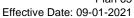


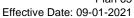


CODE	PROCEDURE	PATIENT PAYS	CODE	PROCEDURE	PATIENT PAYS
	Office Visit Copay	\$5			
		DIAGN	NOSTIC		
D0120-D0180	Oral Evaluations	No Charge	D0277	Vertical Bitewings - 7 to 8 Films	No Charge
D0210	Full mouth series Images	No Charge	D0330	Panoramic Image	No Charge
D0220-D0230	Periapicals	No Charge	D0391	Interpretation of Diagnostic Image	No Charge
D0240	Intraoral, Occlusal Image	No Charge	D0470	Diagnostic Casts	No Charge
D0250-D0251	Extraoral Images	No Charge	D0472-D0474	Accession of Tissue	No Charge
D0270-D0274	Bitewings	No Charge			
		PREVI	ENTIVE		
D1110	Prophy - Adult	No Charge	D1510	Space Maintainer - Fixed Unilateral	No Charge
D1120	Prophy - Child	No Charge	D1516-17	Space Maintainer - Fixed Bilateral	No Charge
D4346	Scaling in presence of generalized moderate/severe gingival inflammation - full mouth, after oral evaluation	\$30	D1520	Space Maintainer - Removable Unilateral	No Charge
D1208	Fluoride - Child	No Charge	D1526-27	Space Maintainer - Removable Bilateral	No Charge
D1206	Application of Topical Fluoride Varnish	No Charge		Recement Space Maintainer	\$12
D1330	Oral Hygiene Instruction	No Charge	D1553	Recement or re-bond unilateral space maintainer - per quad	\$6
D1351, D1354	Sealant	No Charge	D1556	Removal of fixed unilateral space maintainer - per quad	\$6
D1352	Preventive Resin Restoration	No Charge	D1557-58	Removal of Space Maintainer	\$12
D1353	Sealant Repair - Per Tooth	No Charge	D1575	Distal shoe space maintainer - fixed - unilateral	No Charge
D1355	Caries preventive medicament application, per tooth	No Charge	D2990	Resin Infiltration of Lesion	No Charge
Diagnostic and	Preventive services may be subject to age and frequency	nency limitation	ns. See your boo	klet for details.	
		RESTO	RATIVE		
			RMANENT TEI		
D2140	Amalgam - 1 Surf Primary or Permanent	No Charge		Resin-Based Composite 1 Surf, Posterior	\$35
D2150	Amalgam - 2 Surf Primary or Permanent	No Charge		Resin-Based Composite 2 Surf, Posterior	\$45
D2160	Amalgam - 3 Surf Primary or Permanent	No Charge		Resin-Based Composite 3 Surf, Posterior	\$55
D2161	Amalgam - 4+ Surf Primary or Permanent	No Charge		Resin-Based Composite 4+ Surf, Posterior	\$75
D2330	Resin-Based Composite 1 Surf, Anterior	No Charge		Reattachment of tooth fragment, incisal edge or dusp	\$4
D2331	Resin-Based Composite 2 Surf, Anterior	No Charge	D2940	Protective Restoration	No Charge
D2332	Resin-Based Composite 3 Surf, Anterior	No Charge		Interim therapeutic restoration - primary dentition	No Charge
D2335	Resin-Based Composite 4+ Surf; Anterior (or involving Incisal angle)	\$40	D2951	Pin Retention - In Addition to Restoration	\$10
D2390	Resin-Based Composite Crown, Anterior	\$40			
		CROWNS	/BRIDGES		
D2510	Inlay - Metallic 1 Surf	\$190	D6097	Abutment Sup Crown - porcelain/titanium and titanium alloys	\$225
D2520	Inlay - Metallic 2 Surf	\$190	D6098	Implant Sup retainer - porcelain/predominantly base alloys	\$225
D2530	Inlay - Metallic 3 Surf	\$190	D6094	Abutment Supported Crown - (Titanium)	\$225
D2542	Onlay - Metallic 2 Surf	\$200	D6099	Implant Sup retainer for FPD - porcelain / noble alloys	\$225
D2543	Onlay - Metallic 3 Surf	\$200	D6110	Implant Abut Sup Removable Dent-MaxCom	\$275
D2544	Onlay, Metallic - 4 or More Surf	\$200	D6111	Implant Abut Sup Removable Dent-Mand Com	\$275
D2610	Inlay, Porcelain/Ceramic - 1 Surf	\$190	D6112	Implant Abut Sup Removable Dent-Max Par	\$275
D2620	Inlay, Porcelain/Ceramic - 2 Surf	\$190	D6113	Implant Abut Sup Removable Dent-Mand Par	\$275
D2630	Inlay, Porcelain/Ceramic - 3 or More Surf	\$190	D6114	Implant Abut Sup Fixed Dent-Max Com	\$275
D2642	Onlay, Porcelain/Ceramic - 2 Surf	\$200	D6115	Implant Abut Sup Fixed Dent-Mand Com	\$275
D2643	Onlay, Porcelain/Ceramic - 3 Surf	\$200	D6116	Implant Abut Sup Fixed Dent-Max Par	\$275
D2644	Onlay, Porcelain/Ceramic - 4 or More Surf	\$200	D6117	Implant Abut Sup Fixed Dent-Mand Par	\$275



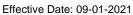


D2650 Inlay, Composie/Resin - 1 Surf						
Display Composite Resin - 3 Surf	D2650	Inlay, Composite/Resin - 1 Surf	\$190	D6120	•	\$225
De562	D2651	Inlay, Composite/Resin - 2 Surf	\$190	D6121	Implant Sup Retainer for metal FPD-	\$225
200633	D2652	Inlay, Composite/Resin - 3 Surf	\$190	D6122		\$225
De2644 Onlay, Composite Resin - 4 or More Surf \$200 De205 De7016 - Indirect Resin Based Composite \$225	D2662	Onlay, Composite/Resin - 2 Surf	\$200	D6123	=	\$225
D2710	D2663	Onlay, Composite/Resin - 3 Surf	\$200	D6195		\$225
D2710	D2664	Onlay, Composite/Resin - 4 or More Surf	\$200	D6205	Pontic - Indirect Resin Based Composite	\$225
D2712			\$225	D6210	1	\$225
D2720		1		-		
D2721				D6212	·	
D2722		6	·	1		
D2740		·				
D2750						
D2751 Crown - Porcelain Fused to Predominantly Base S225 D6245 Pontic - porcelain fused to titanium and titanium S225 D2752 Crown - Porcelain fused to Noble Metal S225 D6245 Pontic - Porcelain Ceramic S225 D2753 Crown - Porcelain fused to titanium and titanium S225 D6250 Pontic - Resin With High Noble Metal S225 D2780 Crown - 34 Cast High Noble Metal S225 D6251 Pontic - Resin With High Noble Metal S225 D2781 Crown - 34 Cast High Noble Metal S225 D6252 Pontic - Resin With Predominantly Base Metal S225 D6252 Pontic - Resin With Predominantly Base Metal S225 D6252 Pontic - Resin With Predominantly Base Metal S225 D6252 Pontic - Resin With Predominantly Base Metal S225 D6254 Retainer - Cast Metal for Resin-Bonded Fixed Prosthesis Retainer - Lost Metal for Resin-Bonded Fixed S190 Prosthesis Retainer - Porcelain/Ceramic for Resin-Bonded Fixed S190 Prosthesis S113 D2791 Crown - Full Cast High Noble Metal S225 D6549 Resin Retainer - Resin Bonded Prosthesis S113 D2791 Crown - Full Cast High Noble Metal S225 D6600 Inlay - Porcelain/Ceramic, 2 Surf S190 D2794 Crown - Titanium S225 D6600 Inlay - Porcelain/Ceramic, 3 + Surf S190 D2794 Crown - Titanium S225 D6600 Inlay - Cast High Noble Metal, 3 Surf S220 D2910 Recement Inlay, Onlay or Partial Coverage S5 D6603 Inlay - Cast High Noble Metal, 3 Surf S220 D2910 Recement Crown - Primary Tooth No Charge D6603 Inlay - Cast High Noble Metal, 3 Surf S220 D2930 Prefab Porcelain/Ceramic Crown - Primary Tooth No Charge D6600 Inlay - Cast Hold Metal, 3 Surf S210 D2930 Prefab Stainless Steel Crown - Primary Tooth No Charge D6600 Inlay - Cast High Noble Metal, 2 Surf S200 D2930 Prefab Stainless Steel Crown - Primary Tooth No Charge D6600 Inlay - Cast High Noble Metal, 2 Surf S200 D6060 D	D2750	Crown - Porcelain Fused to High Noble Metal	\$225	D6242	Pontic - Porcelain Fused to Noble Metal	
D2752 Crown - Porcelain Fused to Noble Metal S225 D6245 Pontic - Porcelain/Ceramic S225 D2753 Crown - Porcelain fused to titanium and titanium S225 D6250 Pontic - Resin With High Noble Metal S225 D2780 Crown - 3/4 Cast High Noble Metal S225 D6251 Pontic - Resin With High Noble Metal S225 D2781 Crown - 3/4 Cast High Noble Metal S225 D6252 Pontic - Resin With Noble Metal S225 D2782 Crown - 3/4 Cast Noble Metal S225 D6252 Pontic - Resin With Noble Metal S225 D2782 Crown - 3/4 Cast Noble Metal S225 D6545 Pontic - Resin With Noble Metal S225 D2783 Crown - 3/4 Cast Noble Metal S225 D6545 Pontic - Resin With Noble Metal S225 D6548 Retainer - Cast Metal for Resin-Bonded Fixed S190 Prosthesis S113 Crown - Full Cast High Noble Metal S225 D6549 Resin Retainer - Resin Bonded Prosthesis S113 D6791 Crown - Full Cast High Noble Metal S225 D6600 Inlay - Porcelain/Ceramic / Suurf S190 D2792 Crown - Full Cast High Noble Metal S225 D6601 Inlay - Porcelain/Ceramic / Suurf S190 D2794 Crown - Full Cast Noble Metal S225 D6601 Inlay - Porcelain/Ceramic / Suurf S190 D2794 Crown - Full Cast Noble Metal S225 D6600 Inlay - Cast High Noble Metal / Suurf S220 D2910 Recement Inlay, Onlay or Partial Coverage S5 D6603 Inlay - Cast High Noble Metal / Suurf S220 D2910 Recement Crown - Primary Tooth No Charge D6605 Inlay - Cast Predominantly Base Metal / Suurf S190 D2920 Prefab Notelain/Ceramic Crown - Primary Tooth No Charge D6605 Inlay - Cast Predominantly Base Metal / Suurf S210 D2930 Prefab, Stainless Steel Crown - Permanent Tooth No Charge D6606 Inlay - Cast Noble Metal / Suurf S210 D2931 Prefab, Stainless Steel Crown - Permanent Tooth S40 D6608 D040 Porcelain/Ceramic / Suurf S200 D400 Prefabirated Basthetic Castal Stainless Steel D6607 D040 Cast High Noble Metal / Suurf S200 D60606 D040 Prefabirated Basthetic Cas		_		D6243	*	
D2753	D2752		\$225	D6245	· ·	\$225
D2780						
D2781						
D2782	D2780	Crown - 3/4 Cast High Noble Metal	\$225	D6251	Pontic - Resin With Predominantly Base Metal	\$225
D2783	D2781	Crown - 3/4 Cast Predominantly Based Metal	\$225	D6252	Pontic - Resin With Noble Metal	\$225
D2790 Crown - Full Cast High Noble Metal \$225 D6549 Resin Retainer - Resin Bonded Prosthesis \$113 D2791 Crown - Full Cast Predominantly Base Metal \$225 D6600 Inlay - Porcelain/Ceramic, 2 Surf \$190 D2792 Crown - Full Cast Noble Metal \$225 D6601 Inlay - Porcelain/Ceramic, 2 Surf \$190 D2794 Crown - Full Cast Noble Metal \$225 D6602 Inlay - Cast High Noble Metal, 2 Surf \$220 D2910 Recement Inlay, Onlay or Partial Coverage \$5 D6603 Inlay - Cast High Noble Metal, 3 Surf \$220 D2915 Recement Cast or Prefab Post and Core \$3 D6604 Inlay - Cast High Noble Metal, 3 Surf \$220 D2920 Recement Cast or Prefab Post and Core \$3 D6604 Inlay - Cast Predominantly Base Metal, 2 Surf \$190 D2920 Prefab Porcelain/Ceramic Crown - Primary Tooth No Charge D6606 Inlay - Cast Noble Metal, 2 Surf \$210 D2930 Prefab Porcelain/Ceramic Crown - Primary Tooth No Charge D6607 Inlay - Cast Noble Metal, 2 Surf \$210 D2931 Prefab, Stainless Steel Crown - Permanent Tooth \$40 D6608 Onlay - Porcelain/Ceramic, 3 Surf \$200 D2934 Prefabricated Esthetic Coated Stainless Steel No Charge D6609 Onlay - Porcelain/Ceramic, 3 Surf \$200 D2934 Prefabricated Esthetic Coated Stainless Steel No Charge D6609 Onlay - Porcelain/Ceramic, 3 Surf \$200 D2952 Post & Core in Addition to Crown \$80 D6611 Onlay - Cast High Noble Metal, 2 Surf \$230 D2952 Post & Core in Addition to Crown \$80 D6611 Onlay - Cast High Noble Metal, 3 Surf \$230 D6059 Abutment Supported Porcelain Fused to Metal \$225 D6612 Onlay - Cast Noble Metal, 3 Surf \$200 D6060 Abutment Supported Porcelain Fused to Metal \$225 D6614 Onlay - Cast Noble Metal, 3 Surf \$220 D6061 Abutment Supported Cast Metal Crown (High \$225 D6614 Onlay - Cast Noble Metal, 3 Surf \$220 D6062 Abutment Supported Cast Metal Crown (High \$225 D6614 Onlay - Cast Noble Metal, 3 Surf \$220 D6064 Abutment Supported Cast Metal Crown (Noble \$225 D6614 On	D2782	Crown - 3/4 Cast Noble Metal	\$225	D6545		\$190
D2790 Crown - Full Cast High Noble Metal \$225 D6549 Resin Retainer - Resin Bonded Prosthesis \$113 D2791 Crown - Full Cast Predominantly Base Metal \$225 D6600 Inlay - Porcelain/Ceramic, 2 Surf \$190 D2792 Crown - Full Cast Noble Metal \$225 D6601 Inlay - Porcelain/Ceramic, 2 Surf \$190 D2794 Crown - Full Cast Noble Metal \$225 D6602 Inlay - Cast High Noble Metal, 2 Surf \$220 D2910 Recement Inlay, Onlay or Partial Coverage \$5 D6603 Inlay - Cast High Noble Metal, 3 Surf \$220 D2915 Recement Cast or Prefab Post and Core \$3 D6604 Inlay - Cast High Noble Metal, 3 Surf \$220 D2920 Recement Cast or Prefab Post and Core \$3 D6604 Inlay - Cast Predominantly Base Metal, 2 Surf \$190 D2920 Prefab Porcelain/Ceramic Crown - Primary Tooth No Charge D6600 Inlay - Cast Noble Metal, 2 Surf \$210 D2930 Prefab Porcelain/Ceramic Crown - Primary Tooth No Charge D6607 Inlay - Cast Noble Metal, 3 Surf \$210 D2931 Prefab, Stainless Steel Crown - Permanent Tooth \$40 D6608 Onlay - Porcelain/Ceramic, 3 Surf \$200 D2934 Prefabricated Esthetic Coated Stainless Steel No Charge D6609 Onlay - Porcelain/Ceramic, 3 Surf \$200 D2935 Post & Core in Addition to Crown \$80 D6611 Onlay - Cast High Noble Metal, 2 Surf \$230 D2952 Post & Core in Addition to Crown \$80 D6611 Onlay - Cast High Noble Metal, 3 Surf \$230 D6059 Abutment Supported Porcelain Fused to Metal \$225 D6612 Onlay - Cast Predominantly Base Metal, 3 Surf \$200 D6060 Abutment Supported Porcelain Fused to Metal \$225 D6614 Onlay - Cast Noble Metal, 3 Surf \$200 D6061 Abutment Supported Porcelain Fused to Metal \$225 D6614 Onlay - Cast Noble Metal, 3 Surf \$220 D6061 Abutment Supported Cast Metal Crown (High Noble Metal) \$225 D6614 Onlay - Cast Noble Metal, 3 Surf \$220 D6062 Abutment Supported Cast Metal Crown (High Noble Metal) \$225 D6604 Inlay - Titanium \$230 D6064 Abutment Supported Cast Metal Crown (Noble Meta	D2783	Crown - 3/4 Porcelain/Ceramic	\$225	D6548	Retainer - Porcelain/Ceramic for Resin-Bonded	\$190
D2791 Crown - Full Cast Predominantly Base Metal \$225 D6600 Inlay - Porcelain/Ceramic, 2 Surf \$190 D2792 Crown - Full Cast Noble Metal \$225 D6601 Inlay - Porcelain/Ceramic, 3 + Surf \$190 D2794 Crown - Titanium \$225 D6602 Inlay - Cast High Noble Metal, 2 Surf \$220 D2910 Recement Inlay, Onlay or Partial Coverage \$5 D6603 Inlay - Cast High Noble Metal, 3 + Surf \$220 D2915 Recement Cast or Prefab Post and Core \$3 D6604 Inlay - Cast Predominantly Base Metal, 2 Surf \$190 D2920 Recement Crown \$5 D6605 Inlay - Cast Predominantly Base Metal, 2 Surf \$190 D2920 Prefab Porcelain/Ceramic Crown - Primary Tooth No Charge D6606 Inlay - Cast Predominantly Base Metal, 3 + Surf \$190 D2929 Prefab Porcelain/Ceramic Crown - Primary Tooth No Charge D6607 Inlay - Cast Noble Metal, 3 + Surf \$210 D2930 Prefab, Stainless Steel Crown - Permanent Tooth \$40 D6608 D6607 D6608 D6609		Crown - Full Cast High Noble Metal		D6549	Resin Retainer - Resin Bonded Prosthesis	\$113
D2792 Crown - Full Cast Noble Metal \$225 D6601 Inlay - Porcelain/Ceramic, 3+ Surf \$190 D2794 Crown - Titanium \$225 D6602 Inlay - Cast High Noble Metal, 2 Surf \$220 D2910 Recement Inlay, Onlay or Partial Coverage \$5 D6603 Inlay - Cast High Noble Metal, 3 Surf \$220 D2915 Recement Cast or Prefab Post and Core \$3 D6604 Inlay - Cast High Noble Metal, 3 Surf \$190 D2920 Recement Crown \$5 D6605 Inlay - Cast Predominantly Base Metal, 2 Surf \$190 D2920 Prefab Porcelain/Ceramic Crown - Primary Tooth No Charge D6606 Inlay - Cast Noble Metal, 2 Surf \$190 D2929 Prefab Porcelain/Ceramic Crown - Primary Tooth No Charge D6606 Inlay - Cast Noble Metal, 2 Surf \$210 D2930 Prefab, Stainless Steel Crown - Primary Tooth No Charge D6607 Inlay - Cast Noble Metal, 3 + Surf \$210 D2931 Prefab, Stainless Steel Crown - Permanent Tooth \$40 D6608 Onlay - Porcelain/Ceramic, 2 Surf \$200 D2934 Prefab, Stainless Steel Comen - Permanent Tooth \$40 D6608 Onlay - Porcelain/Ceramic, 2 Surf \$200 D2934 Prefab, Stainless Steel No Charge D6609 Onlay - Porcelain/Ceramic, 3 + Surf \$200 D2934 Prefab, Stainless Steel No Charge D6609 Onlay - Porcelain/Ceramic, 3 + Surf \$230 D2952 Post & Core in Addition to Crown \$80 D6611 Onlay - Cast High Noble Metal, 2 Surf \$230 D6058 Abutment Supported Porcelain/Ceramic Crown \$225 D6612 Onlay - Cast Predominantly Base Metal, 3 + Surf \$200 D6059 Abutment Supported Porcelain Fused to Metal \$225 D6613 Onlay - Cast Noble Metal, 2 Surf \$220 D6060 Abutment Supported Porcelain Fused to Metal \$225 D6614 Onlay - Cast Noble Metal, 3 + Surf \$220 D6061 Abutment Supported Cast Metal Crown (High Noble Metal) \$225 D6614 Onlay - Cast Noble Metal, 3 + Surf \$220 D6062 Abutment Supported Cast Metal Crown (Noble Metal) \$225 D6634 Onlay - Titanium \$230 D60664 Abutment Supported Cast Metal Crown (Noble Metal) \$225 D66064 Inlay						
D2794 Crown - Titanium \$225 D6602 Inlay - Cast High Noble Metal, 2 Surf \$220 D2910 Recement Inlay, Onlay or Partial Coverage \$5 D6603 Inlay - Cast High Noble Metal, 3 + Surf \$220 D2915 Recement Cast or Prefab Post and Core \$3 D6604 Inlay - Cast Predominantly Base Metal, 2 Surf \$190 D2920 Recement Crown \$5 D6605 Inlay - Cast Predominantly Base Metal, 3 + Surf \$190 D2929 Prefab Porcelain/Ceramic Crown - Primary Tooth No Charge D6606 Inlay - Cast Noble Metal, 2 Surf \$210 D2930 Prefab, Stainless Steel Crown - Permanent Tooth No Charge D6607 Inlay - Cast Noble Metal, 3 + Surf \$210 D2931 Prefab, Stainless Steel Crown - Permanent Tooth \$40 D6608 Onlay - Porcelain/Ceramic, 2 Surf \$200 D2934 Prefabricated Esthetic Coated Stainless Steel No Charge D6609 Onlay - Porcelain/Ceramic, 3 + Surf \$200 D2950 Core Buildup, Including Any Pins \$60 D6610 Onlay - Cast High Noble Metal, 2 Surf \$230 D6058 Abutment Supported Porce		·				
D2910 Recement Inlay, Onlay or Partial Coverage \$5 D6603 Inlay - Cast High Noble Metal, 3+ Surf \$220 D2915 Recement Cast or Prefab Post and Core \$3 D6604 Inlay - Cast Predominantly Base Metal, 2 Surf \$190 D2920 Recement Crown \$5 D6605 Inlay - Cast Predominantly Base Metal, 3+ Surf \$190 D2929 Prefab Porcelain/Ceramic Crown - Primary Tooth No Charge D6606 Inlay - Cast Noble Metal, 2 Surf \$210 D2930 Prefab, Stainless Steel Crown - Primary Tooth No Charge D6607 Inlay - Cast Noble Metal, 3 + Surf \$210 D2931 Prefab, Stainless Steel Crown - Permanent Tooth \$40 D6608 Onlay - Porcelain/Ceramic, 2 Surf \$200 D2934 Prefabricated Esthetic Coated Stainless Steel No Charge D6609 Onlay - Porcelain/Ceramic, 3 + Surf \$200 D2950 Core Buildup, Including Any Pins \$60 D6610 Onlay - Cast High Noble Metal, 3 + Surf \$230 D2952 Post & Core in Addition to Crown \$80 D6611 Onlay - Cast High Noble Metal, 3 + Surf \$230 D6058 Abutment Supported Porcelain/Ceramic Crown \$225 D6612 Onlay - Cast Predominantly Base Metal, 2 Surf \$200 D6059 Abutment Supported Porcelain Fused to Metal \$225 D6613 Onlay - Cast Predominantly Base Metal, 3 + Surf \$200 D6060 Abutment Supported Porcelain Fused to Metal \$225 D6614 Onlay - Cast Noble Metal, 2 Surf \$220 D6061 Abutment Supported Porcelain Fused to Metal \$225 D6614 Onlay - Cast Noble Metal, 3 + Surf \$220 D6062 Abutment Supported Cast Metal Crown (High \$225 D6634 Onlay - Cast Noble Metal, 3 + Surf \$220 D6063 Abutment Supported Cast Metal Crown (High \$225 D6634 Onlay - Titanium \$230 D6064 Abutment Supported Cast Metal Crown (Noble \$225 D6634 Onlay - Titanium \$230 D6065 Implant Supported Porcelain Fused to Metal \$225 D6720 Crown - Resin With High Noble Metal \$225 D6066 Implant Supported Metal Crown (Titanium, \$225 D6722 Crown - Resin With Noble Metal \$225 D6067 Implant Supported Metal Crown (Titan						
D2915 Recement Cast or Prefab Post and Core \$3 D6604 Inlay - Cast Predominantly Base Metal, 2 Surf \$190 D2920 Recement Crown \$5 D6605 Inlay - Cast Predominantly Base Metal, 3 + Surf \$190 D2929 Prefab Porcelain/Ceramic Crown - Primary Tooth No Charge D6606 Inlay - Cast Noble Metal, 2 Surf \$210 D2930 Prefab, Stainless Steel Crown - Permanent Tooth \$40 D6608 Onlay - Porcelain/Ceramic, 2 Surf \$220 D2931 Prefab, Stainless Steel Crown - Permanent Tooth \$40 D6608 Onlay - Porcelain/Ceramic, 2 Surf \$200 D2934 Prefabricated Esthetic Coated Stainless Steel No Charge D6609 Onlay - Porcelain/Ceramic, 3 + Surf \$200 D2950 Core Buildup, Including Any Pins \$60 D6610 Onlay - Cast High Noble Metal, 2 Surf \$230 D2952 Post & Core in Addition to Crown \$80 D6611 Onlay - Cast High Noble Metal, 3 + Surf \$230 D6058 Abutment Supported Porcelain Fused to Metal \$225 D6612 Onlay - Cast Predominantly Base Metal, 3 + Surf \$200 D6060 Ab			· ·		•	
Degree D				-	·	
Degrey Prefab Porcelain/Ceramic Crown - Primary Tooth No Charge De606 Inlay - Cast Noble Metal, 2 Surf \$210						
Degas Prefab, Stainless Steel Crown - Primary Tooth No Charge De607 Inlay - Cast Noble Metal, 3+ Surf \$210					•	
D2931 Prefab, Stainless Steel Crown - Permanent Tooth \$40 D6608 Onlay - Porcelain/Ceramic, 2 Surf \$200 D2934 Prefabricated Esthetic Coated Stainless Steel No Charge D6609 Onlay - Porcelain/Ceramic, 3+ Surf \$200 D2950 Core Buildup, Including Any Pins \$60 D6610 Onlay - Cast High Noble Metal, 2 Surf \$230 D2952 Post & Core in Addition to Crown \$80 D6611 Onlay - Cast High Noble Metal, 3+ Surf \$230 D6058 Abutment Supported Porcelain/Ceramic Crown \$225 D6612 Onlay - Cast Predominantly Base Metal, 2 Surf \$200 D6059 Abutment Supported Porcelain Fused to Metal \$225 D6613 Onlay - Cast Predominantly Base Metal, 3+ Surf \$200 D6060 Abutment Supported Porcelain Fused to Metal \$225 D6614 Onlay - Cast Noble Metal, 2 Surf \$220 Crown (Predominantly Base Metal) \$225 D6614 Onlay - Cast Noble Metal, 2 Surf \$220 Crown (Noble Metal) \$225 D6614 Onlay - Cast Noble Metal, 3+ Surf \$220 Crown (Noble Metal) \$225 D6615 Onlay - Cast Noble Metal, 3+ Surf \$220 Crown (Noble Metal) \$225 D6615 Onlay - Cast Noble Metal, 3+ Surf \$220 Crown (Noble Metal) \$225 D6615 Onlay - Cast Noble Metal, 3+ Surf \$220 Crown (Predominantly Base Metal) \$225 D6624 Inlay - Titanium \$220 Crown (Predominantly Base Metal) \$225 D6634 Onlay - Titanium \$220 Crown (Predominantly Base Metal) \$225 D6634 Onlay - Titanium \$220 Crown - Indirect Resin Based Composite \$225 D6665 Implant Supported Porcelain/Ceramic Crown \$225 D6710 Crown - Resin With High Noble Metal \$225 D6666 Implant Supported Porcelain Fused to Metal \$225 D6720 Crown - Resin With Predominantly Base Metal \$225 D6667 Implant Supported Metal Crown (Titanium, \$225 D6720 Crown - Resin With Noble Metal \$225 D6667 Implant Supported Metal Crown (Titanium, \$225 D6722 Crown - Resin With Noble Metal \$225 D6667		-				
D2934Prefabricated Esthetic Coated Stainless SteelNo ChargeD6609Onlay - Porcelain/Ceramic, 3+ Surf\$200D2950Core Buildup, Including Any Pins\$60D6610Onlay - Cast High Noble Metal, 2 Surf\$230D2952Post & Core in Addition to Crown\$80D6611Onlay - Cast High Noble Metal, 3+ Surf\$230D6058Abutment Supported Porcelain/Ceramic Crown\$225D6612Onlay - Cast Predominantly Base Metal, 2 Surf\$200D6059Abutment Supported Porcelain Fused to Metal\$225D6613Onlay - Cast Predominantly Base Metal, 3+ Surf\$200D6060Abutment Supported Porcelain Fused to Metal\$225D6614Onlay - Cast Noble Metal, 2 Surf\$220Crown (Predominantly Base Metal)\$225D6615Onlay - Cast Noble Metal, 3+ Surf\$220D6061Abutment Supported Porcelain Fused to Metal\$225D6615Onlay - Cast Noble Metal, 3+ Surf\$220D6062Abutment Supported Cast Metal Crown (High Noble Metal)\$225D6624Inlay - Titanium\$220D6063Abutment Supported Cast Metal Crown (Noble Metal)\$225D6634Onlay - Titanium\$230D6064Abutment Supported Cast Metal Crown (Noble Metal)\$225D6710Crown - Indirect Resin Based Composite\$225D6065Implant Supported Porcelain/Ceramic Crown\$225D6720Crown - Resin With High Noble Metal\$225D6067Implant Supported Metal Crown (Titanium,\$225D6721Crown - Resin With Noble Metal\$225	D2930	Prefab, Stainless Steel Crown - Primary Tooth	No Charge	D6607	Inlay - Cast Noble Metal, 3+ Surf	\$210
D2950Core Buildup, Including Any Pins\$60D6610Onlay - Cast High Noble Metal, 2 Surf\$230D2952Post & Core in Addition to Crown\$80D6611Onlay - Cast High Noble Metal, 3 + Surf\$230D6058Abutment Supported Porcelain/Ceramic Crown\$225D6612Onlay - Cast Predominantly Base Metal, 2 Surf\$200D6059Abutment Supported Porcelain Fused to Metal\$225D6613Onlay - Cast Predominantly Base Metal, 3 + Surf\$200D6060Abutment Supported Porcelain Fused to Metal\$225D6614Onlay - Cast Noble Metal, 2 Surf\$220Crown (Predominantly Base Metal)\$225D6615Onlay - Cast Noble Metal, 3 + Surf\$220D6061Abutment Supported Porcelain Fused to Metal\$225D6615Onlay - Cast Noble Metal, 3 + Surf\$220D6062Abutment Supported Cast Metal Crown (High Noble Metal)\$225D6624Inlay - Titanium\$220D6063Abutment Supported Cast Metal Crown (Noble Metal)\$225D6634Onlay - Titanium\$230D6064Abutment Supported Cast Metal Crown (Noble Metal)\$225D6710Crown - Indirect Resin Based Composite\$225D6065Implant Supported Porcelain/Ceramic Crown\$225D6720Crown - Resin With High Noble Metal\$225D6067Implant Supported Metal Crown (Titanium,\$225D6721Crown - Resin With Noble Metal\$225	D2931	Prefab, Stainless Steel Crown - Permanent Tooth	\$40	D6608	Onlay - Porcelain/Ceramic, 2 Surf	\$200
D2952Post & Core in Addition to Crown\$80D6611Onlay - Cast High Noble Metal, 3+ Surf\$230D6058Abutment Supported Porcelain/Ceramic Crown\$225D6612Onlay - Cast Predominantly Base Metal, 2 Surf\$200D6059Abutment Supported Porcelain Fused to Metal\$225D6613Onlay - Cast Predominantly Base Metal, 3+ Surf\$200D6060Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)\$225D6614Onlay - Cast Noble Metal, 2 Surf\$220D6061Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)\$225D6615Onlay - Cast Noble Metal, 3+ Surf\$220D6062Abutment Supported Cast Metal Crown (High Noble Metal)\$225D6624Inlay - Titanium\$220D6063Abutment Supported Cast Metal Crown (Predominantly Base Metal)\$225D6634Onlay - Titanium\$230D6064Abutment Supported Cast Metal Crown (Noble Metal)\$225D6710Crown - Indirect Resin Based Composite\$225D6065Implant Supported Porcelain/Ceramic Crown\$225D6720Crown - Resin With High Noble Metal\$225D6066Implant Supported Metal Crown (Titanium,\$225D6721Crown - Resin With Predominantly Base Metal\$225D6067Implant Supported Metal Crown (Titanium,\$225D6722Crown - Resin With Noble Metal\$225	D2934	Prefabricated Esthetic Coated Stainless Steel	No Charge	D6609	Onlay - Porcelain/Ceramic, 3+ Surf	\$200
D6058Abutment Supported Porcelain/Ceramic Crown\$225D6612Onlay - Cast Predominantly Base Metal, 2 Surf\$200D6059Abutment Supported Porcelain Fused to Metal\$225D6613Onlay - Cast Predominantly Base Metal, 3+ Surf\$200D6060Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)\$225D6614Onlay - Cast Noble Metal, 2 Surf\$220D6061Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)\$225D6615Onlay - Cast Noble Metal, 3+ Surf\$220D6062Abutment Supported Cast Metal Crown (High Noble Metal)\$225D6624Inlay - Titanium\$220D6063Abutment Supported Cast Metal Crown (Predominantly Base Metal)\$225D6634Onlay - Titanium\$230D6064Abutment Supported Cast Metal Crown (Noble Metal)\$225D6710Crown - Indirect Resin Based Composite\$225D6065Implant Supported Porcelain/Ceramic Crown\$225D6720Crown - Resin With High Noble Metal\$225D6066Implant Supported Porcelain Fused to Metal\$225D6721Crown - Resin With Predominantly Base Metal\$225D6067Implant Supported Metal Crown (Titanium,\$225D6722Crown - Resin With Noble Metal\$225	D2950	Core Buildup, Including Any Pins	\$60	D6610	Onlay - Cast High Noble Metal, 2 Surf	\$230
December 2015 Abutment Supported Porcelain/Ceramic Crown \$225 December 2015 December	D2952	Post & Core in Addition to Crown	\$80	D6611	Onlay - Cast High Noble Metal, 3+ Surf	\$230
D6059Abutment Supported Porcelain Fused to Metal\$225D6613Onlay - Cast Predominantly Base Metal, 3+ Surf\$200D6060Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)\$225D6614Onlay - Cast Noble Metal, 2 Surf\$220D6061Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)\$225D6615Onlay - Cast Noble Metal, 3+ Surf\$220D6062Abutment Supported Cast Metal Crown (High Noble Metal)\$225D6624Inlay - Titanium\$220D6063Abutment Supported Cast Metal Crown (Predominantly Base Metal)\$225D6634Onlay - Titanium\$230D6064Abutment Supported Cast Metal Crown (Noble Metal)\$225D6710Crown - Indirect Resin Based Composite\$225D6065Implant Supported Porcelain/Ceramic Crown\$225D6720Crown - Resin With High Noble Metal\$225D6066Implant Supported Metal Crown (Titanium,\$225D6721Crown - Resin With Predominantly Base Metal\$225D6067Implant Supported Metal Crown (Titanium,\$225D6722Crown - Resin With Noble Metal\$225	D6058				·	\$200
December 1	D6059			D6613		
D6061 Abutment Supported Porcelain Fused to Metal Crown (Noble Metal) D6062 Abutment Supported Cast Metal Crown (High Noble Metal) D6063 Abutment Supported Cast Metal Crown (Section 1) Abutment Supported Cast Metal Crown (Section 2) Abutment Supported Cast Metal Crown (Section 2) Abutment Supported Cast Metal Crown (Predominantly Base Metal) D6064 Abutment Supported Cast Metal Crown (Noble Metal) D6065 Implant Supported Porcelain/Ceramic Crown Section 25 D6066 Implant Supported Porcelain Fused to Metal Section 25 D6067 Implant Supported Metal Crown (Titanium, Section 25 D6068 Crown - Resin With Predominantly Base Metal Section 25 D6069 Crown - Resin With Predominantly Base Metal Section 25 D6060 Crown - Resin With Noble Metal Section 25 D6060 Crown	D6060		\$225	D6614		\$220
D6062 Abutment Supported Cast Metal Crown (High Noble Metal) D6063 Abutment Supported Cast Metal Crown (S225 D6634 Onlay - Titanium S230 (Predominantly Base Metal) D6064 Abutment Supported Cast Metal Crown (Noble Metal) D6065 Implant Supported Porcelain/Ceramic Crown S225 D6720 Crown - Resin With High Noble Metal S225 D6066 Implant Supported Porcelain Fused to Metal S225 D6721 Crown - Resin With Predominantly Base Metal S225 D6067 Implant Supported Metal Crown (Titanium, S225 D6722 Crown - Resin With Noble Metal S225 D6722 Cr	D6061	Abutment Supported Porcelain Fused to Metal	\$225	D6615	Onlay - Cast Noble Metal, 3+ Surf	\$220
D6063 Abutment Supported Cast Metal Crown (Predominantly Base Metal) D6064 Abutment Supported Cast Metal Crown (Noble Metal) D6065 Implant Supported Porcelain/Ceramic Crown \$225 D6720 Crown - Resin With High Noble Metal \$225 D6066 Implant Supported Porcelain Fused to Metal \$225 D6721 Crown - Resin With Predominantly Base Metal \$225 D6067 Implant Supported Metal Crown (Titanium, \$225 D6722 Crown - Resin With Noble Metal	D6062	Abutment Supported Cast Metal Crown (High	\$225	D6624	Inlay - Titanium	\$220
D6064 Abutment Supported Cast Metal Crown (Noble Metal) D6065 Implant Supported Porcelain/Ceramic Crown \$225 D6720 Crown - Resin With High Noble Metal \$225 D6720 Crown - Resin With High Noble Metal \$225 D6721 Crown - Resin With Predominantly Base Metal \$225 D6767 Implant Supported Metal Crown (Titanium, S225 D6722 Crown - Resin With Noble Metal S225	D6063	Abutment Supported Cast Metal Crown	\$225	D6634	Onlay - Titanium	\$230
D6065Implant Supported Porcelain/Ceramic Crown\$225D6720Crown - Resin With High Noble Metal\$225D6066Implant Supported Porcelain Fused to Metal\$225D6721Crown - Resin With Predominantly Base Metal\$225D6067Implant Supported Metal Crown (Titanium,\$225D6722Crown - Resin With Noble Metal\$225	D6064	Abutment Supported Cast Metal Crown (Noble	\$225	D6710	Crown - Indirect Resin Based Composite	\$225
D6067 Implant Supported Metal Crown (Titanium, \$225 D6722 Crown - Resin With Noble Metal \$225		Implant Supported Porcelain/Ceramic Crown	\$225			
	D6067		\$225	D6722	Crown - Resin With Noble Metal	\$225





D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	\$225	D6740	Crown - Porcelain/Ceramic	\$225
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal)	\$225	D6750	Crown - Porcelain Fused to High Noble Metal	\$225
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Predominantly Base Metal)	\$225	D6751	Crown - Porcelain Fused to Predominantly Base Metal	\$225
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal)	\$225	D6752	Crown - Porcelain Fused to Noble Metal	\$225
D6072	Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)	\$225	D6753	Crown - porcelain fused to titanium and titanium alloys	\$225
D6073	Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal)	\$225	D6780	Crown - 3/4 Cast High Noble Metal	\$225
D6074	Abutment Supported Retainer for Cast Metal FPD (Noble Metal)	\$225	D6781	Crown - 3/4 Cast Predominantly Base Metal	\$225
D6075	Implant Supported Retainer for Ceramic FPD	\$225	D6782	Crown - 3/4 Cast Noble Metal	\$225
D6076	Implant Supported Retainer for FPD - Porcelain	\$225	D6783	Crown - 3/4 Porcelain/Ceramic	\$225
D6077	Implant Supported Retainer for FPD - high noble alloys	\$225	D6784	Crown 3/4 - titanium and titanium alloys	\$225
D6082	Implant Sup Crown - porcelain/predominantly base alloys	\$225	D6790	Crown - Full Cast High Noble Metal	\$225
D6083	Implant Sup Crown - porcelain fused to noble alloys	\$225	D6791	Crown - Full Cast Predominantly Base Metal	\$225
D6084	Implant Sup Crown - porcelain/titanium and titanium alloys	\$225	D6792	Crown - Full Cast Noble Metal	\$225
D6086	Implant Sup Crown - predominantly base alloys	\$225	D6794	Crown - Titanium	\$225
D6087	Implant Sup Crown - noble alloys	\$225	D6930	Recement Fixed Partial Denture	\$15
D6088	Implant Sup Crown - titanium and titanium alloys	\$225	Additional C	harge per Unit for Full Mouth Rehabilitation.	\$125
Full mouth r	ehabilitation is defined as 6 or more units of covered cro	owns and/or p	ontics under o	one treatment plan.	
Charges for	crowns and bridgework are per unit. There will be addit	ional charges	for the actual	cost for gold/high noble metal.	
			ONTICS		
D3110	Pulp Cap - Direct (excluding final restoration)	No Charge		Retreatment of Previous Root Canal Therapy -	\$275
D3120	Pulp Cap - Indirect (excluding final restoration)	No Charge		Apicoectomy/Periradicular Surgery - Anterior	\$65
D3220	Therapeutic Pulpotomy (excluding final restoration)	No Charge		Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	\$65
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$10	D3425 (1)	Apicoectomy/Periradicular Surgery - Molar (First Root)	\$80
D3222	Partial Pulpotomy	No Charge		Apicoectomy/Periradicular Surgery- Each	\$40
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	No Charge	, ,	Retrograde Filling - Per Root	\$20
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	No Charge	D3450 (1)	Root Amputation - Per Root	\$60
D3310	Root Canal Therapy - Anterior (excluding final restoration)	\$50	D3471 (1)	Surgical repair of root resorption, anterior	\$29
D3320	Root Canal Therapy - Bicuspid (excluding final restoration)	\$70	D3472 (1)	Surgical repair of root resorption, premolar	\$39
D3330	Root Canal Therapy - Molar (excluding final restoration)	\$175	D3473 (1)	Surgical repair of root resorption, molar	\$49
D3331	Treatment of Root Canal Obstruction, Nonsurgical Access	\$50	D3501 (1)	Surgical exposure of root surface without apicoectomy or repair of root resorption, anterior	\$54





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D3332	Incomplete Endodontic Therapy; Inoperable,	\$35	D3502 (1)	Surgical exposure of root surface without	\$72
	Unrestorable or Fractured Tooth			apicoectomy or repair of root resorption, premolar	
D3333	Internal Root Repair of Perforation Defects	\$40	D3503 (1)	Surgical exposure of root surface without	\$90
טטטט	internal Root Repair of Perforation Defects	\$40	D3303 (1)	apicoectomy or repair of root resorption – molar	\$90
				apicoccionity of repair of root resorption – motar	
D3346	Retreatment of Previous Root Canal Therapy -	\$150			
200.0	Anterior	Ψ100			
D3347	Retreatment of Previous Root Canal Therapy -	\$170			
	Bicuspid	7-7-			
(1) Certain se	rvices may be covered under the Medical Plan. Contact	Member S	ervices for more d	letails.	
		PERIO	DONTICS		
D4210(1)	Gingivectomy or Gingivoplasty - 4 or More Teeth	\$100	D4275 (1)	Soft Tissue Allograft	\$230
. ,	- Per Quadrant			č	
D4211 (1)	Gingivectomy or Gingivoplasty - 1-3 Teeth - Per	\$30	D4276 (1)	Connective Tissue/Pedicle Graft, Per Tooth	\$190
. ,	Quadrant			,	
D4212 (1)	Gingivectomy to allow access, per tooth	\$12	D4277 (1)	Free soft tissue graft - first tooth	\$82
D4240 (1)	Gingival Flap Procedure, Including Root Planing -	\$110	D4278 (1)	Free soft tissue graft - each additional tooth	\$41
	4 or More Teeth - Per Quadrant			-	
D4241 (1)	Gingival Flap Procedure, Including Root Planing -	\$66	D4283 (1)	Autogenous connective tissue graft	\$63
	1-3 Teeth - Per Quadrant				
D4245 (1)	Apically Positioned Flap	\$90	D4285 (1)	Non-autogenous connective tissue graft	\$127
D4249	Clinical Crown Lengthening, Hard Tissue	\$150	D4341	Periodontal Scaling and Root Planing - 4 or More	\$50
				Teeth - Per Quadrant	
D4260(1)	Osseous Surgery (Including Flap Entry and	\$250	D4342	Periodontal Scaling and Root Planing - 1-3 Teeth -	\$30
	Closure) - 4 or More Teeth - Per Quadrant			Per Quadrant	
D4261 (1)	Osseous Surgery (Including Flap Entry and	\$150	D4355	Debridement	\$60
	Closure) - 1-3 Teeth - Per Quadrant				
D4268 (1)	Surgical Revision Procedure, Per Tooth	\$100	D4910	Periodontal Maintenance	\$30
D4270(1)	Pedicle Soft Tissue Graft Procedure	\$190	D4920	Unscheduled Dressing Change (By Someone	\$10
				Other Than Treating Dentist)	
D4273 (1)	Subepithelial Connective Tissue Graft, Per Tooth	\$115			
(1) Certain se	rvices may be covered under the Medical Plan. Contact	Member S	ervices for more d	letails.	
	PROSTI	HODONTI	CS-REMOVAB	LE (2)	
D5110	Complete Denture - Maxillary	\$275	D5223-D5224	Immediate max/mand partial denture - cast base	\$374
				framework w/resin denture base (including any	
				conventional clasps, rests and teeth)	
D5120	Complete Denture - Mandibular	\$275	D5225	Maxillary Partial Denture - Flexible Base	\$330
				(including any clasps, rests and teeth)	
D5130	Immediate Denture - Maxillary	\$325	D5226	Mandibular Partial Denture - Flexible Base	\$330
				(including any clasps, rests and teeth)	
D5140	Immediate Denture - Mandibular	\$325	D5282-83	Removable Unilateral Partial Denture - One Piece	\$275
				Cast Metal (including clasps and teeth)	
D5211	Maxillary Partial Denture - Resin Base (including	\$275	D5284	Removable Unilateral Partial Denture - One Piece	\$165
	any conventional clasps, rests and teeth)			flex base (including clasps and teeth) - per quad	
D5212	Mandibular Partial Denture - Resin Base	\$275	D5286	Removable Unilateral Partial Denture - one piece	\$138
	(including any conventional clasps, rests and teeth)			resin (including clasps and teeth) - per quad	
D5213	Maxillary Partial Denture - Cast Metal	\$325	D5410	Adjust Complete Denture - Maxillary	\$10
	Framework with Resin Denture Bases (including				
	any conventional clasps, rests and teeth)				
D5214	Mandibular Partial Denture - Cast Metal	\$325	D5411	Adjust Complete Denture - Mandibular	\$10
	Framework with Resin Denture Bases (including			_	
	any conventional clasps, rests and teeth)				
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D5221-D5222	Immediate max/mand partial dental - resin base (including any conventional clasps, rests and teeth)	\$316	D5421	Adjust Partial Denture - Maxillary	\$10
			D5422	Adjust Partial Denture - Mandibular	\$10
		Adjustments	to dentures tha	at are done within six months of placement of the dentu	re, are
limited to no mo	ore than four adjustments.				
D5511 D5512			PROSTHETIC		Ф.4.О
D5511-D5512	Repair Broken Complete Denture Base	\$30	D5730	Reline Complete Maxillary Denture (Chairside)	\$40
D5520	Replace Missing or Broken Teeth - Complete Denture (each tooth)	\$35	D5731	Reline Complete Mandibular Denture (Chairside)	\$40
D5611-D5612	Repair Resin Partial Denture Base	\$35	D5740	Reline Maxillary Partial Denture (Chairside)	\$40
D5621-D5622	Repair Cast Partial Framework	\$35	D5741	Reline Mandibular Partial Denture (Chairside)	\$40
D5630	Repair or Replace Broken Clasp	\$35	D5750	Reline Complete Maxillary Denture (Lab)	\$90
D5640	Replace Broken Teeth - Per Tooth	\$35	D5751	Reline Complete Mandibular Denture (Lab)	\$90
D5650	Add Tooth to Existing Partial Denture	\$35	D5760	Reline Maxillary Partial Denture (Lab)	\$90
D5660	Add Clasp to Existing Partial Denture	\$40	D5761	Reline Mandibular Partial Denture (Lab)	\$90
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)	\$100	D5820	Interim Partial Denture (Maxillary) (3)	\$90
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	\$100	D5821	Interim Partial Denture (Mandibular) (3)	\$90
D5710	Rebase Complete Maxillary Denture	\$100	D5850	Tissue Conditioning, Maxillary	\$40
D5711	Rebase Complete Mandibular Denture	\$100	D5851	Tissue Conditioning, Mandibular	\$40
D5720	Rebase Maxillary Partial Denture	\$100	D5876	Add metal substructure to acrylic full denture (per arch)	\$30
D5721	Rebase Mandibular Partial Denture	\$100			
(3) Eligible on A	Anterior Teeth only.				
		ORAL S	URGERY		
D7111	Extraction, Coronal Remnants - Deciduous Tooth	No Charge	D7285 (1)	Biopsy of Oral Tissue - Hard (Bone, Tooth)	\$50
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	No Charge	D7286 (1)	Biopsy of Oral Tissue - Soft	\$50
D7210 (1)	Surgical Removal of Erupted Tooth	No Charge	D7287 (1)	Cytological Sample Collection	\$25
D7220 (1)	Removal of Impacted Tooth - Soft Tissue	No Charge	D7310 (1)	Alveoloplasty in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant	\$18
D7230 (1)	Removal of Impacted Tooth - Partially Bony	\$45	D7311 (1)	Alveoloplasty in Conjunction With Extractions - 1 to 3 Teeth or Tooth Spaces - Per Quadrant	\$9
D7240 (1)	Removal of Impacted Tooth - Completely Bony	\$70	D7320 (1)	Alveoloplasty Not in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant	\$25
D7241 (1)	Removal of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	\$70	D7321 (1)	Alveoloplasty Not in Conjunction With Extractions - 1-3 Teeth or Tooth Spaces - Per Quadrant	\$13
D7250 (1)	Surgical Removal of Residual Tooth Roots	\$15	D7510(1)	Incision and Drainage of Abcess - Intraoral Soft Tissue	\$10
D7251	Coronectomy - intentional partial tooth removal	\$35	D7511 (1)	Incision and Drainage of Abcess - Intraoral Soft Tissue - Complicated	\$11
D7280 (1)	Surgical Access of Unerupted Tooth	\$26	D7961 (1)	Buccal / labial frenectomy (frenulectomy)	\$24
D7282 (1)	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$30	D7962 (1)	Lingual frenectomy (frenulectomy)	\$24
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$6	D7963 (1)	Frenuloplasty	\$25
(1) Certain serv	ices may be covered under the Medical Plan. Contact	Member Ser	vices for more	details.	
	-		CTIVE) SERV		
D9110	Palliative (Emergency) Treatment of Dental Pain - minor procedure	\$10	D9942	Repair and/or Reline of Occlusal Guard	\$18





D9222	Deep sedation/general anesthesia - 1st 15 min	\$104	D9943	Occlusal guard adjustment	\$13
D9223	Deep sedation/general anesthesia - each 15 minute increment	\$83	D9944	Occlusal guard - hard appliance, full arch	\$115
D9239	Intravenous conscious sedation/analgesia - 1st 15 min	\$104	D9945	Occlusal guard - soft appliance, full arch	\$100
D9243	Intravenous conscious sedation/analgesia - each 15 minute increment	\$83	D9946	Occlusal guard - hard appliance, partial arch	\$60
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	No Charge	D9951	Occlusal Adjustment - limited	\$20
D9311	Consultation with a medical health care professional	No Charge	D9952	Occlusal Adjustment - complete	\$80
D9932-D9935	Denture cleaning and inspection	\$25			
		ORTHO	DONTICS		
	Comprehensive Orthodontic Treatment		Includes exa	m, records, retention and appliance	
	Adolescent - excludes transitional dentition	\$2,400			
	Adult - excludes transitional dentition	\$2,400			

Other Important Information

This Benefit summary of the Aetna Dental Maintenance Organization (DMO®) provides information on benefits provided when services are rendered by a participating dentist. In order for a covered person to be eligible for benefits, dental services must be provided by a primary care dentist selected from the network of participating DMO dentists. Out of network benefits may apply. Please refer to your Schedule of Benefits.

Employees in AZ, CA, GA, MA, MD, MO, NC, NJ and TX must either live or work within the approved DMO[®] service area to be eligible to enroll in the DMO[®]

Due to state law, limited (varying by state) DMO® benefits for non-emergency services rendered by non-participating providers are available for plan contracts written in: CT, IL, KY, MA and OH and for members residing in OK (regardless of contract situs state).

Attention Massachusetts residents: Before enrolling, you should be aware that our network of preferred providers in Massachusetts has providers mainly in the following counties: Barnstable, Berkshire, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester. Your out of pocket expenses will be higher if you do not see an in-network provider and, in some plans, benefits may not be available at all for out-of-network providers.

PLAN EXCLUSIONS AND LIMITATIONS*

Some Services Not Covered Under the Plan Are:

- 1. Services or supplies that are covered in whole or in part:
- (a) under any other part of this Dental Care Plan; or
- (b) under any other plan of group benefits provided by or through your employer.
- 2. Services and supplies to diagnose or treat a disease or injury that is not:
- (a) a non-occupational disease; or
- (b) a non-occupational injury.
- 3. Services not listed in the Dental Care Schedule that applies, unless otherwise specified in the Booklet-Certificate.
- 4. Those for replacement of a lost, missing or stolen appliance, and those for replacement of appliances that have been damaged due to abuse, misuse
- 5. Those for plastic, reconstructive or cosmetic surgery, or other dental services or supplies, that are primarily intended to improve, alter or enhance appearance. This applies whether or not the services and supplies are for psychological or emotional reasons. Facings on molar crowns and pontics will always be considered cosmetic.
- Those for or in connection with services, procedures, drugs or other supplies that are determined by Aetna to be experimental or still under clinical investigation by health professionals. (Does not apply to TX plans)
- 7. Those for dentures, crowns, inlays, onlays, bridgework, or other appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or to correct attrition, abrasion or erosion. Does not apply to CA contracts.



Effective Date: 09-01-2021

DMO® Dental Benefits Summary

- 8. Those for any of the following services (Does not apply to TX contracts):
- (a) An appliance or modification of one if an impression for it was made before the person became a covered person;
- (b) A crown, bridge, or cast or processed restoration if a tooth was prepared for it before the person became a covered person;
- (c) Root canal therapy if the pulp chamber for it was opened before the person became a covered person.
- 9. Services that Aetna defines as not necessary for the diagnosis, care or treatment of the condition involved. This applies even if they are prescribed, recommended or approved by the attending physician or dentist.
- 10. Those for services intended for treatment of any jaw joint disorder, unless otherwise specified in the Booklet-Certificate.
- 11. Those for space maintainers, except when needed to preserve space resulting from the premature loss of deciduous teeth.
- 12. Those for orthodontic treatment, unless otherwise specified in the Booklet-Certificate.
- 13. Those for general anesthesia and intravenous sedation, unless specifically covered. For plans that cover these services, they will not be eligible for benefits unless done in conjunction with another necessary covered service.
- 14. Those for treatment by other than a dentist, except that scaling or cleaning of teeth and topical application of fluoride may be done by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a dentist.
- 15. Those in connection with a service given to a dependent age 5 or older if that dependent becomes a covered dependent other than:
- (a) during the first 31 days the dependent is eligible for this coverage, or
- (b) as prescribed for any period of open enrollment agreed to by the employer and Aetna. This does not apply to charges incurred:
- (i) after the end of the 12-month period starting on the date the dependent became a covered dependent; or
- (ii) as a result of accidental injuries sustained while the dependent was a covered dependent; or
- (iii) for a primary care service in the Dental Care Schedule that applies as shown under the headings Visits and Exams, and X-rays and Pathology.
- 16. Services given by a nonparticipating dental provider to the extent that the charges exceed the amount payable for the services shown in the Dental Care Schedule that applies.
- 17. Those for a crown, cast or processed restoration unless:
- (a) It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material; or
- (b) The tooth is an abutment to a covered partial denture or fixed bridge.
- 18. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the Booklet-Certificate.
- 19. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons, unless otherwise specified in the Booklet-Certificate.
- 20. Services needed solely in connection with non-covered services.
- 21. Services done where there is no evidence of pathology, dysfunction or disease other than covered preventive services. Does not apply to CA contracts.

Any exclusion above will not apply to the extent that coverage of the charge is required under any law that applies to the coverage.

*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.

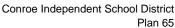
Specialty Referrals

- 1. Under the DMO dental plan, services performed by specialists are eligible for coverage only when prescribed by the primary care dentist and authorized by Aetna Dental. If Aetna's payment to the specialty dentist is based on a negotiated fee, then the member's copayment for the service will be based on the same negotiated fee.
- DMO members may visit an orthodontist without first obtaining a referral from their primary care dentist. In an effort to ease the administrative burden on both participating Aetna dentists and members, Dental has opened direct access for DMO members to orthodontic services.

Emergency Dental Care

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week. You should contact your Primary Care Dentist to receive treatment. If you are unable to contact your PCD, contact Member Services for assistance in locating a dentist. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

Your Dental Care Plan Coverage Is Subject to the Following Rules:



Effective Date: 09-01-2021



DMO® Dental Benefits Summary

Replacement Rule

The replacement of; addition to; or modification of:

existing dentures;

crowns:

casts or processed restorations;

removable denture;

fixed bridgework; or

other prosthetic services

is covered only if one of the following terms is met:

The replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed. This coverage must have been in force for the covered person when the extraction took place.

The existing denture, crown; cast or processed restoration, removable denture, bridgework, or other prosthetic service cannot be made serviceable, and was installed at least 5 years before its replacement.

The existing denture is an immediate temporary one to replace one or more natural teeth extracted while the person is covered, and cannot be made permanent, and replacement by a permanent denture is required. The replacement must take place within 12 months from the date of initial installation of the immediate temporary denture.

The extraction of a third molar does not qualify. Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.

Tooth Missing But Not Replaced Rule (Does not apply to TX and CA contracts.)

Coverage for the first installation of removable dentures; fixed bridgework and other prosthetic services is subject to the requirements that such removable dentures; fixed bridgework and other prosthetic services are (i) needed to replace one or more natural teeth that were removed while this policy was in force for the covered person; and (ii) are not abutments to a partial denture; removable bridge; or fixed bridge installed during the prior 5 years.

<u>Alternate Treatment Rule</u>: If more than one service can be used to treat a covered person's dental condition, Aetna may decide to authorize coverage only for a less costly covered service provided that all of the following terms are met:

- (a) the service must be listed on the Dental Care Schedule;
- (b) the service selected must be deemed by the dental profession to be an appropriate method of treatment; and
- (c) the service selected must meet broadly accepted national standards of dental practice.

If treatment is being given by a participating dental provider and the covered person asks for a more costly covered service than that for which coverage is approved, the specific copayment for such service will consist of:

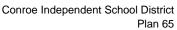
- (a) the copayment for the approved less costly service; plus
- (b) the difference in cost between the approved less costly service and the more costly covered service.

Reinstatement Rule: If your Employee and Dependents coverage terminates because your contributions are not paid when due, you may not be covered again for a period of two years from the date your coverage terminates. If you are in an eligible class, you may re-enroll yourself and your eligible dependents at the end of such two-year period. Your dental coverage will be effective as described in the Effective date of Coverage section of the Booklet-Certificate. Your dental coverage will be subject to any rules that apply to a person who enrolls after the first 31 days the person is eligible for the coverage.

Finding Participating Providers

Consult Aetna Dental's online provider search for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. Not every provider listed in the directory will be accepting new patients. Although Aetna Dental has identified providers who were not accepting patients in our DMO plan as known to Aetna Dental at the time the provider directory was created, the status of a provider's practice may have changed. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your online ID card, or use our Internet-based provider search available at www.aetna.com.

Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern. In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate. All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.



Effective Date: 09-01-2021



DMO® Dental Benefits Summary

Telehealth Services: The plan will reimburse the treating or consulting provider for the diagnosis, consultation, or treatment of an enrollee via telehealth on the same basis and to the same extent that the plan would reimburse the same covered in-person service.

Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc.

In Arizona, DMO Dental Plans are provided or administered by Aetna Health Inc.

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. Aetna does not provide dental services and, therefore, cannot guarantee any results or outcomes. The availability of a plan or program may vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color,

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 877-238-6200.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705),

CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

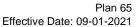
Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY:711				
English	To access language services at no cost to you, call the number on your ID card.			
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.			
Amharic	የቋንቋ አንልግሎቶችን ያለክፍያ ለማግኘት፣ በጦታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ፡፡			
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.			
Armenian	Ձեր նախրնտրած լեզվով ավվճար խորհրդատվություն՝ ստանալու համար զանգահարեք ձեր բժշկական			
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe			
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন l			
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဂန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ် တွင်ရှိသော ဖုန်းနံပတ်အား ခေါ် ဆိုပါ။			
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.			
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.			
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.			
Cherokee	GYƏJ SOHAƏJ TOOLOTJI E AFƏJ JCEGWAJ AY, QIBBWOB ƏƏY JAƏJ IYSALIP OOT ID IHRƏJ CVPT.			
Transition of	如欲使用免費語言服務,請撥打您健康保險卡上所列的電話號碼			
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah			
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID			
Cusiniic-	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.			
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.			
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.			
(Haidian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.			

ed.2021

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

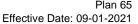
Current Dental Terminology © 2021 American Dental Association. All rights reserved.





German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek [Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રફેલ નંબર પર કૉલ કરવો.
Hawaiian N	No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asusu na akwughi ugwo obula, kpoo nomba no na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian U	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
	無料の言語サービスは、IDカードにある番号にお電話ください。
	vXw>urRM>usdmw>rRpXRtw>zH;w>rRwz. vXwtd.'D;tyShRvXeub.[h.tDRt*D> <ud;b.vdwjpded.*h>vXttd.vXecd.*DR A (ID) tvdRM.wuh>l</ud;b.vdwjpded.*h>
	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish .	بۆ دەسپ <u>ێ</u> راگەيشتن بە خزمەتگوزارى زمان بەبى تىچوون بۆ تۆ، پەيوەندى بكە بە ژمارەى سەر ئاى دى(ID) كارتى خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ \cdot ໃຫ້ໂທຫາເບີໂທຢ່ໃນບັດປະຈຳຕົວຂອງທ່ານ \cdot
	आपल्याला कोणत्याही श्ल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी , आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Ņan bōk jipañ kōn kajin ilo an ejjeļok wōṇean ñan kwe, kwōn kallok nōṃba eo ilo kaat in ID eo aṃ.
Micronesian- F	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Ponapean	
Mon-Khmer,	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់
Cambodian	លោកអ្នក។
	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah nílíjgo nanitinígíí bee néého'dólzinígíí béésh bee hane'í biká'ígíí áaji' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशल्क पहँच राख आफ्नो कार्डमा रहेको नम्बरमा कल गर्नहोस।
	Të koor yin ran de wëër de thokic ke cin wëu kor keek tënon yin. Ke yin col ran ye koc kuony në namba de abac tö në ID kard duön de tiit de
Norwegian F	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian U	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
-Dutch	
Persian Farsi ·	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese F	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian F	Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Croatian	
	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
	Heeɓa a naasta nder ekkitol jaangirde woldeji walla yoɓugo, ewnu lamba je ɗon windi ha do ɗerowol maaɗa.
Fulfulde	
	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriae	حوبانع حوبته خوبته ، منحرکه حربی دښنو که حربی د د موبان حوبی که حصت کم
Assyrian	
	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
	భాష సేవలను మీకు ఖర్పు లేకుండా అందుకునేందుకు, మీ ఐడ్రి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.
Thai 1	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
	Kanau (oku ka fiama'u ta'atōtōngi (a a ngaahi cōyaci kotoa nā ha ngaahi loa kotoa, tolofoni ki ha fika (oku hā atu (i ha'o ID kaati
Turkish	Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika 'oku hā atu 'i ho'o ID kaati.
	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.

Conroe Independent School District Plan 65





Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.	
Yiddish	, קארטל ID קארטל ID צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער	
Yoruba	Láti ráyèsí àwọn işệ èdè fún ọ lófệẹ, pe nómbà tó wà lórí káàdì ìdánimò rẹ.	