

Individual Out of Pocket Maximum: \$350 (applies to Pediatric only)

Family Out of Pocket Maximum: \$700 (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 to see a specialist if the services are dentally necessary and outside the scope of general dentistry.

ADA Code	Description	Pediatric Copay	Adult Copay	Pediatric Limitations	Adult Limitation
	Diagnostic Services				
D0120	Periodic oral evaluation	\$5	\$0	2 of (D0120, D0150) per plan year	2 of (D0120, D0150, D0180) per plan year
D0140	Limited oral evaluation	\$5	\$0		
	Oral evaluation under age 3	\$5	NPB		
D0150	Comprehensive oral evaluation	\$5	\$0	2 of (D0120, D0150) per plan year	2 of (D0120, D0150, D0180) per plan year
D0160	Oral evaluation, problem focused	\$5	\$0		
D0170	Re-evaluation, limited, problem focused	\$5	\$0		
D0171	Re-evaluation, post operative office visit	\$10	\$0		
D0180	Comprehensive periodontal evaluation	NPB	\$0		2 of (D0120, D0150, D0180) per plan year
D0210	Intraoral, complete series of radiographic images	\$25	\$0	1 (D0210) every 11 months	1 (D0210) every 11 months
D0220	Intraoral, periapical, first radiographic image	\$5	\$0		
D0230	Intraoral, periapical, each add 'l radiographic image	\$5	\$0		
D0240	Intraoral, occlusal radiographic image	\$5	\$0	2 (D0240) every 12 months	2 (D0240) every 12 months
D0250	Extra-oral 2D projection radiographic image, stationary radiation source	NPB	\$0		
D0251	Extra-oral posterior dental radiographic image	NPB	\$0		
D0270	Bitewing, single radiographic image	\$5	\$0	1 of (D0270, D0272, D0274) every 6 months	
	Bitewings, two radiographic images	\$5	\$0		
	Bitewings, three radiographic images	\$5	\$0		1 of (D0270-D0277) every 6 months
D0274	Bitewings, four radiographic images	\$5	\$0	1 of (D0270, D0272, D0274) every 6 months	
D0277	Vertical bitewings, 7 to 8 radiographic images	\$5	\$0		
D0322	Tomographic survey	\$100	NPB		
	Panoramic radiographic image	\$35	\$0	1 (D0330) every three plan years	1 (D0330) every three plan years
	2D cephalometric radiographic image, measurement and analysis	\$35	NPB		
	2D oral/facial photographic image, intra-orally/extra-orally	\$25	NPB		
	3D photographic image	\$25	NPB		
D0415	Collection of microorganisms for culture	\$25	\$0		
D0416	Viral culture	\$25	NPB		
	Caries susceptibility tests	NPB	\$0		
	Pulp vitality tests	\$10	\$0		
	Diagnostic casts	\$26	NPB		
D0472	Accession of tissue, gross exam, prep & report	NPB	\$0		
D0473	Accession of tissue, gross/micro. exam, prep, report	NPB	\$0		
D0474	Accession of tissue, gross/micro. exam, report	NPB	\$0		
D0486	Accession of transepithelial cytologic sample, prep, written report	\$35	NPB		
D0502	Other oral pathology procedures, by report	\$40	NPB		
D0601	Caries risk assessment and documentation, low risk	\$0	NPB		
D0602	Caries risk assessment and documentation, moderate risk	\$0	NPB		
D0603	Caries risk assessment and documentation, high risk	\$0	NPB		
D1110	Preventive Services	¢10	ć0		2 -f (D1110 D1216 D1010)
	Prophylaxis, adult	\$10	\$0	2 of (D1110, D1120, D4346, D4910) per plan year	2 of (D1110, D4346, D4910) per plan year
	Prophylaxis, child	\$10	NPB		
D1206		\$0	\$0	2 of (D1206, D1208) per plan year	2 of (D1206, D1208) per plan year
D1208	Topical application of fluoride, excluding varnish	\$0 \$0	\$0 \$0		
D1310	Nutritional counseling for control of dental disease				
D1320	Tobacco counseling, control/prevention oral disease	NPB	\$0		
D1330	Oral hygiene instruction	\$0 \$10	\$0 NPB	1 of (D1201 D1202) portooth 1-t	
D1351	Sealant, per tooth			1 of (D1351, D1352) per tooth, 1st and 2nd permanent molars	
D1352	Preventive resin restoration, permanent tooth	\$10	NPB	per lifetime	



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	Preventive Services (continued)	Сорау	Сорау		
	Sealant repair, per tooth	\$10	NPB	1 (D1353) per tooth, 1st and 2nd permanent molars per lifetime	
	Space maintainer, fixed, unilateral	\$85	NPB	1 (D1353) per tooth, 1st and 2nd permanent molars per metime	
	Space maintainer, fixed, annaceral Space maintainer, fixed, bilateral, maxillary	\$85	NPB	4	
	Space maintainer, fixed, bilateral, manibular	\$85	NPB	2 of (D1510-D1527, D1575) every 12 months, 4 units per	
-	Space maintainer, removable, unilateral	\$85	NPB	lifetime	
-	Space maintainer, removable, bilateral, maxillary	\$85	NPB	-	
	Space maintainer, removable, bilateral, maximaly	\$85	NPB		
	Re-cement or re-bond space maintainer	\$10	NPB		
	Removal of fixed space maintainer	\$10	NPB		
	Distal shoe space maintainer, fixed, unilateral	\$85	NPB	2 of (D1510-D1527, D1575) every 12 months, 4 units per lifetime	
	Basic Restorative Services				
D2140	Amalgam, one surface, primary or permanent	\$51	\$10		
D2150	Amalgam, two surfaces, primary or permanent	\$65	\$15]	
D2160	Amalgam, three surfaces, primary or permanent	\$79	\$20	1 of (D2140-D2335, D2391-D2394) per tooth per surface every	1 of (D2140-D2335, D2391-D2394) per tooth per surface every
D2161	Amalgam, four or more surfaces, primary or permanent	\$96	\$25	12 months, if replacement restoration is less than 12 months by	12 months, if replacement restoration is less than 12 months by
D2330	Resin-based composite, one surface, anterior	\$60	\$10	the same dental office or provider it is not chargeable to the	the same dental office or provider it is not chargeable to the
D2331	Resin-based composite, two surfaces, anterior	\$77	\$15	plan or member	plan or member
D2332	Resin-based composite, three surfaces, anterior	\$85	\$20		
D2335	Resin-based composite, four or more surfaces, involving incisal angle	\$98	\$25		
D2390	Resin-based composite crown, anterior	\$150	\$100	1 (D2390) per tooth every 12 months	1 (D2390) per tooth every 12 months
D2391	Resin-based composite, one surface, posterior	\$55	\$20	1 of (D2140-D2335, D2391-D2394) per tooth per surface every	1 of (D2140-D2335, D2391-D2394) per tooth per surface every
D2392	Resin-based composite, two surfaces, posterior	\$75	\$25	12 months, if replacement restoration is less than 12 months by	12 months, if replacement restoration is less than 12 months by
D2393	Resin-based composite, three surfaces, posterior	\$90	\$30	the same dental office or provider it is not chargeable to the	the same dental office or provider it is not chargeable to the
D2394	Resin-based composite, four or more surfaces, posterior	\$105	\$35	plan or member	plan or member
	Major Restorative Services				
	INE CROWNS-PEDIATRIC ONLY				
	a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an adc				
	ain and other tooth-colored materials on molars are considered a material upgrade with a maximum ad		-	•	
	ior teeth: For a covered porcelain fused to metal crown, a porcelain margin is considered a material up			Iditional charge to the Enrollee of \$75.00 per unit.	
	Inlay, metallic, one surface	NPB	\$250		
	Inlay, metallic, two surfaces	NPB	\$250		
	Inlay, metallic, three or more surfaces	NPB	\$250		
	Onlay, metallic, two surfaces	NPB NPB	\$250 \$250		
	Onlay, metallic, three surfaces Onlay, metallic, four or more surfaces	NPB	\$250		
	Inlay, porcelain/ceramic, one surface	NPB	\$250		
	Inlay, porcelain/ceramic, one surfaces	NPB	\$250		
	Inlay, porcelain/ceramic, two surfaces	NPB	\$250		1 of (D2510-D2794, D6205-D6794) per permanent tooth every
	Onlay, porcelain/ceramic, two surfaces	NPB	\$250		5 year period. Must meet medical necessity as determined by a
	Onlay, porcelain/ceramic, two surfaces	NPB	\$250		dentist
	Onlay, porcelain/ceramic, furee surfaces	NPB	\$250		dentist
D2644	Inlay, resin-based composite, one surface	NPB	\$250		
	Inlay, resin-based composite, one surface	NPB	\$250		
D2651	Inlay, resin-based composite, two surfaces	NPB	\$250		
	Onlay, resin-based composite, three of more surfaces	NPB	\$250		
	Onlay, resin-based composite, two surfaces	NPB	\$250		
-	Onlay, resin-based composite, four or more surfaces	NPB	\$250		
-	Crown, resin-based composite (indirect)	NPB	\$150		
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Code	Maine Dankausking Compiler (anaking di	Сорау	Сорау		
D2712	Major Restorative Services (continued) Crown, ¾ resin-based composite (indirect)	\$320	\$150		
-	Crown, 74 resin-based composite (indirect) Crown, resin with high noble metal	\$320 NPB	\$150		
D2720	Crown, resin with predominantly base metal	\$350*	\$150		
D2721	Crown, resin with pible metal	NPB	\$150		
-	Crown, porcelain/ceramic	\$350*	\$150		
D2740	Crown, porcelain fused to high noble metal	NPB	\$200	-	
D2750	Crown, porcelain fused to predominantly base metal	\$350*	\$200	1 of (D2712-D2791, D6205-D6794) per permanent tooth every	
D2751	Crown, porcelain fused to predominantly base metal	NPB	\$200	5 year period. Must meet medical necessity as determined by a	1 of (D2510-D2794, D6205-D6794) per permanent tooth every
-	Crown, % cast high noble metal	NPB	\$200	dentist	5 year period. Must meet medical necessity as determined by a
D2780	Crown, % cast predominantly base metal	\$350*	\$200		dentist
D2781	Crown, % cast piedoninanti y base metal	NPB	\$200		
D2782	Crown, % porcelain/ceramic	NPB	\$200	-	
	Crown, full cast high noble metal	NPB	\$200	-	
D2791	Crown, full cast predominantly base metal	\$350*	\$200	-	
D2791	Crown, full cast noble metal	NPB	\$200		
D2794	Crown, titanium	NPB	\$300		
	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	\$20	\$20		
	Re-cement or re-bond indirectly fabricated/prefabricated post & core	\$20	\$20		
-	Re-cement or re-bond crown	\$20	\$20		
-	Reattachment of tooth fragment, incisal edge or cusp	NPB	\$25		
	Prefabricated stainless steel crown, primary tooth	\$72	\$50	1 (D2930) per tooth every 36 months	1 (D2930) per tooth every 36 months
	Prefabricated stainless steel crown, permanent tooth	\$100	\$75	1 (D2391) per tooth per lifetime	1 (D2391) per tooth per lifetime
D2931	Prefabricated resin crown	\$80	\$75	1 (D2932) per tooth every 36 months	1 (D2932) per tooth every 36 months
	Prefabricated stainless steel crown with resin window	\$115	\$50	1 (D2933) per tooth every 36 months	1 (D2933) per tooth every 36 months
	Protective restoration	\$30	\$30		
-	Restorative foundation for an indirect restoration	NPB	\$85		
D2950	Core buildup, including any pins when required	\$100	\$100		
D2951	Pin retention, per tooth, in addition to restoration	\$20	\$20		
-	Post and core in addition to crown, indirectly fabricated	\$115	\$115		
D2953	Each additional indirectly fabricated post, same tooth	\$85	\$85		
D2954	Prefabricated post and core in addition to crown	\$90	\$90		
D2955	Post removal	\$85	\$85		
D2957	Each additional prefabricated post, same tooth	\$72	\$72		
D2960	Labial veneer (resin laminate), chairside	\$310	\$125		
D2961	Labial veneer (resin laminate), laboratory	\$335	\$150	1 of (D2960-D2962) per permanent tooth when medically	1 of (D2960-D2962) per permanent tooth every 5 year period
D2962	Labial veneer (porcelain laminate), laboratory	\$355	\$150	necessary	
D2971	Additional procedure to construct new crown, existing partial denture frame	NPB	\$30		
D2975	Coping	\$100	\$100		
D2980	Crown repair necessitated by restorative material failure	\$85	\$85		
D2981	Inlay repair necessitated by restorative material failure	NPB	\$85		
D2982	Onlay repair necessitated by restorative material failure	NPB	\$85		
D2983	Veneer repair necessitated by restorative material failure	NPB	\$85		
	Endodontic Services				
D3110	Pulp cap, direct (excluding final restoration)	\$20	\$20		
D3120	Pulp cap, indirect (excluding final restoration)	\$20	\$20		
D3220	Therapeutic pulpotomy (excluding final restoration)	\$65	\$65		
D3221	Pulpal debridement, primary and permanent teeth	NPB	\$35		
D3222	Partial pulpotomy, apexogenesis, permanent tooth, incomplete root	\$70	\$70		
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	\$80	\$80		
D3240	Pulpal therapy, posterior, primary tooth (excluding finale restoration)	\$90	\$90		



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Code		Сорау	Сорау		
-	Endodontic Services (continued)	4000	4100		
-	Endodontic therapy, anterior tooth (excluding final restoration)	\$200	\$100		
-	Endodontic therapy, premolar tooth (excluding final restoration)	\$250	\$150		
	Endodontic therapy, molar tooth (excluding final restoration)	\$350	\$200		
-	Treatment of root canal obstruction; non-surgical access	\$95	\$95		
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	\$200	\$200		
	Internal root repair of perforation defects	NPB	\$35		
	Retreatment of previous root canal therapy, anterior	NPB NPB	\$150 \$200		
-	Retreatment of previous root canal therapy, premolar	NPB NPB	\$200 \$250		
	Retreatment of previous root canal therapy, molar	\$85	\$250		
	Apexification/recalcification, initial visit	\$85 \$85	\$85		
	Apexification/recalcification, interim medication replacement	\$85 \$150	\$150		
	Apexification/recalcification, final visit	\$150 \$185	\$150		
	Apicoectomy, anterior	\$185	\$185		
	Apicoectomy, premolar (first root)	\$254	\$254		
-	Apicoectomy, molar (first root)	\$275	\$275		
	Apicoectomy, (each additional root)	\$75 \$300			
	Periradicular surgery without apicoectomy	\$300 \$75	\$300 \$75		
	Retrograde filling, per root	-	\$110		
-	Root amputation, per root Endodontic endosseous implant	\$110	\$110 NPB		
		\$320 \$85	NРВ \$85		
	Hemisection, not including root canal therapy	\$85 \$70			
D3950	Canal preparation and fitting of preformed dowel or post Periodontal Services	\$70	NPB		
D/210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	\$125	\$125		
	Gingivectomy or gingivoplasty, not of three teeth per quadrant	\$45	\$45		
-	Gingivectomy or gingivoplasty, restorative procedure, per tooth	NPB	\$75		
-	Anatomical crown exposure, four or more teeth per quadrant	\$189	NPB		
	Anatomical crown exposure, rout of these teeth per quadrant	\$170	NPB		
-	Gingival flap procedure, four or more teeth per quadrant	\$125	\$125		
	Gingival flap procedure, one to three teeth per quadrant	\$95	\$95		
-	Apically positioned flap	NPB	\$20		
	Clinical crown lengthening, hard tissue	\$210	\$210		
	Osseous surgery, four or more teeth per quadrant	\$205	\$205		
-	Osseous surgery, one to three teeth per quadrant	\$165	\$165	1 of (D4210-D4278) surgical procedure per quad every 60	
-	Bone replacement graft, retained natural tooth, first site, quadrant	\$195	\$195	months	1 of (D4210-D4285) surgical procedure per quad every 60
	Bone replacement graft, retained natural tooth, each additional site	\$150	\$150		months
-	Biologic materials to aid in soft and osseous tissue regeneration	\$100	NPB		
	Guided tissue regeneration, resorbable barrier, per site	\$300	\$300		
	Guided tissue regeneration, non-resorbable barrier, per site	\$350	\$350		
-	Pedicle soft tissue graft procedure	\$125	\$125		
	Autogenous connective tissue graft procedure, first tooth	\$350	\$350		
	Mesial/distal wedge procedure, single tooth	\$210	\$210		
	Non-autogenous connective tissue graft, first tooth	NPB	\$350		
	Free soft tissue graft, first tooth	\$340	\$615		
	Free soft tissue graft, each additional tooth	\$350	\$205		
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	NPB	\$350		
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	NPB	\$350		
	Provisional splinting, intracoronal	\$50	NPB		
	Provisional splinting, extracoronal	\$70	NPB		
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ADA Description	Pediatric Copay	Adult Copay	Pediatric Limitations	Adult Limitation
Periodontal Services (continued)	Сорау	Сорау		
GUIDELINE: No more than two (2) quadrants of periodontal scaling and root planing per appointment/ per day a	are allowable			
D4341 Periodontal scaling and root planing, four or more teeth per guadrant	\$110	\$40	4 - F (D4244, D4242) was site (such as we d2 months	1 -f (D4241, D4242) and site (such such a 12 months
D4342 Periodontal scaling and root planing, one to three teeth per quadrant	\$60	\$25	1 of (D4341, D4342) per site/quad every 12 months	1 of (D4341, D4342) per site/quad every 12 months
D4346 Scaling in presence of moderate or severe inflammation, full mouth after evaluation	\$10	\$25	2 of (D1110, D1120, D4346, D4910) per plan year	2 of (D1110, D4346, D4910) per plan year
D4355 Full mouth debridement	\$75	\$25		1 (D4355) every 24 months
D4381 Localized delivery of antimicrobial agent/per tooth	\$70	\$25		
D4910 Periodontal maintenance	\$42	\$0	2 of (D1110, D1120, D4346, D4910) per plan year	2 of (D1110, D4346, D4910) per plan year
Removable Prosthodontic Services				
D5110 Complete denture, maxillary	\$350	\$400		
D5120 Complete denture, mandibular	\$350	\$400		
D5130 Immediate denture, maxillary	\$350	\$450		
D5140 Immediate denture, mandibular	\$350	\$450	1 of (D5110-D5214, D5282, D5283) per arch every 60 months.	
D5211 Maxillary partial denture, resin base	\$350	\$150	Must meet medical necessity as determined by a dentist	
D5212 Mandibular partial denture, resin base	\$350	\$150		
D5213 Maxillary partial denture, cast metal, resin base	\$350	\$400		1 of (D5110-D5226, D5282,D5283) per arch every 60 months.
D5214 Mandibular partial denture, cast metal, resin base	\$350	\$400		Must meet medical necessity as determined by a dentist
D5221 Immediate maxillary partial denture, resin base	NPB	\$250		
D5222 Immediate mandibular partial denture, resin base	NPB	\$250		
D5223 Immediate maxillary partial denture, cast metal framework, resin denture base	NPB	\$400		
D5224 Immediate mandibular partial denture, cast metal framework, resin denture base	NPB	\$400		
D5225 Maxillary partial denture, flexible base	NPB	\$300		
D5226 Mandibular partial denture, flexible base	NPB	\$300		
D5282 Removable unilateral partial denture, one piece cast metal, maxillary	\$350	\$300	1 of (D5110-D5214, D5282, D5283) per arch every 60 months.	1 of (D5110-D5226, D5282,D5283) per arch every 60 months.
D5283 Removable unilateral partial denture, one piece cast metal, mandibular	\$350	\$300	Must meet medical necessity as determined by a dentist	Must meet medical necessity as determined by a dentist
D5410 Adjust complete denture, maxillary	\$45	\$30		
D5411 Adjust complete denture, mandibular	\$45	\$30	1 of (D5410-D5422) per arch every 6 months	1 of (D5410-D5422) per arch every 6 months
D5421 Adjust partial denture, maxillary	\$45	\$30	, ,	
D5422 Adjust partial denture, mandibular	\$45	\$30		
D5511 Repair broken complete denture base, mandibular	\$65	\$40		
D5512 Repair broken complete denture base, maxillary	\$65	\$40		
D5520 Replace missing or broken teeth, complete denture	\$41	\$30		
D5611 Repair resin partial denture base, mandibular	\$65	\$40		
D5612 Repair resin partial denture base, maxillary	\$65	\$40		
D5621 Repair cast partial framework, mandibular	\$125	\$75		
D5622 Repair cast partial framework, maxillary	\$125	\$75		
D5630 Repair or replace broken retentive clasping, per tooth	\$125	\$75		
D5640 Replace broken teeth, per tooth	\$65	\$65		
D5650 Add tooth to existing partial denture	\$65	\$65		
D5660 Add clasp to existing partial denture, per tooth	\$105	\$105		
D5670 Replace all teeth & acrylic on cast metal frame, maxillary	\$310	\$310		
D5671 Replace all teeth & acrylic on cast metal frame, mandibular	\$310	\$310		
D5710 Rebase complete maxillary denture	NPB	\$100		
D5711 Rebase complete mandibular denture	NPB	\$100		
D5720 Rebase maxillary partial denture	NPB NPB	\$100		
D5721 Rebase mandibular partial denture	NPB \$125	\$100		
D5730 Reline complete maxillary denture, chairside		\$100	4	
D5731 Reline complete mandibular denture, chairside D5740 Reline maxillary partial denture, chairside	\$125 \$105	\$100 \$100	1 of (D5730-D5761) per arch every 6 months	1 of (D5730-D5761) per arch every 6 months
	1		נסלכט וט ד per arch every 6 months	ד סו (דסיבח-חסים) her arcu every e montus
D5741 Reline mandibular partial denture, chairside	\$105 \$190	\$100 \$100	4	
D5750 Reline complete maxillary denture, laboratory	\$130	\$100		



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Code Code <thcode< th=""> Code Code <thc< th=""><th>ADA Code</th><th>Description</th><th>Pediatric</th><th>Adult</th><th>Pediatric Limitations</th><th>Adult Limitation</th></thc<></thcode<>	ADA Code	Description	Pediatric	Adult	Pediatric Limitations	Adult Limitation
Dis53General conductor monital metation, substance3496 <th< td=""><td></td><td>Removable Prosthodontic Services (continued)</td><td>Сорау</td><td>Сорау</td><td></td><td></td></th<>		Removable Prosthodontic Services (continued)	Сорау	Сорау		
010000100000000000000000000000000000000000			\$190	\$100		
0572 Beiter minibular justification, multipart 505 300 1 of 05230, 05231 per arch every 60 month. Mutatered 0583 Interim partial desture, machbalar 505 300 1 of 05230, 05231 per arch every 60 month. Mutatered 0583 Interim partial desture, machbalar 500 300 1 of 05230, 05231 per arch every 60 month. Mutatered 0583 Interim partial desture, machbalar 500 500 1 of 05230, 05231 per arch every 60 month. Mutatered 0583 Note, monthalar 1 of 05230, 05231 per arch every 60 month. Mutatered 1 of 05230, 05231 per arch every 60 month. Mutatered 0583 Note, monthalar justification, manifary 4 10 1 of 05230, 05231 per arch every 60 month. Mutatered 0580 Note, monthalar justification, manifary 4 10 1 of 05230, 05231 per arch every 60 month. Mutatered 0580 Note, monthalar justification, manifary 1 of 05230, 05231 per arch every 60 month. Mutatered 0580 Note, monthalar justification, manifary 1 of 05230, 05231 per arch every 60 month. Mutatered 0581 Note, monthalar justification, manifary 1 of 05230, 05231 per arch every 60 month. Mutatered 0582 Note, monthalan fore tred Note 1 of 05230,			-		1 of (D5730-D5761) per arch every 6 months	1 of (D5730-D5761) per arch every 6 months
1520 Interim partal dennire, manifary 5075 1 4 of (02320) (0232) per anh every 60 month. Must meet Interim partal dennire, manifary 1 of (02320) (0232) per anh every 60 month. Must meet 0530 Inscence outdroming, manifary 542 542 1 of (02320) (0232) per anh every 60 month. Must meet 0530 Inscence outdroming, manifary 542 542 1 of (02320) (0232) per anh every 60 month. Must meet 0530 Inscence outdroming, manifary 542 542 1 of (02320) (0232) per anh every 60 month. Must meet 0530 Inscence outdroming, manifary 542 542 1 of (02320) (0232) per anh every 60 month. Must meet 0530 Inscence outdroming, manifary 543 542 1 of (02320) (02321) per anh every 60 month. Must meet 0530 Inscence outdroming, manifary 542 542 1 of (02320) (02321) per anh every 60 month. Must meet 0531 Inscence outdroming, manifary 542 542 1 of (02320) (02321) per anh every 60 month. Must meet 0532 Partic, each everb for month MP8 520 1 of (02310)				1		
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	D6783		NPB			
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Individual Out of Pocket Maximum: \$350 (applies to Pediatric only)

ADA Code	Description	Pediatric	Adult	Pediatric Limitations	Adult Limitation
Coue	Fixed Prosthodontic Services (continued)	Сорау	Сорау		
D6791	Retainer crown, full cast predominantly base metal	NPB	\$300		1 of (D2510-D2794, D6205-D6794) per permanent tooth every
D6792	Retainer crown, full cast pictorminitity base metal	NPB	\$300		5 year period. Must meet medical necessity as determined by a
	Retainer crown, titanium	NPB	\$350		dentist
	Re-cement or re-bond fixed partial denture	\$75	\$75		
-	Stress breaker	NPB	\$93		
-	Fixed partial denture repair, restorative material failure	NPB	\$20		
	Oral & Maxillofacial Services				
D7111	Extraction, coronal remnants, primary tooth	\$42	\$15		
-	Extraction, erupted tooth or exposed root	\$45	\$20		
	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	\$90	\$25		
	Removal of impacted tooth, soft tissue	\$130	\$30		
D7230	Removal of impacted tooth, partially bony	\$125	\$40		
D7240	Removal of impacted tooth, completely bony	\$150	\$55		
D7241	Removal impacted tooth, complete bony, complication	\$205	\$55		
D7250	Removal of residual tooth roots (cutting procedure)	\$85	\$85		
D7251	Coronectomy, intentional partial tooth removal	NPB	\$65		
D7260	Oroantral fistula closure	\$250	NPB		
D7261	Primary closure of a sinus perforation	\$290	NPB		
D7270	Tooth reimplantation and/or stabilization, accident	\$105	\$105		
D7280	Exposure of an unerupted tooth	\$125	\$125		
D7282	Mobilization of erupted/malpositioned tooth	NPB	\$125		
D7283	Placement, device to facilitate eruption, impaction	\$50	\$50		
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	\$95	NPB		
D7286	Incisional biopsy of oral tissue, soft	\$85	\$85		
D7287	Exfoliative cytological sample collection	\$45	NPB		
D7288	Brush biopsy, transepithelial sample collection	\$50	NPB		
D7290	Surgical repositioning of teeth	\$250	NPB		
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$78	NPB		
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	\$350	NPB		
D7293	Placement of temporary anchorage device requiring flap; includes device removal	\$350	NPB		
D7294	Placement of temporary anchorage device without flap; includes device removal	\$350	NPB		
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	\$90	\$90		
	Alveoloplasty with extractions, one to three teeth per quadrant	\$110	\$110		
	Alveoloplasty, w/o extractions, four or more teeth per quadrant	\$110	\$110		
	Alveoloplasty, w/o extractions, one to three teeth per quadrant	\$160	\$160		
D7410	Excision of benign lesion, up to 1.25 cm	\$105	NPB		
	Excision of benign lesion, greater than 1.25 cm	\$105	NPB		
D7412	Excision of benign lesion, complicated	\$160	NPB		
D7440	Excision of malignant tumor, up to 1.25 cm	\$30	NPB		
D7441	Excision of malignant tumor, greater than 1.25 cm	\$60	NPB		
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	\$205	\$205		
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	\$330	\$330		
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	\$205	NPB		
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	\$330	NPB		
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$110	NPB		
D7471	Removal of lateral exostosis, maxilla or mandible	NPB	\$150		
-	Removal of torus palatinus	\$150	\$150		
	Removal of torus mandibularis	\$150	\$150		
	Radical resection of maxilla or mandible	\$350	NPB		
D7510	Incision & drainage of abscess, intraoral soft tissue	\$82	\$82		



Individual Out of Pocket Maximum: \$350 (applies to Pediatric only)

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07800Piscal borns, complicated reduction, multiple surgical approaches5350NP807710Mailla, cogar draction5350NP807720Mailla (cogar draction5350NP807730Mandble, cogar draction5350NP807730Mandble, cogar draction5350NP807730Mandble, cogar draction5350NP807730Mail and/or zagnantic arch, cogar enduction5350NP807730Mail and/or zagnantic arch, cogar enduction5350NP807730Mail and/or zagnantic arch, cogar enduction stabilization of teeth5350NP807730Arcelous, congelicated racticon with fraction and multiple approaches530NP807731Arcelous, rancticular and wounds up to 5 cm530NP807731Conglicated suture, greater than 5 cm530NP807731Arcelous, rancticular and multiple approaches530NP807731Arcelous, rancticular and multiple approaches530NP807741Arcelous, rancticular and multiple approaches530NP807741Arcelous, rancticular and multiple approaches <td< td=""><td>D7670</td><td>Alveolus, closed reduction, may include stabilization of teeth</td><td></td><td>NPB</td><td></td><td></td></td<>	D7670	Alveolus, closed reduction, may include stabilization of teeth		NPB		
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17720Mandliko open reduction5300NPB17740Marliko codes reduction5300NPB17750Malar and/or regonantic arch, open reduction5300NPB17750Malar and/or regonantic arch, open reduction5300NPB17770Alveolus, open reduction stabilization of teeth5300NPB17771Alveolus, open reduction stabilization of teeth5300NPB17771Alveolus, open reduction stabilization of teeth5300NPB17781Acadibactions, complicated reduction with fixation and multiple approaches530NPB17811Complicated sturue, up to 5 cm530NPB179121Complicated sturue, grant of sciS300NPB179121Complicated sturue, grant of sciS300NPB179240Steatoping, for orthograntin with bore graft; includes obtaining the graftS300NPB17934Otestonny, mandbular ramiS300NPB17934Otestonny, back of mandlikeS300NPB17934Otestonny, back of mandlikeS300NPB17934Otestonny, back of mandlikeS300NPB17934Otestonny, back of mandlikeS300NPB17934Otestonny, back of mandlikeS300NPB17934Ideforti II, with bore graftS300NPB17934Ideforti II, with bore graftS300NPB17934Ideforti II, with bore graftS300NPB17934Ideforti II, with bore graftS300NPB <td>D7710</td> <td>Maxilla, open reduction</td> <td>\$350</td> <td>NPB</td> <td></td> <td></td>	D7710	Maxilla, open reduction	\$350	NPB		
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17770Aveolus, open reduction stabilization of teeth530NP817771Aveolus, open reduction stabilization of teeth530NP817771Aveolus, complicated reduction with fration and multiple approaches530NP817780Facial bones, complicated reduction with fration and multiple approaches530NP817781Complicated sture, growth fration and multiple approaches530NP817911Complicated sture, growth fration and multiple approaches530NP817912Complicated sture, growth fration and multiple approaches530NP817912Complicated sture, growth fration and multiple approaches530NP817940Osteodorw, mandibular rami530NP817940Osteodorw, segmented or subapical530NP817941Osteodorw, segmented or subapical530NP817942Osteodorw, segmented or subapical530NP817943Lefort In cefort III, with one graft530NP817944Lefort In cefort III, with one graft530NP817945Lefort In cefort III, with one graft530NP817945Lefort In cefort III, with one graft530NP817945Replacement graft for idge preservation, per site530NP817945Replacement graft for idge preservation, per site530NP817945Replacement graft for idge preservation, per site530NP817945Replacement graft for idge preservation, per site530NP8 <td>D7750</td> <td>Malar and/or zygomatic arch, open reduction</td> <td>\$350</td> <td>NPB</td> <td></td> <td></td>	D7750	Malar and/or zygomatic arch, open reduction	\$350	NPB		
177721Aveolus, closed reduction stabilization of teeth530NPB17780facial bones, complicated reduction with fixation and multiple approaches530NPB17781Camplicated sture, up to 5 cm530NPB17781Camplicated sture, up to 5 cm555NPB17781Camplicated sture, up to 5 cm550NPB17781Camplicated sture, up to 5 cm550NPB17812Complicated sture, up to 5 cm550NPB17913Osteoplasty, for orthograthic deformites530NPB17944Osteoplasty, for orthograthic deformites530NPB17945Osteotormy, mandibular rami530NPB17944Osteotormy, andibular rami530NPB17945Osteotormy, asgmented or subapical530NPB17945Osteotormy, Lody of mandible530NPB17946Lefort (Inxailla, steal)530NPB17947Lefort II (maxilla, steal)530NPB17948Lefort II or Lefort II, withou bone graft530NPB17948Lefort II or Lefort II, withou to parattic approach530NPB17953Bone replacement graft or idge preservation, per site530NPB17954Sinus augmentation with bone or one substitutes via a lateral open approach530NPB17953Bone replacement graft or idge preservation, per site530NPB17953Bone replacement graft or idge preservation, per site530NPB17954Le	D7760	Malar and/or zygomatic arch, closed reduction	\$350	NPB		
10780facial bones, complicated reduction with fixation and multiple approaches9390NPB07910Suture of recent snail wounds to 5 cmS30NPB07911Complicated suture, up to 5 cmS55NPB07912Complicated suture, up to 5 cmS15NPB07913Complicated suture, greater than 5 cmS15NPB07940Osteopharkin ceformitiesS300NPB07940Osteopharkin ceformitiesS300NPB07941Osteotomy, mandibular ramiS350NPB07943Osteotomy, segmented or subapicalS300NPB07944Osteotomy, segmented or subapicalS300NPB07945Lefort (maxille, scala)S350NPB07945Lefort (maxille, scala)S350NPB07946Lefort (maxille, scala)S350NPB07947Lefort (maxille, scala)S350NPB07948Lefort I or Lefort III, with bone graftS350NPB07949Lefort I or Lefort III, with bone graftS350NPB07945Steotomy, segmented)S350NPB07945Steotomy for ridge preservation, per siteS350NPB07945Lefort I or Lefort III, with bone graftS350NPB07945If enulgendayS350NPB07945Reparcemtion with bone or bone substitutes via a lateral open approachS350NPB07945If enulgendayS150NPB07945If enulgendayS150NPB<	D7770	Alveolus, open reduction stabilization of teeth	\$350	NPB		
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17931Complicated sturre, ye to 5 cm955NPB07312Complicated sturre, greater than 5 cm315NPB07313Otscipalsty, for orthognathic deformitiesS300NPB07343Otscipalsty, for orthognathic deformitiesS300NPB07344Otscipalsty, for orthognathic deformitiesS300NPB07345Otscipalsty, for orthognathic deformitiesS300NPB07345Otscipalsty, for orthognathic deformitiesS300NPB07345Otscipalsty, for orthognathic deformitiesS300NPB07345Otscipalsty, for orthognathic deformitiesS300NPB07345Isofar (Imaxilia, otsginented)S300NPB07345Isofar (Imaxilia, otsginented)S300NPB07345Isofar (Imaxilia, oth orthognathic deformities a lateral open approachS300NPB07353Bone replacenent erg filt for ridge preservation, per siteS300NPB07355Bone replacenent erg filt for ridge preservation, per siteS300NPB07365FrenuloplastyS100NPBImage: Site Site Site Site Site Site Site Site	D7780	Facial bones, complicated reduction with fixation and multiple approaches	\$350	NPB		
17912Complicated suture, greater than 5 cmS15NPBD7940Osteoplasty, for orthognathic deformitiesS350NPBD7941Osteotomy, mandibular ramiS350NPBD7943Osteotomy, mandibular rami with bone graft; includes obtaining the graftS350NPBD7944Osteotomy, mandibular rami with bone graft; includes obtaining the graftS350NPBD7945Osteotomy, bedy of mandibleS350NPBD7946Osteotomy, fordy of mandibleS350NPBD7947LeFort I (maxilla, segmented)S350NPBD7948LeFort I (maxilla, segmented)S350NPBD7949LeFort II or LeFort II, with out bone graftS350NPBD7949LeFort II or LeFort II, with bone graftS350NPBD7959Repainderial for indge preservation, per siteS350NPBD7959Repainderial for an allofacial for and or hard II size defectS350 <td>D7910</td> <td>Suture of recent small wounds up to 5 cm</td> <td>\$30</td> <td>NPB</td> <td></td> <td></td>	D7910	Suture of recent small wounds up to 5 cm	\$30	NPB		
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D7941Osteotomy, mandibular rami\$350NPBD7943Osteotomy, mandibular rami with bone graft; includes obtaining the graft\$350NPBD7944Osteotomy, segmented or subspiral\$350NPBD7945Osteotomy, body of mandible\$350NPBD7946Lefort I (maxilla, segmented)\$350NPBD7947Lefort I (maxilla, segmented)\$350NPBD7948Lefort I or Lefort II, without bone graft\$350NPBD7949Lefort I or Lefort II, without bone graft\$350NPBD7949Lefort I or Lefort II, without bone graft\$350NPBD7949Lefort I or Lefort II, without bone graft\$350NPBD7951Sinus augmentation with bone or bone substitutes via a lateral open approach\$350NPBD7958Reprised or substitutes via a lateral open approach\$350NPBD7959Frenulectomy (frenectomy or frenotomy), separate procedure\$125\$125D7960Frenuloplasty\$150NPBD7971Excision of periodraligiva\$125\$125D7981Sinci of salvarg fland, preprit\$350NPBD7981Sincision of salvarg fland, preprit\$350NPBD7981Sincision of periodraligiva\$125\$125D7981Keision of periodraligiva\$125\$125D7981Sincision of salvarg fland, preprit\$350NPBD7981Sincision of salvarg fland, preprit\$350NPBD7981Sincision of salvarg fl	D7912	Complicated suture, greater than 5 cm	\$15	NPB		
D7943Osteotomy, mandibular rami with bone graft, includes obtaining the graft\$350NPBD7944Osteotomy, segmented or subapical\$350NPBD7945Osteotomy, body of mandible\$350NPBD7946LeFort I (maxilla, total)\$350NPBD7947Lefort I (maxilla, segmented)\$350NPBD7948LeFort I (navilla, segmented)\$350NPBD7949LeFort I (navilla, segmented)\$350NPBD7949LeFort I I or LeFort III, without bone graft\$350NPBD7949LeFort I I or LeFort III, without bone graft\$350NPBD7951Sinus augmentation with bone or bone substitutes via a lateral open approach\$350NPBD7953Repair of maxillofacial soft and/or hard tissue defect\$350NPBD7956Frenulectomy (frenectomy or frenotomy), separate procedure\$125\$125D7960Frenulectomy (frenectomy or frenotomy), separate procedure\$125\$125D7971Excision of puerplastic tissue, per arch\$250NPBD7980Surgical sialoithotomy\$250NPBD7981Excision of salivary gland, by report\$250NPBD7981Excision of salivary gland, by report\$350NPBD7982Salidochoplasty\$350NPBD7983Salidochoplasty\$350NPBD7984Caster of salivary fistula\$350NPBD7985Caster of salivary fistula\$350NPBD7986Salidochoplasty<	D7940	Osteoplasty, for orthognathic deformities	\$350	NPB		
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D7945Osteotomy, body of mandible\$350NPBD7945LeFort I (maxilla, total)\$350NPBD7947LeFort I (maxilla, segmented)\$350NPBD7948LeFort II or LeFort II, without bone graft\$350NPBD7949LeFort II or LeFort II, without bone graft\$350NPBD7949LeFort II or LeFort II, without bone graft\$350NPBD7949LeFort II or LeFort II, with bone graft\$350NPBD7949LeFort II or LeFort II, with bone graft\$350NPBD7951Sinus augmentation with bone or bone substitutes via a lateral open approach\$350NPBD7953Bone replacement graft for ridge preservation, per site\$350NPBD7954Frenulectomy (frenectomy or frenotomy), separate procedure\$125\$125D7960Frenuleplastic tissue, per arch\$250\$250D7970Excision of pericoronal gingva\$125\$125D7981Excision of salivary gland, by report\$350NPBD7982Silodochoplasty\$350NPBD7983Glavary fistula\$250NPBD7984Colser of salivary gland, by report\$350NPBD7985Ienergency trachectomy\$350NPBD7989Erence of salivary fistula\$250NPBD7989Erence of salivary fistula\$250NPBD7989Erence trachectomy\$350NPBD7989Erence trachectomy\$350NPBD7989Erence trach	D7943	Osteotomy, mandibular rami with bone graft; includes obtaining the graft	\$350	NPB		
D7946LeFort I (maxilla, total)\$350NPBD7947LeFort I (maxilla, segmented)\$350NPBD7948LeFort II or LeFort III, without bone graft\$350NPBD7949LeFort II or LeFort III, without bone graft\$350NPBD7951Sinus augmentation with bone or bone substitutes via a lateral open approach\$350NPBD7955Bone replacement graft for ridge preservation, per site\$350NPBD7956Repair of maxillofacial soft and/or hard tissue defect\$350NPBD7960Frenulectomy (frenectomy or frenotomy), separate procedure\$125\$125D7961Excision of hyperplastic tissue, per arch\$250NPBD7970Excision of hyperplastic tissue, per arch\$250NPBD79781Excision of salivary gland, by report\$350NPBD7982Sladodonglasty\$350NPBD7983Sladostragland, by report\$350NPBD7984Excision of salivary fistula\$350NPBD7985Excision of salivary fistula\$350NPBD7986Energency tracheotomy\$350NPBD7987Excision of salivary fistula\$250NPBD7988Excision of salivary fistula\$250NPBD7989Emergency tracheotomy\$350NPBD7980Emergency tracheotomy\$350NPBD7981Excision of salivary fistula\$250NPBD7982Sladoschoglasty\$350NPBD7983E	D7944	Osteotomy, segmented or subapical	\$350	NPB		
D7947Lefort I (maxilla, segmented)\$350NPBD7948Lefort II or Lefort III, without bone graft\$350NPBD7949Lefort II or Lefort III, with bone graft\$350NPBD7949Lefort II or Lefort III, with bone graft\$350NPBD7951Sinus augmentation with bone or bone substitutes via a lateral open approach\$350NPBD7953Bone replacement graft for ridge preservation, per site\$350NPBD7954Repair of maxillofacial soft and/or hard tissue defect\$350NPBD7955Repair of maxillofacial soft and/or hard tissue defect\$350NPBD7960Frenulectomy (frenectomy or frenotomy), separate procedure\$125\$125D7961Ficula plasty\$150NPBD7970Excision of hyperplastic tissue, per arch\$250\$250D7971Excision of salivary gland, by report\$250NPBD7981Excision of salivary gland, by report\$350NPBD7982Slodochoplasty\$350NPBD7983Closure of salivary fistula\$250NPBD7984Closure of salivary fistula\$250NPBD7985Closure of salivary fistula\$250NPBD7986Closure of salivary fistula\$250NPBD7987Excision of salivary fistula\$250NPBD7988Closure of salivary fistula\$250NPBD7989Emergency tracheotomy\$350NPBD7980Emergency tracheotomy\$350 <td< td=""><td>D7945</td><td>Osteotomy, body of mandible</td><td>\$350</td><td>NPB</td><td></td><td></td></td<>	D7945	Osteotomy, body of mandible	\$350	NPB		
D7948LeFort II or LeFort III, with bone graft\$350NPBD7949LeFort II or LeFort III, with bone graft\$350NPBD7949LeFort II or LeFort III, with bone graft\$350NPBD7951Sinus augmentation with bone or bone substitutes via a lateral open approach\$350NPBD7953Bone replacement graft for ridge preservation, per site\$350NPBD7955Repair of maxillofacial soft and/or hard tissue defect\$350NPBD7960Frenulectomy (frenectomy or frenotomy), separate procedure\$125\$125D7970Excision of hyperplastic tissue, per arch\$250\$250D7971Excision of shivary gland, by report\$250NPBD7981Excision of salivary fistula\$350NPBD7982Stalodochoplasty\$350NPBD7983Closure of salivary fistula\$350NPBD7984Eccision of spirary fistula\$350NPBD7985Ecosion prevent fistula\$350NPBD7986Surgical sialolithotomy\$250NPBD7987Surgical sialolithotomy\$350NPBD7988Ecosion of salivary fistula\$350NPBD7989Encision of salivary fistula\$250NPBD7980Encision of salivary fistula\$250NPBD7980Encience fistury fistula\$250NPBD7980Encience fistury fistula\$250NPBD7980Encience fistury fistula\$250NPBD7980 <t< td=""><td>D7946</td><td>LeFort I (maxilla, total)</td><td>\$350</td><td>NPB</td><td></td><td></td></t<>	D7946	LeFort I (maxilla, total)	\$350	NPB		
D7949LeFort II or LeFort II, with bone graft\$350NPBD7951Sinus augmentation with bone or bone substitutes via a lateral open approach\$350NPBD7953Bone replacement graft for ridge preservation, per site\$350NPBD7954Repair of maxillofacial soft and/or hard tissue defect\$350NPBD7955Repair of maxillofacial soft and/or hard tissue defect\$350NPBD7960Frenulectomy (frenectomy of frenotomy), separate procedure\$125\$125D7970Excision of hyperplastic tissue, per arch\$250\$250D7971Excision of pericoronal gingiva\$125\$125D7980Surgical sialolithotomy\$250NPBD7981Excision of salivary gland, by report\$350NPBD7982Sladodohplasty\$350NPBD7983Closure of salivary fistula\$250NPBD7980Emergency tracheotomy\$350NPBD7980Emergency tracheotomy\$350NPB	D7947	LeFort I (maxilla, segmented)	\$350	NPB		
D7951Sinus augmentation with bone or bone substitutes via a lateral open approach\$350NPBD7953Bone replacement graft for ridge preservation, per site\$350NPBD7955Repair of maxillofacial soft and/or hard tissue defect\$350NPBD7960Frenulectomy (frenectomy or frenotomy), separate procedure\$125\$125D7963Frenulectomy of frenotomy), separate procedure\$150NPBD7970Excision of hyperplastic tissue, per arch\$250\$250D7981Excision of pericoronal gingiva\$125\$125D7982Salodochoplasty\$250NPBD7983Surgical sialolithotomy\$250NPBD7984Surgical sialolithotomy\$350NPBD7985Sialodochoplasty\$350NPBD7982Sialodochoplasty\$350NPBD7983Closure of salivary fistula\$250NPBD7994Emergency tracheotomy\$350NPBD7995Emergency tracheotomy\$350NPB	D7948	LeFort II or LeFort III, without bone graft	\$350	NPB		
D7953Bone replacement graft for ridge preservation, per site\$350NPBD7955Repair of maxillofacial soft and/or hard tissue defect\$350NPBD7960Frenulectomy (frenectomy or frenotomy), separate procedure\$125\$125D7963Frenuloplasty\$150NPBD7970Excision of hyperplastic tissue, per arch\$250\$250D7971Excision of pericoronal gingiva\$125\$125D7980Surgical sialolithotomy\$250\$250D7981Excision of salivary gland, by report\$350NPBD7982Sialodochoplasty\$350NPBD7983Closure of salivary fistula\$350NPBD7984Closure of salivary fistula\$350NPBD7985Emergency tracheotomy\$350NPBD7980Emergency tracheotomy\$350NPBD7981Closure of salivary fistula\$250NPBD7982Closure of salivary fistula\$350NPBD7983Closure of salivary fistula\$350NPBD7984Emergency tracheotomy\$350NPBD79955Emergency tracheotomy\$350NPBD79965Emergency tracheotomy\$350NPBD79975Emergency tracheotomy\$350NPBD79985Emergency tracheotomy\$350NPBD79995Emergency tracheotomy\$350NPBD79905Emergency tracheotomy\$350NPBD79905Emergency tracheotomy\$350 <td< td=""><td>D7949</td><td>LeFort II or LeFort III, with bone graft</td><td>\$350</td><td>NPB</td><td></td><td></td></td<>	D7949	LeFort II or LeFort III, with bone graft	\$350	NPB		
D7955Repair of maxillofacial soft and/or hard tissue defect\$350NPBD7960Frenulectomy (frenectomy or frenotomy), separate procedure\$125\$125D7963Frenuloplasty\$150NPBD7970Excision of hyperplastic tissue, per arch\$250\$250D7971Excision of pericoronal gingiva\$125\$125D7980Surgical sialolithotomy\$250\$250D7981Excision of salivary gland, by report\$350NPBD7982Sialodochoplasty\$350NPBD7983Closure of salivary fistula\$250\$250D7990Emergency tracheotomy\$350NPB	D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$350	NPB		
D7960Frenulectomy (frenectomy or frenotomy), separate procedure\$125\$125D7963Frenuloplasty\$150NPBD7970Excision of hyperplastic tissue, per arch\$250\$250D7971Excision of pericoronal gingiva\$125\$125D7980Surgical sialolithotomy\$250NPBD7981Excision of salivary gland, by report\$350NPBD7982Sialodchoplasty\$350NPBD7983Closure of salivary fistula\$250NPBD7994Excision of salivary fistula\$350NPBD7995Emergency tracheotomy\$350NPB	D7953	Bone replacement graft for ridge preservation, per site	\$350	NPB		
D7963Frenuloplasty\$150NPBD7970Excision of hyperplastic tissue, per arch\$250\$250D7971Excision of pericoronal gingiva\$125\$125D7980Surgical sialolithotomy\$250NPBD7981Excision of salivary gland, by report\$350NPBD7982Sialodchoplasty\$350NPBD7983Closure of salivary fistula\$250NPBD7990Emergency tracheotomy\$350NPB	D7955	Repair of maxillofacial soft and/or hard tissue defect	\$350	NPB		
D7970Excision of hyperplastic tissue, per arch\$250\$250D7971Excision of pericoronal gingiva\$125\$125D7980Surgical sialolithotomy\$250NPBD7981Excision of salivary gland, by report\$350NPBD7982Sialodchoplasty\$350NPBD7983Closure of salivary fistula\$250NPBD7990Emergency tracheotomy\$350NPB	D7960	Frenulectomy (frenectomy or frenotomy), separate procedure	\$125	\$125		
D7971Excision of pericoronal gingiva\$125\$125D7980Surgical sialolithotomy\$250NPBD7981Excision of salivary gland, by report\$350NPBD7982Sialodchoplasty\$350NPBD7983Closure of salivary fistula\$250NPBD7990Emergency tracheotomy\$350NPB	D7963	Frenuloplasty	\$150	NPB		
D7971Excision of pericoronal gingiva\$125\$125D7980Surgical sialolithotomy\$250NPBD7981Excision of salivary gland, by report\$350NPBD7982Sialodochoplasty\$350NPBD7983Closure of salivary fistula\$250NPBD7990Emergency tracheotomy\$350NPB	D7970	Excision of hyperplastic tissue, per arch	\$250	\$250		
D7981Excision of salivary gland, by report\$350NPBD7982Sialodchoplasty\$350NPBD7983Closure of salivary fistula\$250NPBD7990Emergency tracheotomy\$350NPB			\$125	\$125		
D7982 Sialodochoplasty \$350 NPB D7983 Closure of salivary fistula \$250 NPB D7990 Emergency tracheotomy \$350 NPB	D7980	Surgical sialolithotomy	\$250	NPB		
D7982 Sialodochoplasty \$350 NPB D7983 Closure of salivary fistula \$250 NPB D7990 Emergency tracheotomy \$350 NPB	D7981	Excision of salivary gland, by report	\$350	NPB		
D7990 Emergency tracheotomy \$350 NPB			\$350	NPB		
	D7983	Closure of salivary fistula	\$250	NPB		
D7991 Coronoidectomy \$350 NPB	D7990	Emergency tracheotomy	\$350	NPB		
	D7991	Coronoidectomy	\$350	NPB		



Individual Out of Pocket Maximum: \$350 (applies to Pediatric only)

ADA Code	Description	Pediatric Copay	Adult Copay	Pediatric Limitations	Adult Limitation
	& Maxillofacial Services (continued)				
D7996 Implar	ant-mandible for augmentation purposes, by report	\$350	NPB		
	oral placement of a fixation device not in conjunction with a fracture	\$350	NPB		
Ortho	odontic Services				
GUIDELINE: For	or Pediatric Dental EHB, orthodontic treatment is a benefit of this Dental Plan ONLY when the pat	ient's orthod	ontic needs r	neet medically necessary requirements as determined by a verifie	ed score of 26 or higher (or other qualifying conditions) on HLD
Index analysis .	. All treatment must be prior authorized by the Plan prior to banding.				
All copayments	s paid by the enrollee, including orthodontic copayments, apply towards the annual Out of Pocket	t Maximum.			
D8080 Compr	prehensive orthodontic treatment of the adolescent dentition	\$350	NPB		
	prehensive orthodontic treatment of the adult dentition	\$350	NPB		
	ent per plan year, not to exceed \$1700 over the course of treatment. (D8090 refer to a usual and	customary 2	4-month cou	rse of orthodontic treatment, with treatment progressing and off	ered regularly at intervals determined to be appropriate by the
treating dentist.			r	l .	
	orthodontic treatment examination to monitor growth and development	\$50	NPB		
	odic orthodontic treatment visit	\$80	NPB		
	odontic retention (removal of appliances, construction and placement of retainer(s))	\$120	NPB		
	odontic treatment (alternative billing to a contract fee)	\$92	NPB		
	ement or re-bond fixed retainer	\$70	NPB		
· ·	ir of fixed retainers, includes reattachment	\$70	NPB		
	nctive General Services				
	ative (emergency) treatment, minor procedure	\$10	\$34		
	l partial denture sectioning	\$65	\$65		
D0210 Lassia	l anesthesia not in conjunction, operative or surgical procedures	\$15	\$15		
		\$15	\$15		
D9212 Trigem	minal division block anesthesia				
D9212 Trigem D9215 Local a GUIDELINE: Dee	minal division block anesthesia I anesthesia in conjunction with operative or surgical procedures eep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral onditions that local anesthetic and contraindicated. General anesthesia, as used for dental pain (\$0 surgery and p	\$0 pedodontic p		
D9212 Trigem D9215 Local a GUIDELINE: Dee documented con themselves suffi	l anesthesia in conjunction with operative or surgical procedures eep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral	\$0 surgery and p control, mear	\$0 pedodontic p		
D9212 Trigem D9215 Local a GUIDELINE: Dee documented con themselves suffi D9219 Evalua	l anesthesia in conjunction with operative or surgical procedures eep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral onditions that local anesthetic and contraindicated. General anesthesia, as used for dental pain o fficient justification for deep sedation/general anesthesia or intravenous conscious sedation/anal	\$0 surgery and p control, mear gesia.	\$0 pedodontic p ns the elimina		
D9212 Trigem D9215 Local a GUIDELINE: Dee documented col themselves suffi D9219 Evalua D9222 Deep s	l anesthesia in conjunction with operative or surgical procedures eep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral onditions that local anesthetic and contraindicated. General anesthesia, as used for dental pain o fficient justification for deep sedation/general anesthesia or intravenous conscious sedation/anal uation for moderate sedation, deep sedation or general anesthesia	\$0 surgery and p control, mear gesia. \$0	\$0 pedodontic po ns the elimina \$0		
D9212 Trigem D9215 Local a GUIDELINE: Dee documented con themselves suffi D9219 Evalua D9222 Deep s D9223 Deep s	l anesthesia in conjunction with operative or surgical procedures eep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral onditions that local anesthetic and contraindicated. General anesthesia, as used for dental pain o fficient justification for deep sedation/general anesthesia or intravenous conscious sedation/anal uation for moderate sedation, deep sedation or general anesthesia o sedation/general anesthesia, first 15 minute increment	\$0 surgery and p control, mear gesia. \$0 \$50	\$0 pedodontic p ns the elimina \$0 \$50		
D9212 Trigem D9215 Local a GUIDELINE: Dee documented con themselves suffi D9219 Evalua D9222 Deep s D9223 Deep s D9230 Inhalar	l anesthesia in conjunction with operative or surgical procedures eep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral onditions that local anesthetic and contraindicated. General anesthesia, as used for dental pain o fficient justification for deep sedation/general anesthesia or intravenous conscious sedation/anal uation for moderate sedation, deep sedation or general anesthesia o sedation/general anesthesia, first 15 minute increment o sedation/general anesthesia, each subsequent 15 minute increment	\$0 surgery and p control, mean gesia. \$0 \$50 \$50	\$0 pedodontic p ns the elimina \$0 \$50 \$50		
D9212 Trigem D9215 Local a GUIDELINE: Dee documented con themselves suffi D9219 Evalua D9222 Deep s D9223 Deep s D9230 Inhalal D9239 Intrave	l anesthesia in conjunction with operative or surgical procedures eep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral onditions that local anesthetic and contraindicated. General anesthesia, as used for dental pain of fficient justification for deep sedation/general anesthesia or intravenous conscious sedation/anal uation for moderate sedation, deep sedation or general anesthesia o sedation/general anesthesia, first 15 minute increment o sedation/general anesthesia, each subsequent 15 minute increment lation of nitrous oxide/analgesia, anxiolysis	\$0 surgery and p control, mear gesia. \$0 \$50 \$50 \$20	\$0 bedodontic p hs the elimina \$0 \$50 \$50 \$20		
D9212 Trigem D9215 Local a GUIDELINE: Dee documented con themselves suffi D9219 Evalua D9222 Deep s D9223 Deep s D9230 Inhalai D9239 Intrave D9243 Intrave	l anesthesia in conjunction with operative or surgical procedures eep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral onditions that local anesthetic and contraindicated. General anesthesia, as used for dental pain of fficient justification for deep sedation/general anesthesia or intravenous conscious sedation/anal uation for moderate sedation, deep sedation or general anesthesia o sedation/general anesthesia, first 15 minute increment o sedation/general anesthesia, each subsequent 15 minute increment lation of nitrous oxide/analgesia, anxiolysis venous moderate (conscious) sedation/analgesia, first 15 minute increment	\$0 surgery and p control, mear gesia. \$0 \$50 \$50 \$20 \$15	\$0 bedodontic pins the eliminat \$0 \$50 \$50 \$20 \$15		
D9212 Trigen D9215 Local a GUIDELINE: Dee documented con themselves suffi D9219 Evalua D9222 Deep s D9223 Deep s D9230 Inhala D9239 Intrave D9243 Intrave D9248 Non-in	l anesthesia in conjunction with operative or surgical procedures seep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral onditions that local anesthetic and contraindicated. General anesthesia, as used for dental pain of fficient justification for deep sedation/general anesthesia or intravenous conscious sedation/anal uation for moderate sedation, deep sedation or general anesthesia o sedation/general anesthesia, first 15 minute increment o sedation/general anesthesia, each subsequent 15 minute increment lation of nitrous oxide/analgesia, anxiolysis venous moderate (conscious) sedation/analgesia, first 15 minute increment venous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	\$0 surgery and p control, mear gesia. \$0 \$50 \$50 \$20 \$15 \$15	\$0 bedodontic p hs the elimina \$0 \$50 \$50 \$20 \$15 \$15		
D9212 Trigen D9215 Local a GUIDELINE: Deed documented cor themselves suffi D9219 Evalua D9222 Deep s D9230 Inhalai D9239 Intrave D9243 Intrave D9248 Non-in D9310 Consul	l anesthesia in conjunction with operative or surgical procedures seep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral onditions that local anesthetic and contraindicated. General anesthesia, as used for dental pain of fficient justification for deep sedation/general anesthesia or intravenous conscious sedation/anal uation for moderate sedation, deep sedation or general anesthesia o sedation/general anesthesia, first 15 minute increment abion for introus oxide/analgesia, anxiolysis venous moderate (conscious) sedation/analgesia, first 15 minute increment unous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	\$0 surgery and p control, mear gesia. \$0 \$50 \$50 \$20 \$15 \$15 \$100	\$0 bedodontic p hs the elimina \$0 \$50 \$50 \$20 \$15 \$15 \$100		
D9212 Trigen D9215 Local a GUIDELINE: Deed documented coi themselves suffi D9219 Evalua D9222 Deep s D9223 Deep s D9230 Inhalai D9239 Intrave D9243 Intrave D9248 Non-in D9310 Consui D9410 House	l anesthesia in conjunction with operative or surgical procedures seep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral onditions that local anesthetic and contraindicated. General anesthesia, as used for dental pain of fficient justification for deep sedation/general anesthesia or intravenous conscious sedation/anal uation for moderate sedation, deep sedation or general anesthesia o sedation/general anesthesia, first 15 minute increment o sedation/general anesthesia, each subsequent 15 minute increment lation of nitrous oxide/analgesia, anxiolysis venous moderate (conscious) sedation/analgesia, first 15 minute increment intravenous (conscious) sedation/analgesia, each subsequent 15 minute increment intravenous (conscious) sedation, includes non-IV minimal and moderate sedation ultation, other than requesting dentist	\$0 surgery and p control, mear gesia. \$0 \$50 \$50 \$20 \$15 \$15 \$15 \$100 \$70	\$0 bedodontic p s the elimina \$0 \$50 \$50 \$20 \$15 \$15 \$15 \$100 \$70		
D9212 Trigen D9215 Local a GUIDELINE: Deed documented cor themselves suffi D9219 Evalua D9222 Deep s D9223 Deep s D9230 Inhalat D9239 Intrave D9248 Non-in D9310 Consui D9410 House D9420 Hospit	l anesthesia in conjunction with operative or surgical procedures seep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral onditions that local anesthetic and contraindicated. General anesthesia, as used for dental pain of fficient justification for deep sedation/general anesthesia or intravenous conscious sedation/anal aation for moderate sedation, deep sedation or general anesthesia os sedation/general anesthesia, first 15 minute increment os sedation/general anesthesia, each subsequent 15 minute increment lation of nitrous oxide/analgesia, anxiolysis venous moderate (conscious) sedation/analgesia, first 15 minute increment venous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment intravenous (conscious) sedation, includes non-IV minimal and moderate sedation ultation, other than requesting dentist se/extended care facility call	\$0 surgery and p control, mean gesia. \$0 \$50 \$50 \$20 \$15 \$15 \$115 \$100 \$70 \$70	\$0 bedodontic p s the elimina \$0 \$50 \$50 \$20 \$15 \$15 \$115 \$100 \$70 \$70		
D9212 Trigen D9215 Local a GUIDELINE: Deed documented coi themselves suffi D9219 Evalua D9222 Deep s D9223 Deep s D9230 Inhalai D9239 Intrave D9248 Non-iri D9310 Consui D9410 House D9420 Hospit D9430 Office	l anesthesia in conjunction with operative or surgical procedures eep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral onditions that local anesthetic and contraindicated. General anesthesia, as used for dental pain of fficient justification for deep sedation/general anesthesia or intravenous conscious sedation/anal justion for moderate sedation, deep sedation or general anesthesia os sedation/general anesthesia, first 15 minute increment os sedation/general anesthesia, each subsequent 15 minute increment lation of nitrous oxide/analgesia, anxiolysis venous moderate (conscious) sedation/analgesia, first 15 minute increment wenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment intravenous (conscious) sedation, includes non-IV minimal and moderate sedation ultation, other than requesting dentist ee/extended care facility call bital or ambulatory surgical center call	\$0 surgery and p control, mear gesia. \$0 \$50 \$50 \$15 \$15 \$15 \$100 \$70 \$70 \$45	\$0 bedodontic p is the elimina \$0 \$50 \$50 \$15 \$15 \$15 \$100 \$70 \$70 \$45		
D9212 Trigen D9215 Local a GUIDELINE: Deed documented coi themselves suffi D9219 Evalua D9222 Deep 9 D9223 Deep 9 D9230 Inhalai D9239 Intrave D9248 Non-iri D9310 Consui D9410 House D9420 Hospit D9430 Office D9440 Office	l anesthesia in conjunction with operative or surgical procedures eep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral onditions that local anesthetic and contraindicated. General anesthesia, as used for dental pain of fficient justification for deep sedation/general anesthesia or intravenous conscious sedation/anal juation for moderate sedation, deep sedation or general anesthesia os sedation/general anesthesia, first 15 minute increment os sedation/general anesthesia, each subsequent 15 minute increment lation of nitrous oxide/analgesia, anxiolysis venous moderate (conscious) sedation/analgesia, first 15 minute increment venous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment intravenous (conscious) sedation, includes non-IV minimal and moderate sedation ultation, other than requesting dentist se/extended care facility call oital or ambulatory surgical center call e visit, observation, regular hours, no other services	\$0 surgery and p control, mear gesia. \$0 \$50 \$50 \$15 \$15 \$100 \$70 \$70 \$45 \$25	\$0 bedodontic p hs the elimina \$0 \$50 \$50 \$15 \$15 \$15 \$100 \$70 \$70 \$45 \$25		
D9212 Trigen D9215 Local a GUIDELINE: Deed documented cou themselves suffi D9219 Evalua D9222 Deep 9 D9223 Deep 9 D9223 Intrave D9243 Intrave D9243 Intrave D9248 Non-in D9310 Consui D9410 House D9420 Hospit D9430 Office D9440 Office D9610 Therag	l anesthesia in conjunction with operative or surgical procedures eep sedation/general anesthesia is a covered benefit only when in conjunction with covered oral onditions that local anesthetic and contraindicated. General anesthesia, as used for dental pain of fficient justification for deep sedation/general anesthesia or intravenous conscious sedation/anal pation for moderate sedation, deep sedation or general anesthesia os sedation/general anesthesia, first 15 minute increment os sedation/general anesthesia, each subsequent 15 minute increment lation of nitrous oxide/analgesia, anxiolysis venous moderate (conscious) sedation/analgesia, first 15 minute increment intravenous (conscious) sedation/analgesia, each subsequent 15 minute increment intravenous (conscious) sedation, includes non-IV minimal and moderate sedation ultation, other than requesting dentist se/extended care facility call oital or ambulatory surgical center call e visit, observation, regular hours, no other services e visit, after regularly scheduled hours	\$0 surgery and p control, mear gesia. \$0 \$50 \$50 \$20 \$15 \$15 \$100 \$70 \$70 \$45 \$25 \$60 \$30 \$45	\$0 bedodontic p hs the elimina \$50 \$50 \$20 \$15 \$15 \$15 \$100 \$70 \$70 \$45 \$25 \$60 \$30 \$45		
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Individual Out of Pocket Maximum: \$350 (applies to Pediatric only)

Family Out of Pocket Maximum: \$700 (applies to Pediatric only)

ADA Code	Description	Pediatric Copay	Adult Copay	Pediatric Limitations	Adult Limitation
	Adjunctive General Services (continued)				
D9951	Occlusal adjustment, limited	\$15	\$15		
D9952	Occlusal adjustment, complete	\$165	\$165		

NPB Not Plan Benefit

Eligibility – Pediatric Benefits – Children through the age of 18

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 Member Service department at 888-700-1246 for instruction on how to submit. Proof that the Out-of-Pocket Maximum has been reached must be submitted to LIBERTY Dental Plan.

Exclusions:

- 1 Any procedure not specifically listed as a Covered Benefit.
- 2 Replacement of lost or stolen prosthetics or appliances including partial dentures, full dentures, and orthodontic appliances.
- 3 General anesthesia, analgesia, intravenous/intramuscular sedation or the services of an anesthesiologist other than those situations described in the Schedule of Benefits.
- 4 Treatment started prior to coverage or after termination of coverage.
- 5 Services for cosmetic purposes or for conditions that are a result of hereditary developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.
- 6 Procedures which are determined not to be dentally necessary consistent with professionally recognized standards of dental practice.
- 7 Procedures performed on natural teeth solely to increase vertical dimension or restore occlusion.
- 8 Any service performed outside of a contracted LIBERTY dental office, unless expressly authorized by LIBERTY, or unless as outlined and covered in the "Emergency Dental Care" section of the Evidence of Coverage.
- 9 The removal of asymptomatic, unerupted third molars (or other teeth) that appear to have an unimpeded pathway to eruption and no active pathology.
- 10 Procedures or appliances that are provided by a dentist who specializes in prosthodontic services.
- 11 Services for restoring tooth structure lost from wear (abrasion, erosion, attrition or abfraction), for rebuilding occlusion or maintaining chewing surfaces or teeth that are out of alignment or for stabilizing teeth. Examples of such treatment are equilibration and periodontal splinting.
- 12 Any routine dental services performed by a dentist or dental specialist in an inpatient/outpatient hospital setting.
- 13 Consultations for non-covered services.
- 14 Procedures, appliances or restorations to treat congenital or developmental situations (including supernumerary teeth) or medically induced dental disorders, including but not limited to; myofunctional treatment (e.g. speech therapy) or myoskeletal dysfunctions, unless otherwise covered as an orthodontic benefit.