

## **MO Family Value Dental Plan**

Individual Out-of-Pocket Maximum: \$350 Calendar Year (applies to Pediatric only)
Family Out-of-Pocket Maximum: \$700 Calendar Year (applies to Pediatric only)

The following is a complete list of the dental procedures for which benefits are payable under this Plan. Non-listed procedures are not covered. This Plan does not allow alternate benefits. Members must visit a contracted dental office to utilize covered benefits. The Member's dental office will initiate a treatment plan or recommend the Member see a specialist if the services are dentally necessary and outside the scope of general dentistry. Members may directly refer to a specialist.

ADA	5 1.0	Pediatric	Adult	
Code	Description	Copay <sup>1</sup>	Copay <sup>2</sup>	Limitations
	Diagnostic Services			
D0120	Periodic oral evaluation	\$0	\$15	
D0140	Limited oral evaluation	\$0	\$15	1 of (D0120, D0140, D0150, D0180)
	Comprehensive oral evaluation	\$0	\$15	every 6 months
	Comprehensive periodontal evaluation	\$0	\$15	
	Oral evaluation, problem focused	\$0	\$15	
	Intraoral, complete series of radiographic images	\$0	\$50	1 of (D0210, D0330) every 60 months
	Panoramic radiographic image	\$0	\$50	. , , , ,
	Intraoral, periapical, first radiographic image	\$0	\$14	
	Intraoral, periapical, each add 'I radiographic image	\$0	\$10	
	Intraoral, occlusal radiographic image	\$0	\$15	
	Bitewing, single radiographic image	\$0	\$10	
	Bitewings, two radiographic images	\$0	\$28	1 of (D0270-D0277) every 6 months
	Bitewings, four radiographic images	\$0	\$35	
	Vertical bitewings, 7 to 8 radiographic images	\$0 604	NPB	
	2D cephalometric radiographic image, measurement and analysis	\$94	NPB	
	2D oral/facial photographic image, intra-orally/extra-orally  Interpretation, diagnostic image by a practitioner, not associated with image, including report	\$40	NPB	In conjunction with orthodontic coverage
	1 7 6 7 1 7	\$61 \$0	NPB \$49	
D0470	Diagnostic casts	\$0	\$49	
D1110	Preventive Services Prophylaxis, adult	ćo	¢20	
	Prophylaxis, addit Prophylaxis, child	\$0 \$0	\$30 NPB	1 of (D1110, D1120) every 6 months
	Topical application of fluoride varnish	\$0	NPB	
	Topical application of fluoride varnish	\$0	\$25	2 of (D1206, D1208) every 12 months
		· ·		
D1351	Sealant, per tooth	\$0	NPB	1 of (D1351, D1352) per tooth every 36
D1352	Preventive resin restoration, permanent tooth	\$0	NPB	months, 1st and 2nd permanent molars
D1353	Sealant repair, per tooth	\$0	NPB	1 per tooth every 36 months, 1st and 2nd permanent molars
	Space maintainer, fixed, unilateral	\$0	\$150	
	Space maintainer, fixed, bilateral	\$0	\$175	
D1520	Space maintainer, removable, unilateral	\$0	\$200	
	Space maintainer, removable, bilateral	\$0	\$225	
	Re-cement or re-bond space maintainer	\$0	\$25	
D1575	Distal shoe space maintainer, fixed, unilateral	\$0	\$150	
	Restorative Services			
	Amalgam, one surface, primary or permanent	\$40	\$65	
	Amalgam, two surfaces, primary or permanent	\$45	\$75	
	Amalgam, three surfaces, primary or permanent	\$50	\$90	
	Amalgam, four or more surfaces, primary or permanent	\$60	\$125	
	Resin-based composite, one surface, anterior	\$50	\$80	
	Resin-based composite, two surfaces, anterior	\$60	\$90	
	Resin-based composite, three surfaces, anterior	\$70	\$105	
	Resin-based composite, four or more surfaces, involving incisal angle	\$80	\$130	
	.INES for Inlays, Onlays, and Single Crowns:	125 00 manit haven	al the Cth	

- 1. When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$125.00 per unit, beyond the 6th unit.
- 2. Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee \$150.00 per unit.
- 3. For a covered porcelain-fused-to-metal crown, a porcelain margin is considered a material upgrade with a maximum additional charge to the Enrollee of \$75.00 per unit.
- 4. Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contracted Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment.

D2510	Inlay, metallic, one surface	\$225	\$370	
D2520	Inlay, metallic, two surfaces	\$365	\$395	
D2530	Inlay, metallic, three or more surfaces	\$325	\$450	
D2542	Onlay, metallic, two surfaces	\$345	\$500	
D2543	Onlay, metallic, three surfaces	\$350	\$530	
D2544	Onlay, metallic, four or more surfaces	\$350	\$615	1 of (D2510-D2794, D6058-D6077,
D2740	Crown, porcelain/ceramic*	\$350	\$640	D6210-D6794) per tooth every 60
D2750	Crown, porcelain fused to high noble metal*	\$350	\$675	months
D2751	Crown, porcelain fused to predominantly base metal	\$350	\$585	
D2752	Crown, porcelain fused to noble metal*	\$350	\$630	
D2780	Crown, ¾ cast high noble metal*	\$350	\$630	
D2781	Crown, ¾ cast predominantly base metal	\$350	\$575	
D2783	Crown, ¾ porcelain/ceramic*	\$350	\$595	



1939  Prefetricited stalleds stalleds selections, permanent tooth   375   MPB	DENTAL P	LAN ◎			
Company	ADA	Description	Pediatric		Limitations
1,000,000,000,000,000,000,000,000,000,0	Code	Description	Copay <sup>1</sup>	Copay <sup>2</sup>	Emitations
1979  Crown, full care predeminately have metal   1970  Crown, full care both renal?   1970  Crown, full care both renal		Restorative Services (continued)			
1979  Conv. full cast predominantly have metal   1970	D2790	Crown, full cast high noble metal*			1 of (D2510-D2794, D6058-D6077,
20,000   Concerned for the board frame   Content of the board frame   Co					1
1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0		, , , , , , , , , , , , , , , , , , , ,			1
192200   Profestional content on re-board coverage   1920   192					months
19289   Prefinitated processins (returned process)   1					
192593   Prefetricated stanless steel crown, primary tooth					
192911   Prefeterace test electrons permanent tooth   1920   1970   19					1 of (D2929-D2931) per tooth every 60
1925  See For Burkling Incidenting any Investment required					months
29555   Part Fertification per footily, including any pins when required					
129251   Fire Interesting per foods (in addition to restoration   \$310   \$314   1   per foods every \$6 months   \$105   515   5160   1   per foods every \$6 months   \$105   515   5160   1   per foods every \$6 months   \$105   515   5160   1   per foods every \$6 months   \$105   515   5160   1   per foods every \$6 months   \$105   515   5160   1   per foods every \$6 months   \$105   515   5160   1   per foods every \$6 months   \$105   515   5160   1   per foods every \$6 months   \$105   515   5160   1   per foods every \$6 months   \$105   515   5160   1   per foods every \$6 months   \$105   515   5160   1   per foods every \$6 months   \$105   515   5160   1   per foods every \$6 months   \$105   515   515   1   per foods every \$6 months   \$105   515   515   1   per foods every \$6 months   \$105					1 partaoth avany 60 months
29286   Cover registance prost and core in addition to crown   5115   5180   1 per tooth every 60 months   52280   Cover registance processible of by rectantive material failure   5105   5575   50					1 per tooth every of months
1985   Sample recessibated by restorative material failure					1 per tooth every 60 months
1938  Collay regin necessitated by restorative material failure			<u> </u>		1 per tooth every of months
1998   1998   Vener representated by restorative material failure				•	
29893   Veneer regain raccesslated by restorative material failure   565   565					
D3200   East in infitration of incipient smooth surface lesions   \$15					
Indication   Services					1 every 36 months
Description   Paragraphy   Description   S75   S85	<u> </u>		Ţ13	713	1 every so monais
192222   Partial pulpotomy, apesogenesis, permanent tooth, incomplete root   \$70   \$75   \$75   \$10   \$2020   Pulpat therapy, naterior, primary tooth (excluding final restoration)   \$80   \$94   \$10   (19230, 09240) per tooth per 09240   \$105   \$1	D3220		\$75	\$95	
192300   Pulpal therapy, anterior, primary tooth (excluding final restoration)   \$80   \$94   10 (19230, 19240) per tooth per 192200   Pulpal therapy, posterior, primary tooth (excluding final restoration)   \$80   \$105   10					<u> </u>
19240					1 of (D3230, D3240) per tooth per
19310   Indodontic therapy, anterior toolt (excluding final restoration)					<b>-</b> ' ' ' ' '
D3330   Endodontic therapy, premolar tooth (excluding final restoration)					
Database   Interdedictic therapy, molar tooth (excluding final restoration)					
D3346 Retreatment of previous root can't therapy, anterior		1771			
19340   1934				•	
19348   Retreatment of previous root canal therapy, molar   1935   Apestification/recalification, initial visit   1935   Apestification/recalification, initial visit   1930   NPB   19333   Apestification/recalification, initial visit   1933   Apestification/recalification, initial visit   1933   Apestification/recalification, initial visit   1933   Apestification/recalification, initial visit   1933   Apestification/recalification/r					
Da351   Apesification/reaclification, interim medication replacement   \$110   NPB					
D3353   Apexification/recaldification, interim medication replacement				NPB	
D3333   Apexilication/fecalidification, final visit   S230   NPB			\$110	NPB	
Day 11   Apricaction, pulser (first root)   \$385   \$275	D3353	Apexification/recalcification, final visit	\$230	NPB	
19425   Apicoectomy, leach additional root    5305   5295			\$275	\$225	
Data	D3421	Apicoectomy, premolar (first root)	\$285	\$275	
Dayson   Root amputation, per root   S145   S160	D3425	Apicoectomy, molar (first root)	\$305	\$295	
Day20   Hemisection, not including root canal therapy   \$105   \$215   \$120	D3426	Apicoectomy, (each additional root)	\$115	\$175	
Periodontal Services	D3450	Root amputation, per root	\$145	\$160	
D4210   Gingivectomy or gingivoplasty, four or more teeth per quadrant	D3920	Hemisection, not including root canal therapy	\$105	\$215	
DA211   Gingivectomy or gingivoplasty, one to three teeth per quadrant   \$125   \$120		Periodontal Services			
DA1212   Gingivectomy or gingivoplasty, restorative procedure, per tooth   \$125	D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	\$205	\$250	
DA240   Ginglwal flap procedure, four or more teeth per quadrant   \$225   \$425   \$425   \$426   \$42	D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	\$125	\$120	
D4241   Gingival flap procedure, one to three teeth per quadrant   \$325   \$325   \$36	D4212	Gingivectomy or gingivoplasty, restorative procedure, per tooth	\$125	\$74	
194241   Gingival flap procedure, one to three teeth per quadrant   \$225   \$225   \$36 months    194260   Osseous surgery, four or more teeth per quadrant   \$350   \$450    194261   Osseous surgery, four or more teeth per quadrant   \$200   \$375    194261   Osseous surgery, one to three teeth per quadrant   \$245   \$450    194261   Osseous surgery, fertained natural tooth, ists site, quadrant   \$245   \$450    194261   Osseous surgery, fertained natural tooth, each additional site   \$245   \$450    194270   Pedicie soft tissue graft procedure   \$245   \$450    194273   Autogenous connective tissue graft procedure, first tooth   \$265   \$380    104275   Non-autogenous connective tissue graft, first tooth   \$245   \$300   \$10 f (D4275, D4285) per tooth every 36 months    194277   Free soft tissue graft, first tooth   \$200   \$275    194278   Free soft tissue graft, each additional tooth   \$200   \$315    194283   Autogenous connective tissue graft procedure, each additional tooth, per site   \$265   \$380    104283   Autogenous connective tissue graft procedure, each additional tooth, per site   \$265   \$330    105   C04275, D4285) per tooth every 36 months    104283   Autogenous connective tissue graft procedure, each additional tooth, per site   \$265   \$380    105   C04275   \$300   \$15 (D4275, D4285) per tooth every 36 months    105   C04275   C04275   C04275   C04275   C04275   C04275    106   C04275   C04275   C04275   C04275   C04275   C04275    107   C04275   C04275   C04275   C04275   C04275   C04275    108   C04275   C04275   C04275   C04275   C04275   C04275   C04275   C04275    109   C04275	D4240	Gingival flap procedure, four or more teeth per quadrant	\$225	\$425	1 of (D4210-D4264) per site/guad every
DAZ60   Osseous surgery, four or more teeth per quadrant   \$350   \$450	D4241	Gingival flap procedure, one to three teeth per quadrant	\$225	\$225	1 1
D4264 Bone replacement graft, retained natural tooth, first site, quadrant  D4264 Bone replacement graft, retained natural tooth, each additional site  S245 \$450  D4270 Pedicle soft tissue graft procedure  D4273 Autogenous connective tissue graft procedure, first tooth  D4275 Non-autogenous connective tissue graft, first tooth  D4276 Free soft tissue graft, first tooth  D4277 Free soft tissue graft, first tooth  D4278 Free soft tissue graft, each additional tooth  D4279 Free soft tissue graft, first tooth  D4270 Padde for the situation of the s					30 months
D4264   Bone replacement graft, retained natural tooth, each additional site   \$245   \$450     D4270   Pedicle soft tissue graft procedure   \$245   \$450     D4273   Autogenous connective tissue graft procedure, first tooth   \$265   \$380     D4275   Non-autogenous connective tissue graft, first tooth   \$245   \$300   \$1 of (D4275, D4285) per tooth every 36 months     D4277   Free soft tissue graft, first tooth   \$200   \$275     D4278   Free soft tissue graft, each additional tooth   \$200   \$135     D4249   Clinical crown lengthening, hard tissue   \$175   \$375     D4283   Autogenous connective tissue graft procedure, each additional tooth, per site   \$265   \$380     D4284   Son-autogenous connective tissue graft procedure, each additional tooth, per site   \$265   \$380     D4285   Non-autogenous connective tissue graft procedure, each additional tooth, per site   \$265   \$380     D4286   Non-autogenous connective tissue graft procedure, each additional tooth, per site   \$265   \$380     D4287   Periodontal scaling and root planing, four or more teeth per quadrant   \$245   \$300   \$10 (D4275, D4285) per tooth every 36 (months)     D4288   Periodontal scaling and root planing, four or more teeth per quadrant   \$120   \$145   \$10 (D4341, D4342) per site/quad even     D4342   Periodontal scaling and root planing, one to three teeth per quadrant   \$90   \$130   \$24 months     D4344   Periodontal scaling and root planing, one to three teeth per quadrant   \$90   \$130   \$24 months     D4345   Scaling in presence of moderate or severe inflammation, full mouth after evaluation   \$0   \$30   \$10 f (D1120, D4346) every 6     M04910   Periodontal maintenance   \$80   \$85   \$4   \$4   \$85   \$4   \$85   \$4   \$85   \$85   \$85   \$4   \$85			<u> </u>		
Pedicle soft tissue graft procedure D4277 Autogenous connective tissue graft procedure, first tooth D4275 Non-autogenous connective tissue graft, first tooth D4275 Non-autogenous connective tissue graft, first tooth D4276 Free soft tissue graft, first tooth D4277 Free soft tissue graft, first tooth D4278 Free soft tissue graft, first tooth D4279 Free soft tissue graft, first tooth D4270 Free soft tissue graft, first tooth D4271 Free soft tissue graft, first tooth D4272 Free soft tissue graft, first tooth D4273 Free soft tissue graft procedure, each additional tooth D4274 Street soft tissue graft procedure, each additional tooth D4275 Free soft tissue graft procedure, each additional tooth D4276 Free soft tissue graft procedure, each additional tooth D4277 Free soft tissue graft procedure, each additional tooth D4278 Street					
D4273   Autogenous connective tissue graft procedure, first tooth   \$265   \$380   \$10 f (D4275, D4285) per tooth every 36 months					
D4275 Non-autogenous connective tissue graft, first tooth  D4277 Free soft tissue graft, first tooth  D4278 Free soft tissue graft, first tooth  D4279 Clinical crown lengthening, hard tissue  D4249 Clinical crown lengthening, hard tissue  D4283 Autogenous connective tissue graft procedure, each additional tooth, per site  D4285 Non-autogenous connective tissue graft procedure, each additional tooth, per site  D4286 Non-autogenous connective tissue graft procedure, each additional tooth, per site  D4287 Non-autogenous connective tissue graft procedure, each additional tooth, per site  D4288 Non-autogenous connective tissue graft procedure, each additional tooth, per site  D4289 Non-autogenous connective tissue graft procedure, each additional tooth, per site  D4280 Non-autogenous connective tissue graft procedure, each additional tooth, per site  D4280 Non-autogenous connective tissue graft procedure, each additional tooth, per site  D4280 Non-autogenous connective tissue graft procedure, each additional tooth, per site  D4281 Periodontal scaling and root planing, four or more teeth per quadrant  D4381 Periodontal scaling and root planing, four or more teeth per quadrant  D4381 Periodontal scaling and root planing, four or more teeth per quadrant  D4381 Periodontal scaling and root planing, one to three teeth per quadrant  D4382 Periodontal scaling and root planing, one to three teeth per quadrant  D4383 Scaling in presence of moderate or severe inflammation, full mouth after evaluation  D4384 Scaling in presence of moderate or severe inflammation, full mouth after evaluation  D4385 Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit  D4385 Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit  D4386 Scaling in presence of moderate or severe inflammation, full mouth after evaluation  D4386 Scaling in presence of moderate or severe inflammation, full mouth after evaluation  D4386 Scaling in presence of moderate or severe inflammation, full					
D4275   Non-autogenous connective tissue graft, first tooth   \$200   \$275   D4278   Free soft tissue graft, first tooth   \$200   \$275   D4278   Free soft tissue graft, each additional tooth   \$200   \$135   D4280   \$135   \$200   \$135   D4281   Autogenous connective tissue graft procedure, each additional tooth, per site   \$265   \$380   D4282   Non-autogenous connective tissue graft procedure, each additional tooth, per site   \$265   \$380   D4285   Non-autogenous connective tissue graft procedure, each additional tooth, per site   \$245   \$300   \$10 f (D4275, D4285) per tooth every 36 months    GUIDELINE: No more than two (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable.  D4341   Periodontal scaling and root planing, four or more teeth per quadrant   \$120   \$145   \$1 of (D4341, D4342) per site/quad even   D4342   Periodontal scaling and root planing, one to three teeth per quadrant   \$90   \$130   \$24 months   D4346   Scaling in presence of moderate or severe inflammation, full mouth after evaluation   \$0   \$30   \$10 f (D1110, D1120, D4346) every 6 months   D4355   Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit   \$60   \$105   \$1 per lifetime   D4910   Periodontal maintenance   \$80   \$85   \$4 every 12 months    Removable Prosthodontic Services   \$350   \$755   D5110   Complete denture, maxillary   \$350   \$855   months	D4273	Autogenous connective tissue graft procedure, first tooth	\$265	\$380	
Months   Superant   Free soft tissue graft, first tooth   \$200   \$275   \$275   \$200   \$275   \$200   \$275   \$200   \$275   \$200   \$275   \$200   \$275   \$200   \$275   \$200   \$275   \$200   \$275   \$200   \$275   \$200   \$275   \$200   \$275   \$200   \$275   \$200   \$200   \$275   \$200	D4275	Non-autogenous connective tissue graft first tooth	\$245	\$300	, , , , , , , , , , , , , , , , , , , ,
D4278   Free soft tissue graft, each additional tooth   \$200   \$135   \$135   \$145   \$10			· ·	Ī	months
D4249   Clinical crown lengthening, hard tissue   \$175   \$375     D4283   Autogenous connective tissue graft procedure, each additional tooth, per site   \$265   \$380     D4285   Non-autogenous connective tissue graft procedure, each additional tooth, per site   \$245   \$300   \$1 of (D4275, D4285) per tooth every 36 months				•	
Autogenous connective tissue graft procedure, each additional tooth, per site  D4285 Non-autogenous connective tissue graft procedure, each additional tooth, per site  GUIDELINE:  Non more than two (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable.  D4341 Periodontal scaling and root planing, four or more teeth per quadrant  D4342 Periodontal scaling and root planing, one to three teeth per quadrant  D4345 Scaling in presence of moderate or severe inflammation, full mouth after evaluation  D4346 Scaling in presence of moderate or severe inflammation, full mouth after evaluation  D4345 Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit  D4346 Removable Prosthodontic Services  D5110 Complete denture, maxillary  D5120 Complete denture, maxillary  D5130 Immediate denture, maxillary  D5130 Immediate denture, maxillary  D5130 Immediate denture, maxillary  D5160 Sa80 Sa80  D5170 Sa80  D5180 Inmediate denture, maxillary  D5180 Immediate denture, maxillary  D5180 In 10 (D5110-D5224) per arch every 60 (D5130 Immediate denture, maxillary  D5180 Immediate denture, maxillary  D5180 Immediate denture, maxillary					
Non-autogenous connective tissue graft procedure, each additional tooth, per site  ### Substitute of the periodon of the perio					
Mon-autogenous connective tissue graft procedure, each additional tooth, per site \$245 \$300 \$months  GUIDELINE:  No more than two (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable.  D4341 Periodontal scaling and root planing, four or more teeth per quadrant \$120 \$145 \$100 \$145 \$100 \$145 \$100 \$140 \$100 \$140 \$100 \$140 \$100 \$140 \$100 \$140 \$100 \$140 \$100 \$140 \$100 \$140 \$100 \$140 \$100 \$140 \$100 \$140 \$100 \$140 \$14	D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	\$265	\$380	
No more than two (2) quadrants of periodontal scaling and root planing per appointment/ per day are allowable.  D4341 Periodontal scaling and root planing, four or more teeth per quadrant \$120 \$145 \$1 of (D4341, D4342) per site/quad even periodontal scaling and root planing, one to three teeth per quadrant \$90 \$130 \$24 months  D4342 Periodontal scaling and root planing, one to three teeth per quadrant \$90 \$130 \$24 months  D4345 Scaling in presence of moderate or severe inflammation, full mouth after evaluation \$0 \$30 \$1 of (D1110, D1120, D4346) every 6 months  D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit \$60 \$105 \$1 per lifetime  D4910 Periodontal maintenance \$80 \$85 \$4 every 12 months  Removable Prosthodontic Services  D5110 Complete denture, maxillary \$350 \$755 \$1 of (D5110-D5224) per arch every 60 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$			\$245	\$300	
D4341 Periodontal scaling and root planing, four or more teeth per quadrant  D4342 Periodontal scaling and root planing, one to three teeth per quadrant  D4342 Periodontal scaling and root planing, one to three teeth per quadrant  D4346 Scaling in presence of moderate or severe inflammation, full mouth after evaluation  D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit  D4910 Periodontal maintenance  D4910 Periodontal maintenance  D5110 Complete denture, maxillary  D5120 Complete denture, mandibular  D5130 Immediate denture, maxillary  D5130 Immediate denture, maxillary  D5145					
D4342 Periodontal scaling and root planing, one to three teeth per quadrant  D4346 Scaling in presence of moderate or severe inflammation, full mouth after evaluation  D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit  D4316 Periodontal maintenance  Removable Prosthodontic Services  D5110 Complete denture, maxillary  D5120 Complete denture, mandibular  D5130 Immediate denture, maxillary  S90 \$130 24 months  1 of (D1110, D1120, D4346) every 6  months  1 per lifetime  \$80 \$85 4 every 12 months  \$10 Complete denture, maxillary  S350 \$755 1 of (D5110-D5224) per arch every 60  D5130 Immediate denture, maxillary  \$350 \$825 months			4.45	4	14 of (DADA4 DADA2) www. '' /
D4346 Scaling in presence of moderate or severe inflammation, full mouth after evaluation  D4346 Scaling in presence of moderate or severe inflammation, full mouth after evaluation  D4345 Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit  D4910 Periodontal maintenance  Removable Prosthodontic Services  D5110 Complete denture, maxillary  D5120 Complete denture, mandibular  D5130 Immediate denture, maxillary  D5130 Immediate denture, maxillary  D5130 Immediate denture, maxillary  S350 S755  Tof (D5110-D5224) per arch every 60  D5130 Immediate denture, maxillary  S350 S825  Months					<del>-</del>
D4346 Scaling in presence of moderate or severe inflammation, full mouth after evaluation  D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit  D4910 Periodontal maintenance  Removable Prosthodontic Services  D5110 Complete denture, maxillary  D5120 Complete denture, mandibular  D5130 Immediate denture, maxillary  S350 S755  1 of (D5110-D5224) per arch every 60  D5130 Immediate denture, maxillary  S350 S855  Months	D4342	Periodontal scaling and root planing, one to three teeth per quadrant	\$90	\$130	
D4355Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit\$60\$1051 per lifetimeD4910Periodontal maintenance\$80\$854 every 12 monthsRemovable Prosthodontic ServicesD5110Complete denture, maxillary\$350\$755D5120Complete denture, mandibular\$350\$7551 of (D5110-D5224) per arch every 60D5130Immediate denture, maxillary\$350\$825months	D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	\$0	\$30	
D4910Periodontal maintenance\$80\$854 every 12 monthsRemovable Prosthodontic Services\$350\$755D5110Complete denture, maxillary\$350\$755D5120Complete denture, mandibular\$350\$755D5130Immediate denture, maxillary\$350\$825	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit	\$60	\$105	
Removable Prosthodontic Services         State of (D5110 to prosthodontic Services)         State of (D5110 to prosthodontic Services)           D5110 Complete denture, maxillary         \$350         \$755         1 of (D5110-D5224) per arch every 60 to prosthodontic Services           D5130 Immediate denture, maxillary         \$350         \$825         months					
D5110 Complete denture, maxillary         \$350         \$755           D5120 Complete denture, mandibular         \$350         \$755         1 of (D5110-D5224) per arch every 60           D5130 Immediate denture, maxillary         \$350         \$825         months			<u> </u>		,
D5120 Complete denture, mandibular         \$350         \$755         1 of (D5110-D5224) per arch every 60           D5130 Immediate denture, maxillary         \$350         \$825         months	D5110		\$350	\$755	
D5130 Immediate denture, maxillary \$350 \$825 months			· · · · · · · · · · · · · · · · · · ·		1 of (D5110-D5224) per arch every 60
					<del>-</del>
			\$350	\$825	7



Code  Removable Prosthodontic Services (continued)  D5211 Maxillary partial denture, resin base  D5212 Mandibular partial denture, resin base  D5213 Maxillary partial denture, cast metal, resin base  D5214 Mandibular partial denture, cast metal, resin base	\$350 \$350 \$350 \$350 \$350 \$350	\$505 \$505 \$715	Limitations
D5211 Maxillary partial denture, resin base D5212 Mandibular partial denture, resin base D5213 Maxillary partial denture, cast metal, resin base	\$350 \$350 \$350	\$505	-
D5212 Mandibular partial denture, resin base D5213 Maxillary partial denture, cast metal, resin base	\$350 \$350 \$350	\$505	-
D5213 Maxillary partial denture, cast metal, resin base	\$350 \$350	1	7
	\$350	\$715	
DE214 Mandibular partial dentura, cost motal, rocin base			7
D3414 [Ivianuibular partial denture, Cast Metal, resin base	\$350	\$715	1 of (D5110-D5224) per arch every 60
D5221 Immediate maxillary partial denture, resin base	7330	\$505	months
D5222 Immediate mandibular partial denture, resin base	\$350	\$505	7
D5223 Immediate maxillary partial denture, cast metal framework, resin denture base	\$350	\$715	7
D5224 Immediate mandibular partial denture, cast metal framework, resin denture base	\$350	\$715	7
D5281 Removable unilateral partial denture, one piece cast metal	\$305	NPB	1 every 60 months
D5410 Adjust complete denture, maxillary	\$40	\$38	,
D5411 Adjust complete denture, mandibular	\$40	\$38	1 of (D5410-D5422) per arch every 12
D5421 Adjust partial denture, maxillary	\$40	\$38	months
D5422 Adjust partial denture, mandibular	\$40	\$38	7
D5511 Repair broken complete denture base, mandibular	\$80	\$96	
D5512 Repair broken complete denture base, maxillary	\$80	\$96	
D5520 Replace missing or broken teeth, complete denture	\$70	\$88	
D5611 Repair resin partial denture base, mandibular	\$75	\$95	
D5612 Repair resin partial denture base, maxillary	\$75	\$95	
D5621 Repair cast partial framework, mandibular	\$105	\$135	
D5622 Repair cast partial framework, maxillary	\$105	\$135	
D5630 Repair or replace broken clasp, per tooth	\$85	\$135	
D5640 Replace broken teeth, per tooth	\$95	\$85	
D5650 Add tooth to existing partial denture	\$80	\$115	
D5660 Add clasp to existing partial denture, per tooth	\$100	\$125	
D5710 Rebase complete maxillary denture	\$205	\$307	
D5711 Rebase complete mandibular denture	\$205	\$307	7
D5720 Rebase maxillary partial denture	\$205	\$290	7
D5721 Rebase mandibular partial denture	\$215	\$290	7
D5730 Reline complete maxillary denture, chairside	\$125	\$180	7
D5731 Reline complete mandibular denture, chairside	\$125	\$180	1 of (D5710-D5761) per arch every 36
D5740 Reline maxillary partial denture, chairside	\$125	\$175	months
D5741 Reline mandibular partial denture, chairside	\$115	\$175	
D5750 Reline complete maxillary denture, laboratory	\$180	\$235	
D5751 Reline complete mandibular denture, laboratory	\$180	\$235	
D5760 Reline maxillary partial denture, laboratory	\$180	\$220	
D5761 Reline mandibular partial denture, laboratory	\$170	\$220	<u> </u>
D5850 Tissue conditioning, maxillary	\$70	\$105	
D5851 Tissue conditioning, mandibular	\$80	\$105	
Implant Services			

## \*GUIDELINES for Implant Abutments:

- 1. When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$125.00 per unit, beyond the 6th unit.
- 2. Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee \$150.00 per unit.
- 3. For a covered porcelain-fused-to-metal crown, a porcelain margin is considered a material upgrade with a maximum additional charge to the Enrollee of \$75.00 per unit.
- 4. Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contracted Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment.

DC010	Councied also asset of invalent heads, and attend	\$350	NPB	1 of (D6010, D6040, D6050) per tooth
D6010	Surgical placement of implant body, endosteal	\$330	INPB	every 60 months
D6012	Surgical placement of interim implant body, transitional prosthesis: endosteal implant	\$350	NPB	1 per tooth every 60 months
D6040	Surgical placement: eposteal implant	\$350	NPB	1 of (D6010, D6040, D6050) per tooth
D6050	Surgical placement: transosteal implant	\$350	NPB	every 60 months
D6055	Connecting bar, implant supported or abutment supported	\$350	NPB	1 per tooth every 60 months
D6056	Prefabricated abutment, includes modification and placement	\$350	NPB	1 of (D6056, D6057) per tooth every 60
D6057	Custom fabricated abutment, includes placement	\$350	NPB	months
D6058	Abutment supported porcelain/ceramic crown	\$350	NPB	
D6059	Abutment supported porcelain fused to high noble crown	\$350	NPB	
D6060	Abutment supported porcelain fused to base metal crown	\$350	NPB	
D6061	Abutment supported porcelain fused to noble metal crown	\$350	NPB	
D6062	Abutment supported cast metal crown, high noble	\$350	NPB	
D6063	Abutment supported cast metal crown, base metal	\$350	NPB	
D6064	Abutment supported cast metal crown, noble metal	\$350	NPB	
D6065	Implant supported porcelain/ceramic crown	\$350	NPB	
D6066	Implant supported porcelain fused to high noble crown	\$350	NPB	1 of (D2510-D2794, D6058-D6077,
D6067	Implant supported metal crown	\$350	NPB	D6210-D6794) per tooth every 60
D6068	Abutment supported retainer, porcelain/ceramic FPD	\$350	NPB	1 ' '
D6069	Abutment supported retainer, metal FPD, high noble	\$350	NPB	months
D6070	Abutment supported retainer, porcelain fused to metal FPD, base metal	\$350	NPB	
D6071	Abutment supported retainer, porcelain fused to metal FPD, noble	\$350	NPB	
D6072	Abutment supported retainer, cast metal FPD, high noble	\$350	NPB	1
D6073	Abutment supported retainer, cast metal FPD, base metal	\$350	NPB	
D6074	Abutment supported retainer, cast metal FPD, noble	\$350	NPB	
D6075	Implant supported retainer for ceramic FPD	\$350	NPB	
D6076	Implant supported retainer for porcelain fused metal FPD	\$350	NPB	
D6077	Implant supported retainer for cast metal FPD	\$350	NPB	



ADA Code	Description	Pediatric Copay <sup>1</sup>	Adult Copay <sup>2</sup>	Limitations
	Implant Services (continued)			
D6080	Implant maintenance procedures, prosthesis removed/reinserted, including cleansing	\$50	NPB	1 per tooth every 60 months
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant	\$0	NPB	1 every 12 months, not on same day or within 60 days of D1110, D1120, D4341, D4342, D4355, D4910
D6090	Repair implant supported prosthesis, by report	\$80	NPB	1 per tooth every 60 months
D6091	Replacement of semi-precision, precision attachment, implant/abutment supported prosthesis, per attachment	\$20	NPB	1 per tooth every 60 months
D6095	Repair implant abutment, by report	\$230	NPB	1 per tooth every 60 months
D6100	Implant removal, by report	\$180	NPB	1 per tooth every 60 months
D6101	Debridement of a peri-implant defect(s), surrounding single implant, including flap entry/closure	\$165	NPB	1 of (D6101, D6102) per site every 60
D6102	Debridement and osseous contouring of a peri-implant defect(s) surrounding single implant, including flap entry/closure	\$350	NPB	months
D6103	Bone graft for repair of peri-implant defect, does not include flap entry and closure	\$175	NPB	
D6104	Bone graft at time of implant placement	\$165	NPB	
D6110	Implant/abutment supported removable denture, maxillary	\$350	NPB	
D6111	Implant/abutment supported removable denture, mandibular	\$350	NPB	
D6112	Implant/abutment supported removable denture, partial, maxillary	\$350	NPB	
D6113	Implant/abutment supported removable denture, partial, mandibular	\$350	NPB	
D6114	Implant/abutment supported fixed denture, maxillary	\$350	NPB	
D6115	Implant/abutment supported fixed denture, mandibular	\$350	NPB	1 of (D6114-D6117) per arch every 60
D6116	Implant/abutment supported fixed denture for partial, maxillary	\$350	NPB	months
D6117	Implant/abutment supported fixed denture for partial, mandibular	\$350	NPB	
D6190	Radiographic/surgical implant index, by report	\$130	NPB	1 every 60 months
	Fixed Prosthodontic Services			
*GUIDEI	LINES for Bridges:			

D7910 Suture of recent small wounds up to 5 cm

- 1. When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$125.00 per unit, beyond the 6th unit.
- 2. Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee \$150.00 per unit.
- 3. For a covered porcelain-fused-to-metal crown, a porcelain margin is considered a material upgrade with a maximum additional charge to the Enrollee of \$75.00 per unit.
- 4. Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment.

D6210   Pontic, cast high noble metal*				
D62124   Pontic, training   S550   NPB   D6240   Pontic, porcelain fused to high noble metal*   S550   S500   D6241   Pontic, porcelain fused to high noble metal*   S550   S500   D6242   Pontic, porcelain fused to high noble metal*   S550   S500   D6245   Pontic, porcelain fused to high noble metal*   S550   S550   D6246   Pontic, porcelain fused to noble metal*   S550   S550   D6247   Pontic, porcelain fused to noble metal*   S550   S550   D6248   Pontic, porcelain fused to noble metal*   S550   S525   D6249   Pontic, porcelain fused to noble metal*   S550   S525   D6240   Pontic, porcelain fused to noble metal*   S550   S525   D6241   Pontic, porcelain fused to high noble metal*   S550   S525   D6242   Pontic, porcelain fused to high noble metal*   S550   S640   D6243   Retainer crown, porcelain fused to high noble metal*   S550   S640   D62540   Retainer crown, porcelain fused to high noble metal*   S550   S565   D62551   Retainer crown, porcelain fused to high noble metal*   S550   S565   D62562   Retainer crown, porcelain fused to high metal*   S550   S565   D62563   Retainer crown, X cast high noble metal*   S550   S565   D62563   Retainer crown, X cast noble metal*   S550   S565   D62663   Retainer crown, X cast noble metal*   S550   S565   D6278   Retainer crown, X cast noble metal*   S550   S565   D6278   Retainer crown, X cast noble metal*   S550   S565   D6278   Retainer crown, X cast noble metal*   S550   S565   D6278   Retainer crown, X cast noble metal*   S550   S565   D6278   Retainer crown, full cast high noble metal*   S550   S565   D6279   Retainer crown, full cast high noble metal*   S550   S565   D6279   Retainer crown, full cast high noble metal*   S550   S560   D6270   Retainer crown, full cast high noble metal*   S550   S560   D6271   D6272   Retainer crown, full cast high noble metal*   S550   S560   D6272   Retainer crown, full cast high noble metal*   S550   S560   D6273   Retainer crown, full cast high noble metal*   S550   S560   D6274   Retainer crown, full cast high noble metal*	D6210 Pontic, cast high noble metal*	\$350	\$575	
D6240   Pontic, titanium*	D6211 Pontic, cast predominantly base metal	\$350	\$540	
D6240   Pontic, porcelain fused to high noble metal*   \$380   \$560	D6212 Pontic, cast noble metal*	\$350	\$560	
D6241   Pontic, porcelain fused to predominantly base metal   \$380   \$560   D6242   Pontic, porcelain fused to noble metal*   \$350   \$525   D6245   Pontic, porcelain fused to noble metal*   \$350   \$525   D6246   Pontic, porcelain fused to noble metal*   \$350   \$525   D6247   Pontic, porcelain fused to noble metal*   \$350   \$521   D6248   Retainer, cast metal for resin bonded fixed prosthesis   \$210   NPB   D6249   Retainer, porcelain/ceramic, resin bonded fixed prosthesis   \$210   NPB   D6269   Resiner crown, porcelain/ceramic*   \$350   \$560   D6750   Retainer crown, porcelain fused to predominantly base metal   \$350   \$560   D6751   Retainer crown, porcelain fused to predominantly base metal   \$350   \$560   D6751   Retainer crown, incompared to noble metal*   \$350   \$560   D6751   Retainer crown, incompared to noble metal*   \$350   \$560   D6751   Retainer crown, incompared to noble metal*   \$350   \$560   D6751   Retainer crown, incompared to noble metal*   \$350   \$560   D6751   Retainer crown, incompared to noble metal*   \$350   \$560   D6751   Retainer crown, incompared to noble metal*   \$350   \$560   D6751   Retainer crown, incompared to noble metal*   \$350   \$560   D6751   Retainer crown, incompared to noble metal*   \$350   \$560   D6751   Retainer crown, incompared to noble metal*   \$350   \$560   D6751   Retainer crown, incompared to noble metal*   \$350   \$560   D6751   Retainer crown, incompared to noble metal*   \$350   \$560   D6751   Retainer crown, incompared to noble metal*   \$350   \$560   D6751   Retainer crown, incompared to noble metal*   \$350   \$560   D6752   Retainer crown, incompared to noble metal*   \$350   \$560   D6753   Retainer crown, incompared to noble metal*   \$350   \$560   D6751   Retainer crown, incompared to noble metal*   \$350   \$560   D6752   Retainer crown, incompared to noble metal*   \$350   \$560   D6753   Retainer crown, incompared to noble metal*   \$350   \$560   D6753   Retainer crown, incompared to noble metal*   \$350   \$560   D6754   Retainer crown, incompared to noble metal*	D6214 Pontic, titanium*	\$350	NPB	
	D6240 Pontic, porcelain fused to high noble metal*	\$350	\$600	
D6545   Retainer, cast metal for resin bonded fixed prosthesis   \$210   NPB	D6241 Pontic, porcelain fused to predominantly base metal	\$380	\$560	
D6558   Retainer, cast metal for resin bonded fixed prosthesis   \$210   NPB	D6242 Pontic, porcelain fused to noble metal*	\$400	\$575	
D6548   Retainer, porcelain/ceramic, resin bonded fixed prosthesis   \$210 NPB   1 of (D2510-D2794, D6058-D6077, D6584   Resin retainer, for resin bonded fixed prosthesis   \$210 NPB   1 of (D2510-D2794, D6058-D6077, D6740   Retainer crown, porcelain/ceramic*   \$350 \$640   D6750   Retainer crown, porcelain fused to high noble metal*   \$350 \$655   S605   S675   S60575   Retainer crown, porcelain fused to predominantly base metal   \$350 \$630   S658   S630   S658   S658   S658   S658   S658   S659	D6245 Pontic, porcelain/ceramic*	\$350	\$525	]
D6548   Retainer, porcelain/ceramic, resin bonded fixed prosthesis   \$210 NPB   1 of (D2510-D2794, D6058-D6077, D6584   Resin retainer, for resin bonded fixed prosthesis   \$210 NPB   1 of (D2510-D2794, D6058-D6077, D6740   Retainer crown, porcelain/ceramic*   \$350 \$640   D6750   Retainer crown, porcelain fused to high noble metal*   \$350 \$655   S605   S675   S60575   Retainer crown, porcelain fused to predominantly base metal   \$350 \$630   S658   S630   S658   S659	D6545 Retainer, cast metal for resin bonded fixed prosthesis	\$210	NPB	1
D6740   Retainer crown, porcelain/ceramic*   \$350   \$640   D6750   Retainer crown, porcelain fused to high noble metal*   \$350   \$675   S655		\$210	NPB	]
D6750   Retainer crown, porcelain fused to high noble metal*   \$350   \$675	D6549 Resin retainer, for resin bonded fixed prosthesis	\$210	NPB	1 of (D2510-D2794, D6058-D6077,
D6750   Retainer crown, porcelain fused to high noble metal*   \$350   \$575	D6740 Retainer crown, porcelain/ceramic*	\$350	\$640	D6210-D6794) per tooth every 60
D6752   Retainer crown, procelain fused to noble metal*   \$350   \$630   \$650   \$660   \$675   \$660   \$6781   Retainer crown, ½ cast predominantly base metal   \$350   \$555   \$560   \$575   \$66782   Retainer crown, ½ cast predominantly base metal   \$350   \$555   \$560   \$575   \$6782   Retainer crown, ½ cast noble metal*   \$350   \$550   \$550   \$578   \$620   \$6792   Retainer crown, £ proceduring removal of material failure   \$350   \$550   \$550   \$550   \$620   \$6792   Retainer crown, £ predominantly base metal   \$350   \$550   \$550   \$550   \$6792   Retainer crown, £ predominantly base metal   \$350   \$550   \$550   \$550   \$6792   Retainer crown, £ predominantly base metal   \$350   \$550	D6750 Retainer crown, porcelain fused to high noble metal*	\$350	\$675	months
D6780   Retainer crown, % cast high noble metal*   \$350   \$600	D6751 Retainer crown, porcelain fused to predominantly base metal	\$350	\$585	1
D6780   Retainer crown, ½ cast high noble metal*   \$350   \$600	D6752 Retainer crown, porcelain fused to noble metal*	\$350	\$630	1
D6781   Retainer crown, X cast predominantly base metal   \$350   \$575		\$350	\$600	
D6782   Retainer crown, ½ cast noble metal*   \$350   \$545		\$350	\$575	1
D6783 Retainer crown, % porcelain/ceramic*   \$350   \$590     D6790 Retainer crown, full cast high noble metal*   \$350   \$580     D6791 Retainer crown, full cast prodominantly base metal   \$350   \$580     D6792 Retainer crown, full cast noble metal*   \$350   \$580     D6793 Retainer crown, full cast noble metal*   \$350   \$597     D6794 Retainer crown, full cast noble metal*   \$350   \$597     D6798 Retainer crown, full cast noble metal*   \$350   \$597     D6798 Retainer crown, full cast noble metal*   \$350   \$597     D6798 Retainer crown, full cast noble metal*   \$350   \$597     D6794 Retainer crown, full cast noble metal*   \$350   \$597     D6794 Retainer crown, full cast noble metal*   \$350   \$597     D6794 Retainer crown, full cast noble metal*   \$350   \$50     D6930 Recement or re-bond fixed partial denture   \$560   \$50     D6930 Recement or re-bond fixed partial denture   \$140   \$175     D7140 Extraction, erupted tooth or exposed root   \$130   \$78     D7210 Extraction, erupted tooth or exposed root   \$150   \$150     D7220 Removal of impacted tooth, soft tissue   \$150   \$150     D7220 Removal of impacted tooth, soft tissue   \$150   \$172     D7230 Removal of impacted tooth, completely bony   \$250   \$220     D7240 Removal of impacted tooth, completely bony   \$250   \$224     D7240 Removal of impacted tooth, complete bony, complication   \$250   \$278     D7240 Removal of impacted tooth, complete bony, complication   \$250   \$278     D7251 Coronectomy, intentional partial tooth removal   \$335   \$230     D7270 Tooth reimplantation and/or stabilization, accident   \$135   \$NPB     D7280 Exposure of an unerupted tooth   \$100   \$NPB     D7280 Exposure of an unerupted tooth   \$100   \$NPB     D7290 Exposure of an unerupted tooth   \$100		\$350	\$545	
D6791 Retainer crown, full cast predominantly base metal   \$350   \$580		\$350	\$590	
D6791 Retainer crown, full cast predominantly base metal   \$350   \$580   D6792 Retainer crown, full cast noble metal*   \$350   \$597   D6794 Retainer crown, full cast noble metal*   \$350   \$597   D6794 Retainer crown, full cast noble metal*   \$350   \$798   D6794 Retainer crown, titanium*   \$350   \$78   D6930 Re-cement or re-bond fixed partial denture   \$60   \$60   \$60   D6980 Fixed partial denture repair, restorative material failure   \$140   \$175   D740 Retainer crown, strainium*   \$150   \$150   Removal of impacted tooth or exposed root   \$130   \$78   D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth   \$160   \$150   Removal of impacted tooth, soft tissue   \$160   \$150   S172   S160   \$172   S1720   Removal of impacted tooth, completely bony   \$250   \$240   S220   S220   S224   Removal of impacted tooth, completely bony   \$250   \$278   S250   \$278   S250   S278	D6790 Retainer crown, full cast high noble metal*	\$350	\$620	
D6792 Retainer crown, full cast noble metal*   \$350   \$597		\$350	\$580	
D6794 Retainer crown, titanium*   \$350   NPB			\$597	
Degator   Re-cement or re-bond fixed partial denture   \$60   \$60   \$60	, , , , , , , , , , , , , , , , , , ,	\$350	NPB	
Drail & Maxillofacial ServicesD7140Extraction, erupted tooth or exposed root\$130\$78D7210Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth\$160\$150D7220Removal of impacted tooth, soft tissue\$160\$172D7230Removal of impacted tooth, partially bony\$200\$220D7240Removal of impacted tooth, completely bony\$250\$240D7241Removal impacted tooth, complete bony, complication\$250\$278D7250Removal impacted tooth, complete bony, complication\$250\$278D7251Coronectomy, intentional partial tooth roots (cutting procedure)\$200\$147D7252Coronectomy, intentional partial tooth removal\$35\$230D7270Tooth reimplantation and/or stabilization, accident\$135NPBD7310Alveoloplasty with extractions, four or more teeth per quadrant\$75\$162D7311Alveoloplasty with extractions, one to three teeth per quadrant\$95\$310D7321Alveoloplasty, w/o extractions, four or more teeth per quadrant\$95\$210D7321Alveoloplasty, w/o extractions, one to three teeth per quadrant\$145\$190D7471Removal of lateral exostosis, maxilla or mandible\$295\$360			\$60	
Oral & Maxillofacial ServicesD7140Extraction, erupted tooth or exposed root\$130\$78D7210Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth\$150\$150D7220Removal of impacted tooth, soft tissue\$160\$172D7230Removal of impacted tooth, partially bony\$200\$220D7240Removal of impacted tooth, completely bony\$250\$240D7241Removal impacted tooth, complete bony, complication\$250\$278D7250Removal of residual tooth roots (cutting procedure)\$200\$147D7251Coronectomy, intentional partial tooth removal\$35\$230D7270Tooth reimplantation and/or stabilization, accident\$135NPBD7280Exposure of an unerupted tooth\$105NPBD7310Alveoloplasty with extractions, four or more teeth per quadrant\$75\$162D7311Alveoloplasty with extractions, one to three teeth per quadrant\$95\$210D7320Alveoloplasty, w/o extractions, one to three teeth per quadrant\$95\$210D7471Removal of lateral exostosis, maxilla or mandible\$295\$360	D6980 Fixed partial denture repair, restorative material failure	\$140	\$175	
D7210Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth\$160\$150D7220Removal of impacted tooth, soft tissue\$160\$172D7230Removal of impacted tooth, partially bony\$200\$220D7240Removal of impacted tooth, completely bony\$250\$240D7241Removal impacted tooth, complete bony, complication\$250\$278D7250Removal of residual tooth roots (cutting procedure)\$200\$147D7251Coronectomy, intentional partial tooth removal\$35\$230D7270Tooth reimplantation and/or stabilization, accident\$135NPBD7280Exposure of an unerupted tooth\$105NPBD7311Alveoloplasty with extractions, four or more teeth per quadrant\$75\$162D7320Alveoloplasty with extractions, one to three teeth per quadrant\$95\$130D7321Alveoloplasty, w/o extractions, four or more teeth per quadrant\$95\$210D7321Alveoloplasty, w/o extractions, one to three teeth per quadrant\$145\$190D7471Removal of lateral exostosis, maxilla or mandible\$295\$360				
D7220 Removal of impacted tooth, soft tissue  D7230 Removal of impacted tooth, partially bony  D7240 Removal of impacted tooth, partially bony  D7241 Removal of impacted tooth, completely bony  D7241 Removal impacted tooth, completely bony  D7250 Removal of residual tooth, complete bony, complication  D7250 Removal of residual tooth roots (cutting procedure)  D7251 Coronectomy, intentional partial tooth removal  D7250 Exposure of an unerupted tooth  D7300 Alveoloplasty with extractions, four or more teeth per quadrant  D7311 Alveoloplasty with extractions, four or more teeth per quadrant  D7320 Alveoloplasty, w/o extractions, four or more teeth per quadrant  D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant  D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant  D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant  D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant  D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant  D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant  D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant  D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant  D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant  D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant  D7322 Alveoloplasty, w/o extractions, one to three teeth per quadrant  D7323 Alveoloplasty, w/o extractions, one to three teeth per quadrant  D7324 Alveoloplasty, w/o extractions, one to three teeth per quadrant  D7325 S360	D7140 Extraction, erupted tooth or exposed root	\$130	\$78	
D7220 Removal of impacted tooth, soft tissue D7230 Removal of impacted tooth, partially bony D7240 Removal of impacted tooth, completely bony D7241 Removal impacted tooth, completely bony D7242 Removal impacted tooth, complete bony, complication D7250 Removal of residual tooth roots (cutting procedure) D7251 Coronectomy, intentional partial tooth removal D7250 Tooth reimplantation and/or stabilization, accident D7260 Exposure of an unerupted tooth D7310 Alveoloplasty with extractions, four or more teeth per quadrant D7320 Alveoloplasty, w/o extractions, four or more teeth per quadrant D7321 Alveoloplasty, w/o extractions, four or more teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7322 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7323 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7324 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7325 S3360	D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	\$160	\$150	
D730   Removal of impacted tooth, partially bony   \$200   \$220   S220		\$160		·
D7240 Removal of impacted tooth, completely bony D7241 Removal impacted tooth, complete bony, complication D7250 Removal of residual tooth roots (cutting procedure) D7251 Coronectomy, intentional partial tooth removal D7250 Tooth reimplantation and/or stabilization, accident D7260 Exposure of an unerupted tooth D7310 Alveoloplasty with extractions, four or more teeth per quadrant D7311 Alveoloplasty with extractions, one to three teeth per quadrant D7320 Alveoloplasty, w/o extractions, four or more teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7322 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7323 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7324 Alveoloplasty, w/o extractions, one to three teeth per quadrant D7325 S250 S250 S260 D7326 S250 S278 D7327 S250 S250 S250 S250 D7327 S250 S250 S250 S250 S250 S250 S250 S250	D7230 Removal of impacted tooth, partially bony	\$200	\$220	
D7241 Removal impacted tooth, complete bony, complication\$250\$278substantiates the need for removal and is approved the PlanD7250 Removal of residual tooth roots (cutting procedure)\$200\$147D7251 Coronectomy, intentional partial tooth removal\$35\$230D7270 Tooth reimplantation and/or stabilization, accident\$135NPBD7280 Exposure of an unerupted tooth\$105NPBD7310 Alveoloplasty with extractions, four or more teeth per quadrant\$75\$162D7311 Alveoloplasty with extractions, one to three teeth per quadrant\$95\$130D7320 Alveoloplasty, w/o extractions, four or more teeth per quadrant\$95\$210D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant\$145\$190D7471 Removal of lateral exostosis, maxilla or mandible\$295\$360		\$250	\$240	· ·
D7250 Removal of residual tooth Poots (cutting procedure)  D7251 Coronectomy, intentional partial tooth removal  D7270 Tooth reimplantation and/or stabilization, accident  D7280 Exposure of an unerupted tooth  D7380 Exposure of an unerupted tooth  D7310 Alveoloplasty with extractions, four or more teeth per quadrant  D7311 Alveoloplasty with extractions, one to three teeth per quadrant  D7320 Alveoloplasty, w/o extractions, four or more teeth per quadrant  D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant  D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant  D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant  D7321 Removal of lateral exostosis, maxilla or mandible		\$250	\$278	
D7251 Coronectomy, intentional partial tooth removal \$35 \$230  D7270 Tooth reimplantation and/or stabilization, accident \$135 NPB  D7280 Exposure of an unerupted tooth \$105 NPB  D7310 Alveoloplasty with extractions, four or more teeth per quadrant \$75 \$162  D7311 Alveoloplasty with extractions, one to three teeth per quadrant \$95 \$130  D7320 Alveoloplasty, w/o extractions, four or more teeth per quadrant \$95 \$210  D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant \$145 \$190  D7471 Removal of lateral exostosis, maxilla or mandible \$295 \$360	D7250 Removal of residual tooth roots (cutting procedure)	\$200	\$147	approved the Plan
D7270Tooth reimplantation and/or stabilization, accident\$135NPBD7280Exposure of an unerupted tooth\$105NPBD7310Alveoloplasty with extractions, four or more teeth per quadrant\$75\$162D7311Alveoloplasty with extractions, one to three teeth per quadrant\$95\$130D7320Alveoloplasty, w/o extractions, four or more teeth per quadrant\$95\$210D7321Alveoloplasty, w/o extractions, one to three teeth per quadrant\$145\$190D7471Removal of lateral exostosis, maxilla or mandible\$295\$360		\$35	\$230	
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D7320 Alveoloplasty, w/o extractions, four or more teeth per quadrant \$95 \$210  D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant \$145 \$190  D7471 Removal of lateral exostosis, maxilla or mandible \$295 \$360				
D7321 Alveoloplasty, w/o extractions, one to three teeth per quadrant \$145 \$190 D7471 Removal of lateral exostosis, maxilla or mandible \$295 \$360				
D7471 Removal of lateral exostosis, maxilla or mandible \$295 \$360				

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Description

Pediatric

Copay1

\$0

Adult

\$55

Limitations

	Oral & Maxillofacial Services (continued)			
D7921	Collection and application of autologous blood concentrate product	\$230	NPB	1 every 36 months
D7953	Bone replacement graft for ridge preservation, per site	\$250	\$265	
D7971	Excision of pericoronal gingiva	\$55	NPB	
	Orthodontic Services			
Orthod	ontic procedures are benefits for medically necessary handicapping malocclusion, cleft palate and fa	cial growth manag	ement cases for E	nrollees under the age of 19 and shall be
prior au	thorized. All copayments paid by the enrollee, including orthodontic copayments, apply towards the	annual Out of Po	cket Maximum.	
D8010	Limited orthodontic treatment of the primary dentition	\$350	NPB	
D8020	Limited orthodontic treatment of the transitional dentition	\$350	NPB	
D8030	Limited orthodontic treatment of the adolescent dentition	\$350	NPB	
D8050	Interceptive orthodontic treatment of the primary dentition	\$350	NPB	
D8060	Interceptive orthodontic treatment of the transitional dentition	\$350	NPB	
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$350	NPB	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$350	NPB	
D8090	Comprehensive orthodontic treatment of the adult dentition	\$350	NPB	
D8210	Removable appliance therapy	\$88	NPB	
D8220	Fixed appliance therapy	\$127	NPB	
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$50	NPB	
D8670	Periodic orthodontic treatment visit	\$30	NPB	
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$100	NPB	

Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral surgery and pedodontic procedures when dispensed in a dental office by a practitioner acting within the scope of his/her licensure; and when warranted by documented conditions that local anesthetic and contraindicated. General anesthesia, as used for dental pain control, means the elimination of all sensations accompanied by a state of unconsciousness. Patient apprehension and/or nervousness are not of themselves sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analgesia.

D9219	Evaluation for deep sedation or general anesthesia	\$0	\$0	
D9222	Deep sedation/general anesthesia, first 15 minute increment	\$60	\$82	
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	\$60	\$82	
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	\$70	\$67	
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	\$70	\$67	
D9310	Consultation, other than requesting dentist	\$0	\$55	
D9610	Therapeutic parenteral drug, single administration	\$30	\$31	
D9930	Treatment of complications, post surgical, unusual, by report	\$30	\$42	
D9940	Occlusal guard, by report	\$310	NPB	1 every 12 months, age 13 and over
D9991	Dental case management, addressing appointment compliance barriers	\$0	\$0	
D9992	Dental case management, care coordination	\$0	\$0	
D9993	Dental case management, motivational interviewing	\$0	\$0	
D9994	Dental case management, patient education to improve oral health literacy	\$0	\$0	

#### NPB Not Plan Benefit

Adjunctive General Services

D9110 Palliative (emergency) treatment, minor procedure

Out-of-Pocket Maximum means the maximum amount of money that a Pediatric Enrollee must pay for Benefits under this Program during a calendar year. If more than one Pediatric Enrollee is covered, the financial obligation for covered services is not more than the multiple child annual Out of-Pocket maximum. Once the amount paid by all Pediatric Enrollee(s) equals the annual Out-of-Pocket Maximum shown above, no further payment will be required by any of the Pediatric Enrollee(s) for the remainder of the Calendar Year for covered services.

Payment for services that are Optional, that are upgraded treatment (such as precious or semi-precious metals and material upgrades) or that are not covered under the Contract will not count toward the Out-of-Pocket Maximum, and payment for such services still applies after the annual Out-of-Pocket Maximum is met.

Record of payment for covered procedures should be kept by the Responsible Party. When the Out-of-Pocket Maximum has been reached; contact the Customer Service department at 877-877-1893 for instruction on how to submit. Proof that the Out-of-Pocket Maximum has been reached must be submitted to LIBERTY Dental Plan.

<sup>&</sup>lt;sup>1</sup>Pediatric Benefits – Apply to dependents to the age of 19

Adult Benefits - Apply to Enrollees 19 and over



#### **Exclusions:**

#### Except as specifically provided, the following services, supplies, or charges are not covered:

- 1 Services and treatment not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, we will pay for eligible covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law.
- 2 Services and treatment which are experimental or investigational.
- 3 Services and treatment which are for any illness or bodily injury which occurs in the course of employment if a benefit or compensation is available, in whole or in part, under the provision of any law or regulation or any government unit. This exclusion applies whether or not you claim the benefits or compensation.
- 4 Services and treatment received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, VA hospital or similar person or group.
- 5 Services and treatment performed prior to your effective date of coverage.
- 6 Services and treatment incurred after the termination date of your coverage unless otherwise indicated.
- 7 Services and treatment which are not dentally necessary or which do not meet generally accepted standards of dental practice.
- 8 Services and treatment resulting from your failure to comply with professionally prescribed treatment.
- 9 Telephone consultations.
- 10 Any charges for failure to keep a scheduled appointment.
- 11 Any services that are considered strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances.
- 12 Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMD).
- 13 Services or treatment provided as a result of intentionally self-inflicted injury or illness.
- 14 Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection.
- 15 Office infection control charges.
- 16 Charges for copies of your records, charts or x-rays, or any costs associated with forwarding/mailing copies of your records, charts or x-rays.
- 17 State or territorial taxes on dental services performed.
- 18 Those submitted by a dentist, which is for the same services performed on the same date for the same member by another dentist.
- 19 Those provided free of charge by any governmental unit, except where this exclusion is prohibited by law.
- 20 Those for which the member would have no obligation to pay in the absence of this or any similar coverage.
- 21 Those which are for specialized procedures and techniques.
- 22 Those performed by a dentist who is compensated by a facility for similar covered services performed for members.
- 23 Duplicate, provisional and temporary devices, appliances, and services.
- 24 Plaque control programs, oral hygiene instruction, and dietary instructions.
- 25 Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth.
- 26 Gold foil restorations.
- 27 Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan.
- 28 Treatment of services for injuries resulting from war or act of war, whether declared or undeclared, or from police or military service for any country or organization.
- 29 Hospital costs or any additional fees that the dentist or hospital charges for treatment at the hospital (inpatient or outpatient).
- 30 Charges by the provider for completing dental forms.
- 31 Adjustment of a denture or bridgework which is made within 6 months after installation by the same Dentist who installed it.
- 32 Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, dental floss and teeth whiteners.
- 33 Cone Beam Imaging and Cone Beam MRI procedures.
- 34 Sealants for teeth other than permanent molars.
- 35 Replacement of dentures that have been lost, stolen or misplaced.
- 36 Orthodontic care for dependent children age 19 and over.
- 37 Repair of damaged orthodontic appliances.



### **Exclusions Continued:**

- 38 Replacement of lost or missing appliances.
- 39 Fabrication of athletic mouth guard.
- 40 Internal and external bleaching.
- 41 Nitrous oxide.
- 42 Oral sedation.
- 43 Topical medicament center.
- 44 Bone grafts when done in connection with extractions, apicoetomies or non-covered/non eligible implants.
- 45 When two or more services are submitted and the services are considered part of the same service to one another the Plan will pay the most comprehensive service (the service that includes the other non-benefited service) as determined by the dental plan.
- 46 When two or more services are submitted on the same day and the services are considered mutually exclusive (when one service contradicts the need for the other service), the Plan will pay for the service that represents the final treatment as determined by the dental plan.