



ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
APPOINTMENTS			APPOINTMENTS		
9430	Office Visit (normal hours)	\$5.00	4341	Periodontal scaling and root planing - per quadrant	\$50.00
9430	Emergency visit (regular hours)	\$20.00	4355	Full mouth debridement	\$40.00
9440	Emergency visit (after hours)	\$35.00	4381	Localized delivery of chemotherapeutic agents (2 teeth)	\$50.00
0999	Broken appointments (without 24 hr notice, per 15 min)	\$10.00	4910	Periodontal maintenance procedures	\$50.00
	Maximum \$40 per broken appointment.		PROSTHODONTICS		
	No charge will be made due to emergencies.		Standard complete dentures (includes adjustments within 30 days)		
DIAGNOSTIC			5110	Complete maxillary (upper)	\$300.00
0140/0150/0160	Oral evaluation	NO CHARGE	5120	Complete mandibular (lower)	\$300.00
0120	Periodic oral evaluation	NO CHARGE	5130	Immediate maxillary (upper)	\$320.00
0470	Diagnostic casts (study models)	NO CHARGE	5140	Immediate mandibular (lower)	\$320.00
0999	Diagnosis and treatment plan presentation	NO CHARGE	Partial dentures (includes adjustments within 30 days)		
9310	Consultation (second opinion) as provided by participating dentist	\$20.00	5211/5212	Maxillary/mandibular partial - resin base (with 2 clasps)	\$320.00
0460	Pulp vitality tests	NO CHARGE	5213/5214	Maxillary/mandibular partial - cast metal with resin base (with 2 clasps)	\$425.00
RADIOGRAPHS (X-rays)			5410/5411	Adjust complete - maxillary/mandibular	\$15.00
0210	Intraoral - complete series	NO CHARGE	5421/5422	Adjust partial denture - maxillary/mandibular	\$15.00
0220	Intraoral - periapical - first film	NO CHARGE	5999	Additional clasps	\$35.00
0230	Intraoral - periapical - each additional film	NO CHARGE	REPAIRS TO PROSTHETICS		
0270	Bitewings - single film	NO CHARGE	5510/5610	Repair broken resin denture base	\$20.00 *
0272	Bitewings - two films	NO CHARGE	5520/5640	Replace missing or broken teeth (each tooth)	\$15.00 *
0274	Bitewings - four films	NO CHARGE	5520/5640	Each additional tooth	\$15.00 *
0330	Panoramic	NO CHARGE	5630	Repair or replace broken clasp	\$20.00 *
PREVENTIVE			5650	Add tooth to existing partial denture	\$30.00 *
1110/1120	Prophylaxis (routine, once every 6 months)	NO CHARGE	5850/5851	Tissue conditioning	\$30.00
1110/1120	Additional prophylaxis	\$20.00	5730/5731/5740/5741	Relining (chairside)	\$50.00
1201/1203	Topical application of fluoride (up to 16 years of age)	NO CHARGE	5750/5751/5760/5761	Relining (laboratory)	\$45.00 *
1351	Sealant - per tooth	\$10.00	EXTRACTIONS/ORAL SURGERY		
1330	Oral hygiene instruction	NO CHARGE	7110	Single tooth	\$20.00
SPACE MAINTAINERS			7120	Each additional tooth (per visit)	\$20.00
1510	Fixed, unilateral	\$60.00 *	7130	Root removal - exposed roots	\$25.00
1515	Fixed, bilateral	\$60.00 *	7210	Surgical extraction of erupted tooth	\$45.00
1520	Removable, unilateral	\$90.00 *	7220	Soft tissue impaction	\$50.00
1525	Removable, bilateral	\$90.00 *	7230	Partially bony impaction	\$70.00
1550	Recementation of space maintainer	\$12.00	7240	Completely bony impaction	\$100.00
RESTORATIVE (fillings)			7250	Surgical removal of residual tooth roots	\$30.00
2999	Sedative base (under fillings)	NO CHARGE	7310	Alveoloplasty in conjunction with extractions - per quadrant	\$30.00
Amalgam (Silver)			7320	Alveoloplasty not in conjunction with extractions -per quadrant	\$70.00
2110/2140	One surface	\$17.00	ANESTHESIA		
2120/2150	Two surfaces	\$23.00	9215	Local anesthesia	NO CHARGE
2130/2160	Three surfaces	\$28.00	9230	Analgesia (nitrous oxide - per 15 minutes)	\$15.00
2131/2161	Four or more surfaces	\$45.00	ADJUNCTIVE SERVICES		
Resin restoration (including acid etch, glass ionomer liner)			9951	Occlusal adjustment - limited	\$25.00
2330	Anterior one surface	\$45.00	9952	Occlusal adjustment - complete	\$150.00
2331	Anterior two surfaces	\$50.00	ORTHODONTICS		
2332	Anterior three surfaces	\$57.00	Benefits for orthodontics for adults and children are available from Participating Orthodontists at their usual fee less 25%.		
2510	Inlay - metallic - one surface	\$90.00	THE ABOVE COPAYMENTS DO NOT INCLUDE THE ADDITIONAL COST OF PRECIOUS AND SEMI-PRECIOUS METAL.		
2520	Inlay - metallic - two surfaces	\$120.00	All procedures listed may not be performed by the Participating General Dentist you select. The copayments shown apply to those Company Participating General Dentists who do perform those services and are not applicable for services performed by a specialist. Therefore, you are encouraged to discuss availability of the scheduled services with your Participating General Dentist. Procedures not listed on the schedule of benefits, that are performed by the selected Participating General Dentist will be charged at that Participating General Dentist's usual and customary fee less 25%.		
2530	Inlay - metallic - three surfaces	\$150.00	SPECIALISTS:		
2940	Sedative filling	\$15.00	Should you need a specialist (i.e., Endodontist, Orthodontist, Oral Surgeon, Periodontist, Prosthodontist, Pediatric Dentist), you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialist from our directory. Upon identification of yourself as a Company member, you will receive a 25% reduction from usual and customary fees for services performed. Specialist services are available only in areas where the dental plan has a Participating Specialist.		
CROWN & BRIDGE			NOTE: When crown and/or bridgework exceeds six consecutive units, the patient may be charged an additional \$25.00 per unit.		
2930	Prefabricated stainless steel - primary tooth	\$55.00	* Plus laboratory fees when applicable.		
2790/2791/2792/6790/6791/6792	Full cast crown	\$265.00			
2750/2751/2752/6750/6751/6752	Porcelain fused to metal crown	\$275.00			
2810	Three quarter cast crown	\$265.00			
Pontics					
6210/6211/6212	Full cast pontic	\$265.00			
6240/6241/6242	Porcelain fused to metal pontic	\$275.00			
2950	Core build up	\$50.00			
2951	Pin Retention - Per Tooth	\$15.00			
2952	Cast post and core	\$95.00			
2954	Prefabricated post and core	\$85.00			
2910/2920/6930	Recement inlay/onlay/crown/bridge (per unit)	\$15.00			
ENDODONTICS					
3220	Therapeutic pulpotomy	\$35.00			
Root Canals					
3310	Anterior	\$140.00			
3320	Bicuspid	\$215.00			
3330	Molar	\$265.00			
3410	Apicoectomy (anterior only)	\$125.00			
PERIODONTICS (gum treatment)					
4210	Gingivectomy/gingivoplasty - per quadrant	\$140.00			
4211	Gingivectomy/gingivoplasty - per tooth	\$43.00			
4220	Gingival curettage, surgical - per quadrant	\$85.00			

Limitations and Exclusions

1. No service of any dentist other than a Participating General Dentist or Participating Specialist will be covered by Company, except out-of-area emergency care as provided in Section VIII, Paragraph C of the Certificate of Benefits.
2. Whenever any Contributions or Copayments are delinquent, Member will not be entitled to receive Benefits, transfer Dental Facilities, or enjoy any of the other privileges of a Member in good standing.
3. Company does not provide coverage for the following services:
 - a) Cost of hospitalization and pharmaceuticals, drugs or medications.
 - b) Services which in the opinion of the Participating General Dentist or Participating Specialist are not Necessary Treatment to establish and/or maintain the Member's oral health.
 - c) Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating Specialist or which in the opinion of the Participating General Dentist or Participating Specialist would endanger the health of the Member.
 - d) Any service or procedure which the Participating General Dentist or Participating Specialist is unable to perform because of the general health or physical limitations of the Member.
 - e) Any dental treatment started prior to the Member's effective date for eligibility of benefits.
 - f) Services for injuries and conditions which are paid or payable under Workers' Compensation or Employers' Liability laws.
 - g) Treatment for cysts, neoplasms and malignancies.
 - h) General anesthesia.