



NV Family Basic Dental Plan

Individual Out of Pocket Maximum: \$375 (applies to Pediatric only)

Family Out of Pocket Maximum: \$750 (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 Limitations
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		
D0145	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	1 of (D0270-D0277) every 6 months
D0272	Bitewings, two radiographic images	\$5	\$0		
D0273	Bitewings, three radiographic images	\$5	\$0		
D0274	Bitewings, four radiographic images	\$5	\$0		
D0277	Vertical bitewings, 7 to 8 radiographic images	\$5	\$0	1 of (D0270, D0272, D0274) every 6 months	
D0322	Tomographic survey	\$100	NPB		
D0330	Panoramic radiographic image	\$35	\$0	1 (D0330) every three plan years	1 (D0330) every three plan years
D0340	2D cephalometric radiographic image, measurement and analysis	\$35	NPB		
D0350	2D oral/facial photographic image, intra-orally/extra-orally	\$25	NPB		
D0351	3D photographic image	\$25	NPB		
D0415	Collection of microorganisms for culture	\$25	\$0		
D0416	Viral culture	\$25	NPB		
D0425	Caries susceptibility tests	NPB	\$0		
D0460	Pulp vitality tests	\$10	\$0		
D0470	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		
Preventive Services					
D1110	Prophylaxis, adult	\$10	\$0	2 of (D1110, D1120, D4346, D4910) per plan year	2 (D1110) per plan year
D1120	Prophylaxis, child	\$10	NPB		
D1206	Topical application of fluoride varnish	\$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		
D1310	Nutritional counseling for control of dental disease	\$0	\$0		
D1320	Tobacco counseling, control/prevention oral disease	NPB	\$0		
D1330	Oral hygiene instruction	\$0	\$0		
D1351	Sealant, per tooth	\$10	NPB	1 of (D1351, D1352) per tooth, 1st and 2nd permanent molars per lifetime	
D1352	Preventive resin restoration, permanent tooth	\$10	NPB		
D1353	Sealant repair, per tooth	\$10	NPB	1 (D1353) per tooth, 1st and 2nd permanent molars per lifetime	
D1510	Space maintainer, fixed, unilateral, per quadrant	\$85	NPB	2 of (D1510-D1527, D1575) every 12 months, 4 units per lifetime	
D1516	Space maintainer, fixed, bilateral, maxillary	\$85	NPB		
D1517	Space maintainer, fixed, bilateral, mandibular	\$85	NPB		
D1520	Space maintainer, removable, unilateral, per quadrant	\$85	NPB		
D1526	Space maintainer, removable, bilateral, maxillary	\$85	NPB		
D1527	Space maintainer, removable, bilateral, mandibular	\$85	NPB		
D1551	Re-cement or re-bond bilateral space maintainer, maxillary	\$10	NPB		
D1553	Re-cement or re-bond unilateral space maintainer, per quadrant	\$10	NPB		
D1556	Removal of fixed unilateral space maintainer, per quadrant	\$10	NPB		
D1557	Removal of fixed bilateral space maintainer, maxillary	\$10	NPB		
D1558	Removal of fixed bilateral space maintainer, mandibular	\$10	NPB		



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Preventive Services (continued)					
D1575	Distal shoe space maintainer, fixed, per quadrant	\$85	NPB	2 of (D1510-D1527, D1575) every 12 months, 4 units per	
Basic Restorative Services					
D2140	Amalgam, one surface, primary or permanent	\$51	\$0	1 of (D2140-D2335, D2391-D2394) per tooth per surface every 12 months, if replacement restoration is less than 12 months by the same dental office or provider it is not chargeable to the plan or member	1 of (D2140-D2335, D2391-D2394) per tooth per surface every 12 months, if replacement restoration is less than 12 months by the same dental office or provider it is not chargeable to the plan or member
D2150	Amalgam, two surfaces, primary or permanent	\$65	\$0		
D2160	Amalgam, three surfaces, primary or permanent	\$79	\$0		
D2161	Amalgam, four or more surfaces, primary or permanent	\$96	\$0		
D2330	Resin-based composite, one surface, anterior	\$60	\$0		
D2331	Resin-based composite, two surfaces, anterior	\$77	\$0		
D2332	Resin-based composite, three surfaces, anterior	\$85	\$0		
D2335	Resin-based composite, four or more surfaces, involving incisal angle	\$98	\$0		
D1552	Re-cement or re-bond bilateral space maintainer, mandibular	\$10	NPB		
D2390	Resin-based composite crown, anterior	\$150	\$0	1 (D2390) per tooth every 12 months	1 (D2390) per tooth every 12 months
D2391	Resin-based composite, one surface, posterior	\$55	\$0	1 of (D2140-D2335, D2391-D2394) per tooth per surface every 12 months, if replacement restoration is less than 12 months by the same dental office or provider it is not chargeable to the plan or member	1 of (D2140-D2335, D2391-D2394) per tooth per surface every 12 months, if replacement restoration is less than 12 months by the same dental office or provider it is not chargeable to the plan or member
D2392	Resin-based composite, two surfaces, posterior	\$75	\$0		
D2393	Resin-based composite, three surfaces, posterior	\$90	\$0		
D2394	Resin-based composite, four or more surfaces, posterior	\$105	\$0		
Major Restorative Services					
*GUIDELINE CROWNS-PEDIATRIC ONLY					
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. Posterior teeth: 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.					
D2712	Crown, ¼ resin-based composite (indirect)	\$320	NPB	1 of (D2712-D2791) per permanent tooth every 5 year period. Must meet medical necessity as determined by a dentist	
D2721	Crown, resin with predominantly base metal	\$350*	NPB		
D2740	Crown, porcelain/ceramic	\$350*	NPB		
D2751	Crown, porcelain fused to predominantly base metal	\$350*	NPB		
D2781	Crown, ¼ cast predominantly base metal	\$350*	NPB		
D2791	Crown, full cast predominantly base metal	\$350*	NPB		
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	\$20	NPB		
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	\$20	NPB		
D2920	Re-cement or re-bond crown	\$20	NPB		
D2930	Prefabricated stainless steel crown, primary tooth	\$72	NPB	1 (D2930) per tooth every 36 months	
D2931	Prefabricated stainless steel crown, permanent tooth	\$100	NPB	1 (D2931) per tooth per lifetime	
D2932	Prefabricated resin crown	\$80	NPB	1 (D2932) per tooth every 36 months	
D2933	Prefabricated stainless steel crown with resin window	\$115	NPB	1 (D2933) per tooth every 36 months	
D2940	Protective restoration	\$30	NPB		
D2950	Core buildup, including any pins when required	\$100	NPB		
D2951	Pin retention, per tooth, in addition to restoration	\$20	NPB		
D2952	Post and core in addition to crown, indirectly fabricated	\$115	NPB		
D2953	Each additional indirectly fabricated post, same tooth	\$85	NPB		
D2954	Prefabricated post and core in addition to crown	\$90	NPB		
D2955	Post removal	\$85	NPB		
D2957	Each additional prefabricated post, same tooth	\$72	NPB		
D2960	Labial veneer (resin laminate), direct	\$310	NPB	1 of (D2960-D2962) per permanent tooth when medically necessary	
D2961	Labial veneer (resin laminate), indirect	\$335	NPB		
D2962	Labial veneer (porcelain laminate), indirect	\$355	NPB		
D2975	Coping	\$100	NPB		
D2980	Crown repair necessitated by restorative material failure	\$85	NPB		
Endodontic Services					
D3110	Pulp cap, direct (excluding final restoration)	\$20	NPB		
D3120	Pulp cap, indirect (excluding final restoration)	\$20	NPB		
D3220	Therapeutic pulpotomy (excluding final restoration)	\$65	NPB		
D3222	Partial pulpotomy, apexogenesis, permanent tooth, incomplete root	\$70	NPB		
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	\$80	NPB		
D3240	Pulpal therapy, posterior, primary tooth (excluding final restoration)	\$90	NPB		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$200	NPB		
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$250	NPB		
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$350	NPB		
D3331	Treatment of root canal obstruction; non-surgical access	\$95	NPB		
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	\$200	NPB		



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Endodontic Services (continued)					
D3351	Apexification/recalcification, initial visit	\$85	NPB		
D3352	Apexification/recalcification, interim medication replacement	\$85	NPB		
D3353	Apexification/recalcification, final visit	\$150	NPB		
D3410	Apicoectomy, anterior	\$185	NPB		
D3421	Apicoectomy, premolar (first root)	\$254	NPB		
D3425	Apicoectomy, molar (first root)	\$275	NPB		
D3426	Apicoectomy, (each additional root)	\$75	NPB		
D3430	Retrograde filling, per root	\$75	NPB		
D3450	Root amputation, per root	\$110	NPB		
D3460	Endodontic endosseous implant	\$320	NPB		
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption, anterior	\$300	NPB		
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption, premolar	\$300	NPB		
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption, molar	\$300	NPB		
D3920	Hemisection, not including root canal therapy	\$85	NPB		
D3950	Canal preparation and fitting of preformed dowel or post	\$70	NPB		
Periodontal Services					
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	\$125	NPB	1 of (D4210-D4278) surgical procedure per quad every 60 months	
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	\$45	NPB		
D4230	Anatomical crown exposure, four or more teeth per quadrant	\$189	NPB		
D4231	Anatomical crown exposure, one to three teeth per quadrant	\$170	NPB		
D4240	Gingival flap procedure, four or more teeth per quadrant	\$125	NPB		
D4241	Gingival flap procedure, one to three teeth per quadrant	\$95	NPB		
D4249	Clinical crown lengthening, hard tissue	\$210	NPB		
D4260	Osseous surgery, four or more teeth per quadrant	\$205	NPB		
D4261	Osseous surgery, one to three teeth per quadrant	\$165	NPB		
D4263	Bone replacement graft, retained natural tooth, first site, quadrant	\$195	NPB		
D4264	Bone replacement graft, retained natural tooth, each additional site	\$150	NPB		
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	\$100	NPB		
D4266	Guided tissue regeneration, resorbable barrier, per site	\$300	NPB		
D4267	Guided tissue regeneration, non-resorbable barrier, per site	\$350	NPB		
D4270	Pedicle soft tissue graft procedure	\$125	NPB		
D4273	Autogenous connective tissue graft procedure, first tooth	\$350	NPB		
D4274	Mesial/distal wedge procedure, single tooth	\$210	NPB		
D4277	Free soft tissue graft, first tooth	\$340	NPB		
D4278	Free soft tissue graft, each additional tooth	\$350	NPB		
D4322	Splint, intra-coronal; natural teeth or prosthetic crowns	\$50	NPB		
D4323	Splint, extra-coronal; natural teeth or prosthetic crowns	\$70	NPB		
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	\$110	NPB	1 of (D4341, D4342) per site/quad every 12 months	
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	\$60	NPB		
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	\$10	NPB	2 of (D1110, D1120, D4346, D4910) per plan year	
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit	\$75	NPB		
D4381	Localized delivery of antimicrobial agent/per tooth	\$70	NPB		
D4910	Periodontal maintenance	\$42	NPB	2 of (D1110, D1120, D4346, D4910) per plan year	
Removable Prosthodontic Services					
D5110	Complete denture, maxillary	\$350	NPB	1 of (D5110-D5214, D5282, D5283) per arch every 60 months. Must meet medical necessity as determined by a dentist	
D5120	Complete denture, mandibular	\$350	NPB		
D5130	Immediate denture, maxillary	\$350	NPB		
D5140	Immediate denture, mandibular	\$350	NPB		
D5211	Maxillary partial denture, resin base	\$350	NPB		
D5212	Mandibular partial denture, resin base	\$350	NPB		
D5213	Maxillary partial denture, cast metal, resin base	\$350	NPB		
D5214	Mandibular partial denture, cast metal, resin base	\$350	NPB		
D5282	Removable unilateral partial denture, one piece cast metal, maxillary	\$350	NPB		
D5283	Removable unilateral partial denture, one piece cast metal, mandibular	\$350	NPB		
D5410	Adjust complete denture, maxillary	\$45	NPB	1 of (D5410-D5422) per arch every 6 months	
D5411	Adjust complete denture, mandibular	\$45	NPB		
D5421	Adjust partial denture, maxillary	\$45	NPB		
D5422	Adjust partial denture, mandibular	\$45	NPB		
D5511	Repair broken complete denture base, mandibular	\$65	NPB		



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Removable Prosthodontic Services (continued)						
D5512	Repair broken complete denture base, maxillary	\$65	NPB			
D5520	Replace missing or broken teeth, complete denture	\$41	NPB			
D5611	Repair resin partial denture base, mandibular	\$65	NPB			
D5612	Repair resin partial denture base, maxillary	\$65	NPB			
D5621	Repair cast partial framework, mandibular	\$125	NPB			
D5622	Repair cast partial framework, maxillary	\$125	NPB			
D5630	Repair or replace broken retentive clasping materials, per tooth	\$125	NPB			
D5640	Replace broken teeth, per tooth	\$65	NPB			
D5650	Add tooth to existing partial denture	\$65	NPB			
D5660	Add clasp to existing partial denture, per tooth	\$105	NPB			
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	\$310	NPB			
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	\$310	NPB			
D5730	Reline complete maxillary denture, direct	\$125	NPB	1 of (D5730-D5761) per arch every 6 months		
D5731	Reline complete mandibular denture, direct	\$125	NPB			
D5740	Reline maxillary partial denture, direct	\$105	NPB			
D5741	Reline mandibular partial denture, direct	\$105	NPB			
D5750	Reline complete maxillary denture, indirect	\$190	NPB			
D5751	Reline complete mandibular denture, indirect	\$190	NPB			
D5760	Reline maxillary partial denture, indirect	\$165	NPB			
D5761	Reline mandibular partial denture, indirect	\$165	NPB			
D5820	Interim partial denture, maxillary	\$205	NPB		1 of (D5820, D5821) per arch every 60 months. Must meet medical necessity as determined by a dentist	
D5821	Interim partial denture, mandibular	\$205	NPB			
D5850	Tissue conditioning, maxillary	\$42	NPB			
D5851	Tissue conditioning, mandibular	\$42	NPB			
D5862	Precision attachment, by report	\$185	NPB			
Fixed Prosthodontic Services						
D6930	Re-cement or re-bond fixed partial denture	\$75	NPB			
Oral & Maxillofacial Services						
D7111	Extraction, coronal remnants, primary tooth	\$42	NPB			
D7140	Extraction, erupted tooth or exposed root	\$45	NPB			
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	\$90	NPB			
D7220	Removal of impacted tooth, soft tissue	\$130	NPB			
D7230	Removal of impacted tooth, partially bony	\$125	NPB			
D7240	Removal of impacted tooth, completely bony	\$150	NPB			
D7241	Removal impacted tooth, complete bony, complication	\$205	NPB			
D7250	Removal of residual tooth roots (cutting procedure)	\$85	NPB			
D7260	Oroantral fistula closure	\$250	NPB			
D7261	Primary closure of a sinus perforation	\$290	NPB			
D7270	Tooth reimplantation and/or stabilization, accident	\$105	NPB			
D7280	Exposure of an unerupted tooth	\$125	NPB			
D7283	Placement, device to facilitate eruption, impaction	\$50	NPB			
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	\$95	NPB			
D7286	Incisional biopsy of oral tissue, soft	\$85	NPB			
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 requiring flap	\$350	NPB			
D7293	Placement of temporary anchorage device requiring flap	\$350	NPB			
D7294	Placement of temporary anchorage device without flap	\$350	NPB			
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	\$90	NPB			
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	\$110	NPB			
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	\$110	NPB			
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	\$160	NPB			
D7410	Excision of benign lesion, up to 1.25 cm	\$105	NPB			
D7411	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	NPB			



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Oral & Maxillofacial Services (continued)					
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	\$330	NPB		
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		
D7472	Removal of torus palatinus	\$150	NPB		
D7473	Removal of torus mandibularis	\$150	NPB		
D7490	Radical resection of maxilla or mandible	\$350	NPB		
D7510	Incision & drainage of abscess, intraoral soft tissue	\$82	NPB		
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	\$95	NPB		
D7520	Incision & drainage of abscess, extraoral soft tissue	\$125	NPB		
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	\$150	NPB		
D7530	Remove foreign body, mucosa, skin, tissue	\$90	NPB		
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$125	NPB		
D7550	Partial ostectomy/osteostomy for removal of non-vital bone	\$350	NPB		
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$275	NPB		
D7610	Maxilla, open reduction (teeth immobilized, if present)	\$350	NPB		
D7620	Maxilla, closed reduction (teeth immobilized, if present)	\$350	NPB		
D7630	Mandible, open reduction (teeth immobilized, if present)	\$350	NPB		
D7640	Mandible, closed reduction (teeth immobilized, if present)	\$350	NPB		
D7650	Malar and/or zygomatic arch, open reduction	\$350	NPB		
D7660	Malar and/or zygomatic arch, closed reduction	\$350	NPB		
D7670	Alveolus, closed reduction, may include stabilization of teeth	\$350	NPB		
D7671	Alveolus, open reduction, may include stabilization of teeth	\$350	NPB		
D7680	Facial bones, complicated reduction with fixation, multiple surgical approaches	\$350	NPB		
D7710	Maxilla, open reduction	\$350	NPB		
D7720	Maxilla, closed reduction	\$350	NPB		
D7730	Mandible, open reduction	\$350	NPB		
D7740	Mandible, closed reduction	\$350	NPB		
D7750	Malar and/or zygomatic arch, open reduction	\$350	NPB		
D7760	Malar and/or zygomatic arch, closed reduction	\$350	NPB		
D7770	Alveolus, open reduction stabilization of teeth	\$350	NPB		
D7771	Alveolus, closed reduction stabilization of teeth	\$350	NPB		
D7780	Facial bones, complicated reduction with fixation and multiple approaches	\$350	NPB		
D7910	Suture of recent small wounds up to 5 cm	\$30	NPB		
D7911	Complicated suture, up to 5 cm	\$55	NPB		
D7912	Complicated suture, greater than 5 cm	\$15	NPB		
D7940	Osteoplasty, for orthognathic deformities	\$350	NPB		
D7941	Osteotomy, mandibular rami	\$350	NPB		
D7943	Osteotomy, mandibular rami with bone graft; includes obtaining the graft	\$350	NPB		
D7944	Osteotomy, segmented or subapical	\$350	NPB		
D7945	Osteotomy, body of mandible	\$350	NPB		
D7946	LeFort I (maxilla, total)	\$350	NPB		
D7947	LeFort I (maxilla, segmented)	\$350	NPB		
D7948	LeFort II or LeFort III, without bone graft	\$350	NPB		
D7949	LeFort II or LeFort III, with bone graft	\$350	NPB		
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$350	NPB		
D7953	Bone replacement graft for ridge preservation, per site	\$350	NPB		
D7955	Repair of maxillofacial soft and/or hard tissue defect	\$350	NPB		
D7961	Buccal / labial frenectomy (frenulectomy)	\$125	NPB		
D7962	Lingual frenectomy (frenulectomy)	\$125	NPB		
D7963	Frenuloplasty	\$150	NPB		
D7970	Excision of hyperplastic tissue, per arch	\$250	NPB		
D7971	Excision of pericoronal gingiva	\$125	NPB		
D7980	Surgical sialolithotomy	\$250	NPB		
D7981	Excision of salivary gland, by report	\$350	NPB		
D7982	Sialodochoplasty	\$350	NPB		
D7983	Closure of salivary fistula	\$250	NPB		
D7990	Emergency tracheotomy	\$350	NPB		
D7991	Coronoidectomy	\$350	NPB		
D7996	Implant-mandible for augmentation purposes, by report	\$350	NPB		
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	\$350	NPB		



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Family Out of Pocket Maximum: \$750 (applies to Pediatric only)

ADA Code	Description	Pediatric Copay	Adult Copay	Pediatric Limitations	Adult Limitations
Orthodontic Services					
GUIDELINE: For Pediatric Dental EHB, orthodontic treatment is a benefit of this Dental Plan ONLY when the patient's orthodontic needs meet medically necessary requirements as determined by a verified 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.					
<i>All copayments paid by the enrollee, including orthodontic copayments, apply towards the annual Out of Pocket Maximum.</i>					
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$350	NPB		
D8090	Comprehensive orthodontic treatment of the adult dentition	\$350	NPB		
<i>*\$350 copayment per plan year, not to exceed \$1700 over the course of treatment. (D8090 refer to a usual and customary 24-month course of orthodontic treatment, with treatment progressing and offered regularly at intervals determined to be appropriate by the treating dentist.)</i>					
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$50	NPB		
D8670	Periodic orthodontic treatment visit	\$80	NPB		
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$120	NPB		
D8698	Re-cement or re-bond fixed retainer, maxillary	\$70	NPB		
D8699	Re-cement or re-bond fixed retainer, mandibular	\$70	NPB		
D8701	Repair of fixed retainer, includes reattachment, maxillary	\$70	NPB		
D8702	Repair of fixed retainer, includes reattachment, mandibular	\$70	NPB		
Adjunctive General Services					
D9110	Palliative (emergency) treatment, minor procedure	\$10	\$0		
D9120	Fixed partial denture sectioning	\$65	NPB		
D9210	Local anesthesia not in conjunction, operative or surgical procedures	\$15	NPB		
D9212	Trigeminal division block anesthesia	\$15	NPB		
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0	NPB		
GUIDELINE: 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 moderate sedation, deep sedation or general anesthesia	\$0	NPB		
D9222	Deep sedation/general anesthesia, first 15 minute increment	\$50	NPB		
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	\$50	NPB		
D9230	Inhalation of nitrous oxide/analgesia, analyls	\$20	NPB		
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	\$15	NPB		
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	\$15	NPB		
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	\$100	NPB		
D9310	Consultation, other than requesting dentist	\$70	NPB		
D9410	House/extended care facility call	\$70	NPB		
D9420	Hospital or ambulatory surgical center call	\$45	NPB		
D9430	Office visit, observation, regular hours, no other services	\$25	\$0		
D9440	Office visit, after regularly scheduled hours	\$60	\$0		
D9610	Therapeutic parenteral drug, single administration	\$30	NPB		
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	\$45	NPB		
D9630	Drugs or medicaments dispensed in the office for home use	\$5	NPB		
D9930	Treatment of complications, post surgical, unusual, by report	\$35	NPB		
D9932	Cleaning and inspection of removable complete denture, maxillary	\$0	NPB		
D9933	Cleaning and inspection of removable complete denture, mandibular	\$0	NPB		
D9934	Cleaning and inspection of removable partial denture, maxillary	\$0	NPB		
D9935	Cleaning and inspection of removable partial denture, mandibular	\$0	NPB		
D9942	Repair and/or reline of occlusal guard	\$75	NPB		
D9944	Occlusal guard, hard appliance, full arch	\$215	NPB		
D9945	Occlusal guard, soft appliance, full arch	\$215	NPB		
D9946	Occlusal guard, hard appliance, partial arch	\$215	NPB		
D9950	Occlusion analysis, mounted case	\$170	NPB		
D9951	Occlusal adjustment, limited	\$15	NPB		
D9952	Occlusal adjustment, complete	\$165	NPB		
D9995	Teledentistry, synchronous; real-time encounter	\$0	\$0		
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent	\$0	\$0		

NPB Not Plan Benefit

Eligibility – Pediatric Benefits – Children through the age of 18



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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.



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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
- 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.