

# Dental Schedule of Benefits

DIAGNOSTIC SERVICES	Maximum Benefit	Code
Periodic Oral Examination .....	\$ 45	D0120
Limited Oral Evaluation (specific oral health problem) .....	\$ 75	D0140
Oral Examination for Patient Under 3 Years of Age and Counseling with Primary Care Giver .....	\$ 98	D0145
Comprehensive Oral Examination - new or established patient .....	\$ 85	D0150
<b>Radiographs/Diagnostic Imaging</b>		
Intraoral Complete Series (once in a period of three plan years, of radiographic images) .....	\$125	D0210*
Intraoral - Periapical first radiographic image .....	\$ 26	D0220
Intraoral - Periapical each additional radiographic image .....	\$ 18	D0230
Bitewing single radiographic image .....	\$ 32	D0270
Bitewing two radiographic images .....	\$ 38	D0272
Bitewing three radiographic images .....	\$ 51	D0273
Bitewing four radiographic images .....	\$ 62	D0274
Panoramic radiographic image (once in a period of three plan years) .....	\$109	D0330*
<b>PREVENTIVE SERVICES</b>		
Prophylaxis Adult - Twice each plan year .....	\$ 84	D1110
Prophylaxis Child - Twice each plan year .....	\$ 66	D1120
Topical application of Flouride Varnish (once each plan year, covered through age 18 only) .....	\$ 46	D1206
Topical application of Fluoride (not including prophylaxis) (once each plan year, covered through age 18 only) .....	\$ 34	D1208
Sealant-per tooth .....	\$ 45	D1351
Sealant repair-per tooth .....	\$ 45	D1353
<b>Space Maintainers (Passive Appliances)</b>		
Fixed Unilateral .....	\$275	D1510
Fixed Bilateral .....	\$580	D1515
Removable Unilateral .....	\$445	D1520
Removable Bilateral .....	\$464	D1525
<b>RESTORATIVE SERVICES</b>		
<b>Amalgam Restorations</b>		
Amalgam One Surface, Primary or Permanent .....	\$120	D2140
Amalgam Two Surfaces, Primary or Permanent .....	\$144	D2150
Amalgam Three Surfaces, Primary or Permanent .....	\$166	D2160
Amalgam Four or More Surfaces, Primary or Permanent .....	\$210	D2161
<b>Resin-Based Composite Restorations</b>		
One Surface, Anterior .....	\$148	D2330
Two Surfaces, Anterior .....	\$185	D2331
Three Surfaces, Anterior .....	\$210	D2332
Four or More Surfaces or involving incisal angle (anterior) .....	\$244	D2335
One Surface Posterior .....	\$176	D2391
Two Surface Posterior .....	\$230	D2392
Three Surface Posterior .....	\$239	D2393
Four or More Surfaces, Posterior .....	\$237	D2394
<b>Inlay/Onlay Restorations</b>		
Inlay - metallic - one surface .....	\$317	D2510
Inlay - metallic - two surfaces .....	\$457	D2520
Inlay - metallic - three or more surfaces .....	\$466	D2530
Onlay - metallic - three surfaces .....	\$536	D2543
Onlay - metallic - four or more surfaces .....	\$554	D2544
Inlay - porcelain/ceramic - one surface .....	\$250	D2610
Inlay - porcelain/ceramic - two surfaces .....	\$150	D2620
Inlay - porcelain/ceramic - three or more surfaces .....	\$461	D2630
Onlay - porcelain/ceramic - two surfaces .....	\$504	D2642
Onlay - porcelain/ceramic - three surfaces .....	\$350	D2643
Onlay - porcelain/ceramic - four or more surfaces .....	\$235	D2644
Inlay - resin-based composite - one surface .....	\$209	D2650
Inlay - resin-based composite - two surfaces .....	\$252	D2651
Inlay - resin-based composite - three or more surfaces .....	\$321	D2652
Onlay - resin-based composite - two surfaces .....	\$337	D2662
Onlay - resin-based composite - three surfaces .....	\$424	D2663
Onlay - resin-based composite - four or more surfaces .....	\$464	D2664

# Dental Schedule of Benefits

RESTORATIVE SERVICES <i>(continued)</i>	Maximum Benefit	Code
<b>Crowns/Single Restorations Only</b>		
Crown-Resin-based composite (indirect) .....	\$484	D2710†
Crown-Resin with high noble metal .....	\$760	D2720†
Crown-Resin predominantly base metal .....	\$620	D2721†
Crown-Resin with noble metal .....	\$638	D2722†
Crown-Porcelain/Ceramic Substrate .....	\$918	D2740†
Crown-Porcelain fused to high noble metal .....	\$868	D2750†
Crown-Porcelain fused to predominantly base metal .....	\$796	D2751†
Crown-Porcelain fused to noble metal .....	\$784	D2752†
Crown-3/4 cast predominately base metal .....	\$550	D2781†
Crown-Full cast high noble metal .....	\$784	D2790†
Crown-Full cast predominantly base metal .....	\$798	D2791†
Crown-Full cast noble metal .....	\$872	D2792†
<b>Other Restorative Services</b>		
Recement or rebond inlay, onlay, veneer or partial coverage .....	\$ 55	D2910
Recement or rebond indirectly fabricated post or core.....	\$ 78	D2915
Recement or rebond crown .....	\$ 91	D2920
Reattachment of tooth fragment, incisal edge or cusp .....	\$244	D2921
Prefabricated porcelain/ceramic Crown (primary tooth) .....	\$400	D2929†
Prefabricated stainless steel Crown (primary tooth) .....	\$450	D2930†
Prefabricated stainless steel Crown (permanent tooth) .....	\$450	D2931†
Prefabricated Resin Crown .....	\$292	D2932†
Restorative foundation for an indirect restoration.....	\$271	D2949
Core Buildup and Pins .....	\$271	D2950
Cast Post for Crowns.....	\$355	D2952
Add Post Same Tooth .....	\$200	D2953
Prefab Post/Core.....	\$333	D2954
Post Removal.....	\$215	D2955
Prefab Post >1 per tooth .....	\$137	D2957
<b>ENDODONTICS</b>		
<b>Pulp Capping</b>		
Pulp Cap - Direct (excluding final restoration) .....	\$ 76	D3110
Pulp Cap - Indirect (excluding final restoration) .....	\$ 98	D3120
Pulpotomy - Therapeutic (excluding final restoration) .....	\$232	D3220
Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development .....	\$271	D3222
<b>Root Canal Therapy (include intra-operative radiographs)</b>		
Anterior (excludes final restoration) .....	\$726	D3310
Bicuspid (excludes final restoration) .....	\$836	D3320
Molar (excludes final restoration) .....	\$1,009	D3330
<b>Retreatment of Previous Root Canal Therapy</b>		
Anterior .....	\$805	D3346
Bicuspid .....	\$1,048	D3347
Molar .....	\$1,067	D3348
<b>Bone Graft in Conjunction with Periradicular Surgery</b>		
Bone graft in conjunction with periradicular surgery – per tooth, single site .....	\$825	D3428
Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site .....	\$110	D3429
<b>PERIODONTICS</b>		
<b>Gingivectomy/Gingivoplasty</b>		
4 or more contiguous teeth or bounded teeth spaces per quadrant .....	\$168	D4210
1 to 3 contiguous teeth or bounded teeth spaces per quadrant .....	\$ 63	D4211
Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth ...	\$122	D4212
<b>Gingival Flap Procedure</b>		
Per quadrant - includes root planing .....	\$100	D4240
Gingival Flap - including root planing, 1-3 teeth per quadrant .....	\$261	D4241
Crown Lengthening .....	\$510	D4249
<b>Osseous Surgery (including elevation of flap and closure)</b>		
4 or more contiguous teeth or tooth bounded spaces per quadrant .....	\$975	D4260
1 to 3 contiguous teeth or tooth bounded spaces per quadrant.....	\$457	D4261
<b>Bone Replacement Graft</b>		
First site in quadrant .....	\$825	D4263
Each additional site in quadrant .....	\$110	D4264

# Dental Schedule of Benefits

PERIODONTICS SERVICES <i>(continued)</i>	Maximum Benefit	Code
<b>Pedicle Soft Tissue Graft</b> .....	\$407	D4270
<b>Free Soft Tissue Graft Procedure (including donor site surgery)</b>		
First tooth or edentulous tooth position in graft .....	\$455	D4277
Each additional contiguous tooth or edentulous tooth position in same graft site ....	\$455	D4278
<b>Provisional Splinting</b>		
Intracoronal .....	\$142	D4320
Extracoronal .....	\$100	D4321
<b>Periodontal Scaling and Root Planing</b>		
4 or more contiguous teeth or bounded teeth spaces per quadrant.....	\$123	D4341
1-3 contiguous teeth or bounded teeth spaces per quadrant.....	\$ 94	D4342
<b>Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation and Diagnosis</b> .....	\$ 73	D4355
<b>Periodontal Maintenance Procedure</b>		
Following active therapy .....	\$ 70	D4910
Unscheduled Dressing Change .....	\$ 26	D4920
<b>PROSTHODONTICS (See note below)</b>		
<b>Removable Prosthetics</b>		
Complete Denture - Maxillary .....	\$801	D5110•
Complete Denture - Mandibular .....	\$767	D5120•
Immediate Denture - Maxillary .....	\$890	D5130•
Immediate Denture - Mandibular .....	\$910	D5140•
<b>Partial Dentures (removable)</b>		
Maxillary Partial Denture - resin base (conventional clasps, rests and teeth) .....	\$546	D5211†
Mandibular Partial Denture - resin base (conventional clasps, rests and teeth) .....	\$697	D5212†
Maxillary Partial Denture - cast metal framework, resin base (conventional clasps, rests and teeth) .....	\$1,033	D5213†
Mandibular Partial Denture - cast metal framework, resin base (convention clasps, rests and teeth) .....	\$982	D5214†
Unilateral, Partial Denture, Removable - one piece cast metal (includes clasps and teeth) .....	\$710	D5281†
<b>Adjustments to Dentures</b>		
Adjust complete denture - Maxillary .....	\$ 32	D5410
Adjust complete denture - Mandibular .....	\$ 57	D5411
Adjust partial denture - Maxillary .....	\$ 35	D5421
Adjust partial denture - Mandibular .....	\$ 35	D5422
<b>Repairs to Complete Dentures</b>		
Repair broken complete denture base .....	\$116	D5510
Replace missing or broken teeth - complete denture (each tooth) .....	\$ 70	D5520
<b>Repairs to Partial Dentures</b>		
Repair resin denture base .....	\$123	D5610
Repair cast framework .....	\$126	D5620
Repair or replace broken clasp .....	\$118	D5630
Replace broken teeth - per tooth .....	\$ 74	D5640
Add tooth to existing partial denture .....	\$133	D5650
Add clasp to existing partial denture .....	\$160	D5660
<b>Denture Rebase Procedure</b>		
Rebase complete maxillary denture .....	\$242	D5710
Rebase complete mandibular denture .....	\$309	D5711
Rebase maxillary partial denture .....	\$329	D5720
Rebase mandibular partial denture .....	\$211	D5721
<b>Denture Reline Procedure</b>		
Reline complete maxillary denture (chairside) .....	\$202	D5730
Reline complete mandibular denture (chairside) .....	\$221	D5731
Reline maxillary partial denture (chairside) .....	\$184	D5740
Reline mandibular partial denture (chairside) .....	\$192	D5741
Reline complete maxillary denture (laboratory) .....	\$271	D5750
Reline complete mandibular denture (laboratory) .....	\$208	D5751
Reline maxillary partial denture (laboratory) .....	\$191	D5760
Reline mandibular partial denture (laboratory) .....	\$182	D5761
<b>Implant Services</b>		
Surgical placement of implant body: endosteal implant.....	\$2,345	D6010
Second stage implant surgery .....	\$122	D6011
Surgical placement of mini-implant.....	\$2,345	D6013
Surgical placement: epostal implant.....	\$1,898	D6040

Prosthodontics to replace missing teeth are covered only for teeth that are lost while the plan participant is covered by this plan.

† Limited to once every five plan years for the same tooth.

• Limited to once every five plan years.

# Dental Schedule of Benefits

<b>PROSTHODONTICS</b> <i>(See note below) (continued)</i>	<b>Maximum Benefit</b>	<b>Code</b>
<b>Implant Services</b> <i>(continued)</i>		
Surgical placement: transosteal implant.....	\$1,211	D6050
Interim abutment.....	\$1,295	D6051
Dental implant supported connecting bar.....	\$2,056	D6055
Prefabricated abutment – includes modification and placement.....	\$1,296	D6056
Custom fabricated abutment – includes placement.....	\$ 675	D6057
Abutment supported porcelain/ceramic crown.....	\$1,600	D6058
Abutment supported porcelain fused to metal crown (high noble metal).....	\$1,381	D6059
Abutment supported porcelain fused to metal crown (predominantly base metal) ...	\$1,300	D6060
Abutment supported porcelain fused to metal crown (noble metal).....	\$1,295	D6061
Abutment supported cast metal crown (high noble metal).....	\$2,100	D6062
Abutment supported cast metal crown (predominantly base metal).....	\$1,088	D6063
Abutment supported cast metal crown (noble metal).....	\$1,143	D6064
Implant supported porcelain/ceramic crown.....	\$2,000	D6065
Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal).....	\$1,582	D6066
Implant supported metal crown (titanium, titanium alloy, high noble metal).....	\$1,369	D6067
Abutment supported retainer for porcelain/ceramic FPD.....	\$1,405	D6068
Abutment supported retainer for porcelain fused to metal FPD (high noble metal).....	\$1,325	D6069
Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).....	\$1,156	D6070
Abutment supported retainer for porcelain fused to metal FPD (noble metal).....	\$1,220	D6071
Abutment supported retainer for cast metal FPD (high noble metal).....	\$1,331	D6072
Abutment supported retainer for cast metal FPD (predominantly base metal).....	\$941	D6073
Abutment supported retainer for cast metal FPD (noble metal).....	\$1,392	D6074
Implant supported retainer for ceramic FPD.....	\$1,377	D6075
Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal).....	\$1,369	D6076
Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal).....	\$1,713	D6077
Implant maintenance procedures, including removal of prosthesis, cleaning of prosthesis and abutments and reinsertion of prosthesis.....	\$125	D6080
Recement or rebond Implant/Abutment Supported Crown.....	\$175	D6092
Recement or rebond Implant/Abutment Supported Fixed Partial Denture.....	\$147	D6093
Abutment supported crown – (titanium).....	\$1,257	D6094
Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure.....	\$106	D6101
Debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure....	\$106	D6102
Implant abutment supported removable denture for edentulous arch-maxillary ...	\$2,400	D6110
Implant abutment supported removable denture for edentulous arch-mandibular.	\$2,400	D6111
Implant/abutment supported removable denture for partially edentulous arch-maxillary.....	\$2,500	D6112
Implant/abutment supported removable denture for partially edentulous arch-mandibular.....	\$2,500	D6113
Radiographic/surgical implant index, by report.....	\$350	D6190
Abutment supported retainer crown for FPD – (titanium).....	\$1,005	D6194
<b>Fixed Partial Denture Pontics</b> (Each retainer and each pontic constitutes a unit in a fixed partial denture)		
Pontic-Cast high noble metal.....	\$569	D6210†
Pontic-Cast predominantly base metal.....	\$429	D6211†
Pontic-Cast noble metal.....	\$399	D6212†
Pontic-Porcelain fused to high noble metal.....	\$530	D6240†
Pontic-Porcelain fused to predominantly base metal.....	\$498	D6241†
Pontic-Porcelain fused to noble metal.....	\$490	D6242†
Pontic-Porcelain/Ceramic.....	\$580	D6245†
Pontic-Resin with high noble metal.....	\$388	D6250†
Pontic-Resin with predominantly base metal.....	\$414	D6251†
Pontic-Resin with noble metal.....	\$424	D6252†

Prosthodontics to replace missing teeth are covered only for teeth that are lost while the plan participant is covered by this plan.

# Dental Schedule of Benefits

PROSTHODONTICS <i>(See note below) (continued)</i>	Maximum Benefit	Code
<b>Fixed Partial Denture Retainers - Inlays/Onlays</b>		
Inlay - cast predominantly base metal, two surfaces .....	\$314	D6604
Inlay - cast predominantly base metal, three or more surfaces.....	\$379	D6605
Onlay - cast predominantly base metal, two surfaces .....	\$413	D6612
Onlay - cast predominantly base metal, three or more surfaces .....	\$386	D6613
<b>Fixed Partial Denture Retainers - Crowns</b>		
Crown-Resin with high noble metal .....	\$471	D6720†
Crown-Resin with predominantly base metal .....	\$371	D6721†
Crown-Resin with noble metal .....	\$378	D6722†
Crown-Porcelain/Ceramic .....	\$588	D6740†
Crown-Porcelain fused to high noble metal .....	\$538	D6750†
Crown-Porcelain fused to predominantly base metals .....	\$498	D6751†
Crown-Porcelain fused to noble metal .....	\$490	D6752†
Crown-3/4 cast high noble metal .....	\$506	D6780†
Crown-Full cast high noble metal .....	\$511	D6790†
Crown-Full cast predominantly base metal .....	\$450	D6791†
Crown-Full cast noble metal .....	\$464	D6792†
<b>Other Fixed Partial Denture Services</b>		
Recement or rebond Fixed Partial Denture .....	\$ 49	D6930
Cast Post and Core-In Addition to Bridge .....	\$125	D6970
Prefab Post and Core (Bridge) .....	\$116	D6972
Core Buildup for Retainer Incl Any Pins .....	\$136	D6973
Fixed partial denture repair, necessitated by restorative material failure .....	\$136	D6980
<b>ORAL SURGERY</b>		
<b>Extractions</b>		
Coronal Remnants - Deciduous Tooth .....	\$120	D7111
Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal) .....	\$167	D7140
<b>Surgical Extraction</b>		
(Includes local anesthesia, suturing if needed, and routine postoperative care)		
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth .....	\$145	D7210
Removal of impacted tooth - soft tissue .....	\$157	D7220
Removal of impacted tooth - partially bony .....	\$201	D7230
Removal of impacted tooth - completely bony .....	\$216	D7240
Removal of impacted tooth - completely bony with unusual surgical complications .....	\$245	D7241
Surgical removal of residual tooth roots (cutting procedure) .....	\$133	D7250
<b>Other Surgical Procedures</b>		
Incisional biopsy of oral tissue-hard (bone, tooth) .....	\$280	D7285
Incisional biopsy of oral tissue-soft .....	\$238	D7286
Alveoloplasty in conjunction with extractions, per quadrant .....	\$130	D7310
Alveoloplasty in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant .....	\$105	D7311
Alveoloplasty not in conjunction with extractions, per quadrant .....	\$179	D7320
Alveoloplasty not in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant .....	\$141	D7321
Frenulectomy - separate procedure .....	\$175	D7960

Prosthodontics to replace missing teeth are covered only for teeth that are lost while the plan participant is covered by this plan.

† Limited to once every five plan years for the same tooth.

# Dental Schedule of Benefits

ADJUNCTIVE GENERAL SERVICES	Maximum Benefit	Code
<b>Surgical Incision</b>		
Palliative (emergency) treatment of dental pain (minor procedure) .....	\$ 95	D9110
<b>Anesthesia</b>		
<b>General Anesthesia, Intravenous Sedation and Non-IV Conscious Sedation will be covered only if a qualified medical condition exists with supporting documentation from the patient's medical provider.</b>		
General anesthesia - first 30 minutes .....	\$411	D9220
General anesthesia - each additional 15 minutes .....	\$ 96	D9221
Intravenous moderate sedation/analgesia - first 30 minutes.....	\$318	D9241
Intravenous moderate sedation/analgesia - each additional 15 minutes.....	\$165	D9242
Non-IV Conscious Sedation .....	\$386	D9248
<b>Miscellaneous Services</b>		
Occlusal guards, by report .....	\$440	D9940
Occlusal adjustment, limited .....	\$132	D9951
Occlusal adjustment, complete .....	\$750	D9952

**Prosthodontics** to replace missing teeth are covered only for teeth that are lost while the plan participant is covered by this plan.

† Limited to once every five plan years for the same tooth.