

schedule of benefits and subscriber copayments

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
APPOINTMENTS			PREVENTIVE CARE (cont.)		
9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$20.00	1515	Space Maintainer - fixed - bilateral	\$55.00 + LAB
9430	Office Visit (normal hours)	\$5.00	1520	Space Maintainer - removable - unilateral	\$95.00 + LAB
9440	Office Visit (after regularly scheduled hours)	\$35.00	1525	Space Maintainer - removable - bilateral	\$95.00 + LAB
9999	Emergency visit during regularly scheduled hours, by report	\$20.00	1550	Recementation of space maintainer	\$15.00
9999	Broken appointments (without 24 hr notice, per 15 min) Maximum \$40 per broken appointment. No charge will be made due to emergencies	\$10.00	RESTORATIVE		
DIAGNOSTIC			2140	Amalgam - one surface, primary or permanent	\$20.00
120	Periodic oral evaluation	NO CHARGE	2150	Amalgam - two surfaces, primary or permanent	\$25.00
140/150/160	Limited/Comprehensive oral evaluation	NO CHARGE	2160	Amalgam - three surfaces, primary or permanent	\$30.00
180	Comprehensive periodontal evaluation	\$15.00	2161	Amalgam - four or more surfaces, primary or permanent	\$40.00
210	X-Ray Intraoral - complete series including bitewings	NO CHARGE	2940	Sedative filling	\$20.00
220	X-Ray Intraoral - periapical - first film	NO CHARGE	2999	Sedative base (under fillings), by report	NO CHARGE
230	X-Ray Intraoral - periapical - each additional film	NO CHARGE	RESIN RESTORATION		
270	X-Ray Bitewing - single film	NO CHARGE	2330	Resin - one surface, anterior	\$40.00
272	X-Ray Bitewings - two films	NO CHARGE	2331	Resin - two surfaces, anterior	\$45.00
274	Bitewings - four films	NO CHARGE	2332	Resin - three surfaces, anterior	\$55.00
330	Panoramic film	NO CHARGE	2391	Resin-based composite - one surface, posterior	\$70.00
460	Pulp vitality tests	NO CHARGE	2392	Resin-based composite - two surfaces, posterior	\$90.00
470	Diagnostic casts	NO CHARGE	2393	Resin-based composite - three surfaces, posterior	\$110.00
PREVENTIVE CARE			2394	Resin-based composite - four or more surfaces, posterior	\$130.00
1110/1120	Prophylaxis-adult/child-routine (once every 6 months)	NO CHARGE	2510	Inlay - metallic - one surface	\$115.00
1110/1120	Prophylaxis-adult/child-(additional)	\$25.00	2520	Inlay - metallic - two surfaces	\$125.00
1201	Topical application of fluoride (including prophylaxis) child (up to 16 years of age)	NO CHARGE	2530	Inlay - metallic - three or more surfaces	\$150.00
1203	Topical application of fluoride (not including prophylaxis) child (up to 16 years of age)	NO CHARGE	CROWN & BRIDGE		
1330	Oral hygiene instruction	NO CHARGE	2740	Crown - porcelain/ceramic substrate	\$310 + LAB
1351	Sealant - per tooth	\$15.00	2750*	Crown - porcelain fused to high noble metal	\$310.00
1510	Space Maintainer - fixed - unilateral	\$55.00 + LAB	2751	Crown - porcelain fused to predominantly base metal	\$310.00
			2752*	Crown - porcelain fused to noble metal	\$310.00
			2790*	Crown - full cast high noble metal	\$310.00

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CROWN & BRIDGE (cont.)		
2791	Crown - full cast predominantly base metal	\$310.00
2792*	Crown - full cast noble metal	\$310.00
2910	Recement inlay	\$20.00
2920	Recement crown	\$20.00
2930	Prefabricated stainless steel crown - primary tooth	\$90.00
2950	Core buildup, including any pins	\$50.00
2951	Pin retention - per tooth	\$20.00
2952	Cast post and core in addition to crown	\$100.00 + LAB
2953	Each additional cast post - same tooth	\$100.00 + LAB
2954	Prefabricated post and core in addition to crown	\$100.00
2962	Labial veneer (porcelain laminate) - laboratory	\$310 + LAB

ENDODONTICS

3220	Therapeutic pulpotomy	\$40.00
3221	Pulpal debridement, primary and permanent teeth	\$110.00
3310	Root canal therapy - anterior (excluding final restoration)	\$150.00
3320	Root canal therapy - bicuspid (excluding final restoration)	\$250.00
3330	Root canal therapy - molar (excluding final restoration)	\$300.00
3410	Apicoectomy/periradicular surgery - anterior	\$150.00

PERIODONTICS (Gum treatment)

4210	Gingivectomy/gingivoplasty 4+ teeth per quad	\$150.00
4211	Gingivectomy/gingivoplasty 1-3 teeth per quad	\$45.00
4260	Osseous surgery, 4+ teeth, per quad	\$375.00
4261	Osseous surgery, 1-3 teeth, per quad	\$375.00
4271	Free soft tissue graft procedure (inc. donor site surgery)	\$250.00
4341	Periodontal scaling and root planing 4+ teeth per quad	\$55.00
4342	Periodontal scaling and root planing 1-3 teeth per quad	\$55.00
4355	Full mouth debridement to enable eval and diagnosis	\$50.00

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PERIODONTICS (Gum treatment) (cont.)		
4381	Localized delivery of chemotherapeutic agents (per tooth)	\$50.00
4910	Periodontal maintenance	\$55.00

PROSTHODONTICS

5110	Complete denture - maxillary	\$325.00 + LAB
5120	Complete denture - mandibular	\$325.00 + LAB
5130	Immediate denture - maxillary	\$325.00 + LAB
5140	Immediate denture - mandibular	\$325.00 + LAB
5211	Maxillary partial denture - resin base	\$325.00 + LAB
5212	Mandibular partial denture - resin base	\$325.00 + LAB
5213	Maxillary partial denture - cast metal framework, resin denture bases	\$325.00 + LAB
5214	Mandibular partial denture - cast metal framework, resin denture bases	\$325.00 + LAB
5410	Adjust complete denture - maxillary	\$20.00
5411	Adjust complete denture - mandibular	\$20.00
5421	Adjust partial denture - maxillary	\$20.00
5422	Adjust partial denture - mandibular	\$20.00

REPAIRS TO PROSTHETICS

5510	Repair broken complete denture base	\$20.00 + LAB
5520	Replace missing or broken teeth - complete denture (each tooth)	\$20.00 + LAB
5610	Repair resin denture base	\$20.00 + LAB
5630	Repair or replace broken clasp	\$20.00 + LAB
5640	Replace broken teeth - per tooth	\$20.00 + LAB
5650	Add tooth to existing partial denture	\$35.00 + LAB
5730	Reline complete maxillary denture (chairside)	\$55.00
5731	Reline complete mandibular denture (chairside)	\$55.00
5740	Reline maxillary partial denture (chairside)	\$55.00
5741	Reline mandibular partial denture (chairside)	\$55.00
5750	Reline complete maxillary denture (laboratory)	\$40.00 + LAB
5751	Reline complete mandibular denture (laboratory)	\$40.00 + LAB
5760	Reline maxillary partial denture (laboratory)	\$40.00 + LAB

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REPAIRS TO PROSTHETICS (cont.)		
5761	Reline mandibular partial denture (laboratory)	\$40.00 + LAB
5850	Tissue conditioning - maxillary	\$35.00
5851	Tissue conditioning - mandibular	\$35.00

PROSTHODONTICS (Fixed)

6210*	Pontic - cast high noble metal	\$310.00
6211	Pontic - cast predominantly base metal	\$310.00
6212*	Pontic - cast noble metal	\$310.00
6240*	Pontic - porcelain fused to high noble metal	\$310.00
6241	Pontic - porcelain fused to predominantly base metal	\$310.00
6242*	Pontic - porcelain fused to noble metal	\$310.00
6750*	Crown - porcelain fused to high noble metal	\$310.00
6751	Crown - porcelain fused to predominantly base metal	\$310.00
6752*	Crown - porcelain fused to noble metal	\$310.00
6790*	Crown - full cast high noble metal	\$310.00
6791	Crown - full cast predominantly base metal	\$310.00
6792*	Crown - full cast noble metal	\$310.00
6930	Recement fixed partial denture (per unit)	\$15.00

EXTRACTIONS/ORAL AND MAXILLOFACIAL SURGERY

7111	Coronal remnants, deciduous tooth	\$25.00
7140	Extraction, erupted tooth or exposed root	\$25.00
7210	Surgical removal of erupted tooth	\$45.00
7220	Removal of impacted tooth - soft tissue	\$60.00
7230	Removal of impacted tooth - partially bony	\$80.00
7240	Removal of impacted tooth - completely bony	\$100.00
7250	Surgical removal of residual tooth roots	\$45.00
7310	Alveoloplasty in conjunction with extractions - per quadrant	\$45.00
7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$45.00
7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$80.00

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EXTRACTIONS/ORAL AND MAXILLOFACIAL SURGERY (cont.)		
7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$80.00
7510	Incision and drainage of abscess - intraoral	\$30.00

ORTHODONTICS

8070/8080	Comprehensive orthodontic treatment of the transitional/adolescent dentition. Children up to 19 years of age Up to 24 months of routine (full-banded) orthodontic treatment for Class I and Class II cases Consultation	NO CHARGE
	Evaluation	\$35.00
	Records/Treatment Planning	\$250.00
	Orthodontic Treatment	\$1,800.00
8090	Comprehensive orthodontic treatment of the adult dentition. Adults 19 years of age and over Up to 24 months of routine (full-banded) orthodontic treatment for Class I and Class II cases Consultation	NO CHARGE
	Evaluation	\$35.00
	Records/Treatment Planning	\$250.00
	Orthodontic Treatment	\$2,000.00
8680	Retention	\$450.00

ADJUNCTIVE GENERAL SERVICES

9215	Local anesthesia	NO CHARGE
9230	Analgesia (nitrous oxide - per 15 minutes)	\$20.00
9450	Case presentation, detailed and extensive treatment planning	NO CHARGE
9951	Occlusal adjustment - limited	\$30.00
9952	Occlusal adjustment - complete	\$175.00

* THE ABOVE COPAYMENTS DO NOT INCLUDE THE ADDITIONAL COST OF PRECIOUS (HIGH NOBLE) AND SEMI-PRECIOUS (NOBLE) METAL. THE ADDITIONAL COST OF PRECIOUS METAL SHALL NOT EXCEED \$125 PER UNIT AND \$75 PER UNIT FOR SEMI-PRECIOUS METAL.

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NOTE:

1. NOT ALL PARTICIPATING DENTISTS PERFORM ALL LISTED PROCEDURES, INCLUDING AMALGAMS. PLEASE CONSULT YOUR DENTIST PRIOR TO TREATMENT FOR AVAILABILITY OF SERVICES.
2. UNLISTED PROCEDURES ARE AT THE DENTIST'S USUAL FEE LESS 25%.
3. WHEN CROWN AND/OR BRIDGEWORK EXCEEDS SIX UNITS IN THE SAME TREATMENT PLAN, THE PATIENT MAY BE CHARGED AN ADDITIONAL \$50.00 PER UNIT.

SPECIALIST SERVICES

Should you need a specialist, (i.e., Endodontist, Oral Surgeon, Periodontist, Pediatric Dentist), you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialist. Copayment amounts are applicable when treatment is performed by Participating Specialists. Benefits for procedures not listed on the schedule, that are performed by a Participating Specialist, are available at the Participating Specialist's usual and customary fee less 25%.

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.
4. Benefits at the listed copayments are available at the Participating General Dentist or Participating Specialist, except for Pediatric Dentistry above age 6. Benefits at the Participating Pediatric Dentist for children above age 6 are available at the Participating Pediatric Dentist's usual fee less 25%.