

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
<b>APPOINTMENTS</b>					
9430	Office visit (normal hours)	\$5.00			
9440	Office visit after regularly scheduled hours	\$35.00			
9999	Emergency office visit during regularly scheduled hours, by report	\$20.00			
9999	Broken appointments (without 24 hr notice, per 15 min)	\$10.00			
	Maximum \$40 per broken appointment.				
	No charge will be made due to emergencies.				
<b>DIAGNOSTIC</b>					
0120	Periodic oral evaluation	NO CHARGE			
0140/0150/0160	Oral evaluation	NO CHARGE			
0180	Comprehensive periodontal evaluation	NO CHARGE			
0470	Diagnostic casts (study models)	NO CHARGE			
0999	Diagnosis and treatment plan presentation, by report	NO CHARGE			
9310	Consultation (second opinion) as provided by participating dentist	\$10.00			
0460	Pulp vitality tests	NO CHARGE			
<b>RADIOGRAPHS (X-rays)</b>					
0210	Intraoral - complete series, including bitewings	NO CHARGE			
0220	Intraoral - periapical - first film	NO CHARGE			
0230	Intraoral - periapical - each additional film	NO CHARGE			
0270	Bitewings - single film	NO CHARGE			
0272	Bitewings - two films	NO CHARGE			
0274	Bitewings - four films	NO CHARGE			
0330	Panoramic	NO CHARGE			
<b>PREVENTIVE</b>					
1110/1120	Prophylaxis (routine, once every 6 months)	NO CHARGE			
1110/1120	Additional prophylaxis	\$15.00			
1201	Topical application of fluoride (including prophylaxis, up to 16 years of age)	NO CHARGE			
1203	Topical application of fluoride (prophylaxis not included up to 16 years of age)	NO CHARGE			
1351	Sealant - per tooth	\$7.00			
1330	Oral hygiene instruction	NO CHARGE			
<b>SPACE MAINTAINERS</b>					
1510	Fixed, unilateral	\$45.00 *			
1515	Fixed, bilateral	\$45.00 *			
1520	Removable, unilateral	\$85.00 *			
1525	Removable, bilateral	\$85.00 *			
1550	Recementation of space maintainer	\$10.00			
<b>RESTORATIVE (fillings)</b>					
2999	Sedative base (under fillings), by report	NO CHARGE			
<b>Amalgam (Silver)</b>					
2140	Amalgam - one surface, primary or permanent	NO CHARGE			
2150	Amalgam - two surface, primary or permanent	NO CHARGE			
2160	Amalgam - three surface, primary or permanent	NO CHARGE			
2161	Amalgam - four or more surfaces, primary or permanent	NO CHARGE			
<b>Resin restoration (including acid etching, liners and bases)</b>					
2330	Anterior one surface	\$30.00			
2331	Anterior two surfaces	\$37.00			
2332	Anterior three surfaces	\$45.00			
2510	Inlay - metallic - one surface	\$85.00			
2520	Inlay - metallic - two surfaces	\$95.00			
2530	Inlay - metallic - three or more surfaces	\$120.00			
2940	Sedative filling	\$15.00			
<b>CROWN &amp; BRIDGE</b>					
2930	Prefabricated stainless steel - primary tooth	\$45.00			
2790/2791/2792/6790/6791/6792	Full cast crown	\$220.00			
2750/2751/2752/6750/6751/6752	Porcelain fused to metal crown	\$240.00			
2781	3/4 cast crown, predominantly base metal	\$220.00			
<b>Pontics</b>					
6210/6211/6212	Full cast pontic	\$220.00			
6240/6241/6242	Porcelain fused to metal pontic	\$240.00			
2950	Core build up, including any pins	\$40.00			
2951	Pin Retention - Per Tooth	\$12.00			
2952	Cast post and core	\$90.00			
2954	Prefabricated post and core	\$75.00			
2910/2920/6930	Recement inlay/onlay/crown/bridge (per unit)	\$10.00			
<b>ENDODONTICS</b>					
3220	Therapeutic pulpotomy	\$30.00			
<b>Root Canals</b>					
3310	Anterior	\$100.00			
3320	Bicuspid	\$190.00			
3330	Molar	\$240.00			
3410	Apicoectomy (anterior only)	\$95.00			
<b>PERIODONTICS (gum treatment)</b>					
4210	Gingivectomy/gingivoplasty - per quadrant	\$120.00			
4211	Gingivectomy/gingivoplasty - per tooth	\$36.00			
4341	Periodontal scaling and root planing - per quadrant	\$45.00			
4342	Scaling and root planing (one to three teeth per quadrant)	\$45.00			
4355	Full mouth debridement	\$35.00			
4381	Localized delivery of chemotherapeutic agents (2 teeth)	\$45.00			
4910	Periodontal maintenance procedures	\$45.00			
<b>PROSTHODONTICS</b>					
Standard complete dentures (includes adjustments within 30 days)					
5110	Complete maxillary (upper)	\$260.00			
5120	Complete mandibular (lower)	\$260.00			
5130	Immediate maxillary (upper)	\$280.00			
5140	Immediate mandibular (lower)	\$280.00			
Partial dentures (includes adjustments within 30 days)					
5211/5212	Maxillary/mandibular partial - resin base (with 2 clasps)	\$280.00			
5213/5214	Maxillary/mandibular partial - cast metal with resin base (with 2 clasps)	\$350.00			
5410/5411	Adjust complete - maxillary/mandibular	\$15.00			
5421/5422	Adjust partial denture - maxillary/mandibular	\$15.00			
5999	Additional clasps, by report	\$30.00			
<b>REPAIRS TO PROSTHETICS</b>					
5510/5610	Repair broken resin denture base	\$15.00 *			
5520/5640	Replace missing or broken teeth (each tooth)	\$10.00 *			
5520/5640	Each additional tooth	\$10.00 *			
5630	Repair or replace broken clasp	\$15.00 *			
5650	Add tooth to existing partial denture	\$30.00 *			
5850/5851	Tissue conditioning, maxillary/mandibular	\$25.00			
5730/5731/5740/5741	Relining (chairside)	\$45.00			
5750/5751/5760/5761	Relining (laboratory)	\$35.00 *			
<b>EXTRACTIONS/ORAL SURGERY</b>					
7111	Extraction, coronal remnants, primary tooth	NO CHARGE			
7140	Extraction, erupted tooth or exposed root (evaluation and/or forceps removal)	NO CHARGE			
7210	Surgical extraction of erupted tooth	\$25.00			
7220	Soft tissue impaction	\$40.00			
7230	Partially bony impaction	\$60.00			
7240	Completely bony impaction	\$75.00			
7250	Surgical removal of residual tooth roots	\$25.00			
7310	Alveoloplasty in conjunction with extractions - per quadrant	\$20.00			
7311	Alveoloplasty in conjunction with extractions (one to three teeth or tooth spaces, per quadrant)	\$20.00			
7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$50.00			
7321	Alveoloplasty not in conjunction with extractions (one to three teeth or tooth spaces, per quadrant)	\$50.00			
<b>ANESTHESIA</b>					
9215	Local anesthesia	NO CHARGE			
9230	Analgesia (nitrous oxide - per 15 minutes)	\$15.00			
<b>ADJUNCTIVE SERVICES</b>					
9951	Occlusal adjustment - limited	\$25.00			
9952	Occlusal adjustment - complete	\$150.00			
<b>ORTHODONTICS</b>					
Benefits for orthodontics for adults and children are available from Participating Orthodontists at their usual fee less 25%.					
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<b>THE ABOVE COPAYMENTS DO NOT INCLUDE THE ADDITIONAL COST OF PRECIOUS AND SEMI-PRECIOUS METAL.</b>					
All procedures listed might not be performed by the Participating General Dentist you select. The copayments shown apply to those Company Participating General Dentists who do perform those services. Therefore, you are encouraged to discuss availability of the scheduled services with your Participating General Dentist. Procedures not listed on the schedule of benefits, that are performed by the Participating General Dentist, will be charged at that Participating General Dentist's usual and customary fee less 25%.					

**SPECIALISTS:**

Should you need a specialist (i.e., Endodontist, Orthodontist, Oral Surgeon, Periodontist, Prosthodontist, Pediatric Dentist), you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialist from our directory. Upon identification of yourself as a Company member, you will receive a 25% reduction from usual and customary fees for services performed by the Participating Specialist. Specialist services from a Participating Specialist are available only in areas where the dental plan has a Participating Specialist. In those areas where a Participating Specialist is not available, you may be referred to another Participating General Dentist or, if medically necessary, to an out-of-network specialist.

Note: When crown and/or bridgework exceeds six consecutive units, the patient may be charged an additional \$25.00 per unit.

\* Plus laboratory fees when applicable.

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**Limitations and Exclusions**

1. No service of any dentist other than a Participating General Dentist or Participating Specialist will be covered by Company, except out-of-area emergency care as provided in Section VIII, Paragraph C of the Certificate.
2. Whenever any Contributions or Copayments are delinquent, Member will not be entitled to receive Benefits, transfer Dental Facilities, or enjoy any of the other privileges of a Member in good standing.
3. Company does not provide coverage for the following services:
  - a) Cost of hospitalization and pharmaceuticals, drugs or medications.
  - b) Services which in the opinion of the Participating General Dentist or Participating Specialist are not Necessary Treatment to establish and/or maintain the Member's oral health.
  - c) Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating Specialist or which in the opinion of the

Participating General Dentist or Participating Specialist would endanger the health of the Member.

- d) Any service or procedure which the Participating General Dentist or Participating Specialist is unable to perform because of the general health or physical limitations of the Member.
- e) Any dental treatment started prior to the Member's effective date for eligibility of benefits.
- f) Services for injuries and conditions which are paid or payable under Workers' Compensation or Employers' Liability laws.
- g) Treatment for cysts, neoplasms and malignancies.
- h) General anesthesia.