

GOODWILL OF CENTRAL & NORTHERN ARIZONA

Plan Design Summary



Dental Summary

POLICY # 010-35327

		LOW PLAN
Plan Benefit	Type 1	MCE
	Type 2	MCE
	Type 3	MCE
Deductible		\$50/Calendar Year Waived Type 1 3 Family Maximum \$1,000/Calendar Year
Maximum (per person)		Passive PPO
PPO		MCE
Allowance	Type 1	MCE
	Type 2	MCE
	Type 3	MCE
Waiting Period		None
LASIK Advantage®		Included
Annual Open Enrollment		Included

Orthodontia Summary

Allowance All Plan Designs: In Network, discounted fee. Out of Network, U&C.

Plan Benefit	50%
Coverage for Adults	No
Lifetime Maximum (per person)	\$1,000
Waiting Period	None

Type 1 Procedure (Frequency)	- Routine Exam (1 in 6 months) - Bitewing X-rays (1 in 12 months) - Full Mouth/Panoramic X-rays (1 in 5 years) - Periapical X-rays - Cleaning (1 in 6 months) - Fluoride for Children 13 and under (1 in 12 months) - Sealants (age 13 and under)
Type 2 Procedure (Frequency)	- Space Maintainers - Restorative Amalgams - Restorative Composites - Endodontics (nonsurgical) - Endodontics (surgical) - Periodontics (nonsurgical) - Periodontics (surgical) - Denture Repair - Simple Extractions
Type 3 Procedure (Frequency)	- Onlays - Crowns (1 in 10 years per tooth) - Crown Repair - Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) - Complex Extractions - Anesthesia

GOODWILL OF CENTRAL & NORTHERN ARIZONA

Plan Design Summary



Current Dental Terminology © American Dental Association.

*Maximum Covered Expense is the maximum amount considered per procedure.

TABLE OF DENTAL PROCEDURES

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY FOR YOUR PROCEDURE FREQUENCIES AND PROVISIONS.

The attached is a list of dental procedures for which benefits are payable under this section is based upon the *Current Dental Terminology* © American Dental Association. **No benefits are payable for a procedure that is not listed.**

- Your benefits are based on a Calendar Year. A Calendar Year runs from January 1 through December 31.
- Benefit Period means the period from January 1 of any year through December 31 of the same year. But during the first year a person is insured, a benefit period means the period from his or her effective date through December 31 of that year.
- Covered Procedures are subject to all plan provisions, procedure and frequency limitations, and/or consultant review.
- Reference to "traumatic injury" under this plan is defined as injury caused by external forces (ie. outside the mouth) and specifically excludes injury caused by internal forces such as bruxism (grinding of teeth).
- Benefits for replacement dental prosthesis or prosthetic crown will be based on the prior placement date. Frequencies which reference Benefit Period will be measured forward within the limits defined as the Benefit Period. All other frequencies will be measured forward from the last covered date of service.
- X-ray images, periodontal charting and supporting diagnostic data may be requested for our review.
- We recommend that a pre-treatment estimate be submitted for all anticipated work that is considered to be expensive by our insured.
- A pre-treatment estimate is not a pre-authorization or guarantee of payment or eligibility; rather it is an indication of the estimated benefits available if the described procedures are performed.

TYPE 1 PROCEDURES
Plan 1
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

	Maximum Covered Expense
ROUTINE ORAL EVALUATION	
D0120 Periodic oral evaluation - established patient.	\$23.00
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver.	\$18.00
D0150 Comprehensive oral evaluation - new or established patient.	\$35.00
D0180 Comprehensive periodontal evaluation - new or established patient.	\$35.00
COMPREHENSIVE EVALUATION: D0150, D0180	
- Coverage is limited to 1 of each of these procedures per 1 provider. - In addition, D0150, D0180 coverage is limited to 1 of any of these procedures per 6 month(s). - D0120, D0145 also contribute(s) to this limitation. - If frequency met, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.	
ROUTINE EVALUATION: D0120, D0145	
- Coverage is limited to 1 of any of these procedures per 6 month(s). - D0150, D0180 also contribute(s) to this limitation. - Procedure D0120 will be considered for individuals age 3 and over. Procedure D0145 will be considered for individuals age 2 and under.	
COMPLETE SERIES OR PANORAMIC	
D0210 Intraoral - complete series of radiographic images.	\$74.00
D0330 Panoramic radiographic image.	\$59.00
COMPLETE SERIES/PANORAMIC: D0210, D0330	
Coverage is limited to 1 of any of these procedures per 60 month(s).	
OTHER XRAYS	
D0220 Intraoral - periapical first radiographic image.	\$14.00
D0230 Intraoral - periapical each additional radiographic image.	\$10.00
D0240 Intraoral - occlusal radiographic image.	\$19.00
D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector.	\$24.00
D0251 Extra-oral posterior dental radiographic image.	\$24.00
PERIAPICAL: D0220, D0230	
The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.	
BITEWINGS	
D0270 Bitewing - single radiographic image.	\$11.00
D0272 Bitewings - two radiographic images.	\$21.00
D0273 Bitewings - three radiographic images.	\$25.00
D0274 Bitewings - four radiographic images.	\$32.00
D0277 Vertical bitewings - 7 to 8 radiographic images.	\$49.00
BITEWINGS: D0270, D0272, D0273, D0274	
- Coverage is limited to 1 of any of these procedures per 12 month(s). - D0277 also contribute(s) to this limitation. - The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.	
VERTICAL BITEWINGS: D0277	

TYPE 1 PROCEDURES

Maximum Covered
Expense

- Vertical bitewings are considered at an alternate benefit of a D0274 and count towards this frequency. The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.

PROPHYLAXIS (CLEANING) AND FLUORIDE

D1110	Prophylaxis - adult.	\$49.00
D1120	Prophylaxis - child.	\$34.00
D1206	Topical application of fluoride varnish.	\$19.00
D1208	Topical application of fluoride-excluding varnish.	\$19.00
D9932	Cleaning and inspection of removable complete denture, maxillary.	\$19.00
D9933	Cleaning and inspection of removable complete denture, mandibular.	\$19.00
D9934	Cleaning and inspection of removable partial denture, maxillary.	\$19.00
D9935	Cleaning and inspection of removable partial denture, mandibular.	\$19.00

FLUORIDE: D1206, D1208

- Coverage is limited to 1 of any of these procedures per 12 month(s).
- Benefits are considered for persons age 13 and under.

PROPHYLAXIS: D1110, D1120

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D4910 also contribute(s) to this limitation.
- An adult prophylaxis (cleaning) is considered for individuals age 14 and over. A child prophylaxis (cleaning) is considered for individuals age 13 and under. Benefits for prophylaxis (cleaning) are not available when performed on the same date as periodontal procedures.

PROSTHODONTIC PROPHYLAXIS: D9932, D9933, D9934, D9935

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- Not allowed when done on the same date as periodontal services.

SEALANT

D1351	Sealant - per tooth.	\$27.00
D1352	Preventive resin restoration in a moderate to high caries risk patient-permanent.	\$27.00
D1353	Sealant repair - per tooth.	\$27.00

SEALANT: D1351, D1352, D1353

- Coverage is limited to 1 of any of these procedures per 36 month(s).
- Benefits are considered for persons age 13 and under.
- Benefits are considered on permanent molars only.
- Coverage is allowed on the occlusal surface only.

TYPE 2 PROCEDURES
Plan 1
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

	Maximum Covered Expense
LIMITED ORAL EVALUATION	
D0140 Limited oral evaluation - problem focused.	\$32.00
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit).	\$32.00
LIMITED ORAL EVALUATION: D0140, D0170	
Coverage is allowed for accidental injury only. If not due to an accident, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.	
ORAL PATHOLOGY/LABORATORY	
D0472 Accession of tissue, gross examination, preparation and transmission of written report.	\$38.00
D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report.	\$75.00
D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.	\$75.00
ORAL PATHOLOGY LABORATORY: D0472, D0473, D0474	
- Coverage is limited to 1 of any of these procedures per 12 month(s). - Coverage is limited to 1 examination per biopsy/excision.	
SPACE MAINTAINERS	
D1510 Space maintainer - fixed - unilateral.	\$149.00
D1515 Space maintainer - fixed - bilateral.	\$245.00
D1520 Space maintainer - removable - unilateral.	\$234.00
D1525 Space maintainer - removable - bilateral.	\$285.00
D1550 Re-cement or re-bond space maintainer.	\$31.00
D1555 Removal of fixed space maintainer.	\$42.00
SPACE MAINTAINER: D1510, D1515, D1520, D1525	
Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowances include all adjustments within 6 months of placement date.	
AMALGAM RESTORATIONS (FILLINGS)	
D2140 Amalgam - one surface, primary or permanent.	\$54.00
D2150 Amalgam - two surfaces, primary or permanent.	\$68.00
D2160 Amalgam - three surfaces, primary or permanent.	\$83.00
D2161 Amalgam - four or more surfaces, primary or permanent.	\$99.00
AMALGAM RESTORATIONS: D2140, D2150, D2160, D2161	
- Coverage is limited to 1 of any of these procedures per 6 month(s). - D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990, D9911 also contribute(s) to this limitation.	
RESIN RESTORATIONS (FILLINGS)	
D2330 Resin-based composite - one surface, anterior.	\$66.00
D2331 Resin-based composite - two surfaces, anterior.	\$83.00
D2332 Resin-based composite - three surfaces, anterior.	\$104.00
D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior).	\$114.00
D2391 Resin-based composite - one surface, posterior.	\$72.00
D2392 Resin-based composite - two surfaces, posterior.	\$91.00
D2393 Resin-based composite - three surfaces, posterior.	\$114.00
D2394 Resin-based composite - four or more surfaces, posterior.	\$126.00
D2410 Gold foil - one surface.	\$54.00
D2420 Gold foil - two surfaces.	\$68.00
D2430 Gold foil - three surfaces.	\$83.00
D2990 Resin infiltration of incipient smooth surface lesions.	\$83.00
COMPOSITE RESTORATIONS: D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990	

TYPE 2 PROCEDURES

Maximum Covered
Expense

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2140, D2150, D2160, D2161, D9911 also contribute(s) to this limitation.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

GOLD FOIL RESTORATIONS: D2410, D2420, D2430

- Gold foils are considered at an alternate benefit of an amalgam/composite restoration.

STAINLESS STEEL CROWN (PREFABRICATED CROWN)

D2390	Resin-based composite crown, anterior.	\$140.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth.	\$140.00
D2930	Prefabricated stainless steel crown - primary tooth.	\$117.00
D2931	Prefabricated stainless steel crown - permanent tooth.	\$124.00
D2932	Prefabricated resin crown.	\$140.00
D2933	Prefabricated stainless steel crown with resin window.	\$140.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth.	\$140.00

STAINLESS STEEL CROWN: D2390, D2929, D2930, D2931, D2932, D2933, D2934

- Replacement is limited to 1 of any of these procedures per 12 month(s).
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

RECEMENT

D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.	\$43.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core.	\$22.00
D2920	Re-cement or re-bond crown.	\$42.00
D2921	Reattachment of tooth fragment, incisal edge or cusp.	\$42.00
D6092	Re-cement or re-bond implant/abutment supported crown.	\$42.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture.	\$42.00
D6930	Re-cement or re-bond fixed partial denture.	\$59.00

SEDATIVE FILLING

D2940	Protective restoration.	\$40.00
D2941	Interim therapeutic restoration - primary dentition.	\$40.00

PULP CAP

D3110	Pulp cap - direct (excluding final restoration).	\$37.00
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ENDODONTICS MISCELLANEOUS

D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.	\$73.00
D3221	Pulpal debridement, primary and permanent teeth.	\$73.00
D3222	Partial Pulpotomy for apexogenesis - permanent tooth with incomplete root development.	\$110.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).	\$97.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration).	\$85.00
D3333	Internal root repair of perforation defects.	\$120.00
D3351	Apexification/recalcification - initial visit (apical closure/calific repair of perforations, root resorption, etc.).	\$120.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.).	\$81.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.).	\$237.00
D3357	Pulpal regeneration - completion of treatment.	\$237.00
D3430	Retrograde filling - per root.	\$94.00
D3450	Root amputation - per root.	\$222.00
D3920	Hemisection (including any root removal), not including root canal therapy.	\$188.00

ENDODONTICS MISCELLANEOUS: D3333, D3430, D3450, D3920

- Procedure D3333 is limited to permanent teeth only.

TYPE 2 PROCEDURES

Maximum Covered
Expense

ENDODONTIC THERAPY (ROOT CANALS)

D3310	Endodontic therapy, anterior tooth.	\$333.00
D3320	Endodontic therapy, bicuspid tooth.	\$392.00
D3330	Endodontic therapy, molar.	\$514.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.	\$196.00
D3346	Retreatment of previous root canal therapy - anterior.	\$415.00
D3347	Retreatment of previous root canal therapy - bicuspid.	\$478.00
D3348	Retreatment of previous root canal therapy - molar.	\$593.00

ROOT CANALS: D3310, D3320, D3330, D3332

- Benefits are considered on permanent teeth only.
- Allowances include intraoperative radiographic images and cultures but exclude final restoration.

RETREATMENT OF ROOT CANAL: D3346, D3347, D3348

- Coverage is limited to 1 of any of these procedures per 12 month(s).
- D3310, D3320, D3330 also contribute(s) to this limitation.
- Benefits are considered on permanent teeth only.
- Coverage is limited to service dates more than 12 months after root canal therapy. Allowances include intraoperative radiographic images and cultures but exclude final restoration.

SURGICAL ENDODONTICS

D3355	Pulpal regeneration - initial visit.	\$593.00
D3356	Pulpal regeneration - interim medication replacement.	\$593.00
D3410	Apicoectomy - anterior.	\$343.00
D3421	Apicoectomy - bicuspid (first root).	\$395.00
D3425	Apicoectomy - molar (first root).	\$428.00
D3426	Apicoectomy (each additional root).	\$153.00
D3427	Periradicular surgery without apicoectomy.	\$153.00

SURGICAL PERIODONTICS

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.	\$217.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.	\$109.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.	\$298.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.	\$149.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.	\$546.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.	\$274.00
D4263	Bone replacement graft - first site in quadrant.	\$178.00
D4264	Bone replacement graft - each additional site in quadrant.	\$134.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration.	\$89.00
D4270	Pedicle soft tissue graft procedure.	\$402.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft.	\$497.00
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area).	\$239.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft.	\$426.00
D4276	Combined connective tissue and double pedicle graft, per tooth.	\$497.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft.	\$497.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site.	\$497.00

TYPE 2 PROCEDURES

	Maximum Covered Expense
D4283 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site.	\$497.00
D4285 Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site.	\$497.00
BONE GRAFTS: D4263, D4264, D4265	
- Each quadrant is limited to 1 of each of these procedures per 3 year(s). - Coverage is limited to treatment of periodontal disease.	
GINGIVECTOMY: D4210, D4211	
- Each quadrant is limited to 1 of each of these procedures per 3 year(s). - Coverage is limited to treatment of periodontal disease.	
OSSEOUS SURGERY: D4240, D4241, D4260, D4261	
- Each quadrant is limited to 1 of each of these procedures per 3 year(s). - Coverage is limited to treatment of periodontal disease.	
TISSUE GRAFTS: D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285	
- Each quadrant is limited to 2 of any of these procedures per 3 year(s). - Coverage is limited to treatment of periodontal disease.	
NON-SURGICAL PERIODONTICS	
D4341 Periodontal scaling and root planing - four or more teeth per quadrant.	\$112.00
D4342 Periodontal scaling and root planing - one to three teeth, per quadrant.	\$56.00
D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.	\$82.00
CHEMOTHERAPEUTIC AGENTS: D4381	
Each quadrant is limited to 2 of any of these procedures per 2 year(s).	
PERIODONTAL SCALING & ROOT PLANING: D4341, D4342	
Each quadrant is limited to 1 of each of these procedures per 2 year(s).	
FULL MOUTH DEBRIDEMENT	
D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis.	\$67.00
FULL MOUTH DEBRIDEMENT: D4355	
Coverage is limited to 1 of any of these procedures per 5 year(s).	
PERIODONTAL MAINTENANCE	
D4910 Periodontal maintenance.	\$68.00
PERIODONTAL MAINTENANCE: D4910	
- Coverage is limited to 1 of any of these procedures per 6 month(s). - D1110, D1120 also contribute(s) to this limitation. - Coverage is contingent upon evidence of full mouth active periodontal therapy. Benefits are not available if performed on the same date as any other periodontal procedure.	
DENTURE REPAIR	
D5510 Repair broken complete denture base.	\$68.00
D5520 Replace missing or broken teeth - complete denture (each tooth).	\$57.00
D5610 Repair resin denture base.	\$68.00
D5620 Repair cast framework.	\$80.00
D5630 Repair or replace broken clasp-per tooth.	\$84.00
D5640 Replace broken teeth - per tooth.	\$60.00
DENTURE RELINES	
D5730 Reline complete maxillary denture (chairside).	\$126.00
D5731 Reline complete mandibular denture (chairside).	\$125.00
D5740 Reline maxillary partial denture (chairside).	\$113.00
D5741 Reline mandibular partial denture (chairside).	\$113.00
D5750 Reline complete maxillary denture (laboratory).	\$187.00
D5751 Reline complete mandibular denture (laboratory).	\$184.00

TYPE 2 PROCEDURES

	Maximum Covered Expense
D5760 Reline maxillary partial denture (laboratory).	\$187.00
D5761 Reline mandibular partial denture (laboratory).	\$188.00
DENTURE RELINE: D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761	
Coverage is limited to service dates more than 6 months after placement date.	
NON-SURGICAL EXTRACTIONS	
D7111 Extraction, coronal remnants - deciduous tooth.	\$60.00
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal).	\$60.00
OTHER ORAL SURGERY	
D7260 Oroantral fistula closure.	\$284.00
D7261 Primary closure of a sinus perforation.	\$284.00
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.	\$172.00
D7272 Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization).	\$172.00
D7280 Surgical access of an unerupted tooth.	\$266.00
D7282 Mobilization of erupted or malpositioned tooth to aid eruption.	\$192.00
D7283 Placement of device to facilitate eruption of impacted tooth.	\$80.00
D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.	\$100.00
D7311 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.	\$50.00
D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.	\$127.00
D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.	\$64.00
D7340 Vestibuloplasty - ridge extension (secondary epithelialization).	\$184.00
D7350 Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).	\$456.00
D7410 Excision of benign lesion up to 1.25 cm.	\$182.00
D7411 Excision of benign lesion greater than 1.25 cm.	\$233.00
D7412 Excision of benign lesion, complicated.	\$257.00
D7413 Excision of malignant lesion up to 1.25 cm.	\$246.00
D7414 Excision of malignant lesion greater than 1.25 cm.	\$180.00
D7415 Excision of malignant lesion, complicated.	\$198.00
D7440 Excision of malignant tumor - lesion diameter up to 1.25 cm.	\$246.00
D7441 Excision of malignant tumor - lesion diameter greater than 1.25 cm.	\$180.00
D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.	\$182.00
D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.	\$233.00
D7460 Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm.	\$182.00
D7461 Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm.	\$233.00
D7465 Destruction of lesion(s) by physical or chemical method, by report.	\$55.00
D7471 Removal of lateral exostosis (maxilla or mandible).	\$162.00
D7472 Removal of torus palatinus.	\$162.00
D7473 Removal of torus mandibularis.	\$162.00
D7485 Surgical reduction of osseous tuberosity.	\$264.00
D7490 Radical resection of maxilla or mandible.	\$246.00
D7510 Incision and drainage of abscess - intraoral soft tissue.	\$81.00
D7520 Incision and drainage of abscess - extraoral soft tissue.	\$94.00
D7530 Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.	\$75.00
D7540 Removal of reaction producing foreign bodies, musculoskeletal system.	\$205.00
D7550 Partial ostectomy/sequestrectomy for removal of non-vital bone.	\$205.00
D7560 Maxillary sinusotomy for removal of tooth fragment or foreign body.	\$270.00
D7910 Suture of recent small wounds up to 5 cm.	\$36.00
D7911 Complicated suture - up to 5 cm.	\$41.00

TYPE 2 PROCEDURES

	Maximum Covered Expense
D7912 Complicated suture - greater than 5 cm.	\$59.00
D7960 Frenulectomy-also known as frenectomy or frenotomy-separate procedure not incidental to another procedure.	\$195.00
D7963 Frenuloplasty.	\$244.00
D7970 Excision of hyperplastic tissue - per arch.	\$150.00
D7972 Surgical reduction of fibrous tuberosity.	\$239.00
D7980 Sialolithotomy.	\$225.00
D7983 Closure of salivary fistula.	\$72.00
REMOVAL OF BONE TISSUE: D7471, D7472, D7473	
Coverage is limited to 5 of any of these procedures per 1 lifetime.	
BIOPSY OF ORAL TISSUE	
D7285 Incisional biopsy of oral tissue - hard (bone, tooth).	\$244.00
D7286 Incisional biopsy of oral tissue - soft.	\$131.00
D7287 Exfoliative cytological sample collection.	\$66.00
D7288 Brush biopsy - transepithelial sample collection.	\$66.00
PALLIATIVE	
D9110 Palliative (emergency) treatment of dental pain - minor procedure.	\$45.00
PALLIATIVE TREATMENT: D9110	
Not covered in conjunction with other procedures, except diagnostic x-ray radiographic images.	
PROFESSIONAL CONSULT/VISIT/SERVICES	
D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician.	\$46.00
D9430 Office visit for observation (during regularly scheduled hours) - no other services performed.	\$32.00
D9440 Office visit - after regularly scheduled hours.	\$56.00
D9930 Treatment of complications (post-surgical) - unusual circumstances, by report.	\$34.00
CONSULTATION: D9310	
Coverage is limited to 1 of any of these procedures per 1 provider.	
OFFICE VISIT: D9430, D9440	
Procedure D9430 is allowed for accidental injury only. Procedure D9440 will be allowed on the basis of services rendered or visit, whichever is greater.	
OCCLUSAL ADJUSTMENT	
D9951 Occlusal adjustment - limited.	\$43.00
D9952 Occlusal adjustment - complete.	\$217.00
OCCLUSAL ADJUSTMENT: D9951, D9952	
Coverage is considered only when performed in conjunction with periodontal procedures for the treatment of periodontal disease.	
MISCELLANEOUS	
D0486 Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report.	\$38.00
D2951 Pin retention - per tooth, in addition to restoration.	\$21.00
D9911 Application of desensitizing resin for cervical and/or root surfaces, per tooth.	\$66.00
DESENSITIZATION: D9911	
- Coverage is limited to 1 of any of these procedures per 6 month(s). - D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990 also contribute(s) to this limitation. - Porcelain and resin benefits are considered for anterior and bicuspid teeth only. - Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.	

TYPE 3 PROCEDURES
Plan 1
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

	Maximum Covered Expense
INLAY RESTORATIONS	
D2510 Inlay - metallic - one surface.	\$171.00
D2520 Inlay - metallic - two surfaces.	\$203.00
D2530 Inlay - metallic - three or more surfaces.	\$219.00
D2610 Inlay - porcelain/ceramic - one surface.	\$188.00
D2620 Inlay - porcelain/ceramic - two surfaces.	\$205.00
D2630 Inlay - porcelain/ceramic - three or more surfaces.	\$224.00
D2650 Inlay - resin-based composite - one surface.	\$196.00
D2651 Inlay - resin-based composite - two surfaces.	\$193.00
D2652 Inlay - resin-based composite - three or more surfaces.	\$200.00
INLAY: D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652	
Inlays will be considered at an alternate benefit of an amalgam/composite restoration and only when resulting from caries (tooth decay) or traumatic injury.	
ONLAY RESTORATIONS	
D2542 Onlay - metallic - two surfaces.	\$221.00
D2543 Onlay - metallic - three surfaces.	\$247.00
D2544 Onlay - metallic - four or more surfaces.	\$257.00
D2642 Onlay - porcelain/ceramic - two surfaces.	\$221.00
D2643 Onlay - porcelain/ceramic - three surfaces.	\$248.00
D2644 Onlay - porcelain/ceramic - four or more surfaces.	\$255.00
D2662 Onlay - resin-based composite - two surfaces.	\$208.00
D2663 Onlay - resin-based composite - three surfaces.	\$214.00
D2664 Onlay - resin-based composite - four or more surfaces.	\$227.00
ONLAY: D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664	
- Replacement is limited to 1 of any of these procedures per 120 month(s). - D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794 also contribute(s) to this limitation. - Frequency is waived for accidental injury. - Porcelain and resin benefits are considered for anterior and bicuspid teeth only. - Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury. - Benefits will not be considered if procedure D2390, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.	
CROWNS SINGLE RESTORATIONS	
D2710 Crown - resin-based composite (indirect).	\$97.00
D2712 Crown - 3/4 resin-based composite (indirect).	\$240.00
D2720 Crown - resin with high noble metal.	\$247.00
D2721 Crown - resin with predominantly base metal.	\$188.00
D2722 Crown - resin with noble metal.	\$231.00
D2740 Crown - porcelain/ceramic substrate.	\$267.00
D2750 Crown - porcelain fused to high noble metal.	\$259.00
D2751 Crown - porcelain fused to predominantly base metal.	\$222.00
D2752 Crown - porcelain fused to noble metal.	\$238.00
D2780 Crown - 3/4 cast high noble metal.	\$247.00
D2781 Crown - 3/4 cast predominantly base metal.	\$214.00

TYPE 3 PROCEDURES

	Maximum Covered Expense
D2782 Crown - 3/4 cast noble metal.	\$224.00
D2783 Crown - 3/4 porcelain/ceramic.	\$267.00
D2790 Crown - full cast high noble metal.	\$247.00
D2791 Crown - full cast predominantly base metal.	\$214.00
D2792 Crown - full cast noble metal.	\$224.00
D2794 Crown - titanium.	\$247.00
CROWN: D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794	
• Replacement is limited to 1 of any of these procedures per 120 month(s). • D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794 also contribute(s) to this limitation. • Frequency is waived for accidental injury. • Porcelain and resin benefits are considered for anterior and bicuspid teeth only. • Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance. • Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury. • Benefits will not be considered if procedure D2390, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.	
CORE BUILD-UP	
D2950 Core buildup, including any pins when required.	\$54.00
CORE BUILDUP: D2950	
• A pretreatment is strongly suggested for D2950. This is reviewed by our dental consultants and benefits are allowed when diagnostic data indicates significant tooth structure loss.	
POST AND CORE	
D2952 Post and core in addition to crown, indirectly fabricated.	\$85.00
D2954 Prefabricated post and core in addition to crown.	\$71.00
FIXED CROWN AND PARTIAL DENTURE REPAIR	
D2980 Crown repair necessitated by restorative material failure.	\$43.00
D2981 Inlay repair necessitated by restorative material failure.	\$43.00
D2982 Onlay repair necessitated by restorative material failure.	\$43.00
D2983 Veneer repair necessitated by restorative material failure.	\$43.00
D6980 Fixed partial denture repair necessitated by restorative material failure.	\$48.00
D9120 Fixed partial denture sectioning.	\$48.00
CROWN LENGTHENING	
D4249 Clinical crown lengthening - hard tissue.	\$153.00
PROSTHODONTICS - FIXED/REMOVABLE (DENTURES)	
D5110 Complete denture - maxillary.	\$276.00
D5120 Complete denture - mandibular.	\$268.00
D5130 Immediate denture - maxillary.	\$299.00
D5140 Immediate denture - mandibular.	\$289.00
D5211 Maxillary partial denture - resin base (including any conventional clasps, rests and teeth).	\$198.00
D5212 Mandibular partial denture - resin base (including any conventional clasps, rests and teeth).	\$230.00
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).	\$320.00
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).	\$320.00

TYPE 3 PROCEDURES

	Maximum Covered Expense
D5221 Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth).	\$320.00
D5222 Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth).	\$320.00
D5223 Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).	\$320.00
D5224 Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).	\$320.00
D5225 Maxillary partial denture - flexible base (including any clasps, rests and teeth).	\$198.00
D5226 Mandibular partial denture - flexible base (including any clasps, rests and teeth).	\$230.00
D5281 Removable unilateral partial denture - one piece cast metal (including clasps and teeth).	\$171.00
D5670 Replace all teeth and acrylic on cast metal framework (maxillary).	\$198.00
D5671 Replace all teeth and acrylic on cast metal framework (mandibular).	\$230.00
D5810 Interim complete denture (maxillary).	\$122.00
D5811 Interim complete denture (mandibular).	\$129.00
D5820 Interim partial denture (maxillary).	\$107.00
D5821 Interim partial denture (mandibular).	\$113.00
D5863 Overdenture - complete maxillary.	\$113.00
D5864 Overdenture - partial maxillary.	\$113.00
D5865 Overdenture - complete mandibular.	\$113.00
D5866 Overdenture - partial mandibular.	\$113.00
D6110 Implant/abutment supported removable denture for edentulous arch - maxillary.	\$113.00
D6111 Implant/abutment supported removable denture for edentulous arch - mandibular.	\$113.00
D6112 Implant/abutment supported removable denture for partially edentulous arch - maxillary.	\$113.00
D6113 Implant/abutment supported removable denture for partially edentulous arch - mandibular.	\$113.00
D6114 Implant/abutment supported fixed denture for edentulous arch - maxillary.	\$113.00
D6115 Implant/abutment supported fixed denture for edentulous arch - mandibular.	\$113.00
D6116 Implant/abutment supported fixed denture for partially edentulous arch - maxillary.	\$113.00
D6117 Implant/abutment supported fixed denture for partially edentulous arch - mandibular.	\$113.00
COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D6110, D6111, D6114, D6115	
• Replacement is limited to 1 of any of these procedures per 120 month(s). • Frequency is waived for accidental injury. • Allowances include adjustments within 6 months after placement date. Procedures D5863, D5865, D6110, D6111, D6114 and D6115 are considered at an alternate benefit of a D5110/D5120.	
PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5281, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117	
• Replacement is limited to 1 of any of these procedures per 120 month(s). • Frequency is waived for accidental injury. • Allowances include adjustments within 6 months of placement date. Procedures D5864, D5866, D6112, D6113, D6116 and D6117 are considered at an alternate benefit of a D5213/D5214.	
DENTURE ADJUSTMENTS	
D5410 Adjust complete denture - maxillary.	\$15.00
D5411 Adjust complete denture - mandibular.	\$15.00
D5421 Adjust partial denture - maxillary.	\$16.00
D5422 Adjust partial denture - mandibular.	\$15.00
DENTURE ADJUSTMENT: D5410, D5411, D5421, D5422	
• Coverage is limited to dates of service more than 6 months after placement date.	
ADD TOOTH/CLASP TO EXISTING PARTIAL	
D5650 Add tooth to existing partial denture.	\$36.00
D5660 Add clasp to existing partial denture-per tooth.	\$41.00

TYPE 3 PROCEDURES

	Maximum Covered Expense
DENTURE REBASES	
D5710 Rebase complete maxillary denture.	\$100.00
D5711 Rebase complete mandibular denture.	\$106.00
D5720 Rebase maxillary partial denture.	\$96.00
D5721 Rebase mandibular partial denture.	\$101.00
TISSUE CONDITIONING	
D5850 Tissue conditioning, maxillary.	\$28.00
D5851 Tissue conditioning, mandibular.	\$30.00
PROSTHODONTICS - FIXED	
D6058 Abutment supported porcelain/ceramic crown.	\$230.00
D6059 Abutment supported porcelain fused to metal crown (high noble metal).	\$251.00
D6060 Abutment supported porcelain fused to metal crown (predominantly base metal).	\$251.00
D6061 Abutment supported porcelain fused to metal crown (noble metal).	\$230.00
D6062 Abutment supported cast metal crown (high noble metal).	\$251.00
D6063 Abutment supported cast metal crown (predominantly base metal).	\$251.00
D6064 Abutment supported cast metal crown (noble metal).	\$272.00
D6065 Implant supported porcelain/ceramic crown.	\$230.00
D6066 Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal).	\$251.00
D6067 Implant supported metal crown (titanium, titanium alloy, high noble metal).	\$251.00
D6068 Abutment supported retainer for porcelain/ceramic FPD.	\$230.00
D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal).	\$251.00
D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).	\$251.00
D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal).	\$230.00
D6072 Abutment supported retainer for cast metal FPD (high noble metal).	\$251.00
D6073 Abutment supported retainer for cast metal FPD (predominantly base metal).	\$251.00
D6074 Abutment supported retainer for cast metal FPD (noble metal).	\$272.00
D6075 Implant supported retainer for ceramic FPD.	\$230.00
D6076 Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal).	\$251.00
D6077 Implant supported retainer for cast metal FPD (titanium, titanium alloy or high noble metal).	\$251.00
D6094 Abutment supported crown - (titanium).	\$251.00
D6194 Abutment supported retainer crown for FPD - (titanium).	\$251.00
D6205 Pontic - indirect resin based composite.	\$207.00
D6210 Pontic - cast high noble metal.	\$251.00
D6211 Pontic - cast predominantly base metal.	\$251.00
D6212 Pontic - cast noble metal.	\$272.00
D6214 Pontic - titanium.	\$251.00
D6240 Pontic - porcelain fused to high noble metal.	\$251.00
D6241 Pontic - porcelain fused to predominantly base metal.	\$251.00
D6242 Pontic - porcelain fused to noble metal.	\$230.00
D6245 Pontic - porcelain/ceramic.	\$230.00
D6250 Pontic - resin with high noble metal.	\$251.00
D6251 Pontic - resin with predominantly base metal.	\$230.00
D6252 Pontic - resin with noble metal.	\$272.00
D6545 Retainer - cast metal for resin bonded fixed prosthesis.	\$84.00
D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis.	\$84.00
D6549 Resin retainer - for resin bonded fixed prosthesis.	\$84.00
D6600 Retainer inlay - porcelain/ceramic, two surfaces.	\$205.00
D6601 Retainer inlay - porcelain/ceramic, three or more surfaces.	\$225.00
D6602 Retainer inlay - cast high noble metal, two surfaces.	\$184.00
D6603 Retainer inlay - cast high noble metal, three or more surfaces.	\$203.00

TYPE 3 PROCEDURES

	Maximum Covered Expense
D6604 Retainer inlay - cast predominantly base metal, two surfaces.	\$159.00
D6605 Retainer inlay - cast predominantly base metal, three or more surfaces.	\$175.00
D6606 Retainer inlay - cast noble metal, two surfaces.	\$167.00
D6607 Retainer inlay - cast noble metal, three or more surfaces.	\$184.00
D6608 Retainer onlay - porcelain/ceramic, two surfaces.	\$221.00
D6609 Retainer onlay - porcelain/ceramic, three or more surfaces.	\$244.00
D6610 Retainer onlay - cast high noble metal, two surfaces.	\$203.00
D6611 Retainer onlay - cast high noble metal, three or more surfaces.	\$223.00
D6612 Retainer onlay - cast predominantly base metal, two surfaces.	\$175.00
D6613 Retainer onlay - cast predominantly base metal, three or more surfaces.	\$193.00
D6614 Retainer onlay - cast noble metal, two surfaces.	\$184.00
D6615 Retainer onlay - cast noble metal, three or more surfaces.	\$203.00
D6624 Retainer inlay - titanium.	\$203.00
D6634 Retainer onlay - titanium.	\$223.00
D6710 Retainer crown - indirect resin based composite.	\$207.00
D6720 Retainer crown - resin with high noble metal.	\$251.00
D6721 Retainer crown - resin with predominantly base metal.	\$130.00
D6722 Retainer crown - resin with noble metal.	\$209.00
D6740 Retainer crown - porcelain/ceramic.	\$230.00
D6750 Retainer crown - porcelain fused to high noble metal.	\$272.00
D6751 Retainer crown - porcelain fused to predominantly base metal.	\$251.00
D6752 Retainer crown - porcelain fused to noble metal.	\$230.00
D6780 Retainer crown - 3/4 cast high noble metal.	\$272.00
D6781 Retainer crown - 3/4 cast predominantly base metal.	\$251.00
D6782 Retainer crown - 3/4 cast noble metal.	\$230.00
D6783 Retainer crown - 3/4 porcelain/ceramic.	\$230.00
D6790 Retainer crown - full cast high noble metal.	\$251.00
D6791 Retainer crown - full cast predominantly base metal.	\$251.00
D6792 Retainer crown - full cast noble metal.	\$230.00
D6794 Retainer crown - titanium.	\$251.00
D6940 Stress breaker.	\$70.00

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794

- Replacement is limited to 1 of any of these procedures per 120 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
- Benefits will not be considered if procedure D2390, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Replacement is limited to 1 of any of these procedures per 120 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

TYPE 3 PROCEDURES

Maximum Covered
Expense

- Benefits will not be considered if procedure D2390, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Replacement is limited to 1 of any of these procedures per 120 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
- Benefits will not be considered if procedure D2390, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252

- Replacement is limited to 1 of any of these procedures per 120 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5281, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6094

- Replacement is limited to 1 of any of these procedures per 120 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5281, D6194, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6194

- Replacement is limited to 1 of any of these procedures per 120 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5281, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

SURGICAL EXTRACTIONS

D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.	\$54.00
D7220	Removal of impacted tooth - soft tissue.	\$67.00
D7230	Removal of impacted tooth - partially bony.	\$90.00
D7240	Removal of impacted tooth - completely bony.	\$105.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications.	\$119.00

TYPE 3 PROCEDURES

Maximum Covered
Expense

D7250 Surgical removal of residual tooth roots (cutting procedure).
D7251 Coronectomy-intentional partial tooth removal.

\$56.00
\$56.00

APPLIANCE THERAPY

D8210 Removable appliance therapy.
D8220 Fixed appliance therapy.

\$105.00
\$105.00

APPLIANCE THERAPY: D8210, D8220

- Coverage is limited to the correction of thumb-sucking.

ANESTHESIA-GENERAL/IV

D9219 Evaluation for deep sedation or general anesthesia.
D9223 Deep sedation/general anesthesia - each 15 minute increment.
D9243 Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment.

\$105.00
\$105.00
\$105.00

GENERAL ANESTHESIA: D9223, D9243

- Coverage is only available with a cutting procedure. Verification of the dentist's anesthesia permit and a copy of the anesthesia report are required. A maximum of four (D9223 or D9243) will be considered.