

2007

THE STANDARD DENTAL PLAN

FOR

BROWARD COUNTY EMPLOYEES

THE SCHEDULE PLAN

- The Schedule Plan

You and your dependents may go to any dentist you choose. The plan pays a set, Schedule reimbursement amount per procedure. If you choose a Network Provider, the dentist's fee will be reduced to the contracted Maximum Allowable Charge, which will reduce your out of pocket cost.

Coinsurance (Plan Pays)

Preventive Procedures.....	Schedule*
Basic Procedures.....	Schedule*
Major Procedures	Schedule*
Orthodontia Procedures (Dependent children up to age 19**)	50% up to \$1,000

*See attached sample listing - next page.

**For a complete definition of eligible children, please refer to your Summary Plan Description.

Deductible Amounts

Preventive Procedures.....	Waived
Basic and Major Procedures	
Calendar Year-Per Person/Accumulative	\$50 / \$150
Orthodontia Procedures	
Lifetime-Per Person.....	\$0

*The same deductible is applied both in and out of network.

Maximum

Preventive, Basic & Major Procedures	
Calendar Year-Per Person	\$1500
Orthodontia Procedures	
Lifetime-Per Person.....	\$1000

*The same maximum is applied both in and out of network.

Schedule Plan Information

The Standard's network of participating dentists is a "nationwide" network. All employees and dependents enrolled in The Standard's dental plans automatically have access to this extensive nationwide network of participating dentists regardless of where the member seeks services. To find a participating dentist in your area or any other specific area, visit: http://www.standard.com/services/ppo_providers.html.

Pre-treatment Estimate

The Standard does not require pre-authorization; however, asking your dentist to file a pre-treatment estimate with our claims office for services expected to be \$200 or more protects you, the consumer. When the pre-treatment estimate is processed prior to services being rendered, both the member and the provider receive a copy indicating to both parties the exact amount of benefits payable to the dentist and the exact amount of out-of-pocket cost to the member, should there be any.

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; and 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 prosthetic crown, appliance, or fixed partial denture 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.
- B/R means By Report.
- X-ray films, 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
PAYMENT BASIS - Maximum Covered Expense
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

	Maximum Covered Expense
ROUTINE ORAL EVALUATION	
D0120 Periodic oral evaluation - established patient.	\$26.00
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver.	\$20.00
D0150 Comprehensive oral evaluation - new or established patient.	\$40.00
D0180 Comprehensive periodontal evaluation - new or established patient.	\$40.00
COMPREHENSIVE EVALUATION: D0150, D0180	
<ul style="list-style-type: none"> • 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	
<ul style="list-style-type: none"> • 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 FILM	
D0210 Intraoral - complete series (including bitewings).	\$83.00
D0330 Panoramic film.	\$67.00
COMPLETE SERIES/PANORAMIC FILMS: D0210, D0330	
<ul style="list-style-type: none"> • Coverage is limited to 1 of any of these procedures per 5 year(s). 	
OTHER XRAYS	
D0220 Intraoral - periapical first film.	\$15.00
D0230 Intraoral - periapical each additional film.	\$12.00
D0240 Intraoral - occlusal film.	\$21.00
D0250 Extraoral - first film.	\$27.00
D0260 Extraoral - each additional film.	\$21.00
PERIAPICAL FILMS: D0220, D0230	
<ul style="list-style-type: none"> • The maximum amount considered for x-ray films taken on one day will be equivalent to an allowance of a D0210. 	
BITEWING FILMS	
D0270 Bitewing - single film.	\$13.00
D0272 Bitewings - two films.	\$23.00
D0273 Bitewings - three films.	\$28.00
D0274 Bitewings - four films.	\$36.00
D0277 Vertical bitewings - 7 to 8 films.	\$55.00
BITEWING FILMS: D0270, D0272, D0273, D0274	
<ul style="list-style-type: none"> • 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 films taken on one day will be equivalent to an allowance of a D0210. 	
VERTICAL BITEWING FILM: D0277	
<ul style="list-style-type: none"> • Vertical bitewings are considered at an alternate benefit of a D0274 and count towards this frequency. The maximum amount considered for x-ray films taken on one day will be equivalent to an allowance of a D0210. 	
PROPHYLAXIS (CLEANING) AND FLUORIDE	
D1110 Prophylaxis - adult.	\$55.00
D1120 Prophylaxis - child.	\$39.00
D1203 Topical application of fluoride (prophylaxis not included) - child.	\$21.00
D1204 Topical application of fluoride (prophylaxis not included) - adult.	\$21.00
D1206 Topical fluoride varnish; therapeutic application for moderate to high caries risk patients.	\$21.00
FLUORIDE: D1203, D1204, D1206	

TYPE 1 PROCEDURES

Maximum Covered

Expense

- 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.

TYPE 2 PROCEDURES
PAYMENT BASIS - Maximum Covered Expense
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

	Maximum Covered Expense
LIMITED ORAL EVALUATION	
D0140 Limited oral evaluation - problem focused.	\$38.00
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit).	\$38.00
LIMITED ORAL EVALUATION: D0140, D0170	
<ul style="list-style-type: none"> • 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.	\$46.00
D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report.	\$90.00
D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.	\$90.00
ORAL PATHOLOGY LABORATORY: D0472, D0473, D0474	
<ul style="list-style-type: none"> • Coverage is limited to 1 of any of these procedures per 12 month(s). • Coverage is limited to 1 examination per biopsy/excision. 	
SEALANT	
D1351 Sealant - per tooth.	\$28.00
SEALANT: D1351	
<ul style="list-style-type: none"> • Coverage is limited to 1 of any of these procedures per 3 year(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. 	
AMALGAM RESTORATIONS (FILLINGS)	
D2140 Amalgam - one surface, primary or permanent.	\$65.00
D2150 Amalgam - two surfaces, primary or permanent.	\$82.00
D2160 Amalgam - three surfaces, primary or permanent.	\$100.00
D2161 Amalgam - four or more surfaces, primary or permanent.	\$119.00
AMALGAM RESTORATIONS: D2140, D2150, D2160, D2161	
<ul style="list-style-type: none"> • Coverage is limited to 1 of any of these procedures per 6 month(s). • D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D9911, also contribute(s) to this limitation. 	
RESIN RESTORATIONS (FILLINGS)	
D2330 Resin-based composite - one surface, anterior.	\$79.00
D2331 Resin-based composite - two surfaces, anterior.	\$100.00
D2332 Resin-based composite - three surfaces, anterior.	\$125.00
D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior).	\$138.00
D2391 Resin-based composite - one surface, posterior.	\$87.00
D2392 Resin-based composite - two surfaces, posterior.	\$109.00
D2393 Resin-based composite - three surfaces, posterior.	\$138.00
D2394 Resin-based composite - four or more surfaces, posterior.	\$152.00
D2410 Gold foil - one surface.	\$65.00
D2420 Gold foil - two surfaces.	\$82.00
D2430 Gold foil - three surfaces.	\$100.00
COMPOSITE RESTORATIONS: D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394	
<ul style="list-style-type: none"> • 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. 	

TYPE 2 PROCEDURES

Maximum Covered

Expense

- 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.	\$168.00
D2930	Prefabricated stainless steel crown - primary tooth.	\$141.00
D2931	Prefabricated stainless steel crown - permanent tooth.	\$150.00
D2932	Prefabricated resin crown.	\$168.00
D2933	Prefabricated stainless steel crown with resin window.	\$168.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth.	\$168.00

STAINLESS STEEL CROWN: D2390, 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	Recement inlay, onlay, or partial coverage restoration.	\$52.00
D2915	Recement cast or prefabricated post and core.	\$26.00
D2920	Recement crown.	\$51.00
D6092	Recement implant/abutment supported crown.	\$51.00
D6093	Recement implant/abutment supported fixed partial denture.	\$51.00
D6930	Recement fixed partial denture.	\$70.00

SEDATIVE FILLING

D2940	Sedative filling.	\$48.00
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PERIODONTAL MAINTENANCE

D4910	Periodontal maintenance.	\$82.00
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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.	\$82.00
D5520	Replace missing or broken teeth - complete denture (each tooth).	\$68.00
D5610	Repair resin denture base.	\$81.00
D5620	Repair cast framework.	\$96.00
D5630	Repair or replace broken clasp.	\$101.00
D5640	Replace broken teeth - per tooth.	\$73.00

DENTURE RELINES

D5730	Reline complete maxillary denture (chairside).	\$152.00
D5731	Reline complete mandibular denture (chairside).	\$151.00
D5740	Reline maxillary partial denture (chairside).	\$135.00
D5741	Reline mandibular partial denture (chairside).	\$137.00
D5750	Reline complete maxillary denture (laboratory).	\$225.00
D5751	Reline complete mandibular denture (laboratory).	\$221.00
D5760	Reline maxillary partial denture (laboratory).	\$225.00
D5761	Reline mandibular partial denture (laboratory).	\$226.00

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

TYPE 2 PROCEDURES

Maximum Covered

	Expense	
D7111	Extraction, coronal remnants - deciduous tooth.	\$73.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).	\$73.00
OTHER ORAL SURGERY		
D7260	Oroantral fistula closure.	\$342.00
D7261	Primary closure of a sinus perforation.	\$342.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.	\$207.00
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization).	\$207.00
D7280	Surgical access of an unerupted tooth.	\$321.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption.	\$231.00
D7283	Placement of device to facilitate eruption of impacted tooth.	\$96.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.	\$120.00
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.	\$61.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.	\$153.00
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.	\$77.00
D7340	Vestibuloplasty - ridge extension (secondary epithelialization).	\$221.00
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).	\$549.00
D7410	Excision of benign lesion up to 1.25 cm.	\$219.00
D7411	Excision of benign lesion greater than 1.25 cm.	\$281.00
D7412	Excision of benign lesion, complicated.	\$309.00
D7413	Excision of malignant lesion up to 1.25 cm.	\$296.00
D7414	Excision of malignant lesion greater than 1.25 cm.	\$217.00
D7415	Excision of malignant lesion, complicated.	\$238.00
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm.	\$296.00
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm.	\$217.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.	\$219.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.	\$281.00
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm.	\$219.00
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm.	\$281.00
D7465	Destruction of lesion(s) by physical or chemical method, by report.	\$66.00
D7471	Removal of lateral exostosis (maxilla or mandible).	\$195.00
D7472	Removal of torus palatinus.	\$195.00
D7473	Removal of torus mandibularis.	\$195.00
D7485	Surgical reduction of osseous tuberosity.	\$317.00
D7490	Radical resection of maxilla or mandible.	\$296.00
D7510	Incision and drainage of abscess - intraoral soft tissue.	\$98.00
D7520	Incision and drainage of abscess - extraoral soft tissue.	\$113.00
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.	\$90.00
D7540	Removal of reaction producing foreign bodies, musculoskeletal system.	\$247.00
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone.	\$247.00
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body.	\$325.00
D7910	Suture of recent small wounds up to 5 cm.	\$43.00
D7911	Complicated suture - up to 5 cm.	\$49.00
D7912	Complicated suture - greater than 5 cm.	\$70.00

TYPE 2 PROCEDURES

Maximum Covered

Expense

D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure.	\$235.00
D7963	Frenuloplasty.	\$294.00
D7970	Excision of hyperplastic tissue - per arch.	\$181.00
D7972	Surgical reduction of fibrous tuberosity.	\$288.00
D7980	Sialolithotomy.	\$271.00
D7983	Closure of salivary fistula.	\$87.00
REMOVAL OF BONE TISSUE: D7471, D7472, D7473		
<ul style="list-style-type: none">Coverage is limited to 5 of any of these procedures per 1 lifetime.		
BIOPSY OF ORAL TISSUE		
D7285	Biopsy of oral tissue - hard (bone, tooth).	\$294.00
D7286	Biopsy of oral tissue - soft.	\$158.00
D7287	Exfoliative cytological sample collection.	\$79.00
D7288	Brush biopsy - transepithelial sample collection.	\$79.00
PALLIATIVE		
D9110	Palliative (emergency) treatment of dental pain - minor procedure.	\$54.00
PALLIATIVE TREATMENT: D9110		
<ul style="list-style-type: none">Not covered in conjunction with other procedures, except diagnostic x-ray films.		
PROFESSIONAL CONSULT/VISIT/SERVICES		
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician.	\$55.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed.	\$38.00
D9440	Office visit - after regularly scheduled hours.	\$67.00
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report.	\$41.00
CONSULTATION: D9310		
<ul style="list-style-type: none">Coverage is limited to 1 of any of these procedures per 1 provider.		
OFFICE VISIT: D9430, D9440		
<ul style="list-style-type: none">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.	\$52.00
D9952	Occlusal adjustment - complete.	\$261.00
OCCLUSAL ADJUSTMENT: D9951, D9952		
<ul style="list-style-type: none">Coverage is considered only when performed in conjunction with periodontal procedures for the treatment of periodontal disease.		
MISCELLANEOUS		
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report.	\$46.00
D2951	Pin retention - per tooth, in addition to restoration.	\$25.00
D9911	Application of desensitizing resin for cervical and/or root surfaces, per tooth.	\$79.00
DESENSITIZATION: D9911		
<ul style="list-style-type: none">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, 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
PAYMENT BASIS - Maximum Covered Expense
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

	Maximum Covered Expense
SPACE MAINTAINERS	
D1510 Space maintainer - fixed - unilateral.	\$120.00
D1515 Space maintainer - fixed - bilateral.	\$196.00
D1520 Space maintainer - removable - unilateral.	\$188.00
D1525 Space maintainer - removable - bilateral.	\$229.00
D1550 Re-cementation of space maintainer.	\$25.00
D1555 Removal of fixed space maintainer.	\$34.00
SPACE MAINTAINER: D1510, D1515, D1520, D1525	
<ul style="list-style-type: none"> • Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowances include all adjustments within 6 months of placement date. 	
INLAY RESTORATIONS	
D2510 Inlay - metallic - one surface.	\$294.00
D2520 Inlay - metallic - two surfaces.	\$351.00
D2530 Inlay - metallic - three or more surfaces.	\$377.00
D2610 Inlay - porcelain/ceramic - one surface.	\$325.00
D2620 Inlay - porcelain/ceramic - two surfaces.	\$353.00
D2630 Inlay - porcelain/ceramic - three or more surfaces.	\$387.00
D2650 Inlay - resin-based composite - one surface.	\$337.00
D2651 Inlay - resin-based composite - two surfaces.	\$333.00
D2652 Inlay - resin-based composite - three or more surfaces.	\$344.00
INLAY: D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652	
<ul style="list-style-type: none"> • 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.	\$382.00
D2543 Onlay - metallic - three surfaces.	\$426.00
D2544 Onlay - metallic - four or more surfaces.	\$443.00
D2642 Onlay - porcelain/ceramic - two surfaces.	\$382.00
D2643 Onlay - porcelain/ceramic - three surfaces.	\$427.00
D2644 Onlay - porcelain/ceramic - four or more surfaces.	\$440.00
D2662 Onlay - resin-based composite - two surfaces.	\$358.00
D2663 Onlay - resin-based composite - three surfaces.	\$369.00
D2664 Onlay - resin-based composite - four or more surfaces.	\$392.00
ONLAY: D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664	
<ul style="list-style-type: none"> • Replacement is limited to 1 of any of these procedures per 10 year(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, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months. 	
CROWNS SINGLE RESTORATIONS	
D2710 Crown - resin-based composite (indirect).	\$167.00
D2712 Crown - 3/4 resin-based composite (indirect).	\$413.00
D2720 Crown - resin with high noble metal.	\$426.00

TYPE 3 PROCEDURES

Maximum Covered

Expense

D2721	Crown - resin with predominantly base metal.	\$325.00
D2722	Crown - resin with noble metal.	\$398.00
D2740	Crown - porcelain/ceramic substrate.	\$460.00
D2750	Crown - porcelain fused to high noble metal.	\$447.00
D2751	Crown - porcelain fused to predominantly base metal.	\$383.00
D2752	Crown - porcelain fused to noble metal.	\$411.00
D2780	Crown - 3/4 cast high noble metal.	\$425.00
D2781	Crown - 3/4 cast predominantly base metal.	\$369.00
D2782	Crown - 3/4 cast noble metal.	\$386.00
D2783	Crown - 3/4 porcelain/ceramic.	\$460.00
D2790	Crown - full cast high noble metal.	\$425.00
D2791	Crown - full cast predominantly base metal.	\$369.00
D2792	Crown - full cast noble metal.	\$386.00
D2794	Crown - titanium.	\$425.00

CROWN: D2710, D2712, D2720, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794

- Replacement is limited to 1 of any of these procedures per 10 year(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.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.
- Benefits will not be considered if procedure D2390, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

CORE BUILD-UP

D2950	Core buildup, including any pins.	\$92.00
D6973	Core build up for retainer, including any pins.	\$92.00

POST AND CORE

D2952	Post and core in addition to crown, indirectly fabricated.	\$147.00
D2954	Prefabricated post and core in addition to crown.	\$123.00

FIXED CROWN AND PARTIAL DENTURE REPAIR

D2980	Crown repair, by report.	\$74.00
D6980	Fixed partial denture repair, by report.	\$83.00
D9120	Fixed partial denture sectioning.	\$83.00

ENDODONTICS MISCELLANEOUS

D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.	\$58.00
D3221	Pulpal debridement, primary and permanent teeth.	\$58.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).	\$78.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration).	\$68.00
D3333	Internal root repair of perforation defects.	\$96.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$96.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.).	\$65.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.).	\$190.00
D3430	Retrograde filling - per root.	\$75.00

TYPE 3 PROCEDURES

Maximum Covered

	Expense
D3450 Root amputation - per root.	\$178.00
D3920 Hemisection (including any root removal), not including root canal therapy.	\$151.00
ENDODONTICS MISCELLANEOUS: D3333, D3430, D3450, D3920	
• Procedure D3333 is limited to permanent teeth only.	
PULPOTOMY/PULPAL DEBRIDEMENT/PULPAL THERAPY: D3220, D3221, D3230, D3240	
• Procedure D3220 is limited to primary teeth.	
ENDODONTIC THERAPY (ROOT CANALS)	
D3310 Anterior (excluding final restoration).	\$267.00
D3320 Bicuspid (excluding final restoration).	\$315.00
D3330 Molar (excluding final restoration).	\$412.00
D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.	\$157.00
D3346 Retreatment of previous root canal therapy - anterior.	\$333.00
D3347 Retreatment of previous root canal therapy - bicuspid.	\$383.00
D3348 Retreatment of previous root canal therapy - molar.	\$475.00
ROOT CANALS: D3310, D3320, D3330, D3332	
• Benefits are considered on permanent teeth only.	
• Allowances include intraoperative films 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 films and cultures but exclude final restoration.	
SURGICAL ENDODONTICS	
D3410 Apicoectomy/periradicular surgery - anterior.	\$275.00
D3421 Apicoectomy/periradicular surgery - bicuspid (first root).	\$317.00
D3425 Apicoectomy/periradicular surgery - molar (first root).	\$343.00
D3426 Apicoectomy/periradicular surgery (each additional root).	\$123.00
SURGICAL PERIODONTICS	
D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant.	\$174.00
D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant.	\$87.00
D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant.	\$239.00
D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant.	\$120.00
D4260 Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant.	\$438.00
D4261 Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant.	\$219.00
D4263 Bone replacement graft - first site in quadrant.	\$143.00
D4264 Bone replacement graft - each additional site in quadrant.	\$108.00
D4265 Biologic materials to aid in soft and osseous tissue regeneration.	\$71.00
D4270 Pedicle soft tissue graft procedure.	\$323.00
D4271 Free soft tissue graft procedure (including donor site surgery).	\$341.00
D4273 Subepithelial connective tissue graft procedures, per tooth.	\$398.00
D4274 Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area).	\$192.00
D4275 Soft tissue allograft.	\$341.00
D4276 Combined connective tissue and double pedicle graft, per tooth.	\$398.00
BONE GRAFTS: D4263, D4264, D4265	
• Each quadrant is limited to 1 of each of these procedures per 3 year(s).	

TYPE 3 PROCEDURES

Maximum Covered

Expense

- 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, D4271, D4273, D4275, D4276
- Each quadrant is limited to 2 of any of these procedures per 3 year(s).
 - Coverage is limited to treatment of periodontal disease.

CROWN LENGTHENING

D4249 Clinical crown lengthening - hard tissue. \$263.00

NON-SURGICAL PERIODONTICS

D4341 Periodontal scaling and root planing - four or more teeth per quadrant. \$89.00

D4342 Periodontal scaling and root planing - one to three teeth, per quadrant. \$45.00

D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report. \$66.00

CHEMOTHERAPEUTIC AGENTS: D4381

- Each quadrant is limited to 2 of any of these procedures per 2 year(s).
- A scaling and root planing or periodontal maintenance procedure must be performed in this quadrant within 2 years prior to the date of service for this procedure.

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. \$53.00

FULL MOUTH DEBRIDEMENT: D4355

- Coverage is limited to 1 of any of these procedures per 5 year(s).

PROSTHODONTICS - FIXED/REMOVABLE (DENTURES)

D5110 Complete denture - maxillary. \$475.00

D5120 Complete denture - mandibular. \$461.00

D5130 Immediate denture - maxillary. \$515.00

D5140 Immediate denture - mandibular. \$499.00

D5211 Maxillary partial denture - resin base (including any conventional clasps, rests and teeth). \$342.00

D5212 Mandibular partial denture - resin base (including any conventional clasps, rests and teeth). \$396.00

D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth). \$551.00

D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth). \$551.00

D5225 Maxillary partial denture - flexible base (including any clasps, rests and teeth). \$342.00

D5226 Mandibular partial denture - flexible base (including any clasps, rests and teeth). \$396.00

D5281 Removable unilateral partial denture - one piece cast metal (including clasps and teeth). \$295.00

D5670 Replace all teeth and acrylic on cast metal framework (maxillary). \$342.00

D5671 Replace all teeth and acrylic on cast metal framework (mandibular). \$396.00

D5810 Interim complete denture (maxillary). \$210.00

D5811 Interim complete denture (mandibular). \$222.00

D5820 Interim partial denture (maxillary). \$185.00

D5821 Interim partial denture (mandibular). \$194.00

D5860 Overdenture - complete, by report. \$475.00

D5861 Overdenture - partial, by report. \$551.00

D6053 Implant/abutment supported removable denture for completely edentulous arch. \$475.00

TYPE 3 PROCEDURES

Maximum Covered

Expense

D6054	Implant/abutment supported removable denture for partially edentulous arch.	\$551.00
D6078	Implant/abutment supported fixed denture for completely edentulous arch.	\$475.00
D6079	Implant/abutment supported fixed denture for partially edentulous arch.	\$551.00

COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5860, D6053, D6078

- Replacement is limited to 1 of any of these procedures per 10 year(s).
- Frequency is waived for accidental injury.
- Allowances include adjustments within 6 months after placement date. Procedures D5860, D6053, and D6078 are considered at an alternate benefit of a D5110/D5120.

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5225, D5226, D5281, D5670, D5671, D5861, D6054, D6079

- Replacement is limited to 1 of any of these procedures per 10 year(s).
- Frequency is waived for accidental injury.
- Allowances include adjustments within 6 months of placement date. Procedures D5861, D6054, and D6079 are considered at an alternate benefit of a D5213/D5214.

DENTURE ADJUSTMENTS

D5410	Adjust complete denture - maxillary.	\$27.00
D5411	Adjust complete denture - mandibular.	\$25.00
D5421	Adjust partial denture - maxillary.	\$28.00
D5422	Adjust partial denture - mandibular.	\$27.00

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.	\$61.00
D5660	Add clasp to existing partial denture.	\$71.00

DENTURE REBASES

D5710	Rebase complete maxillary denture.	\$173.00
D5711	Rebase complete mandibular denture.	\$183.00
D5720	Rebase maxillary partial denture.	\$165.00
D5721	Rebase mandibular partial denture.	\$175.00

TISSUE CONDITIONING

D5850	Tissue conditioning, maxillary.	\$48.00
D5851	Tissue conditioning, mandibular.	\$52.00

PROSTHODONTICS - FIXED

D6058	Abutment supported porcelain/ceramic crown.	\$397.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal).	\$433.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal).	\$433.00
D6061	Abutment supported porcelain fused to metal crown (noble metal).	\$397.00
D6062	Abutment supported cast metal crown (high noble metal).	\$433.00
D6063	Abutment supported cast metal crown (predominantly base metal).	\$433.00
D6064	Abutment supported cast metal crown (noble metal).	\$469.00
D6065	Implant supported porcelain/ceramic crown.	\$397.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal).	\$433.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal).	\$433.00
D6068	Abutment supported retainer for porcelain/ceramic FPD.	\$397.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal).	\$433.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).	\$433.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal).	\$397.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal).	\$433.00
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal).	\$433.00

TYPE 3 PROCEDURES

Maximum Covered

	Expense	
D6074	Abutment supported retainer for cast metal FPD (noble metal).	\$469.00
D6075	Implant supported retainer for ceramic FPD.	\$397.00
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal).	\$433.00
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy or high noble metal).	\$433.00
D6094	Abutment supported crown - (titanium).	\$433.00
D6194	Abutment supported retainer crown for FPD - (titanium).	\$433.00
D6205	Pontic - indirect resin based composite.	\$357.00
D6210	Pontic - cast high noble metal.	\$433.00
D6211	Pontic - cast predominantly base metal.	\$433.00
D6212	Pontic - cast noble metal.	\$469.00
D6214	Pontic - titanium.	\$433.00
D6240	Pontic - porcelain fused to high noble metal.	\$433.00
D6241	Pontic - porcelain fused to predominantly base metal.	\$433.00
D6242	Pontic - porcelain fused to noble metal.	\$397.00
D6245	Pontic - porcelain/ceramic.	\$397.00
D6250	Pontic - resin with high noble metal.	\$433.00
D6251	Pontic - resin with predominantly base metal.	\$397.00
D6252	Pontic - resin with noble metal.	\$469.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis.	\$144.00
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis.	\$144.00
D6600	Inlay - porcelain/ceramic, two surfaces.	\$353.00
D6601	Inlay - porcelain/ceramic, three or more surfaces.	\$388.00
D6602	Inlay - cast high noble metal, two surfaces.	\$317.00
D6603	Inlay - cast high noble metal, three or more surfaces.	\$349.00
D6604	Inlay - cast predominantly base metal, two surfaces.	\$274.00
D6605	Inlay - cast predominantly base metal, three or more surfaces.	\$302.00
D6606	Inlay - cast noble metal, two surfaces.	\$289.00
D6607	Inlay - cast noble metal, three or more surfaces.	\$317.00
D6608	Onlay - porcelain/ceramic, two surfaces.	\$382.00
D6609	Onlay - porcelain/ceramic, three or more surfaces.	\$420.00
D6610	Onlay - cast high noble metal, two surfaces.	\$349.00
D6611	Onlay - cast high noble metal, three or more surfaces.	\$384.00
D6612	Onlay - cast predominantly base metal, two surfaces.	\$302.00
D6613	Onlay - cast predominantly base metal, three or more surfaces.	\$332.00
D6614	Onlay - cast noble metal, two surfaces.	\$317.00
D6615	Onlay - cast noble metal, three or more surfaces.	\$349.00
D6624	Inlay - titanium.	\$349.00
D6634	Onlay - titanium.	\$384.00
D6710	Crown - indirect resin based composite.	\$357.00
D6720	Crown - resin with high noble metal.	\$433.00
D6721	Crown - resin with predominantly base metal.	\$224.00
D6722	Crown - resin with noble metal.	\$361.00
D6740	Crown - porcelain/ceramic.	\$397.00
D6750	Crown - porcelain fused to high noble metal.	\$469.00
D6751	Crown - porcelain fused to predominantly base metal.	\$433.00
D6752	Crown - porcelain fused to noble metal.	\$397.00
D6780	Crown - 3/4 cast high noble metal.	\$469.00
D6781	Crown - 3/4 cast predominantly base metal.	\$433.00
D6782	Crown - 3/4 cast noble metal.	\$397.00
D6783	Crown - 3/4 porcelain/ceramic.	\$397.00

TYPE 3 PROCEDURES

Maximum Covered

	Expense
D6790 Crown - full cast high noble metal.	\$433.00
D6791 Crown - full cast predominantly base metal.	\$433.00
D6792 Crown - full cast noble metal.	\$397.00
D6794 Crown - titanium.	\$433.00
D6940 Stress breaker.	\$120.00

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 10 year(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.
- Benefits will not be considered if procedure D2390, 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 10 year(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, 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.

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

- Replacement is limited to 1 of any of these procedures per 10 year(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.
- Benefits will not be considered if procedure D2390, 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 10 year(s).
- D5211, D5212, D5213, D5214, 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.

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 10 year(s).
- D5211, D5212, D5213, D5214, 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.

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 10 year(s).
- D5211, D5212, D5213, D5214, 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.

CAST POST AND CORE FOR PARTIALS

D6970 Post and core in addition to fixed partial denture retainer, indirectly fabricated.	\$130.00
D6972 Prefabricated post and core in addition to fixed partial denture retainer.	\$130.00

SURGICAL EXTRACTIONS

D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth.	\$93.00
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TYPE 3 PROCEDURES

Maximum Covered

Expense

D7220	Removal of impacted tooth - soft tissue.	\$116.00
D7230	Removal of impacted tooth - partially bony.	\$154.00
D7240	Removal of impacted tooth - completely bony.	\$180.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications.	\$206.00
D7250	Surgical removal of residual tooth roots (cutting procedure).	\$97.00

APPLIANCE THERAPY

D8210	Removable appliance therapy.	\$180.00
D8220	Fixed appliance therapy.	\$180.00

APPLIANCE THERAPY: D8210, D8220

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

ANESTHESIA-GENERAL/IV

D9220	Deep sedation/general anesthesia - first 30 minutes.	\$139.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes.	\$45.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes.	\$92.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes.	\$22.00

GENERAL ANESTHESIA: D9220, D9221, D9241, D9242

- Coverage is only available with a cutting procedure. Verification of the dentist's anesthesia permit and a copy of the anesthesia report is required. A maximum of two additional units (D9221 or D9242) will be considered.