

ADVANTAGE - AVF4

Schedule of Benefits and Subscriber Copayments

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE PATIE	NT PAYS
DIAGNO					
D0120	PERIODIC ORAL EVALUATION (limit two every 12 months).	\$0	D2722	CROWN-RESIN WITH NOBLE METAL	
D0140	LIMITED ORAL EVALUATION		D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	
D0150	COMPREHENSIVE ORAL EVALUATION	\$0	D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$295
D0160	DETAIL AND EXTENSIVE ORAL EVALUATION	\$0	D2751	CROWN-PORCELAIN FUSED TO PREDOM BASE METAL	\$200
D0170	RE-EVALUATION - LIMITED, PROBLEM FOCUSED (ESTAB	SLISHED	D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$220
	PATIENT)		D2790	CROWN-FULL CAST HIGH NOBLE METAL	
D0180	COMPREHENSIVE PERIODONTAL EVALUATION		D2791	CROWN-FULL CAST PREDOM BASE METAL	
D0100	COM RELIGIONE FERRODORNAE EVALORITOR	φο	D2792	CROWN-FULL CAST NOBLE METAL	
	AND TESTS				φ220
D0210	INTRAORAL-COMPLETE SERIES INCL BITEWINGS	4.		RESTORATIVE SERVICES	
	(limit one every 3 years)		D2910	RECEMENT INLAY	
D0220	INTRAORAL-PERIAPICAL-FIRST FILM		D2920	RECEMENT CROWN	
D0230	INTRAORAL-PERIAPICAL-EACH ADD FILM		D2930	PREFAB STAINL STEEL CROWN-PRIM TOOTH	
D0240	INTRAORAL-OCCLUSAL FILM	\$0	D2931	PREFAB STAINL STEEL CROWN-PERM TOOTH	\$10
D0250	EXTRAORAL-FIRST FILM		D2932	PREFABRICATED RESIN CROWN	\$25
D0260	EXTRAORAL-EACH ADDITIONAL FILM	\$0	D2940	SEDATIVE FILLING	\$0
D0270	BITEWING-SINGLE FILM (limit two every 12 months)	\$0	D2950	BUILDUP INCLUDING ANY PINS	\$65
D0272	BITEWINGS - TWO FILMS (limit two every 12 months)		D2951	PIN RETENTION/PER TOOTH	\$5
D0274	BITEWINGS - FOUR FILMS (limit two every 12 months)		D2952	CAST POST & CORE IN ADD TO CROWN	
D0277	VERTICAL BITEWINGS (limit two every 12 months)		D2954	PREFAB POST & CORE IN ADD TO CROWN	
D0277	PANORAMIC FILM (limit one every 3 years)		D2004		φυυ
D0330 D0470	DIAGNOSTIC CASTS		ENDODO	ONTIC SERVICES	
JU41U	DIAGNUSTIC CASTS	Φ∪			ďΩ
DDEV	TIVE SERVICES		D3220 D3310	THERAPEUTIC PULPOTOMY EXCLUDING FINAL RESTORATION	
– . –				ROOT CANAL THERAPY-ANT EXC FINAL RESTORATION	
D1110	PROPHYLAXIS ADULTS (limit 1 every 6 months)		D3320	ROOT CANAL THERAPY-BICUSPID EXC FINAL RESTORATION .	
D1120	PROPHYLAXIS-CHILD (limit 1 every 6 months)		D3330	ROOT CANAL THERAPY-MOLAR EXC FINAL RESTORATION	
D1201	TOP APPL FLUORIDE INCL PROPHY-CHILD (limit 2 every 1		D3346	RETREAT PREVIOUS ROOT CANAL-ANTERIOR	
	months for child < 16)		D3347	RETREAT PREVIOUS ROOT CANAL-BICUSPID	\$130
D1203	TOP APPL FLUORIDE EXCL PROPHY-CHILD (limit 2 every	12	D3348	RETREAT PREVIOUS ROOT CANAL-MOLAR	\$185
	months for child < 16)	\$0	D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	\$75
D1351	SEALANT - PER TOOTH (limit 1 per tooth every 12 months	•	D3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID	
	for child < 13)	\$0	20.2.	FIRST ROOT	\$75
D1510	SPACE MAINTAINER-FIXED UNILATERAL		D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR	φ13
D1516	SPACE MAINTAINER-FIXED BILATERAL		D3423	FIRST ROOT	¢75
			D2420		
D1520	SPACE MAINTAINER-REMOVBLE UNILATERAL		D3426	APICOECTOMY/PERIRADICULAR SURGERY-EA ADD ROOT	
D1525	SPACE MAINTAINER-REMOVABLE BILATERAL		D3430	RETROGRADE FILLING-PER ROOT	\$75
D1550	RECEMENTATION OF SPACE MAINTAINER	φυ		ONTAL SERVICES	
	ESTORATIVE SERVICES	4.	D4210	GINGIVECTOMY/GINGIVOPLASTY-FOUR OR MORE TEETH,	
D2140	AMALGAM-ONE SURFACE PRIMARY OR PERMANENT			PER QUAD (limit 1 every 12 months)	\$120
D2150	AMALGAM-TWO SURFACES PRIMARY OR PERMANENT .		D4211	GINGIVECTOMY/GINGIVOPLASTY-ONE TO THREE TEETH,	
D2160	AMALGAM-THREE SURFACES PRIMARY OR PERMANEN	T\$0		PER QUAD (limit 1 every 12 months)	\$30
D2161	AMALGAM-FOUR OR MORE SURFACES PRIMARY OR		D4240	GINGIVAL FLAP INCL RT PLANING, FOUR OR MORE TEETH,	
	PERMANENT	\$0		PER QUAD (limit 1 every 12 months)	\$135
D2330	RESIN-ONE SURFACE ANTERIOR	\$8	D4241	GINGIVAL FLAP INCL RT PLANING, ONE TO THREE TEETH,	
D2331	RESIN-TWO SURFACES ANTERIOR	\$15		PER QUAD (limit 1 every 12 months)	\$135
D2332	RESIN-THREE SURFACES ANTERIOR		D4249	CROWN LENGTHENING-HARD TISSUE	
D2335	RESIN-FOUR OR MORE SURFACES OR INCISAL ANGLE .		D4260	OSSEOUS SURGERY, FOUR OR MORE CONTIGUOUS TEETH.	φ201
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR		D4200	PER QUAD	¢200
D2390 D2391	RESIN - ONE SURFACE, POSTERIOR		D4261	OSSEOUS SURGERY, ONE TO THREE TEETH, PER QUAD	
	DECIN TWO CUREACES DOCTEDIOR	ф30 Ф40			
D2392	RESIN - TWO SURFACES, POSTERIOR		D4341	PERIODONTAL ROOT PLANING, FOUR OR MORE CONTIGUOUS	
D2393	RESIN - THREE SURFACES, POSTERIOR	\$55		TEETH, PER QUAD (limit 2 per quad every 12 months)	\$54
D2394	RESIN - FOUR OR MORE SURFACES, POSTERIOR	\$55	D4342	PERIODONTAL ROOT PLANING, ONE TO THREE TEETH,	
				PER QUAD (limit 2 per quad every 12 months)	\$54
	RESTORATIVE SERVICES		D4355	FULL MOUTH DEBRIDEMENT COMPREHENSIVE	
Inlay and	I Onlay Restorations (Limited to one per tooth every 5 years			PERIDONT E&D	
D2510	INLAY-METALLIC-ONE SURFACE	\$130	D4910	PERIODONTAL MAINTENANCE (limit 2 every 12 months)	\$20
D2520	INLAY-METALLIC-TWO SURFACES	\$140			
D2530	INLAY-METALLIC-THREE OR MORE SURFACES	\$150	REMOVA	ABLE PARTIAL AND COMPLETE DENTURES	
D2542	ONLAY-METALLIC-TWO SURFACES	\$146	(Limit re	placement to every 5 years)	
D2543	ONLAY-METALLIC-THREE SURFACES		D5110	COMPLETE DENTURE - UPPER	\$220
D2543 D2544	ONLAY-METALLIC-FOUR+ SURFACES		D5110	COMPLETE DENTURE - LOWER	
	INLAY-PORCELAIN/CERAMIC-ONE SURFACE			IMMEDIATE DENTURE - UPPER	
D2610			D5130		
D2620	INLAY-PORCELAIN/CERAMIC-TWO SURFACES		D5140	IMMEDIATE DENTURE - LOWER	
D2630	INLAY-PORCELAIN/CERAMIC-THREE OR MORE SURFACI		D5211	UPPER PARTIAL-RESIN BASE W/CONV CLSPS-RSTS&TH	
D2642	ONLAY-PORCELAIN/CERAMIC-TWO SURFACES		D5212	LOWER PARTIAL-RESIN BASE W/CONV CLSPS-RSTS&TH	
D2643	ONLAY-PORCELAIN/CERAMIC-THREE SURFACES		D5213	UPPER PARTIAL-CAST METAL RESIN BASE W/CONV CLSPS	
D2644	ONLAY-PORCELAIN/CERAMIC-FOUR+ SURFACES	\$273	D5214	LOWER PARTIAL-CAST METAL RESIN BASE W/CONV CLSPS	\$260
D2650	INLAY-COMPOSITE/RESIN-ONE SURFACE LAB PROCESS		D5410	ADJUST COMPLETE DENTURE - UPPER	
D2651	INLAY-COMPOSITE/RESIN-TWO SURFACE LAB PROCESS		D5411	ADJUST COMPLETE DENTURE - LOWER	
D2652	INLAY-COMPOSITE/RESIN-THREE OR MORE SURFACE L		D5421	ADJUST PARTIAL DENTURE - UPPER	
D2652 D2662	ONLAY-COMPOSITE/RESIN-THREE OR MORE SURFACE L		D5421 D5422	ADJUST PARTIAL DENTURE - LOWER	
			D0422	ADJUGT FARTIAL DENTURE - LUWER	Φυ
D2663	ONLAY-COMPOSITE/RESIN-THREE SURFACES		DDOOT	IETIC DEDAIDS	
D2664	ONLAY-COMPOSITE/RESIN-FOUR+ SURFACES	\$197		IETIC REPAIRS	.
			D5510	REPAIR BROKEN COMPLETE DENTURE BASE	
	S (Limited to one crown per tooth every 5 years)		D5520	REPLACE MISSING/BROKEN TEETH-COMPL DENT-EA TOOTH.	
				DEDAID DEGIN DENTUDE DAGE	400
	CROWN-RESIN-LABORATORY	\$110	D5610	REPAIR RESIN DENTURE BASE	\$20
CROWNS D2710 D2720		\$295	D5610 D5620	REPAIR RESIN DEN I ORE BASE	\$20

ADA CODE	PROCEDURE	PATIENT PA	AYS	ADA CODE	PROCEDURE	PATIENT PAYS
D5640	REPLACE BROKEN TEETH-PER TOOTH	¢′	25	D6930	RECEMENT BRIDGE	\$ 5
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE			D6970	CAST POST AND CORE IN ADDITION TO BRIDGE	
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE			D6972	PREFABRICATED POST AND CORE IN ADDITION TO BRID	
D5710	REBASE COMPLETE UPPER DENTURE			D6973	CORE BUILD-UP FOR BRIDGE, INCLUDING PINS	\$15
D5711	REBASE COMPLETE LOWER DENTURE					
D5720	REBASE UPPER PARTIAL DENTURE			ORAL SU	JRGERY	
D5721	REBASE LOWER PARTIAL DENTURE	\$5	55	D7111	CORONAL REMNANTS-DECIDUOUS TEETH	\$0
D5730	RELINE COMPLETE UPPER DENTURE - CHAIRSIDE			D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	
D5731	RELINE COMPLETE LOW DENTURE - CHAIRSIDE			D7210	SURGICAL REMOVAL OF ERUPTED TOOTH	
D5740	RELINE UPPER PARTIAL DENTURE - CHAIRSIDE			D7220	REMOVAL IMPACTED TOOTH-SOFT TISSUE	
D5740 D5741	RELINE LOWER PARTIAL DENTURE - CHAIRSIDE			D7230	REMOVAL IMPACTED TOOTH-PARTIAL BONY	
D5750	RELINE COMPLETE UPPER DENTURE (LAB)			D7240	REMOVAL IMPACTED TOOTH-COMPLETE BONY	
D5751	RELINE COMPLETE LOWER DENTURE (LAB)			D7241	REMOVAL IMPACTED TOOTH-UNUSUAL COMPLICATOINS	
D5760	RELINE UPPER PARTIAL DENTURE (LAB)	\$5	55	D7250	SURGICAL REMOVAL RESIDUAL TOOTH ROOTS-CUTTING	
D5761	RELINE LOWER PARTIAL DENTURE (LAB)	\$5	55		PROCEDURE	\$15
D5850	TISSUE CONDITIONING, MAXILLARY	\$0	0	D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTION-	
D5851	TISSUE CONDITIONING, MANDIBULAR				PER QUAD	
			•	D7320	ALVEOLOPLASTY NO EXTRACTION-PER QUAD	
EIVED DE	DOCEC (Limit replacement to every E veers)			D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOF	
	RIDGES (Limit replacement to every 5 years)	•	005	D/510		
D6210	PONTIC-CAST HIGH NOBLE METAL				TISSUE	
D6211	PONTIC-CAST PREDOM BASE METAL			D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOF	
D6212	PONTIC-CAST NOBLE METAL	\$2	200		TISSUE	\$320
D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	\$2	295	D7960	FRENULECTOMY-SEPARATE PROCEDURE	\$0
D6241	PONTIC-PORCELAIN FUSED TO PREDOM BASE METAL	\$2	200	D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	\$0
D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL					•
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL			MISCELL	ANEOUS SERVICES	
D6250 D6251	PONTIC-RESIN WITH PREDOM BASE METAL			D9110	PALLIATIVE TREATMENT, EMERGENCY	40
D6252	PONTIC-RESIN WITH NOBLE METAL			D9215	LOCAL ANESTHESIA	
D6600	BRIDGE RETAINER-INLAY, PORCELAIN, TWO SURFACES		230	D9241	IV CONSCIOUS SEDATION-FIRST 30 MINUTES	
D6601	BRIDGE RETAINER-INLAY, PORCELAIN, THREE OR MORE			D9242	IV CONSCIOUS SEDATION-EACH ADDITIONAL 15 MIN	
	SURFACES	\$2	241	D9310	CONSULTATION (DIAGNOSTIC SERVICE BY NONTREATIN	G
D6602	BRIDGE RETAINER-INLAY, CAST HIGH NOBLE METAL, TV	VO			PRACT.)	\$20
	SURFACES	\$	140	D9951	OCCLUSAL ADJUSTMENT-LIMITED	\$0
D6603	BRIDGE RETAINER-INLAY, CAST HIGH NOBLE METAL, TH			D9952	OCCLUSAL ADJUSTMENT-COMPLETE	
D0000	OR MORE SURFACES		150	DOUGE	OOCEOONE / IDOO TIME! TO OM!! EETE	φοσ
D6604	BRIDGE RETAINER-INLAY, CAST PREDOMINANTLY BASE	METAL,		ORTHOD	ONTIC	
	TWO SURFACES	\$1	140			
D6605	BRIDGE RETAINER-INLAY, CAST PREDOMINANTLY BASE	METAL,				
	THREE OR MORE SURFACES		150	D8070/	Comprehensive Orthodontic Treatment of the tranisitional/ado	lescent dentition
D6606	BRIDGE RETAINER-INLAY, CAST NOBLE METAL, TWO			D8080	Children up to 19 years of age	
D0000	SURFACES	•	140		Up to 24 months of routine orthodontic treatment for Class I a	nd Class II cases
D6607	BRIDGE RETAINER- INLAY, CAST NOBLE METAL, THREE		140		Consultation	
D0001			450		Evaluation	
	SURFACES					
D6608	BRIDGE RETAINER-ONLAY, PORCELAIN, TWO SURFACES		249		Records/Treatment Planning	
D6609	BRIDGE RETAINER-ONLAY, PORCELAIN, THREE OR MOR	RE			Orthodontic Treatment	\$1,400.00
	SURFACES	\$2	258	D8090	Comprehensive Orthodontic Treatment of the adult dentition	
D6610	BRIDGE RETAINER-ONLAY, CAST HIGH NOBLE METAL, T	WO			Adults 19 years of age and over	
	SURFACES		146		Up to 24 months of routine orthodontic treatment for Class I a	nd Class II cases
D6611	BRIDGE RETAINER-ONLAY, CAST HIGH NOBLE METAL, T				Consultation	
DOOTI	MORE SURFACES		156		Evaluation	
D6640	BRIDGE RETAINER-ONLAY, CAST PREDOMINANTLY BASI		100		Records/Treatment Planning	
D6612					Orthodontic Treatment	
	TWO SURFACES		146	D		
D6613	BRIDGE RETAINER-ONLAY, CAST PREDOMINANTLY BASI			D8680	Retention	\$450.00
	THREE OR MORE SURFACES	\$´	156			
D6614	BRIDGE RETAINER-ONLAY, CAST NOBLE METAL, TWO			All proced	dures listed might not be performed by the Participating General D	entist you select.
	SURFACES	\$	146		ayments shown apply to those Participating General Dentists who	
D6615	BRIDGE RETAINER-ONLAY, CAST NOBLE METAL, THREE				Therefore, you are encouraged to discuss the availability of the so	•
20010	SURFACES		156		Participating General Dentist. Procedures not listed on this schedul	
D0700				,		
D6720	CROWN-RESIN WITH HIGH NOBLE METAL				rmed by the Participating General Dentist, will be charged at	inat Participating
D6721	CROWN-RESIN WITH PREDOM BASE METAL			General L	Dentist's usual and customary fee less 20%.	
D6722	CROWN-RESIN WITH NOBLE METAL BONY	\$2	220			
D6740	BRIDGE RETAINER-CROWN, PORCELAIN	\$2	295	SPECIAL	ISTS	
D6750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$2	295			
D6751	CROWN-PORCELAIN FUSED TO PREDOM BASE MTL			Should v	ou need a specialist (i.e. Endodontist, Oral Surgeon, Orthodon	tist. Periodontist
D6751	CROWN-PORCELAIN FUSED TO NOBLE METAL				ontist, Pediatric Dentist), you may be referred by your Participating	
D6780	CROWN-3/4 CAST HIGH NOBLE METAL				ent percentage amounts are applicable when treatment is	
	CDOWN FULL CAST FIGH NODES METAL	Φ	205			
D6790	CROWN-FULL CAST HIGH NOBLE METAL				ing Specialist. Procedures not listed on this schedule of benef	
D6791	CROWN-FULL CAST PREDOM BASE METAL				y a Participating Specialist, will be charged at that Participating S	specialist's usual
D6792	CROWN-FULL CAST NOBLE METAL	\$2	220	and custo	omary fee less 20%.	
LIMITATIC	NS AND EXCLUSIONS					

- 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 B of the Certificate of Benefits.
- 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 2.
- 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.
 - 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. c)
 - 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.
 - Services for injuries and conditions which are paid or payable under Workers' Compensation or Employers' Liability laws. f)
 - Treatment for cysts, neoplasms and malignancies. g)
 - h) General anesthesia.