

SMC/covered dental services

| ADA | DESCRIPTION | MEMBER PAYS | ADA | DESCRIPTION | MEMBER PAYS |
|----------------------------|--|-------------|----------------------------|---|-------------|
| DIAGNOSTIC SERVICES | | | D0416 | VIRAL CULTURE | \$0 |
| D0120 | PERIODIC ORAL EVALUATION EST PT | \$0 | D0417 | COLLECTION & PREP OF SALIVA SAMPLE | \$0 |
| D0140 | LTD ORAL EVALUATION - PROBLEM FOCUS | \$0 | D0418 | ANALYSIS OF SALIVA SAMPLE | \$0 |
| D0145 | ORAL EVAL PT<3 AND COUNSEL | \$0 | D0425 | CARIES SUSCEPTIBILITY TESTS | \$0 |
| D0150 | COMP ORAL EVALUATION - NEW/EST PT | \$0 | D0431 | ADJUNCT PREDX TST NO CYTOL/BX PROC | \$0 |
| D0160 | DTL & EXT ORAL EVAL - PROBLEM FOCUS REPORT | \$0 | D0460 | PULP VITALITY TESTS | \$0 |
| D0170 | RE-EVALUATION - LTD PROBLEM FOCUSED | \$0 | D0470 | DIAGNOSTIC CASTS | \$0 |
| D0171 | RE-EVALUATION - POST-OPERATIVE OFFICE VISIT | \$0 | D0472 | ACCESS TISSUE, GROSS EXAM - PREP & REPORT | \$0 |
| D0180 | COMP PERIODONTAL EVAL - NEW/EST PT | \$0 | D0473 | ACCESS TISSUE, GROSS & MICROSCOPIC - PREP/REPORT | \$0 |
| D0210 | INTRAORAL - COMPLETE SERIES RADIOGRAPHIC IMAGES | \$0 | D0474 | ACCESS TISSUE, GROSS & MICROSCOPIC SURG MARG PREP/REPORT | \$0 |
| D0220 | INTRAORAL PERIAPICAL FIRST RADIOGRAPHIC IMAGE | \$0 | D0601 | CARIES RISK ASSESSMENT AND DOCUMENTATION, LOW | \$0 |
| D0230 | INTRAORAL PERIAPICAL EACH ADD RADIOGRAPHIC IMAGE | \$0 | D0602 | CARIES RISK ASSESSMENT AND DOCUMENTATION, MODERATE | \$0 |
| D0240 | INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE | \$0 | D0603 | CARIES RISK ASSESSMENT AND DOCUMENTATION, HIGH | \$0 |
| D0250 | EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE | \$0 | D0701 | PANORAMIC RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY | \$0 |
| D0251 | EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE | \$0 | D0702 | 2-D CEPHALOMETRIC RADIOGRAPHIC IMAGE – IMAGE CAPTURE ONLY | \$0 |
| D0270 | BITEWING - SINGLE RADIOGRAPHIC IMAGE | \$0 | D0705 | EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE–IMAGE CAPTURE ONLY | \$0 |
| D0272 | BITEWINGS - TWO RADIOGRAPHIC IMAGES | \$0 | D0706 | INTRAORAL–OCCLUSAL RADIOGRAPHIC IMAGE–IMAGE CAPTURE ONLY | \$0 |
| D0273 | BITEWINGS - THREE RADIOGRAPHIC IMAGES | \$0 | D0707 | INTRAORAL–PERIAPICAL RADIOGRAPHIC IMAGE–IMAGE CAPTURE ONLY | \$0 |
| D0274 | BITEWINGS - FOUR RADIOGRAPHIC IMAGES | \$0 | D0708 | INTRAORAL–BITEWING RADIOGRAPHIC IMAGE–IMAGE CAPTURE ONLY | \$0 |
| D0277 | VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES | \$0 | D0709 | INTRAORAL–COMPLETE SERIES OF RADIOGRAPHIC IMAGES–IMAGE CAPTURE ONLY | \$0 |
| D0330 | PANORAMIC RADIOGRAPHIC IMAGE | \$0 | PREVENTIVE SERVICES | | |
| D0340 | 2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS | \$0 | D1110 | PROPHYLAXIS - ADULT | \$0 |
| D0364 | CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW-LESS THAN ONE WHOLE JAW | \$0 | D1120 | PROPHYLAXIS - CHILD | \$0 |
| D0365 | CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW OF ONE FULL DENTAL ARCH-MANDIBLE | \$0 | D1206 | TOPICALFLUORIDE VARNISH | \$0 |
| D0366 | CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW OF ONE FULL DENTAL ARCH-MAXILLA | \$0 | D1208 | TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH | \$0 |
| D0367 | CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS | \$0 | D1310 | NUTRIT CNSL CONTROL DENTAL DISEASE | \$0 |
| D0368 | CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES | \$0 | D1320 | TOBACCO CNSL CNTRL&PREVION ORL DZ | \$0 |
| D0391 | INTERPRETATION OF DIAGNOSTIC IMAGE | \$0 | D1330 | ORAL HYGIENE INSTRUCTIONS | \$0 |
| D0393 | SIMULATION USING 3D IMAGES | \$0 | D1351 | SEALANT - PER TOOTH | \$0 |
| D0394 | DIGITAL SUBTRACTION OF IMAGES | \$0 | D1352 | PREV RESIN RESTORATION IN MOD HIGH CARIES RISK PATIENT- PERM TOOTH | \$0 |
| D0395 | FUSION OF TWO OR MORE 3D IMAGES | \$0 | D1353 | SEALANT REPAIR – PER TOOTH | \$0 |
| D0414 | LABORATORY PROCESSING OF MICROBIAL SPECIMEN TO INCLUDE CULTURE AND SENSITIVITY STUDIES, PREPARATION AND TRANSMISSION OF WRITTEN REPORT | \$0 | D1355 | CARIES PREVENTIVE MEDICAMENT APPLICATION – PER TOOTH | \$0 |
| D0415 | COLLECT MICROORGANISMS CULT & SENS | \$0 | D1516 | SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY | \$0 |
| | | | D1517 | SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR | \$0 |
| | | | D1520 | SPACE MAINTAINER - REMOVABLE-UNILATERAL/QUAD | \$0 |

| ADA | DESCRIPTION | MEMBER PAYS | ADA | DESCRIPTION | MEMBER PAYS |
|-----------------------------|---|-------------|--------|---|-------------|
| PREVENTIVE SERVICES | | | | | |
| D1526 | SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY | \$0 | D2663 | ONLAY - RESIN - BASED COMPOSITE - 3 SURFACES | \$0 |
| D1527 | SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR | \$0 | D2664 | ONLAY - RESIN - BASED COMPOSITE - 4/> SURFACES | \$0 |
| D1551 | RECEM/REBOND BILATERAL SPACE MAINTAINER – MAXIL | \$0 | D2710 | CROWN - RESIN - BASED COMPOSITE INDIRECT | \$0 |
| D1552 | RECEM/REBOND BILATERAL SPACE MAINTAINER – MANDIB | \$0 | D2712 | CROWN - 3/4 RESIN - BASED COMPOSITE INDIRECT | \$0 |
| D1553 | RECEM/REBOND UNILATERAL SPACE MAINTAINER/QUAD | \$0 | D2720* | CROWN - RESIN WITH HIGH NOBLE METAL | \$0* |
| D1556 | REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER/QUAD | \$0 | D2721 | CROWN - RESIN W/PREDOM BASE METAL | \$0 |
| D1557 | REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MAXIL | \$0 | D2722* | CROWN - RESIN WITH NOBLE METAL | \$0* |
| D1558 | REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-MANDIB | \$0 | D2740 | CROWN - PORCELAIN/CERAMIC SUBSTRATE | \$0 |
| D1575 | DISTAL SHOE SPACE MAINTAINER – FIXED, UNILATERAL/QUAD | \$0 | D2750* | CROWN - PORCELAIN FUSED HI NOBLE METAL | \$0* |
| RESTORATIVE SERVICES | | | D2751 | CROWN - PORCELAIN FUSED PREDOM BASE METAL | \$0 |
| D2140 | AMALGAM - ONE SURFACE PRIMARY/PERMANENT | \$0 | D2752* | CROWN - PORCELAIN FUSED NOBLE METAL | \$0* |
| D2150 | AMALGAM - TWO SURFACES PRIMARY/PERMANENT | \$0 | D2753 | CROWN PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS | \$0 |
| D2160 | AMALGAM - 3 SURFACES PRIMARY/PERMAMENT | \$0 | D2780* | CROWN - 3/4 CAST HIGH NOBLE METAL | \$0* |
| D2161 | AMALGAM - FOUR/MORE SURFACES PRIMARY/PERMANENT | \$0 | D2781 | CROWN - 3/4 CAST PREDOM BASE METAL | \$0 |
| D2330 | RESIN COMPOSITE - ONE SURFACE ANTERIOR | \$0 | D2782* | CROWN - 3/4 CAST NOBLE METAL | \$0* |
| D2331 | RESIN COMPOSITE - 2 SURFACES ANTERIOR | \$0 | D2783 | CROWN - 3/4 PORCELAIN/CERAMIC | \$0 |
| D2332 | RESIN COMPOSITE - 3 SURFACES ANTERIOR | \$0 | D2790* | CROWN - FULL CAST HIGH NOBLE METAL | \$0* |
| D2335 | RESIN COMPOSITE - 4/> SURF/W/INCISAL ANG | \$0 | D2791 | CROWN - FULL CAST PREDOM BASE METAL | \$0 |
| D2390 | RESIN COMPOSITE CROWN ANTERIOR | \$0 | D2792* | CROWN - FULL CAST NOBLE METAL | \$0* |
| D2391 | RESIN COMPOSITE - 1 SURFACE POSTERIOR | \$0 | D2794* | CROWN - TITANIUM AND TITANIUM ALLOYS | \$0* |
| D2392 | RESIN COMPOSITE - 2 SURFACES POSTERIOR | \$0 | D2910 | RECEMENT OR RE-BOND INLAY ONLAY VENEER OR PART COV REST | \$0 |
| D2393 | RESIN COMPOSITE - 3 SURFACES POSTERIOR | \$0 | D2915 | RECEMENT OR RE-BOND INDIRECTLY FABRICATED PREFABRICATED POST & CORE | \$0 |
| D2394 | RESIN COMPOSITE - 4/MORE SURFACES POST | \$0 | D2920 | RECEMENT OR RE-BOND CROWN | \$0 |
| D2510 | INLAY - METALLIC - ONE SURFACE | \$0 | D2921 | REATTACHMENT OF TOOTH FRAGMENT | \$0 |
| D2520 | INLAY - METALLIC - TWO SURFACES | \$0 | D2930 | PREFABRICATED STAINLESS STEEL CROWN - PRIMARY | \$0 |
| D2530 | INLAY - METALLIC - 3/MORE SURFACES | \$0 | D2931 | PREFABRICATED STAINLESS STEEL CROWN - PERMANENT | \$0 |
| D2542 | ONLAY - METALLIC - TWO SURFACES | \$0 | D2932 | PREFABRICATED RESIN CROWN | \$0 |
| D2543 | ONLAY - METALLIC THREE SURFACES | \$0 | D2933 | PREFABRICATED STAINLESS STEEL CROWN RESIN WINDOW | \$0 |
| D2544 | ONLAY - METALLIC FOUR OR MORE SURFACES | \$0 | D2934 | PREFABRICATED ESTHTC COATED STNLESS STEEL CROWN - PRIMARY | \$0 |
| D2610 | INLAY - PORCELAIN/CERAMIC - 1 SURFACE | \$0 | D2940 | SEDATIVE FILLING | \$0 |
| D2620 | INLAY - PORCELAIN/CERAMIC - 2 SURFACES | \$0 | D2941 | INTERIM THERAPEUTIC RESTORATION – PRIMARY DENTITION | \$0 |
| D2630 | INLAY - PORCELAIN/CERAMIC - 3/MORE SURFACES | \$0 | D2950 | CORE BUILDUP INCLUDING ANY PINS | \$0 |
| D2642 | ONLAY - PORCELAIN/CERAMIC - 2 SURFACES | \$0 | D2951 | PIN RETENTION - PER TOOTH ADDITION REST | \$0 |
| D2643 | ONLAY - PORCELAIN/CERAMIC - 3 SURFACES | \$0 | D2952 | POST & CORE ADD CROWN INDIRECT FAB | \$0 |
| D2644 | ONLAY - PORCELAIN/CERAMIC - 4/MORE SURFACES | \$0 | D2953 | EACH ADD INDIRECT FABRICATED POST SAME TOOTH | \$0 |
| D2650 | INLAY - RESIN BASED COMPOSITE - 1 SURFACE | \$0 | D2954 | PREFABRICATED POST & CORE ADDITION CROWN | \$0 |
| D2651 | INLAY - RESIN BASED COMPOSITE - 2 SURFACES | \$0 | D2955 | POST REMOVAL | \$0 |
| D2652 | INLAY - RESIN BASED COMPOSITE - 3 />SURFACES | \$0 | D2957 | EACH ADD PREFABR POST - SAME TOOTH | \$0 |
| D2662 | ONLAY - RESIN - BASED COMPOSITE - 2 SURFACES | \$0 | D2960 | LABIAL VENEER (RESIN LAMINATE) - DIRECT | \$0 |
| | | | D2961 | LABIAL VENEER (RESIN LAMINATE) - INDIRECT | \$0 |
| | | | D2962 | LABIAL VENEER (PORCELAIN LAMINATE) - INDIRECT | \$0 |
| | | | D2971 | ADDL PROC CUSTOMIZE CROWN TO FIT UNDER XST PART DENTURE | \$0 |

| ADA | DESCRIPTION | MEMBER PAYS |
|-----------------------------|---|-------------|
| RESTORATIVE SERVICES | | |
| D2975 | COPING | \$0 |
| D2980 | CROWN REPAIR | \$0 |
| ENDODONTIC SERVICES | | |
| D3110 | PULP CAP - DIRECT | \$0 |
| D3120 | PULP CAP - INDIRECT | \$0 |
| D3220 | TX PULPOTOMY - CORONAL DENTNOCEMENTL JUNC | \$0 |
| D3221 | PULPAL DEBRIDEMENT PRIMARY & PERMAMENT TEETH | \$0 |
| D3222 | PARTIAL PULPOTOMY | \$0 |
| D3230 | PULPAL THERAPY - ANTERIOR PRIMARY TOOTH | \$0 |
| D3240 | PULPAL THERAPY - POSTERIOR PRIMARY TOOTH | \$0 |
| D3310 | ANTERIOR | \$0 |
| D3320 | BICUSPID | \$0 |
| D3330 | MOLAR | \$0 |
| D3331 | TX RC OBSTRUCTION; NON-SURG ACCESS | \$0 |
| D3332 | INCMPL ENDO TX;INOP UNRSTR/FX TOOTH | \$0 |
| D3333 | INTRL ROOT REPAIR PERFORATION DEFEC | \$0 |
| D3346 | RETX PREVIOUS RC THERAPY - ANTERIOR | \$0 |
| D3347 | RETX PREVIOUS RC THERAPY - BICUSPID | \$0 |
| D3348 | RETX PREVIOUS RC THERAPY - MOLAR | \$0 |
| D3351 | APEXIFICATION/RECALCIFICATION - INITIAL VST | \$0 |
| D3352 | APEXIFICATION/RECALCIFICATION - INTERIM | \$0 |
| D3353 | APEXIFICATION/RECALCIFICATION - FINAL VISIT | \$0 |
| D3355 | PULPAL REGENERATION - INITIAL VISIT | \$0 |
| D3356 | PULPAL REGENERATION - INTERIM MEDICAMENT REPLACEMENT | \$0 |
| D3357 | PULPAL REGENERATION - COMPLETION OF TREATMENT | \$0 |
| D3410 | APICOECTOMY SURG - ANT | \$0 |
| D3421 | APICOECTOMY SURG-BICUSPID | \$0 |
| D3425 | APICOECTOMY SURG - MOLAR | \$0 |
| D3426 | APICOECTOMY SURGERY | \$0 |
| D3430 | RETROGRADE FILLING - PER ROOT | \$0 |
| D3450 | ROOT AMPUTATION - PER ROOT | \$0 |
| D3471 | SURGICAL REPAIR OF ROOT RESORPTION - ANTERIOR | \$0 |
| D3472 | SURGICAL REPAIR OF ROOT RESORPTION – PREMOLAR | \$0 |
| D3473 | SURGICAL REPAIR OF ROOT RESORPTION – MOLAR | \$0 |
| D3501 | SURGICAL EXPOSURE ROOT SURFACE W/OUT APICOECTOMY OR REPAIR ROOT RESORPT-ANTERIOR | \$0 |
| D3502 | SURGICAL EXPOSURE ROOT SURFACE W/OUT APICOECTOMY OR REPAIR OF ROOT RESORPT–PREMOLAR | \$0 |
| D3503 | SURGICAL EXPOSURE ROOT SURFACE W/OUT APICOECTOMY OR REPAIR OF ROOT RESORPT–MOLAR | \$0 |
| D3910 | SURG PROC ISOLAT TOOTH W/RUBBER DAM | \$0 |
| D3911 | INTRAORIFICE BARRIER | \$0 |
| D3920 | HEMISECTION NOT INCL RC THERAPY | \$0 |
| D3950 | CANAL PREP & FIT PREFORMED DOWEL/POST | \$0 |
| PERIODONTIC SERVICES | | |

| ADA | DESCRIPTION | MEMBER PAYS |
|---|---|-------------|
| D4210 | GINGIVECTOMY/GINGIVOPLASTY 4/>CNTIG TEETH QUAD | \$0 |
| D4211 | GINGIVECTOMY/GINGIVOPLASTY 1-3 CNTIG TEETH QUAD | \$0 |
| D4240 | GINGL FLP 4/>CNTIG/BOUND TEETH QUAD | \$0 |
| D4241 | GINGL FLP 1-3 CNTIG/BND TEETH QUAD | \$0 |
| D4245 | APICALLY POSITIONED FLAP | \$0 |
| D4249 | CLIN CROWN LEN - HARD TISSUE | \$0 |
| D4260 | OSSEOUS SURG 4/> CNTIG TEETH QUAD | \$0 |
| D4261 | OSSEOUS SURG 1-3 CNTIG TEETH QUAD | \$0 |
| D4263 | BONE REPLACEMENT GRAFT – RETAINED NATURAL TOOTH – FIRST SITE IN QUADRANT | \$0 |
| D4270 | PEDICLE SOFT TISSUE GRAFT PROCEDURE | \$0 |
| D4274 | MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA) | \$0 |
| D4277 | FREE SOFT TISSUE GRAFT PROCEDURE -1ST TOOTH | \$0 |
| D4322 | SPLINT–INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS | \$0 |
| D4323 | SPLINT–EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS | \$0 |
| D4341 | PERIODONTAL SCAL & ROOT PLAN 4/>TEETH-QUAD | \$0 |
| D4342 | PERIODONTAL SCAL & ROOT PLAN 1-3 TEETH | \$0 |
| D4346 | SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION – FULL MOUTH, AFTER ORAL EVALUATION | \$0 |
| D4355 | FULL MOUTH DEBRID COMP ORAL EVAL & DX ON A SUBSEQUENT VISIT | \$0 |
| D4381 | LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH | \$0 |
| D4910 | PERIODONTAL MAINTENANCE | \$0 |
| D4920 | UNSCHEDULED DRESSING CHANGE | \$0 |
| D4921 | GINGIVAL IRRIGATION ¶ PER QUADRANT | \$0 |
| REMOVABLE PROSTHODONTIC SERVICES | | |
| D5110 | COMPLETE DENTURE - MAXILLARY | \$0 |
| D5120 | COMPLETE DENTURE - MANDIBULAR | \$0 |
| D5130 | IMMEDIATE DENTURE - MAXILLARY | \$0 |
| D5140 | IMMEDIATE DENTURE - MANDIBULAR | \$0 |
| D5211 | MAXILLARY PARTIAL DENTURE - RESIN BASE | \$0 |
| D5212 | MANDIBULAR PARTIAL DENTURE - RESIN BASE | \$0 |
| D5213 | MAX PART DENTUR-CAST METL W/RSN | \$0 |
| D5214 | MAND PART DENTUR- CAST METL W/RSN | \$0 |
| D5221 | IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH) | \$0 |
| D5222 | IMMEDIATE MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH) | \$0 |
| D5223 | IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH) | \$0 |

| ADA | DESCRIPTION | MEMBER PAYS | ADA | DESCRIPTION | MEMBER PAYS |
|---|--|-------------|-------------------------|---|-------------|
| REMOVABLE PROSTHODONTIC SERVICES | | | D5761 | RELIN MAND PART DENTURE (INDIRECT) | \$0 |
| D5224 | IMMEDIATE MANDIBULAR PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS AND TEETH) | \$0 | D5765 | SOFT LINER FOR COMPLETE OR PART REMOVABLE DENTURE–INDIRECT | \$0 |
| D5225 | MAXILLARY PARTIAL DENTURE FLEX BASE | \$0 | D5810 | INTERIM COMPLETE DENTURE (MAXILLARY) | \$0 |
| D5226 | MANDIBULAR PARTIAL DENTURE FLEX BASE | \$0 | D5811 | INTERIM COMPLETE DENTURE (MANDIBULAR) | \$0 |
| D5227 | IMMEDIATE MAXILLARY PARTIAL DENTURE-FLEX BASE | \$0 | D5820 | INTERIM PARTIAL DENTURE MAXILLARY | \$0 |
| D5228 | IMMEDIATE MANDIBULAR PARTIAL DENTURE-FLEX BASE | \$0 | D5821 | INTERIM PARTIAL DENTURE MANDIBULAR | \$0 |
| D5282 | REMOVABLE UNILATERAL PARTIAL DENTURE - MAXILLARY | \$0 | D5850 | TISSUE CONDITIONING MAXILLARY | \$0 |
| D5283 | REMOVABLE UNILATERAL PARTIAL DENTURE - MANDIBULAR | \$0 | D5851 | TISSUE CONDITIONING MANDIBULAR | \$0 |
| D5284 | REMOVABLE UNILATERAL PARTIAL DENTURE – FLEX BASE/QUAD | \$0 | D5863 | OVERDENTURE - COMPLETE MAXILLARY | \$0 |
| D5286 | REMOVABLE UNILATERAL PARTIAL DENTURE-RESIN/QUAD | \$0 | D5864 | OVERDENTURE - COMPLETE MANDIBULAR | \$0 |
| D5410 | ADJUST COMPLETE DENTURE - MAXILLARY | \$0 | D5865 | OVERDENTURE - PARTIAL MAXILLARY | \$0 |
| D5411 | ADJUST COMPLETE DENTURE - MANDIBULAR | \$0 | D5866 | OVERDENTURE - PARTIAL MANDIBULAR | \$0 |
| D5421 | ADJUST PARTIAL DENTURE - MAXILLARY | \$0 | D5876 | ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH) | \$0 |
| D5422 | ADJUST PARTIAL DENTURE - MANDIBULAR | \$0 | IMPLANT SERVICES | | |
| D5511 | REPAIR BROKEN COMPLETE DENTURE BASE | \$0 | D6010 | SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT | \$1,950 |
| D5512 | REPAIR BROKEN COMPLETE DENTURE BASE - MAXILLARY | \$0 | D6013 | SURGICAL PLACEMENT OF A MINI-IMPLANT | \$1,950 |
| D5520 | REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE | \$0 | D6055 | DENTAL IMPLANT SUPPORTED CONNECTING BAR | \$540 |
| D5611 | REPAIR RESIN PARTIAL DENTURE BASE - MANDIBULAR | \$0 | D6056 | PREFABRICATED ABUTMENT - INCLUDES MOD AND PLACEMENT | \$368 |
| D5612 | REPAIR RESIN PARTIAL DENTURE BASE - MAXILLARY | \$0 | D6057 | CUSTOM FAB ABUTMENT - INCLUDES PLACEMENT | \$610 |
| D5621 | REPAIR CAST PARTIAL FRAMEWORK - MANDIBULAR | \$0 | D6058 | ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN | \$1,050 |
| D5622 | REPAIR CAST PARTIAL FRAMEWORK - MAXILLARY | \$0 | D6059* | ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL) | \$915* |
| D5630 | REPAIR OR REPLACE BROKEN CLASP - PER TOOTH | \$0 | D6060 | ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINATELY BASE METAL) | \$1,050 |
| D5640 | REPLACE BROKEN TEETH - PER TOOTH | \$0 | D6061* | ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL) | \$946* |
| D5650 | ADD TOOTH EXISTING PARTIAL DENTURE | \$0 | D6062* | ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL) | \$981* |
| D5660 | ADD CLASP EXISTING PARTIAL DENTURE - PER TOOTH | \$0 | D6063 | ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINATELY BASE METAL) | \$854 |
| D5670 | REPLACE ALL TEETH & ACRYLIC FRAMEWORK MAXILLARY | \$0 | D6064* | ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL) | \$1,168* |
| D5671 | REPLACE ALL TEETH & ACRYLIC FRAMEWORK MANDIBULAR | \$0 | D6065 | IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN | \$1,144 |
| D5710 | REBASE COMPLETE MAXILLARY DENTURE | \$0 | D6066* | IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS | \$1,083* |
| D5711 | REBASE COMPLETE MANDIBULAR DENTURE | \$0 | D6067* | IMPLANT SUPPORTED CROWN - HIGH NOBLE ALLOYS | \$962* |
| D5720 | REBASE MAXILLARY PARTIAL DENTURE | \$0 | D6068 | ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD | \$1,026 |
| D5721 | REBASE MANDIBULAR PARTIAL DENTURE | \$0 | D6069 | ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL) | \$1,050 |
| D5725 | REBASE HYBRID PROSTHESIS | \$0 | D6070 | ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINATELY BASE METAL) | \$965 |
| D5730 | RELIN COMPL MAXIL DENTURE (DIRECT) | \$0 | D6071* | ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL) | \$984* |
| D5731 | RELIN COMPL MAND DENTURE (DIRECT) | \$0 | D6072* | ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL) | \$997* |
| D5740 | RELIN MAXIL PART DENTURE (DIRECT) | \$0 | D6073 | ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINATELY BASE METAL) | \$910 |
| D5741 | RELIN MAND PART DENTURE (DIRECT) | \$0 | | | |
| D5750 | RELIN COMPL MAXIL DENTURE (INDIRECT) | \$0 | | | |
| D5751 | RELIN COMPL MAND DENTURE (INDIRECT) | \$0 | | | |
| D5760 | RELIN MAXIL PART DENTURE (INDIRECT) | \$0 | | | |

| ADA | DESCRIPTION | MEMBER PAYS | ADA | DESCRIPTION | MEMBER PAYS |
|-------------------------|--|-------------|-------------------------------------|---|-------------|
| IMPLANT SERVICES | | | | | |
| D6074* | ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL) | \$967* | D6111 | IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH – MANDIBULAR | \$1,840 |
| D6075 | IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD | \$1,018 | D6112 | IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH – MAXILLARY | \$1,840 |
| D6076* | IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO HIGH NOBLE ALLOYS | \$992* | D6113 | IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH – MANDIBULAR | \$1,840 |
| D6077* | IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS | \$962* | D6118 | IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MANDIBULAR | \$0 |
| D6080 | IMPLANT MAINTENANCE PROCEDURES WHEN PROSTHESIS ARE REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESES AND ABUTMENTS | \$55 | D6119 | IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MAXILLARY | \$0 |
| D6081 | SCALING AND DEBRIDEMENT IN THE PRESENCE OF INFLAMMATION OR MUCOSITIS OF A SINGLE IMPLANT, INCLUDING CLEANING OF THE IMPLANT SURFACES, WITHOUT FLAP ENTRY AND CLOSURE | \$0 | D6120 | IMPLANT SUPPT RETAINER-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS | \$992 |
| D6082 | IMPLANT SUPPT CROWN-PORCELAIN FUSED TO PREDOM. BASE ALLOYS | \$1,083 | D6121 | IMPLANT SUPPT RETAINER FOR METAL FPD-PREDOM. BASE ALLOYS | \$962 |
| D6083 | IMPLANT SUPPT CROWN-PORCELAIN FUSED TO NOBLE ALLOYS | \$1,083 | D6122 | IMPLANT SUPPT RETAINER FOR METAL FPD-NOBLE ALLOYS | \$962 |
| D6084 | IMPLANT SUPPT CROWN-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS | \$1,083 | D6123 | IMPLANT SUPPT RETAINER FOR METAL FPD-TITANIUM/TITANIUM ALLOYS | \$962 |
| D6086 | IMPLANT SUPPT CROWN-PREDOM. BASE ALLOYS | \$962 | D6190 | RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT | \$265 |
| D6087 | IMPLANT SUPPT CROWN-NOBLE ALLOYS | \$962 | D6191 | SEMI-PRECISION ABUTMENT – PLACEMENT | \$368 |
| D6088 | IMPLANT SUPPT CROWN-TITANIUM/TITANIUM ALLOYS | \$962 | D6192 | SEMI-PRECISION ATTACHMENT – PLACEMENT | \$368 |
| D6090 | REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT | \$135 | D6194 | ABUTMENT SUPPORTED RETAINER CROWN FOR FPD - TITANIUM AND TITANIUM ALLOYS | \$835 |
| D6091 | REPLCMT OF REPLCEABLE PART OF SEMI-PRECISION/PRECISION ATTCHMT OF IMPLANT/ABUTMENT SUPPT PROSTHESIS, PER ATTCHMT | \$410 | D6195 | ABUTMENT SUPPT RETAINER-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS | \$1,050 |
| D6092 | RECEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN | \$79 | FIXED PROSTHODONTIC SERVICES | | |
| D6093 | RECEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE | \$124 | D6205 | PONTIC- INDIRECT RESIN BASED COMPOSITE | \$0 |
| D6094* | ABUTMENT SUPPORTED CROWN - TITANIUM AND TITANIUM ALLOYS | \$810* | D6210* | PONTIC - CAST HIGH NOBLE METAL | \$0* |
| D6095 | REPAIR IMPLANT ABUTMENT, BY REPORT | \$55 | D6211 | PONTIC - CAST PREDOM BASE METAL | \$0 |
| D6096 | REMOVE BROKEN IMPLANT RETAINING SCREW | \$0 | D6212* | PONTIC - CAST NOBLE METAL | \$0* |
| D6097 | ABUTMENT SUPPT CROWN-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS | \$915 | D6214* | PONTIC - TITANIUM AND TITANIUM ALLOYS | \$0* |
| D6098 | IMPLANT SUPPT RETAINER-PORCELAIN FUSED TO PREDOM. BASE ALLOYS | \$992 | D6240* | PONTIC - PORCELAIN FUSED HI NOBLE METAL | \$0* |
| D6099 | IMPLANT SUPPT RETAINER FOR FPD-PORCELAIN FUSED TO NOBLE ALLOYS | \$992 | D6241 | PONTIC - PORCELAIN FUSED PREDOM BASE METAL | \$0 |
| D6100 | SURGICAL REMOVAL OF IMPLANT BODY | \$600 | D6242* | PONTIC - PORCELAIN FUSED NOBLE METAL | \$0* |
| D6101 | DEBRIDEMENT PERI IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT | \$0 | D6243 | PONTIC-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS | \$0 |
| D6102 | DEBRIDEMENT & OSSEOUS PERI IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT | \$0 | D6245 | PONTIC - PORCELAIN/CERAMIC | \$0 |
| D6103 | BONE GRAFT FOR REPAIR OF PERI IMPLANT DEFECT | \$350 | D6250* | PONTIC - RESIN W/HIGH NOBLE METAL | \$0* |
| D6104 | BONE GRAFT IMPLANT REPLACEMENT | \$0 | D6251 | PONTIC RESIN W/PREDOM BASE METAL | \$0 |
| D6110 | IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH – MAXILLARY | \$1,840 | D6252* | PONTIC RESIN W/NOBLE METAL | \$0* |
| | | | D6253 | INTERIM PONTIC–FURTHER TREATMT/COMPLT OF DIAG PRIOR TO FINAL IMPRESSION | \$0 |
| | | | D6545 | RETAINER - CASE METAL FOR RESIN FIXED PROSTHESIS | \$0 |
| | | | D6548 | RETAINER - PORCELAIN CERAMIC FOR RESIN BONDED FIXED PROSTHESIS | \$0 |
| | | | D6549 | RESIN RETAINER – FOR RESIN BONDED FIXED PROSTHESIS | \$0 |
| | | | D6600 | RETAINER INLAY - PORCELAIN/CERAMIC 2 SURFACES | \$0 |
| | | | D6601 | RETAINER INLAY - PORCELAIN/CERAMIC 3/MORE SURFACES | \$0 |

| ADA | DESCRIPTION | MEMBER PAYS | ADA | DESCRIPTION | MEMBER PAYS |
|-------------------------------------|--|-------------|------------------------------|---|-------------|
| FIXED PROSTHODONTIC SERVICES | | | D6794* | RETAINER CROWN - TITANIUM AND TITANIUM ALLOYS | \$0* |
| D6602* | RETAINER INLAY - CAST HI NOBLE METAL 2 SURFACES | \$0* | D6930 | RECEMENT OR RE-BOND FIXED PARTIAL DENTURE | \$0 |
| D6603* | RETAINER INLAY - CAST HI NOBLE METAL 3/> SURFACES | \$0* | D6940 | STRESS BREAKER | \$0 |
| D6604 | RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFACES | \$0 | D6980 | FIXED PARTIAL DENTURE REPAIR, BY REPORT | \$0 |
| D6605 | RETAINER INLAY - CAST PREDOM BASE METAL 3/>SURFACES | \$0 | ORAL SURGERY SERVICES | | |
| D6606* | RETAINER INLAY - CAST NOBLE METAL 2 SURFACES | \$0* | D7111 | XTRCT CORONAL REMNANTS PRIMARY TOOTH | \$0 |
| D6607* | RETAINER INLAY - CAST NOBLE METAL 3/MORE SURFACES | \$0* | D7140 | EXTRAC ERUPTED TOOTH/EXPOSED ROOT | \$0 |
| D6608 | RETAINER ONLAY - PORCELAIN/CERAMIC 2 SURFACES | \$0 | D7210 | EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED | \$0 |
| D6609 | RETAINER ONLAY - PORCELAIN/CERAMIC 3/MORE SURFACES | \$0 | D7220 | REMOVAL IMPACT TOOTH - SOFT TISSUE | \$0 |
| D6610* | RETAINER ONLAY - CAST HI NOBLE METAL 2 SURFACES | \$0* | D7230 | REMOVAL IMPACT TOOTH - PARTLY BONY | \$0 |
| D6611* | RETAINER ONLAY - CAST HI NOBLE METAL 3/> SURFACES | \$0* | D7240 | REMOVAL IMPACTED TOOTH - COMPLETELY BONY | \$0 |
| D6612 | RETAINER ONLAY - CAST PREDOM BASE METAL 2 SURFACES | \$0 | D7241 | REMOVAL IMPACTED TOOTH - COMPLETELY BONY W/SURG COMP | \$0 |
| D6613 | RETAINER ONLAY - CAST PREDOM BASE METAL 3/>SURFACES | \$0 | D7250 | REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE) | \$0 |
| D6614* | RETAINER ONLAY - CAST NOBLE METAL 2 SURFACES | \$0* | D7261 | PRIMARY CLOSURE OF A SINUS PERFORATION | \$0 |
| D6615* | RETAINER ONLAY - CAST NOBLE METAL 3/MORE SURFACES | \$0* | D7270 | TOOTH REIMPLANTATION AND/OR STABILIZATION ACCIDENTLY DISPLACED | \$0 |
| D6624* | RETAINER INLAY - TITANIUM | \$0* | D7280 | EXPOSURE OF AN UNERUPTED TOOTH | \$0 |
| D6634* | RETAINER ONLAY - TITANIUM | \$0* | D7282 | MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION | \$0 |
| D6710 | RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE | \$0 | D7285 | INCISIONAL BIOPSY OF ORAL TISSUE HARD | \$0 |
| D6720* | RETAINER CROWN - RESIN WITH HIGH NOBLE METAL | \$0* | D7286 | INCISIONAL BIOPSY OF ORAL TISSUE SOFT | \$0 |
| D6721 | RETAINER CROWN - RESIN PREDOMINANTLY BASE METAL | \$0 | D7287 | EXTOLATIVE CYTOLOGICAL SAMPLE COLLECTION | \$0 |
| D6722* | RETAINER CROWN - RESIN WITH NOBLE METAL | \$0* | D7288 | BRUSH BIOPSY | \$0 |
| D6740 | RETAINER CROWN - PORCELAIN/CERAMIC | \$0 | D7290 | SURGICAL REPOSITIONING OF TEETH | \$0 |
| D6750* | RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL | \$0* | D7310 | ALVEOLOPLASTY W/EXT 4/> TEETH/SPACE | \$0 |
| D6751 | RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL | \$0 | D7311 | ALVEOLOPLASTY CONJNC XTRCT 1-3 TEETH | \$0 |
| D6752* | RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL | \$0* | D7320 | ALVEOLOPLASTY NO EXT 4/> TEETH/SPAC | \$0 |
| D6753 | RETAINER CROWN-PORCELAIN FUSED TO TITANIUM/TITANIUM ALLOYS | \$0 | D7321 | ALVEOLOPLASTY NOT W/XTRCT 1-3 TEETH | \$0 |
| D6780* | RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL | \$0* | D7340 | VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION) | \$0 |
| D6781 | RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASE METAL | \$0 | D7350 | VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT) | \$0 |
| D6782* | RETAINER CROWN - 3/4 CAST NOBLE METAL | \$0* | D7450 | REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM | \$0 |
| D6783 | RETAINER CROWN - 3/4 PORCELAIN/CERAMIC | \$0 | D7451 | REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM | \$0 |
| D6784 | RETAINER CROWN - 3/4 TITANIUM/TITANIUM ALLOYS | \$0 | D7460 | REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM | \$0 |
| D6790* | RETAINER CROWN - FULL CAST HIGH NOBLE METAL | \$0* | D7461 | REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM | \$0 |
| D6791 | RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL | \$0 | D7471 | REMOVAL OF LATERAL EXOSTOSIS | \$0 |
| D6792* | RETAINER CROWN - FULL CAST NOBLE METAL | \$0* | D7472 | REMOVAL OF TORUS PALATINUS | \$0 |
| | | | D7473 | REMOVAL OF TORUS MANDIBULARIS | \$0 |
| | | | D7485 | REDUCTION OF OSSEOUS TUBEROSITY | \$0 |
| | | | D7510 | I & D ABSCESS - INTRAORAL SOFT TISSUE | \$0 |

| ADA | DESCRIPTION | MEMBER PAYS |
|------------------------------------|---|-------------|
| ORAL SURGERY SERVICES | | |
| D7511 | I & D ABSCESS - INTRAORAL SOFT TISS COMPLICATED | \$0 |
| D7520 | I & D OF ABSCESS EXTRAORAL SOFT TISSUE | \$0 |
| D7521 | I & D OF ABSCESS EXTRAORAL COMPLICATED | \$0 |
| D7530 | REMOVAL OF FOREIGN BODY - SKIN SUBCUTANEOUS | \$0 |
| D7961 | BUCCAL / LABIAL FRENECTOMY (FRENULECTOMY) | \$0 |
| D7962 | LINGUAL FRENECTOMY (FRENULECTOMY) | \$0 |
| D7963 | FRENULOPLASTY | \$0 |
| D7970 | EXC HYPERPLASTIC TISSUE-PER ARCH | \$0 |
| D7971 | EXCISION OF PERICORONAL GINGIVA | \$0 |
| D7972 | SURGICAL RDOC FIBROUS TUBEROSITY | \$0 |
| ADJUNCTIVE GENERAL SERVICES | | |
| D9110 | PALLIATIVE TX DENTAL PAIN-MINOR PROC | \$0 |
| D9120 | FIXED PARTIAL DENTURE SECTIONING | \$0 |
| D9210 | LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES | \$0 |
| D9211 | REGIONAL BLOCK ANESTHESIA | \$0 |
| D9212 | TRIGEMINAL DIVISION BLOCK ANES | \$0 |
| D9215 | LOCAL ANESTHESIA | \$0 |
| D9219 | EVALUATION FOR DEEP SEDATION OR GENERAL ANESTHESIA | \$0 |
| D9222 | DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES | \$0 |
| D9223 | DEEP SEDATION/GENERAL ANESTHESIA - EACH 15 MINUTE INCREMENT | \$0 |
| D9230 | ANALGESIA ANXIOLYSIS, INHALATION OF NITROUS OXIDE | \$0 |
| D9239 | INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANESTHESIA - FIRST 15 MINUTES | \$0 |
| D9243 | INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH 15 MINUTE INCREMENT | \$0 |
| D9248 | NON-INTRAVENOUS (CONSCIOUS) SEDATION, THIS INCLUDES NON-IV MINIMAL AND MODERATE SEDATION | \$0 |
| D9310 | CNSLT DX DENT/PHY NOT REQ DENT/PHY | \$0 |
| D9430 | OV OBS - NO OTH SERVICES PERFORMED | \$0 |
| D9440 | OV-AFTER REGULARLY SCHEDULED HRS | \$0 |
| D9930 | TREATMENT OF COMPLICATIONS - POST SURG. | \$0 |
| D9943 | OCCLUSAL GUARD ADJUSTMENT | \$0 |
| D9944 | OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH | \$0 |
| D9945 | OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH | \$0 |
| D9946 | OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH | \$0 |
| D9951 | OCCLUSAL ADJUSTMENT - LIMITED | \$0 |
| D9952 | OCCLUSAL ADJUSTMENT - COMPLETE | \$0 |
| D9972 | EXTERNAL BLEACHING - PER ARCH PERFORMED IN OFFICE | \$125 |
| D9995 | TELEDENTISTRY - SYNCHRONOUS; REAL TIME ENCOUNTER | \$0 |
| D9996 | TELEDENTISTRY - ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW | \$0 |
| ORTHODONTIC SERVICES | | |

| ADA | DESCRIPTION | MEMBER PAYS |
|-----------------------------|---|-------------|
| D8070 | COMPREHENSIVE ORTHODONTIC TREATMENT TRANSITIONAL DENTITION) | \$750 |
| D8080 | COMPREHENSIVE ORTHODONTIC TREATMENT ADOLESCENT DENTITION | \$750 |
| D8090 | COMPREHENSIVE ORTHODONTIC TREATMENT ADULT DENTITION | \$750 |
| D8670 | PERIODIC ORTHODONTIC TREATMENT VISIT | \$0 |
| D8680 | ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINERS) | \$150 |
| D8695 | REMOVAL OF FIXED ORTHODONTIC APPLIANCES FOR REASONS OTHER THAN COMPLETION OF TREATMENT | \$75 |
| D8999 | a START-UP FEE (INCLUDING EXAM, BEGINNING RECORDS, X-RAYS, TRACING, PHOTOS, AND MODELS) | \$350 |
| FIXED PROSTHODONTICS | | |
| D5992 | ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE, BY REPORT | \$0 |

For additional coverage details and to locate a dentist please visit myuhc.com® or contact Customer Service.

*If a noble, high noble or titanium metal is used, there will be an additional charge not to exceed \$150 per unit. If a base metal is used, there are no additional charges from the provider.

UnitedHealthcare/Select Managed Care dental exclusions and limitations

LIMITATIONS OF BENEFITS

The following are the limitation of benefits, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefit

| | | |
|-----|---|---|
| 1. | DENTAL PROPHYLAXIS | Limited to 1 time per 6 months |
| 2. | FLUORIDE TREATMENTS | Limited to 1 time per 6 months |
| 3. | INLAYS, ONLAYS, AND VENEERS | Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth. |
| 4. | CROWNS | Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth. |
| 5. | POST AND CORES | Covered only for teeth that have had root canal therapy. |
| 6. | SCALING AND ROOT PLANING | Limited to 4 quadrants per calendar year. |
| 7. | REPLACEMENT OF COMPLETE DENTURE FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS AND IMPLANTS, IMPLANT CROWNS, IMPLANT PROTHESIS | Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays, onlays, and implants, implant crowns, implant prosthesis previously submitted for payment under the plan is limited to 1 time per tooth per consecutive 60 months from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances. If damage or breakage was directly related to provider error, this type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement. |
| 8. | INTRAORAL BITEWING RADIOGRAPHS | Limited to 1 series of 4 films in any 6 month period |
| 9. | STAINLESS STEEL CROWNS | Limited to 1 time per tooth per 60 Months. Covered only when a filling cannot restore the tooth. Prefabricated esthetic coated stainless steel crown - primary tooth, are limited to primary anterior teeth. |
| 10. | ADJUSTMENTS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES OR CROWNS | Limited to repairs or adjustments performed more than 6 months after the initial insertion. |
| 11. | INTRAVENOUS SEDATION OR GENERAL ANESTHESIA | Administration of I.V. sedation or general anesthesia is limited to covered oral surgical procedures involving 1 or more impacted teeth (soft tissue, partial bony or complete bony impactions). |
| 12. | ALL SPECIALTY REFERRAL SERVICES MUST BE | (A) Pre-Authorized by us; and (B) Coordinated by a Covered Person's Participating Dentist. Any Covered Person who elects specialist care without prior referral by his or her Participating Dentist and approval by us is responsible for all charges incurred. <ul style="list-style-type: none"> • In order for specialty services to be Covered by this plan, the following referral process must be followed: • A Covered Person's Participating Dentist must coordinate all Dental Services. • When the care of a Network Specialist Dentist is required, the Covered Person's Participating Dentist must contact us and request authorization. • If the Participating Dentist request for specialist referral is denied, the Participating Dentist and the Covered Person will be notified of the reason for the denial. If the service in question is a Covered service, and no limitations or exclusions apply, the Participating Dentist may be asked to perform the service. • Covered Person who receives authorized specialty services must pay all applicable Copayments associated with the services provided. When we authorize specialty dental care, a Covered Person will be referred to a Network Specialist Dentist for treatment. The Network includes Network Specialist Dentists in: (a) endodontics; (b) oral surgery; (c) pediatric dentistry; and (d) orthodontics; and (e) periodontics, located in the Covered Person's Service Area. If there is no Network Specialist Dentist in the Covered Person's Service Area, we will refer the Covered Person to a Non-Participating Specialist of our choice. Except for Emergency Dental Services, in no event will we cover dental care provided to a Covered Person by a specialist not preauthorized by us to provide such services. • Covered Person's financial responsibility is limited to applicable Copayments. Copayments are listed in the Covered Person's Schedule of Covered Dental Services. |
| 13. | PERIODONTAL MAINTENANCE PROCEDURES | Limited to once every 6 months, following active therapy, exclusive of gross debridement |
| 14. | REMOVABLE PROSTHETICS/FIXED PROSTHETICS/CROWNS, INLAYS AND ONLAYS (MINOR RESTORATIVE SERVICES) | Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per 5 years from initial or supplemental placement |
| 15. | CROWNS, FIXED BRIDGES, AND IMPLANTS | The maximum benefit within a 12-month period is any combination of 7 crowns or pontics (artificial teeth that are part of a fixed bridge). If more than 7 crowns and/or pontics are done for a Member within a 12-month period, the dentist's fee for any additional crowns within that period would not be limited to the listed Copayment, but instead can reflect the Dentist's Billed Charges. |
| 16. | ADJUNCTIVE | Pre-Diagnostic Test that aids in detection of mucosal abnormalities including premalignant and malignant lesion, not to include cytology or biopsy procedures - Limited to 1 time per year, to Covered Persons over the age of 30. |
| 17. | INTRAORAL | Complete Series (including bitewings) - Limited to 1 time in any 2-year period |
| 18. | TEMPORARY CROWNS | Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth. |
| 19. | CONE BEAM | Limited to 1 time per consecutive 60 months. |

LIMITATIONS OF BENEFITS

The following are the limitation of benefits, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefit

EXCLUSIONS OF BENEFITS

The following procedures and services are excluded and not Covered Services, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

| | |
|-----|--|
| 1. | Dental Services that are not Necessary. |
| 2. | Any service done for cosmetic purposes that is not listed as a Covered cosmetic service in the Schedule of Covered Dental Services. |
| 3. | Any Dental Procedure not directly associated with dental disease. |
| 4. | Any implant procedures performed which are not listed as Covered implant procedures in the Schedule of Covered Dental Services. |
| 5. | Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit. |
| 6. | Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue. |
| 7. | Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or Congenital Anomalies of hard or soft tissue, including excision. |
| 8. | Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint. |
| 9. | Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO). |
| 10. | Placement of fixed partial dentures solely for the purpose of achieving periodontal stability. |
| 11. | Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates. |
| 12. | Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country. |
| 13. | Any Dental Services or Procedures not listed in the Schedule of Covered Dental Services. |
| 14. | Costs for non-dental services related to the provision of dental services in hospitals, extended care facilities, or Member's home are not covered. When deemed necessary by the Primary Care Dentist, the Member's physician, and authorized by the Plan, covered dental services that are delivered in an inpatient or outpatient hospital setting are covered as indicated in the Schedule of Benefits. |
| 15. | Any endodontic, periodontal, crown or bridge abutment procedure or appliance requested, recommended or performed for a tooth or teeth with a guarded, questionable or poor prognosis. |
| 16. | Replacement of a lost, missing or stolen appliance or prosthesis or the fabrication of a spare appliance or prosthesis. |
| 17. | Any Covered Person request for: (a) specialist services or treatment which can be routinely provided by a Participating Dentist; or (b) treatment by a specialist without referral from a Participating Dentist and our approval. |
| 18. | Any Dental Procedure not performed in a dental setting. This will not apply to Covered Emergency Dental Services. |
| 19. | Fixed or removable prosthodontic restoration procedures or implant services for complete oral rehabilitation or reconstruction. |
| 20. | Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare |
| 21. | Treatment which requires the services of a pediatric specialist, after the Covered Person's 6th birthday. |

EXCLUSIONS OF BENEFITS

The following procedures and services are excluded and not Covered Services, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

22. Orthodontic Exclusions & Limitations

If you require the services of an orthodontist, a referral must first be obtained. If a referral is not obtained prior to the commencement of orthodontic treatment, the Covered Person will be responsible for all costs associated with any orthodontic treatment. Orthodontic services Copayments are valid for authorized services rendered. If you terminate Coverage after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.

Orthodontic Exclusions:

- a) Replacement or repair of lost, stolen or broken appliances or appliances damaged due to the neglect of the Covered Person
- b) Treatment in progress prior to the effective date of this coverage
- c) Extractions required for orthodontic purposes
- d) Surgical orthodontics or jaw repositioning
- e) Myofunctional therapy
- f) Cleft palate
- g) Micrognathia
- h) Macroglossia
- i) Hormonal imbalances
- j) Orthodontic retreatment when initial treatment was rendered under this plan or for changes in orthodontic treatment necessitated by any kind of treatment of accident
- k) Palatal expansion appliances
- l) Services performed by outside laboratories

Orthodontic Limitations:

- 1. If a treatment plan is for less than 24 months, then a prorated portion of the full copayment shall apply.
- 2. If Covered Person's dental eligibility ends, for whatever reason, and the Covered Person is receiving orthodontic treatment under the plan, the remaining cost for that treatment will be prorated at the orthodontist's usual fees over the number of months of treatment remaining. The Covered Person will be responsible for the payment of this balance under the terms and conditions pre-arranged with the orthodontist.
- 3. If the Covered Person has the orthodontist perform a "diagnostic work-up" (a consultation and diagnosis) and then decides to forgo the treatment program, the Covered Person will be charged a \$50 consultation fee, plus any lab costs incurred by the orthodontist.
- 4. One orthodontic benefit under this plan is available per lifetime, per Covered Person. A Covered Person may access this Comprehensive Orthodontic Treatment. If comprehensive treatment is necessary, and is completed within a 24 month period, the Copayments listed will apply. If necessary and active treatment extends beyond 24 months, the provider is obligated to accept the plan Copayment only for the first 24 months of active therapy. The provider may charge usual and customary fees for active treatment extending beyond the 24 month benefit period.