

Schedule of Benefits and Subscriber Copayments

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
DIAGNOSTIC			OTHER RESTORATIVE SERVICES		
D0120	PERIODIC ORAL EVALUATION (limit 2 every 12 months)	\$0	D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	\$411
D0140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	\$0	D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$405
D0150	COMPREHENSIVE ORAL EVALUATION (new or established patient)	\$0	D2751	CROWN-PORCELAIN FUSED TO PREDOM BASE METAL	\$377
D0160	DETAIL AND EXTENSIVE ORAL EVALUATION	\$0	D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$386
D0170	RE-EVALUATION - LIMITED, PROBLEM FOCUSED (est. patient)	\$0	D2790	CROWN-FULL CAST HIGH NOBLE METAL	\$391
D0180	COMPREHENSIVE PERIODONTAL EVALUATION (new or est. pt.)	\$0	D2791	CROWN-FULL CAST PREDOM BASE METAL	\$370
X-RAYS AND TESTS			D2792	CROWN-FULL CAST NOBLE METAL	\$377
D0210	INTRAORAL-COMPLETE SERIES INCL. BITEWINGS (limit 1 every 3 years)	\$0	ENDODONTIC SERVICES		
D0220	INTRAORAL-PERAPICAL-1st FILM	\$0	D3220	THERAPEUTIC PULPOTOMY EXCL FINAL RESTORATION	\$24
D0230	INTRAORAL-PERAPICAL-EACH ADDITIONAL FILM	\$0	D3310	ROOT CANAL THERAPY-ANTERIOR EXCL FINAL RESTORATION	\$271
D0240	INTRAORAL-OCCLUSAL FILM	\$0	D3320	ROOT CANAL THERAPY-BICUSPID EXCL FINAL RESTORATION	\$331
D0250	EXTRAORAL-1st FILM	\$0	D3330	ROOT CANAL THERAPY-MOLAR EXCL FINAL RESTORATION	\$428
D0260	EXTRAORAL-EACH ADDITIONAL FILM	\$0	D3346	RETREAT PREVIOUS ROOT CANAL-ANTERIOR	\$365
D0270	BITEWING-1 FILM (limit 2 every 12 months)	\$0	D3347	RETREAT PREVIOUS ROOT CANAL-BICUSPID	\$430
D0272	BITEWINGS-2 FILMS (limit 2 every 12 months)	\$0	D3348	RETREAT PREVIOUS ROOT CANAL-MOLAR	\$517
D0274	BITEWINGS-4 FILMS (limit 2 every 12 months)	\$0	D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	\$310
D0277	VERTICAL BITEWINGS - 7-8 FILMS (limit 2 every 12 months)	\$0	D3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID 1st ROOT	\$339
D0330	PANORAMIC FILM (limit 1 every 3 years)	\$0	D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR 1st ROOT	\$383
D0470	DIAGNOSTIC CASTS	\$0	D3426	APICOECTOMY/PERIRADICULAR SURGERY-EACH ADDL ROOT	\$128
PREVENTIVE SERVICES			D3430	RETROGRADE FILLING-PER ROOT	\$94
D1110	PROPHYLAXIS-ADULT (limit 1 every 6 months)	\$0	PERIODONTAL SERVICES		
D1120	PROPHYLAXIS-CHILD (limit 1 every 6 months)	\$0	D4210	GINGIVECTOMY/GINGIVOPLASTY-4+ CONTIGUOUS TEETH, PER QUADRANT (limit 1 every 12 months)	\$278
D1201	TOPICAL APPLICATION FLUORIDE INCL PROPHY-CHILD (limit 2 every 12 months for child <16)	\$0	D4211	GINGIVECTOMY/GINGIVOPLASTY-1 TO 3 TEETH, PER QUADRANT (limit 1 every 12 months)	\$119
D1203	TOPICAL APPLICATION FLUORIDE EXCL PROPHY-CHILD (limit 2 every 12 months for child <16)	\$0	D4240	GINGIVAL FLAP PROC INCL ROOT PLANING, 4+ CONTIGUOUS TEETH, PER QUADRANT (limit 1 every 12 months)	\$328
D1351	SEALANT-PER TOOTH (limit 1 per tooth every 12 months for child <13)	\$0	D4241	GINGIVAL FLAP PROC INCL ROOT PLANING, 1 TO 3 TEETH, PER QUAD (limit 1 every 12 months)	\$169
D1510	SPACE MAINTAINER-FIXED UNILATERAL	\$137	D4249	CROWN LENGTHENING-HARD TISSUE	\$374
D1515	SPACE MAINTAINER-FIXED BILATERAL	\$180	D4260	OSSEOUS SURG INCL FLAP ENT/CLOS, 4+ CONTIGUOUS TEETH, PER QUAD	\$529
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	\$170	D4261	OSSEOUS SURG INCL FLAP ENT/CLOS, 1 TO 3 TEETH, PER QUAD	\$275
D1525	SPACE MAINTAINER-REMOVABLE BILATERAL	\$232	D4341	PERIODONTAL SCALING/ROOT PLANING, 4+ CONTIGUOUS TEETH, PER QUADRANT (limit 2 per quad every 12 months)	\$33
D1550	RECEMENTATION OF SPACE MAINTAINER	\$12	D4342	PERIODONTAL SCALING/ROOT PLANING, 1 TO 3 TEETH, PER QUADRANT (limit 2 per quad every 12 months)	\$18
MINOR RESTORATIVE SERVICES			D4355	FULL MOUTH DEBRIDEMENT TO ENAB COMP EVAL & DIAG	\$22
D2140	AMALGAM-1 SURFACE, PRIMARY OR PERMANENT	\$19	D4910	PERIODONTAL MAINTENANCE (limit 2 every 12 months)	\$20
D2150	AMALGAM-2 SURFACES, PRIMARY OR PERMANENT	\$25	REMOVABLE PARTIAL AND COMPLETE DENTURES (Limit replacement to every 5 years)		
D2160	AMALGAM-3 SURFACES, PRIMARY OR PERMANENT	\$31	D5110	COMPLETE DENTURE-UPPER	\$498
D2161	AMALGAM-4+ SURFACES, PRIMARY OR PERMANENT	\$37	D5120	COMPLETE DENTURE-LOWER	\$498
D2330	RESIN-1 SURFACE ANTERIOR	\$21	D5130	IMMEDIATE DENTURE-UPPER	\$543
D2331	RESIN-2 SURFACES ANTERIOR	\$27	D5140	IMMEDIATE DENTURE-LOWER	\$543
D2332	RESIN-3 SURFACES ANTERIOR	\$33	D5211	UPPER PARTIAL-RESIN BASE w/CONV CLSPS-RSTS&TH	\$420
D2335	RESIN-4+ SURFACES OR INCISAL ANGLE	\$40	D5212	LOWER PARTIAL-RESIN BASE w/CONV CLSPS-RSTS&TH	\$488
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$44	D5213	UPPER PARTIAL-CAST METAL RESIN BASE w/CONV CLSPS	\$550
D2391	RESIN-1 SURFACE POSTERIOR	\$25	D5214	LOWER PARTIAL-CAST METAL RESIN BASE w/CONV CLSPS	\$550
D2392	RESIN-2 SURFACES POSTERIOR	\$33	D5410	ADJUST COMPLETE DENTURE-UPPER	\$27
D2393	RESIN-3 SURFACES POSTERIOR	\$41	D5411	ADJUST COMPLETE DENTURE-LOWER	\$27
D2394	RESIN-4+ SURFACES POSTERIOR	\$49	D5421	ADJUST PARTIAL DENTURE-UPPER	\$27
MAJOR RESTORATIVE SERVICES			D5422	ADJUST PARTIAL DENTURE-LOWER	\$27
Inlay and Onlay Restorations (Limited to 1 per tooth every 5 years)			PROSTHETIC REPAIRS		
D2510	INLAY-METALLIC-1 SURFACE	\$272	D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$55
D2520	INLAY-METALLIC-2 SURFACES	\$309	D5520	REPLACE MISSING/BROKEN TOOTH-COMPL DENTURE-EA TOOTH	\$46
D2530	INLAY-METALLIC-3+ SURFACES	\$356	D5610	REPAIR RESIN DENTURE BASE	\$59
D2542	ONLAY-METALLIC-2 SURFACES	\$349	D5620	REPAIR CAST FRAMEWORK	\$64
D2543	ONLAY-METALLIC-3 SURFACES	\$365	D5630	REPAIR OR REPLACE BROKEN CLASP	\$77
D2544	ONLAY-METALLIC-4+ SURFACES	\$380	D5640	REPLACE BROKEN TEETH-PER TOOTH	\$50
D2610	INLAY-PORCELAIN/CERAMIC-1 SURFACE	\$320	D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$68
D2620	INLAY-PORCELAIN/CERAMIC-2 SURFACES	\$338	D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$82
D2630	INLAY-PORCELAIN/CERAMIC-3+ SURFACES	\$360			
D2642	ONLAY-PORCELAIN/CERAMIC-2 SURFACES	\$350			
D2643	ONLAY-PORCELAIN/CERAMIC-3 SURFACES	\$377			
D2644	ONLAY-PORCELAIN/CERAMIC-4+ SURFACES	\$400			
D2650	INLAY-COMPOSITE/RESIN-1 SURFACE LAB PROCESS	\$210			
D2651	INLAY-COMPOSITE/RESIN-2 SURFACES LAB PROCESS	\$251			
D2652	INLAY-COMPOSITE/RESIN-3+ SURFACES LAB PROCESS	\$263			
D2662	ONLAY-COMPOSITE/RESIN-2 SURFACES	\$229			
D2663	ONLAY-COMPOSITE/RESIN-3 SURFACES	\$269			
D2664	ONLAY-COMPOSITE/RESIN-4+ SURFACES	\$288			
CROWNS (Limited to 1 crown per tooth every 5 years)					
D2710	CROWN-RESIN (INDIRECT)	\$162			
D2720	CROWN-RESIN WITH HIGH NOBLE METAL	\$400			
D2721	CROWN-RESIN WITH PREDOM BASE METAL	\$375			
D2722	CROWN-RESIN WITH NOBLE METAL	\$383			

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
D5710	REBASE COMPLETE UPPER DENTURE	\$202	ORAL SURGERY		
D5711	REBASE COMPLETE LOWER DENTURE	\$193	D7111	CORONAL REMNANTS-DECIDUOUS TEETH	\$43
D5720	REBASE UPPER PARTIAL DENTURE	\$191	D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEV/FORC)	\$58
D5721	REBASE LOWER PARTIAL DENTURE	\$191	D7210	SURGICAL REMOVAL OF ERUPTED TOOTH	\$91
D5730	RELIN COMPLETE UPPER DENTURE-CHAIRSIDE	\$114	D7220	REMOVAL IMPACTED TOOTH-SOFT TISSUE	\$114
D5731	RELIN COMPLETE LOWER DENTURE-CHAIRSIDE	\$114	D7230	REMOVAL IMPACTED TOOTH-PARTIAL BONY	\$151
D5740	RELIN UPPER PARTIAL DENTURE-CHAIRSIDE	\$105	D7240	REMOVAL IMPACTED TOOTH-COMPLETE BONY	\$177
D5741	RELIN LOWER PARTIAL DENTURE-CHAIRSIDE	\$105	D7241	REMOVAL IMPACTED TOOTH-UNUSUAL COMPLICATIONS	\$223
D5750	RELIN COMPLETE UPPER DENTURE (LAB)	\$152	D7250	SURGICAL REMOVAL RESIDUAL TOOTH ROOTS-CUTTING PROC	\$96
D5751	RELIN COMPLETE LOWER DENTURE (LAB)	\$152	D7310	ALVEOLOPLASTY IN CONJ WITH EXTRACTION-PER QUAD	\$106
D5760	RELIN UPPER PARTIAL DENTURE (LAB)	\$150	D7320	ALVEOLOPLASTY NOT IN CONJ WITH EXTRACTION-PER QUAD	\$471
D5761	RELIN LOWER PARTIAL DENTURE (LAB)	\$150	D7510	INCISION & DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	\$101
D5850	TISSUE CONDITIONING, MAXILLARY	\$48	D7520	INCISION & DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	\$480
D5851	TISSUE CONDITIONING, MANDIBULAR	\$48	D7960	FRENULECTOMY-SEPARATE PROCEDURE	\$222
			D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	\$229
FIXED BRIDGES (Limit replacement to every 5 years)			MISCELLANEOUS SERVICES		
D6210	PONTIC-CAST HIGH NOBLE METAL	\$378	D9110	PALLIATIVE (EMERGENCY) TREATMENT	\$34
D6211	PONTIC-CAST PREDOM BASE METAL	\$354	D9215	LOCAL ANESTHESIA	\$0
D6212	PONTIC-CAST NOBLE METAL	\$369	D9241	IV CONSCIOUS SEDATION-FIRST 30 MINUTES	\$111
D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	\$373	D9242	IV CONSCIOUS SEDATION-EACH ADDITIONAL 15 MIN	\$47
D6241	PONTIC-PORCELAIN FUSED TO PREDOM BASE METAL	\$345	D9310	CONSULTATION DIAGNOSTIC SERVICE NONTREATING PRACT	\$0
D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	\$364	D9951	OCCUSAL ADJUSTMENT-LIMITED	\$45
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	\$369	D9952	OCCUSAL ADJUSTMENT-COMPLETE	\$251
D6251	PONTIC-RESIN WITH PREDOM BASE METAL	\$340	ORTHODONTIC		
D6252	PONTIC-RESIN WITH NOBLE METAL	\$351	D8070/	Comprehensive Orthodontic Treatment of the transitional/adolescent dentition	
D6600	BRIDGE RETAINER-INLAY, PORCELAIN, 2 SURFACES	\$312	D8080	Children up to 19 years of age	
D6601	BRIDGE RETAINER-INLAY, PORCELAIN, 3+ SURFACES	\$327		Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
D6602	BRIDGE RETAINER-INLAY, CAST HIGH NOBLE METAL, 2 SURF	\$333		Consultation	\$0.00
D6603	BRIDGE RETAINER-INLAY, CAST HIGH NOBLE METAL, 3+ SURF	\$366		Evaluation	\$35.00
D6604	BRIDGE RETAINER-INLAY, CAST PREDOM BASE METAL, 2 SURF	\$326		Records/Treatment Planning	\$250.00
D6605	BRIDGE RETAINER-INLAY, CAST PREDOM BASE METAL, 3+ SURF	\$346		Orthodontic Treatment	\$2,100.00
D6606	BRIDGE RETAINER-INLAY, CAST NOBLE METAL, 2 SURFACES	\$321	D8090	Comprehensive Orthodontic Treatment of the adult dentition	
D6607	BRIDGE RETAINER- INLAY, CAST NOBLE METAL, 3+ SURFACES	\$356		Adults 19 years of age and over	
D6608	BRIDGE RETAINER-ONLAY, PORCELAIN, 2 SURFACES	\$339		Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
D6609	BRIDGE RETAINER-ONLAY, PORCELAIN, 3+ SURFACES	\$353		Consultation	\$0.00
D6610	BRIDGE RETAINER-ONLAY, CAST HIGH NOBLE METAL, 2 SURF	\$359		Evaluation	\$35.00
D6611	BRIDGE RETAINER-ONLAY, CAST HIGH NOBLE METAL, 3+ SURF	\$393		Records/Treatment Planning	\$250.00
D6612	BRIDGE RETAINER-ONLAY, CAST PREDOM BASE METAL, 2 SURF	\$357		Orthodontic Treatment	\$2,300.00
D6613	BRIDGE RETAINER-ONLAY, CAST PREDOM BASE METAL, 3+ SURF	\$373	D8680	Retention	\$450.00
D6614	BRIDGE RETAINER-ONLAY, CAST NOBLE METAL, 2 SURFACES	\$350	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%.		
D6615	BRIDGE RETAINER-ONLAY, CAST NOBLE METAL, 3+ SURFACES	\$363	SPECIALISTS		
D6720	CROWN-RESIN WITH HIGH NOBLE METAL	\$416	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%.		
D6721	CROWN-RESIN WITH PREDOM BASE METAL	\$395			
D6722	CROWN-RESIN WITH NOBLE METAL BONY	\$402			
D6740	BRIDGE RETAINER-CROWN, PORCELAIN	\$438			
D6750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$426			
D6751	CROWN-PORCELAIN FUSED TO PREDOM BASE METAL	\$398			
D6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$407			
D6780	CROWN-3/4 CAST HIGH NOBLE METAL	\$402			
D6790	CROWN-FULL CAST HIGH NOBLE METAL	\$411			
D6791	CROWN-FULL CAST PREDOM BASE METAL	\$390			
D6792	CROWN-FULL CAST NOBLE METAL	\$404			
D6930	RECEMENT BRIDGE	\$50			
D6970	CAST POST AND CORE IN ADDITION TO BRIDGE	\$138			
D6972	PREFABRICATED POST AND CORE IN ADDITION TO BRIDGE	\$112			
D6973	CORE BUILD-UP FOR BRIDGE, INCLUDING PINS	\$91			

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.