are under age 16		$0
Space maintainer - fixed - unilateral - per quadrant	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	$0
Space maintainer - fixed - bilateral, maxillary	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	$0
Space maintainer - fixed - bilateral, mandibular	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	$0
Space maintainer - removable - unilateral - per quadrant	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	$0
Space maintainer - removable - bilateral, maxillary	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	$0
Space maintainer - removable - bilateral, mandibular	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	$0
Re-cement or re-bond bilateral space maintainer - maxillary		$12

Re-cement or re-bond bilateral space maintainer - mandibular		$12
Re-cement or re-bond unilateral space maintainer - per quadrant		$6
Removal of fixed unilateral space maintainer - per quadrant		$6
Removal of fixed bilateral space maintainer - maxillary		$12
Removal of fixed bilateral space maintainer - mandibular		$12
Distal shoe space maintainer - fixed - unilateral - per quadrant		$0
Amalgam - 1 surface, primary or permanent		$0
Amalgam - 2 surfaces, primary or permanent		$0
Amalgam - 3 surfaces, primary or permanent		$0
Amalgam - 4 or more surfaces, primary or permanent		$0
Resin-based composite - 1 surface, anterior		$0
Resin-based composite - 2 surfaces, anterior		$0
Resin-based composite - 3 surfaces, anterior		$0
Resin-based composite - 4 or more surfaces, anterior		$40
Resin-based composite crown, anterior		$40
Resin-based composite - 1 surface, posterior		$35
Resin-based composite - 2 surfaces, posterior		$45
Resin-based composite - 3 surfaces, posterior		$55
Resin-based composite - 4 or more surfaces, posterior		$75
Inlay - metallic - 1 surface		$190
Inlay - metallic - 2 surfaces		$190
Inlay - metallic - 3 or more surfaces		$190
Onlay - metallic - 2 surfaces		$200
Onlay - metallic - 3 surfaces		$200
Onlay - metallic - 4 or more surfaces		$200
Inlay, porcelain/ceramic - 1 surface		$190
Inlay, porcelain/ceramic - 2 surfaces		$190
Inlay, porcelain/ceramic - 3 or more surfaces		$190
Onlay, porcelain/ceramic - 2 surfaces		$200
Onlay, porcelain/ceramic - 3 surfaces		$200
Onlay, porcelain/ceramic - 4 or more surfaces		$200
Inlay, resin based composite - 1 surface		$190
Inlay, resin based composite - 2 surfaces		$190
Inlay, resin based composite - 3 or more surfaces		$190
Onlay, resin based composite - 2 surfaces		$200
Onlay, resin based composite - 3 surfaces		$200
Onlay, resin based composite - 4 or more surfaces		$200
Crown - resin-based composite, indirect		$225

Crown - 3/4 resin-based composite, indirect		$180
Crown - resin with high noble metal		$225
Crown - resin with predominantly base metal		$225
Crown - resin with noble metal		$225
Crown - porcelain/ceramic		$225
Crown - porcelain fused to high noble metal		$225
Crown - porcelain fused to predominantly base metal		$225
Crown - porcelain fused to noble metal		$225
Crown - porcelain fused to titanium and titanium alloys		$225
Crown - 3/4 cast high noble metal		$225
Crown - 3/4 cast predominantly base metal		$225
Crown - 3/4 cast noble metal		$225
Crown - 3/4 cast porcelain/ceramic		$225
Crown - full cast high noble metal		$225
Crown - full cast predominantly base metal		$225
Crown - full cast noble metal		$225
Crown - titanium and titanium alloys		$225
Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		$5
Re-cement or re-bond indirectly fabricated or prefabricated post and core		$3
Re-cement or re-bond crown		$5
Reattachment of tooth fragment, incisal edge or cusp		$4
Prefabricated porcelain/ceramic crown - primary tooth		$0
Prefabricated stainless steel crown - primary tooth		$0
Prefabricated stainless steel crown - permanent tooth		$40
Prefabricated esthetic coated stainless steel crown - primary tooth		$0
Placement of interim direct restoration		$0
Core buildup, including any pins when required		$60
Pin retention - per tooth, in addition to restoration		$10
Post & core in addition to crown, indirectly fabricated		$80
Excavation of a tooth resulting in the determination of non-restorability		$0
Resin infiltration of incipient smooth surface lesions if you are under age 16	1 application every 3 years	$0
Application of hydroxyapatite regeneration medicament - per tooth		$0
Pulp cap - direct (excluding final restoration)		$0
Pulp cap - indirect (excluding final restoration)		$0

Therapeutic pulpotomy (excluding final restoration)		$0
Pulpal debridement, primary and permanent teeth		$10
Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development		$0
Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)		$0
Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)		$0
Endodontic therapy, anterior tooth (excluding final restoration)		$50
Endodontic therapy, premolar tooth (excluding final restoration)		$70
Endodontic therapy, molar tooth (excluding final restoration)		$175
Treatment of root canal obstruction; non-surgical access		$50
Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		$35
Internal root repair of perforation defects		$40
Retreatment of previous root canal therapy - anterior		$150
Retreatment of previous root canal therapy - premolar		$170
Retreatment of previous root canal therapy - molar		$275
Apicoectomy - anterior		$65
Apicoectomy - premolar (first root)		$65
Apicoectomy - molar (first root)		$80
Apicoectomy - each additional root		$40
Retrograde filling - per root		$20
Root amputation - per root		$60
Surgical repair of root resorption - anterior		$29
Surgical repair of root resorption - premolar		$39
Surgical repair of root resorption - molar		$49
Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior		$54
Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar		$72
Surgical exposure of root surface without apicoectomy or repair of root resorption - molar		$90
Gingivectomy or gingivoplasty - 4 or more contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	$100
Gingivectomy or gingivoplasty - 1-3 contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	$30

Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1 per quadrant every 3 years	$12
Gingival flap procedure, including root planing - 4 or more contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	$110
Gingival flap procedure, including root planing - 1-3 contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	$66
Apically positioned flap		$90
Clinical crown lengthening - hard tissue		$150
Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	$250
Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	$150
Surgical revision procedure, per tooth		$100
Pedicle soft tissue graft procedure		$190
Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position		$115
Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		$230
Combined connective tissue and pedicle graft, per tooth		$190
Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft		$82
Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site		$41
Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		$63
Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		$127
Periodontal scaling and root planing, 4 or more teeth per quadrant	4 separate quadrants every 2 years	$50
Periodontal scaling and root planing - 1-3 teeth per quadrant	4 per site every 2 years	$30

Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	2 treatments per year	$30
Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	1 per lifetime	$60
Periodontal maintenance, following active therapy	2 per year	$30
Unscheduled dressing change (by someone other than treating dentist or their staff)		$10
Complete denture - maxillary	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	$275
Complete denture - mandibular	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	$275
Immediate denture - maxillary	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	$325
Immediate denture - mandibular	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	$325
Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	$275
Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	$275
Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	$325
Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	$325
Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	$316
Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	$316

Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	$374
Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	$374
Maxillary partial denture - flexible base (including any clasps, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	$330
Mandibular partial denture - flexible base (including any clasps, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	$330
Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	$330
Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	$330
Removable unilateral partial denture one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	$275
Removable unilateral partial denture one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	$275
Removable unilateral partial denture - one-piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	$165
Removable unilateral partial denture - one-piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	$138
Adjust complete denture - maxillary	Includes all adjustments within 6 months after insertion	$10
Adjust complete denture - mandibular	Includes all adjustments within 6 months after insertion	$10
Adjust partial denture - maxillary	Includes all adjustments within 6 months after insertion	$10
Adjust partial denture - mandibular	Includes all adjustments within 6 months after insertion	$10
Repair broken complete denture base, mandibular		$30
Repair broken complete denture base, maxillary		$30

Replace missing or broken teeth - complete denture - per tooth		$35
Repair resin partial denture base, mandibular		$35
Repair resin partial denture base, maxillary		$35
Repair cast partial framework, mandibular		$35
Repair cast partial framework, maxillary		$35
Repair or replace broken retentive/clasping materials - per tooth		$35
Replace missing or broken teeth - partial denture - per tooth		$35
Add tooth to existing partial denture - per tooth		$35
Add clasp to existing partial denture - per tooth		$40
Replace all teeth and acrylic on cast metal framework - maxillary		$100
Replace all teeth and acrylic on cast metal framework - mandibular		$100
Rebase complete maxillary denture	Includes all adjustments within 6 months after insertion	$100
Rebase complete mandibular denture	Includes all adjustments within 6 months after insertion	$100
Rebase maxillary partial denture	Includes all adjustments within 6 months after insertion	$100
Rebase mandibular partial denture	Includes all adjustments within 6 months after insertion	$100
Rebase hybrid prosthesis	Includes all adjustments within 6 months after insertion	$100
Reline complete maxillary denture (direct)	Includes all adjustments within 6 months after insertion	$40
Reline complete mandibular denture (direct)	Includes all adjustments within 6 months after insertion	$40
Reline maxillary partial denture (direct)	Includes all adjustments within 6 months after insertion	$40
Reline mandibular partial denture (direct)	Includes all adjustments within 6 months after insertion	$40
Reline complete maxillary denture (indirect)	Includes all adjustments within 6 months after insertion	$90
Reline complete mandibular denture (indirect)	Includes all adjustments within 6 months after insertion	$90
Reline maxillary partial denture (indirect)	Includes all adjustments within 6 months after insertion	$90
Reline mandibular partial denture (indirect)	Includes all adjustments within 6 months after insertion	$90
Soft liner for complete or partial removable denture - indirect		$90
Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary	Included in permanent	$90
Interim partial denture (including retentive/clasping materials, rests and teeth), mandibular	Included in permanent	$90

Tissue conditioning, maxillary	Inclusive with prosthesis within 6 months after insertion	$40
Tissue conditioning, mandibular	Inclusive with prosthesis within 6 months after insertion	$40
Add metal substructure to acrylic complete denture - per arch		$30
Abutment supported porcelain/ceramic crown		$225
Abutment supported porcelain fused to metal crown (high noble metal)		$225
Abutment supported porcelain fused to metal crown (predominantly base metal)		$225
Abutment supported porcelain fused to metal crown (noble metal)		$225
Abutment supported cast metal crown (high noble metal)		$225
Abutment supported cast metal crown (predominantly base metal)		$225
Abutment supported cast metal crown (noble metal)		$225
Implant supported porcelain/ceramic crown		$225
Implant supported porcelain fused to metal crown (titanium, titanium alloy or high noble metal)		$225
Implant supported metal crown (titanium, titanium alloy or high noble metal)		$225
Abutment supported retainer for porcelain/ceramic FPD		$225
Abutment supported retainer for porcelain fused to metal FPD (high noble metal)		$225
Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)		$225
Abutment supported retainer for porcelain fused to metal FPD (noble metal)		$225
Abutment supported retainer for cast metal FPD (high noble metal)		$225
Abutment supported retainer for cast metal FPD (predominantly base metal)		$225
Abutment supported retainer for cast metal FPD (noble metal)		$225
Implant supported retainer for ceramic FPD		$225
Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy or high noble metal)		$225
Implant supported retainer for cast metal FPD (titanium, titanium alloy or high noble metal)		$225
Implant supported crown - porcelain fused to predominantly base alloys		$225
Implant supported crown - porcelain fused to noble alloys		$225

Implant supported crown - porcelain fused to titanium and titanium alloys		$225
Implant supported crown - predominantly base alloys		$225
Implant supported crown - noble alloys		$225
Implant supported crown - titanium and titanium alloys		$225
Abutment supported crown (titanium)		$225
Abutment supported crown - porcelain fused to titanium and titanium alloys		$225
Implant supported retainer - porcelain fused to predominantly base alloys		$225
Implant supported retainer for FPD - porcelain fused to noble alloys		$225
Implant/abutment supported removable denture for edentulous arch - maxillary		$275
Implant/abutment supported removable denture for edentulous arch - mandibular		$275
Implant/abutment supported removable denture for partially edentulous arch - maxillary		$275
Implant/abutment supported removable denture for partially edentulous arch - mandibular		$275
Implant/abutment supported fixed denture for edentulous arch - maxillary		$275
Implant/abutment supported fixed denture for edentulous arch - mandibular		$275
Implant/abutment supported fixed denture for partially edentulous arch - maxillary		$275
Implant/abutment supported fixed denture for partially edentulous arch - mandibular		$275
Implant supported retainer - porcelain fused to titanium and titanium alloys		$225
Implant supported retainer for metal FPD - predominantly base alloys		$225
Implant supported retainer for metal FPD - noble alloys		$225
Implant supported retainer for metal FPD - titanium and titanium alloys		$225
Abutment supported retainer - porcelain fused to titanium and titanium alloys		$225
Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant		$35
Pontic - indirect resin based composite		$225
Pontic - cast high noble metal		$225
Pontic - cast predominantly base metal		$225
Pontic - cast noble metal		$225
Pontic - titanium		$225
Pontic - porcelain fused to high noble metal		$225

Pontic - porcelain fused to predominantly base metal		$225
Pontic - porcelain fused to noble metal		$225
Pontic - porcelain fused to titanium and titanium alloys		$225
Pontic - porcelain/ceramic		$225
Pontic - resin with high noble metal		$225
Pontic - resin with predominantly base metal		$225
Pontic - resin with noble metal		$225
Retainer - cast metal for resin-bonded fixed prosthesis		$190
Retainer - porcelain/ceramic for resin-bonded fixed prosthesis		$190
Resin retainer - for resin bonded fixed prosthesis		$113
Retainer inlay - porcelain/ceramic, 2 surfaces		$190
Retainer inlay - porcelain/ceramic, 3 or more surfaces		$190
Retainer inlay - cast high noble metal, 2 surfaces		$210
Retainer inlay - cast high noble metal, 3 or more surfaces		$210
Retainer inlay - cast predominantly base metal, 2 surfaces		$190
Retainer inlay - cast predominantly base metal, 3 or more surfaces		$190
Retainer inlay - cast noble metal, 2 surfaces		$210
Retainer inlay - cast noble metal, 3 or more surfaces		$210
Retainer onlay - porcelain/ceramic, 2 surfaces		$200
Retainer onlay - porcelain/ceramic, 3 or more surfaces		$200
Retainer onlay - cast high noble metal, 2 surfaces		$220
Retainer onlay - cast high noble metal, 3 or more surfaces		$220
Retainer onlay - cast predominantly base metal, 2 surfaces		$200
Retainer onlay - cast predominantly base metal, 3 or more surfaces		$200
Retainer onlay - cast noble metal, 2 surfaces		$220
Retainer onlay - cast noble metal, 3 or more surfaces		$220
Retainer inlay - titanium		$210
Retainer onlay - titanium		$220
Retainer crown - indirect resin based composite		$225
Retainer crown - resin with high noble metal		$225
Retainer crown - resin with predominantly base metal		$225
Retainer crown - resin with noble metal		$225
Retainer crown - porcelain/ceramic		$225

Retainer crown - porcelain fused to high noble metal		$225
Retainer crown - porcelain fused to predominantly base metal		$225
Retainer crown - porcelain fused to noble metal		$225
Retainer crown - porcelain fused to titanium and titanium alloys		$225
Retainer crown - 3/4 cast high noble metal		$225
Retainer crown - 3/4 cast predominantly base metal		$225
Retainer crown - 3/4 cast noble metal		$225
Retainer crown - 3/4 porcelain/ceramic		$225
Retainer crown - 3/4 titanium and titanium alloys		$225
Retainer crown - full cast high noble metal		$225
Retainer crown - full cast predominantly base metal		$225
Retainer crown - full cast noble metal		$225
Retainer crown - titanium		$225
Re-cement or re-bond fixed partial denture		$15
Extraction, coronal remnants - primary tooth		$0
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		$0
Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated		$0
Removal of impacted tooth - soft tissue		$0
Removal of impacted tooth - partially bony		$45
Removal of impacted tooth - completely bony		$70
Removal of impacted tooth - completely bony, with unusual surgical complications		$70
Removal of residual tooth roots (cutting procedure)		$15
Coronectomy - intentional partial tooth removal, impacted teeth only		$35
Exposure of an unerupted tooth		$26
Mobilization of erupted or malpositioned tooth to aid eruption		$30
Placement of device to facilitate eruption of impacted tooth		$6
Excisional biopsy of minor salivary glands		$75
Incisional biopsy of oral tissue - hard (bone, tooth)		$50
Incisional biopsy of oral tissue - soft		$50
Exfoliative cytological sample collection		$25
Alveoloplasty in conjunction with extractions - 4 or more teeth or tooth spaces, per quadrant		$18
Alveoloplasty in conjunction with extractions - 1 to 3 teeth or tooth spaces, per quadrant		$9

Alveoloplasty not in conjunction with extractions - 4 or more teeth or tooth spaces, per quadrant		$25
Alveoloplasty not in conjunction with extractions - 1 to 3 teeth or tooth spaces, per quadrant		$13
Incision and drainage of abscess - intraoral soft tissue		$10
Incision and drainage of abscess - intraoral soft tissue - complicated		$11
Buccal/labial frenectomy (frenulectomy)		$24
Lingual frenectomy (frenulectomy)		$24
Frenuloplasty		$25
Palliative (emergency) treatment of dental pain - minor procedure		$10
Administration of deep sedation/general anesthesia - first 15 minute increment, or any portion thereof		$104
Administration of deep sedation/general anesthesia - each subsequent 15 minute increment, or any portion thereof		$83
Administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereof		$120
Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof		$95
Administration of moderate sedation - intravenous - first 15 minute increment, or any portion thereof		$104
Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof		$83
Administration of moderate sedation - non-intravenous parenteral - first 15 minute increment, or any portion thereof		$62
Administration of moderate sedation - non-intravenous parenteral - each subsequent 15 minute increment, or any portion thereof		$50
Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	For second opinions only	$0
Consultation with a medical health care professional		$0
Cleaning and inspection of removable complete denture, maxillary		$25
Cleaning and inspection of removable complete denture, mandibular		$25
Cleaning and inspection of removable partial denture, maxillary		$25
Cleaning and inspection of removable partial denture, mandibular		$25

Cleaning and inspection of occlusal guard - per appliance		$15
Repair and/or reline of occlusal guard		$18
Occlusal guard adjustment	Fee for occlusal guard includes adjustments performed within 6 months of placement	$13
Occlusal guard - hard appliance, full arch	Covered for bruxism only (1 every 3 years)	$115
Occlusal guard - soft appliance, full arch		$100
Occlusal guard - hard appliance, partial arch		$60
Occlusal adjustment - limited	Not covered when performed in conjunction with a restoration, root canal therapy or appliance	$20
Occlusal adjustment - complete		$80
Full mouth rehabilitation, per unit (6 or more covered units of crowns and/or pontics under one treatment plan)		$125

Important note:
The following apply:

- There is an extra charge for **eligible dental services** that use high noble metals (ex. gold or titanium).
- General anesthesia and sedation are **covered benefits** when part of a covered surgical procedure.

Additional eligible dental services

We will provide additional **eligible dental services** if you have at least one of the following conditions:

- Pregnancy
- Coronary artery disease/cardiovascular disease
- Cerebrovascular disease
- Diabetes

The additional **eligible dental services** are:

- Prophylaxis (cleaning) (one additional per **Calendar Year**)
- Scaling and root planing, (4 or more teeth), per quadrant
- Scaling and root planing, (1 to 3 teeth), per quadrant
- Full mouth debridement
- Periodontal maintenance

Payment of benefits

We will waive the **copayment** for the additional **eligible dental services** above.