Schedule of benefits:

Calendar year deductible	
Waived for Type I – preventive dental services	\$50 individual \$150 family (3 per family)
Calendar year maximum Type I, II, III	\$1,000 per covered person
Waiting period	
Type I, II, III	None

ADA CODE	PROCEDURE R	MAXIMUM EIMBURSEMENT	ADA CODE	PROCEDURE MAXIMUM REIMBURSEMENT
TYPE I - PREVENTIVE DENTAL SERVICES D0120 Periodic oral examination ¹		D1120	Prophylaxis - child (Covered twice per 12 consecutive months) \$18.00	
D0120 D0140	Limited oral evaluation - (problem focused) ¹		D1201	Topical application of fluoride (prophylaxis included) - child (Covered twice per 12 consecutive months for a dependent child under 16) \$21.60
D0150	Comprehensive oral evaluation - new or established patient ¹		D1203	Topical application of fluoride (prophylaxis not included) - child (Covered twice per 12 consecutive months for a dependent child under 16) \$15.30
	Comprehensive periodontal evaluatio new or established patient ¹ ed twice per 12 consecutive months	\$15.30	D1351	Sealant - per tooth (Covered once per 12 consecutive months for a dependent child under age 13) \$6.30
D0210	Intraoral - complete series, inc. bitewi (Covered once per 3 years)	ngs \$30.60	D1510	Space maintainer - fixed - unilateral \$80.10
D0220	Intraoral - periapical - first film	\$6.30	D1515	Space maintainer - fixed - bilateral\$108.00
D0230	Intraoral - periapical - each additiona	l film \$6.30	D1520	Space maintainer - removable - unilateral \$100.80
D0240	Intraoral - occlusal film	\$8.10	D1525	Space maintainer - removable - bilateral\$109.80
D0250	Extraoral - first film	\$10.80	D1550	Recementation of space maintainer\$13.50
D0260	Extraoral - each additional	\$9.00	D7285	Biopsy of oral tissue - hard \$45.00
D0270	Bitewings - single film		D7286	Biopsy of oral tissue - soft \$30.60
D0272	(Covered twice per 12 consecutive mo Bitewings - two films (Covered twice per 12 consecutive mo		D9110	Palliative treatment (Covered as seperate procedure if no other service, except x-rays, is rendered during the visit) \$14.40
D0274	Bitewings - four films (Covered twice)	oer 616.20	TYPE II	- BASIC DENTAL SERVICES
D0290	12 consecutive months)		D2140 Amalgam - one or permanent².	Amalgam - one surface, primary or permanent ² \$11.70
D0330	Panoramic film (Covered once per 3 year period)		D2150	Amalgam - two surfaces, primary or permanent ² \$18.00
D0415	Bacteriologic studies for determination of pathologic agents	n	D2160	Amalgam - three surfaces, primary or permanent ² \$22.50
D1110	Prophylaxis - adult (Covered twice per 12 consecutive months)			Amalgam - four or more surfaces, primary or permanent ² \$28.80 ple restorations on one surface will be covered single filling

Insured or administered by HumanaDental Insurance Company, CompBenefits Company, or CompBenefits Insurance Company.

Schedule of benefits

ADA CODE	PROCEDURE	MAXIMUM REIMBURSEMENT	ADA CODE	PROCEDURE MAXIMUM REIMBURSEMENT	
D2330	Resin-based composite- one sur anterior ³	face, \$15.30	D3421	Apicoectomy/periradicular surgery - bicuspid	
D2331	Resin-based composite - two su anterior ³		D3425	Apicoectomy/periradicular surgery - molar	
D2332	Resin-based composite - three s		D3430	Retrograde filling - per tooth\$26.10	
	anterior ³		D3450	Root amputation - per root\$38.70	
D2335	Resin-based composite - four or or involving incisal angle ³		D3920	Hemisection (including root removal), not including root canal therapy\$38.70	
D2391	Resin-based composite - one su posterior ³		D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth,	
D2392	Resin-based composite - two su posterior ³			per quadrant ⁴	
D2393	Resin-based composite - three s posterior ³	urfaces,	D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant4\$13.50	
D2394	Resin-based composite - four or surfaces, posterior ³	more	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth, per quadrant4\$57.60	
resto	al-lingual, distal-lingual, mesial-bu rations on anterior teeth will be de rations.		D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant4	
D2910	Recement inlay	\$11.70	4 Only	one of these procedures is covered per area of the mouth.	
D2920	Recement crown	\$11.70	D4260		
D2940	Sedative filling (Covered as sepe if no other service, except x-rays	, rendered		closure) - four or more contiguous teeth or bounded teeth, per quadrant \$95.40	
	during the visit)		D4261	Osseous surgery (including flap entry and closure) - one to three teeth,	
D2950	Core buildup, including any pins			per quadrant\$95.40	
D2951	Pin retention - per tooth - in add to restoration.	ition \$17.10	D4270	Pedicle soft tissue graft procedure \$57.60	
D3220	Therapeutic pulpotomy, excludir restoration	ng final	D4271	Free soft tissue graft procedure (including donor site surgery) \$63.90	
D3310	Root canal therapy - anterior, ex		D4320	Provisional splinting - intracoronal\$18.00	
D3310	final restoration		D4321	Provisional splinting - extracoronal \$18.00	
D3320	Root canal therapy - bicuspid, exfinal restoration		D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth,	
D3330	Root canal therapy - molar, excl restoration		D4342	per quadrant ⁵ \$14.40 Periodontal scaling and root planing, one	
D3351	Apexification/recalcification - ini	tial visit \$45.90		to three teeth, per quadrant ⁵ \$14.40	
D3352	Apexification/recalcification - int medication		D4355	Full mouth debridement to enable comprehensive eval. and diagnosis ⁵ \$30.60	
D3353	Apexification/recalcification - fin		D4910	Periodontal maintenance ⁵ \$19.80	
D3410	Apicoectomy/periradicular surgery - anterior	ery -	Covered twice per area of the mouth per 12 consecutive months		
	ancenor		D5510	Repair broken complete denture base ⁶ \$26.10	

Schedule of benefits

D750 Replace missing or broken teeth - complete denture S76.10 S76.	ADA CODE	PROCEDURE	MAXIMUM REIMBURSEMENT	ADA CODE	PROCEDURE MAXIMUM REIMBURSEMENT
Soft issue. Soft itssue. So	D5520			D7350	
Decorate Properties and Properties of Section Decorate Properties Decorate Propert	D5610	Repair resin denture base ⁶	\$26.10	D7510	
soft tissue 334.20 D7966 Replace broken teeth - per tooth* 518.90 D7970 Excision of hyperplostic tissue - per arch 338.70 D7970 Rebase complete maxillary denture* 576.50 D7971 Rebase complete maxillary denture* 576.50 D7971 Rebase complete maxillary denture* 576.50 D7972 Rebase mandibular denture* 576.50 D7973 Rebase mandibular partial denture* 576.50 D7974 Rebase mandibular partial denture* 576.50 D7975 Rebase mandibular partial denture* 576.50 D7976 Rebase mandibular partial denture* 576.50 D7977 Rebase mandibular partial denture* 576.50 D7978 Rebase mandibular partial denture* 576.50 D7979 Rebase mandibular partial denture* 576.50 D7970 Rebase mandibular partial denture* 576.50 D7971 Coronal remnants, deciduous tooth 576.50 D7971 Coronal remnants, deciduous tooth 576.20 D7971 Coronal remnants, deciduous tooth 576.20 D7972 Removal of impacted tooth 576.50 D7973 Removal of impacted tooth 576.50 D7974 Removal of impacted tooth 576.50 D7975 Surgical removal of residual tooth roots 576.20 D7976 Removal of impacted tooth 576.50 D7977 D797 Tooth transplantation and/or stabilization of accidentally evulsed or displaced tooth 576.20 D7970 Tooth transplantation 576.50 D7970 Alveoloplasty in conjunction with 576.50 D7970 Alveoloplasty not in conjunction with 576.50 D7970 D79	D5620	Repair cast framework ⁶	\$26.10		
D5600 Replace broken teeth - per tooth* \$18.90 D7960 Frenulectomy - separate procedure \$33.30	D5630	Repair or replace broken clasp ⁶ .	\$30.60	D7520	
D5650 Add tooth to existing partial denture* S36.00 D7970 Excision of hyperplastic tissue - per arch. S38.70 S36.00 Add clasp to existing partial denture* S38.70 D9220 Deep sedation/general anesthesia - first S30.60 S30.	D5640	Replace broken teeth - per tooth	⁶ \$18.90	D7960	
Deep sedation/general anesthesia - first Silon	D5650	Add tooth to existing partial den	ture ⁶ \$36.00	D7970	
D5710 Rebase complete maxillary denture* . \$76.50 D5711 Rebase complete maxillary denture* . \$76.50 D5721 Rebase complete mandibular denture* . \$76.50 D5722 Rebase maxillary partial denture* . \$76.50 D5721 Surgical removal denture . \$16.20 D5721 Coronal remnants, deciduous tooth . \$14.40 D57210 Surgical removal of erupted tooth . \$26.10 D5722 Removal of impacted tooth - soft tissue . \$36.00 D5720 Removal of impacted tooth - partially bony . \$45.90 D5720 Surgical removal of residual tooth roots . \$28.80 D5720 Surgical removal of residual tooth roots . \$28.80 D5721 Tooth transplantation and/or stabilization of accidentally evalued or displaced tooth . \$21.60 D5721 Alveoloplasty in conjunction with extractions - per quadrant . \$21.60 D5721 Alveoloplasty not in conjunction with extractions - per quadrant . \$25.20 D5722 Alveoloplasty not in conjunction with extractions - per quadrant . \$25.20 D5720 Alveoloplasty not in conjunction with extractions - per quadrant . \$25.20 D5720 Alveoloplasty not in conjunction with extractions - per quadrant . \$25.20 D5720 Alveoloplasty not in conjunction with extractions - per quadrant . \$25.20 D5720 Alveoloplasty not in conjunction with extractions - per quadrant . \$25.20 D5720 Crown - porcelain fused to play not porcelain fused to predominantly should be extractions - one to three teeth or tooth spaces, per quadrant . \$25.20 D5720 Alveoloplasty not in conjunction with extractions - per quadrant . \$25.20 D5720 Crown - porcelain fused to predominantly should be extractions - per quadrant . \$25.20 D5720 Alveoloplasty not in conjunction with extractions - per quadrant . \$25.20 D5720 Alveoloplasty not in conjunction with extractions - per quadrant .	D5660	Add clasp to existing partial deni	ture ⁶ \$38.70	D9220	
covered complex oral surgical procedures as determined by the company. D5721 Rebase maxillary partial denture*	D5710	Rebase complete maxillary dent	ure ⁶ \$76.50		
D5720 Rebase maxillary partial denture ⁶ . \$76.50 D5721 Rebase maxillary partial denture ⁶ . \$76.50 D5721 Rebase maxillary partial denture ⁶ . \$76.50 D5721 Rebase mandibular partial denture ⁶ . \$76.50 D57210 Repairs/adjustments more than 1 year after the initial insertion D5720 Recement fixed partial denture. \$16.20 D57210 Coronal remnants, deciduous tooth. \$14.40 D57210 Extraction, erupted tooth or exposed root (elev. and/or forceps removal). \$14.40 D57220 Removal of impacted tooth - \$26.10 D57220 Removal of impacted tooth - \$36.00 D57220 Removal of impacted tooth - soft tissue. \$36.00 D57220 Removal of impacted tooth - soft tissue. \$36.00 D57220 Removal of impacted tooth - soft tissue. \$36.00 D57220 Removal of impacted tooth - soft tissue. \$36.00 D57220 Removal of impacted tooth - soft tissue. \$36.00 D57220 Removal of impacted tooth - soft tissue. \$36.00 D57220 Removal of impacted tooth - soft tissue. \$36.00 D57220 Removal of impacted tooth - soft tissue. \$36.00 D57220 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth \$47.70 D57220 Tooth transplantation and/or stabilization of accidentally evulsed or displaced tooth spaces, per quadrant. \$21.60 D57320 Alveoloplasty in conjunction with extractions - per quadrant. \$21.60 D57320 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant. \$25.20 D57321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant. \$25.20 D57320 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant. \$25.20 D57320 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant. \$25.20 D57320 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant. \$25.20 D57320 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant. \$25.20 D57320 Alveoloplasty not in conjunction with extractions - one to three te	D5711	Rebase complete mandibular de	nture ⁶ \$76.50		
6 Covered only if repairs/adjustments more than 1 year after the initial insertion D6930 Recement fixed partial denture. \$16.20 D7111 Coronal remnants, deciduous tooth. \$14.40 D7140 Extraction, erupted tooth or exposed root (elev. and/or forceps removal). \$14.40 D7140 Every straction, erupted tooth or exposed root (elev. and/or forceps removal). \$14.40 D7140 Surgical removal of erupted tooth. \$26.10 D7210 Surgical removal of impacted tooth. \$26.10 D7220 Removal of impacted tooth. \$36.00 D7220 Removal of impacted tooth. \$36.00 D7230 Removal of impacted tooth. \$45.90 D7240 Removal of impacted tooth. \$45.90 D7240 Removal of impacted tooth. \$61.20 D7250 Surgical removal of residual tooth roots. \$28.80 D7260 Surgical removal of exidual tooth roots. \$28.80 D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth. \$47.70 D7272 Tooth transplantation. \$51.30 D7310 Alveoloplasty in conjunction with extractions - per quadrant. \$21.60 D7320 Alveoloplasty in conjunction with extractions - per quadrant. \$25.20 D7321 Alveoloplasty not in conjunction with extractions - per quadrant. \$25.20 D7322 Alveoloplasty not in conjunction with extractions - per quadrant. \$25.20 D7323 Alveoloplasty not in conjunction with extractions - per quadrant. \$25.20 D7324 Alveoloplasty not in conjunction with extractions - per quadrant. \$25.20 D7325 Alveoloplasty not in conjunction with extractions - per quadrant. \$25.20 D7326 Alveoloplasty not in conjunction with extractions - per quadrant. \$25.20 D7327 Crown - resin with noble metal (Single restoration only) \$85.50 D7328 Alveoloplasty not in conjunction with extractions - per quadrant. \$25.20 D7329 Alveoloplasty not in conjunction with extractions - per quadrant. \$25.20 D7320 Alveoloplasty not in conjunction with extractions - per quadrant. \$25.20 D7320 Crown - persin with noble metal (Single restoration only) \$89.10 D7321 Alveoloplasty not in conjunction with extractions - per quadrant. \$25.20 D7320 Alveoloplasty not in conjunction with extractions - per quadra	D5720	Rebase maxillary partial denture	⁶ \$76.50		
Degree D	D5721	Rebase mandibular partial dentu	ıre ⁶ \$76.50	D9610	Therapeutic drug injection \$11.70
Degs2 Occlusal adjustment - Completes . \$36.90 Possible polys and partial denture \$16.20 Possible polys are received and ywhen performed with periodontal surgery or nonsurgical TMJ dysfunction treatment. Possible polys are received and ywhen performed with periodontal surgery or nonsurgical TMJ dysfunction treatment. Possible polys are received and ywhen performed with periodontal surgery or nonsurgical TMJ dysfunction treatment. Possible polys are received and ywhen performed with periodontal surgery or nonsurgical TMJ dysfunction treatment. Possible polys are received and ywhen performed with periodontal surgery or nonsurgical TMJ dysfunction treatment. Possible polys are received and ywhen performed with periodontal surgery or nonsurgical TMJ dysfunction treatment. Possible polys are received and ywhen performed with periodontal surgery or nonsurgical TMJ dysfunction treatment. Possible polys are received and ywhen performed with periodontal surgery or nonsurgical TMJ dysfunction treatment. Possible polys are received and ywhen performed with periodontal surgery or nonsurgical TMJ dysfunction treatment. Possible polys are received and ywhen performed with periodontal surgery or nonsurgical TMJ dysfunction treatment. Possible polys are received and ywhen performed with periodontal surgery or nonsurgical TMJ dysfunction treatment. Possible polys are received and ywhen performed with periodontal surgery or nonsurgical TMJ dysfunction treatment. Possible polys are received and ywhen performed with periodontal surgery or nonsurgical TMJ dysfunction treatment. Possible polys before a polys function treatment. Possible polys before the periodontal surgery or nonsurgical TMJ dysfunction treatment. Possible polys due to the periodon of possible periodon of possible periodon on possible periodon periodon periodon possible periodon pe			e than 1 year after the	D9951	Occlusal adjustment - limited ⁸ \$14.40
Drill Coronal remnants, deciduous tooth			¢1.C 2.O	D9952	Occlusal adjustment - Complete ⁸ \$36.90
Extraction, erupted tooth or exposed root (elev. and/or forceps removal)		•			
Celev. and/or forceps removal S14.40 TYPE III - MAJOR DENIAL SERVICES				nonsi	urgical IMJ dysfunction treatment.
D7220 Removal of impacted tooth - soft tissue. \$36.00 D7230 Removal of impacted tooth - soft tissue. \$36.00 D7240 Removal of impacted tooth - partially bony. \$45.90 D7240 Removal of impacted tooth - soft tissue. \$45.90 D7240 Removal of impacted tooth - soft tissue. \$61.20 D7240 Removal of impacted tooth - soft tissue. \$61.20 D7250 Surgical removal of residual tooth roots. \$28.80 D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth. \$47.70 D7271 Tooth transplantation. \$51.30 D7310 Alveoloplasty in conjunction with extractions - per quadrant. \$21.60 D7311 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant. \$21.60 D7320 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant. \$25.20 D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant. \$25.20 D7322 Vestibuloplasty - ridge extension (second epithelialization). \$38.70 D7340 Vestibuloplasty - ridge extension (second epithelialization). \$38.70 D7340 Crown - porcelain fused to predominantly	D/140			TYPE II	
D7230 Removal of impacted tooth - partially bony	D7210	Surgical removal of erupted toot	h\$26.10	D0470	
Partially bony	D7220	Removal of impacted tooth - sof	t tissue \$36.00	D2510	
D7240 Removal of impacted tooth - completely bony	D7230			D2520	
completely bony			\$45.90	D2530	
D7250 Surgical removal of residual tooth roots \$28.80 D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth \$47.70 D7272 Tooth transplantation \$51.30 D7310 Alveoloplasty in conjunction with extractions - per quadrant \$21.60 D7311 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$21.60 D7320 Alveoloplasty not in conjunction with extractions - per quadrant \$21.60 D7321 Alveoloplasty not in conjunction with extractions - per quadrant \$25.20 D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$25.20 D7320 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$25.20 D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$25.20 D7320 Alveoloplasty ridge extension (second epithelialization) \$38.70 D7340 Vestibuloplasty - ridge extension (second epithelialization) \$38.70 D7340 Vestibuloplasty - ridge extension (second epithelialization) \$38.70 D7340 Surgical removal of residual tooth roots \$25.20 D7351 Inlay - porcelain/ceramic - two surfaces \$55.20 D7360 Inlay - porcelain/ceramic - three or more surfaces \$55.20 D7360 Inlay - porcelain/ceramic - three or more surfaces \$55.20 D7360 Inlay - porcelain/ceramic - three or more surfaces \$55.20 D73710 Crown - resin high noble metal (Single restoration only) \$85.50 D73720 Crown - resin with noble metal (Single restoration only) \$89.10 D73720 Crown - porcelain/ceramic - two surfaces \$55.20 D73720 Crown - porcelain/ceramic - three or more surfaces \$55.20 D73720 Crown - porcelain/ceramic - three or more surfaces \$55.20 D73720 Crown - porcelain/ceramic - three or more surfaces \$55.20 D7380 Crown - porcelain/ceramic - three or more surfaces \$55.20 D7380 Crown - porcelain/ceramic - two sur	D7240		\$61.20	D2610	
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth . \$47.70 D7272 Tooth transplantation \$51.30 D7310 Alveoloplasty in conjunction with extractions - per quadrant \$21.60 D7311 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$21.60 D7320 Alveoloplasty not in conjunction with extractions - per quadrant \$25.20 D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$25.20 D7320 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$25.20 D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$25.20 D7320 Vestibuloplasty - ridge extension (second epithelialization) \$38.70 D7340 Vestibuloplasty - ridge extension (second epithelialization) \$38.70 D7340 Crown - porcelain fused to predominantly	D7250			D2620	
D7310 Alveoloplasty in conjunction with extractions - per quadrant \$21.60 D7311 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$21.60 D7320 Alveoloplasty not in conjunction with extractions - per quadrant \$25.20 D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$25.20 D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$25.20 D7322 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$25.20 D7340 Vestibuloplasty - ridge extension (second epithelialization) \$38.70 D7351 Crown resin (laboratory) (Single restoration only) \$51.30 D7372 Crown - resin predominantly base metal (Single restoration only) \$85.50 D7372 Crown - resin with noble metal (Single restoration only) \$89.10 D7364 Crown - porcelain/ceramic substrate (Single restoration only) \$95.40 D7374 Crown - porcelain fused to high noble metal (Single restoration only) \$95.40 D7384 Crown - porcelain fused to predominantly	D7270	Tooth reimplantation and/or stal	pilization	D2630	Inlay - porcelain/ceramic - three or more surfaces\$78.30
D7310 Alveoloplasty in conjunction with extractions - per quadrant	D7272			D2710	\ \ J /
extractions - per quadrant \$21.60 (Single restoration only) \$98.10 D7311 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$21.60 D7320 Alveoloplasty not in conjunction with extractions - per quadrant \$25.20 D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant \$25.20 D7324 Vestibuloplasty - ridge extension (second epithelialization) \$38.70 D7340 Vestibuloplasty - ridge extension (second epithelialization) \$38.70 Example restoration only) \$98.10 Crown - resin predominantly base metal (Single restoration only) \$85.50 D2722 Crown - resin with noble metal (Single restoration only) \$89.10 Crown - porcelain/ceramic substrate (Single restoration only) \$95.40 Crown - porcelain fused to high noble metal (Single restoration only) \$180.00				D2720	
extractions - one to three teeth or tooth spaces, per quadrant	27310	extractions - per quadrant	\$21.60	D2720	
D7320 Alveoloplasty not in conjunction with extractions - per quadrant	D7311	extractions - one to three teeth	or tooth	D2721	
D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	D7320	Alveoloplasty not in conjunction	with	D2722	
spaces, per quadrant	D7321	Alveoloplasty not in conjunction	with	D2740	
epithelialization) \$38.70 D2751 Crown - porcelain fused to predominantly	D73 / 6	spaces, per quadrant	\$25.20	D2750	
	D/340			D2751	

Schedule of benefits

D5752 Crown – porcelain fused to noble metal (Single restoration only) .	ADA CODE	PROCEDURE	MAXIMUM REIMBURSEMENT	ADA CODE	PROCEDURE MAXIMUM REIMBURSEMENT
D3791 Crown - full cast high noble metal (Single restoration only) S175.50 S17	D2752			D5760	Reline upper partial denture (laboratory) 10\$41.40
Composition of the control of the		,		D5761	Reline lower partial denture (laboratory) 10 \$41.40
Single restoration only) S82.80 D6210 Pontic - cast night noble metal S82.80	D2790				
December	D2791			D6210	Pontic - cast high noble metal \$175.50
Complete stable steel crown - permanent (Single restoration only) S21.60	D2792			D6211	Pontic - cast predominantly base metal \$82.80
tooth (Single restoration only)	52,32		\$89.10	D6212	Pontic - cast noble metal\$89.10
(Single restoration only)	D2930			D6240	
Cisngle restoration only S36.00 Perfebricated post and core in addition to crown (Single restoration only) S26.10 D6251 Pontic - resin with high noble metal S98.10 D6251 D6251 Pontic - resin with predominately base metal S85.50 D6252 Complete lupper denture S129.60 D6252 Pontic - resin with predominately base metal S85.50 D6252 Pontic - resin with predominately base metal S85.50 D6252 Pontic - resin with noble metal S85.50 D6252 Pontic - resin with noble metal S85.50 D6252 Pontic - resin with noble metal S85.50 D6252 Pontic - resin with predominately base metal S85.50 D6252 Pontic - resin with predominately base metal S85.50 D6252 Pontic - resin with predominately base metal S85.50 D6252 Pontic - resin with predominately base metal S85.50 D6252 Pontic - resin with predominately base metal S85.50 D6252 Pontic - resin with predominately base metal S85.50 D6252 Pontic - resin with predominately base metal S85.50 D6252 Pontic - resin with predominately base metal S85.50 D6252 Pontic - resin with predominately base metal S85.50 D6252 Pontic - resin with noble metal S85.50 Pontic - resin with noble metal S85.50 D6252 Pontic - resin with noble metal S85.50 Pontic - resin with noble metal S85.50 D6252 Pontic - resin with noble metal	D2931			D6241	
December 2 Prefabricated post and core in addition to crown (Single restoration only)	D2952			D6242	Pontic - porcelain fused to noble metal\$95.40
to crown (Single restoration only). \$26.10 D5110 Complete upper denture. \$129.60 D5120 Complete lower denture. \$129.60 D5120 Immediate upper denture. \$135.90 D5130 Immediate upper denture. \$135.90 D5131 Upper partial denture - resin base. \$79.20 D5131 Upper partial denture - resin base. \$79.20 D5132 Upper partial denture - resin base. \$79.20 D5131 Upper partial denture - cost metal base with resin saddles. \$145.80 D5131 Upper partial denture - cost metal base with resin saddles. \$134.10 D5131 Reline complete denture - upper? \$8.10 D514 Adjust complete denture - upper? \$8.10 D514 Adjust complete denture - lower? \$8.10 D514 Adjust partial denture - upper? \$8.10 D514 Adjust partial denture - lower? \$8.10 D514 Adjust partial denture - lower? \$8.10 D514 Reline complete upper denture (chairside) \$10 \$32.40 P514 Reline complete lower denture (chairside) \$10 \$32.40 P515 Reline complete lower denture (chairside) \$10 \$32.40 D515 Reline complete upper denture (chairside) \$10 \$32.40 D515 Reline complete lower denture (chairside) \$10 \$32.40 D515				D6250	Pontic - resin with high noble metal \$98.10
D65120 Complete lower denture	D2954			D6251	
D5120 Complete lower denture	D5110	Complete upper denture	\$129.60	D6252	Pontic - resin with noble metal \$89.10
D5130 Immediate upper denture \$135.90 D6603 Inlay - cast high noble metal, three or more surfaces¹¹ \$85.50 D5211 Upper partial denture - resin base \$79.20 D6604 Inlay - cast predominantly base metal two surfaces¹¹ \$79.20 D6605 Inlay - cast predominantly base metal two surfaces¹¹ \$79.20 D6605 Inlay - cast predominantly base metal two surfaces¹¹ \$79.20 D6605 Inlay - cast predominantly base metal two surfaces¹¹ \$79.20 D6605 Inlay - cast predominantly base metal three or more surfaces¹¹ \$79.20 D6606 Inlay - cast noble metal, two surfaces¹¹ \$79.20 D6606 Inlay - cast noble metal, two surfaces¹¹ \$79.20 D6606 Inlay - cast noble metal, two surfaces¹¹ \$79.20 D6606 Inlay - cast noble metal, two surfaces¹¹ \$79.20 D6606 Inlay - cast noble metal, two surfaces¹¹ \$79.20 D6606 Inlay - cast noble metal, two surfaces¹¹ \$79.20 D6606 Inlay - cast noble metal, two surfaces¹¹ \$79.20 D6606 Inlay - cast noble metal, two surfaces¹¹ \$79.20 D6606 Inlay - cast noble metal, two surfaces¹¹ \$79.20 D6606 Inlay - cast noble metal, two surfaces¹¹ \$79.20 D6606 Inlay - cast noble metal, two surfaces¹¹ \$79.20 D6606 Inlay - cast noble metal, two surfaces¹¹ \$79.20 D6606 Inlay - cast noble metal, two surfaces¹¹ \$79.20 D6606 Inlay - cast noble metal, two surfaces¹¹ \$79.20 D6606 Inlay - cast noble metal, two surfaces¹¹ \$79.20 D6606 Inlay - cast noble metal, two surfaces¹¹ \$79.20 D6606 Inlay - cast noble metal, two surfaces¹¹ \$79.20 D6606 D6607 D	D5120	Complete lower denture	\$129.60		Inlay - cast high noble metal, two surfaces ¹¹ \$79.20
D5140 Immediate lower denture	D5130	Immediate upper denture	\$135.90		
D5212 Lower partial denture - resin base. \$79.20 two surfaces ¹¹ \$79.20	D5140	Immediate lower denture	\$135.90	20003	
D5212 Lower partial denture - cast metal base with resin saddles. \$145.80 D5214 Lower partial denture - cast metal base with resin saddles. \$134.10 D5281 Removable unilateral partial denture - one piece cast metal \$28.80 D5410 Adjust complete denture - upper? \$8.10 D5411 Adjust complete denture - lower? \$88.10 D5422 Adjust partial denture - lower? \$88.10 D5423 Reline complete upper denture (chairside) \$10 \$32.40 D5730 Reline complete lower denture (chairside) \$10 \$32.40 D5740 Reline lower partial denture (chairside) \$28.610 D5750 Reline complete upper denture (chairside) \$28.610 D5751 Reline complete lower denture (chairside) \$39.80 D5751 Reline complete lower denture (chairside) \$32.40 D5751 Reline complete lower denture (chairside) \$39.80 D5751 Reline complete lower denture (chairside) \$47.70 D5751 Reline complete lower denture (chairside) \$4	D5211	Upper partial denture - resin bas	se\$79.20	D6604	Inlay - cast predominantly base metal
with resin saddles. \$145.80 D5214 Lower partial denture - cast metal base with resin saddles. \$134.10 D5281 Removable unilateral partial denture - one piece cast metal. \$28.80 D5410 Adjust complete denture - lower 9 \$8.10 D5411 Adjust complete denture - lower 9 \$8.10 D5422 Adjust partial denture - lower 9 \$8.10 D5423 Reline complete upper denture (chairside) 10 \$32.40 D5730 Reline complete lower denture (chairside) 10 \$32.40 D5731 Reline complete lower denture (chairside) 10 \$32.40 D5741 Reline lower partial denture (chairside) 10 \$32.40 D5750 Reline complete upper denture (chairside) 10 \$32.40 D5751 Reline complete upper denture (chairside) 10 \$32.60 D5751 Reline complete lower denture (chairside) 10 \$32.60 D5751 Reline complete upper denture (chairside) 10 \$32.60 D5751 Reline complete lower denture (chairside) 10 \$32.60 D5751 Reline complete upper denture (chairside) 10 \$32.60 D5751 Reline complete lower denture (chairside) 10 \$32.60 D5751 Reline complete lower denture (chairside) 10 \$32.60 D5751 Reline complete upper denture (chairside) 10 \$32.60 D5751 Reline complete lower denture (chairside) 10 \$32.60 D5752 Reline complete upper denture (chairside) 10 \$32.60 D5753 Reline comp	D5212	Lower partial denture - resin bas	se\$79.20		
bose partial denture - cost metal bose with resin saddles	D5213			D6605	
D5281 Removable unilateral partial denture - one piece cast metal	D5214	5214 Lower partial denture - cast metal base	tal base	D6606	Inlay - cast noble metal, two surfaces ¹¹ \$79.20
piece cast metal \$28.80 D6720 Crown - resin with high noble metal \$98.10 D5410 Adjust complete denture - upper \$8.10 D6721 Crown - resin with predominately base metal \$85.50 D5421 Adjust partial denture - upper \$8.10 D6722 Crown - resin with noble metal \$89.10 D6722 Adjust partial denture - lower \$8.10 D6722 Adjust partial denture - lower \$8.10 D6722 Crown - porcelain fused to high noble metal \$180.00 D5730 Reline complete upper denture (chairside) \$32.40 D6751 Crown - porcelain fused to predominantly base metal \$91.80 D6751 Crown - porcelain fused to noble metal \$91.80 D6752 Crown - porcelain fused to noble metal \$91.80 D6780 Crown - 3/4 cast high noble metal \$91.80 D6780 Crown - 3/4 cast high noble metal \$91.80 D6790 Crown - full cast high noble metal \$175.50 D6791 Crown - full cast predominately base metal \$89.10 D6791 Crown - full cast noble metal \$89.10 D6792 Crown - full cast noble metal \$89.10 D6792 Crown - full cast noble metal \$89.10 D6791 D6791 Crown - full cast noble metal \$8	D5281		·	D6607	
D5411 Adjust complete denture - lower ⁹ . \$8.10 D5421 Adjust partial denture - upper ⁹ \$8.10 D5422 Adjust partial denture - lower ⁹ . \$8.10 D5730 Reline complete upper denture (chairside) ¹⁰ \$32.40 9 Covered only once per 12 consecutive months and only if done more than one year after the initial insertion of the denture) D5731 Reline complete lower denture (chairside) ¹⁰ \$32.40 D5740 Reline upper partial denture (chairside) ¹⁰ \$26.10 D5751 Reline complete upper denture (chairside) ¹⁰ \$26.10 D5750 Reline complete upper denture (laboratory) ¹⁰ \$47.70 D5751 Reline complete lower denture D6752 Crown - porcelain fused to predominantly base metal ¹¹ \$91.80 D6752 Crown - porcelain fused to noble metal ¹¹ \$91.80 D6753 Crown - 3/4 cast high noble metal ¹¹ \$91.80 D6754 Crown - 4 cast high noble metal ¹¹ \$175.50 D6795 Crown - full cast predominately base metal ¹¹ \$85.50 D6796 Crown - full cast noble metal ¹¹ \$85.50 D6797 Crown - full cast noble metal ¹¹ \$85.50				D6720	Crown - resin with high noble metal 11 \$98.10
D5421 Adjust partial denture - upper ⁹	D5410	Adjust complete denture - uppe	r ⁹ \$8.10	D6721	
D5422 Adjust partial denture - lower ⁹ \$8.10 D5730 Reline complete upper denture (chairside) ¹⁰ . \$32.40 9 Covered only once per 12 consecutive months and only if done more than one year after the initial insertion of the denture) D5731 Reline complete lower denture (chairside) ¹⁰ . \$32.40 D5740 Reline upper partial denture (chairside) ¹⁰ . \$26.10 D5741 Reline lower partial denture (chairside) ¹⁰ . \$26.10 D5750 Reline complete upper denture (laboratory) ¹⁰ . \$47.70 D5751 Reline complete lower denture (laboratory) ¹⁰ . \$47.70 D5751 Reline complete lower denture D6750 Crown - porcelain fused to predominantly base metal ¹¹ . \$95.40 D6752 Crown - porcelain fused to noble metal ¹¹ . \$95.40 D6752 Crown - 3/4 cast high noble metal ¹¹ . \$175.50 D6790 Crown - full cast high noble metal ¹¹ . \$175.50 D6791 Crown - full cast noble metal ¹¹ . \$89.10	D5411	Adjust complete denture - lowe	r ⁹ \$8.10		
D5730 Reline complete upper denture (chairside) ¹⁰ \$32.40 9 Covered only once per 12 consecutive months and only if done more than one year after the initial insertion of the denture) D5731 Reline complete lower denture (chairside) ¹⁰ \$32.40 D5740 Reline upper partial denture (chairside) ¹⁰ \$26.10 D5741 Reline lower partial denture (chairside) ¹⁰ \$26.10 D5750 Reline complete upper denture (laboratory) ¹⁰ \$47.70 D5751 Reline complete lower denture S180.00	D5421	Adjust partial denture - upper ⁹ .	\$8.10	D6722	
D5730 Reline complete upper denture (chairside) ¹⁰ . \$32.40 9 Covered only once per 12 consecutive months and only if done more than one year after the initial insertion of the denture) D5731 Reline complete lower denture (chairside) ¹⁰ . \$32.40 D5740 Reline upper partial denture (chairside) ¹⁰ . \$26.10 D5741 Reline lower partial denture (chairside) ¹⁰ . \$26.10 D5750 Reline complete upper denture (laboratory) ¹⁰ . \$47.70 D5751 Reline complete lower denture S47.70 Crown - porcelain fused to noble metal ¹¹ . \$91.80 D6752 Crown - porcelain fused to noble metal ¹¹ . \$95.40 D6750 Crown - 3/4 cast high noble metal ¹¹ . \$91.80 D6790 Crown - full cast high noble metal ¹¹ . \$175.50 D6791 Crown - full cast predominately base metal ¹¹ . \$85.50 D6792 Crown - full cast noble metal ¹¹ . \$89.10 D6753 Crown - full cast noble metal ¹¹ . \$89.10	D5422	Adjust partial denture - lower ⁹	\$8.10	D6750	
base metal ¹¹ \$91.80 D5731 Reline complete lower denture (chairside) ¹⁰ \$32.40 D5740 Reline upper partial denture (chairside) ¹⁰ \$26.10 D5741 Reline lower partial denture (chairside) ¹⁰ \$26.10 D5750 Reline complete upper denture (laboratory) ¹⁰ \$47.70 D5751 Reline complete lower denture S91.80	D5730	Reline complete upper denture	(chairside) ¹⁰ \$32.40	D6751	
D5731 Reline complete lower denture (chairside) 10 . \$32.40 D5740 Reline upper partial denture (chairside) 10 . \$26.10 D5741 Reline lower partial denture (chairside) 10 . \$26.10 D5750 Reline complete upper denture (laboratory) 10 \$47.70 D5751 Reline complete lower denture 11 Bridge retainers - initial placement of replacement.					base metal ¹¹
D5740 Reline upper partial denture (chairside) ¹⁰ \$26.10 D5741 Reline lower partial denture (chairside) ¹⁰ \$26.10 D5750 Reline complete upper denture (laboratory) ¹⁰	D5731	Reline complete lower denture (chairside) ¹⁰ \$32.40		·
D5741 Reline lower partial denture (chairside) ¹⁰ \$26.10 D5750 Reline complete upper denture (laboratory) ¹⁰ \$47.70 D5751 Reline complete lower denture Crown - full cast nigh noble metal ¹¹ \$175.50 D6791 Crown - full cast predominately base metal ¹¹ .\$85.50 D6792 Crown - full cast noble metal ¹¹ \$89.10	D5740	Reline upper partial denture (ch	airside) ¹⁰ \$26.10		
D5750 Reline complete upper denture (laboratory) 10	D5741				3
(laboratory) 10		·		D6791	
			\$47.70	D6792	Crown - full cast noble metal ¹¹ \$89.10
	D5751	(laboratory) 10		¹¹ Bridg€	retainers - initial placement of replacement.

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PROCEDURES NOT LISTED ON THE SCHEDULE MAY BE CHARGED AT THE DENTIST'S USUAL AND CUSTOMARY FEE.

Limitations & Exclusions

Major restorative limitations:

The charges for Major Restorative services will be Covered Dental Expenses subject to the following:

- A denture, partial denture, or fixed bridge (including a resin bonded fixed bridge) must replace a Natural Tooth extracted while insured for Dental Benefits under this policy, however, this provision will not apply if the Policy replaces a prior policy You had with another insurer and You are covered by this Policy on its Effective Date without a break in coverage provided: a) the prosthetic replaces teeth that were extracted while insured under the prior policy; and b) the prosthetic work is completed within 12 months of the extraction;
- The replacement of a partial denture, full denture, or fixed partial denture (including a resin bonded bridge), or the addition of teeth to a partial denture if: (a) replacement occurs at least five years after the initial date of insertion of the current full or partial denture or resin bonded bridge; (b) replacement occurs at least five years after the initial date of insertion of an existing implant or fixed bridge; (c) replacement prosthesis or the addition of a tooth to a partial denture is required by the necessary extraction of a Functioning Natural Tooth while insured for Dental Benefits under this policy; or (d) replacement is made necessary by a Covered Dental Injury to a partial denture, full denture, or fixed partial denture (including a resin bonded bridge) provided the replacement is completed within 12 months of the injury;
- The replacement of crowns, cast restorations, inlays, onlays
 or other laboratory prepared restorations if: (a) replacement
 occurs at least five years after the initial date of insertion; and
 (b) they are not serviceable and cannot be restored
 to function;
- The replacement of an existing partial denture with fixed bridgework, only if upgrading to fixed bridgework is essential to the correction of the person's dental condition; and
- The replacement of teeth up to the normal complement of 32.

Exclusions:

Benefits will not be paid for:

- Procedures that are not included in the Schedule of Benefits; that are not medically necessary; that do not have uniform professional endorsement; are experimental or investigational in nature; for which the patient has no legal obligation to pay; or for which a charge would not have been made in the absence of insurance;
- Any procedure, service, or supply that may not reasonably be expected to successfully correct the patient's dental condition for a period of at least three years, as determined by Company;
- Crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth that may be restored with an amalgam or composite resin filling;
- Appliances, inlays, cast restorations, or other laboratory prepared restorations used primarily for the purpose of splinting;

- Any procedure, service, supply or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension; the alteration or restoration of occlusion including occlusal adjustment, bite registration, or bite analysis;
- Pulp caps, adult fluoride treatments, athletic mouthguards; myofunctional therapy; infection control; precision or semi precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; broken appointments; treatment of jaw fractures; orthognathic surgery; completion of claim forms; exams required by third party; personal supplies (e.g. water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances;
- Charges for travel time; transportation costs; or professional advice given on the phone;
- Procedures performed by a Dentist who is a member of Your immediate family;
- Any charges, including ancillary charges, made by a hospital, ambulatory surgical center, or similar facility;
- Charges for treatment rendered: (a) in a clinic, dental or medical facility sponsored or maintained by the employer of any member of Your family; or (b) by an employee of the employer of any member of Your family;
- Any procedure, service or supply required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joints or their associated structures;
- Charges for treatment performed outside of the United States other than for emergency treatment. Benefits for emergency treatment that is performed outside of the United States are limited to a maximum of \$100 (U.S. dollars) per year;
- The care or treatment of an injury or sickness due to war or an act of war, declared or undeclared;
- Treatment for cosmetic purposes facings on crowns or bridge units on molar teeth will always be considered cosmetic;
- Any services or supplies that do not meet the standards set by the American Dental Association or that are not reasonably necessary, or customarily used, for dental care;
- Procedures that are a covered expense under any other medical plan (established by the employer) that provides group hospital, surgical, or medical benefits whether or not on an insured basis;
- An injury that arises out of or in the course of a job or employment for pay or profit for which benefits are available under any workers' compensation act or similar law; or
- Charges to the extent that they are more than the Reimbursement Rate. If the amount of the Reimbursement Rate for a service cannot be determined due to the unusual nature of the service, Company will determine the amount. Company will take into account: (a) the complexity involved; (b) the degree of professional skill required; and (c) other pertinent factors.



Insured or administered by HumanaDental Insurance Company, CompBenefits Company, or CompBenefits Insurance Company.