

IMPORTANT INFORMATION ABOUT YOUR PLAN

- ▶ This schedule of benefits provides a listing of procedures covered by your plan. For procedures that require a copayment, the amount to be paid is shown in the column titled "Member Pays \$." You pay these copayments to the dental office at the time of service.
- ▶ Your dental copayment plan offers coverage for services provided by both **contracted and non-contracted dentists**. Members may see any licensed dentist, but non-contracted dentists are able to balance bill the difference between the listed copayment and the dentist's usual charge for the service.
- ▶ Your plan does not include an annual maximum or deductible.

ADA Code	ADA Description	Member Pays \$	ADA Code	ADA Description	Member Pays \$
CLINICAL ORAL EVALUATIONS			TOPICAL FLUORIDE TREATMENT (office procedure)		
D0120	Periodic Oral Evaluation - Established Patient	5	D1206	Topical Application Of Fluoride Varnish	0
D0140	Limited Oral Evaluation - Problem Focused	5	D1208	Topical Application Of Flouride - Excluding Varnish	0
D0145	Oral Evaluation For A Patient Under 3 Years Of Age And Counseling With Primary Caregiver	5	OTHER PREVENTIVE SERVICES		
D0150	Comprehensive Oral Evaluation - New Or Established Patient	5	D1351	Sealant - Per Tooth	0
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	5	D1354	Application of Caries Arresting Medicament - Per Tooth	0
D0170	Re-Evaluation-Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	5	SPACE MAINTENANCE (passive appliances)		
D0180	Comprehensive Periodontal Evaluation	5	D1510	Space maintainer - fixed, unilateral - per quadrant	0
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)			D1516	Space Maintainer - Fixed - bilateral, maxillary	0
D0210	Intraoral - Comprehensive Series Of Radiographic Images	0	D1517	Space Maintainer - Fixed - bilateral, mandibular	0
D0220	Intraoral- Periapical First Radiographic Image	0	D1520	Space maintainer - removable, unilateral - per quadrant	0
D0230	Intraoral- Periapical Each Additional Radiographic Image	0	D1526	Space Maintainer - Removable - bilateral, maxillary	0
D0240	Intraoral - Occlusal Radiographic Image	0	D1527	Space Maintainer - Removable - bilateral, mandibular	0
D0250	Extra-oral - 2D Projection Radiographic Image Created Using A Stationary Radiation Source, And Detector	0	D1551	Re-cement or re-bond bilateral space maintainer - maxillary	0
D0270	Bitewing - Single Radiographic Image	0	D1552	Re-cement or re-bond bilateral space maintainer - mandibular	0
D0272	Bitewings - Two Radiographic Images	0	D1553	Re-cement or re-bond bilateral space maintainer - per quadrant	0
D0273	Bitewings - Three Radiographic Images	0	D1556	Removal of fixed unilateral space maintainer - per quadrant	0
D0274	Bitewings - Four Radiographic Images	0	D1557	Removal of fixed unilateral space maintainer - maxillary	0
D0277	Vertical Bitewings - 7 To 8 Radiographic Images	0	D1558	Removal of fixed unilateral space maintainer - mandibular	0
D0330	Panoramic Radiographic Image	0	D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	0
TESTS AND EXAMINATIONS			AMALGAM RESTORATIONS (including polishing)		
D0460	Pulp Vitality Tests	0	D2140	Amalgam - One Surface, Primary Or Permanent	0
D0470	Diagnostic Casts	0	D2150	Amalgam - Two Surfaces, Primary Or Permanent	0
ORAL PATHOLOGY LABORATORY			D2160	Amalgam - Three Surfaces, Primary Or Permanent	0
D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	0	D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	0
DENTAL PROPHYLAXIS					
D1110	Prophylaxis, Adult	0			
D1120	Prophylaxis, Child	0			
TOPICAL FLUORIDE TREATMENT (office procedure)					

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RESIN-BASED COMPOSITE RESTORATIONS - DIRECT			PULPOTOMY		
D2330	Resin-Based Composite - One Surface, Anterior	0	D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	0
D2331	Resin-Based Composite - Two Surfaces, Anterior	0	D3221	Pulpal Debridement, Primary And Permanent Teeth	0
D2332	Resin-Based Composite - Three Surfaces, Anterior	0	D3222	Partial Pulpotomy For Apexogenesis-Permanent Tooth With Incomplete Root Development	0
D2335	Resin-Based Composite - Four Or More Surfaces (Anterior)	0	ENDODONTIC THERAPY ON PRIMARY TEETH		
D2390	Resin-Based Composite Crown, Anterior	0	D3230	Pulpal Therapy (Resorbable Filling)-Anterior, Primary Tooth (Excluding Final Restoration)	0
D2391	Resin-Based Composite - One Surface, Posterior	0	D3240	Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth (Excluding Final Restoration)	0
D2392	Resin-Based Composite - Two Surfaces, Posterior	0	ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow-up care)		
D2393	Resin-Based Composite - Three Surfaces, Posterior	0	D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	270
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	0	D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	270
CROWNS - SINGLE RESTORATIONS ONLY			D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	270
D2750	Crown, Porcelain Fused To High Noble Metal	395	APICOECTOMY/PERIRADICULAR SERVICES		
D2751	Crown-Porcelain Fused To Predominantly Base Metal	395	D3410	Apicoectomy - Anterior	0
D2752	Crown, Porcelain Fused To Noble Metal	395	D3421	Apicoectomy - Premolar (First Root)	0
D2753	Crown - porcelain fused to titanium and titanium alloys	0	D3425	Apicoectomy - Molar (First Root)	0
D2780	Crown - 3/4 Cast High Noble Metal	395	D3426	Apicoectomy (Each Additional Root)	0
D2781	Crown - 3/4 Cast Predominantly Base Metal	0	D3430	Retrograde Filling - Per Root	0
D2782	Crown - 3/4 Cast Noble Metal	0	SURGICAL SERVICES (including usual postoperative care)		
D2790	Crown, Full Cast High Noble Metal	395	D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	0
D2791	Crown - Full Cast Predominantly Base Metal	395	D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	380
D2792	Crown, Full Cast Noble Metal	395	D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	380
D2794	Crown - titanium and titanium alloys	0	D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	380
OTHER RESTORATIVE SERVICES			D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	380
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	160	D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	380
D2915	Re-Cement Or Rebond Indirectly Fabricated Or Prefabricated Post And Core	160	NON-SURGICAL PERIODONTAL SERVICES		
D2920	Re-Cement Or Re-Bond Crown	160	D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	0
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	395	D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	0
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	395	D4346	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	380
D2940	Placement of interim direct restoration	0	D4355	Full Mouth Debridement To Enable a Comprehensive Periodontal Evaluation And Diagnosis on a Subsequent Visit	380
D2949	Restorative Foundation For An Indirect Restoration	0	OTHER PERIODONTAL SERVICES		
D2950	Core Buildup Including Any Pins When Required	0	D4910	Periodontal Maintenance	0
D2951	Pin Retention - Per Tooth, In Addition To Restoration	0	D4921	Gingival Irrigation with a medicinal agent - Per Quadrant	380
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	370			
D2954	Prefabricated Post And Core In Addition To Crown	370			
D2971	Additional Procedures To Customize a Crown to Fit Under an Existing Partial Denture Framework	0			
PULP CAPPING					
D3110	Pulp Cap - Direct (Excluding Final Restoration)	0			
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	0			
PULPOTOMY					

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COMPLETE DENTURES (including routine post delivery care)			DENTURE REBASE PROCEDURES		
D5110	Complete Denture - Maxillary	575	D5710	Rebase Complete Maxillary Denture	0
D5120	Complete Denture - Mandibular	575	D5711	Rebase Complete Mandibular Denture	0
D5130	Immediate Denture - Maxillary	575	D5720	Rebase Maxillary Partial Denture	0
D5140	Immediate Denture - Mandibular	575	D5721	Rebase Mandibular Partial Denture	0
PARTIAL DENTURES (including routine post-delivery care)			DENTURE RELINE PROCEDURES		
D5211	Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	575	D5730	Reline Complete Maxillary Denture (direct)	0
D5212	Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	575	D5731	Reline Complete Mandibular Denture (direct)	0
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	575	D5740	Reline Maxillary Partial Denture (direct)	0
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	575	D5741	Reline Mandibular Partial Denture (direct)	0
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	575	D5750	Reline Complete Maxillary Denture (indirect)	0
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	575	D5751	Reline Complete Mandibular Denture (indirect)	0
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	575	D5760	Reline Maxillary Partial Denture (indirect)	0
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	575	D5761	Reline Mandibular Partial Denture (indirect)	0
ADJUSTMENTS TO DENTURES			OTHER REMOVABLE PROSTHETIC SERVICES		
D5410	Adjust Complete Denture - Maxillary	0	D5850	Tissue Conditioning, Maxillary	0
D5411	Adjust Complete Denture - Mandibular	0	D5851	Tissue Conditioning, Mandibular	0
D5421	Adjust Partial Denture - Maxillary	0	D5863	Overdenture - Complete Maxillary	0
D5422	Adjust Partial Denture - Mandibular	0	D5864	Overdenture - Partial Maxillary	0
REPAIRS TO COMPLETE DENTURES			D5865	Overdenture - Complete Mandibular	0
D5511	Repair Broken Complete Denture Base, Mandibular	0	D5866	Overdenture - Partial Mandibular	0
D5512	Repair Broken Complete Denture Base, Maxillary	0	FIXED PARTIAL DENTURE PONTICS		
D5520	Replace Missing Or Broken Teeth-Complete Denture - per tooth	0	D6210	Pontic-Cast High Noble Metal	0
REPAIRS TO PARTIAL DENTURES			D6211	Pontic-Cast Predominantly Base Metal	575
D5611	Repair Resin Partial Denture Base, Mandibular	0	D6212	Pontic-Cast Noble Metal	0
D5612	Repair Resin Partial Denture Base, Maxillary	0	D6214	Pontic - titanium and titanium alloys	0
D5621	Repair Cast Partial Framework, Mandibular	0	D6240	Pontic-Porcelain Fused To High Noble Metal	575
D5622	Repair Cast Partial Framework, Maxillary	0	D6241	Pontic-Porcelain Fused To Predominantly Base Metal	575
D5630	Repair Or Replace Broken Retentive Clasping Materials - Per Tooth	0	D6242	Pontic-Porcelain Fused To Noble Metal	575
D5640	Replace missing or broken teeth – partial denture – per tooth	0	D6243	Pontic - porcelain fused to titanium and titanium alloys	0
D5650	Add tooth to existing partial denture – per tooth	0	FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D5660	Add Clasp To Existing Partial Denture - Per Tooth	0	D6750	Retainer Crown, Porcelain Fused To High Noble Metal	575
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)	0	D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	575
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	0	D6752	Retainer Crown, Porcelain Fused To Noble Metal	575
			D6753	Retainer crown - porcelain fused to titanium and titanium alloys	0
			D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	0
			D6783	Retainer Crown - 3/4 Porcelain/Ceramic	0
			D6790	Retainer Crown, Full Cast High Noble Metal	0
			D6791	Retainer Crown, Full Cast Predominantly Base Metal	575
			D6792	Retainer Crown, Full Cast Noble Metal	0
			OTHER FIXED PARTIAL DENTURE SERVICES		
			D6930	Re-Cement Or Re-Bond Fixed Partial Denture	0
			EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
			D7111	Extraction, Coronal Remnants - Primary Tooth	20
			D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	20
			SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed and routine postoperative care)		

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SURGICAL EXTRACTIONS (includes local anesthesia, suturing, if needed, and routine postoperative care)		
D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	200
D7220	Removal Of Impacted Tooth - Soft Tissue	200
D7230	Removal Of Impacted Tooth - Partially Bony	200
D7240	Removal Of Impacted Tooth - Completely Bony	200
D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	200
D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	200
D7251	Coronectomy-Intentional Partial Tooth Removal, impacted teeth only	200
OTHER SURGICAL PROCEDURES		
D7259	Nerve dissection	200
D7280	Exposure Of An Unerupted Tooth	0
ALVEOLOPLASTY (surgical preparation of ridge for dentures)		
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	0
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	0
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	0
SURGICAL INCISION		
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	0
UNCLASSIFIED TREATMENT		
D9110	Palliative Treatment Of Dental Pain-per visit	0
PROFESSIONAL CONSULTATION		
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	0
PROFESSIONAL VISITS		
D9430	Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed	0
D9440	Office Visit After Regularly Scheduled Hours	0