



ADA CODE	PROCEDURE	PATIENT COPAYMENT
<b>ORAL EXAMS†</b>		
D0120	Periodic oral evaluation (1 per 6 month period) .....	\$0
D0140	Limited oral evaluation - problem focused (1 per 6 month period) .....	\$0
D0150	Comprehensive oral evaluation new or established patient .....	\$0
D0180	Comprehensive periodontal evaluation - new or established patient .....	\$0
<b>PROPHYLAXIS†</b>		
D1110	Prophylaxis - adult (1 per 6 month period) .....	\$0
D1120	Prophylaxis - child (1 per 6 month period) .....	\$0
<b>FLUORIDE†</b>		
D1201	Topical application of fluoride (including prophylaxis) - child (1 per 12 month period; limited to children under age 16) .....	\$0
D1203	Topical application of fluoride (prophylaxis not included) - child (1 per 12 month period; limited to children under age 16) .....	\$0
<b>X-RAYS†</b>		
D0210	Intraoral - complete series (including bitewings) (1 per 36 month period) .....	\$0
D0220	Intraoral - periapical first film (4 per 12 month period unless in conjunction with operative procedure) .....	\$0
D0230	Intraoral - periapical each additional film (4 per 12 month period unless in conjunction with operative procedure) .....	\$0
D0240	Intraoral - occlusal film (2 films per 12 month period) .....	\$0
D0250	Extraoral - first film (2 films per 12 month period) .....	\$0
D0260	Extraoral - each additional film (2 films per 12 month period) .....	\$0
D0270	Bitewing - single film (1 set per 12 month period) .....	\$0
D0272	Bitewings - two films (1 set per 12 month period) .....	\$0
D0274	Bitewings - four films (1 set per 12 month period) .....	\$0
D0330	Panoramic film (1 per 36 month period; in lieu of D0210) .....	\$0
<b>LAB AND OTHER†</b>		
D0460	Pulp vitality tests .....	\$0
D0470	Diagnostic casts .....	\$0
<b>EMERGENCY</b>		
D9110	Palliative (emergency) treatment of dental pain - minor procedure .....	\$0
<b>SPACE MAINTAINERS*†</b>		
D1510	Space maintainer - fixed - unilateral .....	\$0
D1515	Space maintainer - fixed - bilateral .....	\$0
D1550	Recementation of space maintainer .....	\$0
	* Limited to children under age 16	
<b>SEALANTS†</b>		
D1351	Sealant - per tooth (1 per 3 year period; limited to children under age 16 for non carious molars only) .....	\$0
<b>RESTORATIONS*</b>		
D2140	Amalgam - one surface, permanent or primary .....	\$0
D2150	Amalgam - two surfaces, permanent or primary .....	\$0
D2160	Amalgam - three surfaces, permanent or primary .....	\$0
D2161	Amalgam - four or more surfaces, permanent or primary .....	\$0
D2330	Resin-based composite - one surface, anterior .....	\$0
D2331	Resin-based composite - two surfaces, anterior .....	\$0
D2332	Resin-based composite - three surfaces, anterior .....	\$0
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior) .....	\$0
D2391	Resin-based composite - one surface, posterior .....	\$0
D2392	Resin-based composite - two surfaces, posterior .....	\$0
D2393	Resin-based composite - three surfaces, posterior .....	\$0
D2394	Resin-based composite - four surfaces, posterior .....	\$0
<b>INLAYS AND CROWNS*</b>		
D2510	Inlay - metallic - one surface .....	\$250
D2520	Inlay - metallic - two surfaces .....	\$283
D2530	Inlay - metallic - three or more surfaces .....	\$326
D2543	Onlay - metallic - three surfaces .....	\$335
D2544	Onlay - metallic - four or more surfaces .....	\$348
D2610	Inlay - porcelain/ceramic - one surface .....	\$294
D2620	Inlay - porcelain/ceramic - two surfaces .....	\$310
D2630	Inlay - porcelain/ceramic - three or more surfaces .....	\$330
D2642	Onlay - porcelain/ceramic - two surfaces .....	\$321
D2643	Onlay - porcelain/ceramic - three surfaces .....	\$346
D2644	Onlay - porcelain/ceramic - four or more surfaces .....	\$367
D2650	Inlay - resin-based composite - one surface .....	\$193
D2651	Inlay - resin-based composite - two surfaces .....	\$230
D2652	Inlay - resin-based composite - three or more surfaces .....	\$242
D2662	Onlay - resin-based composite - two surfaces .....	\$210
D2663	Onlay - resin-based composite - three surfaces .....	\$247
D2664	Onlay - resin-based composite - four or more surfaces .....	\$264
D2710	Crown - resin (indirect) .....	\$149
D2721	Crown - resin with predominantly base metal .....	\$344
D2740	Crown - porcelain/ceramic substrate .....	\$377
D2750	Crown - porcelain fused to high noble metal .....	\$372
D2751	Crown - porcelain fused to predominantly base metal .....	\$346
D2752	Crown - porcelain fused to noble metal .....	\$354
D2790	Crown - full cast high noble metal .....	\$359
D2791	Crown - full cast predominantly base metal .....	\$340
D2792	Crown - full cast noble metal .....	\$346
D2910	Recement inlay .....	\$32

ADA CODE	PROCEDURE	PATIENT COPAYMENT
D2920	Recement crown .....	\$33
D2930	Prefabricated stainless steel crown - primary tooth .....	\$90
D2931	Prefabricated stainless steel crown - permanent tooth .....	\$102
D2932	Prefabricated resin crown .....	\$111
D2933	Prefabricated stainless steel crown with resin window .....	\$125
D2940	Sedative filling .....	\$35
D2950	Core buildup, including any pins .....	\$86
D2951	Pin retention - per tooth, in addition to restoration .....	\$18
D2952	Cast post and core in addition to crown .....	\$132
D2954	Prefabricated post and core in addition to crown .....	\$109
D2980	Crown repair, by report .....	\$93
*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, benefit is limited to plastic and stainless steel crowns.		
<b>ENDODONTICS</b>		
D3110	Pulp cap - direct (excluding final restoration) .....	\$23
D3120	Pulp cap - indirect (excluding final restoration) .....	\$18
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal .....	\$55
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) .....	\$58
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) .....	\$63
D3310	Anterior (excluding final restoration) (Limit 1 per tooth) .....	\$233
D3320	Bicuspid (excluding final restoration) (Limit 1 per tooth) .....	\$285
D3330	Molar (excluding final restoration) (Limit 1 per tooth) .....	\$368
D3346	Retreatment of previous root canal therapy - anterior (Limit 1 per tooth) .....	\$314
D3347	Retreatment of previous root canal therapy - bicuspid (Limit 1 per tooth) .....	\$370
D3348	Retreatment of previous root canal therapy - molar (Limit 1 per tooth) .....	\$445
D3351	Apexification/recalcification - initial visit (apical closure/ calcific repair of perforations, root resorption, etc.) .....	\$132
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) .....	\$58
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) .....	\$195
D3410	Apicoectomy/periradicular surgery - anterior .....	\$267
D3421	Apicoectomy/periradicular surgery - bicuspid .....	\$292
D3425	Apicoectomy/periradicular surgery - molar .....	\$330
D3426	Apicoectomy/periradicular surgery (each additional root) .....	\$110
D3430	Retrograde filling - per root .....	\$81
D3450	Root amputation - per root .....	\$164
D3920	Hemisection (including any root removal), not including root canal therapy .....	\$128
<b>PERIODONTICS</b>		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth, per quadrant (1 per quadrant every 36 months) .....	\$0
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant (1 per quadrant every 36 months) .....	\$0
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth, per quadrant (1 per quadrant every 36 months) .....	\$253
D4241	Gingival flap procedure, including root planing - one to three teeth (1 per quadrant every 36 months) .....	\$253
D4249	Clinical Crown lengthening - hard tissue (1 per quadrant every 36 months) .....	\$288
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth, per quadrant (1 per quadrant every 36 months) .....	\$408
D4261	Osseous surgery (including flap entry and closure) - one to three teeth per quadrant (1 per quadrant every 36 months) .....	\$408
D4263	Bone replacement graft - first site in quadrant (1 per quadrant every 36 months) .....	\$123
D4264	Bone replacement graft - each additional site in quadrant (1 per quadrant every 36 months) .....	\$62
D4266	Guided tissue regeneration - resorbable barrier, per site (1 per quadrant every 36 months) .....	\$149
D4267	Guided tissue regeneration - nonresorbable barrier, per site (1 per quadrant every 36 months) .....	\$191
D4270	Pedicle soft tissue graft procedure (1 per quadrant every 36 months) .....	\$301
D4271	Free soft tissue graft procedure (including donor site surgery) (1 per quadrant every 36 months) .....	\$310
D4273	Subepithelial connective tissue graft procedure (1 per quadrant every 36 months) .....	\$331
D4274	Distal or proximal wedge procedure (1 per quadrant every 36 months) .....	\$93
D4320	Provisional splinting - intracoronal (1 per 12 month period) .....	\$151
D4321	Provisional splinting - extracoronal (1 per 12 month period) .....	\$132

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D4341	Periodontal scaling and root planing, four or more contiguous teeth per quadrant (1 per 24 month period) .....	\$82
D4342	Periodontal scaling and root planing, one to three teeth per quadrant (1 per 24 month period) .....	\$82
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis (1 per 24 month period) .....	\$22
D4910	Periodontal maintenance .....	\$20
<b>PROSTHODONTICS*</b>		
D5110	Complete denture - maxillary .....	\$472
D5120	Complete denture - mandibular .....	\$472
D5130	Immediate denture - maxillary .....	\$514
D5140	Immediate denture - mandibular .....	\$514
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) .....	\$398
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) .....	\$463
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	\$521
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	\$521
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth) .....	\$304
*Replacements allowed only if more than 5 years have passed since the last placement of the inlay, onlay and/or crown.		
<b>PROSTHODONTICS - ADJUSTMENTS</b>		
D5410	Adjust complete denture - maxillary (Limit 3 once denture is 6 months old) .....	\$26
D5411	Adjust complete denture - mandibular (Limit 3 once denture is 6 months old) .....	\$26
D5421	Adjust partial denture - maxillary (Limit 3 once denture is 6 months old) .....	\$26
D5422	Adjust partial denture - mandibular (Limit 3 once denture is 6 months old) .....	\$26
<b>PROSTHODONTICS - REPAIR</b>		
D5510	Repair broken complete denture base (1 per 12 month period) .....	\$52
D5520	Replace missing or broken teeth - complete denture (each tooth) (1 per 12 month period) .....	\$43
D5610	Repair resin denture base .....	\$56
D5620	Repair cast framework .....	\$60
D5630	Repair or replace broken clasp .....	\$73
D5640	Replace broken teeth - per tooth .....	\$47
D5650	Add tooth to existing partial denture .....	\$65
D5660	Add clasp to existing partial denture .....	\$77
D5710	Rebase complete maxillary denture .....	\$191
D5711	Rebase complete mandibular denture .....	\$183
D5720	Rebase maxillary partial denture .....	\$181
D5721	Rebase mandibular partial denture .....	\$181
D5730	Reline complete maxillary denture (chairside) .....	\$108
D5731	Reline complete mandibular denture (chairside) .....	\$108
D5740	Reline maxillary partial denture (chairside) .....	\$99
D5741	Reline mandibular partial denture (chairside) .....	\$99
D5750	Reline complete maxillary denture (laboratory) .....	\$144
D5751	Reline complete mandibular denture (laboratory) .....	\$144
D5760	Reline maxillary partial denture (laboratory) .....	\$142
D5761	Reline mandibular partial denture (laboratory) .....	\$142
D5850	Tissue conditioning, maxillary .....	\$45
D5851	Tissue conditioning, mandibular .....	\$45
<b>PROSTHODONTICS - BRIDGES*</b>		
D6100	Implant removal - by report .....	\$280
D6210	Pontic - cast high noble metal .....	\$340
D6211	Pontic - cast predominantly base metal .....	\$318
D6240	Pontic - porcelain fused to high noble metal .....	\$335
D6241	Pontic - porcelain fused to predominantly base metal .....	\$310
D6242	Pontic - porcelain fused to noble metal .....	\$327
D6251	Pontic - resin with predominantly base metal .....	\$305
D6545	Retainer - cast metal for resin bonded fixed prosthesis .....	\$141
D6602	Inlay - cast high noble, two surfaces .....	\$293
D6603	Inlay - cast high noble, three or more surfaces .....	\$335
D6604	Inlay - cast predom base metal, two surfaces .....	\$293
D6605	Inlay - cast predom base metal, three or more surfaces .....	\$335
D6606	Inlay - cast noble, two surfaces .....	\$293
D6607	Inlay - cast noble, three or more surfaces .....	\$335
D6721	Crown - resin with predominantly base metal .....	\$355
D6751	Crown - porcelain fused to predominantly base metal .....	\$357
D6752	Crown - porcelain fused to noble metal .....	\$366
D6780	Crown - 3/4 cast high noble metal .....	\$361
D6791	Crown - full cast predominantly base metal .....	\$350
D6930	Recent fixed partial denture .....	\$45
D6970	Cast post and core in addition to fixed partial denture retainer .....	\$124
D6971	Cast post as part of fixed partial denture retainer .....	\$109
D6972	Prefabricated post and core in addition to fixed partial denture retainer .....	\$101
D6973	Core build up for retainer, including any pins .....	\$81
D6980	Fixed partial denture repair, by report .....	\$103
*Replacement of an existing fixed bridge is payable only if the existing bridge is more than 5 years old.		

ADA CODE	PROCEDURE	PATIENT COPAYMENT
<b>EXTRACTIONS AND ORAL SURGERY</b>		
D7111	Coronal remnants, deciduous tooth .....	\$0
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) .....	\$0
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth .....	\$0
D7220	Removal of impacted tooth - soft tissue .....	\$0
D7230	Removal of impacted tooth - partially bony .....	\$0
D7240	Removal of impacted tooth - completely bony .....	\$0
D7250	Surgical removal of residual tooth roots (cutting procedure) .....	\$0
D7260	Oroantral fistula closure .....	\$821
D7261	Primary closure of sinus perforation .....	\$821
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus .....	\$170
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) .....	\$242
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption .....	\$158
D7285	Biopsy of oral tissue - hard .....	\$330
D7286	Biopsy of oral tissue - soft .....	\$135
D7310	Alveoloplasty in conjunction with extractions - per quadrant .....	\$92
D7320	Alveoloplasty not in conjunction with extractions - per quadrant .....	\$412
D7340	Vestibuloplasty - ridge extension .....	\$738
D7350	Vestibuloplasty - ridge extension (incl. Soft tissue grafts, muscle reattach, ) .....	\$2,307
D7410	Excision of benign lesion up to 1.25 cm .....	\$294
D7411	Excision of benign lesion greater than 1.25 cm .....	\$502
D7450	Removal of benign odontogenic cyst or tumor < 1.25 cm .....	\$294
D7451	Removal of benign odontogenic cyst or tumor > 1.25 cm .....	\$462
D7471	Removal of exostosis - (maxilla or mandible) .....	\$305
D7510	Incision and Drainage - intraoral soft tissue .....	\$88
D7520	Incision and Drainage - extraoral soft tissue .....	\$420
D7530	Removal of foreign body .....	\$151
D7540	Removal of reaction-producing foreign bodies, musculoskeletal \ system .....	\$168
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure .....	\$194
D7970	Excision of hyperplastic tissue - per arch .....	\$200
D7971	Excision of pericoronal gingiva .....	\$64
D7980	Sialolithotomy .....	\$285
D7981	Excision of Salivary Gland, by report .....	\$791
D7982	Sialodochoplasty .....	\$767
D7983	Closure of Salivary Fistula .....	\$732
<b>ANESTHESIA*</b>		
D9110	Palliative (Emergency) treatment of dental pain - minor procedure .....	\$0
D9220	Deep sedation/general anesthesia - first 30 minutes .....	\$152
D9221	Deep sedation/general anesthesia - each additional 15 minutes .....	\$64
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide .....	\$0
*Covered as a separate procedure only when required for covered complex oral surgical procedures as determined by Us.		
<b>ADJUNCTIVE GENERAL SERVICES</b>		
D9951	Occlusal adjustment - limited (1 per 24 month period.) .....	\$48
<b>ORTHODONTICS</b>		
D8070/D8080	Comprehensive orthodontic treatment of the transitional/ adolescent dentition Children up to 19 years of age. Up to 24 months of routine orthodontic treatment for Class I and Class II cases Consultation .....	NC
	Evaluation .....	\$35.00
	Records/treatment Planning .....	\$250.00
	Orthodontic treatment .....	\$2,300.00
D8090	Comprehensive orthodontic treatment of the adult dentition. Adults 19 years of age and over. Up to 24 months of routine orthodontic treatment for Class I and Class II cases Consultation .....	NC
	Evaluation .....	\$35.00
	Records/treatment Planning .....	\$250.00
	Orthodontic treatment .....	\$2,500.00
D8680	Retention .....	\$450.00
• Please refer to the Plan Summary Description for specific Office Visit, Benefit Year Maximum, Dependent Age, Dependent Maximum Age and Waiting Period information.		
• Please refer to the Certificate of Group Dental Insurance for Plan Limitations and Exclusions and out-of-network benefits.		
• Unlisted procedures are at the General Dentist's or Specialty Dentist's usual fee.		
† Preventive and Diagnostic procedures may be subject to an office visit copay.		
<b>COMPBENEFITS FAMILY OF COMPANIES</b>		
CompBenefits Company • CompDent • CompBenefits Insurance Company CompBenefits Dental, Inc. • American Dental Plan of North Carolina, Inc. National Dental Plans, Inc. • OHS of Alabama, Inc. • American Dental Plan of Georgia, Inc. Texas Dental Plans, Inc. • Ultimate Optical, Inc. • VisionCare Plan • Primary Plus		