

SCHEDULE OF BENEFITS

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| Waiting Period for Type I Services: | None |
| Waiting Period for Type II Services: | None |
| Waiting Period for Type III Services: | None |
| Waiting Period for Type IV Services: | Not Applicable |
| Dependent Age: | 26 |
| Dependent Maximum Age: | 26 |
| Annual Deductible: | \$25 per person (In-Network) \$50 per person (Out-of-Network) Maximum 3 per family, Waived for Type 1 |
| Maximum Annual Payment | \$1,250 |

Type I - Diagnostic and Preventive Services

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|-------------------|-----------------------|
| In Network | Out-of-Network |
| 100% | 90% |

PROCEDURE

| | | |
|------|---|---|
| 0120 | Periodic oral evaluation | Limit 4 per 12 month period |
| 0140 | Limited oral evaluation - problem focused | Limit 2 per 12 month period |
| 0150 | Comprehensive oral evaluation | Limit 2 per 12 month period |
| 0160 | Detailed and extensive oral evaluation | Limit 2 per 12 month period |
| 0210 | Intraoral - complete series (including bitewings) | Limit 1 per 3 year period |
| 0220 | Intraoral - periapical - first film | Limit 4 per 12 month period unless in conjunction with operative procedure |
| 0230 | Intraoral - periapical - each additional film | |
| 0240 | Intraoral - occlusal film | Limit 2 films per 12 month period |
| 0250 | Extraoral - first film | Limit 2 films per 12 month period |
| 0260 | Extraoral - each additional film | Limit 2 films per 12 month period |
| 0270 | Bitewing - single film | Limit 1set per 12 month period |
| 0272 | Bitewings - two films | Limit 1set per 12 month period |
| 0274 | Bitewings - four films | Limit 1set per 12 month period |
| 0290 | Posterior/anterior or lateral skull and facial bone survey film | |
| 0330 | Panoramic | Limit to 1 per 3 year period |
| 0340 | Cephalometric film | |
| 0460 | Pulp vitality tests | |
| 0470 | Diagnostic casts | |
| 1110 | Prophylaxis - adult | Limit 4 per 12 month period |
| 1120 | Prophylaxis - child | Limit 4 per 12 month period |
| 1203 | Topical application of fluoride (prophy not incl.) | Limited to children under age 16 and 2 per 12 month period |
| 1351 | Sealants - per tooth | Limited to children under age 16 for non carious molars only; 1 per 3 year period |
| 1510 | Space maintainer - fixed - unilateral | Limited to children under age 16 |
| 1515 | Space maintainer - fixed - bilateral | Limited to children under age 16 |
| 1520 | Space maintainer - removable - unilateral | Limited to children under age 16 |
| 1525 | Space maintainer - removable - bilateral | Limited to children under age 16 |
| 1550 | Recementation of space maintainer | Limited to children under age 16 |
| 9110 | Palliative emergency treatment - of dental pain - (minor procedure - Deductible does not apply) | |

SCHEDULE OF BENEFITS - continued

Type II - Basic Restorative Services

In Network
80%

Out-of-Network
70%

PROCEDURE

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|--|---|--|--|
| 2110 | Amalgam - one surface, primary | <div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; width: 40px; height: 280px; margin: 0 auto;"></div> | current restoration must have been in place for 24 months |
| 2120 | Amalgam - two surfaces, primary | | |
| 2130 | Amalgam - three surfaces, primary | | |
| 2131 | Amalgam - four or more surfaces, primary | | |
| 2140 | Amalgam - one surface, permanent | | |
| 2150 | Amalgam - two surfaces, permanent | | |
| 2160 | Amalgam - three surfaces, permanent | | |
| 2161 | Amalgam - four or more surfaces, permanent | | |
| 2330 | Resin - one surface, anterior | | |
| 2331 | Resin - two surfaces, anterior | | |
| 2332 | Resin - three surfaces, anterior | | |
| 2335 | Resin - four or more surfaces or involving incisal angle (anterior) | | |
| 2336 | Composite resin crown, anterior - primary | | |
| 2380 | Resin - one surface, posterior - primary | | |
| 2381 | Resin - two surfaces, posterior - primary | | |
| 2382 | Resin - three or more surfaces, posterior - primary | | |
| 2385 | Resin - one surface, posterior - permanent | | |
| 2386 | Resin - two surfaces, posterior - permanent | | |
| 2387 | Resin - three or more surfaces, posterior - permanent | | |
| 2920 | Recement crown | | |
| 2940 | Sedative filling | | |
| 3110 | Pulp cap - direct (excluding final restoration) | | |
| 3120 | Pulp cap - indirect (excluding final restoration) | | |
| 3220 | Therapeutic pulpotomy (excluding final restoration) | | |
| 3310 | Root canal - anterior (excluding final restoration) | limit 1 per tooth | |
| 3320 | Root canal - bicuspid (excluding final restoration) | limit 1 per tooth | |
| 3330 | Root canal - molar (excluding final restoration) | limit 1 per tooth | |
| 3346 | Retreatment previous root canal therapy - anterior | limit 1 per tooth | |
| 3347 | Retreatment previous root canal therapy - bicuspid | limit 1 per tooth | |
| 3348 | Retreatment previous root canal therapy - molar | limit 1 per tooth | |
| 3351 | Apexification/recalcification - initial visit | | |
| 3352 | Apexification/recalcification - interim medication replacement | | |
| 3353 | Apexification/recalcification - final visit | | |
| 4320 | Provisional splinting - intracoronal | | |
| 4321 | Provisional splinting - extracoronal | | |
| 4341 | Periodontal scaling and root planing - per quadrant | | limit 2 times per area of the mouth per 12 consecutive months |
| 5610 | Repair resin denture base | limit 1 per 12 months | |
| 5620 | Repair cast framework | limit 1 per 12 months | |
| 5630 | Repair or replace broken clasp* | limit 1 per 12 months | |
| 5640 | Replace broken teeth - per tooth* | limit 1 per 12 months | |
| *covered only if the repair or adjustments are done more than one year after the initial insertion | | | |
| 6930 | Recement fixed partial denture | | |
| 7110 | Single tooth | | |
| 7120 | Each additional tooth | | |
| 7130 | Root removal - exposed roots | | |
| 7210 | Surgical removal of erupted tooth | | |
| 7220 | Removal of impacted tooth - soft tissue | | |

PROCEDURE

- 7230 Removal of impacted tooth - partially bony
- 7240 Removal of impacted tooth - completely bony
- 7250 Surgical removal of residual tooth roots (cutting procedure)
- 7260 Oral antral fistula closure
- 7310 Alveoloplasty in conjunction with extractions - per quadrant
- 7320 Alveoloplasty not in conjunction with extractions - per quadrant
- 7471 Removal of exostosis - per site
- 7510 Incision and drainage of abcess - intraoral soft tissue
- 7960 Frenulectomy (frenectomy/frenotomy)
- 7970 Excision of hyperplastic tissue - per arch
- 9220 General anesthesia - first 30 minutes*
- 9221 General anesthesia - each additional 15 minutes*
- 9230 Analgesia
- 9241 Intravenous sedation/analgesia - first 30 minutes*

*covered as a separate procedure only when required for covered complex oral surgery procedures as determined by us

Type III - Major Services

**In Network
50%**

**Out-of-Network
40%**

PROCEDURE

- 2510 Inlay - metallic - one surface
- 2520 Inlay - metallic - two surfaces
- 2530 Inlay - metallic - three or more surfaces
- 2543 Onlay - metallic - three surfaces
- 2544 Onlay - metallic - four or more surfaces
- 2610 Inlay - porcelain/ceramic - one surface
- 2620 Inlay - porcelain/ceramic - two surfaces
- 2630 Inlay - porcelain/ceramic - three or more surfaces
- 2642 Onlay - porcelain/ceramic - two surfaces
- 2643 Onlay - porcelain/ceramic - three surfaces
- 2644 Onlay - porcelain/ceramic - four or more surfaces
- 2710 Crown - resin - (laboratory)
- 2740 Crown - porcelain/ceramic substrate
- 2750 Crown - porcelain fused to high noble metal
- 2751 Crown - porcelain fused to predominantly base metal
- 2752 Crown - porcelain fused to noble metal
- 2780 Crown - 3/4 cast metallic high noble metal
- 2781 Crown - 3/4 cast metallic predominantly base metal
- 2782 Crown - 3/4 cast metallic noble metal
- 2790 Crown - full cast high noble metal
- 2791 Crown - full cast predominantly base metal
- 2792 Crown - full cast noble metal


- 2930 Prefabricated stainless steel crown - primary
- 2931 Prefabricated stainless steel crown - permanent
- 2950 Core build-up, including any pins
- 2951 Pin retention per tooth, in addition to restoration
- 2952 Cast post and core in addition to crown
- 2954 Prefabricated post and core in addition to crown
- 2960 Labial veneer (laminare) - chairside
- 2961 Labial veneer (resin laminate) - laboratory

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, crowns are limited to plastic and stainless steel

SCHEDULE OF BENEFITS - continued

PROCEDURE

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|------|---|---|---|
| 2962 | Labial veneer (porcelain laminate) - laboratory | | |
| 2970 | Temporary crown (fractured tooth) | | |
| 3410 | Apicoectomy/periradicular surgery - anterior | | |
| 3421 | Apicoectomy/periradicular surgery - bicuspid (first root) | | |
| 3425 | Apicoectomy/periradicular surgery - molar (first root) | | |
| 3426 | Apicoectomy/periradicular surgery - (each additional root) | | |
| 3430 | Retrograde filling - per root | | |
| 3450 | Root amputation - per root | | |
| 3950 | Canal preparation and fitting of preformed dowel/post | | |
| 4210 | Gingivectomy/gingivoplasty - per quadrant | | per quadrant - limit 1 per 36 months |
| 4211 | Gingivectomy/gingivoplasty - per tooth | | per quadrant - limit 1 per 36 months |
| 4220 | Gingival curettage, surgical, per quadrant | | per quadrant - limit 1 per 36 months |
| 4240 | Gingival flap procedure including root planing - per quadrant | | per quadrant - limit 1 per 36 months |
| 4249 | Clinical crown lengthening - hard tissue | | per quadrant - limit 1 per 36 months |
| 4260 | Osseous surgery (including flap entry and closure) per quadrant | | per quadrant - limit 1 per 36 months |
| 4263 | Bone replacement graft - first site in quadrant | | per quadrant - limit 1 per 36 months |
| 4264 | Bone replacement graft - each additional site in quadrant | | per quadrant - limit 1 per 36 months |
| 4270 | Pedicle soft tissue graft procedure | | per quadrant - limit 1 per 36 months |
| 4271 | Free soft tissue graft procedure (including donor site surgery) | | per quadrant - limit 1 per 36 months |
| 4355 | Full mouth debridement | | |
| 4381 | Localized delivery of chemotherapeutic agents | | |
| 4910 | Periodontal maintenance procedure (following active therapy) of the mouth per 12 consecutive months | | limited to twice per area |
| 5110 | Complete denture - maxillary | } | replacements allowed only if more than 5 years have passed since the last placement of the inlay, onlay and/or crown. |
| 5120 | Complete denture - mandibular | | |
| 5130 | Immediate denture - maxillary | | |
| 5140 | Immediate denture - mandibular | | |
| 5211 | Maxillary partial denture - resin base (clasp/rests) | | |
| 5212 | Mandibular partial denture - resin base (clasp/rests) | | |
| 5213 | Maxillary partial denture - cast metal framework with resin denture base | | |
| 5214 | Mandibular partial denture - cast metal framework with resin denture base | | |
| 5281 | Removable unilateral partial denture - one piece cast metal | | |
| 5410 | Adjust complete denture - maxillary | } | limited to 1 per 12 consecutive months and only if done more than 1 year after the initial insertion of the denture |
| 5411 | Adjust complete denture - mandibular | | |
| 5421 | Adjust partial denture - maxillary | | |
| 5422 | Adjust partial denture - mandibular | | |
| 5510 | Repair broken complete denture base | } | covered only if repair or adjustments are done more than 1 year after the initial insertion |
| 5520 | Replace missing or broken teeth - complete denture (ea. tooth) | | |
| 5710 | Rebase complete maxillary denture | | |
| 5711 | Rebase complete mandibular denture | | |
| 5720 | Rebase maxillary partial denture | | |
| 5721 | Rebase mandibular partial denture | | |
| 5650 | Add tooth to existing partial denture | | |
| 5660 | Add clasp to existing partial denture | | |

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| <p>5730 Reline complete maxillary denture (chairside) 5731 Reline complete mandibular denture (chairside) 5740 Reline maxillary partial denture (chairside) 5741 Reline mandibular partial denture (chairside) 5750 Reline complete maxillary denture (laboratory) 5751 Reline complete mandibular denture (laboratory) 5760 Reline maxillary partial denture (laboratory) 5761 Reline mandibular partial denture (laboratory) 5810 Interim complete denture (maxillary)</p> |  | <p>limited to 1 per 2 year period and only if done more than 1 year after the initial insertion</p> |
| <p>5811 Interim complete denture (mandibular) 5820 Interim partial denture (maxillary) 5821 Interim partial denture (mandibular) 5850 Tissue conditioning, maxillary 5851 Tissue conditioning, mandibular 6210 Pontic - cast high noble metal 6211 Pontic - cast predominantly base metal 6212 Pontic - cast noble metal 6240 Pontic - porcelain fused to high noble metal 6241 Pontic - porcelain fused to predominantly base metal 6242 Pontic - porcelain fused to noble metal 6520 Inlay - metallic - two surfaces 6530 Inlay - metallic - three or more surfaces 6543 Onlay - metallic - three surfaces 6544 Onlay - metallic - four or more surfaces 6545 Retainer - cast metal for resin bonded fixed prosthesis 6750 Crown - porcelain fused to high noble metal 6751 Crown - porcelain fused to predominantly base metal 6752 Crown - porcelain fused to noble metal 6780 Crown - 3/4 cast high noble metal 6790 Crown - full cast high noble metal 6791 Crown - full cast predominantly base metal 6792 Crown - full cast noble metal 6950 Precision attachment 6970 Cast post and core in addition to bridge retainer 6972 Prefabricated post and core in addition to bridge retainer 6973 Core build-up for retainer, including any pins 6975 Coping - metal 7270 Tooth reimplantation or stabilization 7280 Surgical exposure of impacted or unerupted tooth for orthodontic reasons 7281 Surgical exposure of impacted or unerupted tooth to aid eruption 9310 Consultation (diagnostic service by other dentist/physician)</p> | | |
| <p>9951 Occlusal adjustment - limited 9952 Occlusal adjustment - complete</p> |  | <p>covered only when performed with periodontal surgery or nonsurgical temporomandibular joint dysfunction treatment</p> |

For PPO Plans

When using an out-of-network provider, benefits are payable based on the Participating Dentist's Fee Schedule.