

**SCHEDULE OF DENTAL PROCEDURES**

That part of a charge that exceeds the amount shown under Covered Dental Amount is not covered.

<b>ADA Code</b>	<b>Description</b>	<b>Covered Dental Amount</b>
<b>CATEGORY I - WELLNESS SERVICES</b>		
D0120	Periodic Oral Evaluation	\$25.00
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$40.00
D0270	Bitewing-Single Film	\$15.00
D0272	Bitewings - Two Films	\$23.00
D0274	Bitewings - Four Films	\$30.00
D0277	Vertical Bitewings-7-8 Films	\$40.00
D0330	Panoramic Film	\$65.00
D1110	Prophylaxis - Adult	\$50.00
D1120	Prophylaxis - Child	\$38.00
D1201	Topical Application Of Fluoride (Including Prophylaxis) - Child	\$57.00
D1203	Topical Application Of Fluoride (Prophylaxis Not Included) - Child	\$22.00
D1204	Topical Application Of Fluoride (Prophylaxis Not Included) - Adult	\$22.00
D1205	Topical Application Of Fluoride (Including Prophylaxis) - Adult	\$59.00
D1351	Sealant - Per Tooth	\$35.00
<b>CATEGORY I - OTHER PREVENTIVE SERVICES</b>		
D0210	Intraoral - Complete Series (Including Bitewings)	\$71.00
D0220	Intraoral - Periapical - First Film	\$15.00
D0230	Intraoral - Periapical - Each Additional Film	\$12.00
D0460	Pulp Vitality Tests	\$27.00
D0470	Diagnostic Casts	\$59.00
D0472	Accessn Tiss-Gross Exam-Prep Report	\$40.00
D0473	Accessn Tiss-Gross-Micro Exam-Rept	\$45.00
D0474	Accessn Tiss-Exam-Surg Margins-Rept	\$48.00
D0480	Process-Interpt Cyto Smear-Prep Rpt	\$45.00
D0999	Unspecified Diagnostic Proc Br	\$50.00
<b>CATEGORY II - ADJUNCTIVE GENERAL SERVICES</b>		
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure	\$42.25
D9210	Local Anes Not W/Oper/Surg Proc	\$16.25
D9211	Regional Block Anes	\$6.50
D9212	Trigeminal Divis Block Anes	\$11.70
D9215	Local Anes	\$16.25
D9220	Deep Sedation/General Anesthesia - First 30 Minutes	\$195.00
D9221	Deep Sedation/General Anesthesia - Each Additional 15 Minutes	\$65.00
D9230	Analgesia-Anxiolysis-Inhal Nitrous	\$26.65
D9241	Intravenous Conscious Sedation/Analgesia-First 30 Min	\$191.10
D9242	Intravenous Conscious Sedation/Analgesia-Each Additional 15 Min	\$24.05
D9248	Non-Intravenous Conscious Sedation	\$48.75
D9310	Consultation (Diagnostic Service Provided by Dentist or Physician other than Practitioner Providing Treatment)	\$39.00
D9410	House/Exten Care Facility Call	\$39.00
D9420	Hosp Call	\$91.00
D9430	Off Vst-Obsrv (Reg Hrs)-No Oth Serv	\$29.25
D9440	Offic Visit-After Reg Scheduled Hrs	\$42.90
D9610	Therap Drug Inj Br	\$34.45
D9630	Oth Drugs &/Or Meds Br	\$19.50
D9910	Applic Desensitizing Meds	\$19.50
D9911	Appl Desen Res-Cerv &/Or Root/Tooth	\$7.15
D9920	Behavior Mgmt Br	\$29.25
D9930	Tx Compl (Pst-Surg)-Unusual Circ Br	\$32.50
D9940	Occlu Guard Br	\$276.25
D9941	Fabrication Athletic Mouthguard	\$50.05
D9950	Occlu Analy-Mounted Case	\$162.50
D9951	Occlu Adjustment-Ltd	\$48.75
D9952	Occlu Adjustment-Complt	\$267.80

**SCHEDULE OF DENTAL PROCEDURES (Continued)**

<b>ADA Code</b>	<b>Description</b>	<b>Covered Dental Amount</b>
<b>CATEGORY II - ADJUNCTIVE GENERAL SERVICES (Continued)</b>		
D9970	Enamel Microabrasion	\$97.50
<b>CATEGORY II - DIAGNOSTIC</b>		
D0140	Ltd Oral Eval-Problem Focused	\$32.50
D0160	Detailed & Exten Oral Eval Br	\$65.00
D0170	Re-Eval-Ltd Prob Focused (Estab Pt)	\$128.70
D0180	Comprehensive Periodontal Evaluation - New or Established Patient	\$35.80
D0240	Intraoral-Occlusal Film	\$23.40
D0250	Extraoral-First Film	\$48.75
D0260	Extraoral-Ea Add Film	\$32.50
D0290	Pa/Lat Skull & Facial Bne Surv Film	\$48.75
D0320	Tmj Arthrogram Incl Inj	\$81.90
D0321	Oth Tmj Films Br	\$97.50
D0322	Tomographic Survey	\$130.00
D0340	Cephalometric Film	\$40.30
D0350	Oral/Facial Images-Intra/Extraoral	\$23.40
D0415	Bact Studies-Determ Path Agents	\$13.00
D0425	Caries Susceptibility Tests	\$9.75
<b>CATEGORY II - ENDODONTICS</b>		
D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$26.00
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$20.80
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$84.50
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$32.50
D3230	Pulpal Therap(Resorb)-Ant Prim Tth	\$113.75
D3240	Pulpal Therap(Resorb)-Post Prim Tth	\$120.90
D3310	Root Canal Therapy - Anterior (Excluding Final Restoration)	\$292.50
D3320	Root Canal Therapy - Bicuspid (Excluding Final Restoration)	\$325.00
D3330	Root Canal Therapy - Molar (Excluding Final Restoration)	\$403.00
D3331	Tx Root Canal Obstruc-Non-Surg Acc	\$260.00
D3332	Incomp Endodon Therap-Inoper/Fx Tth	\$487.50
D3333	Int Root Repr-Perforation Defec	\$195.00
D3346	Retx Prev Root Canal Therap-Ant	\$399.75
D3347	Retx Prev Root Canal Therap-Bicusp	\$429.00
D3348	Retx Prev Root Canal Therap-Molar	\$536.25
D3351	Apexificatn/Recalcificatn-Init Vst	\$169.00
D3352	Apexif/Recalcif-Interim Meds Replac	\$48.75
D3353	Apexification/Recalcificatn-Fnl Vst	\$48.75
D3410	Apicoectomy/Periradicular Surgery - Anterior	\$367.25
D3421	Apicoect/Perirad Surg-Bicusp-1 Root	\$373.75
D3425	Apicoect/Perirad Surg-Molar(1 Root)	\$347.75
D3426	Apicoect/Perirad Surg (Ea Add Root)	\$156.00
D3430	Retrograde Filling-Per Root	\$65.00
D3450	Root Amputat-Per Root	\$325.00
D3470	Intentional Replant (Incl Splint)	\$113.75
D3910	Surg Proc-Isolation Tooth W/Rub Dam	\$32.50
D3920	Hemisectn(Incl Root Rem)Wo Root Cnl	\$471.25
D3950	Canal Prep & Fit-Preformd Dowl/Post	\$21.45
D3999	Unspecified Endodontic Proc Br	\$104.00
<b>CATEGORY II - ORAL SURGERY</b>		
D7111	Coronal Remnants - Deciduous Tooth	\$65.00
D7140	Extraction, Erupted tooth or Exposed Root (Elevation and/or Forceps Removal)	\$78.00
D7210	Surgical Removal Of Erupted Tooth Requiring Elevation Of Mucoperiosteal Flap And Removal Of Bone And/Or Section Of Tooth	\$97.50
D7220	Removal Of Impacted Tooth - Soft Tissue	\$115.05

**SCHEDULE OF DENTAL PROCEDURES (Continued)**

<b>ADA Code</b>	<b>Description</b>	<b>Covered Dental Amount</b>
<b>CATEGORY II - ORAL SURGERY (Continued)</b>		
D7230	Removal Of Impacted Tooth - Partially Bony	\$143.00
D7240	Removal Of Impacted Tooth - Completely Bony	\$180.05
D7241	Remov Impact Tth-Complt Bony W/Comp	\$243.75
D7250	Surg Remov Residual Tooth Roots	\$113.75
D7260	Oroantral Fistula Clos	\$455.00
D7261	Primary Closure of a Sinus Perforation	\$97.50
D7270	Tooth Reimplantation and/or Stabilization of Accidently Evulsed or Displaced Tooth	\$390.00
D7280	Surgical Access of an Unerupted Tooth	\$227.50
D7281	Surg Expos Impctd/Unerupt-Aid Erupt	\$211.25
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$188.50
D7285	Bx Oral Tiss-Hard (Bone/Tooth)	\$162.50
D7286	Biopsy Of Oral Tissue - Soft (all others)	\$113.75
D7287	Cytology Sample Collection	\$26.00
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, by Report	\$117.00
D7310	Alveoloplasty In Conjunction With Extractions - Per Quadrant	\$104.00
D7320	Alveoloplasty Not In Conjunction With Extractions - Per Quadrant	\$136.50
D7410	Excision of Benign Lesion up to 1.25 cm	\$422.50
D7411	Excision of Benign Lesion Greater Than 1.25 cm	\$351.00
D7412	Excision of Benign Lesion, Complicated	\$650.00
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	\$113.75
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm	\$261.30
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	\$81.25
D7520	I&D Absc-Extraoral Soft Tiss	\$48.75
D7530	Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar Tissue	\$44.20
D7670	Alveolus-Closed Reduction, May Include Stabilization of Teeth	\$185.25
D7880	Occlu Orthotic Device Br	\$412.10
D7899	Unspecified Tmd Therap Br	\$22.75
D7910	Sut Recent Sm Wounds Up To 5 Cm	\$55.25
D7911	Complic Sut Up To 5 Cm	\$16.25
D7950	Gft Mandib/Facl Bnes Autogen/Non Br	\$422.50
D7955	Repr-Maxillofacl Sft-Hrd Tiss Defec	\$487.50
D7960	Frenulectomy (Frenectomy Or Frenotomy) - Separate Procedure	\$175.50
D7970	Exc Hyperplastic Tiss-Per Arch	\$97.50
D7971	Exc Pericoronal Gingiva	\$94.25
D7995	Synthetic Gft-Mandib/Facial Bnes Br	\$130.00
<b>CATEGORY II - PERIODONTICS</b>		
D4210	Gingivectomy Or Gingivoplasty - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$113.75
D4211	Gingivectomy/Gingivoplasty-One to Three Teeth, Per Quadrant	\$76.70
D4240	Ging Flap Proc Incl Root Plng-Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$284.70
D4241	Ging Flap Proc Incl Root Plng-One to Three Teeth, Per Quadrant	\$325.00
D4245	Apically Posit Flap	\$243.75
D4249	Clin Crown Lengthening-Hard Tiss	\$422.50
D4260	Osseous Surgery (Including Flap Entry And Closure) - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$520.00
D4261	Osseous Surgery (Including Flap Entry And Closure) - One to Three Teeth, Per Quadrant	\$455.00
D4263	Bone Replac Gft-First Site In Quad	\$159.25
D4264	Bone Replac Gft-Ea Add Site In Quad	\$292.50
D4265	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration	\$149.50
D4266	Guid Tiss Regen-Resorb Barrier/Site	\$211.25

**SCHEDULE OF DENTAL PROCEDURES (Continued)**

<b>ADA Code</b>	<b>Description</b>	<b>Covered Dental Amount</b>
<b>CATEGORY II - PERIODONTICS (Continued)</b>		
D4267	Guid Tiss Regen-Nonresorb Barrier	\$243.75
D4268	Surg Revis Proc Per Tooth	\$276.25
D4270	Pedicle Soft Tiss Gft Proc	\$435.50
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	\$422.50
D4273	Subepithelial Connective Tiss Gft Procedures	\$471.25
D4274	Dist/Prox Wedge (No Proc Same Area)	\$321.75
D4275	Soft Tissue Allograft	\$390.00
D4276	Combined Connective Tissue and Double Pedicle Graft	\$390.00
D4320	Provisional Splinting-Intracoronal	\$58.50
D4321	Provisional Splinting-Extracoronal	\$95.55
D4341	Periodontal Scaling And Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant	\$97.50
D4342	Periodontal Scaling And Root Planing - One to Three Teeth Per Quadrant	\$117.00
D4355	Full Mouth Debrid to Enable Comprehensive Evaluation and Diagnosis	\$63.05
D4381	Local Del Chemo-Crevic Tiss/Th Br	\$55.25
D4910	Periodontal Maintenance	\$25.00
D4920	Unsched Dsg Chng (Not By Trtg Dent)	\$29.25
D4999	Unspecified Periodontal Proc Br	\$121.55
<b>CATEGORY II - PREVENTIVE</b>		
D1310	Nutrition Counsel-Contrl Dent Dis	\$26.00
D1320	Tobacco Counsl-Contrl/Prev Oral Dis	\$18.85
D1330	Oral Hygiene Instruc	\$19.50
D1510	Space Maintainer - Fixed - Unilateral	\$117.00
D1515	Space Maintainer - Fixed - Bilateral	\$281.45
D1520	Space Maintainer-Remov-Unilat	\$211.25
D1525	Space Maintainer-Remov-Bilat	\$552.50
D1550	Recementation Space Maintainer	\$29.25
<b>CATEGORY II - RESTORATIVE</b>		
D2140	Amalgam - One Surface, Primary or Permanent	\$45.50
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$55.25
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$66.95
D2161	Amalgam-4 or More Surfaces, Primary or Permanent	\$84.50
D2330	Resin - One Surface, Anterior	\$54.60
D2331	Resin - Two Surfaces, Anterior	\$65.00
D2332	Resin - Three Surfaces, Anterior	\$85.80
D2335	Res-Basd Comp-4/More Surf-Incis Ang	\$113.75
D2390	Resin-Based Composite Crown, Anterior	\$57.00
D2391	Resin-Based Composite - One Surface, Posterior	\$57.00
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$63.40
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$78.20
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$91.30
D2940	Sedative Filling	\$40.30
<b>CATEGORY III - IMPLANT SERVICES</b>		
D6010	Surg Plcmt-Implnt Body-Endostl Impl	\$1,072.50
D6020	Abutment Plcmt/Sub-Endosteal Implnt	\$780.00
D6040	Surg Plcmt-Eposteal Implnt	\$926.25
D6053	Implant/Abutment Supported Removable Denture for Completely Edentulous Arch	\$702.00
D6054	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch	\$702.00
D6055	Dent Implnt Support Connecting Bar	\$520.00
D6056	Prefab Abutment	\$568.75
D6057	Custom Abutment	\$682.50
D6058	Abutmnt Supportd Porcl/Ceramic Crwn	\$451.75

**SCHEDULE OF DENTAL PROCEDURES (Continued)**

<u>ADA Code</u>	<u>Description</u>	<u>Covered Dental Amount</u>
<b>CATEGORY III - IMPLANT SERVICES (Continued)</b>		
D6059	Abut Supprt Porc Metl Crwn (Hi Nbl)	\$451.75
D6060	Abut Supprt Porc Met Crwn (Bse Met)	\$451.75
D6061	Abut Suprt Porc Met Crwn (Nobl Met)	\$451.75
D6062	Abut Suprt Cast Met Crwn (Hi Noble)	\$451.75
D6063	Abut Suprt Cast Met Crwn (Base Met)	\$451.75
D6064	Abut Suprt Cast Met Crwn (Nobl Met)	\$451.75
D6065	Implnt Supprtd Porcl/Ceramic Crown	\$451.75
D6066	Implnt Supprtd Porcl Fused Met Crwn	\$451.75
D6067	Implnt Supported Metal Crown	\$451.75
D6068	Abut Supprt Retainr-Porc/Ceramic Fpd	\$227.50
D6069	Abut Suprtd Retnr-Porc Fused Met Fpd	\$227.50
D6070	Abut Suprtd Retnr-Porc Fused Met Fpd	\$227.50
D6071	Abut Suprtd Retnr-Porc Fused Met Fpd	\$227.50
D6072	Abut Suprtd Retnr-Cast Met Fpd (Hi)	\$227.50
D6073	Abut Suprtd Retn-Cast Met Fpd (Bse)	\$227.50
D6074	Abut Suprtd Retn-Cast Met Fpd (Nbl)	\$227.50
D6075	Implnt Supprtd Retainer-Ceramic Fpd	\$130.00
D6076	Implnt Suprt Retn-Porc Fused Met Fpd	\$130.00
D6077	Implnt Supprtd Retainr-Cast Met Fpd	\$130.00
D6078	Implnt/Abut Fixd Dent-Comp End Arch	\$130.00
D6079	Implnt/Abut Fixd Dent-Part End Arch	\$130.00
D6080	Implnt Maintenance Proc	\$61.75
D6095	Repr Implnt Abutment Br	\$451.75
D6199	Unspecified Implnt Proc Br	\$849.55
<b>CATEGORY III - MAXILLOFACIAL PROSTHETICS</b>		
D5982	Surg Stent	\$250.25
D5986	Fluoride Gel Carrier	\$260.00
<b>CATEGORY III - ORAL SURGERY</b>		
D7272	Tth Transpl (Reimplnt-Splnt-Stablz)	\$162.50
D7290	Surg Repositioning Teeth	\$227.50
D7413	Excision of Malignant Lesion up to 1.25 cm	\$536.30
D7414	Excision of Malignant Lesion Greater Than 1.25 cm	\$910.00
D7415	Excision of Malignant Lesion, Complicated	\$1,365.00
D7440	Exc Malig Tumor-Les Diam To 1.25 Cm	\$52.00
D7441	Exc Malig Tumor-Les Diam >1.25 Cm	\$487.50
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$162.50
D7472	Removal of Torus Palatinus	\$536.30
D7473	Removal of Torus Mandibularis	\$406.30
D7485	Surgical Reduction of Osseous Tuberosity	\$406.30
D7490	Rad Resect Mandib W/Bone Gft	\$227.50
D7540	Remov Reaction-Producing Fb-Ms Syst	\$146.25
D7560	Maxil Sinusotomy-Remov Tth Frag/Fb	\$585.00
D7610	Maxil-Op Reduc (Tth Immobil) (Smpl)	\$58.50
D7620	Maxil-Clo Reduc (Tth Immobil)(Smpl)	\$585.00
D7630	Mandib-Op Reduc (Tth Immobil)(Smpl)	\$45.50
D7640	Mandib-Clo Reduc(Tth Immobil)(Smpl)	\$61.75
D7650	Malar &/Or Zygo Arch-Op Recuc(Smpl)	\$585.00
D7660	Malar &/Or Zygo Arch-Clo Reduc-Smpl	\$406.25
D7671	Alveolus-Open Reduction, May Include Stabilization of Teeth	\$1,137.50
D7710	Maxil-Op Reduc (Compound Fx)	\$585.00
D7720	Maxil-Clo Reduc (Compound Fx)	\$585.00
D7730	Mandib-Op Reduc (Compound Fx)	\$58.50
D7740	Mandib-Clo Reduc (Compound Fx)	\$58.50
D7750	Malar &/Or Zygo Arch-Op Reduc(Cmpd)	\$260.00
D7760	Malar &/Or Zygo Arch-Clo Reduc-Cmpd	\$260.00

**SCHEDULE OF DENTAL PROCEDURES (Continued)**

<u>ADA Code</u>	<u>Description</u>	<u>Covered Dental Amount</u>
<b>CATEGORY III - ORAL SURGERY (Continued)</b>		
D7771	Alveolus-Closed Reduction, Stabilization of Teeth	\$650.00
D7972	Surgical Reduction of Fibrous Tuberosity	\$260.00
<b>CATEGORY III - PROSTHODONTICS, FIXED</b>		
D6210	Pontic - Cast High Noble Metal	\$447.20
D6211	Pontic-Cast Predominantly Base Metl	\$429.00
D6212	Pontic-Cast Noble Metal	\$390.00
D6240	Pontic - Porcelain Fused To High Noble Metal	\$425.75
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	\$386.75
D6242	Pontic - Porcelain Fused To Noble Metal	\$406.25
D6245	Pontic-Porcelain/Ceramic	\$451.75
D6250	Pontic-Resin W/Hi Noble Metal	\$520.00
D6251	Pontic-Resin W/Predominant Base Mtl	\$423.15
D6252	Pontic-Resin W/Noble Metal	\$357.50
D6253	Provisional Pontic	\$53.60
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	\$260.00
D6600	Inlay - Porcelain/Ceramic, Two Surfaces	\$409.50
D6601	Inlay - Porcelain/Ceramic, Three or More Surfaces	\$409.50
D6602	Inlay - Cast High Noble Metal, Two Surfaces	\$409.50
D6603	Inlay - Cast High Noble Metal, Three or More Surfaces	\$409.50
D6604	Inlay - Cast Predominantly Base Metal, Two Surfaces	\$409.50
D6605	Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$409.50
D6606	Inlay - Cast Noble Metal, Two Surfaces	\$409.50
D6607	Inlay - Cast Noble Metal, Three or More Surfaces	\$409.50
D6608	Onlay - Porcelain/Ceramic, Two Surfaces	\$409.50
D6609	Onlay - Porcelain/Ceramic, Three or More Surfaces	\$409.50
D6610	Onlay - Cast High Noble Metal, Two Surfaces	\$409.50
D6611	Onlay - Cast High Noble Metal, Three or More Surfaces	\$409.50
D6612	Onlay - Cast Predominantly Base Metal, Two Surfaces	\$409.50
D6613	Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$409.50
D6614	Onlay - Cast Noble Metal, Two Surfaces	\$409.50
D6615	Onlay - Cast Noble Metal, Three or More Surfaces	\$409.50
D6720	Crown-Resin W/Hi Noble Metal	\$469.30
D6721	Crown-Resin W/Predominant Base Metl	\$360.75
D6722	Crown-Resin W/Noble Metal	\$520.00
D6740	Crown-Porcelain/Ceramic	\$678.60
D6750	Crown - Porcelain Fused To High Noble Metal	\$438.10
D6751	Crown - Porcelain Fused To Predominantly Base Metal	\$406.25
D6752	Crown - Porcelain Fused To Noble Metal	\$406.25
D6780	Crown-3/4 Cast Hi Noble Metal	\$376.35
D6781	Crown-3/4 Cast Predom Based Metal	\$260.00
D6782	Crown-3/4 Cast Noble Metal	\$260.00
D6783	Crown-3/4 Porcelain/Ceramic	\$276.25
D6790	Crown - Full Cast High Noble Metal	\$410.15
D6791	Crown-Full Cast Predom Base Metal	\$357.50
D6792	Crown-Full Cast Noble Metal	\$438.75
D6793	Provisional Retainer Crown	\$53.60
D6920	Connector Bar	\$162.50
D6930	Recement Fixed Partial Denture	\$54.60
D6940	Stress Breaker	\$178.10
D6950	Precision Attachment	\$0.00
D6970	Cast Post & Core-Add To Part Retain	\$250.25
D6972	Prefab Post & Core-Add To Part Retn	\$146.25
D6973	Core Build Up-Retainer Incl Pins	\$126.75
D6975	Coping-Metal	\$260.00
D6976	Ea Add Cast Post-Same Tooth	\$65.00
D6977	Ea Add Prefab Post-Same Tooth	\$65.00

**SCHEDULE OF DENTAL PROCEDURES (Continued)**

<b>ADA Code</b>	<b>Description</b>	<b>Covered Dental Amount</b>
<b>CATEGORY III - PROSTHODONTICS, FIXED (Continued)</b>		
D6980	Fix Part Denture Repr Br	\$111.15
D6985	Pediatric Partial Denture, Fixed	\$40.60
<b>CATEGORY III - PROSTHODONTICS, REMOVABLE</b>		
D5110	Complete Denture - Maxillary	\$650.00
D5120	Complete Denture - Mandibular	\$578.50
D5130	Immediate Denture - Maxillary	\$507.00
D5140	Immediate Denture - Mandibular	\$507.00
D5211	Maxil Part Denture-Resin Base	\$455.00
D5212	Mandib Part Denture-Resin Base	\$357.50
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)	\$552.50
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth)	\$562.25
D5281	Remov Unilat Part Dent-1 Piece Metl	\$520.00
D5410	Adjust Complt Denture-Maxil	\$31.85
D5411	Adjust Complt Denture-Mandib	\$40.30
D5421	Adjust Part Denture-Maxil	\$32.50
D5422	Adjust Partial Denture - Mandibular	\$26.00
D5510	Repr Broken Complt Denture Base	\$61.75
D5520	Repl Miss/Brkn Tth-Comp Dent-Ea Tth	\$60.45
D5610	Repair Resin Denture Base	\$58.50
D5620	Repr Cast Framework	\$81.25
D5630	Repr/Replace Broken Clasp	\$81.25
D5640	Replace Broken Teeth - Per Tooth	\$58.50
D5650	Add Tooth To Existing Partial Denture	\$65.00
D5660	Add Clasp To Existing Partial Denture	\$136.50
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)	\$702.00
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	\$702.00
D5710	Rebase Complt Maxil Denture	\$260.00
D5711	Rebase Complt Mandib Denture	\$243.75
D5720	Rebase Maxil Part Denture	\$260.00
D5721	Rebase Mandib Part Denture	\$308.75
D5730	Reline Complete Maxillary Denture (Chairside)	\$113.75
D5731	Reline Complt Mandib Dent (Chrside)	\$70.20
D5740	Reline Maxil Part Dent (Chairside)	\$156.65
D5741	Reline Mandib Part Dent (Chairside)	\$130.00
D5750	Reline Complete Maxillary Denture (Laboratory)	\$162.50
D5751	Reline Complete Mandibular Denture (Laboratory)	\$170.30
D5760	Reline Maxil Part Denture (Lab)	\$123.50
D5761	Reline Mandibular Partial Denture (Laboratory)	\$148.85
D5810	Interim Complt Denture (Maxil)	\$256.75
D5811	Interim Complt Denture (Mandib)	\$172.25
D5820	Interim Partial Denture (Maxillary)	\$211.90
D5821	Interim Part Denture (Mandib)	\$214.50
D5850	Tissue Conditioning, Maxillary	\$48.75
D5851	Tiss Conditioning Mandib	\$84.50
D5860	Overdenture-Complt Br	\$643.50
D5861	Overdenture-Part Br	\$568.75
D5862	Precision Attachment Br	\$292.50
D5867	Replac Part Semi-Precision/Attchmnt	\$130.00
D5875	Mod Remov Prosth Follow Implnt Surg	\$113.75
D5899	Unspec Remov Prosthodontic Proc Br	\$136.50
<b>CATEGORY III - RESTORATIVE</b>		
D2420	Gold Foil-2 Surfaces	\$188.50
D2430	Gold Foil-3 Surfaces	\$162.50

**SCHEDULE OF DENTAL PROCEDURES (Continued)**

<b>ADA Code</b>	<b>Description</b>	<b>Covered Dental Amount</b>
<b>CATEGORY III - RESTORATIVE (Continued)</b>		
D2510	Inlay-Metallic-1 Surface	\$274.95
D2520	Inlay-Metallic-2 Surfaces	\$416.65
D2530	Inlay - Metallic - Three Or More Surfaces	\$535.60
D2542	Onlay-Metallic-2 Surfaces	\$403.00
D2543	Onlay-Metallic-3 Surfaces	\$477.75
D2544	Onlay-Metallic-4/More Surfaces	\$475.80
D2610	Inlay-Porcelain/Ceramic-1 Surface	\$390.00
D2620	Inlay-Porcelain/Ceramic-2 Surfaces	\$448.50
D2630	Inlay-Porcelain/Ceramic-3/More Surf	\$419.25
D2642	Onlay-Porcelain/Ceramic-2 Surfaces	\$455.65
D2643	Onlay-Porcelain/Ceramic-3 Surfaces	\$422.50
D2644	Onlay-Porcelain/Ceramic-4/More Surf	\$484.25
D2651	Inlay-Res-Basd Comp Comp/Res-2 Surf	\$445.25
D2652	Inlay-Res Comp Comp/Res-3/More Surf	\$445.25
D2662	Onlay-Res-Basd Comp Comp/Res-2 Surf	\$227.50
D2663	Onlay-Res-Basd Comp Comp/Res-3 Surf	\$390.00
D2664	Onlay-Res Comp Comp/Res-3/More Surf	\$448.50
D2710	Crown-Resin (Indirect)	\$162.50
D2720	Crown-Resin W/Hi Noble Metal	\$292.50
D2721	Crown-Resin W/Predominant Base Metl	\$162.50
D2740	Crown - Porcelain/Ceramic Substrate	\$468.00
D2750	Crown - Porcelain Fused To High Noble Metal	\$425.75
D2751	Crown - Porcelain Fused To Predominantly Base Metal	\$386.75
D2752	Crown - Porcelain Fused To Noble Metal	\$401.70
D2780	Crown-3/4 Cast Hi Noble Metal	\$442.00
D2781	Crown-3/4 Cast Predominat Base Metl	\$422.50
D2782	Crown-3/4 Cast Noble Metal	\$390.00
D2783	Crown-3/4 Porcelain/Ceramic	\$406.25
D2790	Crown - Full Cast High Noble Metal	\$429.00
D2791	Crwn-Full Cast Predominant Base Mtl	\$416.00
D2792	Crown-Full Cast Noble Metal	\$442.65
D2799	Provisional Crown	\$429.00
D2910	Recement Inlay	\$42.25
D2920	Recement Crown	\$36.40
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$112.45
D2931	Prefab Stainless Steel Crown-Perm	\$140.40
D2932	Prefab Resin Crown	\$148.85
D2933	Prefab Stainless Steel Crwn W/Resin	\$119.60
D2950	Core Buildup Incl Any Pins	\$109.20
D2951	Pin Retn-Per Tooth In Add To Restor	\$23.40
D2952	Cast Post & Core In Add To Crown	\$162.50
D2953	Ea Add Cast Post-Same Tooth	\$43.55
D2954	Prefab Post & Core In Add To Crown	\$130.65
D2955	Post Remov (Not W/Endodontic Therp)	\$110.50
D2957	Ea Add Prefab Post-Same Tooth	\$39.00
D2960	Labial Veneer (Res Laminat)-Chrsde	\$260.00
D2961	Labial Veneer (Resin Laminat)-Lab	\$448.50
D2962	Labial Veneer (Porcel Laminat)-Lab	\$422.50
D2970	Temporary Crown (Fx Tooth)	\$113.75
D2980	Crown Repr Br	\$117.00
D2999	Unspecified Restorative Proc Br	\$100.75

**SCHEDULE OF DENTAL PROCEDURES- ORTHODONTIC SERVICES**

That part of a charge that exceeds the amount shown under Covered Dental Amount is not covered. Benefits for orthodontic services are payable only for an Insured Dependent child under the age of 19.

<b>ADA Code</b>	<b>Description</b>	<b>Covered Dental Amount</b>
<b>CATEGORY IV - ORTHODONTIC SERVICES</b>		
D8010	Ltd Orthodontic Tx Prim Dentition	\$65.00
D8020	Ltd Orthodontic Tx Transit Dentitn	\$65.00
D8030	Ltd Orthodontic Tx Adolescent Dent	\$65.00
D8040	Ltd Orthodontic Tx Adult Dentition	\$65.00
D8050	Interceptive Orthodontic Tx Prim	\$1,820.00
D8060	Interceptive Orthodontic Tx Transit	\$1,820.00
D8070	Comp Orthodontic Tx Transitional	\$2,457.00
D8080	Comp Orthodontic Tx Adolescent Dent	\$2,457.00
D8090	Comp Orthodontic Tx Adult Dentition	\$2,457.00
D8210	Remov Appliance Therap	\$78.00
D8220	Fix Appliance Therap	\$273.00
D8660	Pre-Orthodontic Tx Visit	\$22.75
D8670	Periodic Orthodontic Tx Vst (Contr)	\$22.75
D8680	Orthodon Retentn(Rem Appl-Plc Retn)	\$208.00
D8690	Orthodon Tx-Alternatv Bill To Contr	\$22.75