



Schedule of Benefits

Benefits provided by SafeGuard Health Plans, Inc., a MetLife company

Direct Referral Dental Plan*

MET290

This SCHEDULE OF BENEFITS lists the Covered Services available to You and Your Dependents under Your dental plan, as well as Your and Your Dependent's costs for each Covered Service. Your and Your Dependent's costs may include Co-Payments for a Covered Service.

*Care under this plan is provided through a network of Selected General Dentists. Your Selected General Dentist is responsible for determining when the services of a Specialty Care Dentist are needed, and facilitating any necessary referral. You and Your Dependents will be advised of the name, address and telephone number of the Specialty Care Dentist in Your or Your Dependent's Service Area.

Missed Appointments: If You or Your Dependents need to cancel or reschedule an appointment, please notify the Selected General Dental Office as far in advance as possible. This will allow the Selected General Dental Office to accommodate another person in need of attention. If You or Your Dependents fail to do this in a timely fashion, You or Your Dependents may be charged a missed appointment fee.

| Code | Service | Your and Your Dependent's Co-Payment |
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| • | Office visit - per visit <i>(including all fees for sterilization and/or infection control)</i> | \$5 |

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Diagnostic Treatment

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| D0120 | Periodic oral evaluation - established patient. An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation, periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. The findings are discussed with the patient. Report additional diagnostic procedures separately. | \$0 |
| D0140 | Limited oral evaluation - problem focused | \$0 |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | \$0 |
| D0150 | Comprehensive oral evaluation - new or established patient | \$0 |
| D0160 | Detailed and extensive oral evaluation - problem focused, by report | \$0 |
| D0170 | Re-evaluation - limited, problem focused <i>(established patient; not post-operative visit)</i> | \$0 |
| D0171 | Re-evaluation – post-operative office visit | \$0 |
| D0180 | Comprehensive periodontal evaluation - new or established patient. A comprehensive evaluation of periodontal conditions, including full mouth probing and periodontal charting. Indicated for patients exhibiting signs or symptoms of periodontal disease, systematic medical conditions, or patients with social risk factors. It includes an evaluation for oral cancer, an evaluation of the patient's medical history, a general wellness assessment, and includes an evaluation of current dental conditions. | \$0 |
| D0190 | Screening of a patient | \$0 |
| D0191 | Assessment of a patient | \$0 |

Radiographs / Diagnostic Imaging (X-rays)

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| D0210 | A radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing images intended to display the crowns and roots of all. | \$0 |
| D0220 | Intraoral – periapical first radiographic image | \$0 |

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| D0230 | Intraoral – periapical each additional radiographic image | \$0 |
| D0240 | Intraoral – occlusal radiographic image | \$0 |
| D0250 | Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector | \$0 |
| D0251 | Extra-oral posterior dental radiographic image | \$0 |
| D0270 | Bitewing – single radiographic image | \$0 |
| D0272 | Bitewings – two radiographic images | \$0 |
| D0273 | Bitewings – three radiographic images | \$0 |
| D0274 | Bitewings – four radiographic images | \$0 |
| D0277 | Vertical bitewings – 7 to 8 radiographic images | \$0 |
| D0330 | Panoramic radiographic image | \$0 |
| D0340 | 2D cephalometric radiographic image – acquisition, measurement and analysis | \$0 |
| D0350 | 2D oral/facial photographic image obtained intra-orally or extra-orally | \$0 |
| D0364 | Cone beam CT capture and interpretation with limited field of view – less than one whole jaw | \$180 |
| D0365 | Cone beam CT capture and interpretation with field of view of one full dental arch – mandible | \$180 |
| D0366 | Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium | \$180 |
| D0367 | Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium | \$180 |
| D0372 | A radiographic survey of the whole mouth intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and alveolar bone including edentulous areas. Comprehensive series of radiographic images. | \$0 |
| D0373 | Intraoral tomosynthesis- bitewing radiographic image | \$0 |
| D0374 | Intraoral tomosynthesis – periapical radiographic image | \$0 |
| D0380 | Cone beam CT image capture with limited field of view – less than one whole jaw | \$180 |
| D0381 | Cone beam CT image capture with field of view of one full dental arch – mandible | \$180 |
| D0382 | Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium | \$180 |
| D0383 | Cone beam CT image capture with field of view of both jaws, with or without cranium | \$180 |
| D0391 | Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report | \$0 |
| D0396 | 3D printing of a 3D dental surface scan | \$0 |
| Tests and Examinations | | |
| D0415 | Collection of microorganisms for culture and sensitivity | \$0 |
| D0425 | Caries susceptibility tests | \$0 |
| D0431 | Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures | \$50 |
| D0460 | Pulp vitality tests | \$0 |

| Code | Service | Your and Your Dependent's Co-Payment |
|----------------------------|--|---|
| D0461 | Testing for cracked tooth - Includes multiple teeth and contra lateral comparison(s), as indicated. Diagnostic aids may include but are not limited to pressure sensitivity testing, transillumination, staining, etc. | \$0 |
| D0470 | Diagnostic casts | \$0 |
| D0472 | Accession of tissue, gross examination, preparation and transmission of written report | \$0 |
| D0473 | Accession of tissue, gross and microscopic examination, preparation and transmission of written report | \$0 |
| D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report | \$0 |
| D0480 | Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report | \$0 |
| D0486 | Laboratory accession of transepithelial cytologic sample, microscopic examination preparation and transmission of written report | \$0 |
| D0502 | Other oral pathology procedures, by report | \$0 |
| Preventive Services | | |
| D1110 | Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors. | \$5 |
| | • Additional-adult prophylaxis (<i>maximum of 2 additional per year</i>) | \$45 |
| D1120 | Removal of plaque, calculus and stains from the tooth structures and implants in the primary and transitional dentition. It is intended to control local irritational factors. | \$5 |
| | • Additional-child prophylaxis (<i>maximum of 2 additional per year</i>) | \$35 |
| D1206 | Topical application of fluoride varnish | \$0 |
| D1208 | Topical application of fluoride – excluding varnish | \$0 |
| D1310 | Nutritional counseling for control of dental disease | \$0 |
| D1320 | Tobacco counseling for the control and prevention of oral disease | \$0 |
| D1330 | Oral hygiene instructions | \$0 |
| | • Includes periodontal hygiene instruction | |
| D1351 | Sealant – per tooth | \$0 |
| D1353 | Sealant repair - per tooth | \$0 |
| D1354 | Application of caries arresting medicament – per tooth. Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure. | \$0 |
| D1355 | Caries preventive medicament application – per tooth | \$0 |
| D1510 | Space maintainer – fixed, unilateral – per quadrant Excludes a distal shoe space maintainer | \$25 |
| D1516 | Space maintainer – fixed – bilateral, maxillary | \$25 |
| D1517 | Space maintainer – fixed – bilateral, mandibular | \$25 |
| D1520 | Space maintainer – removable, unilateral – per quadrant | \$35 |
| D1526 | Space maintainer – removable – bilateral, maxillary | \$35 |
| D1527 | Space maintainer – removable – bilateral, mandibular | \$35 |

| Code | Service | Your and Your Dependent's Co-Payment |
|-------------|---|---|
| D1551 | Re-cement or re-bond bilateral space maintainer – maxillary | \$15 |
| D1552 | Re-cement or re-bond bilateral space maintainer – mandibular | \$15 |
| D1553 | Re-cement or re-bond unilateral space maintainer – per quadrant | \$15 |
| D1556 | Removal of fixed unilateral space maintainer – per quadrant | \$15 |
| D1557 | Removal of fixed bilateral space maintainer – maxillary | \$15 |
| D1558 | Removal of fixed bilateral space maintainer – mandibular | \$15 |
| D1575 | Distal shoe space maintainer – fixed, unilateral – per quadrant Fabrication and delivery of fixed appliance extending subgingivally and distally to guide the eruption of the first permanent molar. Does not include ongoing follow-up or adjustments, or replacement appliance, once the tooth had erupted | \$25 |

Restorative Treatment

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| D2140 | Amalgam – one surface, primary or permanent | \$12 |
| D2150 | Amalgam – two surfaces, primary or permanent | \$20 |
| D2160 | Amalgam – three surfaces, primary or permanent | \$23 |
| D2161 | Amalgam – four or more surfaces, primary or permanent | \$25 |
| D2330 | Resin-based composite – one surface, anterior | \$12 |
| D2331 | Resin-based composite – two surfaces, anterior | \$20 |
| D2332 | Resin-based composite – three surfaces, anterior | \$23 |
| D2335 | Resin-based composite – four or more surfaces (<i>anterior</i>) | \$25 |
| D2390 | Resin-based composite crown, anterior | \$30 |
| D2391 | Resin-based composite – one surface, posterior | \$30 |
| D2392 | Resin-based composite – two surfaces, posterior | \$45 |
| D2393 | Resin-based composite – three surfaces, posterior | \$65 |
| D2394 | Resin-based composite – four or more surfaces, posterior | \$65 |

Crowns

- An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 Co-Payment per molar, for the use of porcelain.
- Cases involving seven (7) or more Crowns, implants and/or fixed Bridge units in the same treatment plan require an additional \$125 Co-Payment per unit in addition to the specified Co-Payment for each Crown, implant or Bridge unit.

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|-------|--|-------|
| D2510 | Inlay – metallic – one surface | \$270 |
| D2520 | Inlay – metallic – two surfaces | \$270 |
| D2530 | Inlay – metallic – three or more surfaces | \$270 |
| D2542 | Onlay – metallic – two surfaces | \$270 |
| D2543 | Onlay – metallic – three surfaces | \$270 |
| D2544 | Onlay – metallic – four or more surfaces | \$270 |
| D2610 | Inlay – porcelain/ceramic – one surface | \$290 |
| D2620 | Inlay – porcelain/ceramic – two surfaces | \$290 |
| D2630 | Inlay – porcelain/ceramic – three or more surfaces | \$290 |
| D2642 | Onlay – porcelain/ceramic – two surfaces | \$290 |
| D2643 | Onlay – porcelain/ceramic – three surfaces | \$290 |
| D2644 | Onlay – porcelain/ceramic – four or more surfaces | \$290 |
| D2650 | Inlay – resin-based composite – one surface | \$290 |
| D2651 | Inlay – resin-based composite – two surfaces | \$290 |
| D2652 | Inlay – resin-based composite – three or more surfaces | \$290 |
| D2662 | Onlay – resin-based composite – two surfaces | \$290 |

| Code | Service | Your and Your Dependent's Co-Payment |
|-------------|--|---|
| D2663 | Onlay – resin-based composite – three surfaces | \$290 |
| D2664 | Onlay – resin-based composite – four or more surfaces | \$290 |
| D2710 | Crown – resin-based composite (<i>indirect</i>) | \$290 |
| D2712 | Crown – ¾ resin-based composite (<i>indirect</i>) | \$290 |
| D2720 | Crown – resin with high noble metal | \$290 |
| D2721 | Crown – resin with predominantly base metal | \$290 |
| D2722 | Crown – resin with noble metal | \$290 |
| D2740 | Crown – porcelain/ceramic | \$310 |
| D2750 | Crown – porcelain fused to high noble metal | \$290 |
| D2751 | Crown – porcelain fused to predominantly base metal | \$290 |
| D2752 | Crown – porcelain fused to noble metal | \$290 |
| D2753 | Crown – porcelain fused to titanium and titanium alloys | \$290 |
| D2780 | Crown – ¾ cast high noble metal | \$290 |
| D2781 | Crown – ¾ cast predominantly base metal | \$290 |
| D2782 | Crown – ¾ cast noble metal | \$290 |
| D2783 | Crown – ¾ porcelain/ceramic | \$290 |
| D2790 | Crown – full cast high noble metal | \$290 |
| D2791 | Crown – full cast predominantly base metal | \$290 |
| D2792 | Crown – full cast noble metal | \$290 |
| D2794 | Crown – titanium and titanium alloys | \$290 |
| D2799 | Interim crown – further treatment or completion of diagnosis necessary prior to final impression. Further treatment or completion of diagnosis necessary prior to final impression. Not to be used as a temporary crown for a routine prosthetic restoration. | \$85 |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | \$0 |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | \$0 |
| D2920 | Re-cement or re-bond crown | \$0 |
| D2928 | Prefabricated porcelain/ceramic crown – permanent tooth | \$155 |
| D2930 | Prefabricated stainless steel crown – primary tooth | \$25 |
| D2931 | Prefabricated stainless steel crown – permanent tooth | \$25 |
| D2932 | Prefabricated resin crown | \$45 |
| D2933 | Prefabricated stainless steel crown with resin window | \$45 |
| D2940 | Placement of interim direct restoration Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, manage caries, create a seal for endodontic isolation, or prevent further deterioration until definitive treatment can be rendered. Not to be used for endodontic access closure, or as a base or liner under restoration. | \$0 |
| D2950 | Core buildup, including any pins when required | \$75 |
| D2951 | Pin retention – per tooth, in addition to restoration | \$10 |
| D2952 | Post and core in addition to crown, indirectly fabricated | \$50 |
| D2953 | Each additional indirectly fabricated post – same tooth | \$50 |
| D2954 | Prefabricated post and core in addition to crown | \$30 |
| D2955 | Post removal | \$10 |
| D2957 | Each additional prefabricated post – same tooth | \$30 |
| D2960 | Labial veneer (<i>resin laminate</i>) – chairside | \$250 |

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|-------|--|--------------------------------------|
| D2961 | Labial veneer (<i>resin laminate</i>) – laboratory | \$300 |
| D2962 | Labial veneer (<i>porcelain laminate</i>) – laboratory | \$350 |
| D2971 | Additional procedures to customize a crown to fit under an existing partial denture framework. This procedure is in addition to the separate a crown procedure documented with its own code. | \$50 |
| D2976 | Band stabilization – per tooth | \$7 |
| D2980 | Crown repair necessitated by restorative material failure | \$0 |
| D2981 | Inlay repair necessitated by restorative material failure | \$0 |
| D2982 | Onlay repair necessitated by restorative material failure | \$0 |
| D2983 | Veneer repair necessitated by restorative material failure | \$0 |
| D2989 | Excavation of a tooth resulting in the determination of non-restorability | \$0 |
| D2990 | Resin infiltration of incipient smooth surface lesions | \$0 |

Endodontics

- All procedures exclude final restoration.

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| D3110 | Pulp cap – direct (<i>excluding final restoration</i>) | \$5 |
| D3120 | Pulp cap – indirect (<i>excluding final restoration</i>) | \$5 |
| D3220 | Therapeutic pulpotomy (<i>excluding final restoration</i>) – removal of pulp coronal to the dentinocemental junction and application of medicament | \$40 |
| D3221 | Pulpal debridement, primary and permanent teeth | \$55 |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | \$40 |
| D3230 | Pulpal therapy (<i>resorbable filling</i>) – anterior, primary tooth (<i>excluding final restoration</i>) | \$40 |
| D3240 | Pulpal therapy (<i>resorbable filling</i>) – posterior, primary tooth (<i>excluding final restoration</i>) | \$40 |
| D3310 | Endodontic therapy, anterior tooth (<i>excluding final restoration</i>) | \$115 |
| D3320 | Endodontic therapy, premolar tooth (<i>excluding final restoration</i>) | \$185 |
| D3330 | Endodontic therapy, molar tooth (<i>excluding final restoration</i>) | \$265 |
| D3331 | Treatment of root canal obstruction; non-surgical access | \$85 |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | \$110 |
| D3333 | Internal root repair of perforation defects: Non-surgical seal of perforation caused by resorption and/or decay but not iatrogenic by same provider. | \$85 |
| D3346 | Retreatment of previous root canal therapy – anterior | \$230 |
| D3347 | Retreatment of previous root canal therapy – premolar | \$280 |
| D3348 | Retreatment of previous root canal therapy – molar | \$325 |
| D3351 | Apexification/recalcification – initial visit (<i>apical closure / calcific repair of perforations, root resorption, etc.</i>) | \$70 |
| D3352 | Apexification/recalcification – interim medication replacement | \$70 |
| D3353 | Apexification/recalcification – final visit (<i>includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.</i>) | \$70 |
| D3355 | Pulpal regeneration - initial visit | \$70 |
| D3356 | Pulpal regeneration - interim medication replacement | \$35 |
| D3357 | Pulpal regeneration - completion of treatment | \$70 |
| D3410 | Apicoectomy – anterior | \$95 |

| Code | Service | Your and Your Dependent's Co-Payment |
|-------------|---|---|
| D3421 | Apicoectomy – premolar (<i>first root</i>) | \$95 |
| D3425 | Apicoectomy – molar (<i>first root</i>) | \$95 |
| D3426 | Apicoectomy (<i>each additional root</i>) | \$80 |
| D3428 | Bone graft in conjunction with periradicular surgery - per tooth, single site | \$180 |
| D3429 | Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site | \$95 |
| D3430 | Retrograde filling – per root | \$60 |
| D3431 | Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery | \$95 |
| D3432 | Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery | \$215 |
| D3450 | Root amputation – per root | \$110 |
| D3460 | Endodontic endosseous implant | \$555 |
| D3471 | Surgical repair of root resorption – anterior | \$72 |
| D3472 | Surgical repair of root resorption – premolar | \$72 |
| D3473 | Surgical repair of root resorption – molar | \$72 |
| D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior | \$54 |
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar | \$54 |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption – molar | \$54 |
| D3910 | Surgical procedure for isolation of tooth with rubber dam | \$0 |
| D3920 | Hemisection (<i>including any root removal</i>), not including root canal therapy | \$90 |
| D3921 | Decoronation or submergence of an erupted tooth | \$41 |
| D3950 | Canal preparation and fitting of preformed dowel or post | \$15 |

Periodontics

- Periodontal charting for planning treatment of periodontal disease is included as part of overall diagnosis and treatment. No additional charge will apply to You or Your Dependent or Us.

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| D4210 | Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant | \$150 |
| D4211 | Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant | \$100 |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | \$30 |
| D4240 | Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bound spaces per quadrant: A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth or fractured root. Other procedures may be required concurrent to D4240 and should be reported separately using their own unique codes. | \$170 |

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|-------|---|--------------------------------------|
| D4241 | Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bound spaces per quadrant: A soft tissue flap is reflected or resected to allow debridement of the root surface and the removal of granulation tissue. Osseous recontouring is not accomplished in conjunction with this procedure. May include open flap curettage, reverse bevel flap surgery, modified Kirkland flap procedure, and modified Widman surgery. This procedure is performed in the presence of moderate to deep probing depths, loss of attachment, need to maintain esthetics, need for increased access to the root surface and alveolar bone, or to determine the presence of a cracked tooth or fractured root. Other procedures may be required concurrent to D4240 and should be reported separately using their own unique codes. | \$130 |
| D4245 | Apically positioned flap | \$165 |
| D4249 | Clinical crown lengthening – hard tissue | \$160 |
| D4260 | Osseous surgery (<i>including elevation of a full thickness flap and closure</i>) – four or more contiguous teeth or tooth bounded spaces per quadrant | \$330 |
| D4261 | Osseous surgery (<i>including elevation of a full thickness flap and closure</i>) – one to three contiguous teeth or tooth bounded spaces per quadrant | \$248 |
| D4263 | Bone replacement graft - retained natural tooth - first site in quadrant. This procedure involves the use of grafts to stimulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, the placement of biologic materials or the placement of barrier membranes to aid in osseous tissue regeneration. Other separate procedures delivered concurrently are documented with their own codes. Not to be reported for an edentulous space or an extraction site. | \$180 |
| D4264 | Bone replacement graft - retained natural tooth - each additional site in quadrant. This procedure involves the use of grafts to simulate periodontal regeneration when the disease process has led to a deformity of the bone. This procedure does not include flap entry and closure, wound debridement, osseous contouring, the placement of biologic materials or the placement of barrier membranes to aid in osseous tissue regeneration. This procedure is performed concurrently with one or more bone replacement grafts to document the number of sites involved. Not to be reported for an edentulous space or an extraction site. | \$95 |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration, per site. Biologic materials may be used alone or with other regenerative substrates such as bone and barrier membranes, depending upon their formulation and the presentation of the periodontal defect. This procedure does not include surgical entry and closure, wound debridement, osseous contouring, or the placement of graft materials and/or barrier membranes. Other separate procedures may be required concurrent to D4265 and should be reported using their own unique codes. | \$95 |
| D4266 | Guided tissue regeneration, natural teeth – resorbable barrier, per site: This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal defects around natural teeth. | \$215 |
| D4267 | Guided tissue regeneration, natural teeth – non-resorbable barrier, per site: This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal defects around natural teeth. | \$255 |
| D4268 | Surgical revision procedure, per tooth | \$0 |
| D4270 | Pedicle soft tissue graft procedure | \$250 |

| Code | Service | Your and Your Dependent's Co-Payment |
|-------|--|--------------------------------------|
| D4273 | Autogenous connective tissue graft procedure (<i>including donor and recipient surgical sites</i>) first tooth, implant, or edentulous tooth position in graft | \$75 |
| D4274 | Mesial/distal wedge procedure, single tooth (<i>when not performed in conjunction with surgical procedures in the same anatomical area</i>) | \$100 |
| D4275 | Non-autogenous connective tissue graft (<i>including recipient site and donor material</i>) first tooth, implant, or edentulous tooth position in graft | \$380 |
| D4276 | Combined connective tissue and pedicle graft, per tooth. Advanced gingival recession often cannot be corrected with a single procedure. Combined tissue grafting procedures are needed to achieve the desired outcome. | \$75 |
| D4277 | Free soft tissue graft procedure (<i>including recipient and donor surgical sites</i>) first tooth, implant or edentulous tooth position in graft | \$260 |
| D4278 | Free soft tissue graft procedure (<i>including recipient and donor surgical sites</i>) each additional contiguous tooth, implant or edentulous tooth position in same graft site | \$130 |
| D4283 | Autogenous connective tissue graft procedure (<i>including donor and recipient surgical sites</i>) – each additional contiguous tooth, implant or edentulous tooth position in same graft site | \$38 |
| D4285 | Non-autogenous connective tissue graft procedure (<i>including recipient surgical site and donor material</i>) – each additional contiguous tooth, implant or edentulous tooth position in same graft site | \$190 |
| D4322 | Splint - intracoronal; natural teeth or prosthetic crowns | \$95 |
| D4323 | Splint - extracoronal; natural teeth or prosthetic crowns | \$85 |
| D4341 | Periodontal scaling and root planing – four or more teeth per quadrant | \$50 |
| D4342 | Periodontal scaling and root planing – one to three teeth per quadrant | \$38 |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation | \$5 |
| D4355 | Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit. | \$50 |
| D4381 | Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth | \$65 |
| D4910 | Periodontal maintenance | \$40 |
| D4920 | Unscheduled dressing change (<i>by someone other than treating dentist or their staff</i>) | \$0 |
| | • Additional periodontal maintenance procedures (<i>beyond 2 per 12 months</i>) | \$55 |

Removable Prosthodontics

- Delivery of removable and fixed Prosthodontics includes up to 3 adjustments within 6 months of delivery date of service.

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|-------|---|-------|
| D5110 | Complete denture – maxillary | \$440 |
| D5120 | Complete denture – mandibular | \$440 |
| D5130 | Immediate denture – maxillary | \$440 |
| D5140 | Immediate denture – mandibular | \$440 |
| D5211 | Maxillary partial denture – resin base (<i>including, retentive/clasping materials, rests, and teeth</i>) | \$405 |
| D5212 | Mandibular partial denture – resin base (<i>including, retentive/clasping materials, rests, and teeth</i>) | \$405 |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (<i>including retentive/clasping materials, rests and teeth</i>) | \$480 |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (<i>including retentive/clasping materials, rests and teeth</i>) | \$480 |

| Code | Service | Your and Your Dependent's Co-Payment |
|-------------|--|---|
| D5221 | Immediate maxillary partial denture - resin base (<i>including retentive/clasping materials, rests and teeth</i>) Includes limited follow-up care only; does not include future rebasing/relining procedure(s) | \$405 |
| D5222 | Immediate mandibular partial denture - resin base (<i>including retentive/clasping materials, rests and teeth</i>) Includes limited follow-up care only; does not include future rebasing/relining procedure(s) | \$405 |
| D5223 | Immediate maxillary partial denture - cast metal framework with resin denture bases (<i>including retentive/clasping materials, rests and teeth</i>) Includes limited follow-up care only; does not include future rebasing/relining procedure(s) | \$480 |
| D5224 | Immediate mandibular partial denture - cast metal framework with resin denture bases (<i>including retentive/clasping materials, rests and teeth</i>) Includes limited follow-up care only; does not include future rebasing/relining procedure(s) | \$480 |
| D5225 | Maxillary partial denture – flexible base (<i>including any clasps, rests and teeth</i>) | \$480 |
| D5226 | Mandibular partial denture – flexible base (<i>including any clasps, rests and teeth</i>) | \$480 |
| D5227 | Immediate maxillary partial denture – flexible base (<i>including any clasps, rests and teeth</i>) | \$405 |
| D5228 | Immediate mandibular partial denture – flexible base (<i>including any clasps, rests and teeth</i>) | \$405 |
| D5282 | Removable unilateral partial denture – one piece cast metal (<i>including clasps and teeth</i>), maxillary | \$360 |
| D5283 | Removable unilateral partial denture – one piece cast metal (<i>including clasps and teeth</i>), mandibular | \$360 |
| D5284 | Removable unilateral partial denture – one piece flexible base (<i>including clasps and teeth</i>) – per quadrant | \$180 |
| D5286 | Removable unilateral partial denture – one piece resin (<i>including clasps and teeth</i>) – per quadrant | \$180 |
| D5410 | Adjust complete denture – maxillary | \$20 |
| D5411 | Adjust complete denture – mandibular | \$20 |
| D5421 | Adjust partial denture – maxillary | \$20 |
| D5422 | Adjust partial denture – mandibular | \$20 |
| D5511 | Repair broken complete denture base, mandibular | \$50 |
| D5512 | Repair broken complete denture base, maxillary | \$50 |
| D5520 | Replace missing or broken teeth – complete denture (<i>each tooth</i>) | \$40 |
| D5611 | Repair resin partial denture base, mandibular | \$50 |
| D5612 | Repair resin partial denture base, maxillary | \$50 |
| D5621 | Repair cast partial framework, mandibular | \$50 |
| D5622 | Repair cast partial framework, maxillary | \$50 |
| D5630 | Repair or replace broken retentive clasping materials – per tooth | \$70 |
| D5640 | Replace broken teeth – per tooth | \$40 |
| D5650 | Add tooth to existing partial denture | \$60 |
| D5660 | Add clasp to existing partial denture - per tooth | \$70 |
| D5670 | Replace all teeth and acrylic on cast metal framework (<i>maxillary</i>) | \$165 |
| D5671 | Replace all teeth and acrylic on cast metal framework (<i>mandibular</i>) | \$165 |
| D5710 | Rebase complete maxillary denture | \$125 |
| D5711 | Rebase complete mandibular denture | \$125 |
| D5720 | Rebase maxillary partial denture | \$125 |
| D5721 | Rebase mandibular partial denture | \$125 |
| D5725 | Rebase hybrid prosthesis | \$125 |
| D5730 | Reline complete maxillary denture (<i>chairside</i>) | \$100 |

| Code | Service | Your and Your Dependent's Co-Payment |
|------------------------------|---|---|
| D5731 | Reline complete mandibular denture (<i>chairside</i>) | \$100 |
| D5740 | Reline maxillary partial denture (<i>chairside</i>) | \$90 |
| D5741 | Reline mandibular partial denture (<i>chairside</i>) | \$90 |
| D5750 | Reline complete maxillary denture (<i>laboratory</i>) | \$130 |
| D5751 | Reline complete mandibular denture (<i>laboratory</i>) | \$130 |
| D5760 | Reline maxillary partial denture (<i>laboratory</i>) | \$130 |
| D5761 | Reline mandibular partial denture (<i>laboratory</i>) | \$130 |
| D5765 | Soft liner for complete or partial removable denture – indirect | \$130 |
| D5810 | Interim complete denture (<i>maxillary</i>) | \$230 |
| D5811 | Interim complete denture (<i>mandibular</i>) | \$230 |
| D5820 | Interim partial denture (<i>maxillary</i>) | \$160 |
| D5821 | Interim partial denture (<i>mandibular</i>) | \$170 |
| D5850 | Tissue conditioning, maxillary | \$40 |
| D5851 | Tissue conditioning, mandibular | \$40 |
| D5862 | Precision attachment, by report. Each pair of components is one precision attachment. Describe the type of attachment used. | \$160 |
| D5876 | Add metal substructure to acrylic complete denture - per arch. Use of metal substructure in a removable complete denture for reinforcement, during fabrication or repair. | \$110 |
| D5877 | Duplication of complete denture – maxillary. Does not involve all steps used in initial fabrication. | \$220 |
| D5878 | Duplication of complete denture – mandibular. Does not involve all steps used in initial fabrication. | \$220 |
| Implant Services | | |
| Pre-Surgical Services | | |
| D6190 | Radiographic/surgical implant index, by report | \$130 |
| Surgical Services | | |
| D6010 | Surgical placement of implant body: endosteal implant | \$1,005 |
| D6012 | Surgical placement of interim implant body for transitional prosthesis: endosteal implant | \$770 |
| D6013 | Surgical placement of mini implant | \$1,005 |
| D6040 | Surgical placement: eposteal implant | \$1,860 |
| D6049 | Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure. This procedure is not performed in conjunction with D1110, D4910, or D4346 | \$20 |
| D6050 | Surgical placement: transosteal implant | \$1,170 |
| D6051 | Interim implant abutment placement. A healing cap is not an interim abutment. | \$123 |
| D6100 | Surgical removal of implant body | \$240 |
| D6101 | Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure | \$39 |
| D6102 | Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure | \$75 |
| D6103 | Bone graft for repair of peri-implant defect – does not include flap entry and closure | \$100 |

| Code | Service | Your and Your Dependent's Co-Payment |
|-------|---|--------------------------------------|
| D6104 | Bone graft at time of implant placement | \$100 |
| D6105 | Removal of implant body not requiring bone removal nor flap elevation | \$240 |
| D6106 | Guided tissue regeneration – resorbable barrier, per implant. This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure is used for peri-implant defects and during implant placement. | \$215 |
| D6107 | Guided tissue regeneration – non-resorbable barrier, per implant. This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure is used for peri-implant defects and during implant placement. | \$255 |

Implant Supported Prosthetics

- An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 Co-Payment per molar, for the use of porcelain.
- Cases involving seven (7) or more Crowns, implants and/or fixed Bridge units in the same treatment plan require an additional \$125 Co-Payment per unit in addition to the specified Co-Payment for each Crown, implant or Bridge unit.

| | | |
|-------|---|-------|
| D6055 | Connecting bar – implant supported or abutment supported | \$345 |
| D6056 | Prefabricated abutment – includes modification and placement | \$245 |
| D6057 | Custom fabricated abutment – includes placement | \$335 |
| D6058 | Abutment supported porcelain/ceramic crown | \$685 |
| D6059 | Abutment supported porcelain fused to metal crown (<i>high noble metal</i>) | \$660 |
| D6060 | Abutment supported porcelain fused to metal crown (<i>predominantly base metal</i>) | \$640 |
| D6061 | Abutment supported porcelain fused to metal crown (<i>noble metal</i>) | \$645 |
| D6062 | Abutment supported cast metal crown (<i>high noble metal</i>) | \$655 |
| D6063 | Abutment supported cast metal crown (<i>predominantly base metal</i>) | \$640 |
| D6064 | Abutment supported cast metal crown (<i>noble metal</i>) | \$720 |
| D6065 | Implant supported porcelain/ceramic crown | \$725 |
| D6066 | Implant supported crown - porcelain fused to high noble alloys. A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant | \$700 |
| D6067 | Implant supported crown - high noble alloys. A single metal crown restoration that is retained, supported and stabilized by an implant | \$725 |
| D6068 | Abutment supported retainer for porcelain/ceramic FPD | \$680 |
| D6069 | Abutment supported retainer for porcelain fused to metal FPD (<i>high noble metal</i>) | \$680 |
| D6070 | Abutment supported retainer for porcelain fused to metal FPD (<i>predominantly base metal</i>) | \$595 |
| D6071 | Abutment supported retainer for porcelain fused to metal FPD (<i>noble metal</i>) | \$635 |
| D6072 | Abutment supported retainer for cast metal FPD (<i>high noble metal</i>) | \$625 |
| D6073 | Abutment supported retainer for cast metal FPD (<i>predominantly base metal</i>) | \$445 |
| D6074 | Abutment supported retainer for cast metal FPD (<i>noble metal</i>) | \$640 |
| D6075 | Implant supported retainer for ceramic FPD | \$720 |
| D6076 | Implant supported retainer for FPD - porcelain fused to high noble alloys. A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant | \$700 |

| Code | Service | Your and Your Dependent's Co-Payment |
|-------------|---|---|
| D6077 | Implant supported retainer for metal FPD - high noble alloys. A metal retainer for a fixed partial denture that gains retention, support and stability from an implant | \$510 |
| D6080 | Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments. This procedure includes active debriding of the implant(s) and examination of all aspects of the implant system, including the occlusion and stability of the prosthesis. The patient is also instructed in thorough daily cleansing of the implant(s). | \$55 |
| D6081 | Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure | \$20 |
| D6082 | Implant supported crown – porcelain fused to predominantly base alloys | \$640 |
| D6083 | Implant supported crown – porcelain fused to noble alloys | \$645 |
| D6084 | Implant supported crown – porcelain fused to titanium and titanium alloys | \$650 |
| D6086 | Implant supported crown – predominantly base alloys | \$640 |
| D6087 | Implant supported crown – noble alloys | \$720 |
| D6088 | Implant supported crown – titanium and titanium alloys | \$650 |
| D6089 | Accessing and retorquing loose implant screw – per screw | \$0 |
| D6090 | Repair implant supported prosthesis, by report | \$190 |
| D6091 | Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment | \$170 |
| D6092 | Re-cement or re-bond implant/abutment supported crown | \$50 |
| D6093 | Re-cement or re-bond implant/abutment supported fixed partial denture | \$70 |
| D6094 | Abutment supported crown - titanium and titanium alloys. A single crown restoration that is retained, supported and stabilized by an abutment on an implant | \$650 |
| D6096 | Remove broken implant retaining screw | \$24 |
| D6097 | Abutment supported crown – porcelain fused to titanium and titanium alloys | \$700 |
| D6098 | Implant supported retainer – porcelain fused to predominantly base alloys | \$595 |
| D6099 | Implant supported retainer for FPD – porcelain fused to noble alloys | \$635 |
| D6110 | Implant/abutment supported removable denture for edentulous arch-maxillary | \$995 |
| D6111 | Implant/abutment supported removable denture for edentulous arch-mandibular | \$995 |
| D6112 | Implant/abutment supported removable denture for partially edentulous arch-maxillary | \$945 |
| D6113 | Implant/abutment supported removable denture for partially edentulous arch-mandibular | \$945 |
| D6114 | Implant/abutment supported fixed denture for edentulous arch-maxillary | \$2,380 |
| D6115 | Implant/abutment supported fixed denture for edentulous arch-mandibular | \$2,380 |
| D6116 | Implant/abutment supported fixed denture for partially edentulous arch-maxillary | \$1,410 |
| D6117 | Implant/abutment supported fixed denture for partially edentulous arch-mandibular | \$1,410 |
| D6120 | Implant supported retainer – porcelain fused to titanium and titanium alloys | \$520 |
| D6121 | Implant supported retainer for metal FPD – predominantly base alloys | \$445 |
| D6122 | Implant supported retainer for metal FPD – noble alloys | \$640 |
| D6123 | Implant supported retainer for metal FPD – titanium and titanium alloys | \$520 |
| D6180 | Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments. | \$55 |
| D6191 | Semi-precision abutment – placement | \$335 |

| Code | Service | Your and Your Dependent's Co-Payment |
|-------|---|--------------------------------------|
| D6192 | Semi-precision attachment – placement | \$252 |
| D6193 | Replacement of an implant screw | \$24 |
| D6194 | Abutment supported retainer crown for FPD – titanium and titanium alloys. A retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant | \$520 |
| D6195 | Abutment supported retainer – porcelain fused to titanium and titanium alloys | \$510 |
| D6197 | Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant. | \$30 |

Crowns/Fixed Bridges - Per Unit

- An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is a \$75 Co-Payment per molar, for the use of porcelain.
- Cases involving seven (7) or more Crowns, implants and/or fixed Bridge units in the same treatment plan require an additional \$125 Co-Payment per unit in addition to the specified Co-Payment for each Crown, implant or Bridge unit.

| | | |
|-------|---|-------|
| D6205 | Pontic – indirect resin based composite | \$290 |
| D6210 | Pontic – cast high noble metal | \$290 |
| D6211 | Pontic – cast predominantly base metal | \$290 |
| D6212 | Pontic – cast noble metal | \$290 |
| D6214 | Pontic – titanium and titanium alloys | \$290 |
| D6240 | Pontic – porcelain fused to high noble metal | \$290 |
| D6241 | Pontic – porcelain fused to predominantly base metal | \$290 |
| D6242 | Pontic – porcelain fused to noble metal | \$290 |
| D6243 | Pontic – porcelain fused to titanium and titanium alloys | \$290 |
| D6245 | Pontic – porcelain/ceramic | \$310 |
| D6250 | Pontic – resin with high noble metal | \$290 |
| D6251 | Pontic – resin with predominantly base metal | \$290 |
| D6252 | Pontic – resin with noble metal | \$290 |
| D6253 | Further treatment or completion of diagnosis necessary prior to final impression. Not to be used as a temporary pontic for a routine prosthetic restoration. | \$85 |
| D6280 | Implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments – per arch This procedure includes active debriding of the implant(s) and examination of all aspects of the implant system, including the occlusion and stability of the prosthesis. The patient is also instructed in thorough daily cleansing of the implant(s). | \$55 |
| D6545 | Retainer – cast metal for resin bonded fixed prosthesis | \$120 |
| D6548 | Retainer – porcelain/ceramic for resin bonded fixed prosthesis | \$120 |
| D6549 | Resin retainer – for resin bonded fixed prosthesis | \$90 |
| D6600 | Retainer inlay – porcelain/ceramic, two surfaces | \$290 |
| D6601 | Retainer inlay – porcelain/ceramic, three or more surfaces | \$290 |
| D6602 | Retainer inlay – cast high noble metal, two surfaces | \$290 |
| D6603 | Retainer inlay – cast high noble metal, three or more surfaces | \$290 |
| D6604 | Retainer inlay – cast predominantly base metal, two surfaces | \$290 |
| D6605 | Retainer inlay – cast predominantly base metal, three or more surfaces | \$290 |
| D6606 | Retainer inlay – cast noble metal, two surfaces | \$290 |
| D6607 | Retainer inlay – cast noble metal, three or more surfaces | \$290 |
| D6608 | Retainer onlay – porcelain/ceramic, two surfaces | \$290 |

| Code | Service | Your and Your Dependent's Co-Payment |
|-------|--|--------------------------------------|
| D6609 | Retainer onlay – porcelain/ceramic, three or more surfaces | \$290 |
| D6610 | Retainer onlay – cast high noble metal, two surfaces | \$290 |
| D6611 | Retainer onlay – cast high noble metal, three or more surfaces | \$290 |
| D6612 | Retainer onlay – cast predominantly base metal, two surfaces | \$290 |
| D6613 | Retainer onlay – cast predominantly base metal, three or more surfaces | \$290 |
| D6614 | Retainer onlay – cast noble metal, two surfaces | \$290 |
| D6615 | Retainer onlay – cast noble metal, three or more surfaces | \$290 |
| D6624 | Retainer inlay – titanium | \$290 |
| D6634 | Retainer onlay – titanium | \$290 |
| D6710 | Retainer crown – indirect resin based composite | \$290 |
| D6720 | Retainer crown – resin with high noble metal | \$290 |
| D6721 | Retainer crown – resin with predominantly base metal | \$290 |
| D6722 | Retainer crown – resin with noble metal | \$290 |
| D6740 | Retainer crown – porcelain/ceramic | \$290 |
| D6750 | Retainer crown – porcelain fused to high noble metal | \$290 |
| D6751 | Retainer crown – porcelain fused to predominantly base metal | \$290 |
| D6752 | Retainer crown – porcelain fused to noble metal | \$290 |
| D6753 | Retainer crown – porcelain fused to titanium and titanium alloys | \$290 |
| D6780 | Retainer crown – ¾ cast high noble metal | \$290 |
| D6781 | Retainer crown – ¾ cast predominantly base metal | \$290 |
| D6782 | Retainer crown – ¾ cast noble metal | \$290 |
| D6783 | Retainer crown – ¾ porcelain/ceramic | \$290 |
| D6784 | Retainer crown – ¾ titanium and titanium alloys | \$290 |
| D6790 | Retainer crown – full cast high noble metal | \$290 |
| D6791 | Retainer crown – full cast predominantly base metal | \$290 |
| D6792 | Retainer crown – full cast noble metal | \$290 |
| D6793 | Interim pontic. Further treatment or completion of diagnosis necessary prior to final impression. Not to be used as a temporary retainer crown for a routine prosthetic restoration. | \$85 |
| D6794 | Retainer crown – titanium and titanium alloys | \$290 |
| D6930 | Re-cement or re-bond fixed partial denture | \$0 |
| D6940 | Stress breaker | \$110 |
| D6950 | Precision attachment. A pair of components constitutes one precision attachment, that is separate from the prosthesis. | \$195 |
| D6980 | Fixed partial denture repair necessitated by restorative material failure | \$45 |

Oral Surgery

- Includes routine post operative visits/treatment.
- The removal of asymptomatic third molars is not a Covered Service unless pathology (*disease*) exists.

| | | |
|-------|--|-------|
| D7111 | Extraction, coronal remnants – primary tooth | \$5 |
| D7140 | Extraction, erupted tooth or exposed root (<i>elevation and/or forceps removal</i>) | \$5 |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated | \$50 |
| D7220 | Removal of impacted tooth – soft tissue | \$50 |
| D7230 | Removal of impacted tooth – partially bony | \$65 |
| D7240 | Removal of impacted tooth – completely bony | \$135 |

| Code | Service | Your and Your Dependent's Co-Payment |
|-------------|--|---|
| D7241 | Removal of impacted tooth – completely bony, with unusual surgical complications | \$150 |
| D7250 | Removal of residual tooth roots (<i>cutting procedure</i>) | \$40 |
| D7251 | Coronectomy – intentional partial tooth removal, impacted teeth only: Intentional partial tooth removal is performed when a neurovascular complication is likely if the entire tooth is removed. | \$135 |
| D7252 | Partial extraction for immediate implant placement Sectioning the root of a tooth vertically, then extracting the palatal portion of the root. The buccal section of the root is retained in order to stabilize the buccal plate prior to immediate implant placement. Also known as the Socket Shield Technique. | \$102 |
| D7260 | Oroantral fistula closure | \$270 |
| D7261 | Primary closure of a sinus perforation | \$275 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | \$80 |
| D7280 | Exposure of an unerupted tooth | \$100 |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | \$90 |
| D7283 | Placement of an attachment on an unerupted tooth, after its exposure, to aid in its eruption. Report the surgical exposure separately using D7280. | \$90 |
| D7285 | Incisional biopsy of oral tissue - hard (<i>bone, tooth</i>). For partial removal of lesion. This procedure involves biopsy of osseous or intraosseous lesions (<i>example cyst, tumor</i>) and is not used for apicoectomy/periradicular surgery. This procedure does not entail an excision. | \$150 |
| D7286 | Incisional biopsy of oral tissue – soft. For partial removal of a lesion. This procedure is not used at the same time as codes for apicoectomy/periradicular curettage. This procedure does not entail an excision. | \$60 |
| D7287 | Exfoliative cytological sample collection | \$50 |
| D7288 | Brush biopsy – transepithelial sample collection | \$50 |
| D7291 | Transseptal fibrotomy/supra crestal fibrotomy, by report | \$40 |
| D7310 | Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | \$40 |
| D7311 | Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | \$25 |
| D7320 | Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | \$190 |
| D7321 | Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | \$65 |
| D7340 | Vestibuloplasty – ridge extension (<i>secondary epithelialization</i>) | \$370 |
| D7350 | Vestibuloplasty – ridge extension (<i>including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue</i>) | \$990 |
| D7450 | Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm | \$130 |
| D7451 | Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm | \$335 |
| D7471 | Removal of lateral exostosis (<i>maxilla or mandible</i>) | \$80 |
| D7472 | Removal of torus palatinus | \$60 |
| D7473 | Removal of torus mandibularis | \$60 |

| Code | Service | Your and Your Dependent's Co-Payment |
|-------------|--|---|
| D7485 | Reduction of osseous tuberosity | \$60 |
| D7510 | Incision and drainage of abscess – intraoral soft tissue | \$35 |
| D7511 | Incision and drainage of abscess – intraoral soft tissue – complicated (<i>includes drainage of multiple fascial spaces</i>) | \$35 |
| D7520 | Incision and drainage of abscess – extraoral soft tissue | \$35 |
| D7521 | Incision and drainage of abscess – extraoral soft tissue – complicated (<i>includes drainage of multiple fascial spaces</i>) | \$35 |
| D7550 | Partial ostectomy/sequestrectomy for removal of non-vital bone | \$125 |
| D7560 | Maxillary sinusotomy for removal of tooth fragment or foreign body | \$505 |
| D7910 | Suture of recent small wounds up to 5 cm | \$25 |
| D7921 | Collection and application of autologous blood concentrate product | \$95 |
| D7950 | Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla – autogenous or nonautogenous, by report | \$600 |
| D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach | \$825 |
| D7952 | Sinus augmentation via a vertical approach | \$825 |
| D7953 | Bone replacement graft for ridge preservation – per site | \$100 |
| D7961 | Buccal / labial frenectomy (<i>frenulectomy</i>) | \$90 |
| D7962 | lingual frenectomy (<i>frenulectomy</i>) | \$90 |
| D7963 | Frenuloplasty | \$90 |
| D7970 | Excision of hyperplastic tissue – per arch | \$55 |
| D7971 | Excision of pericoronal gingiva | \$40 |
| D7972 | Surgical reduction of fibrous tuberosity | \$125 |

Orthodontics

- Benefits cover twenty-four (24) months of usual & customary Orthodontic treatment and an additional twenty four (24) months of retention.
- Comprehensive Orthodontic benefits include all phases of treatment and fixed/removable appliances.

| | | |
|-------|---|---------|
| D8010 | Limited orthodontic treatment of the primary dentition | \$1,095 |
| D8020 | Limited orthodontic treatment of the transitional dentition | \$1,095 |
| D8030 | Limited orthodontic treatment of the adolescent dentition | \$1,095 |
| D8040 | Limited orthodontic treatment of the adult dentition | \$1,095 |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition | \$2,095 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition | \$2,095 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition | \$2,095 |
| D8091 | Comprehensive orthodontic treatment with orthognatic surgery Treatment of cranofacial syndromes or orthopedic discrepancies that require multiple phases of orthodontic treatment including monitoring growth and development between active phases of treatment | \$2,095 |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | \$35 |
| D8670 | Periodic orthodontic treatment visit | \$35 |
| D8671 | Periodic orthodontic treatment associated with orthognatic surgery | \$35 |
| D8680 | Orthodontic retention (<i>removal of appliances, construction and placement of retainer(s)</i>) | \$300 |
| D8681 | Removable orthodontic retainer adjustment | \$0 |
| D8698 | Re-cement or re-bond fixed retainer – maxillary | \$0 |

| Code | Service | Your and Your Dependent's Co-Payment |
|-------|---|--------------------------------------|
| D8699 | Re-cement or re-bond fixed retainer – mandibular | \$0 |
| D8701 | Repair of fixed retainer, includes reattachment – maxillary | \$0 |
| D8702 | Repair of fixed retainer, includes reattachment – mandibular | \$0 |
| | <ul style="list-style-type: none"> • There is a Co-Payment of \$250 for Orthodontic treatment planning and records (<i>pre/post x-rays (cephalometric, panoramic, etc.), photos, study models</i>). • There is a Co-Payment of \$25 per visit for Orthodontic visits beyond twenty-four (24) months of active treatment or retention. | |

Adjunctive General Services

| | | |
|-------|--|------|
| D9110 | Palliative treatment of dental pain per visit: Treatment that relieves pain but is not curative; services provided do not have distinct procedure codes. This is typically reported on a “per-visit” basis for emergency treatment of dental pain. | \$10 |
| D9120 | Fixed partial denture sectioning | \$0 |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | \$0 |
| D9211 | Regional block anesthesia | \$0 |
| D9212 | Trigeminal division block anesthesia | \$0 |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | \$0 |
| D9219 | Evaluation for moderate sedation, deep sedation or general anesthesia | \$0 |
| D9222 | Administration of deep sedation/general anesthesia - first 15 minute increment, or any portion thereof. With or without co-administration of nitrous oxide. Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room. The Level of anesthesia is determined by the provider's documentation of the anesthetic effects upon the central nervous system. | \$60 |
| D9223 | Administration of deep sedation/general anesthesia - each subsequent 15 minute increment, or any portion thereof | \$60 |
| D9224 | Administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof with or without co-administration of nitrous oxide. Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room. This procedure is determined by the provider's documentation of the presence of an advanced airway such as a supraglottic or subglottic airway device, which includes laryngeal tube, esophageal-tracheal tube (<i>Combitube</i>), laryngeal mask airway, or endotracheal tube. | \$66 |
| D9225 | Administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof | \$66 |
| D9230 | Administration of nitrous oxide - When nitrous oxide is administered as a single agent. | \$15 |

| Code | Service | Your and Your Dependent's Co-Payment |
|-------|---|--------------------------------------|
| D9239 | Administration of moderate sedation - intravenous - first 15 minute increment, or any portion thereof. When moderate sedation is achieved by administration and titration of drug(s) intravenously. With or without co-administration of nitrous oxide. Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room. The Level of anesthesia is determined by the provider's documentation of the anesthetic effects upon the central nervous system. | \$60 |
| D9243 | Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof | \$60 |
| D9244 | In-office administration of minimal sedation – single drug – enteral. In-office administration of a drug, as a single or divided dose, to achieve the desired clinical effect, not to exceed the FDA maximum recommended dose (MRD) for unmonitored home use. The single drug may be administered with or without co-administration of nitrous oxide. | \$15 |
| D9245 | Administration of moderate sedation – enteral. When moderate sedation is achieved by administration of drug(s) by enteral route only. With or without co-administration of nitrous oxide. The level of anesthesia is determined by the provider's documentation of the anesthetic effects upon the central nervous system. | \$15 |
| D9246 | Administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof. When moderate sedation is achieved by administration of drug(s) by parenteral route, not including intravenous. With or without co-administration of nitrous oxide. Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room. The level of anesthesia is determined by the provider's documentation of the anesthetic effects upon the central nervous system. | \$60 |
| D9247 | Administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof | \$60 |
| D9310 | Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician | \$0 |
| D9311 | Consultation with a medical health care professional | \$0 |
| D9430 | Office visit for observation (<i>during regularly scheduled hours</i>) – no other services performed | \$0 |
| D9440 | Office visit – after regularly scheduled hours | \$30 |
| D9450 | Case presentation, subsequent to detailed and extensive treatment planning. | \$0 |
| D9610 | Therapeutic parenteral drug, single administration | \$15 |
| D9612 | Therapeutic parenteral drugs, two or more administrations, different medications | \$25 |
| D9630 | Drugs or medicaments dispensed in the office for home use | \$15 |
| D9910 | Application of desensitizing medicament | \$15 |
| D9930 | Treatment of complication (<i>post-surgical</i>) – unusual circumstances, by report | \$0 |
| D9932 | Cleaning and inspection of removable complete denture, maxillary | \$55 |
| D9933 | Cleaning and inspection of removable complete denture, mandibular | \$55 |
| D9934 | Cleaning and inspection of removable partial denture, maxillary | \$55 |

| Code | Service | Your and Your Dependent's Co-Payment |
|-------------|--|---|
| D9935 | Cleaning and inspection of removable partial denture, mandibular | \$55 |
| D9936 | Cleaning and inspection of occlusal guard – per appliance. This procedure does not include any adjustments. | \$55 |
| D9942 | Repair and/or relines of occlusal guard | \$40 |
| D9943 | Occlusal guard adjustment | \$10 |
| D9944 | Occlusal guard – hard appliance, full arch | \$85 |
| D9945 | Occlusal guard – soft appliance, full arch | \$85 |
| D9946 | Occlusal guard – hard appliance, partial arch | \$64 |
| D9951 | Occlusal adjustment – limited | \$30 |
| D9952 | Occlusal adjustment – complete | \$100 |
| D9613 | Infiltration of sustained release therapeutic drug, per quadrant. Infiltration of a sustained release pharmacologic agent for long acting surgical site pain control. Not for local anesthesia purposes. | \$15 |
| D9954 | Fabrications and delivery of oral appliance therapy (OAT) morning repositioning device | \$16 |
| D9955 | Oral appliance therapy (OAT) titration visit | \$10 |
| D9986 | Missed appointment (<i>less than 24-hr notice</i>) | Not to exceed \$25 |
| D9987 | Cancelled appointment (<i>if less than 24-hr notice, see D9986</i>) | \$0 |

Current Dental Terminology © American Dental Association

Dental benefits: Limitations and additional charges

General

1. Specialty Care Dentists will accept the contracted fee for all Covered Services.
2. General anesthesia or IV sedation is a Covered Service only if it is provided in a Selected General Dental Office, administered by the Selected General Dentist or Specialty Care Dentist, and is in conjunction with covered oral and periodontal surgical procedures or when deemed necessary by the Selected General Dentist or Specialty Care Dentist.
3. Sterilization and infection control are not billable to Us or You or Your Dependent and are included within the charges for other services provided on that date of service.
 - a. Local Anesthetic is included in all restorative and surgical procedure fees.
 - b. All adhesives, liners, bases and occlusal adjustments are included as a part of the restorative procedure.

Diagnostic

1. Panoramic or full mouth x-rays (*including bitewings*): once every three (3) years, unless Dentally Necessary for a specific dental problem.
2. All costs for additional periapical and bitewing x-rays provided on the same day that a full mouth x-ray is provided to You or Your Dependent are included in the costs for the full mouth x-ray.

Preventive

1. Routine cleanings (*oral Prophylaxis*), periodontal maintenance services (*following active periodontal therapy*) and fluoride treatments are limited to twice a year. Two (2) additional cleanings (*routine and periodontal*) are available at the Co-Payment listed in the SCHEDULE OF BENEFITS. Additional Prophylaxis are available, if Dentally Necessary.
2. Sealants and/or preventive resin restorations: Plan benefit applies to primary and permanent molar teeth, limited to age 19, one (1) per tooth, per thirty-six (36) months, unless Dentally Necessary.
3. Space maintainers are covered to age 14 once per area, per lifetime. Replacement of lost space maintainers are not a Covered Service.

Restorative Treatment

Crowns, Implants and Fixed Bridges

1. An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal.
2. Cases involving seven (7) or more Crowns, implants and/or fixed Bridge units in the same treatment plan require an additional \$125 Co-Payment per unit in addition to the specified Co-Payment for each Crown, implant or Bridge unit.
3. There is a \$75 Co-Payment per molar, for the use of porcelain.
4. Prefabricated stainless steel Crowns or prefabricated resin Crowns are limited to no more than one (1) replacement for the same tooth surface within five (5) years.
5. Charges for temporary Crowns/restorations are included within the costs of the permanent Crown/restoration.
6. Provisional Crowns/restorations are to be used for an interim of at least six (6) months duration. Interim Crowns/restorations are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.
7. Replacement of any Cast Restorations with the same or a different type of Cast Restoration are limited to no more than once every five (5) years.
8. Core buildups are limited to no more than once per tooth in a period of five (5) years.
9. Post and cores are limited to no more than once per tooth in a period of five (5) years.
10. Labial veneers are limited to no more than once per tooth in a period of five (5) years.

Prosthodontics

1. Relinings and rebasings are limited to one (1) every twelve (12) months.
2. Dentures (*full or partial*): Replacement only after five (5) years have elapsed following any prior provision of such Dentures under a SafeGuard Plan, unless due to the loss of a natural tooth which cannot be added to the existing partial. Replacements will be a benefit under this Plan only if the existing Denture is unsatisfactory and cannot be made satisfactory as determined by the treating Selected General Dentist or Specialty Care Dentist.
3. Replacement of an immediate full Denture with a permanent full Denture if the immediate full Denture cannot be made permanent and such replacement is done within twelve (12) months of the installation of the immediate full Denture.
4. Adjustments of Dentures if at least six (6) months have passed since the installation of the existing removable Denture.
5. Delivery of removable and fixed Prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service.
6. Tissue conditioning eligible one (1) per appliance each twenty-four (24) months.

7. Provisional prostheses are to be used for an interim of at least six (6) months duration. Interim prostheses are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.

Implant Services

1. Implants are limited to no more than once for the same tooth position in a five (5) year period.
2. Repairs of implants are limited to not more than once in a twelve (12) month period.
3. Implant supported prosthetics are limited to no more than once for the same tooth position in a five (5) year period:
 - when needed to replace congenitally missing teeth; or
 - when needed to replace natural teeth.
4. The following are limited to no more than two (2) each per year: Implants, Implant supported prosthetics, and Implant abutments.

Endodontics

1. The Co-Payments listed for Endodontic procedures do not include the cost of the final restoration.
2. Materials used for canal irrigation are included in the Endodontic procedure fees.

Oral Surgery

1. The removal of asymptomatic third molars is not a Covered Service. Pathology (*disease*) must exist for it to be covered by the program.
2. Includes routine post operative visits/treatments.

Periodontics

1. Irrigation (*such as Chlorhexidine*), is included with the other services rendered that day. At no additional charge to You or Your Dependent.
2. Local chemotherapeutic agents are limited to no more than six (6) teeth per arch. Treatment plans involving more than six (6) teeth per arch, require prior Plan approval.
3. Periodontal maintenance is eligible following active periodontal therapy, which includes scaling and root planing, surgery, etc.
4. Periodontal scaling and root planing, is limited to not more than once per Quadrant in any twenty-four (24) month period.
5. Periodontal surgery, including gingivectomy, gingivoplasty and osseous surgery, is limited to no more than one surgical procedure per Quadrant in any thirty-six (36) month period.
6. Periodontal charting for planning treatment of periodontal disease is included as part of overall diagnosis and treatment. No additional charge will apply to You or Your Dependent or Us.

Orthodontics

1. If You or Your Dependent require the services of an orthodontist, a referral must first be facilitated by Your Selected General Dentist. If a referral is not obtained before the Orthodontic treatment begins, You will be responsible for all costs associated with any Orthodontic treatment.
2. If You or Your Dependent terminate coverage from the SafeGuard Plan after the start of Orthodontic treatment, You will be responsible for any additional charges incurred for the remaining Orthodontic treatment.
3. Orthodontic treatment must be provided by a Selected General Dentist or Specialty Care Dentist whose specialty is orthodontics or pediatric dentistry for the Co-Payments listed in this SCHEDULE OF BENEFITS to apply.
4. Plan benefits shall cover twenty-four (24) months of usual and customary Orthodontic treatment and an additional twenty-four (24) months of retention. Treatment extending beyond such time periods will be subject to a charge of \$25 per visit.
5. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.
6. If You or Your Dependent started orthodontic treatment before Your coverage for Yourself or that Dependent started under this group contract, Continuing Orthodontic treatment is available under this group contract for You or Your Dependent under any of the following circumstances:
 - a. You were covered under the terms of a dental plan provided by SafeGuard and, due to an acquisition, are now covered under the terms of this group contract;
 - b. You were covered under the terms of a dental plan provided by a carrier other than SafeGuard and are now covered under the terms of this group contract because the Contractholder subsequently contracts with SafeGuard;
 - c. You become eligible for DHMO benefits under the terms of this group contract because of Your status as a new employee; or
 - d. You were covered under the terms of a dental plan and received orthodontic services which were not covered because that dental plan did not offer orthodontic coverage.

Upon receipt of a completed Continuing Orthodontic Form by Us, with all supporting documentation, We will accept liability for continuing payment of the remaining balance owed, up to a maximum of \$1,500 times the percentage of the total treatment remaining as of this group contract's Effective Date, subject to the section titled DENTAL BENEFITS: LIMITATIONS AND ADDITIONAL CHARGES and DENTAL BENEFITS: EXCLUSIONS. Continuing Orthodontic treatment will be available if You enroll within 30 days of the date You become eligible for benefits under the terms of this group contract.

Dental benefits: Exclusions

1. Any procedures not specifically listed as a Covered Service in this SCHEDULE OF BENEFITS or dental procedures or services performed solely for Cosmetic purposes (*unless specifically listed as a Covered Service in this SCHEDULE OF BENEFITS*), are not covered.
2. Covered Services must be performed by Your Selected General Dental Office or a SafeGuard Specialty Care Dentist to whom You are referred in accordance with the terms of Your evidence of coverage and SCHEDULE OF BENEFITS. Services performed by any Dentist not contracted with SafeGuard are not Covered Services, without prior approval by SafeGuard or Your Selected General Dentist, in accordance with the terms of Your evidence of coverage and SCHEDULE OF BENEFITS (*except for out-of-area emergency services*).
3. Dental procedures started prior to Your or Your Dependent's eligibility under this SCHEDULE OF BENEFITS or started after Your or Your Dependent's benefits have ended. For example, teeth prepared for Crowns, root canals in progress (*the tooth has been opened into the pulp (nerve chamber)*), or full or partial Dentures for which an impression has been taken.
4. Any dental services, or appliances, which are determined to be not reasonable and/or necessary for maintaining or improving You or Your Dependent's dental health, as determined by the Selected General Dentist, and Us based on generally accepted dental standards of care.
5. Orthognathic surgery.
6. Inpatient/outpatient hospital charges of any kind, including prescriptions or medications, except for palliative care for an Emergency Dental Condition. General anesthesia or IV sedation is not covered for any reason if rendered in an out patient facility or hospital. Dental charges will be covered, if the procedure performed is covered by the Plan.
7. Replacement of Dentures, Crowns, appliances or Bridgework that have been lost, stolen or damaged.
8. Treatment of malignancies, cysts, or neoplasms, unless specifically listed as a Covered Service in the SCHEDULE OF BENEFITS. Any services related to pathology laboratory fees.
9. Procedures, appliances, or restorations whose primary purpose is to change the vertical dimension of occlusion, correct congenital malformation, developmental, or medically induced dental disorders including, but not limited to, treatment of myofunctional, myoskeletal, or temporomandibular joint disorders unless otherwise specifically listed as a Covered Service in this SCHEDULE OF BENEFITS.
10. Dental services provided for or paid by a federal or state government agency or authority, political subdivision, or other public program other than Medicaid or Medicare.
11. Dental services required while serving in the armed forces of any country or international authority.
12. Dental services considered Experimental or Investigational in nature. If We make a determination that a Dental service is Experimental or Investigational in nature, this Adverse Determination may be appealed as described in the section titled APPEAL OF ADVERSE DETERMINATION in Your Evidence of Coverage.
13. Treatment required due to an accident from an external force, unless otherwise listed as Covered Service in this SCHEDULE OF BENEFITS.
14. The following are not included as Orthodontic benefits:
 - Repair or replacement of lost or broken appliances;
 - Retreatment of Orthodontic cases;
 - Treatment involving:
 - Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;
 - Hormonal imbalances or other factors affecting growth or developmental abnormalities;
 - Treatment related to temporomandibular joint disorders;
 - Composite or ceramic brackets, lingual adaptation of Orthodontic bands and other specialized or Cosmetic alternatives to standard fixed and removable Orthodontic appliances.
 - Invisalign services are excluded.