



Schedule of Benefits and Subscriber Copayments

ADA CODE	PROCEDURE	PATIENT COPAYMENT	ADA CODE	PROCEDURE	PATIENT COPAYMENT
ORAL EXAMS†					
D0120	Periodic oral evaluation (1 per 6 month period)	\$0	D2792	Crown - full cast noble metal	\$346
D0140	Limited oral evaluation - problem focused (1 per 6 month period)	\$0	D2910	Recement inlay	\$32
D0150	Comprehensive oral evaluation new or established patient	\$0	D2920	Recement crown	\$33
D0180	Comprehensive periodontal evaluation - new or established patient	\$0	D2930	Prefabricated stainless steel crown - primary tooth	\$90
PROPHYLAXIS†			D2931	Prefabricated stainless steel crown - permanent tooth	\$102
D1110	Prophylaxis - adult (1 per 6 month period)	\$0	D2932	Prefabricated resin crown	\$111
D1120	Prophylaxis - child (1 per 6 month period)	\$0	D2933	Prefabricated stainless steel crown with resin window	\$125
FLUORIDE†			D2940	Sedative filling	\$35
D1201	Topical application of fluoride (including prophylaxis) - child 1 per 12 month period; limited to children under age 16	\$0	D2950	Core buildup, including any pins	\$86
D1203	Topical application of fluoride (prophylaxis not included) - child (1 per 12 month period; limited to children under age 16)	\$0	D2951	Pin retention - per tooth, in addition to restoration	\$18
X-RAYS†			D2952	Cast post and core in addition to crown	\$132
D0210	Intraoral - complete series (including bitewings) (1 per 36 month period)	\$0	D2954	Prefabricated post and core in addition to crown	\$109
D0220	Intraoral - periapical first film (4 per 12 month period unless in conjunction with operative procedure)	\$0	D2980	Crown repair, by report	\$93
D0230	Intraoral - periapical each additional film (4 per 12 month period unless in conjunction with operative procedure)	\$0	*Replacements allowed only if more than 5 years have passed since the last placement of the inlay, onlay and/or crown. For patients under 16 years of age, benefit is limited to plastic and stainless steel crowns.		
D0240	Intraoral - occlusal film (2 films per 12 month period)	\$0	ENDODONTICS		
D0250	Extraoral - first film (2 films per 12 month period)	\$0	D3110	Pulp cap - direct (excluding final restoration)	\$9
D0260	Extraoral - each additional film (2 films per 12 month period)	\$0	D3120	Pulp cap - indirect (excluding final restoration)	\$7
D0270	Bitewing - single film (1 set per 12 month period)	\$0	D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal	\$22
D0272	Bitewings - two films (1 set per 12 month period)	\$0	D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$23
D0274	Bitewings - four films (1 set per 12 month period)	\$0	D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$25
D0330	Panoramic film (1 per 36 month period; in lieu of D0210)	\$0	D3310	Anterior (excluding final restoration) (Limit 1 per tooth)	\$93
LAB AND OTHER†			D3320	Bicuspid (excluding final restoration) (Limit 1 per tooth)	\$114
D0460	Pulp vitality tests	\$0	D3330	Molar (excluding final restoration) (Limit 1 per tooth)	\$147
D0470	Diagnostic casts	\$0	D3346	Retreatment of previous root canal therapy - anterior Limit 1 per tooth	\$126
EMERGENCY			D3347	Retreatment of previous root canal therapy - bicuspid (Limit 1 per tooth)	\$148
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$15	D3348	Retreatment of previous root canal therapy - molar (Limit 1 per tooth)	\$178
SPACE MAINTAINERS*†			D3351	Apexification/recalcification - initial visit (apical closure/ calcific repair of perforations, root resorption, etc.)	\$53
D1510	Space maintainer - fixed - unilateral	\$0	D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$23
D1515	Space maintainer - fixed - bilateral	\$0	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$78
D1550	Recementation of space maintainer	\$0	D3410	Apicoectomy/periradicular surgery - anterior	\$107
* Limited to children under age 16			D3421	Apicoectomy/periradicular surgery - bicuspid	\$117
SEALANTS†			D3425	Apicoectomy/periradicular surgery - molar	\$132
D1351	Sealant - per tooth (1 per 3 year period; limited to children under age 16 for non carious molars only)	\$0	D3426	Apicoectomy/periradicular surgery (each additional root)	\$44
RESTORATIONS*			D3430	Retrograde filling - per root	\$32
D2140	Amalgam - one surface, permanent or primary	\$14	D3450	Root amputation - per root	\$66
D2150	Amalgam - two surfaces, permanent or primary	\$18	D3920	Hemisection (including any root removal), not including root canal therapy	\$51
D2160	Amalgam - three surfaces, permanent or primary	\$22	PERIODONTICS		
D2161	Amalgam - four or more surfaces, permanent or primary	\$26	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth, per quadrant (1 per quadrant every 36 months)	\$86
D2330	Resin-based composite - one surface, anterior	\$18	D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant (1 per quadrant every 36 months)	\$23
D2331	Resin-based composite - two surfaces, anterior	\$23	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth, per quadrant (1 per quadrant every 36 months)	\$101
D2332	Resin-based composite - three surfaces, anterior	\$28	D4241	Gingival flap procedure, including root planing - one to three teeth (1 per quadrant every 36 months)	\$101
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$33	D4249	Clinical Crown lengthening - hard tissue (1 per quadrant every 36 months)	\$115
D2391	Resin-based composite - one surface, posterior	\$20	D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth, per quadrant (1 per quadrant every 36 months)	\$163
D2392	Resin-based composite - two surfaces, posterior	\$24	D4261	Osseous surgery (including flap entry and closure) - one to three teeth per quadrant (1 per quadrant every 36 months)	\$163
D2393	Resin-based composite - three surfaces, posterior	\$29	D4263	Bone replacement graft - first site in quadrant (1 per quadrant every 36 months)	\$49
D2394	Resin-based composite - four surfaces, posterior	\$29	D4264	Bone replacement graft - each additional site in quadrant (1 per quadrant every 36 months)	\$25
*Current restoration must have been in place for 24 months.			D4266	Guided tissue regeneration - resorbable barrier, per site (1 per quadrant every 36 months)	\$59
INLAYS AND CROWNS*			D4267	Guided tissue regeneration - nonresorbable barrier, per site (1 per quadrant every 36 months)	\$76
D2510	Inlay - metallic - one surface	\$250	D4270	Pedicle soft tissue graft procedure (1 per quadrant every 36 months)	\$121
D2520	Inlay - metallic - two surfaces	\$283	D4271	Free soft tissue graft procedure (including donor site surgery) (1 per quadrant every 36 months)	\$124
D2530	Inlay - metallic - three or more surfaces	\$326	D4273	Subepithelial connective tissue graft procedure (1 per quadrant every 36 months)	\$132
D2543	Onlay - metallic - three surfaces	\$335	D4274	Distal or proximal wedge procedure (1 per quadrant every 36 months)	\$37
D2544	Onlay - metallic - four or more surfaces	\$348	D4320	Provisional splinting - intracoronal (1 per 12 month period)	\$60
D2610	Inlay - porcelain/ceramic - one surface	\$294	D4321	Provisional splinting - extracoronal (1 per 12 month period)	\$53
D2620	Inlay - porcelain/ceramic - two surfaces	\$310	D4341	Periodontal scaling and root planing, four or more contiguous teeth per quadrant (1 per 24 month period)	\$33
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$330			
D2642	Onlay - porcelain/ceramic - two surfaces	\$321			
D2643	Onlay - porcelain/ceramic - three surfaces	\$346			
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$367			
D2650	Inlay - resin-based composite - one surface	\$193			
D2651	Inlay - resin-based composite - two surfaces	\$230			
D2652	Inlay - resin-based composite - three or more surfaces	\$242			
D2662	Onlay - resin-based composite - two surfaces	\$210			
D2663	Onlay - resin-based composite - three surfaces	\$247			
D2664	Onlay - resin-based composite - four or more surfaces	\$264			
D2710	Crown - resin (indirect)	\$149			
D2721	Crown - resin with predominantly base metal	\$344			
D2740	Crown - porcelain/ceramic substrate	\$377			
D2750	Crown - porcelain fused to high noble metal	\$372			
D2751	Crown - porcelain fused to predominantly base metal	\$346			
D2752	Crown - porcelain fused to noble metal	\$354			
D2790	Crown - full cast high noble metal	\$359			
D2791	Crown - full cast predominantly base metal	\$340			

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D4342	Periodontal scaling and root planing, one to three teeth per quadrant (1 per 24 month period).....	\$33
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis (1 per 24 month period).....	\$22
D4910	Periodontal maintenance	\$20

PROSTHODONTICS*

D5110	Complete denture - maxillary	\$472
D5120	Complete denture - mandibular	\$472
D5130	Immediate denture - maxillary	\$514
D5140	Immediate denture - mandibular	\$514
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth).....	\$398
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth).....	\$463
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$521
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$521
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$304

*Replacements allowed only if more than 5 years have passed since the last placement of the inlay, onlay and/or crown.

PROSTHODONTICS - ADJUSTMENTS

D5410	Adjust complete denture - maxillary (Limit 3 once denture is 6 months old).....	\$26
D5411	Adjust complete denture - mandibular (Limit 3 once denture is 6 months old).....	\$26
D5421	Adjust partial denture - maxillary (Limit 3 once denture is 6 months old).....	\$26
D5422	Adjust partial denture - mandibular (Limit 3 once denture is 6 months old).....	\$26

PROSTHODONTICS - REPAIR

D5510	Repair broken complete denture base (1 per 12 month period).....	\$52
D5520	Replace missing or broken teeth - complete denture (each tooth)(1 per 12 month period)	\$43
D5610	Repair resin denture base	\$56
D5620	Repair cast framework	\$60
D5630	Repair or replace broken clasp	\$73
D5640	Replace broken teeth - per tooth	\$47
D5650	Add tooth to existing partial denture.....	\$65
D5660	Add clasp to existing partial denture	\$77
D5710	Rebase complete maxillary denture	\$191
D5711	Rebase complete mandibular denture	\$183
D5720	Rebase maxillary partial denture	\$181
D5721	Rebase mandibular partial denture	\$181
D5730	Reline complete maxillary denture (chairside)	\$108
D5731	Reline complete mandibular denture (chairside)	\$108
D5740	Reline maxillary partial denture (chairside)	\$99
D5741	Reline mandibular partial denture (chairside)	\$99
D5750	Reline complete maxillary denture (laboratory)	\$144
D5751	Reline complete mandibular denture (laboratory)	\$144
D5760	Reline maxillary partial denture (laboratory)	\$142
D5761	Reline mandibular partial denture (laboratory)	\$142
D5850	Tissue conditioning, maxillary.....	\$45
D5851	Tissue conditioning, mandibular	\$45

PROSTHODONTICS - BRIDGES*

D6100	Implant removal, by report	\$280
D6210	Pontic - cast high noble metal	\$340
D6211	Pontic - cast predominantly base metal	\$318
D6240	Pontic - porcelain fused to high noble metal	\$335
D6241	Pontic - porcelain fused to predominantly base metal	\$310
D6242	Pontic - porcelain fused to noble metal	\$327
D6251	Pontic - resin with predominantly base metal	\$305
D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	\$141
D6602	Inlay - cast high noble, two surfaces	\$293
D6603	Inlay - cast high noble, three or more surfaces	\$335
D6604	Inlay - cast predom base metal, two surfaces	\$293
D6605	Inlay - cast predom base metal, three or more surfaces	\$335
D6606	Inlay - cast noble, two surfaces	\$293
D6607	Inlay - cast noble, three or more surfaces	\$335
D6721	Crown - resin with predominantly base metal	\$355
D6751	Crown - porcelain fused to predominantly base metal.....	\$357
D6752	Crown - porcelain fused to noble metal	\$366
D6780	Crown - 3/4 cast high noble metal	\$361
D6791	Crown - full cast predominantly base metal	\$350
D6930	Recement fixed partial denture	\$45
D6970	Cast post and core in addition to fixed partial denture retainer	\$124
D6971	Cast post as part of fixed partial denture retainer	\$109
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$101
D6973	Core build up for retainer, including any pins.....	\$81
D6980	Fixed partial denture repair, by report	\$103

*Replacement of an existing fixed bridge is payable only if the existing bridge is more than 5 years old.

EXTRACTIONS AND ORAL SURGERY

D7111	Coronal remnants, deciduous tooth	\$17
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$17

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D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$32
D7220	Removal of impacted tooth - soft tissue	\$40
D7230	Removal of impacted tooth - partially bony	\$53
D7240	Removal of impacted tooth - completely bony	\$62
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$33
D7260	Oroantral fistula closure	\$328
D7261	Primary closure of sinus perforation.....	\$328
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	\$68
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$97
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$63
D7285	Biopsy of oral tissue - hard.....	\$132
D7286	Biopsy of oral tissue - soft	\$54
D7310	Alveoloplasty in conjunction with extractions - per quadrant	\$37
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$165
D7340	Vestibuloplasty - ridge extension	\$295
D7350	Vestibuloplasty - ridge extension (incl. Soft tissue grafts, muscle reattach, ...)	\$923
D7410	Excision of benign lesion up to 1.25 cm	\$118
D7411	Excision of benign lesion greater than 1.25 cm	\$201
D7450	Removal of benign odontogenic cyst or tumor < 1.25 cm	\$118
D7451	Removal of benign odontogenic cyst or tumor > 1.25 cm	\$185
D7471	Removal of exostosis - (maxilla or mandible)	\$122
D7510	Incision and Drainage - intraoral soft tissue	\$35
D7520	Incision and Drainage - extraoral soft tissue	\$168
D7530	Removal of foreign body	\$61
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system	\$67
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$78
D7970	Excision of hyperplastic tissue - per arch.....	\$80
D7971	Excision of pericoronal gingiva	\$25
D7980	Sialolithotomy	\$114
D7981	Excision of Salivary Gland, by report	\$316
D7982	Sialodochoplasty	\$307
D7983	Closure of Salivary Fistula	\$293

ANESTHESIA*

D9220	Deep sedation/General anesthesia - first 30 minutes	\$61
D9221	Deep sedation/General anesthesia - each additional 15 minutes	\$25
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$8

*Covered as a separate procedure only when required for covered complex oral surgical procedures as determined by Us.

ADJUNCTIVE GENERAL SERVICES

D9951	Occlusal adjustment - limited (1 per 24 month period.)	\$19
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ORTHODONTICS

D8070/D8080	Comprehensive orthodontic treatment of the transitional/ adolescent dentition Children up to 19 years of age. Up to 24 months of routine orthodontic treatment for Class I and Class II cases Consultation	NC
	Evaluation	\$35.00
	Records/treatment Planning	\$250.00
	Orthodontic treatment.....	\$2,300.00
D8090	Comprehensive orthodontic treatment of the adult dentition. Adults 19 years of age and over. Up to 24 months of routine orthodontic treatment for Class I and Class II cases Consultation	NC
	Evaluation	\$35.00
	Records/treatment Planning	\$250.00
	Orthodontic treatment.....	\$2,500.00
D8680	Retention	\$450.00

• Please refer to the Plan Summary Description for specific Office Visit, Benefit Year Maximum, Dependent Age, Dependent Maximum Age and Waiting Period information.

• Please refer to the Certificate of Group Dental Insurance for Plan Limitations and Exclusions and out-of-network benefits.

• Unlisted procedures are at the General Dentist's or Specialty Dentist's usual fee.

† Preventive and Diagnostic procedures may be subject to an office visit copay.

COMPBENEFITS FAMILY OF COMPANIES

CompDent • CompBenefits Insurance Company • American Dental Plan, Inc.
American Dental Plan of North Carolina, Inc. • Oral Health Services, Inc.
OHS of Alabama, Inc. • National Dental Plans, Inc. • Texas Dental Plans, Inc.
Vision Care, Inc. • Vision Care Plan • Primary Plus • Ultimate Optical, Inc.