

Venetian Casino Resort, LLC & Sands Bethworks Gaming, LLC

VCR PPO Benefit Schedule

Calendar Year Deductible: No deductible for In-Network Benefits. The deductible for Out-of-Network Benefits for each enrollee is \$50. The deductible for Out-of-Network Benefits for all family members is \$150. The deductible is waived for Diagnostic and Preventive Services.

Calendar Year Maximum: In-Network is \$2,500. Out-of-Network is \$1,500.

Orthodontic Lifetime Maximum: \$1,500. Available In-Network only for dependent enrollee children under age 19.

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
DIAGNOSTIC			
Clinical Oral Evaluations			
D0120	Periodic oral evaluation - established patient	100%	100%
D0140	Limited oral evaluation - problem focused	100%	100%
D0145	Oral evaluation for a patient under 3 years of age & counseling with primary caregiver	100%	100%
D0150	Comprehensive oral evaluation - new or established patient	100%	100%
D0160	Detailed & extensive oral evaluation - problem focused, by report	100%	100%
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	100%	100%
D0180	Comprehensive periodontal evaluation - new or established patient	100%	100%
Radiographs/Diagnostic Imaging (Including Interpretation)			
D0210	Intraoral - complete series (including bitewings)	100%	100%
D0220	Intraoral - periapical first film	100%	100%
D0230	Intraoral - periapical each additional film	100%	100%
D0240	Intraoral - occlusal film	100%	100%
D0250	Extraoral - first film	100%	100%
D0260	Extraoral - each additional film	100%	100%
D0270	Bitewings - single film	100%	100%
D0272	Bitewings - 2 films	100%	100%
D0273	Bitewings - 3 films	100%	100%
D0274	Bitewings - 4 films	100%	100%
D0277	Vertical bitewings - 7 to 8 films	100%	100%
D0330	Panoramic film	100%	100%
D0340	Cephalometric film	50%	50%
D0350	Oral/facial photographic images	100%	100%
Tests and Examinations			
D0460	Pulp Vitality Tests	100%	100%
D0470	Diagnostic Casts	100%	100%
Oral Pathology Laboratory			
D0472	Accession of tissue, gross exam, prep & transmission written report	100%	100%
D0473	Accession of tissue, gross & micro exam, prep & transmission written report	100%	100%
D0474	Accession of tissue, gross & micro exam, including assessment of surgical margin, prep & transmission written	100%	100%
PREVENTIVE			
Dental Prophylaxis			
D1110	Prophylaxis - adult	100%	100%
D1120	Prophylaxis - child	100%	100%
Topical Fluoride Treatment (Office Procedure)			
D1203	Topical application of fluoride (prophylaxis not included) - child	100%	100%
D1204	Topical application of fluoride (prophylaxis not included) - adult	100%	100%
D1206	Topical fluoride varnish	100%	100%
Other Preventive Services			
D1351	Sealant - per tooth	100%	100%
Space Maintenance (Passive Appliances)			
D1510	Space maintainer - fixed - unilateral	100%	100%
D1515	Space maintainer - fixed - bilateral	100%	100%
D1520	Space maintainer - removable - unilateral	100%	100%
D1525	Space maintainer - removable - bilateral	100%	100%
D1550	Recementation of space maintainer	100%	100%
D1555	Removal of fixed space maintainer	100%	100%
RESTORATIVE			
Amalgam Restorations (Including Polishing)			
D2140	Amalgam - 1 surface, primary or permanent	100%	80%
D2150	Amalgam - 2 surfaces, primary or permanent	100%	80%
D2160	Amalgam - 3 surfaces, primary or permanent	100%	80%
D2161	Amalgam - 4 or more surfaces, primary or permanent	100%	80%

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
Resin-based Composite Restorations - Direct			
D2330	Resin-based composite - 1 surface, anterior	100%	80%
D2331	Resin-based composite - 2 surfaces, anterior	100%	80%
D2332	Resin-based composite - 3 surfaces, anterior	100%	80%
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)	100%	80%
D2390	Resin-based composite crown, anterior	100%	80%
D2391	Resin-based composite - 1 surface, posterior	100%	80%
D2392	Resin-based composite - 2 surfaces, posterior	100%	80%
D2393	Resin-based composite - 3 surfaces, posterior	100%	80%
D2394	Resin-based composite - 4 or more surfaces, posterior	100%	80%
Inlay/Onlay Restorations			
D2510	Inlay - metallic - 1 surface	60%	50%
D2520	Inlay - metallic - 2 surfaces	60%	50%
D2530	Inlay - metallic - 3 or more surfaces	60%	50%
D2542	Onlay - metallic - 2 surfaces	60%	50%
D2543	Onlay - metallic - 3 surfaces	60%	50%
D2544	Onlay - metallic - 4 or more surfaces	60%	50%
D2610	Inlay - porcelain/ceramic - 1 surface	60%	50%
D2620	Inlay - porcelain/ceramic - 2 surfaces	60%	50%
D2630	Inlay - porcelain/ceramic - 3 or more surfaces	60%	50%
D2642	Onlay - porcelain/ceramic - 2 surfaces	60%	50%
D2643	Onlay - porcelain/ceramic - 3 surfaces	60%	50%
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	60%	50%
D2650	Inlay - resin-based composite - 1 surface	60%	50%
D2651	Inlay - resin-based composite - 2 surfaces	60%	50%
D2652	Inlay - resin-based composite - 3 or more surfaces	60%	50%
D2662	Onlay - resin-based composite - 2 surfaces	60%	50%
D2663	Onlay - resin-based composite - 3 surfaces	60%	50%
D2664	Onlay - resin-based composite - 4 or more surfaces	60%	50%
Crowns - Single Restorations Only			
D2710	Crown - resin-based composite (indirect)	60%	50%
D2712	Crown - 3/4 resin-based composite (indirect)	60%	50%
D2720	Crown - resin with high noble metal	60%	50%
D2721	Crown - resin with predominantly base metal	60%	50%
D2722	Crown - resin with noble metal	60%	50%
D2740	Crown - porcelain/ceramic substrate	60%	50%
D2750	Crown - porcelain fused to high noble metal	60%	50%
D2751	Crown - porcelain fused to predominantly base metal	60%	50%
D2752	Crown - porcelain fused to noble metal	60%	50%
D2780	Crown - 3/4 cast high noble metal	60%	50%
D2781	Crown - 3/4 cast predominantly base metal	60%	50%
D2782	Crown - 3/4 cast noble metal	60%	50%
D2783	Crown - 3/4 porcelain/ceramic	60%	50%
D2790	Crown - full cast high noble metal	60%	50%
D2791	Crown - full cast predominantly base metal	60%	50%
D2792	Crown - full cast noble metal	60%	50%
D2794	Crown - titanium*	60%	50%
Other Restorative Services			
D2910	Recement inlay, onlay, or partial coverage restoration	60%	50%
D2915	Recement cast or prefabricated post & core	60%	50%
D2920	Recement crown	60%	50%
D2930	Prefabricated stainless steel crown - primary tooth	100%	80%
D2931	Prefabricated stainless steel crown - permanent tooth	100%	80%
D2932	Prefabricated resin crown	100%	80%
D2933	Prefabricated stainless steel crown with resin window	100%	80%
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	100%	80%
D2940	Sedative filling	60%	50%
D2950	Core buildup, including any pins	60%	50%
D2951	Pin retention - per tooth, in addition to restoration	60%	50%
D2952	Post & core in addition to crown, indirectly fabricated	60%	50%
D2953	Each additional indirectly fabricated post - same tooth	60%	50%
D2954	Prefabricated post & Core in addition to crown	60%	50%
D2955	Post removal (not in conjunction with endodontic therapy)	60%	50%
D2957	Each additional prefabricated post -same tooth	60%	50%
D2960	Labial veneer (resin laminate) - chairside	100%	80%
D2961	Labial veneer (resin laminate) - laboratory	60%	50%

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
D2962	Labial veneer (porcelain laminate) - laboratory	60%	50%
D2971	Additional procedures to construct new crown under existing partial denture framework	60%	50%
D2980	Crown repair, by report	60%	50%
ENDODONTICS			
Pulp Capping			
D3110	Pulp cap - direct (excluding final restoration)	100%	80%
Pulpotomy			
D3220	Therapeutic pulpotomy (excluding final restoration)	100%	80%
D3221	Pulpal debridement, primary & permanent teeth	100%	80%
Endodontic Therapy on Primary Teeth			
D3230	Pulpal therapy (resorbable filling - anterior, primary tooth (excluding final restoration)	100%	80%
D3240	Pulpal therapy (resorbable filling - posterior, primary tooth (excluding final restoration)	100%	80%
Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-up Care)			
D3310	Root canal - anterior (excluding final restoration)	100%	80%
D3320	Root canal - bicuspid (excluding final restoration)	100%	80%
D3330	Root canal - molar (excluding final restoration)	100%	80%
D3331	Treatment of root canal obstruction; non-surgical access	100%	80%
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	100%	80%
D3333	Internal root repair of perforation defects	100%	80%
Endodontic Retreatment			
D3346	Retreatment of previous root canal therapy - anterior	100%	80%
D3347	Retreatment of previous root canal therapy - bicuspid	100%	80%
D3348	Retreatment of previous root canal therapy - molar	100%	80%
Apexification/Recalcification Procedures			
D3351	Apexification/recalcification - initial visit	100%	80%
D3352	Apexification/recalcification - interim medication replacement	100%	80%
D3353	Apexification/recalcification - final visit (includes completed root canal therapy)	100%	80%
Apicoectomy/Periradicular Services			
D3410	Apicoectomy/periradicular surgery - anterior	100%	80%
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	100%	80%
D3425	Apicoectomy/periradicular surgery - molar (first root)	100%	80%
D3426	Apicoectomy/periradicular surgery (each additional root)	100%	80%
D3430	Retrograde filling - per root	100%	80%
D3450	Root Amputation - per root	100%	80%
Other Endodontic Procedures			
D3920	Hemisection (including any root removal), not including root canal therapy	100%	80%
PERIODONTICS			
Surgical Services (Including Usual Postoperative Care)			
D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth or bounded teeth spaces per quadrant	60%	50%
D4211	Gingivectomy or gingivoplasty - 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	60%	50%
D4230	Anatomical crown exposure - 4 or more contiguous teeth per quadrant	60%	50%
D4231	Anatomical crown exposure - 1 to 3 teeth per quadrant	60%	50%
D4240	Gingival flap procedure, including root planing - 4 or more contiguous teeth/bounded teeth spaces - quadrant	60%	50%
D4241	Gingival flap procedure, including root planing - 1 to 3 contiguous teeth/bounded teeth spaces per quadrant	60%	50%
D4245	Apically positioned flap	60%	50%
D4249	Clinical crown lengthening - hard tissue	60%	50%
D4260	Osseous surgery (including flap entry & closure) - 4+ more contiguous teeth/bounded teeth spaces/quadrant	60%	50%
D4261	Osseous surgery (including flap entry & closure) - 1 to 3 contiguous teeth or bounded teeth spaces/quadrant	60%	50%
D4263	Bone replacement graft - first site in quadrant	60%	50%
D4264	Bone replacement graft - each additional site in quadrant	60%	50%
D4266	Guided tissue regeneration - resorbable barrier, per site	60%	50%
D4268	Surgical revision procedure, per tooth	60%	50%
D4270	Pedicle soft tissue graft procedure	60%	50%
D4271	Free soft tissue graft procedure (including donor site surgery)	60%	50%
D4273	Subepithelial connective tissue graft procedures, per tooth	60%	50%
D4274	Distal or proximal wedge procedure	60%	50%
Non-Surgical Periodontal Service			
D4341	Periodontal scaling & root planing - 4 or more teeth per quadrant	100%	80%
D4342	Periodontal scaling & root planing - 1 to 3 teeth per quadrant	100%	80%
D4355	Full mouth debridement to enable comprehensive evaluation & diagnosis	100%	80%
D4381	Localized delivery of antimicrobial agents via controlled release vehicle/diseased crevicular tissue/per tooth	60%	50%
Other Periodontal Services			
D4910	Periodontal maintenance	100%	80%
D4920	Unscheduled dressing change (by someone other than treating dentist)	60%	50%
PROSTHODONTICS (REMOVABLE)			
Complete Denture (Including Routine Post-delivery Care)			

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
D5110	Complete denture - maxillary	60%	50%
D5120	Complete denture - mandibular	60%	50%
D5130	Immediate denture - maxillary	60%	50%
D5140	Immediate denture - mandibular	60%	50%
	Partial Dentures (Including Routine Post-delivery Care)		
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests & teeth)	60%	50%
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests & teeth)	60%	50%
D5213	Maxillary partial denture - cast metal framework with resin denture bases	60%	50%
D5214	Mandibular partial denture - cast metal framework with resin denture bases	60%	50%
D5225	Maxillary partial denture - flexible base (including any clasps, rests & teeth)	60%	50%
D5226	Mandibular partial denture - flexible base (including any clasps, rests & teeth)	60%	50%
D5281	Removable unilateral partial denture - 1 piece cast metal (including clasps & teeth)	60%	50%
	Adjustments to Dentures		
D5410	Adjust complete denture - maxillary	100%	80%
D5411	Adjust complete denture - mandibular	100%	80%
D5421	Adjust partial denture - maxillary	100%	80%
D5422	Adjust partial denture - mandibular	100%	80%
	Repairs to Complete Dentures		
D5510	Repair broken complete denture base	100%	80%
D5520	Replace missing or broken teeth - complete denture (each tooth)	100%	80%
	Repairs to Partial Dentures		
D5610	Repair resin denture base	100%	80%
D5620	Repair cast framework	100%	80%
D5630	Repair or replace broken clasp	100%	80%
D5640	Replace broken teeth - per tooth	100%	80%
D5650	Add tooth to existing partial denture	100%	80%
D5660	Add clasp to existing partial denture	100%	80%
D5670	Replace all teeth & acrylic on cast metal framework (maxillary)	100%	80%
D5671	Replace all teeth & acrylic on cast metal framework (mandibular)	100%	80%
	Denture Rebase Procedures		
D5710	Rebase complete maxillary denture	100%	80%
D5711	Rebase complete mandibular denture	100%	80%
D5720	Rebase maxillary partial denture	100%	80%
D5721	Rebase mandibular partial denture	100%	80%
	Denture Reline Procedures		
D5730	Reline complete maxillary denture (chairside)	100%	80%
D5731	Reline complete mandibular denture (chairside)	100%	80%
D5740	Reline maxillary partial denture (chairside)	100%	80%
D5741	Reline mandibular partial denture (chairside)	100%	80%
D5750	Reline complete maxillary denture (laboratory)	100%	80%
D5751	Reline complete mandibular denture (laboratory)	100%	80%
D5760	Reline maxillary partial denture (laboratory)	100%	80%
D5761	Reline mandibular partial denture (laboratory)	100%	80%
	Interim Prosthesis		
D5820	Interim partial denture (maxillary)		
D5821	Interim partial denture (mandibular)		
	Other Removable Prosthetic Services		
D5850	Tissue conditioning, maxillary	100%	80%
D5851	Tissue conditioning, mandibular	100%	80%
D5860	Overdenture - complete, by report	60%	50%
	PROSTHODONTICS (FIXED)		
	Fixed Partial Denture Pontics		
D6205	Pontic - indirect resin based composite	60%	50%
D6210	Pontic - cast high noble metal	60%	50%
D6211	Pontic - cast predominantly base metal	60%	50%
D6212	Pontic - cast noble metal	60%	50%
D6214	Pontic - titanium	60%	50%
D6240	Pontic - porcelain fused to high noble metal	60%	50%
D6241	Pontic - porcelain fused to predominantly base metal	60%	50%
D6242	Pontic - porcelain fused to noble metal	60%	50%
D6245	Pontic - porcelain/ceramic	60%	50%
D6250	Pontic - resin with high noble metal	60%	50%
D6251	Pontic - resin with predominantly base metal	60%	50%
D6252	Pontic - resin with noble metal	60%	50%
	Fixed Partial Denture Retainers - Inlays/Onlays		
D6545	Retainer - cast metal for resin bonded fixed prosthesis	60%	50%

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	60%	50%
D6600	Inlay - porcelain/ceramic, 2 surface	60%	50%
D6601	Inlay - porcelain/ceramic, 3 or more surfaces	60%	50%
D6602	Inlay - cast high noble metal, 2 surfaces	60%	50%
D6603	Inlay - cast high noble metal, 3 or more surfaces	60%	50%
D6604	Inlay - cast predominantly base metal, 2 surfaces	60%	50%
D6605	Inlay - cast predominantly base metal, 3 or more surfaces	60%	50%
D6606	Inlay - cast noble metal, 2 surfaces	60%	50%
D6607	Inlay - cast noble metal, 3 or more surfaces	60%	50%
D6624	Inlay - titanium	60%	50%
D6608	Onlay - porcelain/ceramic, 2 surfaces	60%	50%
D6609	Onlay - porcelain/ceramic, 3 or more surfaces	60%	50%
D6610	Onlay - cast high noble metal, 2 surfaces	60%	50%
D6611	Onlay - cast high noble metal, 3 or more surfaces	60%	50%
D6612	Onlay - cast predominantly base metal, 2 surfaces	60%	50%
D6613	Onlay - cast predominantly base metal, 3 or more surfaces	60%	50%
D6614	Onlay - cast noble metal, 2 surfaces	60%	50%
D6615	Onlay - cast noble metal, 3 or more surfaces	60%	50%
D6634	Onlay - titanium	60%	50%
Fixed Partial Denture Retainers - Crowns			
D6710	Crown - indirect resin based composite	60%	50%
D6720	Crown - resin with high noble metal	60%	50%
D6721	Crown - resin with predominantly base metal	60%	50%
D6722	Crown - resin with noble metal	60%	50%
D6740	Crown - porcelain/ceramic	60%	50%
D6750	Crown - porcelain fused to high noble metal	60%	50%
D6751	Crown - porcelain fused to predominantly base metal	60%	50%
D6752	Crown - porcelain fused to noble metal	60%	50%
D6780	Crown - 3/4 cast high noble metal	60%	50%
D6781	Crown - 3/4 cast predominantly base metal	60%	50%
D6782	Crown - 3/4 cast noble metal	60%	50%
D6783	Crown - 3/4 porcelain/ceramic	60%	50%
D6790	Crown - full cast high noble metal	60%	50%
D6791	Crown - full cast predominantly base metal	60%	50%
D6792	Crown - full cast noble metal	60%	50%
D6794	Crown - titanium*	60%	50%
Other Fixed Partial Denture Services			
D6930	Recement fixed partial denture	60%	50%
D6940	Stress breaker	60%	50%
D6970	Post & core in addition to fixed partial denture retainer, indirectly fabricated	60%	50%
D6972	Prefabricated post & core in addition to fixed partial denture retainer	60%	50%
D6973	Core build up for retainer, including any pins	60%	50%
D6976	Each additional indirectly fabricated post - same tooth	60%	50%
D6977	Each additional prefabricated post - same tooth	60%	50%
D6980	Fixed partial denture repair, by report	60%	50%
ORAL AND MAXILLOFACIAL SURGERY			
Extractions (Includes local anesthesia, suturing, if needed, and routine postoperative care)			
D7111	Extraction, coronal remnants - deciduous tooth	100%	80%
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	100%	80%
Surgical Extractions (Includes local anesthesia, suturing, if needed, and routine postoperative care)			
D7210	Surgical removal of erupted tooth	100%	80%
D7220	Removal of impacted tooth - soft tissue	100%	80%
D7230	Removal of impacted tooth - partially bony	100%	80%
D7240	Removal of impacted tooth - completely bony	100%	80%
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	100%	80%
D7250	Surgical removal of residual tooth roots (cutting procedure)	100%	80%
Other Surgical Procedures			
D7260	Oroantral fistula closure	100%	80%
D7261	Primary closure of a sinus perforation	100%	80%
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	100%	80%
D7280	Surgical access of an unerupted tooth	100%	80%
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	100%	80%
D7283	Placement of device to facilitate eruption of impacted tooth	100%	80%
D7285	Biopsy of oral tissue - hard (bone, tooth)	100%	80%
D7286	Biopsy of oral tissue - soft	100%	80%
Alveoloplasty - Surgical Preparation of Ridge for Dentures			

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
D7310	Alveoloplasty in conjunction with extractions - 4 or more teeth or tooth spaces, per quadrant	100%	80%
D7311	Alveoloplasty in conjunction with extractions - 1 to 3 teeth or tooth spaces, per quadrant	100%	80%
D7320	Alveoloplasty not in conjunction with extractions - 4 or more teeth or tooth spaces, per quadrant	100%	80%
D7321	Alveoloplasty not in conjunction with extractions 1 to 3 teeth or tooth spaces, per quadrant	100%	80%
D7340	Vestibuloplasty - ridge extension (second epithelialization)	100%	80%
D7350	management of hypertrophied & hyperplastic tissue	100%	80%
Surgical Excision of Soft Tissue Lesions			
D7410	Excision of benign lesion up to 1.25 cm	100%	80%
D7411	Excision of benign lesion greater than 1.25 cm	100%	80%
D7412	Excision of benign lesion, complicated	100%	80%
Surgical Excision of Intra-osseous Lesions			
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	100%	80%
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	100%	80%
Excision of Bone Tissue			
D7471	Removal of lateral exostosis (maxilla or mandible)	100%	80%
D7472	Removal of torus palatinus	100%	80%
D7473	Removal of torus mandibularis	100%	80%
D7485	Surgical reduction of osseous tuberosity	100%	80%
Surgical Incision			
D7510	Incision & drainage of abscess - intraoral soft tissue	100%	80%
D7511	Incision & drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	100%	80%
D7520	Incision & drainage of abscess - extraoral soft tissue	100%	80%
D7521	Incision & drainage of abscess - extraoral soft tissue complicated (includes drainage of multiple fascial spaces)	100%	80%
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	100%	80%
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	100%	80%
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	100%	80%
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	100%	80%
Other Repair Procedures			
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	100%	80%
D7963	Frenuloplasty	100%	80%
D7970	Excision of hyperplastic tissue - per arch	100%	80%
D7971	Excision of pericoronal gingiva	100%	80%
D7972	Surgical reduction of fibrous tuberosity	100%	80%
D7980	Sialolithotomy	100%	80%
D7981	Excision of salivary gland, by report	100%	80%
D7982	Sialodochoplasty	100%	80%
D7983	Closure of salivary fistula	100%	80%
ADJUNCTIVE GENERAL SERVICES			
Unclassified Treatment			
D9110	Palliative (emergency) treatment of dental pain - minor procedure	100%	100%
D9120	Fixed partial denture sectioning	60%	50%
Anesthesia			
D9220	Deep sedation/general anesthesia - first 30 minutes	100%	80%
D9221	Deep sedation/general anesthesia - each additional 15 minutes	100%	80%
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	100%	80%
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	100%	80%
Professional Consultation			
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	100%	80%
Professional Visits			
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	100%	80%
D9440	Office visit - after regularly scheduled hours	100%	80%
Miscellaneous Services			
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	100%	80%
ORTHODONTICS			
Primary Dentition: Teeth developed and erupted first in order of time.			
Transitional Dentition: The final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding and the permanent successors are emerging.			
Adolescent Dentition: The dentition that is present after the normal loss of primary teeth and prior to cessation of growth that would affect orthodontic treatment.			
Adult Dentition: The dentition that is present after the cessation of growth that would affect orthodontic treatment.			
Limited Orthodontic Treatment			
D8010	Limited orthodontic treatment of the primary dentition	50%	Not Covered
D8020	Limited orthodontic treatment of the transitional dentition	50%	Not Covered
D8030	Limited orthodontic treatment of the adolescent dentition	50%	Not Covered
D8040	Limited orthodontic treatment of the adult dentition	50%	Not Covered
Interceptive Orthodontic Treatment			

CODE	DESCRIPTION OF SERVICES	In	Out of
		Network	Network
D8050	Interceptive orthodontic treatment of the primary dentition	50%	Not Covered
D8060	Interceptive orthodontic treatment of the transitional dentition	50%	Not Covered
Comprehensive Orthodontic Treatment			
D8070	Comprehensive orthodontic treatment of the transitional dentition	50%	Not Covered
D8080	Comprehensive orthodontic treatment of the adolescent dentition	50%	Not Covered
D8090	Comprehensive orthodontic treatment of the adult dentition	50%	Not Covered
Minor Treatment to Control Harmful Habits			
D8210	Removable appliance therapy	50%	Not Covered
D8220	Fixed appliance therapy	50%	Not Covered
Other Orthodontic Services			
D8660	Pre-orthodontic treatment visit	50%	Not Covered
D8670	Periodic orthodontic treatment visit (as part of contract)	50%	Not Covered
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)) - to age 18	50%	Not Covered
D8690	Orthodontic treatment (alternative billing to a contract fee)	50%	Not Covered
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	50%	Not Covered

Limitations:

- 1 Two (2) oral examinations (D0120, D0145, D0150, D0180) per calendar year.
- 2 One (1) full mouth series of x-rays or panoramic film every thirty-six (36) months.
- 3 Two (2) series of bitewing x-rays per calendar year. Routine bitewing x-rays are limited to eight (8) films per calendar year.
- 4 Two (2) prophylaxis or periodontal maintenance procedures per calendar year.
- 5 One (1) fluoride treatment per calendar year for enrollees under age 18.
- 6 One (1) sealant per tooth every 36 months. Sealant benefits are available only to enrollees under the age of 16. Limited to application to permanent molars with no caries (decay), without restorations and with the occlusal surface intact.
- 7 One (1) filling per surface per tooth every twelve (12) months.
- 8 One (1) crown, pontic, or abutment crown per tooth every five (5) years, and only if dentally necessary.
- 9 One (1) Gingivectomy/gingivoplasty/gingival flap procedure per quadrant/site every thirty-six (36) months.
- 10 One (1) osseous surgery per quadrant/site every 60 months
- 11 One (1) Periodontal scaling & root planing per quadrant/site every twenty-four (24) months.
- 12 Replacement of full dentures and partial dentures every five (5) years, and only if existing appliance cannot be made serviceable.
- 13 One (1) denture or partial rebase or relines per appliance every twenty-four (24) months.
- 14 One (1) tissue conditioning per appliance every twenty-four (24) months.
- 15 Limitation on all benefits - Optional Services that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called "Optional Services." Optional Services also include the use of specialized techniques instead of standard procedures. For example:
 - a. a crown where a filling would restore the tooth
 - b. a precision denture/partial where a standard denture/partial could be used
 - c. an inlay/onlay instead of an amalgam restoration
 - d. a composite restoration instead of an amalgam restoration on posterior teeth

Orthodontic Limitations:

- 1 All payments shall be on a monthly basis. The obligation of the Plan to make periodic payments for an orthodontic treatment plan begun prior to the date the patient becomes covered shall commence with the first payment due following the date the patient's coverage is effective.
- 2 The obligation of the Plan to make periodic payments for orthodontic treatment shall terminate on the payment due date next following the date the dependent enrollee or the primary enrollee loses coverage, or upon termination of the contract, whichever shall occur first.
- 3 The Plan will not make any payment for repair or replacement of an orthodontic appliance furnished, in whole or in part, under this program.
- 4 Orthodontic benefits are limited to dependent enrollee children under age 19.
- 5 X-rays or extractions are not subject to the Orthodontic maximum.
- 6 Surgical procedures are not subject to the Orthodontic maximum.

Exclusions:

- 1 Topical application of fluoride for anyone over the age of eighteen (18).
- 2 Sealant benefits for anyone over the age of nineteen (19).
- 3 Implants (artificial teeth implanted into or on bone or gums) or their removal, but the Plan will credit the cost of a standard complete or partial denture that would have been allowed under this plan toward the cost of an implant and related services (co-insurance applies).
- 4 Services for injuries or conditions which are compensable under workers' compensation or employers' liability laws; services which are provided to the enrollee by any federal or state government agency or are provided without cost to the enrollee by any municipality, county or other political subdivision except as such exclusion may be prohibited by law.
- 5 Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic surgery or dentistry for purely cosmetic reasons, including but not limited to cleft palate, maxillary and mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to newborn children for congenital defect or birth abnormalities or services that may be provided under Orthodontic Benefits.

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
6	Services for restoring tooth structure lost from wear, erosion or abrasion, for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion or for stabilizing the teeth. Such services include, but are not limited to, equilibration, periodontal splinting and occlusal adjustment.		
7	Any single procedure started prior to the date the person became covered for such services under this program.		
8	Prescribed drugs, medication or analgesia.		
9	Experimental procedures.		
10	Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility.		
11	Charges for anesthesia, other than by a licensed Dentist for administering general anesthesia in connection with covered oral surgery services.		
12	Extraoral grafts (grafting of tissues from outside the mouth to oral tissues).		
13	Services with respect to any disturbance of the temporomandibular joint (jaw joint).		
14	Services performed by any person other than a Dentist or auxiliary personnel legally authorized to perform services under the direct supervision of a Dentist.		
15	For treatment rendered by a person who ordinarily resides in the primary enrollee's household or who is related to the primary enrollee (or to the primary enrollee's spouse) by blood, marriage or legal adoption.		
16	Orthodontic services (treatment of poor alignment of teeth and/or jaws) if an Out-of-Network Dentist is used.		