

schedule of benefits and subscriber copayments

ADA CODE	PROCEDURE	PATIENT PAYS
APPOINTMENTS		
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$0.00
D9430	Office visit (during regularly scheduled hours)	\$5.00
D9440	Office visit - after regularly scheduled hours	\$35.00

ADA CODE	PROCEDURE	PATIENT PAYS
DIAGNOSTIC		
D0120	Periodic oral evaluation	\$0.00
D0140	Limited oral evaluation - problem focused	\$0.00
D0150	Comprehensive oral evaluation	\$0.00
D0160	Detailed & external oral evaluation-problem focused, by report	\$0.00
D0180	Comprehensive periodontal evaluation	\$0.00
D0210	Intraoral - complete series (inc. bitewings)	\$0.00
D0220	Intraoral - periapical - first film	\$0.00
D0230	Intraoral- periapical each additional film	\$0.00
D0240	Intraoral- occlusal film	\$0.00
D0250	Extraoral - first film	\$0.00
D0260	Extraoral - each additional film	\$0.00
D0270	Bitewing - single film	\$0.00
D0272	Bitewings - two films	\$0.00
D0274	Bitewings - four films	\$0.00
D0330	Panoramic film	\$0.00
D0415	Bacteriologic studies for determination of path agents	\$0.00
D0425	Caries susceptibility test	\$0.00
D0460	Pulp vitality test	\$0.00
D0470	Diagnostic casts	\$0.00

ADA CODE	PROCEDURE	PATIENT PAYS
PREVENTIVE CARE		
D1110	Prophylaxis - adult (routine, once every 6 months)	\$0.00
D1120	Prophylaxis - child (routine, once every 6 months)	\$0.00
D1201	Topical application of fluoride (including prophylaxis) - child	\$0.00
D1203	Topical application of fluoride (prophylaxis not included) - child	\$0.00
D1330	Oral hygiene instructions	\$0.00
D1351	Sealant - per tooth	\$8.00
D1510	Space maintenance - fixed - unilateral	\$50.00 + Lab**
D1515	Space maintenance - fixed - bilateral	\$60.00 + Lab**
D1520	Space maintenance - removable - unilateral	\$60.00 + Lab**

ADA CODE	PROCEDURE	PATIENT PAYS
PREVENTIVE CARE (cont.)		
D1525	Space maintenance - removable - bilateral	\$75.00 + Lab**
D1550	Recementation of space maintainer	\$15.00

ADA CODE	PROCEDURE	PATIENT PAYS
RESTORATIVE		
D2140	Amalgam - one surface, primary or permanent	\$10.00
D2150	Amalgam - two surfaces, primary or permanent	\$15.00
D2160	Amalgam - three surfaces, primary or permanent	\$20.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$25.00

ADA CODE	PROCEDURE	PATIENT PAYS
RESIN RESTORATION		
D2330	Resin-based composite - one surface, anterior	\$20.00
D2331	Resin-based composite - two surfaces, anterior	\$30.00
D2332	Resin-based composite - three surfaces, anterior	\$40.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$45.00
D2390	Resin-based composite crown, anterior	\$55.00
D2391	Resin-based composite - one surface, posterior	\$40.00
D2392	Resin-based composite - two surfaces, posterior	\$55.00
D2393	Resin-based composite - three surfaces, posterior	\$70.00
D2394	Resin-based composite - four or more surfaces, posterior	\$70.00
D2510	Inlay - metallic - one surface	\$85.00
D2520	Inlay - metallic - two surfaces	\$95.00
D2530	Inlay - metallic - three or more surfaces	\$105.00
D2610	Inlay - porcelain/ceramic - one surface	\$190.00 + Lab**
D2620	Inlay - porcelain/ceramic - two surfaces	\$190.00 + Lab**
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$190.00 + Lab**

ADA CODE	PROCEDURE	PATIENT PAYS
CROWN & BRIDGE		
D2740	Crown porcelain/ceramic substrate	\$230.00 + Lab**
D2750*	Crown - porcelain fused to high noble metal	\$230.00



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ADA CODE	PROCEDURE	PATIENT PAYS
CROWN & BRIDGE (cont.)		
D2751	Crown - porcelain fused to predominantly base metal	\$230.00
D2752*	Crown - porcelain fused to noble metal	\$230.00
D2790*	Crown - full cast high noble metal	\$230.00
D2791	Crown - full cast predominantly base metal	\$230.00
D2792*	Crown - full cast noble metal	\$230.00
D2910	Recement inlay	\$15.00
D2920	Recement crown	\$15.00
D2930	Prefabricated stainless steel crown - primary tooth	\$55.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$35.00
D2940	Sedative filling	\$5.00
D2950	Core buildup, including any pins	\$50.00
D2951	Pin retention - per tooth, in addition to restoration	\$15.00
D2952	Cast post & core, in addition to crown	\$75.00 + Lab**
D2953	Each additional cast post - same tooth	\$75.00 + Lab**
D2954	Prefabricated post & core, in addition to crown	\$75.00
D2960	Labial veneer (resin laminate) - chairside	\$200.00
D2962	Labial veneer (porcelain laminate)	\$315.00+ Lab**
D9972	External bleaching- per arch	\$145.00
ENDODONTICS		
D3110	Pulp cap - direct (excluding final restoration)	\$0.00
D3120	Pulp cap - indirect (excluding final restoration)	\$0.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$20.00
D3221	Pulpal debridement, primary and permanent teeth	\$50.00
D3310	Root canal therapy - anterior (excluding final restoration)	\$100.00
D3320	Root canal therapy - bicuspid (excluding final restoration)	\$145.00
D3330	Root canal therapy - molar (excluding final restoration)	\$175.00
D3351	Apexification/recalcification - initial visit (apical closer/calccific repair of perforations, root resorption, etc.)	\$30.00

ADA CODE	PROCEDURE	PATIENT PAYS
ENDODONTICS (cont.)		
D3352	Apexification/recalcification - interim medication replacement (apical closer/calccific repair of perforations, root resorption, etc)	\$30.00
D3353	Apexification/recalcification - final visit (apical closer/calccific repair of perforations, root resorption, etc.)	\$30.00
D3410	Apicoectomy/periradicular surgery - anterior	\$125.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$170.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$180.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$125.00
D3430	Retrograde - filling per root	\$40.00
D3450	Root amputation - per root	\$70.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$75.00
D3950	Canal preparation and fitting of preformed dowel or post	\$0.00

PERIODONTICS (Gum Treatment)

D4210	Gingivectomy or gingivoplasty 4+ teeth per quad	\$120.00
D4211	Gingivectomy or gingivoplasty 1-3 teeth per quad	\$30.00
D4260	Osseous surgery, 4+ teeth, per quad	\$300.00
D4261	Osseous surgery, 1-3 teeth per quad	\$300.00
D4320	Provisional splinting - intracoronal	\$60.00
D4321	Provisional splinting - extracoronal	\$50.00
D4341	Periodontal scaling and root planing, 4+ teeth per quad	\$40.00
D4342	Periodontal scaling and root planing 1-3 teeth per quad	\$40.00
D4355	Full mouth debridement to enable eval and diagnosis	\$30.00
D4910	Periodontal maintenance	\$30.00

PROSTHODONTICS

D5110	Complete denture - maxillary	\$290.00 + Lab**
D5120	Complete denture - mandibular	\$290.00 + Lab**
D5130	Immediate denture - maxillary	\$325.00 + Lab**
D5140	Immediate denture - mandibular	\$325.00 + Lab**
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$290.00 + Lab**



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Table with columns: ADA CODE, PROCEDURE, PATIENT PAYS. Sections include PROSTHODONTICS (cont.), REPAIRS TO PROSTHETICS, PROSTHODONTICS (Fixed), and EXTRACTIONS/ORAL AND MAXILLOFACIAL SURGERY.



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ADA CODE	PROCEDURE	PATIENT PAYS
EXTRACTIONS/ORAL AND MAXILLOFACIAL-SURGERY (cont.)		
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$40.00
D7970	Excision of hyperplastic tissue- per arch	\$45.00

ORTHODONTICS

D8070	Comprehensive orthodontic treatment of the transitional dentition	
	Consultation	\$0.00
	Evaluation	\$35.00
	Records/treatment planning	\$250.00
	Orthodontic treatment	\$1,800.00
D8080	Comprehensive orthodontic treatment of adolescent dentition	
	Consultation	\$0.00
	Evaluation	\$35.00
	Records/treatment planning	\$250.00
	Orthodontic treatment	\$1,800.00
D8090	Comprehensive orthodontic treatment of adult dentition	
	Consultation	\$0.00
	Evaluation	\$35.00
	Records/treatment planning	\$250.00
	Orthodontic treatment	\$2,100.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$450.00

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$20.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0.00
D9215	Local anesthesia	\$0.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$25.00
D9450	Case presentation, detailed and extensive treatment planning	NO CHARGE
D9941	Fabrication of athletic mouth guard	\$100.00
D9951	Occlusal adjustment - limited	\$35.00
D9952	Occlusal adjustment - complete	\$175.00

ADA CODE PROCEDURE PATIENT PAYS

* 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.

** PATIENT IS RESPONSIBLE FOR LAB FEES

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%, INCLUDING, BUT NOT LIMITED TO, MAXILLOFACIAL PROSTHETICS, ENAMEL MICROABRASION, AND BLEACHING.
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.
4. IF YOU BREAK YOUR APPOINTMENT WITH YOUR DENTIST WITHOUT 24-HOUR ADVANCE NOTICE, YOU WILL BE SUBJECT TO YOUR DENTIST'S BROKEN APPOINTMENT FEE.

SPECIALTY CARE

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



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LIMITATIONS AND EXCLUSIONS

1. No service of any dentist other than a Participating General Dentist or Participating specialty dentist will be covered by Company, except out-of area emergency care as provided in the Member Handbook and Evidence of Coverage.
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 specialty dentist 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 specialty dentist or which in the opinion of the Participating General Dentist or Participating specialty dentist would endanger the health of the Member.
 - d) Any service or procedure which the Participating General Dentist or Participating specialty dentist 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.