

SCHEDULE OF DENTAL PROCEDURES

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

| ADA Code | Description | Covered Dental Amount |
|--|--|------------------------------|
| CATEGORY I - WELLNESS SERVICES | | |
| 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 |
| CATEGORY I - OTHER PREVENTIVE SERVICES | | |
| 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 |
| CATEGORY II - ADJUNCTIVE GENERAL SERVICES | | |
| D9110 | Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure | \$65.00 |
| D9210 | Local Anes Not W/Oper/Surg Proc | \$25.00 |
| D9211 | Regional Block Anes | \$10.00 |
| D9212 | Trigeminal Divis Block Anes | \$18.00 |
| D9215 | Local Anes | \$25.00 |
| D9220 | Deep Sedation/General Anesthesia - First 30 Minutes | \$300.00 |
| D9221 | Deep Sedation/General Anesthesia - Each Additional 15 Minutes | \$100.00 |
| D9230 | Analgesia-Anxiolysis-Inhal Nitrous | \$41.00 |
| D9241 | Intravenous Conscious Sedation/Analgesia-First 30 Min | \$294.00 |
| D9242 | Intravenous Conscious Sedation/Analgesia-Each Additional 15 Min | \$37.00 |
| D9248 | Non-Intravenous Conscious Sedation | \$75.00 |
| D9310 | Consultation (Diagnostic Service Provided by Dentist or Physician other than Practitioner Providing Treatment) | \$60.00 |
| D9410 | House/Exten Care Facility Call | \$60.00 |
| D9420 | Hosp Call | \$140.00 |
| D9430 | Off Vst-Obsrv (Reg Hrs)-No Oth Serv | \$45.00 |
| D9440 | Offic Visit-After Reg Scheduled Hrs | \$66.00 |
| D9610 | Therap Drug Inj Br | \$53.00 |
| D9630 | Oth Drugs &/Or Meds Br | \$30.00 |
| D9910 | Applic Desensitizing Meds | \$30.00 |
| D9911 | Appl Desen Res-Cerv &/Or Root/Tooth | \$11.00 |
| D9920 | Behavior Mgmt Br | \$45.00 |
| D9930 | Tx Compl (Pst-Surg)-Unusual Circ Br | \$50.00 |
| D9940 | Occlu Guard Br | \$425.00 |
| D9941 | Fabrication Athletic Mouthguard | \$77.00 |
| D9950 | Occlu Analy-Mounted Case | \$250.00 |
| D9951 | Occlu Adjustment-Ltd | \$75.00 |
| D9952 | Occlu Adjustment-Complt | \$412.00 |

SCHEDULE OF DENTAL PROCEDURES (Continued)

| ADA Code | Description | Covered Dental Amount |
|--|--|------------------------------|
| CATEGORY II - ADJUNCTIVE GENERAL SERVICES (Continued) | | |
| D9970 | Enamel Microabrasion | \$150.00 |
| CATEGORY II - DIAGNOSTIC | | |
| D0140 | Ltd Oral Eval-Problem Focused | \$50.00 |
| D0160 | Detailed & Exten Oral Eval Br | \$100.00 |
| D0170 | Re-Eval-Ltd Prob Focused (Estab Pt) | \$198.00 |
| D0180 | Comprehensive Periodontal Evaluation - New or Established Patient | \$55.00 |
| D0240 | Intraoral-Occlusal Film | \$36.00 |
| D0250 | Extraoral-First Film | \$75.00 |
| D0260 | Extraoral-Ea Add Film | \$50.00 |
| D0290 | Pa/Lat Skull & Facial Bne Surv Film | \$75.00 |
| D0320 | Tmj Arthrogram Incl Inj | \$126.00 |
| D0321 | Oth Tmj Films Br | \$150.00 |
| D0322 | Tomographic Survey | \$200.00 |
| D0340 | Cephalometric Film | \$62.00 |
| D0350 | Oral/Facial Images-Intra/Extraoral | \$36.00 |
| D0415 | Bact Studies-Determ Path Agents | \$20.00 |
| D0425 | Caries Susceptibility Tests | \$15.00 |
| CATEGORY II - ENDODONTICS | | |
| D3110 | Pulp Cap - Direct (Excluding Final Restoration) | \$40.00 |
| D3120 | Pulp Cap - Indirect (Excluding Final Restoration) | \$32.00 |
| D3220 | Therapeutic Pulpotomy (Excluding Final Restoration) | \$130.00 |
| D3221 | Pulpal Debridement, Primary and Permanent Teeth | \$50.00 |
| D3230 | Pulpal Therap(Resorb)-Ant Prim Tth | \$175.00 |
| D3240 | Pulpal Therap(Resorb)-Post Prim Tth | \$186.00 |
| D3310 | Root Canal Therapy - Anterior (Excluding Final Restoration) | \$450.00 |
| D3320 | Root Canal Therapy - Bicuspid (Excluding Final Restoration) | \$500.00 |
| D3330 | Root Canal Therapy - Molar (Excluding Final Restoration) | \$620.00 |
| D3331 | Tx Root Canal Obstruc-Non-Surg Acc | \$400.00 |
| D3332 | Incomp Endodon Therap-Inoper/Fx Tth | \$750.00 |
| D3333 | Int Root Repr-Perforation Defec | \$300.00 |
| D3346 | Retx Prev Root Canal Therap-Ant | \$615.00 |
| D3347 | Retx Prev Root Canal Therap-Bicusp | \$660.00 |
| D3348 | Retx Prev Root Canal Therap-Molar | \$825.00 |
| D3351 | Apexificatn/Recalcificatn-Init Vst | \$260.00 |
| D3352 | Apexif/Recalcif-Interim Meds Replac | \$75.00 |
| D3353 | Apexification/Recalcificatn-Fnl Vst | \$75.00 |
| D3410 | Apicoectomy/Periradicular Surgery - Anterior | \$565.00 |
| D3421 | Apicoect/Perirad Surg-Bicusp-1 Root | \$575.00 |
| D3425 | Apicoect/Perirad Surg-Molar(1 Root) | \$535.00 |
| D3426 | Apicoect/Perirad Surg (Ea Add Root) | \$240.00 |
| D3430 | Retrograde Filling-Per Root | \$100.00 |
| D3450 | Root Amputat-Per Root | \$500.00 |
| D3470 | Intentional Replant (Incl Splint) | \$175.00 |
| D3910 | Surg Proc-Isolation Tooth W/Rub Dam | \$50.00 |
| D3920 | Hemisectn(Incl Root Rem)Wo Root Cnl | \$725.00 |
| D3950 | Canal Prep & Fit-Preformd Dowl/Post | \$33.00 |
| D3999 | Unspecified Endodontic Proc Br | \$160.00 |
| CATEGORY II - ORAL SURGERY | | |
| D7111 | Coronal Remnants - Deciduous Tooth | \$100.00 |
| D7140 | Extraction, Erupted tooth or Exposed Root (Elevation and/or Forceps Removal) | \$120.00 |
| D7210 | Surgical Removal Of Erupted Tooth Requiring Elevation Of Mucoperiosteal Flap And Removal Of Bone And/Or Section Of Tooth | \$150.00 |
| D7220 | Removal Of Impacted Tooth - Soft Tissue | \$177.00 |

SCHEDULE OF DENTAL PROCEDURES (Continued)

| ADA Code | Description | Covered Dental Amount |
|---|---|------------------------------|
| CATEGORY II - ORAL SURGERY (Continued) | | |
| D7230 | Removal Of Impacted Tooth - Partially Bony | \$220.00 |
| D7240 | Removal Of Impacted Tooth - Completely Bony | \$277.00 |
| D7241 | Remov Impact Tth-Complt Bony W/Comp | \$375.00 |
| D7250 | Surg Remov Residual Tooth Roots | \$175.00 |
| D7260 | Oroantral Fistula Clos | \$700.00 |
| D7261 | Primary Closure of a Sinus Perforation | \$150.00 |
| D7270 | Tooth Reimplantation and/or Stabilization of Accidently Evulsed or Displaced Tooth | \$600.00 |
| D7280 | Surgical Access of an Unerupted Tooth | \$350.00 |
| D7281 | Surg Expos Impctd/Unerupt-Aid Erupt | \$325.00 |
| D7282 | Mobilization of Erupted or Malpositioned Tooth to Aid Eruption | \$290.00 |
| D7285 | Bx Oral Tiss-Hard (Bone/Tooth) | \$250.00 |
| D7286 | Biopsy Of Oral Tissue - Soft (all others) | \$175.00 |
| D7287 | Cytology Sample Collection | \$40.00 |
| D7291 | Transseptal Fiberotomy/Supra Crestal Fiberotomy, by Report | \$180.00 |
| D7310 | Alveoloplasty In Conjunction With Extractions - Per Quadrant | \$160.00 |
| D7320 | Alveoloplasty Not In Conjunction With Extractions - Per Quadrant | \$210.00 |
| D7410 | Excision of Benign Lesion up to 1.25 cm | \$650.00 |
| D7411 | Excision of Benign Lesion Greater Than 1.25 cm | \$540.00 |
| D7412 | Excision of Benign Lesion, Complicated | \$1,000.00 |
| D7450 | Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm | \$175.00 |
| D7451 | Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm | \$402.00 |
| D7510 | Incision And Drainage Of Abscess - Intraoral Soft Tissue | \$125.00 |
| D7520 | I&D Absc-Extraoral Soft Tiss | \$75.00 |
| D7530 | Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar Tissue | \$68.00 |
| D7670 | Alveolus-Closed Reduction, May Include Stabilization of Teeth | \$285.00 |
| D7880 | Occlu Orthotic Device Br | \$634.00 |
| D7899 | Unspecified Tmd Therap Br | \$35.00 |
| D7910 | Sut Recent Sm Wounds Up To 5 Cm | \$85.00 |
| D7911 | Complic Sut Up To 5 Cm | \$25.00 |
| D7950 | Gft Mandib/Facl Bnes Autogen/Non Br | \$650.00 |
| D7955 | Repr-Maxillofacl Sft-Hrd Tiss Defec | \$750.00 |
| D7960 | Frenulectomy (Frenectomy Or Frenotomy) - Separate Procedure | \$270.00 |
| D7970 | Exc Hyperplastic Tiss-Per Arch | \$150.00 |
| D7971 | Exc Pericoronal Gingiva | \$145.00 |
| D7995 | Synthetic Gft-Mandib/Facial Bnes Br | \$200.00 |
| CATEGORY II - PERIODONTICS | | |
| D4210 | Gingivectomy Or Gingivoplasty - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant | \$175.00 |
| D4211 | Gingivectomy/Gingivoplasty-One to Three Teeth, Per Quadrant | \$118.00 |
| D4240 | Ging Flap Proc Incl Root Plng-Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant | \$438.00 |
| D4241 | Ging Flap Proc Incl Root Plng-One to Three Teeth, Per Quadrant | \$500.00 |
| D4245 | Apically Posit Flap | \$375.00 |
| D4249 | Clin Crown Lengthening-Hard Tiss | \$650.00 |
| D4260 | Osseous Surgery (Including Flap Entry And Closure) - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant | \$800.00 |
| D4261 | Osseous Surgery (Including Flap Entry And Closure) - One to Three Teeth, Per Quadrant | \$700.00 |
| D4263 | Bone Replac Gft-First Site In Quad | \$245.00 |
| D4264 | Bone Replac Gft-Ea Add Site In Quad | \$450.00 |
| D4265 | Biologic Materials to Aid in Soft and Osseous Tissue Regeneration | \$230.00 |
| D4266 | Guid Tiss Regen-Resorb Barrier/Site | \$325.00 |

SCHEDULE OF DENTAL PROCEDURES (Continued)

| ADA Code | Description | Covered Dental Amount |
|---|---|------------------------------|
| CATEGORY II - PERIODONTICS (Continued) | | |
| D4267 | Guid Tiss Regen-Nonresorb Barrier | \$375.00 |
| D4268 | Surg Revis Proc Per Tooth | \$425.00 |
| D4270 | Pedicle Soft Tiss Gft Proc | \$670.00 |
| D4271 | Free Soft Tissue Graft Procedure (Including Donor Site Surgery) | \$650.00 |
| D4273 | Subepithelial Connective Tiss Gft Procedures | \$725.00 |
| D4274 | Dist/Prox Wedge (No Proc Same Area) | \$495.00 |
| D4275 | Soft Tissue Allograft | \$600.00 |
| D4276 | Combined Connective Tissue and Double Pedicle Graft | \$600.00 |
| D4320 | Provisional Splinting-Intracoronal | \$90.00 |
| D4321 | Provisional Splinting-Extracoronal | \$147.00 |
| D4341 | Periodontal Scaling And Root Planing - Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant | \$150.00 |
| D4342 | Periodontal Scaling And Root Planing - One to Three Teeth Per Quadrant | \$180.00 |
| D4355 | Full Mouth Debrid to Enable Comprehensive Evaluation and Diagnosis | \$97.00 |
| D4381 | Local Del Chemo-Crevic Tiss/Th Br | \$85.00 |
| D4910 | Periodontal Maintenance | \$25.00 |
| D4920 | Unsched Dsg Chng (Not By Trtg Dent) | \$45.00 |
| D4999 | Unspecified Periodontal Proc Br | \$187.00 |
| CATEGORY II - PREVENTIVE | | |
| D1310 | Nutrition Counsel-Contrl Dent Dis | \$40.00 |
| D1320 | Tobacco Counsl-Contrl/Prev Oral Dis | \$29.00 |
| D1330 | Oral Hygiene Instruc | \$30.00 |
| D1510 | Space Maintainer - Fixed - Unilateral | \$180.00 |
| D1515 | Space Maintainer - Fixed - Bilateral | \$433.00 |
| D1520 | Space Maintainer-Remov-Unilat | \$325.00 |
| D1525 | Space Maintainer-Remov-Bilat | \$850.00 |
| D1550 | Recementation Space Maintainer | \$45.00 |
| CATEGORY II - RESTORATIVE | | |
| D2140 | Amalgam - One Surface, Primary or Permanent | \$70.00 |
| D2150 | Amalgam - Two Surfaces, Primary or Permanent | \$85.00 |
| D2160 | Amalgam - Three Surfaces, Primary or Permanent | \$103.00 |
| D2161 | Amalgam-4 or More Surfaces, Primary or Permanent | \$130.00 |
| D2330 | Resin - One Surface, Anterior | \$84.00 |
| D2331 | Resin - Two Surfaces, Anterior | \$100.00 |
| D2332 | Resin - Three Surfaces, Anterior | \$132.00 |
| D2335 | Res-Basd Comp-4/More Surf-Incis Ang | \$175.00 |
| D2390 | Resin-Based Composite Crown, Anterior | \$87.75 |
| D2391 | Resin-Based Composite - One Surface, Posterior | \$87.75 |
| D2392 | Resin-Based Composite - Two Surfaces, Posterior | \$97.50 |
| D2393 | Resin-Based Composite - Three Surfaces, Posterior | \$120.25 |
| D2394 | Resin-Based Composite - Four or More Surfaces, Posterior | \$140.40 |
| D2940 | Sedative Filling | \$62.00 |
| CATEGORY III - IMPLANT SERVICES | | |
| D6010 | Surg Plcmt-Implnt Body-Endostl Impl | \$1,650.00 |
| D6020 | Abutment Plcmt/Sub-Endosteal Implnt | \$1,200.00 |
| D6040 | Surg Plcmt-Eposteal Implnt | \$1,425.00 |
| D6053 | Implant/Abutment Supported Removable Denture for Completely Edentulous Arch | \$1,080.00 |
| D6054 | Implant/Abutment Supported Removable Denture for Partially Edentulous Arch | \$1,080.00 |
| D6055 | Dent Implnt Support Connecting Bar | \$800.00 |
| D6056 | Prefab Abutment | \$875.00 |
| D6057 | Custom Abutment | \$1,050.00 |
| D6058 | Abutmnt Supportd Porcl/Ceramic Crwn | \$695.00 |

SCHEDULE OF DENTAL PROCEDURES (Continued)

| <u>ADA Code</u> | <u>Description</u> | <u>Covered Dental Amount</u> |
|--|---|------------------------------|
| CATEGORY III - IMPLANT SERVICES (Continued) | | |
| D6059 | Abut Supprt Porc Metl Crwn (Hi Nbl) | \$695.00 |
| D6060 | Abut Supprt Porc Met Crwn (Bse Met) | \$695.00 |
| D6061 | Abut Suprt Porc Met Crwn (Nobl Met) | \$695.00 |
| D6062 | Abut Suprt Cast Met Crwn (Hi Noble) | \$695.00 |
| D6063 | Abut Suprt Cast Met Crwn (Base Met) | \$695.00 |
| D6064 | Abut Suprt Cast Met Crwn (Nobl Met) | \$695.00 |
| D6065 | Implnt Supprtd Porcl/Ceramic Crown | \$695.00 |
| D6066 | Implnt Supprtd Porcl Fused Met Crwn | \$695.00 |
| D6067 | Implnt Supported Metal Crown | \$695.00 |
| D6068 | Abut Supprt Retainr-Porc/Ceramic Fpd | \$350.00 |
| D6069 | Abut Suprtd Retnr-Porc Fused Met Fpd | \$350.00 |
| D6070 | Abut Suprtd Retnr-Porc Fused Met Fpd | \$350.00 |
| D6071 | Abut Suprtd Retnr-Porc Fused Met Fpd | \$350.00 |
| D6072 | Abut Suprtd Retnr-Cast Met Fpd (Hi) | \$350.00 |
| D6073 | Abut Suprtd Retn-Cast Met Fpd (Bse) | \$350.00 |
| D6074 | Abut Suprtd Retn-Cast Met Fpd (Nbl) | \$350.00 |
| D6075 | Implnt Supprtd Retainer-Ceramic Fpd | \$200.00 |
| D6076 | Implnt Suprt Retn-Porc Fused Met Fpd | \$200.00 |
| D6077 | Implnt Supprtd Retainr-Cast Met Fpd | \$200.00 |
| D6078 | Implnt/Abut Fixd Dent-Comp End Arch | \$200.00 |
| D6079 | Implnt/Abut Fixd Dent-Part End Arch | \$200.00 |
| D6080 | Implnt Maintenance Proc | \$95.00 |
| D6095 | Repr Implnt Abutment Br | \$695.00 |
| D6199 | Unspecified Implnt Proc Br | \$1,307.00 |
| CATEGORY III - MAXILLOFACIAL PROSTHETICS | | |
| D5982 | Surg Stent | \$385.00 |
| D5986 | Fluoride Gel Carrier | \$400.00 |
| CATEGORY III - ORAL SURGERY | | |
| D7272 | Tth Transpl (Reimplnt-Splnt-Stablz) | \$250.00 |
| D7290 | Surg Repositioning Teeth | \$350.00 |
| D7413 | Excision of Malignant Lesion up to 1.25 cm | \$825.00 |
| D7414 | Excision of Malignant Lesion Greater Than 1.25 cm | \$1,400.00 |
| D7415 | Excision of Malignant Lesion, Complicated | \$2,100.00 |
| D7440 | Exc Malig Tumor-Les Diam To 1.25 Cm | \$80.00 |
| D7441 | Exc Malig Tumor-Les Diam >1.25 Cm | \$750.00 |
| D7471 | Removal of Lateral Exostosis (Maxilla or Mandible) | \$250.00 |
| D7472 | Removal of Torus Palatinus | \$825.00 |
| D7473 | Removal of Torus Mandibularis | \$625.00 |
| D7485 | Surgical Reduction of Osseous Tuberosity | \$625.00 |
| D7490 | Rad Resect Mandib W/Bone Gft | \$350.00 |
| D7540 | Remov Reaction-Producing Fb-Ms Syst | \$225.00 |
| D7560 | Maxil Sinusotomy-Remov Tth Frag/Fb | \$900.00 |
| D7610 | Maxil-Op Reduc (Tth Immobil) (Smpl) | \$90.00 |
| D7620 | Maxil-Clo Reduc (Tth Immobil)(Smpl) | \$900.00 |
| D7630 | Mandib-Op Reduc (Tth Immobil)(Smpl) | \$70.00 |
| D7640 | Mandib-Clo Reduc(Tth Immobil)(Smpl) | \$95.00 |
| D7650 | Malar &/Or Zygo Arch-Op Recuc(Smpl) | \$900.00 |
| D7660 | Malar &/Or Zygo Arch-Clo Reduc-Smpl | \$625.00 |
| D7671 | Alveolus-Open Reduction, May Include Stabilization of Teeth | \$1,750.00 |
| D7710 | Maxil-Op Reduc (Compound Fx) | \$900.00 |
| D7720 | Maxil-Clo Reduc (Compound Fx) | \$900.00 |
| D7730 | Mandib-Op Reduc (Compound Fx) | \$90.00 |
| D7740 | Mandib-Clo Reduc (Compound Fx) | \$90.00 |
| D7750 | Malar &/Or Zygo Arch-Op Reduc(Cmpd) | \$400.00 |
| D7760 | Malar &/Or Zygo Arch-Clo Reduc-Cmpd | \$400.00 |

SCHEDULE OF DENTAL PROCEDURES (Continued)

| <u>ADA Code</u> | <u>Description</u> | <u>Covered Dental Amount</u> |
|--|---|------------------------------|
| CATEGORY III - ORAL SURGERY (Continued) | | |
| D7771 | Alveolus-Closed Reduction, Stabilization of Teeth | \$1,000.00 |
| D7972 | Surgical Reduction of Fibrous Tuberosity | \$400.00 |
| CATEGORY III - PROSTHODONTICS, FIXED | | |
| D6210 | Pontic - Cast High Noble Metal | \$688.00 |
| D6211 | Pontic-Cast Predominantly Base Metl | \$660.00 |
| D6212 | Pontic-Cast Noble Metal | \$600.00 |
| D6240 | Pontic - Porcelain Fused To High Noble Metal | \$655.00 |
| D6241 | Pontic - Porcelain Fused To Predominantly Base Metal | \$595.00 |
| D6242 | Pontic - Porcelain Fused To Noble Metal | \$625.00 |
| D6245 | Pontic-Porcelain/Ceramic | \$695.00 |
| D6250 | Pontic-Resin W/Hi Noble Metal | \$800.00 |
| D6251 | Pontic-Resin W/Predominant Base Mtl | \$651.00 |
| D6252 | Pontic-Resin W/Noble Metal | \$550.00 |
| D6253 | Provisional Pontic | \$82.50 |
| D6545 | Retainer - Cast Metal For Resin Bonded Fixed Prosthesis | \$400.00 |
| D6600 | Inlay - Porcelain/Ceramic, Two Surfaces | \$630.00 |
| D6601 | Inlay - Porcelain/Ceramic, Three or More Surfaces | \$630.00 |
| D6602 | Inlay - Cast High Noble Metal, Two Surfaces | \$630.00 |
| D6603 | Inlay - Cast High Noble Metal, Three or More Surfaces | \$630.00 |
| D6604 | Inlay - Cast Predominantly Base Metal, Two Surfaces | \$630.00 |
| D6605 | Inlay - Cast Predominantly Base Metal, Three or More Surfaces | \$630.00 |
| D6606 | Inlay - Cast Noble Metal, Two Surfaces | \$630.00 |
| D6607 | Inlay - Cast Noble Metal, Three or More Surfaces | \$630.00 |
| D6608 | Onlay - Porcelain/Ceramic, Two Surfaces | \$630.00 |
| D6609 | Onlay - Porcelain/Ceramic, Three or More Surfaces | \$630.00 |
| D6610 | Onlay - Cast High Noble Metal, Two Surfaces | \$630.00 |
| D6611 | Onlay - Cast High Noble Metal, Three or More Surfaces | \$630.00 |
| D6612 | Onlay - Cast Predominantly Base Metal, Two Surfaces | \$630.00 |
| D6613 | Onlay - Cast Predominantly Base Metal, Three or More Surfaces | \$630.00 |
| D6614 | Onlay - Cast Noble Metal, Two Surfaces | \$630.00 |
| D6615 | Onlay - Cast Noble Metal, Three or More Surfaces | \$630.00 |
| D6720 | Crown-Resin W/Hi Noble Metal | \$722.00 |
| D6721 | Crown-Resin W/Predominant Base Metl | \$555.00 |
| D6722 | Crown-Resin W/Noble Metal | \$800.00 |
| D6740 | Crown-Porcelain/Ceramic | \$1,044.00 |
| D6750 | Crown - Porcelain Fused To High Noble Metal | \$674.00 |
| D6751 | Crown - Porcelain Fused To Predominantly Base Metal | \$625.00 |
| D6752 | Crown - Porcelain Fused To Noble Metal | \$625.00 |
| D6780 | Crown-3/4 Cast Hi Noble Metal | \$579.00 |
| D6781 | Crown-3/4 Cast Predom Based Metal | \$400.00 |
| D6782 | Crown-3/4 Cast Noble Metal | \$400.00 |
| D6783 | Crown-3/4 Porcelain/Ceramic | \$425.00 |
| D6790 | Crown - Full Cast High Noble Metal | \$631.00 |
| D6791 | Crown-Full Cast Predom Base Metal | \$550.00 |
| D6792 | Crown-Full Cast Noble Metal | \$675.00 |
| D6793 | Provisional Retainer Crown | \$82.50 |
| D6920 | Connector Bar | \$250.00 |
| D6930 | Recement Fixed Partial Denture | \$84.00 |
| D6940 | Stress Breaker | \$274.00 |
| D6950 | Precision Attachment | \$0.00 |
| D6970 | Cast Post & Core-Add To Part Retain | \$385.00 |
| D6972 | Prefab Post & Core-Add To Part Retn | \$225.00 |
| D6973 | Core Build Up-Retainer Incl Pins | \$195.00 |
| D6975 | Coping-Metal | \$400.00 |
| D6976 | Ea Add Cast Post-Same Tooth | \$100.00 |
| D6977 | Ea Add Prefab Post-Same Tooth | \$100.00 |

SCHEDULE OF DENTAL PROCEDURES (Continued)

| ADA Code | Description | Covered Dental Amount |
|---|--|------------------------------|
| CATEGORY III - PROSTHODONTICS, FIXED (Continued) | | |
| D6980 | Fix Part Denture Repr Br | \$171.00 |
| D6985 | Pediatric Partial Denture, Fixed | \$62.50 |
| CATEGORY III - PROSTHODONTICS, REMOVABLE | | |
| D5110 | Complete Denture - Maxillary | \$1,000.00 |
| D5120 | Complete Denture - Mandibular | \$890.00 |
| D5130 | Immediate Denture - Maxillary | \$780.00 |
| D5140 | Immediate Denture - Mandibular | \$780.00 |
| D5211 | Maxil Part Denture-Resin Base | \$700.00 |
| D5212 | Mandib Part Denture-Resin Base | \$550.00 |
| D5213 | Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth) | \$850.00 |
| D5214 | Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Any Conventional Clasps, Rests And Teeth) | \$865.00 |
| D5281 | Remov Unilat Part Dent-1 Piece Metl | \$800.00 |
| D5410 | Adjust Complt Denture-Maxil | \$49.00 |
| D5411 | Adjust Complt Denture-Mandib | \$62.00 |
| D5421 | Adjust Part Denture-Maxil | \$50.00 |
| D5422 | Adjust Partial Denture - Mandibular | \$40.00 |
| D5510 | Repr Broken Complt Denture Base | \$95.00 |
| D5520 | Repl Miss/Brkn Tth-Comp Dent-Ea Tth | \$93.00 |
| D5610 | Repair Resin Denture Base | \$90.00 |
| D5620 | Repr Cast Framework | \$125.00 |
| D5630 | Repr/Replace Broken Clasp | \$125.00 |
| D5640 | Replace Broken Teeth - Per Tooth | \$90.00 |
| D5650 | Add Tooth To Existing Partial Denture | \$100.00 |
| D5660 | Add Clasp To Existing Partial Denture | \$210.00 |
| D5670 | Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary) | \$1,080.00 |
| D5671 | Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular) | \$1,080.00 |
| D5710 | Rebase Complt Maxil Denture | \$400.00 |
| D5711 | Rebase Complt Mandib Denture | \$375.00 |
| D5720 | Rebase Maxil Part Denture | \$400.00 |
| D5721 | Rebase Mandib Part Denture | \$475.00 |
| D5730 | Reline Complete Maxillary Denture (Chairside) | \$175.00 |
| D5731 | Reline Complt Mandib Dent (Chrside) | \$108.00 |
| D5740 | Reline Maxil Part Dent (Chairside) | \$241.00 |
| D5741 | Reline Mandib Part Dent (Chairside) | \$200.00 |
| D5750 | Reline Complete Maxillary Denture (Laboratory) | \$250.00 |
| D5751 | Reline Complete Mandibular Denture (Laboratory) | \$262.00 |
| D5760 | Reline Maxil Part Denture (Lab) | \$190.00 |
| D5761 | Reline Mandibular Partial Denture (Laboratory) | \$229.00 |
| D5810 | Interim Complt Denture (Maxil) | \$395.00 |
| D5811 | Interim Complt Denture (Mandib) | \$265.00 |
| D5820 | Interim Partial Denture (Maxillary) | \$326.00 |
| D5821 | Interim Part Denture (Mandib) | \$330.00 |
| D5850 | Tissue Conditioning, Maxillary | \$75.00 |
| D5851 | Tiss Conditioning Mandib | \$130.00 |
| D5860 | Overdenture-Complt Br | \$990.00 |
| D5861 | Overdenture-Part Br | \$875.00 |
| D5862 | Precision Attachment Br | \$450.00 |
| D5867 | Replac Part Semi-Precision/Attchmnt | \$200.00 |
| D5875 | Mod Remov Prosth Follow Implnt Surg | \$175.00 |
| D5899 | Unspec Remov Prosthodontic Proc Br | \$210.00 |
| CATEGORY III - RESTORATIVE | | |
| D2420 | Gold Foil-2 Surfaces | \$290.00 |
| D2430 | Gold Foil-3 Surfaces | \$250.00 |

SCHEDULE OF DENTAL PROCEDURES (Continued)

| ADA Code | Description | Covered Dental Amount |
|---|---|------------------------------|
| CATEGORY III - RESTORATIVE (Continued) | | |
| D2510 | Inlay-Metallic-1 Surface | \$423.00 |
| D2520 | Inlay-Metallic-2 Surfaces | \$641.00 |
| D2530 | Inlay - Metallic - Three Or More Surfaces | \$824.00 |
| D2542 | Onlay-Metallic-2 Surfaces | \$620.00 |
| D2543 | Onlay-Metallic-3 Surfaces | \$735.00 |
| D2544 | Onlay-Metallic-4/More Surfaces | \$732.00 |
| D2610 | Inlay-Porcelain/Ceramic-1 Surface | \$600.00 |
| D2620 | Inlay-Porcelain/Ceramic-2 Surfaces | \$690.00 |
| D2630 | Inlay-Porcelain/Ceramic-3/More Surf | \$645.00 |
| D2642 | Onlay-Porcelain/Ceramic-2 Surfaces | \$701.00 |
| D2643 | Onlay-Porcelain/Ceramic-3 Surfaces | \$650.00 |
| D2644 | Onlay-Porcelain/Ceramic-4/More Surf | \$745.00 |
| D2651 | Inlay-Res-Basd Comp Comp/Res-2 Surf | \$685.00 |
| D2652 | Inlay-Res Comp Comp/Res-3/More Surf | \$685.00 |
| D2662 | Onlay-Res-Basd Comp Comp/Res-2 Surf | \$350.00 |
| D2663 | Onlay-Res-Basd Comp Comp/Res-3 Surf | \$600.00 |
| D2664 | Onlay-Res Comp Comp/Res-3/More Surf | \$690.00 |
| D2710 | Crown-Resin (Indirect) | \$250.00 |
| D2720 | Crown-Resin W/Hi Noble Metal | \$450.00 |
| D2721 | Crown-Resin W/Predominant Base Metl | \$250.00 |
| D2740 | Crown - Porcelain/Ceramic Substrate | \$720.00 |
| D2750 | Crown - Porcelain Fused To High Noble Metal | \$655.00 |
| D2751 | Crown - Porcelain Fused To Predominantly Base Metal | \$595.00 |
| D2752 | Crown - Porcelain Fused To Noble Metal | \$618.00 |
| D2780 | Crown-3/4 Cast Hi Noble Metal | \$680.00 |
| D2781 | Crown-3/4 Cast Predominat Base Metl | \$650.00 |
| D2782 | Crown-3/4 Cast Noble Metal | \$600.00 |
| D2783 | Crown-3/4 Porcelain/Ceramic | \$625.00 |
| D2790 | Crown - Full Cast High Noble Metal | \$660.00 |
| D2791 | Crwn-Full Cast Predominant Base Mtl | \$640.00 |
| D2792 | Crown-Full Cast Noble Metal | \$681.00 |
| D2799 | Provisional Crown | \$660.00 |
| D2910 | Recement Inlay | \$65.00 |
| D2920 | Recement Crown | \$56.00 |
| D2930 | Prefabricated Stainless Steel Crown - Primary Tooth | \$173.00 |
| D2931 | Prefab Stainless Steel Crown-Perm | \$216.00 |
| D2932 | Prefab Resin Crown | \$229.00 |
| D2933 | Prefab Stainless Steel Crwn W/Resin | \$184.00 |
| D2950 | Core Buildup Incl Any Pins | \$168.00 |
| D2951 | Pin Retn-Per Tooth In Add To Restor | \$36.00 |
| D2952 | Cast Post & Core In Add To Crown | \$250.00 |
| D2953 | Ea Add Cast Post-Same Tooth | \$67.00 |
| D2954 | Prefab Post & Core In Add To Crown | \$201.00 |
| D2955 | Post Remov (Not W/Endodontic Therp) | \$170.00 |
| D2957 | Ea Add Prefab Post-Same Tooth | \$60.00 |
| D2960 | Labial Veneer (Res Laminat)-Chrsde | \$400.00 |
| D2961 | Labial Veneer (Resin Laminat)-Lab | \$690.00 |
| D2962 | Labial Veneer (Porcel Laminat)-Lab | \$650.00 |
| D2970 | Temporary Crown (Fx Tooth) | \$175.00 |
| D2980 | Crown Repr Br | \$180.00 |
| D2999 | Unspecified Restorative Proc Br | \$155.00 |

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.

| ADA Code | Description | Covered Dental Amount |
|---|-------------------------------------|------------------------------|
| CATEGORY IV - ORTHODONTIC SERVICES | | |
| D8010 | Ltd Orthodontic Tx Prim Dentition | \$100.00 |
| D8020 | Ltd Orthodontic Tx Transit Dentitn | \$100.00 |
| D8030 | Ltd Orthodontic Tx Adolescent Dent | \$100.00 |
| D8040 | Ltd Orthodontic Tx Adult Dentition | \$100.00 |
| D8050 | Interceptive Orthodontic Tx Prim | \$2,800.00 |
| D8060 | Interceptive Orthodontic Tx Transit | \$2,800.00 |
| D8070 | Comp Orthodontic Tx Transitional | \$3,780.00 |
| D8080 | Comp Orthodontic Tx Adolescent Dent | \$3,780.00 |
| D8090 | Comp Orthodontic Tx Adult Dentition | \$3,780.00 |
| D8210 | Remov Appliance Therap | \$120.00 |
| D8220 | Fix Appliance Therap | \$420.00 |
| D8660 | Pre-Orthodontic Tx Visit | \$35.00 |
| D8670 | Periodic Orthodontic Tx Vst (Contr) | \$35.00 |
| D8680 | Orthodon Retentn(Rem Appl-Plc Retn) | \$320.00 |
| D8690 | Orthodon Tx-Alternatv Bill To Contr | \$35.00 |