

Schedule of Benefits and Subscriber Copayments

DIAGNOSTIC

	Member Pays
D0120 Periodic oral evaluation	No Charge
D0140 Limited oral evaluation – problem focused	No Charge
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Charge
D0150 Comprehensive oral evaluation	No Charge
D0160 Detailed and extensive oral evaluation – problem focused	No Charge
D0170 Re-evaluation - problem focused (not post-operative visit)	No Charge
D0180 comprehensive periodontal evaluation	No Charge

X-RAYS AND TESTS

D0210 Intraoral – complete series including bitewings .. (Limit one every 24 months)	No Charge
D0220 Intraoral – periapical – first film	No Charge
D0230 Intraoral – periapical – each additional film	No Charge
D0240 X-rays Intraoral – occlusal film	No Charge
D0260 X-rays extraoral - each additional film	No Charge
D0270 Bitewing – single film	No Charge
D0272 Bitewings – two films	No Charge
D0273 Bitewings – three films	No Charge
D0274 Bitewings – four films	No Charge
D0330 Panoramic film (limit one every 24 months)	No Charge
D0460 Pulp vitality test	No Charge
D0470 Diagnostic casts	No Charge
D0502 Other oral pathology procedures, by report.	No Charge

PREVENTIVE SERVICES

D1110 Prophylaxis – adults (limit 1 every 6 months) ...	No Charge
D1120 Prophylaxis – child (limit 1 every 6 months)	No Charge
D1110 Prophylaxis – adults (additional)	\$15
D1120 Prophylaxis – child (additional)	\$15
D1203 Topical application fluoride excluding prophylaxis – child	No Charge
D1204 Topical application fluoride excluding prophylaxis – adult	No Charge
D1203 Topical application fluoride excluding prophylaxis – child (additional)	No Charge
D1204 Topical application fluoride excluding prophylaxis – adult (additional)	No Charge
D1330 Oral hygiene instructions	No Charge
D1351 Sealant – per tooth	\$6
D1510 Space maintainer – fixed unilateral.	\$40

MINOR RESTORATIVE SERVICES

D2140 Amalgam – one surface, primary or permanent ..	No Charge
D2150 Amalgam – two surfaces, primary or permanent	\$11
D2160 Amalgam – three surfaces, primary or permanent	\$16
D2161 Amalgam – four or more surfaces, primary or permanent ..	\$18
D2330 Resin – one surface anterior	\$10
D2331 Resin – two surfaces anterior	\$18
D2332 Resin – three surfaces anterior	\$23
D2335 Resin – four or more surfaces or incisal angle	\$60
D2390 Resin-based composite crown, anterior	\$90
D2391 Resin-based composite – one surface, posterior	\$70
D2392 Resin-based composite – two surfaces, posterior	\$90
D2393 Resin-based composite – three surfaces, posterior	\$110
D2394 Resin-based composite – four or more surfaces, posterior ..	\$130
D2740* Crown – porcelain	\$210

MAJOR RESTORATIVE SERVICES

	Member Pays
D2750 Crown – porcelain fused to high noble metal	\$.275+lab
D2751* Crown – porcelain fused to predominately base metal ..	\$210
D2752* Crown – porcelain fused to noble metal	\$250
D2791* Crown – full cast predominately base metal	\$210
D2792* Crown – full cast noble metal	\$250

OTHER RESTORATIVE SERVICES

D2910 Recement inlay	\$10
D2920 Recement crown	\$10
D2930 Prefab stainless steel crown – primary tooth	\$25
D2932 Prefabricated resin crown	\$25
D2940 Sedative filing	No Charge
D2951 Pin retention / per tooth	\$5
D2954 Prefab post & core in addition to crown	\$70
D2970 Temporary crown (fractured tooth)	No Charge

ENDODONTIC SERVICES*

D3220 Therapeutic pulpotomy excluding final restoration ..	No Charge
D3310 Root canal therapy – anterior excluding final restoration ..	\$90
D3320 Root canal therapy – bicuspid excluding final restoration ..	\$155
D3330 Root canal therapy – molar excluding final restoration ..	\$200
D3410 Apicoectomy / periradicular surgery – anterior	\$75

PERIODONTAL SERVICES*

D4210 Gingivectomy or gingivoplasty – four or more teeth, per quadrant	\$120
D4211 Gingivectomy or gingivoplasty – one to three teeth, per quadrant	\$120
D4240 Gingival flap, including root planing – 4 or more teeth, per quadrant	\$220
D4241 Gingival flap, including root planing – 1 to 3 teeth, per quadrant	\$150
D4260 Osseous surgery – 4 or more teeth or bounded spaces, per quadrant	\$425
D4341 Periodontal root planing, four or more contiguous teeth, per quadrant (limit 4/year)	\$40
D4342 Periodontal root planing, one to three teeth, per quadrant (limit 4/year)	\$40
D4355 Full mouth debridement to allow evaluation and diagnosis ..	\$80
D4910 Periodontal maintenance	\$25

REMOVABLE PARTIAL AND FULL DENTURES

(Limited replacement to every 5 years)

D5110 Complete denture – upper	\$230
D5120 Complete denture – lower	\$230
D5130 Immediate denture – upper	\$245
D5140 Immediate denture – lower	\$245
D5211 Upper par-resin bs w/conv clasps–rests&th	\$240
D5212 Lower par-resin bs w/conv clasps–rests&th	\$240
D5213 Upper par-cst metal resin as w/conv clasps	\$275
D5214 Lower par-cst metal resin bs w/conv clasps	\$275
D5410 Adjust complete denture – upper, limit 3 new or existing	No Charge
D5410 Adjust complete denture – upper, after 3, per adjustment ..	\$5
D5411 Adjust complete denture – lower, limit 3 new or existing	No Charge
D5411 Adjust complete denture – lower, after 3, per adjustment ..	\$5

MIAMI-DADE COUNTY & JACKSON HEALTH SYSTEM BENEFITS SCHEDULE

REMOVABLE PARTIAL AND FULL DENTURES

Member Pays

D5421	Adjust partial denture – upper, limit 3 new or existing... No Charge
D5421	Adjust partial denture – upper, after 3, per adjustment...\$5
D5422	Adjust partial denture – lower, limit 3 new or existing... No Charge
D5422	Adjust partial denture – lower, after 3, per adjustment...\$5

PROSTHETIC REPAIRS

D5510	Repair broken complete denture base...\$25
D5520	Replace missing/broken teeth-complete denture – each tooth...\$40
D5640	Replace broken teeth – per tooth...\$30
D5650	Add tooth to existing part denture...\$30
D5660	Add clasp to existing part denture...\$30
D5730	Reline complete upper denture chairside (1 every 36 months)...\$25
D5731	Reline complete lower denture chairside (1 every 36 months)...\$25
D5740	Reline upper partial denture chairside (1 every 36 months)...\$25
D5741	Reline lower partial denture chairside (1 every 36 months)...\$25
D5750	Reline complete upper denture (lab) (1 every 36 months)...\$55
D5751	Reline complete lower denture (lab) (1 every 36 months)...\$55
D5760	Reline upper partial denture (lab) 1 every 36 months)...\$55
D5761	Reline lower partial denture (lab) (1 every 36 months)...\$55
D5850/51	Tissue conditioning, maxillary or mandibular... No Charge

FIXED BRIDGES

D6241*	Pontic – porcelain fused to predominately base metal...\$210
D6242*	Pontic – porcelain fused to noble metal...\$250
D6545	Retainer – cast metal for resin bonded fixed prosthesis...\$200
D6750	Crown – porcelain fused to high noble metal...\$275+lab
D6751*	Crown – porcelain fused to predominately base metal...\$210
D6752*	Crown – porcelain fused to noble metal...\$250
D6930	Recement bridge...\$20

ORAL SURGERY*

D7111	Coronal remnants – deciduous teeth... No Charge
D7111	Coronal remnants – deciduous teeth, each additional tooth...\$10
D7140	Extraction, erupted tooth or exposed root... No Charge
D7140	Extraction, erupted tooth or exposed root, each additional tooth...\$10
D7210	Surgical removal of erupted tooth...\$15

REMOVAL OF IMPACTED TOOTH – NOT COVERED UNLESS PATHOLOGY (DISEASE) EXISTS

D7220	Removal impacted tooth – soft tissue...\$25
D7230	Removal impacted tooth – part bony...\$50
D7240	Removal impacted tooth – complete bony...\$75
D7241	Removal of impacted tooth - completely bony, unusual complications by report...\$200
D7250	Surgical removal residual tooth roots – cutting procedure...\$25
D7280	Surgical access of an unerupted tooth, for orthodontic purposes...\$20
D7310	Alveoloplasty in conjunction with extraction – per quadrant...\$40
D7320	Alveoloplasty no extraction – per quadrant...\$40
D7471	Removal of lateral exostosis...\$60
D7510	Incision and drainage of abscess – intraoral soft tissue No Charge
D7960	Frenulectomy – separate procedure...\$45
D7970	Excision of hyperplastic tissue – per arch... No Charge
D7999	Dry socket treatment... No Charge
D7999	Post operative treatment... No Charge

ORTHODONTICS*

Member Pays

D8660	Pre-orthodontic treatment visit... UCR less 25%
D8999	Orthodontic treatment plan and records... UCR less 25%
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... UCR less 25%
D8090	Comprehensive orthodontic treatment of the adult dentition – up to 24 months of routine orthodontic treatment for class I and class II cases... UCR less 25%

With participating orthodontists only. Cases under treatment are eligible for discounts at the sole discretion of the participating orthodontist.

MISCELLANEOUS SERVICES

D9110	Palliative treatment, emergency... No Charge
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide...\$15
D9310	Consultation (diagnostic service by nontreating pract., arranged by OHS and provided by participating OHS dentist)... No Charge
D9440	Office visit – after regularly scheduled hours...\$40
D9630	Other drugs, and/or medicaments, by report...\$10
D9940	Occlusal guard, by report (soft acrylic)...\$40
D9940	Occlusal guard, by report (hard acrylic)...\$150
D9951	Occlusal adjustment – limited... No Charge
D9952	Occlusal adjustment – complete...\$55
D9999	Broken appointment (less than 24 hour notice)...\$20

*Cost of high noble metal additional:

* Per unit, up to six (6) units, seven (7) or more units, add an additional \$40 per unit. Laboratory processed temporary splint, add an additional \$25 per unit for seven (7) or more units.

Co-payments:

- Members are eligible to receive any listed covered service on this benefit schedule when it has been determined that it is correct and appropriate care and has been prescribed by their participating dentist.
- Not all participating dentists perform all listed procedures. Please consult your dentist prior to treatment for availability of services.
- Treatment will progress prior to the effective date of coverage is not covered, with the exception of orthodontic treatment.
- Cosmetic procedures and procedures not listed on the benefits schedule will be provided at the participating dentist's usual fees less 25%.

Specialists: All dental procedures will be provided to the member in accordance with the plan benefits schedule as long as that procedure is within the scope and competence of general dental practice. For those cases in which the procedure is beyond the scope and competence of the general dentist (i.e., certain oral surgery, endodontics, periodontics, pedodontics), the member will be referred to a participating specialist (where participating specialist are available), and receive a 25% discount from the usual fees of the specialist.

Lab fees are limited to a maximum of \$200.

CompBenefits Family of Companies

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. • Vision Care Plan • Primary Plus

CERTIFICATE OF COVERAGE

CHOICE OF DENTIST

OHS contracts with established dentists in the community to provide quality care to our members. To receive benefits, you and your dependents must select a facility from the OHS list of participating dental offices. Dentists undergo a thorough review process prior to acceptance to our network. Each privately owned office is operated by a licensed general dentist and a staff of professional auxiliaries.

MAKING AN APPOINTMENT WITH YOUR DENTIST

You may schedule appointments by calling the dental office you selected after your effective date of coverage. There are no identification cards issued. When you call to schedule your appointment, notify the office that you are a member of the ORAL HEALTH SERVICES dental plan.

CHANGING YOUR SELECTION OF DENTIST

A situation may occur in which you need to change your dental office selection. Provider transfer requests may be in writing or may be made by calling our Member Support Department. Requests received during the first twenty (20) days of the month will become effective the first day of the following month. Requests received after the first twenty (20) days of the month will become effective the first of the month following the subsequent month. Any outstanding balance or pending appointments must be cleared up prior to requesting a transfer.

SPECIALIST CARE REFERRALS

Certain dental procedures require the services of a specialist (i.e. some oral surgery, endodontics, periodontics and pedodontics). In those cases, your general dentist will refer you to a participating specialist. You will be provided a referral form to present to the participating specialist to ensure proper coverage.

WHAT ARE CO-PAYMENT FEES?

Co-payments are reduced fees charged by the participating dental offices for some covered dental procedures as specified in the Benefits Schedule. The reduced fees are 60-75% less than the usual, customary and reasonable fees charged in a dental office. Members are financially responsible for copayment fees, payable to the dental office.

DEPENDENT ELIGIBILITY

Eligible dependents include the employee's spouse, unmarried children predominantly dependent upon the employee for support until the end of the month in which the child reaches the age of nineteen (19) or until the end of the calendar year in which the child reaches the age of twenty-five (25) provided the child continues to be predominately dependent upon the employee for support and resides in the employee's home or is registered as a full or part-time student. As used herein, children shall include: all children born to you, whether pre-enrolled or not, from the moment of birth; children legally adopted by you from the moment of birth; children legally adopted by you from the moment of placement in your residence or if a newborn, from the moment of birth, if a written agreement to adopt has been entered into you prior to birth; or any stepchildren or foster children under you or your spouse's legal guardianship. Verification or proof of each unmarried child's support, residency and/or student status may be requested by OHS, whose determination of dependent eligibility shall be binding. Coverage will also be extended to any unmarried child over the age of nineteen (19) who is primarily dependent on the employee and otherwise incapable of self support by reason of mental or physical handicap. The employee must submit proof of dependency and incapacity within thirty (30) days of the dependent's attainment of age nineteen (19) and thereafter at the request of OHS for continued coverage.

TERMS OF ENROLLMENT

Enrollment in the OHS dental plan is for a minimum of twelve (12) consecutive months while employed by your current employer. Enrollment in the plan or changes to the plan will be allowed during the open enrollment periods as determined by your employer and OHS.

CANCELLING APPOINTMENTS

The time set aside for a patient is very valuable to the dentist. Therefore, if you cannot keep an appointment, notify the dental office at least 24 hours in advance. If you do not notify the office, charges will be made for broken appointment as stipulated in the Benefits Schedule.

EFFECTIVE DATE OF COVERAGE

The effective date of coverage is established between your employer and OHS. Upon enrollment you will be notified of your effective date of coverage.

EMERGENCY CARE WITHIN THE SERVICE AREA

In the event of an emergency, contact the participating OHS dental office you selected. If you are unable to reach your dentist, call the OHS 24-Hour Hotline and you will be instructed on how to receive necessary emergency dental care. OHS 24-Hour Emergency Hotline
Toll-Free: 800-380-3187

REIMBURSEMENT PROVISION FOR OUT-OF-AREA EMERGENCY CARE

Members and dependents are covered for emergency dental treatment to relieve pain or prevent worsening of an injury or unforeseen condition, such as a root canal, while temporarily more than fifty (50) miles from their participating dental office. In the event of an emergency, obtain treatment to relieve your pain/discomfort only from a licensed dentist and pay for the services rendered. To receive reimbursement you must submit to OHS within twelve (12) months of the date service was rendered, the following: 1) receipt; 2) member or dependent's name, social security number, address and phone number; 3) member/employee's name and social security number; and 4) all other supporting documentation necessary to process payment: Mail to:

Oral Health Services
P.O. Box 14283
Lexington, KY 40512-4283

OHS will reimburse no less than seventy-five percent (75%) of the usual, customary and reasonable charges for covered services subject to any applicable co-payments but in no event to exceed \$100.00 per claim.

SECOND OPINIONS

OHS can arrange for second opinions at no additional cost to the member. To coordinate second opinions, members should call OHS' Member Support Department at 1-800-380-3187. Second opinions not arranged and approved by OHS or rendered by a non-participating dentist will not be covered.

MEMBER SUPPORT AND GRIEVANCE PROCEDURE

OHS has the discretion to determine all benefits under this Certificate and to resolve all questions regarding the administration, interpretation and application of its terms. If a Member has a complaint or a grievance, the member must follow OHS' Grievance Procedures and grievances must be filed within one year of the date of the occurrence. Grievances can be handled informally by discussing the situation with an OHS representative of the Member Support Department at 1-800-380-3187 Monday through Friday, between hours of 8:00 a.m. and 5:00 p.m. Most grievances are resolved satisfactorily. However, in the event that a satisfactory resolution is not agreed upon, the Member may request resolution by filing a written grievance. Written grievances should be submitted to:

Oral Health Services, Inc.
Grievance and Appeals Department
P.O. Box 14729
Lexington, KY 40512-4729

Upon receipt, the written grievance will be reviewed by the Grievance and Appeals Department and the Department will respond in writing to the Member within thirty (30) days. In no event shall the elapsed time from the filing of grievance to the issuance of the written decision by the Department exceed Sixty (60) days. The decision of the Department will be binding unless the Member appeals the decision. If the Member declines to accept the decision of the Grievance and Appeals Department, the Member has thirty (30) days in which to file a formal written appeal of the decision. Upon receipt of the notice of appeal, the OHS Grievance and Appeals Committee will convene within fourteen (14) days to decide the appeal. The Member will be notified in writing within fourteen (14) days after the decision of the Grievance and Appeals Committee is reached. The determination by the Committee will be final and binding upon the Member and Provider. At any stage of the grievance process, the Member may file a complaint with the Florida Department of Insurance at:

Florida Department of Insurance
Consumer Assistance
200 East Gaines Street
Tallahassee, Florida 32399-0322

Or the Member may call the Florida Department of Insurance at 1-800-342-2762.

RENEWALS

Your coverage will automatically be renewed each year unless you notify your employer to terminate your coverage.

ADDITIONAL INFORMATION AVAILABLE

OHS shall make available to members, upon request, a description of the following:

- Authorization and referral process for covered dental services.
- Process used to analyze the qualifications and credentials of the dentist under contract with OHS.

EXCLUSIONS AND LIMITATIONS

The following dental benefits are not covered or offered under the plan:

- Oral surgery requiring the setting of fractures or dislocations.
- Treatment of congenital malformations.
- Treatment of malignancies.
- Dispensing of drugs.
- Any treatment requiring hospitalization.
- Any work which is not able to be performed because of the general health and physical limits of the eligible member, as indicated by said member's personal physician or the OHS dentist.
- Precision attachments or stress breakers.
- Replacement of partial or full dentures within two (2) years after installation unless resulting from the acts or omissions of OHS.
- Any treatment paid for by Worker's Compensation or covered or provided for by employer's liability laws, by a federal or state government agency, or provided without cost by any municipality, county or other political subdivision.
- Any procedure, implantation and/or any dental procedure considered to be experimental by the providing dentist.
- General anesthesia.
- Surgical treatment or Temporomandibular Joint Dysfunction (TMJ).
- Replacement of lost or stolen prosthetic devices.
- Any dental care provided by a non-participating general dentist or specialist, except when authorized by OHS.
- Services resulting from any act or war, declared or not, or resulting from military service.
- Charges for broken appointment are not covered.

The following limitations apply:

- The Participating Dentist shall have the right to refuse treatment to a member who fails to follow a prescribed course of treatment.
- Published member co-payments apply only when treatment is performed at a Participating Dental Office.
- If a member obtains dental services from other than a Participating Dentist/Specialist, the member shall be responsible for all costs.
- Members are eligible to receive any listed covered service on this Benefit Schedule when it has been determined that it is correct and appropriate care and has been prescribed by their OHS participating dentist.
- Not all participating dentists perform all listed procedures. Please consult your dentist prior to treatment for availability of services.
- Treatment in progress prior to the effective date of coverage is not covered, with the exception of orthodontic treatment.

COORDINATION OF BENEFITS

The benefits of this dental plan may be coordinated with an indemnity dental insurance plan. For information on coordination of benefits you should contact your indemnity dental insurance carrier.

GRACE PERIOD

Premiums are collected from Member on a bi-weekly basis for the preceding pay period for all coverage in effect during that pay period and remitted to OHS on a monthly basis. Although payment to OHS is due no later than the first of each month, Premiums must be paid no later than the expiration of the grace period, which is twenty (20) days after the first of each month. In the event a monthly Premium payment is not received by OHS prior to the expiration of the grace period, OHS, at its sole option, may terminate all coverage to the Group (or Member, as appropriate) effective as of the first day of the month following the month for which the Premium was due.

CERTIFICATE OF COVERAGE

TERMINATION OF MEMBERSHIP

Coverage for Member and each Dependent will cease the first day of the month following the day in which the Member's affiliation with Group is terminated, for any reason, and OHS receives written notice of the termination. If a Member permanently relocates from the OHS services area, or if OHS has no provider within twenty (20) miles of the Member's domicile, Member coverage will terminate. A Member may be entitled, upon written request to OHS, to a prorated refund of his/her prepaid Premium.

OHS may disenroll Member for any of the following reasons after forty-five (45) days notice and reasonable efforts to resolve any conflict through the use of the grievance procedure. OHS will make a reasonable effort to resolve the problem, including consideration of extenuating circumstances.

- a. A Member's behavior is disruptive, unruly, abusive, unlawful, fraudulent, or uncooperative to the extent that the Member's continuing participation would impair OHS' or a Provider's ability to provide covered Dental Services to the Member or to other Members;
- b. A Member commits fraud or makes a material misrepresentation in seeking Dental Services;
- c. A Member willfully misuses any documents provided as evidence of benefits available under this Agreement; or
- d. A Member furnishes to OHS, to any Participating Dentist, or to any insurance agent, broker or agency, incorrect or incomplete information for the purpose of fraudulently obtaining covered Dental Services.

Coverage for Dependents shall automatically terminate in the event the Member is disenrolled.

CONTINUATION OF BENEFITS

A Member and any Dependent of said Member whose coverage is terminated for any reason other than as set forth in Termination of Membership, may elect no later than sixty (60) days from the effective date of termination to continue coverage with OHS directly if he/she was enrolled in a OHS plan for at least three (3) successive months immediately preceding termination. Plan benefits available for continuation shall be similar to those then being offered by OHS to the group.

EXTENSION OF BENEFITS

OHS Providers shall complete all procedures commenced on Members prior to the effective date of termination to the extent that such Members would have been entitled to receive such Dental Services had this Agreement continued in effect, subject to the following conditions:

- a. During the period required for completion of such procedures, each Member shall continue to make the copayments required under the applicable Benefits Schedule.
- b. The term "procedures commenced on such Member prior to the date of termination" shall be construed to mean only those treatments and/or operative dental procedures actually commenced but unfinished, such as prosthetic appliances which have been cast and dentures commenced but unfinished prior to the effective date of termination of the Agreement. It shall not include dental defects which may have been diagnosed, but on which treatment or operative work may not have commenced, prior to the effective date of termination. Completion of dental procedures in progress of the effective date of termination will not exceed ninety (90) days after the effective date of termination.

DEFINITIONS

Diagnostic/Preventive

Prophylaxis: Cleaning, scaling and polishing procedure performed to remove coronal plaque, calculus, tartar and stains.
Sealant: Protective plastic covering which covers developmental grooves in healthy teeth to prevent decay. Space maintainer: An appliance inserted in the mouth to prevent drifting of teeth and the crowding of the erupted teeth.
Plaque: A sticky, colorless film of bacteria that forms on teeth, causing tooth decay, inflammation of the gums and disease.

Restorative (Fillings)

Amalgam: Silver filling, a metal alloy used in dental restoration primarily for posterior teeth.
Composite: White filling, a resin based material which is tooth colored used in dental restoration primarily for anterior teeth.
Acid etch: Use of a chemical substance to prepare the tooth surface to provide retention for bonding or composite restorations.

Fixed Crown and Bridge

Crown: A full artificial lab-fabricated thimble-like covering of the visible part of a tooth down to the gum line used to restore a tooth to its original structure; also called a "cap".
Base metal: Non-precious metal alloy used in the fabrication of crowns.
Noble metal: Semi-precious metal alloy used in the fabrication of crowns.
High Noble metal: Gold metal alloy used in the fabrication of crowns.
Post: A small metal post usually inserted into the tooth canal after root canal therapy to strengthen the tooth prior to making a crown.
Bridge (Fixed): A prosthetic replacement of one or more missing teeth which is cemented to the abutment teeth adjacent to the space.

Pontic: The part of a fixed bridge suspended between abutments which replaces a missing tooth or teeth; "false tooth."

Abutment: The tooth adjacent to the missing tooth or teeth that supports or holds a fixed bridge

Bonding: White tooth-colored light-cured material used to strengthen a tooth or to enhance the cosmetic appearance of a tooth. This material is sometimes used for dental restorations on both anterior and posterior teeth.

Maryland bridge: Porcelain resin bonded bridge designed to replace missing teeth with minimal preparation of adjacent healthy teeth.

Endodontics (Root Canal Therapy)

Pulp: The blood vessels and nerve tissue that occupy the pulp cavity of a tooth.

Pulpotomy: Removal of the coronal portion of the pulp.

Root canal therapy: Treatment and removal of the pulp cavity inside the root of a tooth to eliminate disease and to promote healing and repair of tissue.

Apicoectomy: Surgical amputation procedure of the root end of a tooth.

Oral Surgery (Extractions)

Impacted tooth: An unerupted or partially erupted tooth positioned against another tooth, bone, or soft tissue not allowing complete and normal eruption.

Dry socket: Inflammation of the tooth socket following an extraction due to the infection or loss of blood clot.

Exostosis: Overgrowth of normal bone.

Alveoloplasty: Surgical procedure for recontouring bone structure, usually in preparation for a prosthesis.

Frenectomy: Cutting of the tissue that stretches between the lip and the gumline or the tissue attaching the tongue to the floor of the mouth.

Periodontics (Gum Treatment)

Periodontics: The treatment of gum and bone tissue which surround and support the teeth.

Scaling: Removal of plaque, calculus, tartar and stain from teeth.

Root planing: Treatment of periodontal disease which consists of smoothing the root surface below the gum line to promote healing conditions without surgical treatment.

Curettage: Treatment which consists of scraping and cleaning the walls of the gingival pocket tissue. This procedure is also performed in conjunction with root planning.

Gingivectomy: Surgical removal of the flaps of gum tissue that create pockets alongside periodontally damaged teeth.

Gingival graft: A piece of transplanted tissue placed in contact with marginal gum tissue to repair a defect or supplement a deficiency area.

Osseous surgery: Surgical procedure of the bone which is utilized to improve and maintain periodontal condition.

Occlusal adjustment: Adjustments done to bring the upper and lower teeth (bite) into proper contact.

Night guard: U-shaped removable appliance made from plastic, latex or other material fitted to the teeth for protection.

Prosthetics (Full & Partial Dentures)

Denture: A removable dental prosthetic appliance used to replace all of the missing natural teeth.

Immediate denture: A full denture that is made from a mold of the patient's teeth and inserted immediately after the extraction of those teeth.

Partial Denture: A removable dental prosthetic appliance which replaces one or more missing natural teeth.

Reline: To resurface the inside of a denture or partial.

Rebase: A process of refitting a denture or partial by replacing the base material.