

Schedule of Benefits and Subscriber Copayments

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
APPOINTMENTS					
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$.00	D1520	Space maintenance - removable unilateral	\$.60 + Lab**
D9430	Office visit (during regularly scheduled hours)	\$.05	D1525	Space maintenance - removable bilateral	\$.75 + Lab**
D9440	Office visit - after regularly scheduled hours	\$.35	D1550	Recementation of space maintainer	\$.15
DIAGNOSTIC					
D0120	Periodic oral evaluation	\$.00	RESTORATIVE		
D0140	Limited oral evaluation, problem focused	\$.00	D2140	Amalgam - one surface, primary or permanent	\$.10
D0150	Comprehensive oral evaluation	\$.00	D2150	Amalgam - two surfaces, primary or permanent	\$.15
D0160	Detailed & extensive oral evaluation - problem focused, by report	\$.00	D2160	Amalgam - three surfaces, primary or permanent	\$.20
D0180	Comprehensive periodontal evaluation	\$.00	D2161	Amalgam - four or more surfaces, primary or permanent	\$.25
D0210	Intraoral, complete series (inc. bitewings)	\$.00	RESIN RESTORATION		
D0220	Intraoral, periapical - first film	\$.00	D2330	Resin-based composite - one surface, anterior	\$.20
D0230	Intraoral, periapical each additional films	\$.00	D2331	Resin-based composite - two surfaces, anterior	\$.30
D0240	Intraoral, occlusal film	\$.00	D2332	Resin-based composite - three surfaces, anterior	\$.40
D0250	Extraoral, first film	\$.00	D2335	Resin-based composite - four or more surfaces or incisal angle, anterior	\$.45
D0260	Extraoral, each additional film	\$.00	D2390	Resin-based composite crown, anterior	\$.55
D0270	Bitewing, single film	\$.00	D2391	Resin-based composite - one surface, posterior	\$.40
D0272	Bitewing, two films	\$.00	D2392	Resin-based composite - two surfaces, posterior	\$.55
D0274	Bitewing, four films	\$.00	D2393	Resin-based composite - three surfaces, posterior	\$.70
D0330	Panoramic film	\$.00	D2394	Resin-based composite - four or more surfaces, posterior	\$.70
D0415	Bacteriologic studies for determination of path. agents	\$.00	D2510	Inlay - metallic - one surface	\$.85
D0425	Caries susceptibility test	\$.00	D2520	Inlay - metallic - two surfaces	\$.95
D0460	Pulp vitality test	\$.00	D2530	Inlay - metallic - three or more surfaces	\$.105
D0470	Diagnostic Casts	\$.00	D2610	Inlay, porcelain/ceramic - one surface	\$.190 + Lab**
PREVENTIVE SERVICES					
D1110	Prophylaxis, adult (routine, once every 6 months)	\$.00	D2620	Inlay, porcelain/ceramic - two surfaces	\$.190 + Lab**
D1120	Prophylaxis, child (routine, once every 6 months)	\$.00	D2630	Inlay, porcelain/ceramic - three or more surfaces	\$.190 + Lab**
D1201	Topical application of fluoride (including prophylaxis) - child	\$.00	CROWN & BRIDGE		
D1203	Topical application of fluoride (prophylaxis not included) - child	\$.00	D2740*	Crown, porcelain/ceramic substrate	\$.230 + Lab**
D1330	Oral hygiene instructions	\$.00	D2750*	Crown, porcelain fused to high noble metal	\$.230
D1351	Sealant, per tooth	\$.08			
D1510	Space maintenance - fixed unilateral	\$.50 + Lab**			
D1515	Space maintenance - fixed bilateral	\$.60 + Lab**			

ADA CODE	PROCEDURE	PATIENT PAYS
D2751	Crown, porcelain fused to predominantly base metal	\$.230
D2752*	Crown, porcelain fused to noble metal	\$.230
D2790*	Crown, full cast high noble metal	\$.230
D2791	Crown, full cast predominantly base metal	\$.230
D2792*	Crown, full cast noble metal	\$.230
D2910	Recement inlay	\$.15
D2920	Recement crown	\$.15
D2930	Prefabricated stainless steel crown - primary tooth	\$.55
D2931	Prefabricated stainless steel crown - permanent tooth	\$.35
D2940	Sedative Filling	\$.5
D2950	Core buildup, including any pins	\$.50
D2951	Pin retention - per tooth, in addition to restoration	\$.15
D2952	Cast post & core in addition to crown	\$.75 + Lab**
D2953	Each additional cast post - same tooth	\$.75 + Lab**
D2954	Prefabricated post & core in addition to crown	\$.75
D2960	Labial veneer (resin laminate) - chairside	\$.200
D2962	Labial veneer (porcelain laminate)	\$.315 + Lab**
D9972	External bleaching- per arch	\$.145

ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	\$.0
D3120	Pulp cap - indirect (excluding final restoration)	\$.0
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the denticemental junction and application of medicament	\$.20
D3221	Pulpal debridement, primary and permanent teeth	\$.50
D3310	Root canal therapy - anterior (excluding final restoration)	\$.100
D3320	Root canal therapy - bicuspid (excluding final restoration)	\$.145
D3330	Root canal therapy - molar (excluding final restoration)	\$.175
D3351	Apexification/recalcification - initial visit (apical closer/calific repair of perforations, root resorption, etc.)	\$.30
D3352	Apexification/recalcification - interim medication replacement (apical closer/calific repair of perforations, root resorption, etc.)	\$.30
D3353	Apexification/recalcification - final visit (apical closer/calific repair of perforations, root resorption, etc.)	\$.30
D3410	Apicoectomy/periradicular surgery - anterior	\$.125
D3421	Apicoectomy periradicular surgery bicuspid - (first root)	\$.170

ADA CODE	PROCEDURE	PATIENT PAYS
D3425	Apicoectomy/periradicular surgery molar - (first root)	\$.180
D3426	Apicoectomy/periradicular surgery (each additional root)	\$.125
D3430	Retrograde - filling - per root	\$.40
D3450	Root amputation - per root	\$.70
D3920	Hemisection (including any root removal), not including root canal therapy	\$.75
D3950	Canal preparation and fitting of preformed dowel or post	\$.0

PERIODONTICS (Gum Treatment)

D4210	Gingivectomy or gingivoplasty 4+ teeth per quad	\$.120
D4211	Gingivectomy or gingivoplasty 1-3 teeth per quad	\$.30
D4260	Osseous surgery, 4+ teeth per quad	\$.300
D4261	Osseous surgery, 1-3 teeth per quad	\$.300
D4320	Provisional splinting - intracoronal	\$.60
D4321	Provisional splinting - extracoronal	\$.50
D4341	Periodontal scaling and root planing, 4+ teeth per quad	\$.40
D4342	Periodontal scaling and root planing 1-3 teeth per quad	\$.40
D4355	Full mouth debridement to enable eval and diagnosis	\$.30
D4910	Periodontal maintenance	\$.30

PROSTHODONTICS

D5110	Complete upper denture - maxillary	\$.290 + Lab**
D5120	Complete lower denture - mandibular	\$.290 + Lab**
D5130	Immediate upper denture - maxillary	\$.325 + Lab**
D5140	Immediate lower denture - mandibular	\$.325 + Lab**
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$.290 + Lab**
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$.290 + Lab**
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$.325 + Lab**
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$.325 + Lab**
D5410	Adjust complete denture - maxillary	\$.10
D5411	Adjust complete denture - mandibular	\$.10
D5421	Adjust partial denture, upper	\$.10
D5422	Adjust partial denture, lower	\$.10

REPAIRS TO PROSTHETICS

D5510	Repair broken complete denture base	\$.30 + LAB**
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ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
D5610	Repair resin denture base	\$30 + Lab**	D7140	Extraction, erupted tooth or exposed roots	\$10
D5620	Repair cast framework	\$30 + Lab**	D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$30
D5630	Repair or replace broken clasp	\$30 + Lab**	D7220	Removal of impacted tooth - soft tissue	\$40
D5640	Replace broken teeth - per tooth	\$30 + Lab**	D7230	Removal of impacted tooth - partially bony	\$60
D5650	Add tooth to partial denture	\$30 + Lab**	D7240	Removal of impacted tooth - completely bony	\$70
D5660	Add clasp to existing partial denture	\$30 + Lab**	D7241	Removal of impacted tooth - completely bony, with usual surgical complications	\$80
D5710	Rebase complete maxillary denture	\$90 + Lab**	D7250	Surgical removal of residual tooth roots (cutting procedures)	\$30
D5711	Rebase complete mandibular denture	\$90 + Lab**	D7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$50
D5720	Rebase maxillary partial denture	\$90 + Lab**	D7310	Alveoplasty in conjunction with extractions - per quadrant	\$50
D5721	Rebase mandibular partial denture	\$90 + Lab**	D7320	Alveoplasty not in conjunction with extractions - per quadrant	\$60
D5730	Reline complete maxillary denture (chairside)	\$60	D7510	Incision and drainage of abscess - intraoral soft tissue	\$25
D5731	Reline complete mandibular denture (chairside)	\$60	D7910	Suture of recent small wounds up to 5cm	\$0
D5740	Reline maxillary partial denture (chairside)	\$60	D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$40
D5741	Reline mandibular partial denture (chairside)	\$60	D7970	Excision of hyperplastic tissue- per arch	\$45
D5750	Reline complete maxillary denture (laboratory)	\$80 + Lab**			
D5751	Reline complete mandibular denture (laboratory)	\$80 + Lab**			
D5760	Reline maxillary partial denture (laboratory)	\$75 + Lab**			
D5761	Reline mandibular partial denture (laboratory)	\$75 + Lab**			
D5850	Tissue conditioning, maxillary	\$25			
D5851	Tissue conditioning, mandibular	\$25			

PROSTHODONTICS (fixed)

D6210*	Pontic - cast high noble metal	\$230
D6211	Pontic - cast predominantly base metal	\$230
D6212*	Pontic - cast noble metal	\$230
D6240*	Pontic - porcelain fused to high noble metal	\$230
D6241	Pontic - porcelain fused to predominantly base metal	\$230
D6242*	Pontic - porcelain fused to noble metal	\$230
D6750*	Crown - porcelain fused to high noble metal	\$230
D6751	Crown - porcelain fused to predominantly base metal	\$230
D6752*	Crown - porcelain fused to noble metal	\$230
D6930	Recement fixed partial denture	\$15
D6940	Stress breaker	\$125 + Lab**
D6950	Precision attachment	\$150 + Lab**

EXTRACTIONS/ORAL AND MAXILLOFACIAL SURGERY

D7111	Coronal remnants, deciduous tooth	\$10
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ORTHODONTIC

D8070	Comprehensive orthodontic treatment of the transitional dentition	
	Consultation	\$0
	Evaluation	\$35
	Records/Treatment Planning	\$250
	Orthodontic Treatment	\$1,800
D8080	Comprehensive orthodontic treatment of adolescent dentition	
	Consultation	\$0
	Evaluation	\$35
	Records/Treatment Planning	\$250
	Orthodontic Treatment	\$1,800
D8090	Comprehensive Orthodontic Treatment of adult dentition	
	Consultation	\$0
	Evaluation	\$35
	Records/Treatment Planning	\$250
	Orthodontic Treatment	\$2,100
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$450

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$20
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0

D9215	Local anesthesia	\$0
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$25
D9450	Case presentation, detailed and extensive treatment planning	NO CHARGE
D9941	Fabrication of athletic mouth guard ...	\$100
D9951	Occlusal adjustment - limited	\$35
D9952	Occlusal adjustment - complete	\$175

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.

* 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 FOR SEMI-PRECIOUS METAL.

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.

** PATIENT IS RESPONSIBLE FOR LAB FEES

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 Dentist's usual and customary fee less 25%.

NOTE:

1. NOT ALL PARTICIPATING DENTISTS PERFORM ALL LISTED PROCEDURES, INCLUDING AMALGAMS. PLEASE CONSULT YOUR DENTIST PRIOR TO TREATMENT FOR AVAILABILITY OF SERVICES.

LIMITATIONS AND EXCLUSIONS

- 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.
- 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.
- Company does not provide coverage for the following services:
 - Cost of hospitalization and pharmaceuticals, drugs or medications.
 - 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.
 - 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.
 - 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.
 - 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.
 - Treatment for cysts, neoplasms and malignancies.
 - General anesthesia.