

Select Managed Care Direct Compensation Contributory  
CA240/covered dental services

Dental Plan  
CA D1064

| ADA                        | DESCRIPTION   | MEMBER'S<br>COPAYMENT | ADA                         | DESCRIPTION   | MEMBER'S<br>COPAYMENT |
|----------------------------|---|-----------------------|-----------------------------|---|-----------------------|
| <b>DIAGNOSTIC SERVICES</b> |   |                       | D1330                       | ORAL HYGIENE INSTRUCTIONS                           | \$0                   |
| D0120                      | PERIODIC ORAL EVAL ESTABLISHED PATIENT  | \$0                   | D1351                       | SEALANT - PER TOOTH                                 | \$0                   |
| D0140                      | LIMITED ORAL EVAL - PROBLEM FOCUSED   | \$0                   | D1352                       | PREV RESIN RESTORATION MOD HIGH CARIES RISK PATIENT | \$0                   |
| D0145                      | ORAL EVAL PATIENT <3 AND COUNSEL WITH PRIMARY CARE GIVER                                  | \$0                   | D1510                       | SPACE MAINTAINER - FIXED-UNILATERAL                 | \$0                   |
| D0150                      | COMPREHENSIVE ORAL EVAL - NEW/ESTABLISHED PATIENT   | \$0                   | D1515                       | SPACE MAINTAINER - FIXED-BILATERAL                  | \$0                   |
| D0160                      | DETAILED & EXTENSIVE ORAL EVAL - PROBLEM FOCUSED REPRT                                    | \$0                   | D1520                       | SPACE MAINTAINER - REMOVABLE-UNILATERAL             | \$0                   |
| D0170                      | RE-EVAL - LIMITED PROBLEM FOCUSED   | \$0                   | D1525                       | SPACE MAINTAINER - REMOVABLE-BILATERAL              | \$0                   |
| D0180                      | COMPREHENSIVE PERIODONTAL EVAL - NEW/ESTABLISHED PATIENT                                  | \$0                   | D1550                       | RECEMENTATION OF SPACE MAINTAINER                   | \$0                   |
| D0190                      | SCREENING OF A PATIENT  | \$5                   | D1555                       | REMOVAL OF FIXED SPACE MAINTAINER                   | \$0                   |
| D0191                      | ASSESSMENT OF A PATIENT   | \$5                   | <b>RESTORATIVE SERVICES</b> |   |                       |
| D0210                      | INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES  | \$0                   | D2140                       | AMALGAM - 1 SURFACE PRIMARY/PERMANENT               | \$5                   |
| D0220                      | INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE   | \$0                   | D2150                       | AMALGAM - 2 SURFACES PRIMARY/PERMANENT              | \$5                   |
| D0230                      | INTRAORAL - PERIAPICAL EACH ADDL RADIOGRAPHIC IMAGE                                       | \$0                   | D2160                       | AMALGAM - 3 SURFACES PRIMARY/PERMANENT              | \$10                  |
| D0240                      | INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE   | \$0                   | D2161                       | AMALGAM - 4/> SURFACES PRIMARY/PERMANENT            | \$10                  |
| D0250                      | EXTRAORAL - FIRST RADIOGRAPHIC IMAGE  | \$0                   | D2330                       | RESIN-BASED COMPOSITE - 1 SURFACE, ANTERIOR         | \$5                   |
| D0260                      | EXTRAORAL - EACH ADDITIONAL RADIOGRAPHIC IMAGE  | \$0                   | D2331                       | RESIN COMPOSITE - 2 SURFACES, ANTERIOR              | \$5                   |
| D0270                      | BITEWING - SINGLE RADIOGRAPHIC IMAGE  | \$0                   | D2332                       | RESIN COMPOSITE - 3 SURFACES, ANTERIOR              | \$10                  |
| D0272                      | BITEWINGS - TWO RADIOGRAPHIC IMAGES   | \$0                   | D2335                       | RESIN COMPOSITE - 4/> SURFACES/W/INCISAL ANG        | \$10                  |
| D0273                      | BITEWINGS - THREE RADIOGRAPHIC IMAGES   | \$0                   | D2390                       | RESIN COMPOSITE CROWN ANTERIOR                      | \$20                  |
| D0274                      | BITEWINGS - FOUR RADIOGRAPHIC IMAGES  | \$0                   | D2391                       | RESIN COMPOSITE - 1 SURFACE POSTERIOR               | \$5                   |
| D0277                      | VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES   | \$0                   | D2392                       | RESIN COMPOSITE - 2 SURFACES POSTERIOR              | \$10                  |
| D0290                      | POST-ANTERIOR LATERAL SKULL & FACIAL RADIOGRAPHIC IMAGE                                   | \$0                   | D2393                       | RESIN COMPOSITE - 3 SURFACES POSTERIOR              | \$10                  |
| D0330                      | PANORAMIC RADIOGRAPHIC IMAGE  | \$0                   | D2394                       | RESIN COMPOSITE- 4/MORE SURFACES POST               | \$10                  |
| D0340                      | CEPHALOMETRIC RADIOGRAPH IMAGE  | \$10                  | D2510                       | INLAY - METALLIC - 1 SURFACE                        | \$95                  |
| D0391                      | INTERPRETATION OF DIAGNOSTIC IMAGE  | \$5                   | D2520                       | INLAY - METALLIC - 2 SURFACES                       | \$95                  |
| D0415                      | COLLECT MICROORGANISMS CULTURE & SENSITIVITY  | \$0                   | D2530                       | INLAY - METALLIC - 3/> SURFACES                     | \$95                  |
| D0416                      | VIRAL CULTURE   | \$0                   | D2542                       | ONLAY - METALLIC - 2 SURFACES                       | \$95                  |
| D0417                      | COLLECTION & PREPARATION OF SALIVA SAMPLE   | \$0                   | D2543                       | ONLAY - METALLIC - 3 SURFACES                       | \$95                  |
| D0418                      | ANALYSIS OF SALIVA SAMPLE   | \$0                   | D2544                       | ONLAY - METALLIC 4/> SURFACES                       | \$95                  |
| D0421                      | GENETIC TEST FOR SUSCEPTIBILITY TO ORAL DISEASES  | \$0                   | D2610                       | INLAY - PORCELAIN/CERAMIC - 1 SURFACE               | \$35                  |
| D0425                      | CARIES SUSCEPTIBILITY TESTS   | \$0                   | D2620                       | INLAY - PORCELAIN/CERAMIC - 2 SURFACES              | \$40                  |
| D0431                      | ADJUNCTIVE PREDIAGNOSTIC TEST   | \$0                   | D2630                       | INLAY - PORCELAIN/CERAMIC - 3/> SURFACES            | \$45                  |
| D0460                      | PULP VITALITY TESTS   | \$0                   | D2642                       | ONLAY - PORCELAIN/CERAMIC - 2 SURFACES              | \$95                  |
| D0470                      | DIAGNOSTIC CASTS  | \$0                   | D2643                       | ONLAY - PORCELAIN/CERAMIC - 3 SURFACES              | \$95                  |
| D0472                      | ACCESSION OF TISSUE-GROSS EXAM, PREP & REPRT  | \$0                   | D2644                       | ONLAY - PORCELAIN/CERAMIC - 4/> SURFACES            | \$95                  |
| D0473                      | ACCESSION OF TISSUE-GROSS/MICRO EXAM PREP & REPRT   | \$0                   | D2650                       | INLAY - RESIN BASED COMPOSITE -1 SURFACE            | \$30                  |
| D0474                      | ACCESSION OF TISSUE-MICRO GROSS/MICRO EXAM, INCLD ASSESS MARGIN FOR DISEASE, PREP & REPRT | \$0                   | D2651                       | INLAY - RESIN BASED COMPOSITE - 2 SURFACES          | \$35                  |
| D0601                      | CARIES RISK ASSESS & DOCUMENT W/FIND LOW RISK   | \$0                   | D2652                       | INLAY - RESIN BASED COMPOSITE - 3/> SURFACES        | \$40                  |
| D0602                      | CARIES RISK ASSESS & DOCUMENT W/FIND MODERATE RISK  | \$0                   | D2662                       | ONLAY - RESIN BASED COMPOSITE -2 SURFACES           | \$30                  |
| D0603                      | CARIES RISK ASSESS & DOCUMENT W/FIND HIGH RISK  | \$0                   | D2663                       | ONLAY - RESIN BASED COMPOSITE -3 SURFACES           | \$40                  |
| <b>PREVENTIVE SERVICES</b> |   |                       | D2664                       | ONLAY - RESIN BASED COMPOSITE - 4/> SURFACES        | \$45                  |
| D1110                      | PROPHYLAXIS - ADULT   | \$0                   | D2710                       | CROWN - RESIN BASED COMPOSITE INDIRECT              | \$20                  |
| D1120                      | PROPHYLAXIS - CHILD   | \$0                   | D2712                       | CROWN - 3/4 RESIN BASED COMPOSITE INDIRECT          | \$20                  |
| D1206                      | TOPICAL APPLICATION OF FLUORIDE VARNISH   | \$0                   | D2720                       | CROWN - RESIN WITH HIGH NOBLE METAL*                | \$40                  |
| D1208                      | TOPICAL APPLICATION OF FLUORIDE   | \$0                   | D2721                       | CROWN - RESIN WITH PREDOMINANTLY BASE METAL         | \$30                  |
| D1310                      | NUTRITIONAL COUNSELING CONTROL DENTAL DISEASE   | \$0                   | D2722                       | CROWN - RESIN WITH NOBLE METAL*                     | \$30                  |
| D1320                      | TOBACCO COUNSELING CONTROL & PREV ORAL DISEASE  | \$0                   | D2740                       | CROWN - PORCELAIN/CERAMIC SUBSTRATE                 | \$100                 |
|                            |   |                       | D2750                       | CROWN - PORCELAIN FUSED HIGH NOBLE METAL*           | \$100                 |
|                            |   |                       | D2751                       | CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL    | \$90                  |
|                            |   |                       | D2752                       | CROWN - PORCELAIN FUSED NOBLE METAL*                | \$100                 |
|                            |   |                       | D2780                       | CROWN - 3/4 CAST HIGH NOBLE METAL*                  | \$95                  |
|                            |   |                       | D2781                       | CROWN - 3/4 CAST PREDOMINANTLY BASE METAL           | \$90                  |
|                            |   |                       | D2782                       | CROWN - 3/4 CAST NOBLE METAL*                       | \$95                  |

| ADA                        | DESCRIPTION   | MEMBER'S<br>COPAYMENT | ADA                                      | DESCRIPTION   | MEMBER'S<br>COPAYMENT |
|----------------------------|---|-----------------------|--|---|-----------------------|
| D2783                      | CROWN - 3/4 PORCELAIN/CERAMIC                                   | \$95                  | D3356                                    | PULPAL REGENERATION -INTERIM MEDICAMENT RE-<br>PLACEMNT                                     | \$5                   |
| D2790                      | CROWN - FULL CAST HIGH NOBLE METAL*                             | \$100                 | D3357                                    | PULPAL REGENERATION - COMPLETION OF TREATMENT   | \$10                  |
| D2791                      | CROWN - FULL CAST PREDOMINANTLY BASE METAL                      | \$90                  | D3410                                    | APICOECTOMY - ANTERIOR  | \$15                  |
| D2792                      | CROWN - FULL CAST NOBLE METAL*                                  | \$100                 | D3421                                    | APICOECTOMY - BICUSPID  | \$20                  |
| D2794                      | CROWN TITANIUM*   | \$100                 | D3425                                    | APICOECTOMY - MOLAR   | \$30                  |
| D2910                      | RECEMENT INLAY, ONLAY/PARTIAL COVERAGE RESTOR                   | \$5                   | D3426                                    | APICOECTOMY - EACH ADDITIONAL ROOT  | \$10                  |
| D2915                      | RECEMENT CAST/PREFABRICATED POST & CORE                         | \$5                   | D3427                                    | PERIRADICULAR SURGERY WITHOUT APICOECTOMY   | \$10                  |
| D2920                      | RECEMENT CROWN  | \$5                   | D3430                                    | RETROGRADE FILLING - PER ROOT   | \$10                  |
| D2921                      | REATTACH TOOTH FRAGMENT, INCISAL EDGE OR CUSP                   | \$5                   | D3450                                    | ROOT AMPUTATION - PER ROOT  | \$10                  |
| D2929                      | PREFABRIC PORCELAIN/CERAMIC CROWN-PRIMARY-<br>TOOTH             | \$10                  | D3460                                    | ENDODONTIC ENDOSSEOUS IMPLANT   | \$1950                |
| D2930                      | PREFABRICATED STAINLESS STEEL CROWN - PRIMARY                   | \$10                  | D3910                                    | SURGICAL PROCED ISOLATION TOOTH W/RUBBER DAM  | \$5                   |
| D2931                      | PREFABRICATED STAINLESS STEEL CROWN - PERMANENT                 | \$10                  | D3920                                    | HEMISECTION NOT INCLUDIING ROOT CANAL THERAPY   | \$5                   |
| D2932                      | PREFABRICATED RESIN CROWN                                       | \$10                  | D3950                                    | CANAL PREPARATION & FIT PREFORMED DOWEL/POST  | \$5                   |
| D2933                      | PREFABRICATED STAINLESS STEEL CROWN RESIN WINDOW                | \$10                  | <b>PERIODONTIC SERVICES</b>              |   |                       |
| D2934                      | PREFABRIC ESTHTC COAT STNLS STL CRWN-PRIMARY<br>TOOTH           | \$10                  | D4210                                    | GINGIVECTOMY/GINGIVOPLASTY 4/> CNTIG TEETH QUAD   | \$10                  |
| D2940                      | PROTECTIVE RESTORATION  | \$5                   | D4211                                    | GINGIVECTOMY/GINGIVOPLASTY 1-3 CNTIG TEETH QUAD   | \$5                   |
| D2941                      | INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTI-<br>TION        | \$5                   | D4212                                    | GINGIVECTOMY/GINGIVOPLASTY ALLOW ACCESS RESTOR<br>PROC, PER TOOTH                           | \$0                   |
| D2950                      | CORE BUILD-UP, INCLUDING ANY PINS                               | \$5                   | D4240                                    | GINGIVAL FLAP - 4/>CNTIG/BOUND TEETH QUAD   | \$10                  |
| D2951                      | PIN RETENTION - PER TOOTH ADDITION RESTORATION                  | \$5                   | D4241                                    | GINGIVAL FLAP - 1-3 CNTIG/BOUND TEETH QUAD  | \$5                   |
| D2952                      | POST & CORE ADDITION CROWN INDIRECT FABRICATED                  | \$25                  | D4245                                    | APICALLY POSITIONED FLAP  | \$10                  |
| D2953                      | EACH ADDL INDIRECTLY FABRICATED POST - SAME TOOTH               | \$5                   | D4249                                    | CLINICAL CROWN LENGTHENING - HARD TISSUE  | \$10                  |
| D2954                      | PREFABRICATED POST & CORE ADDITION CROWN                        | \$10                  | D4260                                    | OSSEOUS SURGERY - 4/> CONTIGUOUS TEETH QUAD   | \$30                  |
| D2955                      | POST REMOVAL  | \$20                  | D4261                                    | OSSEOUS SURGERY - 1-3 CONTIGUOUS TEETH QUAD   | \$20                  |
| D2957                      | EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH                 | \$5                   | D4263                                    | BONE REPLACEMENT GRAFT - 1 SITE QUAD  | \$15                  |
| D2960                      | LABIAL VENEER (RESIN BASED) - CHAIRSIDE                         | \$20                  | D4270                                    | PEDICLE SOFT TISSUE GRAFT PROCEDURE   | \$10                  |
| D2961                      | LABIAL VENEER (RESIN BASED) - LABORATORY                        | \$40                  | D4274                                    | DISTAL OR PROXIMAL WEDGE PROCEDURE - SEPARATE<br>PROCEDURE                                  | \$10                  |
| D2962                      | LABIAL VENEER (PORCELAIN LAMINATE)                              | \$40                  | D4277                                    | FREE SOFT TISSUE GRAFT PROCEDURE (INCLD DONOR<br>SITE SURGERY), FIRST TOOTH                 | \$15                  |
| D2970                      | TEMPORARY CROWN   | \$10                  | D4278                                    | FREE SOFT TISSUE GRAFT PROCEDURE (INCLD DONOR<br>SITE SURGERY), EACH ADDL; CONTIGUOUS TOOTH | \$5                   |
| D2971                      | ADDL PROCEDURE NEW CROWN EXIST PARTIAL DENTURE                  | \$10                  | D4320                                    | PROVISIONAL SPLINTING - INTRACORONAL  | \$10                  |
| D2975                      | COPING  | \$70                  | D4321                                    | PROVISIONAL SPLINTING - EXTRACORONAL  | \$10                  |
| D2980                      | CROWN REPAIR  | \$15                  | D4341                                    | PERIODONTAL SCAL & ROOT PLAN 4/>TEETH-QUAD  | \$5                   |
| D2990                      | RESIN INFILTRATION INCIPIENT SMTH SURFACE LESIONS               | \$5                   | D4342                                    | PERIODONTAL SCAL & ROOT PLAN 1-3 TEETH  | \$5                   |
| <b>ENDODONTIC SERVICES</b> |   |                       | D4355                                    | FULL MOUTH DEBRIDEMENT COMP EVAL & DIAGNOSIS  | \$5                   |
| D3110                      | PULP CAP - DIRECT   | \$0                   | D4381                                    | LOCAL DELIVERY ANTIMICROBIAL AGENT PER TOOTH  | \$5                   |
| D3120                      | PULP CAP - INDIRECT   | \$0                   | D4910                                    | PERIODONTAL MAINTENANCE   | \$5                   |
| D3220                      | THERAPEUTIC PULPOTOMY   | \$0                   | D4920                                    | UNSCHEDULED DRESSING CHANGE   | \$0                   |
| D3221                      | PULPAL DEBRIDEMENT PRIMARY & PERMANENT TEETH                    | \$5                   | D4921                                    | GINGIVAL IRRIGATION - PER QUADRANT  | \$0                   |
| D3222                      | PARTIAL PULPTOMY FOR APEXOGENESIS PERMANENT<br>TOOTH            | \$0                   | <b>REMOVABLE PROSTHODONTICS SERVICES</b> |   |                       |
| D3230                      | PULPAL THERAPY - ANTERIOR PRIMARY TOOTH                         | \$0                   | D5110                                    | COMPLETE DENTURE - MAXILLARY  | \$140                 |
| D3240                      | PULPAL THERAPY - POSTERIOR PRIMARY TOOTH                        | \$0                   | D5120                                    | COMPLETE DENTURE - MANDIBULAR   | \$140                 |
| D3310                      | ENDODONTIC THERAPY, ANTERIOR TOOTH                              | \$15                  | D5130                                    | IMMEDIATE DENTURE - MAXILLARY   | \$140                 |
| D3320                      | ENDODONTIC THERAPY, BICUSPID TOOTH                              | \$20                  | D5140                                    | IMMEDIATE DENTURE - MANDIBULAR  | \$140                 |
| D3330                      | ENDODONTIC THERAPY, MOLAR                                       | \$60                  | D5211                                    | MAXILLARY PARTIAL DENTURE - RESIN BASE  | \$40                  |
| D3331                      | TREATMENT ROOT CANAL OBSTRUCTION; NON-SURG<br>ACCESS            | \$5                   | D5212                                    | MANDIBULAR PARTIAL DENTURE - RESIN BASE   | \$40                  |
| D3332                      | INCOMPLETED ENDODONTIC THERAPY                                  | \$0                   | D5213                                    | MAXILLARY PARTIAL DENTURE -CAST METAL W/RESIN   | \$140                 |
| D3333                      | INTERNAL ROOT REPAIR PERFORATION DEFECTS                        | \$5                   | D5214                                    | MANDIBULAR PARTIAL DENTURE - CAST METAL W/RESIN   | \$140                 |
| D3346                      | RETREATMENT PREV ROOT CANAL THERAPY - ANTERIOR                  | \$15                  | D5225                                    | MAXILLARY PARTIAL DENTURE FLEX BASE   | \$40                  |
| D3347                      | RETREATMENT PREV ROOT CANAL THERAPY - BICUSPID                  | \$20                  | D5226                                    | MANDIBULAR PARTIAL DENTURE FLEX BASE  | \$40                  |
| D3348                      | RETREATMENT PREV ROOT CANAL THERAPY - MOLAR                     | \$35                  | D5281                                    | REMOVAL UNILATERAL PARTIAL DENTURE -1 PC CAST<br>METAL                                      | \$20                  |
| D3351                      | APEXIFICATION/RECALCIFICATION INITIAL VISIT                     | \$5                   | D5410                                    | ADJUST COMPLETE DENTURE - MAXILLARY   | \$5                   |
| D3352                      | APEXIFICATION/RECALCIFICATION INTERIM MEDICATION<br>REPLACEMENT | \$5                   | D5411                                    | ADJUST COMPLETE DENTURE - MANDIBULAR  | \$5                   |
| D3353                      | APEXIFICATION/RECALCIFICATION - FINAL VISIT                     | \$10                  | D5421                                    | ADJUST PARTIAL DENTURE - MAXILLARY  | \$5                   |
| D3355                      | PULPAL REGENERATION - INITIAL VISIT                             | \$5                   | D5422                                    | ADJUST PARTIAL DENTURE - MANDIBULAR   | \$5                   |

| ADA                                  | DESCRIPTION  | MEMBER'S<br>COPAYMENT | ADA                     | DESCRIPTION   | MEMBER'S<br>COPAYMENT |
|--------------------------------------|--|-----------------------|-------------------------|---|-----------------------|
| D5510                                | REPAIR BROKEN COMPLETE DENTURE BASE                    | \$10                  | D6606                   | INLAY - CAST NOBLE METAL 2 SURFACES*  | \$40                  |
| D5520                                | REPLACE MISSING/BROKEN TEETH-COMplete DENTURE          | \$5                   | D6607                   | INLAY - CAST NOBLE METAL 3/> SURFACES*  | \$45                  |
| D5610                                | REPAIR RESIN DENTURE BASE                              | \$10                  | D6608                   | ONLAY - PORCELAIN/CERAMIC 2 SURFACES  | \$45                  |
| D5620                                | REPAIR CAST FRAMEWORK                                  | \$25                  | D6609                   | ONLAY - PORCELAIN/CERAMIC 3/> SURFACES  | \$50                  |
| D5630                                | REPAIR OR REPLACE BROKEN CLASP                         | \$25                  | D6610                   | ONLAY - CAST HIGH NOBLE METAL 2 SURFACES*                                     | \$55                  |
| D5640                                | REPLACE BROKEN TEETH - PER TOOTH                       | \$10                  | D6611                   | ONLAY-CAST HIGH NOBLE METAL 3/> SURFACES*                                     | \$60                  |
| D5650                                | ADD TOOTH EXISTING PARTIAL DENTURE                     | \$10                  | D6612                   | ONLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES                              | \$50                  |
| D5660                                | ADD CLASP EXISTING PARTIAL DENTURE                     | \$20                  | D6613                   | ONLAY - CAST PREDOMINANTLY BASE METAL 3/>SURFACES                             | \$55                  |
| D5670                                | REPLACE ALL TEETH & ACRYLIC FRAMEWORK MAXILLARY        | \$45                  | D6614                   | ONLAY - CAST NOBLE METAL 2 SURFACES*  | \$50                  |
| D5671                                | REPLACE ALL TEETH & ACRYLIC FRAMEWORK MANDIBULAR       | \$45                  | D6615                   | ONLAY - CAST NOBLE METAL 3/> SURFACES*  | \$50                  |
| D5710                                | REBASE COMPLETE MAXILLARY DENTURE                      | \$40                  | D6624                   | INLAY TITANIUM*   | \$45                  |
| D5711                                | REBASE COMPLETE MANDIBULAR DENTURE                     | \$40                  | D6634                   | ONLAY TITANIUM*   | \$75                  |
| D5720                                | REBASE MAXILLARY PARTIAL DENTURE                       | \$30                  | D6710                   | CROWN/INDIRECT RESIN BASED COMPOSITION  | \$20                  |
| D5721                                | REBASE MANDIBULAR PARTIAL DENTURE                      | \$30                  | D6720                   | CROWN - RESIN WITH HIGH NOBLE METAL *   | \$40                  |
| D5730                                | RELINE COMPLETE MAXILLARY DENTURE CHAIRSIDE            | \$25                  | D6721                   | CROWN - RESIN PREDOMINANTLY BASE METAL  | \$30                  |
| D5731                                | RELINE COMPLETE MANDIBULAR DENTURE CHAIRSIDE           | \$25                  | D6722                   | CROWN - RESIN WITH NOBLE METAL *  | \$30                  |
| D5740                                | RELINE MAXILLARY PARTIAL DENTURE CHAIRSIDE             | \$20                  | D6740                   | CROWN - PORCELAIN/CERAMIC   | \$100                 |
| D5741                                | RELINE MANDIBULAR PARTIAL DENTURE CHAIRSIDE            | \$20                  | D6750                   | CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL*                                  | \$100                 |
| D5750                                | RELINE COMPLETE MAXILLARY DENTURE LABORATORY           | \$30                  | D6751                   | CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL                              | \$90                  |
| D5751                                | RELINE COMPLETE MANDIBULAR DENTURE LABORATORY          | \$30                  | D6752                   | CROWN - PORCELAIN FUSED NOBLE METAL*  | \$100                 |
| D5760                                | RELINE MAXILLARY PARTIAL DENTURE LABORATORY            | \$30                  | D6780                   | CROWN - 3/4 CAST HIGH NOBLE METAL*  | \$95                  |
| D5761                                | RELINE MANDIBULAR PARTIAL DENTURE LABORATORY           | \$30                  | D6781                   | CROWN - 3/4 CAST PREDOMINANTLY BASE METAL                                     | \$90                  |
| D5810                                | INTERIM COMPLETE DENTURE MAXILLARY                     | \$40                  | D6782                   | CROWN - 3/4 CAST NOBLE METAL*   | \$95                  |
| D5811                                | INTERIM COMPLETE DENTURE MANDIBULAR                    | \$40                  | D6783                   | CROWN - 3/4 PORCELAIN/CERAMIC   | \$95                  |
| D5820                                | INTERIM PARTIAL DENTURE MAXILLARY                      | \$30                  | D6790                   | CROWN - FULL CAST HIGH NOBLE METAL*   | \$100                 |
| D5821                                | INTERIM PARTIAL DENTURE MANDIBULAR                     | \$30                  | D6791                   | CROWN - FULL CAST BASE METAL  | \$90                  |
| D5850                                | TISSUE CONDITIONING MAXILLARY                          | \$5                   | D6792                   | CROWN - FULL CAST NOBLE METAL*  | \$100                 |
| D5851                                | TISSUE CONDITIONING MANDIBULAR                         | \$5                   | D6794                   | CROWN TITANIUM*   | \$100                 |
| D5863                                | OVERDENTURE - COMPLETE MAXILLARY                       | \$140                 | D6920                   | CONNECTOR BAR   | \$70                  |
| D5864                                | OVERDENTURE - PARTIAL MAXILLARY                        | \$140                 | D6930                   | RECEMENT FIXED PARTIAL DENTURE  | \$5                   |
| D5865                                | OVERDENTURE - COMPLETE MANDIBULAR                      | \$140                 | D6940                   | STRESS BREAKER  | \$5                   |
| D5866                                | OVERDENTURE - PARTIAL MANDIBULAR                       | \$140                 | D6980                   | FIXED PARTIAL DENTURE REPAIR  | \$20                  |
| D5992                                | ADJUST MAXILLOFACIAL PROSTH APPLIANCE, BY REPORT       | \$5                   |                         |   |                       |
| <b>FIXED PROSTHODONTICS SERVICES</b> |  |                       | <b>IMPLANT SERVICES</b> |   |                       |
| D6205                                | PONTIC - INDIRECT RESIN BASED COMPOSITE                | \$20                  | D6010                   | SURGICAL PLACEMENT IMPL BODY: ENDOSTEAL                                       | \$1,950               |
| D6210                                | PONTIC - CAST HIGH NOBLE METAL*                        | \$80                  | D6013                   | SURGICAL PLACEMENT OF A MINI-IMPLANT  | \$1,950               |
| D6211                                | PONTIC - CAST PREDOMINANTLY BASE METAL                 | \$75                  | D6052                   | SEMI-PRECISION ATTACHMENT ABUTMENT  | \$368                 |
| D6212                                | PONTIC - CAST NOBLE METAL*                             | \$80                  | D6053                   | IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH   | \$1,840               |
| D6214                                | PONTIC - TITANIUM*                                     | \$80                  | D6054                   | IMPLANT/ABUTMENT SUPPORTED BY REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH | \$1,840               |
| D6240                                | PONTIC - PORCELAIN FUSED HIGH NOBLE METAL*             | \$80                  | D6055                   | CONNECTING BAR-IMPLANT SUPPORTED/ABUTMENT SUPPORTED                           | \$540                 |
| D6241                                | PONTIC - PORCELAIN FUSED PREDOMINANTLY BASE METAL      | \$75                  | D6056                   | PREFABRICATED/ABUTMENT INCLUDING MODIFICATION/PLACEMENT                       | \$368                 |
| D6242                                | PONTIC - PORCELAIN FUSED NOBLE METAL*                  | \$80                  | D6057                   | CUSTOM FABRICATED ABUTMENT - INCLUDES IMPLANT                                 | \$610                 |
| D6245                                | PONTIC - PORCELAIN/CERAMIC                             | \$95                  | D6058                   | ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN                                    | \$1,050               |
| D6250                                | PONTIC - RESIN W/HIGH NOBLE METAL*                     | \$25                  | D6059                   | ABUTMENT SUPPORTED PORCELAIN FUSED METAL CROWN (HIGH NOBLE METAL)*            | \$915                 |
| D6251                                | PONTIC - RESIN W/PREDOMINANTLY BASE METAL              | \$15                  | D6060                   | ABUTMENT SUPPORTED PORCELAIN METAL CROWN (PREDOMINANTLY BASE METAL)           | \$1,050               |
| D6252                                | PONTIC - RESIN W/NOBLE METAL*                          | \$15                  | D6061                   | ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)*                            | \$946                 |
| D6253                                | PROVISIONAL PONTIC                                     | \$25                  | D6062                   | ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)*                       | \$981                 |
| D6545                                | RETAINER-CAST METAL, RESIN, BOND FIXED PROSTHETIC      | \$10                  | D6063                   | ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)                | \$854                 |
| D6548                                | RETAINER-PORCELAIN/CERAMIC, RESN BOND FIXED PROSTHETIC | \$10                  | D6064                   | ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)*                            | \$1,168               |
| D6600                                | INLAY - PORCELAIN/CERAMIC 2 SURFACES                   | \$40                  |                         |   |                       |
| D6601                                | INLAY - PORCELAIN/CERAMIC 3/> SURFACES                 | \$45                  |                         |   |                       |
| D6602                                | INLAY - CAST HIGH NOBLE METAL 2 SURFACES*              | \$40                  |                         |   |                       |
| D6603                                | INLAY - CAST HIGH NOBLE METAL 3/> SURFACES*            | \$45                  |                         |   |                       |
| D6604                                | INLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES       | \$40                  |                         |   |                       |
| D6605                                | INLAY - CAST PREDOMINANTLY BASE METAL 3/>SURFACES      | \$45                  |                         |   |                       |

| ADA                          | DESCRIPTION  | MEMBER'S<br>COPAYMENT | ADA                                | DESCRIPTION  | MEMBER'S<br>COPAYMENT |
|------------------------------|--|-----------------------|------------------------------------|--|-----------------------|
| D6065                        | IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN  | \$1,144               | D7241                              | REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY,<br>WITH UNUSUAL SURGICAL COMPLICATIONS            | \$25                  |
| D6066                        | IMPLANT SUPPORTED PORCELAIN FUSED TO METAL<br>CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE<br>METAL)*   | \$1,083               | D7250                              | SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUT-<br>TING PROCEDURE)                              | \$5                   |
| D6067                        | IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITA-<br>NIUM ALLOY, HIGH NOBLE METAL)*   | \$962                 | D7251                              | CORONECTOMY - INTENTIONAL PARTIAL TOOTH RE-<br>MOVAL   | \$5                   |
| D6068                        | ABUTMENT SUPPORTED RETAINER PORCELAIN/CERAMIC<br>FPD   | \$1,026               | D7261                              | PRIMARY CLOSURE OF SINUS PERFORATION   | \$10                  |
| D6069                        | ABUTMENT SUPPORTED RETAINER PORCELAIN FUSED TO<br>METAL FPD (PREDOMINANTLY BASE METAL)   | \$1,050               | D7270                              | TOOTH REIMPLANT AND/OR STABILIZATION ACCIDENT<br>EVULSED OR DISPLACED TOOTH                    | \$10                  |
| D6070                        | ABUTMENT SUPPORTED RETAINER PORCELAIN FUSED TO<br>METAL FPD (PREDOMINANTLY BASE METAL)   | \$965                 | D7280                              | SURGICAL ACCESS OF UNERUPTED TOOTH   | \$10                  |
| D6071                        | ABUTMENT SUPPORTED RETAINER PORCELAIN FUSED TO<br>METAL FPD (NOBLE METAL)*   | \$984                 | D7282                              | MOBILIZATION OF ERUPTED/MALPOSITIONED TEETH  | \$5                   |
| D6072                        | ABUTMENT SUPPORTED RETAINER CAST METAL FPD (HIGH<br>NOBLE METAL)*  | \$997                 | D7285                              | BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)   | \$5                   |
| D6073                        | ABUTMENT SUPPORTED RETAINER CAST METAL FPD (PRE-<br>DOMINANTLY BASE METAL)   | \$910                 | D7286                              | BIOPSY OF ORAL TISSUE - SOFT   | \$5                   |
| D6074                        | ABUTMENT SUPPORTED RETAINER CAST METAL FPD<br>(NOBLE METAL)*   | \$967                 | D7287                              | EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION  | \$5                   |
| D6075                        | IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD   | \$1,018               | D7288                              | BRUSH BIOPSY, TRANSEPIHELIAL SAMPLE COLLECTION   | \$5                   |
| D6076                        | IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO<br>METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE<br>METAL)*   | \$992                 | D7290                              | SURGICAL REPOSITIONING OF TEETH  | \$10                  |
| D6077                        | IMPLANT SUPPORTED RETAINER CAST METAL FPD (TITA-<br>NIUM, TITANIUM ALLOY OR HIGH NOBLE METAL)*   | \$962                 | D7310                              | ALVEOLOPLASTY W/EXT 4/> TEETH/SPACE  | \$5                   |
| D6080                        | IMPLANT MAINTENANCE PROCEDURE WHEN PROSTHESIS<br>ARE REMOVED & INSERTED, INCLUD CLEANSING OF PROS-<br>THESES AND ABUTMENTS   | \$55                  | D7311                              | ALVEOLOPLASTY CONJUNCT XTRCT 1-3 TEETH   | \$5                   |
| D6090                        | REPAIR IMPLANT SUPPORTED BY PROSTHESIS, BY REPORT  | \$135                 | D7320                              | ALVEOLOPLASTY NOT IN CONJUNCT W/EXTRACTIONS - 4/><br>TEETH/SPACE, PER QUADRANT                 | \$10                  |
| D6091                        | REPLACEMENT SEMI-PRECISION OR PRECISION ATTACH-<br>MENT IMPLANT/ABUTMENT PROSTHESIS BY REPORT  | \$410                 | D7321                              | ALVEOLOPLASTY NOT IN CONJUNCT W/XTRCT 1-3 TEETH  | \$5                   |
| D6092                        | RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN  | \$79                  | D7340                              | VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY<br>EPITHELIALIZATION)                             | \$20                  |
| D6093                        | RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PAR-<br>TIAL DENTURE   | \$124                 | D7350                              | VESTIBULOPLASTY - RIDGE EXTENSION  | \$30                  |
| D6094                        | ABUTMENT SUPPORTED CROWN (TITANIUM)*   | \$810                 | D7450                              | REMOVAL BENIGN ODONTOGENIC CYST/TUMOR UP TO<br>1.25 CM   | \$20                  |
| D6095                        | REPAIR IMPLANT ABUTMENT, BY REPORT   | \$55                  | D7451                              | REMOVAL BENIGN ODONTOGENIC CYST/TUMOR >1.25 CM   | \$30                  |
| D6100                        | IMPLANT REMOVAL, BY REPORT   | \$600                 | D7460                              | REMOVAL BENIGN NONODONTOGENIC CYST/TUMOR UP<br>TO 1.25 CM                                      | \$20                  |
| D6101                        | DEBRIDEMENT OF A PERIIMPLANT DEFECT & SURFACE<br>CLEAN EXPSED IMPLANT SURFACE, INCLUD FLAP ENTRY<br>& CLOSURE  | \$15                  | D7461                              | REMOVAL BENIGN NONODONTOGENIC CYST/TUMOR<br>>1.25 CM   | \$30                  |
| D6102                        | DEBRIDEMENT & OSSEOUS CONTOURING OF A PERIIM-<br>PLANT DEFECT; INCLDE SURFACE CLEAN OF EXPOSED<br>IMPLANT SURFACES AND FLAP ENTRY AND CLOSURE  | \$50                  | D7471                              | REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MAN-<br>DIBLE)  | \$15                  |
| D6103                        | BONE GRAFT FOR REPAIR OF PERIIMPLANT DEFECT-NOT<br>INCLUD FLAP ENTRY & CLOSURE OR, WHEN INDICATED,<br>PLACEMENT OF BARRER MEMBRANE OR BIOLOG MATE-<br>RIAL TO AID OSSEOUS REGENERATION | \$350                 | D7472                              | REMOVAL OF TORUS PALATINUS   | \$30                  |
| D6190                        | RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT   | \$265                 | D7473                              | REMOVAL OF TORUS MANDIBULARIS  | \$15                  |
| D6194                        | ABUTMENT SUPPORTER RETAINER CAST METAL FPD<br>(NOBLE METAL)*   | \$835                 | D7485                              | SURGICAL REDUCTION OF OSSEOUS TUBEROSITY   | \$25                  |
| <b>ORAL SURGERY SERVICES</b> |  |                       | D7510                              | INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISSUE  | \$5                   |
| D7111                        | EXTRACT CORONAL REMNANTS DECIDUOUS TOOTH   | \$5                   | D7511                              | INCISION & DRAINAGE ABSCESS INTRAORAL SOFT TISSUE<br>COMPLICATED                               | \$5                   |
| D7140                        | EXTRACT ERUPTED TOOTH/EXPOSED ROOT   | \$5                   | D7520                              | INCISION & DRAINAGE OF ABSCESS - EXTRAORAL SOFT<br>TISSUE                                      | \$10                  |
| D7210                        | SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING BONE<br>AND/OR SECTIONING TOOTH  | \$5                   | D7521                              | INCISION & DRAINAGE OF ABSCESS - EXTRAORAL SOFT<br>TISSUE COMPLICATED                          | \$10                  |
| D7220                        | REMOVAL OF IMPACTED TOOTH - SOFT TISSUE  | \$10                  | D7530                              | REMOVAL FOREIGN BODY FROM MUCOSA, SKIN, OR SUB-<br>CUTANEOUS ALVEOLAR TISSUE                   | \$5                   |
| D7230                        | REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY   | \$20                  | D7910                              | REMOVAL OF REACTION PRODUCING FOREIGN BODIES,<br>MUSCULOSKELETAL SYSTEM                        | \$0                   |
| D7240                        | REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY  | \$15                  | D7960                              | FRENULECTOMY-ALSO KNOWN AS FRENECTOMY OR FRE-<br>NOTOMY-SEPAR PROCED NOT INCIDENTAL TO ANOTHER | \$5                   |
|                              |  |                       | D7963                              | FRENULOPLASTY  | \$5                   |
|                              |  |                       | D7970                              | EXCISION HYPERPLASTIC TISSUE - PER ARCH  | \$10                  |
|                              |  |                       | D7971                              | EXCISION OF PERICORONAL GINGIVA  | \$10                  |
|                              |  |                       | D7972                              | SURGICAL REDUCTION FIBROUS TUBEROSITY  | \$20                  |
|                              |  |                       | <b>ADJUNCTIVE GENERAL SERVICES</b> |  |                       |
|                              |  |                       | D9110                              | PALLIATVE TREATMENT DENTAL PAIN - MINOR PROCEDURE  | \$5                   |
|                              |  |                       | D9120                              | FIXED PARTIAL DENTURE SECTIONING   | \$15                  |
|                              |  |                       | D9210                              | LOCAL ANESTHESIA NOT IN CONJUNCT W/OPERATIVE.<br>SURGICAL PROCEDURE                            | \$0                   |
|                              |  |                       | D9211                              | REGIONAL BLOCK ANESTHESIA  | \$0                   |

| ADA                         | DESCRIPTION   | MEMBER'S<br>COPAYMENT |
|-----------------------------|---|-----------------------|
| D9212                       | TRIGEMINAL DIVISION BLOCK ANESTHESIA  | \$0                   |
| D9215                       | LOCAL ANESTHESIA IN CONJUNCTION W TH OPERATIVE OR SURGICAL PROCEDURE                                  | \$0                   |
| D9220                       | DEEP SEDATION/GENERAL ANESTHESIA - 1ST 30 MIN   | \$10                  |
| D9221                       | DEEP SEDATION/GENERAL ANESTHESIA-EACH ADDL15 MIN  | \$5                   |
| D9230                       | INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS   | \$5                   |
| D9241                       | IV CONSCIOUS SEDATION/ANALGESIA -1ST 30 MIN   | \$5                   |
| D9242                       | IV CONSCIOUS SEDATION/ANALGESIA EACH ADDL 15 MIN  | \$5                   |
| D9248                       | NON-INTRAVENOUS CONSCIOUS SEDATION  | \$5                   |
| D9310                       | CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST/ PHYSICIAN OTHER THAN REQUEST DENTIST/PHYSICIAN | \$0                   |
| D9430                       | OFFICE VISIT - OBSERV - NO OTHER SERVICES PERFORMED   | \$0                   |
| D9440                       | OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS  | \$5                   |
| D9930                       | TREATMENT OF COMPLICATIONS - POST SURGICAL  | \$0                   |
| D9940                       | OCCLUSAL GUARD BY REPORT  | \$15                  |
| D9951                       | OCCLUSAL ADJUSTMENT - LIMITED   | \$5                   |
| D9952                       | OCCLUSAL ADJUSTMENT - COMPLETE  | \$5                   |
| D9971                       | ODONTOPLASTY - ONE TO THREE TEETH   | \$0                   |
| D9972                       | EXTERNAL BLEACHING - PER ARCH   | \$125                 |
| <b>ORTHODONTIC SERVICES</b> |   |                       |
| D8070                       | COMPREHENSIVE ORTHODONTIC TREATMENT TRANSITIONAL DENTITION  | \$1,500               |
| D8080                       | COMPREHENSIVE ORTHODONTIC TREATMENT ADOLESCENT DENTITION  | \$1,500               |
| D8090                       | COMPREHENSIVE ORTHODONTIC TREATMENT ADULT DENTITION   | \$1,500               |
| D8680                       | ORTHODONTIC RETENTION (REMOVAL OF APPLICANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S))             | \$150                 |
| D8999                       | START-UP FEE (INCLUDING EXAM, BEGINNING RECORDS, X-RAYS, TRACING, PHOTOS, AND MODELS)                 | \$350                 |

# UnitedHealthcare/Select Managed Care

## Dental Exclusions and Limitations

### Limitations of Benefits

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

1. **DENTAL PROPHYLAXIS** - limited to 1 time per 6 months.
2. **INTRAORAL** - Complete Series (including bitewings) - Limited to 1 time in any 2-year period.
3. **INTRAORAL BITEWING RADIOGRAPHS** - Limited to 1 series of 4 films in any 6 month period.
4. **FLUORIDE TREATMENTS** - Limited to 1 time per 6 months.
5. **SCALING AND ROOT PLANING** - Limited to 4 quadrants per calendar year.
6. **PERIODONTAL MAINTENANCE PROCEDURES** - Limited to once every 6 months, following active therapy, exclusive of gross debridement.
7. **REMOVABLE PROSTHETICS/FIXED PROSTHETICS/CROWNS, INLAYS AND ONLAYS** (Major Restorative Services) - Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per 5 years from initial or supplemental placement.
8. **REMOVABLE PROSTHETICS/FIXED PROSTHETICS/CROWNS, INLAYS AND ONLAYS** (Major Restorative Services) - Replacement of complete dentures, and fixed and removable partial dentures or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement.
9. **CROWNS** - Retainers/Abutments - Limited to 1 time per tooth per 5 years.
10. **CROWNS** - Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth.
11. **TEMPORARY CROWNS** - Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth.
12. **INLAYS/ONLAYS** - Retainers/Abutments - Limited to 1 time per tooth per 5 years.
13. **INLAYS/ONLAYS** - Restorations - Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth.
14. **STAINLESS STEEL CROWNS** - Limited to 1 time per tooth per 5 years. Covered only when a filling cannot restore the tooth. Prefabricated esthetic coated stainless steel crown - primary tooth, are limited to primary anterior teeth.
15. **CROWNS, FIXED BRIDGES, AND IMPLANTS** - The maximum benefit within a 12 month period is any combination of 7 crowns or pontics (artificial teeth that are part of a fixed bridge). If more than 7 crowns and/or pontics are done for a Member within a 12 month period, the dentist's fee for any additional crowns within that period would not be limited to the listed Copayment, but instead can reflect the Dentist's Billed Charges.
16. **POST AND CORES** - Covered only for teeth that have had root canal therapy.
17. **ADJUSTMENTS TO FULL DENTURES, PARTIAL DENTURES,**  
**BRIDGES OR CROWNS** - Limited to repairs or adjustments performed more than 6 months after the initial insertion.
18. **INTRAVENOUS SEDATION OR GENERAL ANESTHESIA** - Administration of I.V. sedation or general anesthesia is covered when Necessary in conjunction with Covered Dental Services.
19. **ADJUNCTIVE** - Pre-Diagnostic Test that aids in detection of mucosal abnormalities including premalignant and malignant lesion, not to include cytology or biopsy procedures - Limited to 1 time per year, to Covered Persons over the age of 30.
20. **REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS, ONLAYS, AND IMPLANTS, IMPLANT CROWNS, IMPLANT PROSTHESIS** - Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays, onlays, and implant crowns, implant prostheses previously submitted for payment under the plan is limited to 1 time per tooth per 5 years from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable orthodontic appliances.
21. **All Specialty Referral Services Must Be:** (A) Pre-Authorized by us; and (B) Coordinated by a Covered Person's Participating Dentist. Any Covered Person who elects specialist care without prior referral by his or her Participating Dentist and approval by us is responsible for all charges incurred.
  - In order for specialty services to be Covered by this plan, the following referral process must be followed:
  - A Covered Person's Participating Dentist must coordinate all Dental Services.
  - When the care of a Network Specialist Dentist is required, the Covered Person's Participating Dentist must contact us and request authorization.
  - If the Participating Dentist request for specialist referral is denied, the Participating Dentist and the Covered Person will be notified of the reason for the denial. If the service in question is a Covered service, and no limitations or exclusions apply, the Participating Dentist may be asked to perform the service.
  - Covered Person who receives authorized specialty services must pay all applicable Copayments associated with the services provided. When we authorize specialty dental care, a Covered Person will be referred to a Network Specialist Dentist for treatment. The Network includes Network Specialist Dentists in: (a) endodontics; (b) oral surgery; (c) pediatric dentistry; and (d) orthodontics; and (e) periodontics, located in the Covered Person's Service Area. If there is no Network Specialist Dentist in the Covered Person's Service Area, we will refer the Covered Person to a Non-Participating Specialist of our choice. Except for Emergency Dental Services, in no event will we cover dental care provided to a Covered Person by a specialist not preauthorized by us to provide such services.
  - Covered Person's financial responsibility is limited to applicable Copayments. Copayments are listed in the Covered Person's Schedule of Covered Dental Services.

## Exclusion of Benefits

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

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

21. Any implant procedures performed which are not listed as Covered implant procedures in the Schedule of Covered Dental Services.
22. Treatment which requires the services of a pediatric specialist, after the Covered Person's 6th birthday.

## Orthodontic Exclusions & Limitations

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

If you terminate Coverage after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.

1. The following are not covered orthodontic benefits:
  - Replacement or repair of lost, stolen or broken appliances or appliances damaged due to the neglect of the Covered Person
  - Treatment in progress prior to the effective date of this coverage
  - Extractions required for orthodontic purposes
  - Surgical orthodontics or jaw repositioning
  - Myofunctional therapy
  - Cleft palate
  - Micrognathia
  - Macroglossia
  - Hormonal imbalances
  - Orthodontic retreatment when initial treatment was rendered under this plan or for changes in orthodontic treatment necessitated by any kind of treatment of accident
  - Palatal expansion appliances
  - Services performed by outside laboratories
2. If a treatment plan is for less than 24 months, then a prorated portion of the full copayment shall apply.
3. If Covered Person's dental eligibility ends, for whatever reason, and the Covered Person is receiving orthodontic treatment under the plan, the remaining cost for that treatment will be prorated at the orthodontist's usual fees over the number of months of treatment remaining. The Covered Person will be responsible for the payment of this balance under the terms and conditions pre-arranged with the orthodontist.
4. If the Covered Person has the orthodontist perform a "diagnostic work-up" (a consultation and diagnosis) and then decides to forgo the treatment program, the Covered Person will be charged a \$50 consultation fee, plus any lab costs incurred by the orthodontist.
5. One orthodontic benefit under this plan is available per lifetime, per Covered Person. A Covered Person may access this Comprehensive Orthodontic Treatment. If comprehensive treatment is necessary, and is completed within a 24 month period, the Copayments listed will apply. If necessary and active treatment extends beyond 24 months, the provider is obligated to accept the plan Copayment only for the first 24 months of active therapy. The provider may charge usual and customary fees for active treatment extending beyond the 24 month benefit period.