

## Schedule of Benefits and Subscriber Copayments

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
<b>DIAGNOSTIC</b>			<b>OTHER RESTORATIVE SERVICES</b>		
D0120	Periodic oral evaluation (limit two every 12 months)	\$0	D2910	Recement inlay	\$32
D0140	Limited oral evaluation, problem focused	0	D2920	Recement crown	33
D0150	Comprehensive oral evaluation, new or established patient	0	D2930	Prefabricated stainless steel crown - primary tooth	91
D0160	Detailed/extensive oral evaluation, problem focused	0	D2931	Prefabricated stainless steel crown - permanent tooth	103
D0170	Re-evaluation - limited, problem focused (Established patient)	0	D2932	Prefabricated resin crown	112
D0180	Comprehensive periodontal evaluation, new or established patient	0	D2940	Sedative Filling	14
<b>X-RAYS AND TESTS</b>			D2950	Crown build up including pins	87
D0210	Intraoral, complete with bitewings (limit one every 3 years)	0	D2951	Pin retention - per tooth, in addition to restoration	18
D0220	Intraoral, periapical - first film	0	D2952	Cast post & core in addition to crown	133
D0230	Intraoral, periapical each additional films	0	D2954	Prefabricated post & core in addition to crown	110
D0240	Intraoral, occlusal film	0	<b>ENDODONTIC SERVICES</b>		
D0250	Extraoral, first film	0	D3220	Therapeutic pulpotomy (excluding final restoration)	25
D0260	Extraoral, each additional film	0	D3310	Root Canal Therapy - Anterior (excluding final restoration)	270
D0270	Bitewing, single film (limit two every 12 months)	0	D3320	Root Canal Therapy - Bicuspid (excluding final restoration)	329
D0272	Bitewing, two films (limit two every 12 months)	0	D3330	Root Canal Therapy - Molar (excluding final restoration)	425
D0274	Bitewing, four films (limit two every 12 months)	0	D3346	Retreatment of previous RCT therapy, anterior	363
D0277	Vertical Bitewings (limit two every 12 months)	0	D3347	Retreatment of previous RCT therapy, bicuspid	428
D0330	Panoramic film (limit one every 3 years)	0	D3348	Retreatment of previous RCT therapy, molar	515
D0470	Diagnostic Casts	36	D3410	Apicoectomy/periradicular surgery, anterior	309
<b>PREVENTIVE SERVICES</b>			D3421	Apicoectomy periradicular surgery bicuspid, first root	337
D1110	Prophylaxis, adult (limit 1 every 6 months)	0	D3425	Apicoectomy periradicular surgery molar, first root	381
D1120	Prophylaxis, child (limit 1 every 6 months)	0	D3426	Apicoectomy periradicular surgery, additional roots	127
D1201	Fluoride, inc. proph - child (limit 2 every 12 months for child < 16)	0	D3430	Retrograde filling - per root	93
D1203	Fluoride, exc. proph - child (limit 2 every 12 months for child < 16)	0	<b>PERIODONTAL SERVICES</b>		
D1351	Sealant, per tooth (limit 1 per tooth every 12 months for child < 13)	7	D4210	Gingivectomy/gingivoplasty, 4+ teeth, per quad (limit 1 every 12 mos.)	245
D1510	Space maintainer, fixed unilateral	43	D4211	Gingivectomy/gingivoplasty, 1-3 teeth, per quad (limit 1 every 12 mos.)	65
D1515	Space maintainer, fixed bilateral	57	D4240	Gingival flap procedure, 4+ teeth, per quad (limit 1 every 12 mos.)	288
D1520	Space maintainer, removable unilateral	53	D4241	Gingival flap procedure, 1-3 teeth, per quad (limit 1 every 12 mos.)	288
D1525	Space maintainer, removable bilateral	73	D4249	Crown lengthening - hard tissue	329
D1550	Recement space maintainer	9	D4260	Osseous surgery, four or more teeth, per quadrant	465
<b>MINOR RESTORATIVE SERVICES</b>			D4261	Osseous surgery, one to three teeth, per quadrant	465
D2140	Amalgam, one surface, primary or permanent	16	D4341	Perio. Scaling/Root Planing, 4+ teeth, per quad (limit 2 per quad every 12 mos.)	32
D2150	Amalgam, two surfaces, primary or permanent	20	D4342	Perio. Scaling/Root Planing, 1-3 teeth, per quad (limit 2 per quad every 12 mos.)	32
D2160	Amalgam, three surfaces, primary or permanent	24	D4355	Full Mouth Debridement to enable comprehensive evaluation and diagnosis	21
D2161	Amalgam, four or more surfaces, primary or permanent	28	D4910	Periodontal Maintenance (limit 2 every 12 months)	19
D2330	Resin-based composite - one surface, anterior	18	<b>REMOVABLE PARTIAL AND FULL DENTURES (Limit replacement to every 5 years)</b>		
D2331	Resin-based composite - two surfaces, anterior	23	D5110	Complete upper denture	470
D2332	Resin-based composite - three surfaces, anterior	28	D5120	Complete lower denture	470
D2335	Resin-based composite - four or more surfaces or incisal angle, anterior	33	D5130	Immediate upper denture	512
D2391	Resin-based composite - one surface, posterior	20	D5140	Immediate lower denture	512
D2392	Resin-based composite - two surfaces, posterior	24	D5211	Upper partial denture, resin base	397
D2393	Resin-based composite - three surfaces, posterior	29	D5212	Lower partial denture, resin base	461
D2394	Resin-based composite - four or more surfaces, posterior	29	D5213	Upper partial denture, cast metal framework with resin denture bases	519
<b>MAJOR RESTORATIVE SERVICES</b>			D5214	Lower partial denture, cast metal framework with resin denture bases	519
<b>INLAY AND ONLAY RESTORATIONS (Limited to one per tooth every 5 years)</b>			D5410	Adjust complete denture, upper	26
D2510	Inlay, one surface - metallic	266	D5411	Adjust complete denture, lower	26
D2520	Inlay, two surfaces - metallic	302	D5421	Adjust partial denture, upper	26
D2530	Inlay, three or more surfaces - metallic	348	D5422	Adjust partial denture, lower	26
D2542	Onlay, metallic - two surfaces	345	<b>PROSTHETIC REPAIRS</b>		
D2543	Onlay, metallic - three surfaces	357	D5510	Repair broken complete denture base	51
D2544	Onlay, metallic - four or more surfaces	371	D5520	Replace missing or broken teeth - complete denture (each tooth)	43
D2610	Inlay, porcelain/ceramic - one surface	313	D5610	Repair broken partial resin denture	56
D2620	Inlay, porcelain/ceramic - two surfaces	330	D5620	Repair cast framework	60
D2630	Inlay, porcelain/ceramic - three or more surfaces	352	D5630	Repair or replace broken clasp	73
D2642	Onlay, porcelain/ceramic - two surfaces	342	D5640	Replace broken teeth - per tooth	47
D2643	Onlay, porcelain/ceramic - three surfaces	369	D5650	Adding tooth to partial denture	64
D2644	Onlay, porcelain/ceramic - four or more surfaces	391	D5660	Add clasp to existing partial denture	77
D2650	Inlay - resin-based composite - one surface	206	D5710	Rebase complete upper	191
D2651	Inlay - resin-based composite - two surfaces	245	D5711	Rebase complete lower	182
D2652	Inlay - resin-based composite - three or more surfaces	257	D5720	Rebase partial upper	180
D2662	Onlay - resin-based composite - two surfaces	224	D5721	Rebase partial lower	180
D2663	Onlay - resin-based composite - three surfaces	263	D5730	Reline upper denture, chairside	108
D2664	Onlay - resin-based composite - four or more surfaces	282	D5731	Reline lower denture, chairside	108
<b>CROWNS (Limited to one crown per tooth every 5 years)</b>			D5740	Reline upper partial, chairside	99
D2710	Crown, resin (indirect)	159	D5741	Reline lower partial, chairside	99
D2720	Crown, resin with high noble metal	391	D5750	Reline upper denture, lab	144
D2721	Crown, resin with predominantly base metal	366	D5751	Reline lower denture, lab	144
D2722	Crown, resin with noble metal	374	D5760	Reline upper partial denture, lab	141
D2740	Crown, porcelain/ceramic substrate	401	D5761	Reline lower partial denture, lab	141
D2750	Crown, porcelain fused to high noble metal	396	D5850	Tissue conditioning, maxillary	45
D2751	Crown, porcelain fused to predominantly base metal	369	D5851	Tissue conditioning, mandibular	45
D2752	Crown, porcelain fused to noble metal	378	<b>FIXED BRIDGES (Limit replacement to every 5 years)</b>		
D2790	Crown, full cast high noble metal	382	D6210	Pontic, cast high noble metal	358
D2791	Crown, full cast predominantly base metal	362	D6211	Pontic, cast predominantly base metal	335
D2792	Crown, full cast noble metal	369	D6212	Pontic, cast noble metal	349
			D6240	Pontic, porcelain fused to high noble metal	353

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D6241	Pontic, porcelain fused to predominantly base metal	\$326	<b>ORTHODONTIC</b>		
D6242	Pontic, porcelain fused to noble metal	344	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	
D6250	Pontic, resin with high noble metal	349		Consultation .....	\$0.00
D6251	Pontic, resin with predominantly base metal	322		Evaluation .....	\$35.00
D6252	Pontic, resin with noble metal	332		Records/Treatment Planning .....	\$250.00
D6602	Abutment, inlay, cast high-noble metal, two surfaces	308	D8090	Orthodontic Treatment .....	\$2,100.00
D6603	Abutment, inlay, cast high-noble metal, three or more surfaces	353		Comprehensive Orthodontic Treatment of the adult dentition Adults 19 years of age and over Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
D6604	Abutment, inlay, cast predominantly base metal, two surfaces	308		Consultation .....	\$0.00
D6605	Abutment, inlay, cast predominantly base metal, three or more surfaces	353		Evaluation .....	\$35.00
D6606	Abutment, inlay, cast noble metal, two surfaces	308	D8680	Records/Treatment Planning .....	\$250.00
D6607	Abutment, inlay, cast noble metal, three or more surfaces	353		Orthodontic Treatment .....	\$2,300.00
D6720	Crown, resin - with high noble metal	394		Retention .....	\$450.00
D6721	Crown, resin - with predominantly base metal	374			
D6722	Crown, resin with noble metal	380			
D6750	Crown, porcelain fused to high noble metal	403			
D6751	Crown, porcelain fused to predominantly base metal	376			
D6752	Crown, porcelain fused to noble metal	385			
D6780	Crown, 3/4 cast high noble metal	380			
D6790	Crown, full cast high noble metal	389			
D6791	Crown, full cast predominantly base metal	369			
D6792	Crown, full cast noble metal	383			
D6930	Recement fixed partial denture	47			
<b>ORAL SURGERY</b>					
D7111	Extraction of Coronal Remnants, deciduous teeth	18			
D7140	Extraction, erupted tooth or exposed roots	18			
D7210	Surgical removal of erupted tooth	73			
D7220	Removal of soft tissue impaction	91			
D7230	Removal of partial bony impaction	122			
D7240	Removal of complete bony impaction	143			
D7241	Removal of complete bony impaction - unusual surgical complications	179			
D7250	Surgical removal of residual tooth roots (cutting procedure)	77			
D7310	Alveoloplasty in conj. w/extractions per quad.	85			
D7320	Alveoloplasty not in conjunction with exts. (per quad)	380			
D7510	Incision and drainage of abscess, intraoral soft tissue	81			
D7520	Incision and drainage of abscess, extraoral soft tissue	387			
D7960	Frenulectomy (frenectomy or frenotomy)	179			
D7970	Excision of hyperplastic tissue, per arch	184			
<b>MISCELLANEOUS SERVICES</b>					
D9110	Palliative (emergency) treatment of dental pain - minor procedure	14			
D9215	Local Anesthesia	0			
D9241	Intravenous conscious sedation/analgesia - First 30 minutes	110			
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	46			
D9310	Consultation by non-treating dentist	29			
D9951	Occlusal adjustment, limited	44			
D9952	Occlusal adjustment, complete	248			

All procedures listed might not be performed by the Participating General Dentist you select. The co-payments shown apply to those Participating General Dentists who do perform those services. Therefore, you are encouraged to discuss the availability of the scheduled services with your Participating General Dentist. Procedures not listed on this schedule of benefits, that are performed by the Participating General Dentist, will be charged at that Participating General Dentist's usual and customary fee less 20%.

**SPECIALISTS:** Should you need a specialist (i.e. Endodontist, Oral Surgeon, Orthodontist, Periodontist, Prosthodontist, Pediatric Dentist), you may be referred by your Participating General Dentist. Co-payment amounts are applicable when treatment is performed by a Participating Specialist. Procedures not listed on this schedule of benefits, that are performed by a Participating Specialist, will be charged at that Participating Specialist's usual and customary fee less 20%.

#### LIMITATIONS 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 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 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.
  - 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.
  - 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.