

**schedule of benefits and subscriber copayments**

<b>ADA CODE</b>	<b>PROCEDURE</b>	<b>PATIENT PAYS</b>	<b>ADA CODE</b>	<b>PROCEDURE</b>	<b>PATIENT PAYS</b>
<b>APPOINTMENTS</b>			<b>PREVENTIVE CARE (cont.)</b>		
9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$15.00	1515	Space Maintainer - fixed - bilateral	\$45.00 + LAB
9430	Office Visit (normal hours)	\$5.00	1520	Space Maintainer - removable - unilateral	\$85.00 + LAB
9440	Office Visit (after regularly scheduled hours)	\$35.00	1525	Space Maintainer - removable - bilateral	\$85.00 + LAB
9999	Emergency visit during regularly scheduled hours, by report	\$20.00	1550	Recementation of space maintainer	\$10.00
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	<b>RESTORATIVE</b>		
<b>DIAGNOSTIC</b>			2140	Amalgam - one surface, primary or permanent	NO CHARGE
120	Periodic oral evaluation	NO CHARGE	2150	Amalgam - two surfaces, primary or permanent	NO CHARGE
140/150/160	Limited/Comprehensive oral evaluation	NO CHARGE	2160	Amalgam - three surfaces, primary or permanent	NO CHARGE
180	Comprehensive periodontal evaluation - new or established patient	\$10.00	2161	Amalgam - four or more surfaces, primary or permanent	NO CHARGE
210	X-Ray Intraoral - complete series including bitewings	NO CHARGE	2940	Sedative filling	\$15.00
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	<b>RESIN RESTORATION</b>		
270	X-Ray Bitewing - single film	NO CHARGE	2330	Resin - one surface, anterior	\$35.00
272	X-Ray Bitewings - two films	NO CHARGE	2331	Resin - two surfaces, anterior	\$40.00
274	Bitewings - four films	NO CHARGE	2332	Resin - three surfaces, anterior	\$50.00
330	Panoramic film	NO CHARGE	2391	Resin - based composite - one surface, posterior	\$60.00
460	Pulp vitality tests	NO CHARGE	2392	Resin - based composite - two surfaces, posterior	\$80.00
470	Diagnostic casts	NO CHARGE	2393	Resin - based composite - three surfaces, posterior	\$100.00
<b>PREVENTIVE CARE</b>			2394	Resin - based composite - four or more surfaces, posterior	\$120.00
1110/1120	Prophylaxis-adult/child-routine (once every 6 months)	NO CHARGE	2510	Inlay - metallic - one surface	\$95.00
1110/1120	Prophylaxis-adult/child-(additional)	\$20.00	2520	Inlay - metallic - two surfaces	\$105.00
1201	Topical application of fluoride (including prophylaxis) child (up to 16 years of age)	NO CHARGE	2530	Inlay - metallic - three or more surfaces	\$130.00
1203	Topical application of fluoride (not including prophylaxis) child (up to 16 years of age)	NO CHARGE	<b>CROWN &amp; BRIDGE</b>		
1330	Oral hygiene instruction	NO CHARGE	2740	Crown - porcelain/ceramic substrate	\$280 + LAB
1351	Sealant - per tooth	\$10.00	2750*	Crown - porcelain fused to high noble metal	\$280.00
1510	Space Maintainer - fixed - unilateral	\$45.00 + LAB	2751	Crown - porcelain fused to predominantly base metal	\$280.00
			2752*	Crown - porcelain fused to noble metal	\$280.00
			2790*	Crown - full cast high noble metal	\$280.00

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<b>CROWN &amp; BRIDGE (cont.)</b>			<b>PERIODONTICS (Gum treatment) (cont.)</b>		
2791	Crown - full cast predominantly base metal .....	\$280.00	4381	Localized delivery of chemotherapeutic agents (per tooth) .....	\$45.00
2792*	Crown - full cast noble metal .....	\$280.00	4910	Periodontal maintenance .....	\$50.00
2910	Recement inlay .....	\$15.00	<b>PROSTHODONTICS</b>		
2920	Recement crown .....	\$15.00	5110	Complete denture - maxillary .....	\$300.00 + LAB
2930	Prefabricated stainless steel crown - primary tooth .....	\$75.00	5120	Complete denture - mandibular .....	\$300.00 + LAB
2950	Core buildup, including any pins .....	\$45.00	5130	Immediate denture - maxillary .....	\$300.00 + LAB
2951	Pin retention - per tooth .....	\$15.00	5140	Immediate denture - mandibular .....	\$300.00 + LAB
2952	Cast post and core in addition to crown .....	\$90.00 + LAB	5211	Maxillary partial denture - resin base .....	\$300.00 + LAB
2953	Each additional cast post - same tooth .....	\$90.00 + LAB	5212	Mandibular partial denture - resin base .....	\$300.00 + LAB
2954	Prefabricated post and core in addition to crown .....	\$90.00	5213	Maxillary partial denture - cast metal framework, resin denture bases .....	\$300.00 + LAB
2962	Labial veneer (porcelain laminate) - laboratory .....	\$280 + LAB	5214	Mandibular partial denture - cast metal framework, resin denture bases .....	\$300.00 + LAB
<b>ENDODONTICS</b>			5410	Adjust complete denture - maxillary .....	\$15.00
3220	Therapeutic pulpotomy .....	\$35.00	5411	Adjust complete denture - mandibular .....	\$15.00
3221	Pulpal debridement, primary and permanent teeth .....	\$100.00	5421	Adjust partial denture - maxillary .....	\$15.00
3310	Root canal therapy - anterior (excluding final restoration) .....	\$100.00	5422	Adjust partial denture - mandibular .....	\$15.00
3320	Root canal therapy - bicuspid (excluding final restoration) .....	\$200.00	<b>REPAIRS TO PROSTHETICS</b>		
3330	Root canal therapy - molar (excluding final restoration) .....	\$250.00	5510	Repair broken complete denture base .....	\$15.00 + LAB
3410	Apicoectomy/periradicular surgery - anterior .....	\$125.00	5520	Replace missing or broken teeth - complete denture (each tooth) .....	\$15.00 + LAB
<b>PERIODONTICS (Gum treatment)</b>			5610	Repair resin denture base .....	\$15.00 + LAB
4210	Gingivectomy/gingivoplasty 4+ teeth per quad .....	\$125.00	5630	Repair or replace broken clasp .....	\$15.00 + LAB
4211	Gingivectomy/gingivoplasty 1-3 teeth per quad .....	\$40.00	5640	Replace broken teeth - per tooth .....	\$15.00 + LAB
4260	Osseous surgery, 4+ teeth, per quad .....	\$350.00	5650	Add tooth to existing partial denture .....	\$30.00 + LAB
4261	Osseous surgery, 1-3 teeth, per quad .....	\$350.00	5730	Reline complete maxillary denture (chairside) .....	\$50.00
4271	Free soft tissue graft procedure (inc. donor site surgery) .....	\$225.00	5731	Reline complete mandibular denture (chairside) .....	\$50.00
4341	Periodontal scaling and root planing 4+ teeth per quad .....	\$50.00	5740	Reline maxillary partial denture (chairside) .....	\$50.00
4342	Periodontal scaling and root planing 1-3 teeth per quad .....	\$50.00	5741	Reline mandibular partial denture (chairside) .....	\$50.00
4355	Full mouth debridement to enable eval and diagnosis .....	\$45.00	5750	Reline complete maxillary denture (laboratory) .....	\$35.00 + LAB
			5751	Reline complete mandibular denture (laboratory) .....	\$35.00 + LAB
			5760	Reline maxillary partial denture (laboratory) .....	\$35.00 + LAB

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<b>REPAIRS TO PROSTHETICS (cont.)</b>		
5761	Reline mandibular partial denture (laboratory) .....	\$35.00 + LAB
5850	Tissue conditioning - maxillary .....	\$30.00
5851	Tissue conditioning - mandibular .....	\$30.00

**PROSTHODONTICS (Fixed)**

6210*	Pontic - cast high noble metal .....	\$280.00
6211	Pontic - cast predominantly base metal .....	\$280.00
6212*	Pontic - cast noble metal .....	\$280.00
6240*	Pontic - porcelain fused to high noble metal .....	\$280.00
6241	Pontic - porcelain fused to predominantly base metal .....	\$280.00
6242*	Pontic - porcelain fused to noble metal .....	\$280.00
6750*	Crown - porcelain fused to high noble metal .....	\$280.00
6751	Crown - porcelain fused to predominantly base metal .....	\$280.00
6752*	Crown - porcelain fused to noble metal .....	\$280.00
6790*	Crown - full cast high noble metal .....	\$280.00
6791	Crown - full cast predominantly base metal .....	\$280.00
6792*	Crown - full cast noble metal .....	\$280.00
6930	Recement fixed partial denture (per unit) .....	\$10.00

**EXTRACTIONS/ORAL AND MAXILLOFACIAL SURGERY**

7111	Coronal remnants, deciduous tooth ...	NO CHARGE
7140	Extraction, erupted tooth or exposed root .....	NO CHARGE
7210	Surgical removal of erupted tooth .....	\$40.00
7220	Removal of impacted tooth - soft tissue .....	\$50.00
7230	Removal of impacted tooth - partially bony .....	\$70.00
7240	Removal of impacted tooth - completely bony .....	\$85.00
7250	Surgical removal of residual tooth roots .....	\$35.00
7310	Alveoplasty in conjunction with extractions - per quadrant .....	\$35.00
7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .....	\$35.00
7320	Alveoplasty not in conjunction with extractions - per quadrant .....	\$70.00

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<b>EXTRACTIONS/ORAL AND MAXILLOFACIAL SURGERY (cont.)</b>		
7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .....	\$70.00
7510	Incision and drainage of abscess - intraoral .....	\$25.00

**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) .....	\$15.00
9450	Case presentation, detailed and extensive treatment planning .....	NO CHARGE
9951	Occlusal adjustment - limited .....	\$25.00
9952	Occlusal adjustment - complete .....	\$150.00

\* 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%.

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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.