

**SCHEDULE OF BENEFITS**

<b>Waiting Period for Type I Services:</b>	None
<b>Waiting Period for Type II Services:</b>	None
<b>Waiting Period for Type III Services:</b>	None
<b>Waiting Period for Type IV Services:</b>	See Orthodontic Benefit Section
<b>Dependent Age:</b>	26
<b>Dependent Maximum Age:</b>	26
<b>Annual Deductible:</b>	\$25 per person (In-Network) \$50 per person (Out-of-Network) Maximum 3 per family, Waived for Type 1
<b>Maximum Annual Payment</b>	\$2,000
<b>Orthodontic Maximum Reimbursable</b>	\$1,600 (up to age 19) \$1,800 (age 19 and over)

**Type I - Diagnostic and Preventive Services**

<b>In Network</b>	<b>Out-of-Network</b>
<b>100%</b>	<b>90%</b>

**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	Limit to 1 per 3 year period
0330	Panoramic	
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

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	
	<b>*covered only if the repair or adjustments are done more than one year after the initial insertion</b>		
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**

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

- 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)

limited to 1 per 2 year period and only if done more than 1 year after the initial insertion

- 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)

- 9951 Occlusal adjustment - limited
- 9952 Occlusal adjustment - complete

covered only when performed with periodontal surgery or nonsurgical temporomandibular joint dysfunction treatment

**Type IV - Orthodontics Services**

**In Network                      Out-of-Network  
Maximum Reimbursable**

8050/60 interceptive orthodontics treatment	\$1,400
8070 comprehensive orthodontics (upto age 19)	\$1,600
8090 comprehensive orthodontics (age 19 and over)	\$1,800
8660 pre-orthodontic visit	covered in full
8999 unspecified	\$100

**For PPO Plans**

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