

Basic and Major Services Combined Maximum Benefit Limitation: Benefits for all covered Basic Dental Services and Major Dental Services combined are limited to a maximum Calendar Year benefit of \$1,500 per Covered Person. This benefit limitation is in addition to any other maximum benefit limitation specified below.

Dental Preventive Benefits:

We will pay one Dental Preventive Benefit of \$100, regardless of the number of visits to a Dentist or Dental Hygienist or the number of services received, every 150 calendar days. Dental Preventive Benefits are limited to a maximum benefit of \$200 per Calendar Year.

Procedure Code	Dental Preventive Services
00120	Periodic oral evaluation
00140	Limited oral evaluation - problem focused
00150	Comprehensive Oral Exam - new or established patient
00160	Detailed and extensive oral evaluation - problem focused, by report
00210	Intraoral - complete series (including bitewings)
00220	Intraoral - periapical first film
00230	Intraoral - periapical each additional film
00240	Intraoral - occlusal film
00250	Extraoral - first film
00260	Extraoral - each additional film
00270	Bitewing - single film
00272	Bitewings - two films
00274	Bitewings - four films
00330	Panoramic film
00340	Cephalometric film
00415	Bacteriologic studies for determination of pathologic agents
00460	Pulp vitality tests
00470	Diagnostic casts
00471	Diagnostic photographs
00501	Histopathologic Examinations
09310	Consultation (diagnostic service provided by Dentist or physician other than practitioner)
01110	Prophylaxis - adult
01120	Prophylaxis - child
01201	Topical application of fluoride (including prophylaxis) - child
01203	Topical application of fluoride (prophylaxis not included) - child
01204	Topical application of fluoride (prophylaxis not included) - adult
01205	Topical application of fluoride (including prophylaxis) - adult
01351	Sealant - per tooth
01510	Space maintainer - fixed - unilateral
01515	Space maintainer - fixed - bilateral
01520	Space maintainer - removable - unilateral
01525	Space maintainer - removable - bilateral
01550	Re-cementation of space maintainer

Basic Dental Services Benefits:

Benefits for all covered Basic Dental Services rendered during the same Calendar Year are limited to a maximum Calendar Year benefit of \$1,500 per Covered Person.

All benefits for covered Basic Dental Services are subject to the Basic and Major Services Combined Maximum Benefit Limitation shown on this Policy Schedule.

The Scheduled Benefits shown below will be reduced by 50% for any covered procedure rendered during the first Policy Year following the Effective Date.

Procedure Code	Basic Dental Services	Scheduled Benefit
09110	Palliative (emergency) treatment of dental pain - minor procedure	\$70
09220	Deep sedation/general anesthesia - first 30 minutes	\$275
09221	Deep sedation/general anesthesia - each additional 15 minutes	\$100
02140	Amalgam - one surface, primary or permanent	\$90
02150	Amalgam - two surfaces - primary or permanent	\$110
02160	Amalgam - three surfaces - primary or permanent	\$140
02161	Amalgam - four or more surfaces, primary or permanent	\$160
02330	Resin-based composite - one surface, anterior	\$110
02331	Resin-based composite - two surface, anterior	\$140
02332	Resin-based composite - three surfaces, anterior	\$160
02335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$190
02336	Resin-based composite crown (anterior-primary)	\$190
02391	Resin-based composite - one surface, posterior - permanent or primary	\$120
02392	Resin-based composite - two surfaces, posterior - permanent or primary	\$150
02393	Resin-based composite - three surfaces, posterior - permanent or primary	\$190
02394	Resin-based composite - four or more surfaces, posterior	\$225
02410	Gold foil - one surface	\$100
02420	Gold foil - two surfaces	\$375
07111	Coronal re-cement - deciduous tooth	\$80
07140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$100
05410	Adjust complete denture - maxillary	\$55
05411	Adjust complete denture - mandibular	\$55
05421	Adjust partial denture - maxillary	\$55
05422	Adjust partial denture - mandibular	\$55
05510	Repair broken complete denture base	\$120
05520	Replace missing or broken teeth - complete denture (each tooth)	\$100
05610	Repair resin denture base	\$120
05620	Repair cast framework	\$150
05630	Repair or replace broken clasp	\$150
05640	Replace broken teeth - per tooth	\$100
05650	Add tooth to existing partial denture	\$120
05660	Add clasp to existing partial denture	\$150
05670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$350
05671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$350
05710	Rebase complete maxillary denture	\$350
05711	Rebase complete mandibular denture	\$350
05720	Rebase maxillary partial denture	\$350
05721	Rebase mandibular partial denture	\$350
05730	Reline complete maxillary denture (chairside)	\$200

05731	Reline complete mandibular denture (chairside)	\$200
05740	Reline maxillary partial denture (chairside)	\$200
05741	Reline mandibular partial denture (chairside)	\$200
05750	Reline complete maxillary denture (laboratory)	\$300
05751	Reline complete mandibular denture (laboratory)	\$300
05760	Reline maxillary partial denture (laboratory)	\$300
05761	Reline mandibular partial denture (laboratory)	\$300
05850	Tissue conditioning, maxillary	\$100
05851	Tissue conditioning, mandibular	\$100
06930	Re-cement fixed partial denture	\$100

Major Dental Services Benefits:

Benefits for all covered Major Dental Services rendered during the same Calendar Year are limited to a maximum Calendar Year benefit of \$1,500 per Covered Person.

All benefits for covered Major Dental Services are subject to the Basic and Major Services Combined Maximum Benefit Limitation shown on this Policy Schedule.

The Scheduled Benefits shown below will be reduced by 50% for any covered procedure rendered during the first Policy Year following the Effective Date.

Procedure Code	Major Dental Services	Scheduled Benefits
02510	Inlay - metallic - one surface	\$280
02520	Inlay - metallic - two surfaces	\$330
02530	Inlay - metallic - three or more surfaces	\$375
02543	Onlay - metallic - three surfaces	\$375
02544	Onlay - metallic - four or more surfaces	\$375
02610	Inlay - porcelain/ceramic - one surface	\$350
02620	Inlay - porcelain/ceramic - two surfaces	\$350
02630	Inlay - porcelain/ceramic - three or more surfaces	\$375
02642	Onlay - porcelain/ceramic - two surfaces	\$375
02643	Onlay - porcelain/ceramic - three surfaces	\$375
02644	Onlay - porcelain/ceramic - four or more surfaces	\$375
02650	Inlay - resin-based composite - one surface	\$225
02651	Inlay - resin based composite - two surfaces	\$260
02662	Onlay - resin based composite - two surfaces	\$240
02663	Onlay - resin based composite - three surfaces	\$280
02910	Re-cement inlay	\$40
02940	Sedative Filling	\$40
02951	Pin retention - per tooth, in addition to restoration	\$20
02710	Crown - resin laboratory	\$190
02720	Crown - resin with high noble metal	\$450
02721	Crown - resin with predominantly base metal	\$450
02722	Crown - resin with noble metal	\$450
02740	Crown - porcelain/ceramic substrate	\$450
02750	Crown - porcelain fused to high noble metal	\$450
02751	Crown - porcelain fused to predominantly base metal	\$450
02752	Crown - porcelain fused to noble metal	\$450
02780	Crown - 3/4 case high noble metal	\$450
02781	Crown - 3/4 case predominantly base metal	\$450
02782	Crown - 3/4 cast noble metal	\$450

02790	Crown porcelain	\$450
02791	Crown - full cast predominantly base metal	\$450
02792	Crown - full cast noble metal	\$450
02810	Crown - 3/4 cast metallic	\$450
02920	Re-cement crown	\$40
02930	Prefabricated stainless steel crown - primary tooth	\$110
02931	Prefabricated stainless steel crown - permanent tooth	\$125
02932	Prefabricated resin crown	\$140
02933	Prefabricated stainless steel crown with resin window	\$150
02940	Sedative filling	\$40
02950	Core buildup, including any pins	\$100
02952	Cast post and core in addition to crown	\$150
0295	Prefabricated post and core in addition to crown	\$135
02970	Temporary crown (fractured tooth)	\$95
03110	Pulp cap - direct (excluding final restoration)	\$30
03120	Pulp cap - indirect (excluding final restoration)	\$30
03220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medication	\$70
03310	Anterior (excluding final restoration)	\$225
03320	Bicuspid (excluding final restoration)	\$300
03330	Molar (excluding final restoration)	\$375
03346	Retreatment of previous root canal therapy - anterior	\$225
03347	Retreatment of previous root canal therapy - bicuspid	\$250
03348	Retreatment of previous root canal therapy - molar	\$400
03410	Apicoectomy/periradicular surgery - anterior	\$175
03421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$300
03425	Apicoectomy/periradicular surgery - molar (first root)	\$350
03426	Apicoectomy/periradicular surgery - each additional root	\$145
03430	Retrograde filling - per root	\$105
03450	Root amputation - per root	\$200
03920	Hemisection (including any root removal), not including root canal therapy	\$150
00180	Comprehensive periodontal evaluation - new or established patient	\$30
04210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$165
04211	Gingivectomy or gingivoplasty - one to three teeth - per quadrant	\$65
04240	Gingival flap procedure, including root planning - four or more contiguous teeth or bounded teeth spaces per quadrant	\$275
04249	Clinical crown lengthening - hard tissue	\$300
04260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$325
04261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	\$200
04263	Bone replacement graft - first site in quadrant	\$150
04264	Bone replacement graft - each additional site in quadrant	\$75
04270	Pedicle soft tissue graft procedure	\$300
04271	Free soft tissue graft procedure (including donor site surgery)	\$300
04341	Periodontal scaling and root planning - four or more contiguous teeth or bounded teeth spaces per quadrant	\$95

04355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$65
04910	Periodontal maintenance	\$60
05110	Complete denture - maxillary	\$375
05120	Complete denture - mandibular	\$375
05130	Immediate denture - maxillary	\$400
05140	Immediate denture - mandibular	\$400
05211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	\$375
05212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	\$375
05213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	\$400
05214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	\$400
05281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$275
06210	Pontic - cast high noble metal	\$375
06211	Pontic - cast predominantly base metal	\$375
06212	Pontic - cast noble metal	\$375
06240	Pontic - porcelain fused to high noble metal	\$375
06241	Pontic - porcelain fused to predominantly base metal	\$375
06242	Pontic - porcelain fused to noble metal	\$375
06250	Pontic - resin with high noble metal	\$375
06251	Pontic - resin with predominantly base metal	\$375
06252	Pontic - with noble metal	\$375
06545	Retainer - cast metal for resin bonded fixed prostheses	\$175
06602	Inlay - cast high noble metal, two surfaces	\$375
06603	Inlay - cast high noble metal, three or more surfaces	\$375
06604	Inlay - cast predominantly base metal, two surfaces	\$375
06605	Inlay - cast predominantly base metal, three or more surfaces	\$375
06606	Inlay - cast noble metal, two surfaces	\$375
06607	Inlay - cast noble metal three or more surfaces	\$375
06610	Onlay - cast high noble metal, two surfaces	\$375
06611	Onlay - cast high noble metal, three or more surfaces	\$375
0661	Onlay - cast predominantly base metal, two surfaces	\$375
06613	Onlay - cast predominantly base metal, three or more surfaces	\$375
06614	Onlay - cast noble metal, two surfaces	\$375
06615	Onlay - cast noble metal, three or more surfaces	\$375
06720	Crown - resin with high noble metal	\$375
06721	Crown - resin with predominantly base metal	\$375
06722	Crown - resin with noble metal	\$375
06740	Crown - porcelain/ceramic	\$375
06750	Crown - porcelain fused to high noble metal	\$375
06751	Crown - porcelain fused to predominantly base metal	\$375
06752	Crown - porcelain fused to noble metal	\$375
06780	Crown - 3/4 cast high noble metal	\$375
06781	Crown - 3/4 cast predominantly base metal	\$375

06782	Crown - 3/4 cast noble metal	\$375
06783	Crown - 3/4 cast porcelain/ceramic	\$375
06790	Crown - full cast high noble metal	\$375
06791	Crown - full cast predominantly base metal	\$375
06792	Crown - full cast noble metal	\$375
07210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$95
07220	Removal of impacted tooth - soft tissue	\$120
07230	Removal of impacted tooth - partially bony	\$160
07240	Removal of impacted tooth - completely bony	\$185
07241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$200
07250	Surgical removal of residual tooth roots (cutting procedure)	\$100
07260	Oroantral fistula closure	\$800
07270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$200
07280	Surgical access of unerupted tooth	\$200
07281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$165
07285	Biopsy of oral tissue - hard (bone, tooth)	\$325
07286	Biopsy of oral tissue - soft (all others)	\$165
07310	Alveoloplasty in conjunction with extractions - per quadrant	\$110
07320	Alveoloplasty not in conjunction with extractions - per quadrant	\$400
07340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$750
07350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied tissue)	\$1000
07410	Excision of benign lesion up to 1.25 cm	\$165
07411	Excision of benign lesion greater than 1.25 cm	\$500
07413	Excision of malignant lesion up to 1.25 cm	\$165
07414	Excision of malignant lesion greater than 1.25 cm	\$550
07450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.	\$165
07451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$500
07460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$325
07461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$500
07471	Removal of lateral exostosis (maxilla or mandible)	\$325
07510	Incision and drainage of abscess - intraoral soft tissue	\$100
07520	Incision and drainage of abscess - extraoral soft tissue	\$450
07530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$165
07540	Removal of reaction producing foreign bodies, musculoskeletal system	\$200
07550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$125
07560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$825
07960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$200
07970	Excision of hyperplastic tissue - per arc	\$200

07971	Excision of pericoronal gingival	\$75
07972	Surgical reduction of fibrous tuberosity	\$250
07980	Sialodochoplasty	\$275