

TYPE 1 PROCEDURES
PAYMENT BASIS - NON PARTICIPATING PROVIDERS - Maximum Covered Expense
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

	Maximum Covered Expense
ROUTINE ORAL EVALUATION	
D0120 Periodic oral evaluation - established patient.	\$22.00
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver.	\$17.00
D0150 Comprehensive oral evaluation - new or established patient.	\$33.00
D0180 Comprehensive periodontal evaluation - new or established patient.	\$33.00
COMPREHENSIVE EVALUATION: D0150, D0180	
Coverage is limited to 1 of each of these procedures per provider.	
In addition, D0150, D0180 coverage is limited to 2 of any of these procedures per benefit period.	
D0120, D0145, also contribute(s) to this limitation.	
If frequency met, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.	
ROUTINE EVALUATION: D0120, D0145	
Coverage is limited to 2 of any of these procedures per benefit period.	
D0150, D0180, also contribute(s) to this limitation.	
Procedure D0120 will be considered for individuals age 3 and over. Procedure D0145 will be considered for individuals age 2 and under.	
BITEWINGS	
D0270 Bitewing - single radiographic image.	\$11.00
D0272 Bitewings - two radiographic images.	\$20.00
D0273 Bitewings - three radiographic images.	\$23.00
D0274 Bitewings - four radiographic images.	\$30.00
D0277 Vertical bitewings - 7 to 8 radiographic images.	\$46.00
BITEWINGS: D0270, D0272, D0273, D0274	
Coverage is limited to 2 of any of these procedures per benefit period.	
D0277, also contribute(s) to this limitation.	
The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.	
VERTICAL BITEWINGS: D0277	
Coverage is limited to 1 of any of these procedures per 3 year(s).	
The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.	
PROPHYLAXIS (CLEANING) AND FLUORIDE	
D1110 Prophylaxis - adult.	\$46.00
D1120 Prophylaxis - child.	\$32.00
D1206 Topical application of fluoride varnish.	\$18.00
D1208 Topical application of fluoride-excluding varnish.	\$18.00
D9932 Cleaning and inspection of removable complete denture, maxillary.	\$46.00
D9933 Cleaning and inspection of removable complete denture, mandibular.	\$46.00
D9934 Cleaning and inspection of removable partial denture, maxillary.	\$46.00
D9935 Cleaning and inspection of removable partial denture, mandibular.	\$46.00
FLUORIDE: D1206, D1208	
Coverage is limited to 1 of any of these procedures per benefit period.	
Benefits are considered for persons age 18 and under.	
PROPHYLAXIS: D1110, D1120	
Coverage is limited to 2 of any of these procedures per benefit period.	
D4346, D4910, also contribute(s) to this limitation.	
An adult prophylaxis (cleaning) is considered for individuals age 14 and over. A child prophylaxis (cleaning) is considered for individuals age 13 and under. Benefits for prophylaxis (cleaning) are not available when performed on the same date as periodontal procedures.	
CLEANING AND INSPECTION OF REMOVABLE DENTURE: D9932, D9933, D9934, D9935	
Coverage is limited to 2 of any of these procedures per benefit period.	

TYPE 1 PROCEDURES

Maximum Covered
Expense

Benefits are not available when performed on the same date as prophylaxis (cleaning) or periodontal maintenance.

SPACE MAINTAINERS

D1510	Space maintainer-fixed, unilateral-per quadrant.	\$162.00
D1516	Space maintainer - fixed - bilateral, maxillary.	\$266.00
D1517	Space maintainer - fixed - bilateral, mandibular.	\$266.00
D1520	Space maintainer-removable, unilateral-per quadrant.	\$254.00
D1526	Space maintainer - removable - bilateral, maxillary.	\$310.00
D1527	Space maintainer - removable - bilateral, mandibular.	\$310.00
D1551	Re-cement or re-bond bilateral space maintainer-maxillary.	\$33.00
D1552	Re-cement or re-bond bilateral space maintainer-mandibular.	\$33.00
D1553	Re-cement or re-bond unilateral space maintainer-per quadrant.	\$33.00
D1556	Removal of fixed unilateral space maintainer-per quadrant.	\$46.00
D1557	Removal of fixed bilateral space maintainer-maxillary.	\$46.00
D1558	Removal of fixed bilateral space maintainer-mandibular.	\$46.00
D1575	Distal shoe space maintainer - fixed, unilateral-per quadrant.	\$162.00

SPACE MAINTAINER: D1510, D1516, D1517, D1520, D1526, D1527, D1575

Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowances include all adjustments within 6 months of placement date.

APPLIANCE THERAPY

D8210	Removable appliance therapy.	\$245.00
D8220	Fixed appliance therapy.	\$245.00

APPLIANCE THERAPY: D8210, D8220

Coverage is limited to the correction of thumb-sucking.

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

	Maximum Covered Expense
LIMITED ORAL EVALUATION	
D0140 Limited oral evaluation - problem focused.	\$25.00
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit).	\$25.00
LIMITED ORAL EVALUATION: D0140, D0170	
Coverage is allowed for accidental injury only. If not due to an accident, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.	
COMPLETE SERIES OR PANORAMIC	
D0210 Intraoral - comprehensive series of radiographic images.	\$51.00
D0330 Panoramic radiographic image.	\$41.00
COMPLETE SERIES/PANORAMIC: D0210, D0330	
Coverage is limited to 1 of any of these procedures per 3 year(s).	
OTHER XRAYs	
D0220 Intraoral - periapical first radiographic image.	\$9.00
D0230 Intraoral - periapical each additional radiographic image.	\$7.00
D0240 Intraoral - occlusal radiographic image.	\$13.00
D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector.	\$16.00
D0251 Extra-oral posterior dental radiographic image.	\$16.00
PERIAPICAL: D0220, D0230	
The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.	
ORAL PATHOLOGY/LABORATORY	
D0472 Accession of tissue, gross examination, preparation and transmission of written report.	\$30.00
D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report.	\$59.00
D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.	\$59.00
ORAL PATHOLOGY LABORATORY: D0472, D0473, D0474	
Coverage is limited to 1 of any of these procedures per 12 month(s).	
Coverage is limited to 1 examination per biopsy/excision.	
SEALANTS AND CARIES MEDICAMENTS	
D1351 Sealant - per tooth.	\$19.00
D1352 Preventive resin restoration in a moderate to high caries risk patient-permanent.	\$19.00
D1353 Sealant repair - per tooth.	\$19.00
D1354 Application of caries arresting medicament-per tooth.	\$13.00
D1355 Caries preventive medicament application - per tooth.	\$13.00
SEALANT: D1351, D1352, D1353	
Coverage is limited to 1 of any of these procedures per 3 year(s).	
D1354, D1355, also contribute(s) to this limitation.	
Benefits are considered for persons age 16 and under.	
Benefits are considered on permanent molars only.	
Coverage is allowed on the occlusal surface only.	
AMALGAM RESTORATIONS (FILLINGS)	
D2140 Amalgam - one surface, primary or permanent.	\$43.00
D2150 Amalgam - two surfaces, primary or permanent.	\$54.00
D2160 Amalgam - three surfaces, primary or permanent.	\$66.00
D2161 Amalgam - four or more surfaces, primary or permanent.	\$79.00
AMALGAM RESTORATIONS: D2140, D2150, D2160, D2161	

TYPE 2 PROCEDURES

Maximum Covered
Expense

Coverage is limited to 1 of any of these procedures per 6 month(s).

D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990, D9911, also contribute(s) to this limitation.

RESIN RESTORATIONS (FILLINGS)

D2330	Resin-based composite - one surface, anterior.	\$52.00
D2331	Resin-based composite - two surfaces, anterior.	\$66.00
D2332	Resin-based composite - three surfaces, anterior.	\$82.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior).	\$91.00
D2391	Resin-based composite - one surface, posterior.	\$57.00
D2392	Resin-based composite - two surfaces, posterior.	\$72.00
D2393	Resin-based composite - three surfaces, posterior.	\$91.00
D2394	Resin-based composite - four or more surfaces, posterior.	\$100.00
D2410	Gold foil - one surface.	\$43.00
D2420	Gold foil - two surfaces.	\$54.00
D2430	Gold foil - three surfaces.	\$66.00
D2990	Resin infiltration of incipient smooth surface lesions.	\$52.00

COMPOSITE RESTORATIONS: D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990

Coverage is limited to 1 of any of these procedures per 6 month(s).

D2140, D2150, D2160, D2161, D9911, also contribute(s) to this limitation.

Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

GOLD FOIL RESTORATIONS: D2410, D2420, D2430

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

STAINLESS STEEL CROWN (PREFABRICATED CROWN)

D2390	Resin-based composite crown, anterior.	\$111.00
D2928	Prefabricated porcelain/ceramic crown - permanent tooth.	\$102.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth.	\$102.00
D2930	Prefabricated stainless steel crown - primary tooth.	\$93.00
D2931	Prefabricated stainless steel crown - permanent tooth.	\$99.00
D2932	Prefabricated resin crown.	\$111.00
D2933	Prefabricated stainless steel crown with resin window.	\$111.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth.	\$111.00

STAINLESS STEEL CROWN: D2390, D2928, D2929, D2930, D2931, D2932, D2933, D2934

Replacement is limited to 1 of any of these procedures per 12 month(s).

Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

RECEMENT

D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.	\$34.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core.	\$17.00
D2920	Re-cement or re-bond crown.	\$34.00
D2921	Reattachment of tooth fragment, incisal edge or cusp.	\$82.00
D6092	Re-cement or re-bond implant/abutment supported crown.	\$34.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture.	\$34.00
D6930	Re-cement or re-bond fixed partial denture.	\$47.00

SEDATIVE FILLING

D2940	Protective restoration.	\$32.00
D2941	Interim therapeutic restoration - primary dentition.	\$24.00

FULL MOUTH DEBRIDEMENT

D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.	\$53.00
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FULL MOUTH DEBRIDEMENT: D4355

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

PERIODONTAL MAINTENANCE

TYPE 2 PROCEDURES

	Maximum Covered Expense
D4346 Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.	\$37.00
D4910 Periodontal maintenance.	\$54.00
PERIODONTAL MAINTENANCE: D4346, D4910	
Coverage is limited to 2 of any of these procedures per benefit period.	
D1110, D1120, also contribute(s) to this limitation.	
Benefits are not available if performed on the same date as any other periodontal service.	
Procedure D4910 is contingent upon evidence of full mouth active periodontal therapy.	
Procedure D4346 is limited to persons age 14 and over.	
DENTURE REPAIR	
D5511 Repair broken complete denture base, mandibular.	\$54.00
D5512 Repair broken complete denture base, maxillary.	\$54.00
D5520 Replace missing or broken teeth - complete denture (each tooth).	\$45.00
D5611 Repair resin partial denture base, mandibular.	\$54.00
D5612 Repair resin partial denture base, maxillary.	\$54.00
D5621 Repair cast partial framework, mandibular.	\$64.00
D5622 Repair cast partial framework, maxillary.	\$64.00
D5630 Repair or replace broken retentive/clasping materials per tooth.	\$67.00
D5640 Replace broken teeth - per tooth.	\$48.00
DENTURE RELINES	
D5730 Reline complete maxillary denture (direct).	\$100.00
D5731 Reline complete mandibular denture (direct).	\$100.00
D5740 Reline maxillary partial denture (direct).	\$90.00
D5741 Reline mandibular partial denture (direct).	\$90.00
D5750 Reline complete maxillary denture (indirect).	\$149.00
D5751 Reline complete mandibular denture (indirect).	\$146.00
D5760 Reline maxillary partial denture (indirect).	\$149.00
D5761 Reline mandibular partial denture (indirect).	\$150.00
D5765 Soft liner for complete or partial removable denture-indirect.	\$149.00
DENTURE RELINE: D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5765	
Coverage is limited to service dates more than 6 months after placement date.	
NON-SURGICAL EXTRACTIONS	
D7111 Extraction, coronal remnants - primary tooth.	\$48.00
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal).	\$48.00
SURGICAL EXTRACTIONS	
D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.	\$92.00
D7220 Removal of impacted tooth - soft tissue.	\$115.00
D7230 Removal of impacted tooth - partially bony.	\$153.00
D7240 Removal of impacted tooth - completely bony.	\$179.00
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications.	\$204.00
D7250 Removal of residual tooth roots (cutting procedure).	\$96.00
D7251 Coronectomy - intentional partial tooth removal, impacted teeth only.	\$179.00
OTHER ORAL SURGERY	
D7260 Oroantral fistula closure.	\$226.00
D7261 Primary closure of a sinus perforation.	\$226.00
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.	\$137.00
D7272 Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization).	\$137.00
D7280 Exposure of an unerupted tooth.	\$212.00
D7282 Mobilization of erupted or malpositioned tooth to aid eruption.	\$153.00
D7283 Placement of device to facilitate eruption of impacted tooth.	\$64.00
D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.	\$80.00

TYPE 2 PROCEDURES

	Maximum Covered Expense
D7311 Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.	\$40.00
D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.	\$101.00
D7321 Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.	\$51.00
D7340 Vestibuloplasty - ridge extension (secondary epithelialization).	\$146.00
D7350 Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).	\$363.00
D7410 Excision of benign lesion up to 1.25 cm.	\$145.00
D7411 Excision of benign lesion greater than 1.25 cm.	\$186.00
D7412 Excision of benign lesion, complicated.	\$204.00
D7413 Excision of malignant lesion up to 1.25 cm.	\$196.00
D7414 Excision of malignant lesion greater than 1.25 cm.	\$143.00
D7415 Excision of malignant lesion, complicated.	\$158.00
D7440 Excision of malignant tumor - lesion diameter up to 1.25 cm.	\$196.00
D7441 Excision of malignant tumor - lesion diameter greater than 1.25 cm.	\$143.00
D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.	\$145.00
D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.	\$186.00
D7460 Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm.	\$145.00
D7461 Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm.	\$186.00
D7465 Destruction of lesion(s) by physical or chemical method, by report.	\$44.00
D7471 Removal of lateral exostosis (maxilla or mandible).	\$129.00
D7472 Removal of torus palatinus.	\$129.00
D7473 Removal of torus mandibularis.	\$129.00
D7485 Reduction of osseous tuberosity.	\$210.00
D7490 Radical resection of maxilla or mandible.	\$196.00
D7509 Marsupialization of odontogenic cyst.	\$65.00
D7510 Incision and drainage of abscess - intraoral soft tissue.	\$65.00
D7520 Incision and drainage of abscess - extraoral soft tissue.	\$75.00
D7530 Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.	\$59.00
D7540 Removal of reaction producing foreign bodies, musculoskeletal system.	\$163.00
D7550 Partial ostectomy/sequestrectomy for removal of non-vital bone.	\$163.00
D7560 Maxillary sinusotomy for removal of tooth fragment or foreign body.	\$215.00
D7910 Suture of recent small wounds up to 5 cm.	\$29.00
D7911 Complicated suture - up to 5 cm.	\$32.00
D7912 Complicated suture - greater than 5 cm.	\$47.00
D7961 Buccal/labial frenectomy (frenulectomy).	\$156.00
D7962 Lingual frenectomy (frenulectomy).	\$156.00
D7963 Frenuloplasty.	\$194.00
D7970 Excision of hyperplastic tissue - per arch.	\$120.00
D7972 Surgical reduction of fibrous tuberosity.	\$191.00
D7979 Non-surgical sialolithotomy.	\$90.00
D7980 Surgical sialolithotomy.	\$179.00
D7983 Closure of salivary fistula.	\$57.00

REMOVAL OF BONE TISSUE: D7471, D7472, D7473

Coverage is limited to 5 of any of these procedures per lifetime.

BIOPSY OF ORAL TISSUE

D7285 Incisional biopsy of oral tissue - hard (bone, tooth).	\$194.00
D7286 Incisional biopsy of oral tissue - soft.	\$105.00
D7287 Exfoliative cytological sample collection.	\$52.00
D7288 Brush biopsy - transepithelial sample collection.	\$52.00

PALLIATIVE

D9110 Palliative treatment of dental pain - per visit.	\$36.00
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PALLIATIVE TREATMENT: D9110

Not covered in conjunction with other procedures, except diagnostic x-ray radiographic images.

ANESTHESIA-GENERAL/IV

D9219 Evaluation for moderate sedation, deep sedation or general anesthesia.	\$27.00
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TYPE 2 PROCEDURES

	Maximum Covered Expense
D9222 Deep sedation/general anesthesia - first 15 minutes.	\$55.00
D9223 Deep sedation/general anesthesia - each subsequent 15 minute increment.	\$55.00
D9239 Intravenous moderate (conscious) sedation/analgesia - first 15 minutes.	\$46.00
D9243 Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.	\$46.00
GENERAL ANESTHESIA: D9222, D9223, D9239, D9243	

Coverage is only available with a cutting procedure. A maximum of four (D9222, D9223, D9239 or D9243) will be considered.

PROFESSIONAL CONSULT/VISIT/SERVICES

D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician.	\$37.00
D9430 Office visit for observation (during regularly scheduled hours) - no other services performed.	\$25.00
D9440 Office visit - after regularly scheduled hours.	\$44.00
D9930 Treatment of complications (post-surgical) - unusual circumstances, by report.	\$27.00

CONSULTATION: D9310

Coverage is limited to 1 of any of these procedures per provider.

OFFICE VISIT: D9430, D9440

Procedure D9430 is allowed for accidental injury only. Procedure D9440 will be allowed on the basis of services rendered or visit, whichever is greater.

MISCELLANEOUS

D0486 Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report.	\$30.00
D2951 Pin retention - per tooth, in addition to restoration.	\$16.00
D9911 Application of desensitizing resin for cervical and/or root surfaces, per tooth.	\$52.00

DESENSITIZATION: D9911

Coverage is limited to 1 of any of these procedures per 6 month(s).

D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990, also contribute(s) to this limitation.

Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

TYPE 3 PROCEDURES
PAYMENT BASIS - NON PARTICIPATING PROVIDERS - Maximum Covered Expense
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

	Maximum Covered Expense
INLAY RESTORATIONS	
D2510 Inlay - metallic - one surface.	\$191.00
D2520 Inlay - metallic - two surfaces.	\$227.00
D2530 Inlay - metallic - three or more surfaces.	\$244.00
D2610 Inlay - porcelain/ceramic - one surface.	\$210.00
D2620 Inlay - porcelain/ceramic - two surfaces.	\$229.00
D2630 Inlay - porcelain/ceramic - three or more surfaces.	\$250.00
D2650 Inlay - resin-based composite - one surface.	\$218.00
D2651 Inlay - resin-based composite - two surfaces.	\$215.00
D2652 Inlay - resin-based composite - three or more surfaces.	\$223.00
INLAY: D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652	
Inlays will be considered at an alternate benefit of an amalgam/composite restoration and only when resulting from caries (tooth decay) or traumatic injury.	
ONLAY RESTORATIONS	
D2542 Onlay - metallic - two surfaces.	\$247.00
D2543 Onlay - metallic - three surfaces.	\$276.00
D2544 Onlay - metallic - four or more surfaces.	\$287.00
D2642 Onlay - porcelain/ceramic - two surfaces.	\$247.00
D2643 Onlay - porcelain/ceramic - three surfaces.	\$277.00
D2644 Onlay - porcelain/ceramic - four or more surfaces.	\$285.00
D2662 Onlay - resin-based composite - two surfaces.	\$232.00
D2663 Onlay - resin-based composite - three surfaces.	\$239.00
D2664 Onlay - resin-based composite - four or more surfaces.	\$254.00
ONLAY: D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664	
Replacement is limited to 1 of any of these procedures per 5 year(s).	
D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794, also contribute(s) to this limitation.	
Frequency is waived for accidental injury.	
Porcelain and resin benefits are considered for anterior and bicuspid teeth only.	
Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.	
Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.	
CROWNS SINGLE RESTORATIONS	
D2710 Crown - resin-based composite (indirect).	\$108.00
D2712 Crown - 3/4 resin-based composite (indirect).	\$268.00
D2720 Crown - resin with high noble metal.	\$276.00
D2721 Crown - resin with predominantly base metal.	\$210.00
D2722 Crown - resin with noble metal.	\$258.00
D2740 Crown - porcelain/ceramic.	\$298.00
D2750 Crown - porcelain fused to high noble metal.	\$289.00
D2751 Crown - porcelain fused to predominantly base metal.	\$248.00
D2752 Crown - porcelain fused to noble metal.	\$266.00
D2753 Crown-porcelain fused to titanium and titanium alloys.	\$266.00
D2780 Crown - 3/4 cast high noble metal.	\$275.00
D2781 Crown - 3/4 cast predominantly base metal.	\$239.00
D2782 Crown - 3/4 cast noble metal.	\$250.00
D2783 Crown - 3/4 porcelain/ceramic.	\$298.00

TYPE 3 PROCEDURES

	Maximum Covered Expense
D2790 Crown - full cast high noble metal.	\$275.00
D2791 Crown - full cast predominantly base metal.	\$239.00
D2792 Crown - full cast noble metal.	\$250.00
D2794 Crown - titanium and titanium alloys.	\$275.00
CROWN: D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794	
Replacement is limited to 1 of any of these procedures per 5 year(s).	
D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794, also contribute(s) to this limitation.	
Frequency is waived for accidental injury.	
Porcelain and resin benefits are considered for anterior and bicuspid teeth only.	
Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.	
Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.	
CORE BUILD-UP	
D2950 Core buildup, including any pins when required.	\$60.00
CORE BUILDUP: D2950	
A pretreatment is strongly suggested for D2950. This is reviewed by our dental consultants and benefits are allowed when diagnostic data indicates significant tooth structure loss.	
POST AND CORE	
D2952 Post and core in addition to crown, indirectly fabricated.	\$95.00
D2954 Prefabricated post and core in addition to crown.	\$79.00
FIXED CROWN AND PARTIAL DENTURE REPAIR	
D2980 Crown repair necessitated by restorative material failure.	\$48.00
D2981 Inlay repair necessitated by restorative material failure.	\$38.00
D2982 Onlay repair necessitated by restorative material failure.	\$38.00
D2983 Veneer repair necessitated by restorative material failure.	\$38.00
D6980 Fixed partial denture repair necessitated by restorative material failure.	\$54.00
D9120 Fixed partial denture sectioning.	\$54.00
ENDODONTICS MISCELLANEOUS	
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.	\$38.00
D3221 Pulpal debridement, primary and permanent teeth.	\$38.00
D3222 Partial Pulpotomy for apexogenesis - permanent tooth with incomplete root development.	\$57.00
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).	\$50.00
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration).	\$44.00
D3333 Internal root repair of perforation defects.	\$62.00
D3351 Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.).	\$62.00
D3352 Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.).	\$42.00
D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.).	\$123.00
D3357 Pulpal regeneration - completion of treatment.	\$123.00
D3430 Retrograde filling - per root.	\$49.00
D3450 Root amputation - per root.	\$115.00
D3920 Hemisection (including any root removal), not including root canal therapy.	\$98.00
D3921 Decoronation or submergence of an erupted tooth.	\$31.00
ENDODONTICS MISCELLANEOUS: D3333, D3430, D3450, D3920, D3921	
Procedure D3333 is limited to permanent teeth only.	

TYPE 3 PROCEDURES

Maximum Covered
Expense

ENDODONTIC THERAPY (ROOT CANALS)

D3310	Endodontic therapy, anterior tooth.	\$173.00
D3320	Endodontic therapy, premolar tooth (excluding final restorations).	\$204.00
D3330	Endodontic therapy, molar tooth (excluding final restorations).	\$267.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.	\$102.00
D3346	Retreatment of previous root canal therapy - anterior.	\$215.00
D3347	Retreatment of previous root canal therapy - premolar.	\$248.00
D3348	Retreatment of previous root canal therapy - molar.	\$308.00

ROOT CANALS: D3310, D3320, D3330, D3332

Benefits are considered on permanent teeth only.

Allowances include intraoperative radiographic images and cultures but exclude final restoration.

RETREATMENT OF ROOT CANAL: D3346, D3347, D3348

Coverage is limited to 1 of any of these procedures per 12 month(s).

D3310, D3320, D3330, also contribute(s) to this limitation.

Benefits are considered on permanent teeth only.

Coverage is limited to service dates more than 12 months after root canal therapy. Allowances include intraoperative radiographic images and cultures but exclude final restoration.

SURGICAL ENDODONTICS

D3355	Pulpal regeneration - initial visit.	\$62.00
D3356	Pulpal regeneration - interim medication replacement.	\$42.00
D3410	Apicoectomy - anterior.	\$178.00
D3421	Apicoectomy - premolar (first root).	\$205.00
D3425	Apicoectomy - molar (first root).	\$222.00
D3426	Apicoectomy (each additional root).	\$79.00
D3471	Surgical repair of root resorption - anterior.	\$159.00
D3472	Surgical repair of root resorption - premolar.	\$160.00
D3473	Surgical repair of root resorption - molar.	\$162.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.	\$79.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.	\$80.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar.	\$82.00

SURGICAL PERIODONTICS

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.	\$113.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.	\$57.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.	\$155.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.	\$78.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.	\$284.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.	\$142.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant.	\$93.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant.	\$70.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site.	\$46.00
D4270	Pedicle soft tissue graft procedure.	\$209.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft.	\$258.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area).	\$124.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft.	\$221.00
D4276	Combined connective tissue and pedicle graft, per tooth.	\$258.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft.	\$222.00

TYPE 3 PROCEDURES

	Maximum Covered Expense
D4278 Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site.	\$88.00
D4283 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site.	\$258.00
D4285 Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site.	\$100.00
BONE GRAFTS: D4263, D4264, D4265	
Each quadrant is limited to 1 of each of these procedures per 3 year(s).	
Coverage is limited to treatment of periodontal disease.	
GINGIVECTOMY: D4210, D4211	
Each quadrant is limited to 1 of each of these procedures per 3 year(s).	
Coverage is limited to treatment of periodontal disease.	
OSSEOUS SURGERY: D4240, D4241, D4260, D4261	
Each quadrant is limited to 1 of each of these procedures per 3 year(s).	
Coverage is limited to treatment of periodontal disease.	
TISSUE GRAFTS: D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285	
Each quadrant is limited to 2 of any of these procedures per 3 year(s).	
Coverage is limited to treatment of periodontal disease.	
CROWN LENGTHENING	
D4249 Clinical crown lengthening - hard tissue.	\$171.00
NON-SURGICAL PERIODONTICS	
D4341 Periodontal scaling and root planing - four or more teeth per quadrant.	\$58.00
D4342 Periodontal scaling and root planing - one to three teeth, per quadrant.	\$29.00
D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.	\$43.00
ANTIMICROBIAL AGENTS: D4381	
Each quadrant is limited to 2 of any of these procedures per 2 year(s).	
PERIODONTAL SCALING & ROOT PLANING: D4341, D4342	
Each quadrant is limited to 1 of each of these procedures per 2 year(s).	
PROSTHODONTICS - FIXED/REMOVABLE (DENTURES)	
D5110 Complete denture - maxillary.	\$308.00
D5120 Complete denture - mandibular.	\$299.00
D5130 Immediate denture - maxillary.	\$334.00
D5140 Immediate denture - mandibular.	\$323.00
D5211 Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth).	\$222.00
D5212 Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth).	\$257.00
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).	\$357.00
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).	\$357.00
D5221 Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth).	\$222.00
D5222 Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth).	\$257.00
D5223 Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).	\$357.00
D5224 Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).	\$357.00
D5225 Maxillary partial denture-flexible base (including retentive/clasping materials, rests, and teeth).	\$222.00
D5226 Mandibular partial denture-flexible base (including retentive/clasping materials, rests, and teeth).	\$257.00
D5227 Immediate maxillary partial denture-flexible base (including any clasps, rests and teeth).	\$222.00

TYPE 3 PROCEDURES

	Maximum Covered Expense
D5228 Immediate mandibular partial denture-flexible base(including any clasps, rests and teeth).	\$257.00
D5282 Removable unilateral partial denture-one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary.	\$191.00
D5283 Removable unilateral partial denture-one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular.	\$191.00
D5284 Removable unilateral partial denture-one piece flexible base (including retentive/clasping materials, rests, and teeth)-per quadrant.	\$191.00
D5286 Removable unilateral partial denture-one piece resin (including retentive/clasping materials, rests, and teeth)-per quadrant.	\$191.00
D5670 Replace all teeth and acrylic on cast metal framework (maxillary).	\$222.00
D5671 Replace all teeth and acrylic on cast metal framework (mandibular).	\$257.00
D5810 Interim complete denture (maxillary).	\$136.00
D5811 Interim complete denture (mandibular).	\$143.00
D5820 Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary.	\$120.00
D5821 Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular.	\$126.00
D5863 Overdenture - complete maxillary.	\$308.00
D5864 Overdenture - partial maxillary.	\$357.00
D5865 Overdenture - complete mandibular.	\$308.00
D5866 Overdenture - partial mandibular.	\$357.00
D5876 Add metal substructure to acrylic full denture (per arch).	\$101.00
D6110 Implant/abutment supported removable denture for edentulous arch - maxillary.	\$308.00
D6111 Implant/abutment supported removable denture for edentulous arch - mandibular.	\$308.00
D6112 Implant/abutment supported removable denture for partially edentulous arch - maxillary.	\$357.00
D6113 Implant/abutment supported removable denture for partially edentulous arch - mandibular.	\$357.00
D6114 Implant/abutment supported fixed denture for edentulous arch - maxillary.	\$308.00
D6115 Implant/abutment supported fixed denture for edentulous arch - mandibular.	\$308.00
D6116 Implant/abutment supported fixed denture for partially edentulous arch - maxillary.	\$357.00
D6117 Implant/abutment supported fixed denture for partially edentulous arch - mandibular.	\$357.00
D6118 Implant/abutment supported interim fixed denture for edentulous arch - mandibular.	\$143.00
D6119 Implant/abutment supported interim fixed denture for edentulous arch - maxillary.	\$136.00

COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115

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

Frequency is waived for accidental injury.

Allowances include adjustments within 6 months after placement date. Procedures D5863, D5865, D6110, D6111, D6114 and D6115 are considered at an alternate benefit of a D5110/D5120. Benefits for procedure D5876 is contingent upon the related denture being covered.

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117

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

Frequency is waived for accidental injury.

Allowances include adjustments within 6 months of placement date. Procedures D5864, D5866, D6112, D6113, D6116 and D6117 are considered at an alternate benefit of a D5213/D5214.

DENTURE ADJUSTMENTS

D5410 Adjust complete denture - maxillary.	\$17.00
D5411 Adjust complete denture - mandibular.	\$16.00
D5421 Adjust partial denture - maxillary.	\$18.00
D5422 Adjust partial denture - mandibular.	\$17.00

DENTURE ADJUSTMENT: D5410, D5411, D5421, D5422

Coverage is limited to dates of service more than 6 months after placement date.

ADD TOOTH/CLASP TO EXISTING PARTIAL

D5650 Add tooth to existing partial denture.	\$40.00
D5660 Add clasp to existing partial denture-per tooth.	\$46.00

DENTURE REBASES

D5710 Rebase complete maxillary denture.	\$112.00
D5711 Rebase complete mandibular denture.	\$119.00

TYPE 3 PROCEDURES

Maximum Covered
Expense

D5720	Rebase maxillary partial denture.	\$107.00
D5721	Rebase mandibular partial denture.	\$113.00
D5725	Rebase hybrid prosthesis.	\$90.00

TISSUE CONDITIONING

D5850	Tissue conditioning, maxillary.	\$31.00
D5851	Tissue conditioning, mandibular.	\$34.00

PROSTHODONTICS - FIXED

D6058	Abutment supported porcelain/ceramic crown.	\$257.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal).	\$280.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal).	\$280.00
D6061	Abutment supported porcelain fused to metal crown (noble metal).	\$257.00
D6062	Abutment supported cast metal crown (high noble metal).	\$280.00
D6063	Abutment supported cast metal crown (predominantly base metal).	\$280.00
D6064	Abutment supported cast metal crown (noble metal).	\$304.00
D6065	Implant supported porcelain/ceramic crown.	\$257.00
D6066	Implant supported crown - porcelain fused to high noble alloys.	\$280.00
D6067	Implant supported crown - high noble alloys.	\$280.00
D6068	Abutment supported retainer for porcelain/ceramic FPD.	\$257.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal).	\$280.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).	\$280.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal).	\$257.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal).	\$280.00
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal).	\$280.00
D6074	Abutment supported retainer for cast metal FPD (noble metal).	\$304.00
D6075	Implant supported retainer for ceramic FPD.	\$257.00
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys.	\$280.00
D6077	Implant supported retainer for metal FPD - high noble alloy.	\$280.00
D6082	Implant supported crown-porcelain fused to predominantly base alloys.	\$211.00
D6083	Implant supported crown-porcelain fused to noble alloys.	\$231.00
D6084	Implant supported crown-porcelain fused to titanium and titanium alloys.	\$231.00
D6086	Implant supported crown-predominantly base alloys.	\$211.00
D6087	Implant supported crown-noble alloys.	\$231.00
D6088	Implant supported crown-titanium and titanium alloys.	\$231.00
D6094	Abutment supported crown - titanium and titanium alloys.	\$280.00
D6097	Abutment supported crown-porcelain fused to titanium and titanium alloys.	\$231.00
D6098	Implant supported retainer-porcelain fused to predominantly base alloys.	\$211.00
D6099	Implant supported retainer for FPD-porcelain fused to noble alloys.	\$231.00
D6120	Implant supported retainer-porcelain fused to titanium and titanium alloys.	\$231.00
D6121	Implant supported retainer for metal FPD-predominantly base alloys.	\$211.00
D6122	Implant supported retainer for metal FPD-noble alloys.	\$231.00
D6123	Implant supported retainer for metal FPD-titanium and titanium alloys.	\$231.00
D6194	Abutment supported retainer crown for FPD - titanium and titanium alloys.	\$280.00
D6195	Abutment supported retainer-porcelain fused to titanium and titanium alloys.	\$231.00
D6205	Pontic - indirect resin based composite.	\$231.00
D6210	Pontic - cast high noble metal.	\$280.00
D6211	Pontic - cast predominantly base metal.	\$280.00
D6212	Pontic - cast noble metal.	\$304.00
D6214	Pontic - titanium and titanium alloys.	\$280.00
D6240	Pontic - porcelain fused to high noble metal.	\$280.00
D6241	Pontic - porcelain fused to predominantly base metal.	\$280.00
D6242	Pontic - porcelain fused to noble metal.	\$257.00
D6243	Pontic-porcelain fused to titanium and titanium alloys.	\$231.00
D6245	Pontic - porcelain/ceramic.	\$257.00
D6250	Pontic - resin with high noble metal.	\$280.00
D6251	Pontic - resin with predominantly base metal.	\$257.00
D6252	Pontic - resin with noble metal.	\$304.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis.	\$93.00
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis.	\$93.00

TYPE 3 PROCEDURES

	Maximum Covered Expense
D6549 Resin retainer - for resin bonded fixed prosthesis.	\$93.00
D6600 Retainer inlay - porcelain/ceramic, two surfaces.	\$229.00
D6601 Retainer inlay - porcelain/ceramic, three or more surfaces.	\$251.00
D6602 Retainer inlay - cast high noble metal, two surfaces.	\$206.00
D6603 Retainer inlay - cast high noble metal, three or more surfaces.	\$226.00
D6604 Retainer inlay - cast predominantly base metal, two surfaces.	\$178.00
D6605 Retainer inlay - cast predominantly base metal, three or more surfaces.	\$195.00
D6606 Retainer inlay - cast noble metal, two surfaces.	\$187.00
D6607 Retainer inlay - cast noble metal, three or more surfaces.	\$206.00
D6608 Retainer onlay - porcelain/ceramic, two surfaces.	\$247.00
D6609 Retainer onlay - porcelain/ceramic, three or more surfaces.	\$272.00
D6610 Retainer onlay - cast high noble metal, two surfaces.	\$226.00
D6611 Retainer onlay - cast high noble metal, three or more surfaces.	\$249.00
D6612 Retainer onlay - cast predominantly base metal, two surfaces.	\$195.00
D6613 Retainer onlay - cast predominantly base metal, three or more surfaces.	\$215.00
D6614 Retainer onlay - cast noble metal, two surfaces.	\$206.00
D6615 Retainer onlay - cast noble metal, three or more surfaces.	\$226.00
D6624 Retainer inlay - titanium.	\$226.00
D6634 Retainer onlay - titanium.	\$249.00
D6710 Retainer crown - indirect resin based composite.	\$231.00
D6720 Retainer crown - resin with high noble metal.	\$280.00
D6721 Retainer crown - resin with predominantly base metal.	\$145.00
D6722 Retainer crown - resin with noble metal.	\$234.00
D6740 Retainer crown - porcelain/ceramic.	\$257.00
D6750 Retainer crown - porcelain fused to high noble metal.	\$304.00
D6751 Retainer crown - porcelain fused to predominantly base metal.	\$280.00
D6752 Retainer crown - porcelain fused to noble metal.	\$257.00
D6753 Retainer crown-porcelain fused to titanium and titanium alloys.	\$231.00
D6780 Retainer crown - 3/4 cast high noble metal.	\$304.00
D6781 Retainer crown - 3/4 cast predominantly base metal.	\$280.00
D6782 Retainer crown - 3/4 cast noble metal.	\$257.00
D6783 Retainer crown - 3/4 porcelain/ceramic.	\$257.00
D6784 Retainer crown 3/4-titanium and titanium alloys.	\$231.00
D6790 Retainer crown - full cast high noble metal.	\$280.00
D6791 Retainer crown - full cast predominantly base metal.	\$280.00
D6792 Retainer crown - full cast noble metal.	\$257.00
D6794 Retainer crown - titanium and titanium alloys.	\$280.00
D6940 Stress breaker.	\$78.00

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

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

D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, also contribute(s) to this limitation.

Frequency is waived for accidental injury.

Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

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

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

D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794, also contribute(s) to this limitation.

Frequency is waived for accidental injury.

TYPE 3 PROCEDURES

Maximum Covered
Expense

Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

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

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

D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794, also contribute(s) to this limitation.

Frequency is waived for accidental injury.

Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

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

D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195, also contribute(s) to this limitation.

Frequency is waived for accidental injury.

Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

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

D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6194, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, also contribute(s) to this limitation.

Frequency is waived for accidental injury.

Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

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

D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, also contribute(s) to this limitation.

Frequency is waived for accidental injury.

Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

OCCLUSAL ADJUSTMENT

D9951	Occlusal adjustment - limited.	\$22.00
D9952	Occlusal adjustment - complete.	\$113.00

OCCLUSAL ADJUSTMENT: D9951, D9952

Coverage is considered only when performed in conjunction with periodontal procedures for the treatment of periodontal disease.

TYPE 1 PROCEDURES
PAYMENT BASIS - PARTICIPATING PROVIDERS - Maximum Covered Expense
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

	Maximum Covered Expense
ROUTINE ORAL EVALUATION	
D0120 Periodic oral evaluation - established patient.	\$22.00
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver.	\$17.00
D0150 Comprehensive oral evaluation - new or established patient.	\$33.00
D0180 Comprehensive periodontal evaluation - new or established patient.	\$33.00
COMPREHENSIVE EVALUATION: D0150, D0180	
Coverage is limited to 1 of each of these procedures per provider.	
In addition, D0150, D0180 coverage is limited to 2 of any of these procedures per benefit period.	
D0120, D0145, also contribute(s) to this limitation.	
If frequency met, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.	
ROUTINE EVALUATION: D0120, D0145	
Coverage is limited to 2 of any of these procedures per benefit period.	
D0150, D0180, also contribute(s) to this limitation.	
Procedure D0120 will be considered for individuals age 3 and over. Procedure D0145 will be considered for individuals age 2 and under.	
BITEWINGS	
D0270 Bitewing - single radiographic image.	\$11.00
D0272 Bitewings - two radiographic images.	\$20.00
D0273 Bitewings - three radiographic images.	\$23.00
D0274 Bitewings - four radiographic images.	\$30.00
D0277 Vertical bitewings - 7 to 8 radiographic images.	\$46.00
BITEWINGS: D0270, D0272, D0273, D0274	
Coverage is limited to 2 of any of these procedures per benefit period.	
D0277, also contribute(s) to this limitation.	
The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.	
VERTICAL BITEWINGS: D0277	
Coverage is limited to 1 of any of these procedures per 3 year(s).	
The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.	
PROPHYLAXIS (CLEANING) AND FLUORIDE	
D1110 Prophylaxis - adult.	\$46.00
D1120 Prophylaxis - child.	\$32.00
D1206 Topical application of fluoride varnish.	\$18.00
D1208 Topical application of fluoride-excluding varnish.	\$18.00
D9932 Cleaning and inspection of removable complete denture, maxillary.	\$46.00
D9933 Cleaning and inspection of removable complete denture, mandibular.	\$46.00
D9934 Cleaning and inspection of removable partial denture, maxillary.	\$46.00
D9935 Cleaning and inspection of removable partial denture, mandibular.	\$46.00
FLUORIDE: D1206, D1208	
Coverage is limited to 1 of any of these procedures per benefit period.	
Benefits are considered for persons age 18 and under.	
PROPHYLAXIS: D1110, D1120	
Coverage is limited to 2 of any of these procedures per benefit period.	
D4346, D4910, also contribute(s) to this limitation.	
An adult prophylaxis (cleaning) is considered for individuals age 14 and over. A child prophylaxis (cleaning) is considered for individuals age 13 and under. Benefits for prophylaxis (cleaning) are not available when performed on the same date as periodontal procedures.	
CLEANING AND INSPECTION OF REMOVABLE DENTURE: D9932, D9933, D9934, D9935	
Coverage is limited to 2 of any of these procedures per benefit period.	

TYPE 1 PROCEDURES

Maximum Covered
Expense

Benefits are not available when performed on the same date as prophylaxis (cleaning) or periodontal maintenance.

SPACE MAINTAINERS

D1510	Space maintainer-fixed, unilateral-per quadrant.	\$162.00
D1516	Space maintainer - fixed - bilateral, maxillary.	\$266.00
D1517	Space maintainer - fixed - bilateral, mandibular.	\$266.00
D1520	Space maintainer-removable, unilateral-per quadrant.	\$254.00
D1526	Space maintainer - removable - bilateral, maxillary.	\$310.00
D1527	Space maintainer - removable - bilateral, mandibular.	\$310.00
D1551	Re-cement or re-bond bilateral space maintainer-maxillary.	\$33.00
D1552	Re-cement or re-bond bilateral space maintainer-mandibular.	\$33.00
D1553	Re-cement or re-bond unilateral space maintainer-per quadrant.	\$33.00
D1556	Removal of fixed unilateral space maintainer-per quadrant.	\$46.00
D1557	Removal of fixed bilateral space maintainer-maxillary.	\$46.00
D1558	Removal of fixed bilateral space maintainer-mandibular.	\$46.00
D1575	Distal shoe space maintainer - fixed, unilateral-per quadrant.	\$162.00

SPACE MAINTAINER: D1510, D1516, D1517, D1520, D1526, D1527, D1575

Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowances include all adjustments within 6 months of placement date.

APPLIANCE THERAPY

D8210	Removable appliance therapy.	\$245.00
D8220	Fixed appliance therapy.	\$245.00

APPLIANCE THERAPY: D8210, D8220

Coverage is limited to the correction of thumb-sucking.

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

	Maximum Covered Expense
LIMITED ORAL EVALUATION	
D0140 Limited oral evaluation - problem focused.	\$25.00
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit).	\$25.00
LIMITED ORAL EVALUATION: D0140, D0170	
Coverage is allowed for accidental injury only. If not due to an accident, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.	
COMPLETE SERIES OR PANORAMIC	
D0210 Intraoral - comprehensive series of radiographic images.	\$51.00
D0330 Panoramic radiographic image.	\$41.00
COMPLETE SERIES/PANORAMIC: D0210, D0330	
Coverage is limited to 1 of any of these procedures per 3 year(s).	
OTHER XRAYs	
D0220 Intraoral - periapical first radiographic image.	\$9.00
D0230 Intraoral - periapical each additional radiographic image.	\$7.00
D0240 Intraoral - occlusal radiographic image.	\$13.00
D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector.	\$16.00
D0251 Extra-oral posterior dental radiographic image.	\$16.00
PERIAPICAL: D0220, D0230	
The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.	
ORAL PATHOLOGY/LABORATORY	
D0472 Accession of tissue, gross examination, preparation and transmission of written report.	\$30.00
D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report.	\$59.00
D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.	\$59.00
ORAL PATHOLOGY LABORATORY: D0472, D0473, D0474	
Coverage is limited to 1 of any of these procedures per 12 month(s).	
Coverage is limited to 1 examination per biopsy/excision.	
SEALANTS AND CARIES MEDICAMENTS	
D1351 Sealant - per tooth.	\$19.00
D1352 Preventive resin restoration in a moderate to high caries risk patient-permanent.	\$19.00
D1353 Sealant repair - per tooth.	\$19.00
D1354 Application of caries arresting medicament-per tooth.	\$13.00
D1355 Caries preventive medicament application - per tooth.	\$13.00
SEALANT: D1351, D1352, D1353	
Coverage is limited to 1 of any of these procedures per 3 year(s).	
D1354, D1355, also contribute(s) to this limitation.	
Benefits are considered for persons age 16 and under.	
Benefits are considered on permanent molars only.	
Coverage is allowed on the occlusal surface only.	
AMALGAM RESTORATIONS (FILLINGS)	
D2140 Amalgam - one surface, primary or permanent.	\$43.00
D2150 Amalgam - two surfaces, primary or permanent.	\$54.00
D2160 Amalgam - three surfaces, primary or permanent.	\$66.00
D2161 Amalgam - four or more surfaces, primary or permanent.	\$79.00
AMALGAM RESTORATIONS: D2140, D2150, D2160, D2161	

TYPE 2 PROCEDURES

Maximum Covered
Expense

Coverage is limited to 1 of any of these procedures per 6 month(s).

D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990, D9911, also contribute(s) to this limitation.

RESIN RESTORATIONS (FILLINGS)

D2330	Resin-based composite - one surface, anterior.	\$52.00
D2331	Resin-based composite - two surfaces, anterior.	\$66.00
D2332	Resin-based composite - three surfaces, anterior.	\$82.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior).	\$91.00
D2391	Resin-based composite - one surface, posterior.	\$57.00
D2392	Resin-based composite - two surfaces, posterior.	\$72.00
D2393	Resin-based composite - three surfaces, posterior.	\$91.00
D2394	Resin-based composite - four or more surfaces, posterior.	\$100.00
D2410	Gold foil - one surface.	\$43.00
D2420	Gold foil - two surfaces.	\$54.00
D2430	Gold foil - three surfaces.	\$66.00
D2990	Resin infiltration of incipient smooth surface lesions.	\$52.00

COMPOSITE RESTORATIONS: D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990

Coverage is limited to 1 of any of these procedures per 6 month(s).

D2140, D2150, D2160, D2161, D9911, also contribute(s) to this limitation.

Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

GOLD FOIL RESTORATIONS: D2410, D2420, D2430

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

STAINLESS STEEL CROWN (PREFABRICATED CROWN)

D2390	Resin-based composite crown, anterior.	\$111.00
D2928	Prefabricated porcelain/ceramic crown - permanent tooth.	\$102.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth.	\$102.00
D2930	Prefabricated stainless steel crown - primary tooth.	\$93.00
D2931	Prefabricated stainless steel crown - permanent tooth.	\$99.00
D2932	Prefabricated resin crown.	\$111.00
D2933	Prefabricated stainless steel crown with resin window.	\$111.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth.	\$111.00

STAINLESS STEEL CROWN: D2390, D2928, D2929, D2930, D2931, D2932, D2933, D2934

Replacement is limited to 1 of any of these procedures per 12 month(s).

Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

RECEMENT

D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.	\$34.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core.	\$17.00
D2920	Re-cement or re-bond crown.	\$34.00
D2921	Reattachment of tooth fragment, incisal edge or cusp.	\$82.00
D6092	Re-cement or re-bond implant/abutment supported crown.	\$34.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture.	\$34.00
D6930	Re-cement or re-bond fixed partial denture.	\$47.00

SEDATIVE FILLING

D2940	Protective restoration.	\$32.00
D2941	Interim therapeutic restoration - primary dentition.	\$24.00

FULL MOUTH DEBRIDEMENT

D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit.	\$53.00
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FULL MOUTH DEBRIDEMENT: D4355

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

PERIODONTAL MAINTENANCE

TYPE 2 PROCEDURES

	Maximum Covered Expense
D4346 Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.	\$37.00
D4910 Periodontal maintenance.	\$54.00
PERIODONTAL MAINTENANCE: D4346, D4910	
Coverage is limited to 2 of any of these procedures per benefit period.	
D1110, D1120, also contribute(s) to this limitation.	
Benefits are not available if performed on the same date as any other periodontal service.	
Procedure D4910 is contingent upon evidence of full mouth active periodontal therapy.	
Procedure D4346 is limited to persons age 14 and over.	
DENTURE REPAIR	
D5511 Repair broken complete denture base, mandibular.	\$54.00
D5512 Repair broken complete denture base, maxillary.	\$54.00
D5520 Replace missing or broken teeth - complete denture (each tooth).	\$45.00
D5611 Repair resin partial denture base, mandibular.	\$54.00
D5612 Repair resin partial denture base, maxillary.	\$54.00
D5621 Repair cast partial framework, mandibular.	\$64.00
D5622 Repair cast partial framework, maxillary.	\$64.00
D5630 Repair or replace broken retentive/clasping materials per tooth.	\$67.00
D5640 Replace broken teeth - per tooth.	\$48.00
DENTURE RELINES	
D5730 Reline complete maxillary denture (direct).	\$100.00
D5731 Reline complete mandibular denture (direct).	\$100.00
D5740 Reline maxillary partial denture (direct).	\$90.00
D5741 Reline mandibular partial denture (direct).	\$90.00
D5750 Reline complete maxillary denture (indirect).	\$149.00
D5751 Reline complete mandibular denture (indirect).	\$146.00
D5760 Reline maxillary partial denture (indirect).	\$149.00
D5761 Reline mandibular partial denture (indirect).	\$150.00
D5765 Soft liner for complete or partial removable denture-indirect.	\$149.00
DENTURE RELINE: D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5765	
Coverage is limited to service dates more than 6 months after placement date.	
NON-SURGICAL EXTRACTIONS	
D7111 Extraction, coronal remnants - primary tooth.	\$48.00
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal).	\$48.00
SURGICAL EXTRACTIONS	
D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.	\$92.00
D7220 Removal of impacted tooth - soft tissue.	\$115.00
D7230 Removal of impacted tooth - partially bony.	\$153.00
D7240 Removal of impacted tooth - completely bony.	\$179.00
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications.	\$204.00
D7250 Removal of residual tooth roots (cutting procedure).	\$96.00
D7251 Coronectomy - intentional partial tooth removal, impacted teeth only.	\$179.00
OTHER ORAL SURGERY	
D7260 Oroantral fistula closure.	\$226.00
D7261 Primary closure of a sinus perforation.	\$226.00
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.	\$137.00
D7272 Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization).	\$137.00
D7280 Exposure of an unerupted tooth.	\$212.00
D7282 Mobilization of erupted or malpositioned tooth to aid eruption.	\$153.00
D7283 Placement of device to facilitate eruption of impacted tooth.	\$64.00
D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.	\$80.00

TYPE 2 PROCEDURES

	Maximum Covered Expense
D7311 Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.	\$40.00
D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.	\$101.00
D7321 Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.	\$51.00
D7340 Vestibuloplasty - ridge extension (secondary epithelialization).	\$146.00
D7350 Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).	\$363.00
D7410 Excision of benign lesion up to 1.25 cm.	\$145.00
D7411 Excision of benign lesion greater than 1.25 cm.	\$186.00
D7412 Excision of benign lesion, complicated.	\$204.00
D7413 Excision of malignant lesion up to 1.25 cm.	\$196.00
D7414 Excision of malignant lesion greater than 1.25 cm.	\$143.00
D7415 Excision of malignant lesion, complicated.	\$158.00
D7440 Excision of malignant tumor - lesion diameter up to 1.25 cm.	\$196.00
D7441 Excision of malignant tumor - lesion diameter greater than 1.25 cm.	\$143.00
D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.	\$145.00
D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.	\$186.00
D7460 Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm.	\$145.00
D7461 Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm.	\$186.00
D7465 Destruction of lesion(s) by physical or chemical method, by report.	\$44.00
D7471 Removal of lateral exostosis (maxilla or mandible).	\$129.00
D7472 Removal of torus palatinus.	\$129.00
D7473 Removal of torus mandibularis.	\$129.00
D7485 Reduction of osseous tuberosity.	\$210.00
D7490 Radical resection of maxilla or mandible.	\$196.00
D7509 Marsupialization of odontogenic cyst.	\$65.00
D7510 Incision and drainage of abscess - intraoral soft tissue.	\$65.00
D7520 Incision and drainage of abscess - extraoral soft tissue.	\$75.00
D7530 Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.	\$59.00
D7540 Removal of reaction producing foreign bodies, musculoskeletal system.	\$163.00
D7550 Partial ostectomy/sequestrectomy for removal of non-vital bone.	\$163.00
D7560 Maxillary sinusotomy for removal of tooth fragment or foreign body.	\$215.00
D7910 Suture of recent small wounds up to 5 cm.	\$29.00
D7911 Complicated suture - up to 5 cm.	\$32.00
D7912 Complicated suture - greater than 5 cm.	\$47.00
D7961 Buccal/labial frenectomy (frenulectomy).	\$156.00
D7962 Lingual frenectomy (frenulectomy).	\$156.00
D7963 Frenuloplasty.	\$194.00
D7970 Excision of hyperplastic tissue - per arch.	\$120.00
D7972 Surgical reduction of fibrous tuberosity.	\$191.00
D7979 Non-surgical sialolithotomy.	\$90.00
D7980 Surgical sialolithotomy.	\$179.00
D7983 Closure of salivary fistula.	\$57.00

REMOVAL OF BONE TISSUE: D7471, D7472, D7473

Coverage is limited to 5 of any of these procedures per lifetime.

BIOPSY OF ORAL TISSUE

D7285 Incisional biopsy of oral tissue - hard (bone, tooth).	\$194.00
D7286 Incisional biopsy of oral tissue - soft.	\$105.00
D7287 Exfoliative cytological sample collection.	\$52.00
D7288 Brush biopsy - transepithelial sample collection.	\$52.00

PALLIATIVE

D9110 Palliative treatment of dental pain - per visit.	\$36.00
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PALLIATIVE TREATMENT: D9110

Not covered in conjunction with other procedures, except diagnostic x-ray radiographic images.

ANESTHESIA-GENERAL/IV

D9219 Evaluation for moderate sedation, deep sedation or general anesthesia.	\$27.00
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TYPE 2 PROCEDURES

	Maximum Covered Expense
D9222 Deep sedation/general anesthesia - first 15 minutes.	\$55.00
D9223 Deep sedation/general anesthesia - each subsequent 15 minute increment.	\$55.00
D9239 Intravenous moderate (conscious) sedation/analgesia - first 15 minutes.	\$46.00
D9243 Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.	\$46.00
GENERAL ANESTHESIA: D9222, D9223, D9239, D9243	

Coverage is only available with a cutting procedure. A maximum of four (D9222, D9223, D9239 or D9243) will be considered.

PROFESSIONAL CONSULT/VISIT/SERVICES

D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician.	\$37.00
D9430 Office visit for observation (during regularly scheduled hours) - no other services performed.	\$25.00
D9440 Office visit - after regularly scheduled hours.	\$44.00
D9930 Treatment of complications (post-surgical) - unusual circumstances, by report.	\$27.00

CONSULTATION: D9310

Coverage is limited to 1 of any of these procedures per provider.

OFFICE VISIT: D9430, D9440

Procedure D9430 is allowed for accidental injury only. Procedure D9440 will be allowed on the basis of services rendered or visit, whichever is greater.

MISCELLANEOUS

D0486 Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report.	\$30.00
D2951 Pin retention - per tooth, in addition to restoration.	\$16.00
D9911 Application of desensitizing resin for cervical and/or root surfaces, per tooth.	\$52.00

DESENSITIZATION: D9911

Coverage is limited to 1 of any of these procedures per 6 month(s).

D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990, also contribute(s) to this limitation.

Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

TYPE 3 PROCEDURES
PAYMENT BASIS - PARTICIPATING PROVIDERS - Maximum Covered Expense
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

	Maximum Covered Expense
INLAY RESTORATIONS	
D2510 Inlay - metallic - one surface.	\$191.00
D2520 Inlay - metallic - two surfaces.	\$227.00
D2530 Inlay - metallic - three or more surfaces.	\$244.00
D2610 Inlay - porcelain/ceramic - one surface.	\$210.00
D2620 Inlay - porcelain/ceramic - two surfaces.	\$229.00
D2630 Inlay - porcelain/ceramic - three or more surfaces.	\$250.00
D2650 Inlay - resin-based composite - one surface.	\$218.00
D2651 Inlay - resin-based composite - two surfaces.	\$215.00
D2652 Inlay - resin-based composite - three or more surfaces.	\$223.00
INLAY: D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652	
Inlays will be considered at an alternate benefit of an amalgam/composite restoration and only when resulting from caries (tooth decay) or traumatic injury.	
ONLAY RESTORATIONS	
D2542 Onlay - metallic - two surfaces.	\$247.00
D2543 Onlay - metallic - three surfaces.	\$276.00
D2544 Onlay - metallic - four or more surfaces.	\$287.00
D2642 Onlay - porcelain/ceramic - two surfaces.	\$247.00
D2643 Onlay - porcelain/ceramic - three surfaces.	\$277.00
D2644 Onlay - porcelain/ceramic - four or more surfaces.	\$285.00
D2662 Onlay - resin-based composite - two surfaces.	\$232.00
D2663 Onlay - resin-based composite - three surfaces.	\$239.00
D2664 Onlay - resin-based composite - four or more surfaces.	\$254.00
ONLAY: D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664	
Replacement is limited to 1 of any of these procedures per 5 year(s).	
D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794, also contribute(s) to this limitation.	
Frequency is waived for accidental injury.	
Porcelain and resin benefits are considered for anterior and bicuspid teeth only.	
Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.	
Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.	
CROWNS SINGLE RESTORATIONS	
D2710 Crown - resin-based composite (indirect).	\$108.00
D2712 Crown - 3/4 resin-based composite (indirect).	\$268.00
D2720 Crown - resin with high noble metal.	\$276.00
D2721 Crown - resin with predominantly base metal.	\$210.00
D2722 Crown - resin with noble metal.	\$258.00
D2740 Crown - porcelain/ceramic.	\$298.00
D2750 Crown - porcelain fused to high noble metal.	\$289.00
D2751 Crown - porcelain fused to predominantly base metal.	\$248.00
D2752 Crown - porcelain fused to noble metal.	\$266.00
D2753 Crown-porcelain fused to titanium and titanium alloys.	\$266.00
D2780 Crown - 3/4 cast high noble metal.	\$275.00
D2781 Crown - 3/4 cast predominantly base metal.	\$239.00
D2782 Crown - 3/4 cast noble metal.	\$250.00
D2783 Crown - 3/4 porcelain/ceramic.	\$298.00

TYPE 3 PROCEDURES

	Maximum Covered Expense
D2790 Crown - full cast high noble metal.	\$275.00
D2791 Crown - full cast predominantly base metal.	\$239.00
D2792 Crown - full cast noble metal.	\$250.00
D2794 Crown - titanium and titanium alloys.	\$275.00
CROWN: D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794	
Replacement is limited to 1 of any of these procedures per 5 year(s).	
D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794, also contribute(s) to this limitation.	
Frequency is waived for accidental injury.	
Porcelain and resin benefits are considered for anterior and bicuspid teeth only.	
Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.	
Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.	
CORE BUILD-UP	
D2950 Core buildup, including any pins when required.	\$60.00
CORE BUILDUP: D2950	
A pretreatment is strongly suggested for D2950. This is reviewed by our dental consultants and benefits are allowed when diagnostic data indicates significant tooth structure loss.	
POST AND CORE	
D2952 Post and core in addition to crown, indirectly fabricated.	\$95.00
D2954 Prefabricated post and core in addition to crown.	\$79.00
FIXED CROWN AND PARTIAL DENTURE REPAIR	
D2980 Crown repair necessitated by restorative material failure.	\$48.00
D2981 Inlay repair necessitated by restorative material failure.	\$38.00
D2982 Onlay repair necessitated by restorative material failure.	\$38.00
D2983 Veneer repair necessitated by restorative material failure.	\$38.00
D6980 Fixed partial denture repair necessitated by restorative material failure.	\$54.00
D9120 Fixed partial denture sectioning.	\$54.00
ENDODONTICS MISCELLANEOUS	
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.	\$38.00
D3221 Pulpal debridement, primary and permanent teeth.	\$38.00
D3222 Partial Pulpotomy for apexogenesis - permanent tooth with incomplete root development.	\$57.00
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).	\$50.00
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration).	\$44.00
D3333 Internal root repair of perforation defects.	\$62.00
D3351 Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.).	\$62.00
D3352 Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.).	\$42.00
D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.).	\$123.00
D3357 Pulpal regeneration - completion of treatment.	\$123.00
D3430 Retrograde filling - per root.	\$49.00
D3450 Root amputation - per root.	\$115.00
D3920 Hemisection (including any root removal), not including root canal therapy.	\$98.00
D3921 Decoronation or submergence of an erupted tooth.	\$31.00
ENDODONTICS MISCELLANEOUS: D3333, D3430, D3450, D3920, D3921	
Procedure D3333 is limited to permanent teeth only.	

TYPE 3 PROCEDURES

	Maximum Covered Expense
ENDODONTIC THERAPY (ROOT CANALS)	
D3310 Endodontic therapy, anterior tooth.	\$173.00
D3320 Endodontic therapy, premolar tooth (excluding final restorations).	\$204.00
D3330 Endodontic therapy, molar tooth (excluding final restorations).	\$267.00
D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.	\$102.00
D3346 Retreatment of previous root canal therapy - anterior.	\$215.00
D3347 Retreatment of previous root canal therapy - premolar.	\$248.00
D3348 Retreatment of previous root canal therapy - molar.	\$308.00
ROOT CANALS: D3310, D3320, D3330, D3332	
Benefits are considered on permanent teeth only.	
Allowances include intraoperative radiographic images and cultures but exclude final restoration.	
RETREATMENT OF ROOT CANAL: D3346, D3347, D3348	
Coverage is limited to 1 of any of these procedures per 12 month(s).	
D3310, D3320, D3330, also contribute(s) to this limitation.	
Benefits are considered on permanent teeth only.	
Coverage is limited to service dates more than 12 months after root canal therapy. Allowances include intraoperative radiographic images and cultures but exclude final restoration.	
SURGICAL ENDODONTICS	
D3355 Pulpal regeneration - initial visit.	\$62.00
D3356 Pulpal regeneration - interim medication replacement.	\$42.00
D3410 Apicoectomy - anterior.	\$178.00
D3421 Apicoectomy - premolar (first root).	\$205.00
D3425 Apicoectomy - molar (first root).	\$222.00
D3426 Apicoectomy (each additional root).	\$79.00
D3471 Surgical repair of root resorption - anterior.	\$159.00
D3472 Surgical repair of root resorption - premolar.	\$160.00
D3473 Surgical repair of root resorption - molar.	\$162.00
D3501 Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.	\$79.00
D3502 Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.	\$80.00
D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption - molar.	\$82.00
SURGICAL PERIODONTICS	
D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.	\$113.00
D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.	\$57.00
D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.	\$155.00
D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.	\$78.00
D4260 Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.	\$284.00
D4261 Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.	\$142.00
D4263 Bone replacement graft - retained natural tooth - first site in quadrant.	\$93.00
D4264 Bone replacement graft - retained natural tooth - each additional site in quadrant.	\$70.00
D4265 Biologic materials to aid in soft and osseous tissue regeneration, per site.	\$46.00
D4270 Pedicle soft tissue graft procedure.	\$209.00
D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft.	\$258.00
D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area).	\$124.00
D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft.	\$221.00
D4276 Combined connective tissue and pedicle graft, per tooth.	\$258.00
D4277 Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft.	\$222.00

TYPE 3 PROCEDURES

	Maximum Covered Expense
D4278 Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site.	\$88.00
D4283 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site.	\$258.00
D4285 Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site.	\$100.00
BONE GRAFTS: D4263, D4264, D4265	
Each quadrant is limited to 1 of each of these procedures per 3 year(s).	
Coverage is limited to treatment of periodontal disease.	
GINGIVECTOMY: D4210, D4211	
Each quadrant is limited to 1 of each of these procedures per 3 year(s).	
Coverage is limited to treatment of periodontal disease.	
OSSEOUS SURGERY: D4240, D4241, D4260, D4261	
Each quadrant is limited to 1 of each of these procedures per 3 year(s).	
Coverage is limited to treatment of periodontal disease.	
TISSUE GRAFTS: D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285	
Each quadrant is limited to 2 of any of these procedures per 3 year(s).	
Coverage is limited to treatment of periodontal disease.	
CROWN LENGTHENING	
D4249 Clinical crown lengthening - hard tissue.	\$171.00
NON-SURGICAL PERIODONTICS	
D4341 Periodontal scaling and root planing - four or more teeth per quadrant.	\$58.00
D4342 Periodontal scaling and root planing - one to three teeth, per quadrant.	\$29.00
D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.	\$43.00
ANTIMICROBIAL AGENTS: D4381	
Each quadrant is limited to 2 of any of these procedures per 2 year(s).	
PERIODONTAL SCALING & ROOT PLANING: D4341, D4342	
Each quadrant is limited to 1 of each of these procedures per 2 year(s).	
PROSTHODONTICS - FIXED/REMOVABLE (DENTURES)	
D5110 Complete denture - maxillary.	\$308.00
D5120 Complete denture - mandibular.	\$299.00
D5130 Immediate denture - maxillary.	\$334.00
D5140 Immediate denture - mandibular.	\$323.00
D5211 Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth).	\$222.00
D5212 Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth).	\$257.00
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).	\$357.00
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).	\$357.00
D5221 Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth).	\$222.00
D5222 Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth).	\$257.00
D5223 Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).	\$357.00
D5224 Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).	\$357.00
D5225 Maxillary partial denture-flexible base (including retentive/clasping materials, rests, and teeth).	\$222.00
D5226 Mandibular partial denture-flexible base (including retentive/clasping materials, rests, and teeth).	\$257.00
D5227 Immediate maxillary partial denture-flexible base (including any clasps, rests and teeth).	\$222.00

TYPE 3 PROCEDURES

	Maximum Covered Expense
D5228 Immediate mandibular partial denture-flexible base(including any clasps, rests and teeth).	\$257.00
D5282 Removable unilateral partial denture-one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary.	\$191.00
D5283 Removable unilateral partial denture-one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular.	\$191.00
D5284 Removable unilateral partial denture-one piece flexible base (including retentive/clasping materials, rests, and teeth)-per quadrant.	\$191.00
D5286 Removable unilateral partial denture-one piece resin (including retentive/clasping materials, rests, and teeth)-per quadrant.	\$191.00
D5670 Replace all teeth and acrylic on cast metal framework (maxillary).	\$222.00
D5671 Replace all teeth and acrylic on cast metal framework (mandibular).	\$257.00
D5810 Interim complete denture (maxillary).	\$136.00
D5811 Interim complete denture (mandibular).	\$143.00
D5820 Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary.	\$120.00
D5821 Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular.	\$126.00
D5863 Overdenture - complete maxillary.	\$308.00
D5864 Overdenture - partial maxillary.	\$357.00
D5865 Overdenture - complete mandibular.	\$308.00
D5866 Overdenture - partial mandibular.	\$357.00
D5876 Add metal substructure to acrylic full denture (per arch).	\$101.00
D6110 Implant/abutment supported removable denture for edentulous arch - maxillary.	\$308.00
D6111 Implant/abutment supported removable denture for edentulous arch - mandibular.	\$308.00
D6112 Implant/abutment supported removable denture for partially edentulous arch - maxillary.	\$357.00
D6113 Implant/abutment supported removable denture for partially edentulous arch - mandibular.	\$357.00
D6114 Implant/abutment supported fixed denture for edentulous arch - maxillary.	\$308.00
D6115 Implant/abutment supported fixed denture for edentulous arch - mandibular.	\$308.00
D6116 Implant/abutment supported fixed denture for partially edentulous arch - maxillary.	\$357.00
D6117 Implant/abutment supported fixed denture for partially edentulous arch - mandibular.	\$357.00
D6118 Implant/abutment supported interim fixed denture for edentulous arch - mandibular.	\$143.00
D6119 Implant/abutment supported interim fixed denture for edentulous arch - maxillary.	\$136.00

COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115

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

Frequency is waived for accidental injury.

Allowances include adjustments within 6 months after placement date. Procedures D5863, D5865, D6110, D6111, D6114 and D6115 are considered at an alternate benefit of a D5110/D5120. Benefits for procedure D5876 is contingent upon the related denture being covered.

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117

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

Frequency is waived for accidental injury.

Allowances include adjustments within 6 months of placement date. Procedures D5864, D5866, D6112, D6113, D6116 and D6117 are considered at an alternate benefit of a D5213/D5214.

DENTURE ADJUSTMENTS

D5410 Adjust complete denture - maxillary.	\$17.00
D5411 Adjust complete denture - mandibular.	\$16.00
D5421 Adjust partial denture - maxillary.	\$18.00
D5422 Adjust partial denture - mandibular.	\$17.00

DENTURE ADJUSTMENT: D5410, D5411, D5421, D5422

Coverage is limited to dates of service more than 6 months after placement date.

ADD TOOTH/CLASP TO EXISTING PARTIAL

D5650 Add tooth to existing partial denture.	\$40.00
D5660 Add clasp to existing partial denture-per tooth.	\$46.00

DENTURE REBASES

D5710 Rebase complete maxillary denture.	\$112.00
D5711 Rebase complete mandibular denture.	\$119.00

TYPE 3 PROCEDURES

Maximum Covered
Expense

D5720	Rebase maxillary partial denture.	\$107.00
D5721	Rebase mandibular partial denture.	\$113.00
D5725	Rebase hybrid prosthesis.	\$90.00

TISSUE CONDITIONING

D5850	Tissue conditioning, maxillary.	\$31.00
D5851	Tissue conditioning, mandibular.	\$34.00

PROSTHODONTICS - FIXED

D6058	Abutment supported porcelain/ceramic crown.	\$257.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal).	\$280.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal).	\$280.00
D6061	Abutment supported porcelain fused to metal crown (noble metal).	\$257.00
D6062	Abutment supported cast metal crown (high noble metal).	\$280.00
D6063	Abutment supported cast metal crown (predominantly base metal).	\$280.00
D6064	Abutment supported cast metal crown (noble metal).	\$304.00
D6065	Implant supported porcelain/ceramic crown.	\$257.00
D6066	Implant supported crown - porcelain fused to high noble alloys.	\$280.00
D6067	Implant supported crown - high noble alloys.	\$280.00
D6068	Abutment supported retainer for porcelain/ceramic FPD.	\$257.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal).	\$280.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).	\$280.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal).	\$257.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal).	\$280.00
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal).	\$280.00
D6074	Abutment supported retainer for cast metal FPD (noble metal).	\$304.00
D6075	Implant supported retainer for ceramic FPD.	\$257.00
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys.	\$280.00
D6077	Implant supported retainer for metal FPD - high noble alloy.	\$280.00
D6082	Implant supported crown-porcelain fused to predominantly base alloys.	\$211.00
D6083	Implant supported crown-porcelain fused to noble alloys.	\$231.00
D6084	Implant supported crown-porcelain fused to titanium and titanium alloys.	\$231.00
D6086	Implant supported crown-predominantly base alloys.	\$211.00
D6087	Implant supported crown-noble alloys.	\$231.00
D6088	Implant supported crown-titanium and titanium alloys.	\$231.00
D6094	Abutment supported crown - titanium and titanium alloys.	\$280.00
D6097	Abutment supported crown-porcelain fused to titanium and titanium alloys.	\$231.00
D6098	Implant supported retainer-porcelain fused to predominantly base alloys.	\$211.00
D6099	Implant supported retainer for FPD-porcelain fused to noble alloys.	\$231.00
D6120	Implant supported retainer-porcelain fused to titanium and titanium alloys.	\$231.00
D6121	Implant supported retainer for metal FPD-predominantly base alloys.	\$211.00
D6122	Implant supported retainer for metal FPD-noble alloys.	\$231.00
D6123	Implant supported retainer for metal FPD-titanium and titanium alloys.	\$231.00
D6194	Abutment supported retainer crown for FPD - titanium and titanium alloys.	\$280.00
D6195	Abutment supported retainer-porcelain fused to titanium and titanium alloys.	\$231.00
D6205	Pontic - indirect resin based composite.	\$231.00
D6210	Pontic - cast high noble metal.	\$280.00
D6211	Pontic - cast predominantly base metal.	\$280.00
D6212	Pontic - cast noble metal.	\$304.00
D6214	Pontic - titanium and titanium alloys.	\$280.00
D6240	Pontic - porcelain fused to high noble metal.	\$280.00
D6241	Pontic - porcelain fused to predominantly base metal.	\$280.00
D6242	Pontic - porcelain fused to noble metal.	\$257.00
D6243	Pontic-porcelain fused to titanium and titanium alloys.	\$231.00
D6245	Pontic - porcelain/ceramic.	\$257.00
D6250	Pontic - resin with high noble metal.	\$280.00
D6251	Pontic - resin with predominantly base metal.	\$257.00
D6252	Pontic - resin with noble metal.	\$304.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis.	\$93.00
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis.	\$93.00

TYPE 3 PROCEDURES

	Maximum Covered Expense
D6549 Resin retainer - for resin bonded fixed prosthesis.	\$93.00
D6600 Retainer inlay - porcelain/ceramic, two surfaces.	\$229.00
D6601 Retainer inlay - porcelain/ceramic, three or more surfaces.	\$251.00
D6602 Retainer inlay - cast high noble metal, two surfaces.	\$206.00
D6603 Retainer inlay - cast high noble metal, three or more surfaces.	\$226.00
D6604 Retainer inlay - cast predominantly base metal, two surfaces.	\$178.00
D6605 Retainer inlay - cast predominantly base metal, three or more surfaces.	\$195.00
D6606 Retainer inlay - cast noble metal, two surfaces.	\$187.00
D6607 Retainer inlay - cast noble metal, three or more surfaces.	\$206.00
D6608 Retainer onlay - porcelain/ceramic, two surfaces.	\$247.00
D6609 Retainer onlay - porcelain/ceramic, three or more surfaces.	\$272.00
D6610 Retainer onlay - cast high noble metal, two surfaces.	\$226.00
D6611 Retainer onlay - cast high noble metal, three or more surfaces.	\$249.00
D6612 Retainer onlay - cast predominantly base metal, two surfaces.	\$195.00
D6613 Retainer onlay - cast predominantly base metal, three or more surfaces.	\$215.00
D6614 Retainer onlay - cast noble metal, two surfaces.	\$206.00
D6615 Retainer onlay - cast noble metal, three or more surfaces.	\$226.00
D6624 Retainer inlay - titanium.	\$226.00
D6634 Retainer onlay - titanium.	\$249.00
D6710 Retainer crown - indirect resin based composite.	\$231.00
D6720 Retainer crown - resin with high noble metal.	\$280.00
D6721 Retainer crown - resin with predominantly base metal.	\$145.00
D6722 Retainer crown - resin with noble metal.	\$234.00
D6740 Retainer crown - porcelain/ceramic.	\$257.00
D6750 Retainer crown - porcelain fused to high noble metal.	\$304.00
D6751 Retainer crown - porcelain fused to predominantly base metal.	\$280.00
D6752 Retainer crown - porcelain fused to noble metal.	\$257.00
D6753 Retainer crown-porcelain fused to titanium and titanium alloys.	\$231.00
D6780 Retainer crown - 3/4 cast high noble metal.	\$304.00
D6781 Retainer crown - 3/4 cast predominantly base metal.	\$280.00
D6782 Retainer crown - 3/4 cast noble metal.	\$257.00
D6783 Retainer crown - 3/4 porcelain/ceramic.	\$257.00
D6784 Retainer crown 3/4-titanium and titanium alloys.	\$231.00
D6790 Retainer crown - full cast high noble metal.	\$280.00
D6791 Retainer crown - full cast predominantly base metal.	\$280.00
D6792 Retainer crown - full cast noble metal.	\$257.00
D6794 Retainer crown - titanium and titanium alloys.	\$280.00
D6940 Stress breaker.	\$78.00

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

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

D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, also contribute(s) to this limitation.

Frequency is waived for accidental injury.

Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

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

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

D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794, also contribute(s) to this limitation.

Frequency is waived for accidental injury.

TYPE 3 PROCEDURES

Maximum Covered
Expense

Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

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

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

D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794, also contribute(s) to this limitation.

Frequency is waived for accidental injury.

Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

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

D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195, also contribute(s) to this limitation.

Frequency is waived for accidental injury.

Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

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

D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6194, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, also contribute(s) to this limitation.

Frequency is waived for accidental injury.

Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

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

D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252, also contribute(s) to this limitation.

Frequency is waived for accidental injury.

Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

OCCLUSAL ADJUSTMENT

D9951	Occlusal adjustment - limited.	\$22.00
D9952	Occlusal adjustment - complete.	\$113.00

OCCLUSAL ADJUSTMENT: D9951, D9952

Coverage is considered only when performed in conjunction with periodontal procedures for the treatment of periodontal disease.