



Participating Dentist Schedule

ADA Code	Description of Service	Insured Pays \$	ADA Code	Description of Service	Insured Pays \$
Preventive Services					
120	Periodic oral evaluation	0	5510	Replace broken complete denture base	23
140	Limited oral eval - problem focused	0	5520	Replace missing or broken teeth (comp. denture) - ea. tooth	20
145	Oral evaluation for patient under 3 yrs. old and counseling w/ primary caregiver	0	5610	Repair resin denture base	21
150	Comp oral eval	0	5620	Repair cast framework	23
180	Comp periodontal eval - new or established patient	0	5630	Repair or replace broken clasp	20
270	BW - single film	0	5640	Replace broken teeth - per tooth	18
272	BW - two films	0	5650	Add tooth to existing partial denture	27
273	BW - three films	0	5660	Add clasp to existing partial denture	31
274	BW - four films	0	5670	Replace all teeth and acrylic on cast metal framework (upper)	75
277	Vertical bitewings - 7-8 films	0	5671	Replace all teeth and acrylic on cast metal framework (lower)	75
1110	Prophy - adult	0 or 10*	5710	Rebase complete denture (upper)	73
1120	Prophy - child	0 or 10*	5711	Rebase complete denture (lower)	73
1203	Topical app. fluoride (exclud. prophy) - child	0	5720	Rebase partial denture (upper)	66
1206	Topical fluoride varnish	0	5721	Rebase partial denture (lower)	66
9310	Consultation - Per session	0	5730	Reline complete denture (chairside-upper)	38
9430	Office visit for observation (during regular - scheduled hrs) no other services performed	0	5731	Reline complete denture (chairside-lower)	38
Basic Services					
210	Intraoral - comp series (include. BW's)	17	5740	Reline partial denture (chairside-upper)	34
220	Intraoral periapical - first film	4	5741	Reline partial denture (chairside-lower)	34
230	Intraoral periapical - ea.addtl.	2	5750	Reline complete denture (lab-upper)	59
330	Panoramic film	14	5751	Reline complete denture (lab-lower)	57
1351	Sealant - per tooth	6	5760	Reline partial denture (lab-upper)	53
1352	Preventive Resin Restoration in a moderate to high caries risk patient - permanet tooth	6	5761	Reline partial denture (lab-lower)	53
1510	Space maintainer - fixed - unilateral	47	5850	Tissue conditioning, (upper)	18
1515	Space maintainer - fixed - bilateral	66	5851	Tissue conditioning, (lower)	19
1520	Space maintainer removable - unilateral	53	6930	Recement fixed partial denture	17
1525	Space maintainer removable - bilateral	75	6980	Bridge repair, by report	30
1555	Removal of fixed space maintainer	29	7111	Coronal remnants, deciduous tooth	11
2140	Amalgam - one surface, primary/permanent	15	7140	Extraction erupted tooth or exposed root	17
2150	Amalgam - two surfaces, primary/permanent	19	7210	Surgical removal of erupted tooth	31
2160	Amalgam - three surfaces, primary/permanent	23	7220	Removal of impacted tooth soft tissue	39
2161	Amalgam - four+ surfaces, primary/permanent	28	7230	Removal of impacted tooth partially bony	53
2330	Resin - one surface, anterior	20	7240	Removal of impacted tooth completely bony	64
2331	Resin - two surfaces, anterior	26	7241	Removal of impacted tooth completely bony, w/unusual surgical complications	72
2332	Resin - three surfaces, anterior	30	7250	Surgical removal of residual roots (cutting procedure)	32
2335	Resin - four+ surfaces or involving incisal angle (anterior)	32	7251	Coronectomy - intentional tooth removal	64
2391	Resin - one surface, posterior-primary/permanent	22	7280	Surgical exposure of impacted or unerupted tooth for ortho reasons	73
2392	Resin - two surfaces, posterior-primary/permanent	29	7282	Mobilization of erupted or malpositioned tooth to aid eruption	45
2393	Resin - three or more surfaces, posterior-primary/permanent	37	7283	Placement of device to facilitate eruption of impacted tooth	27
2394	Resin - four+ surfaces, posterior-permanent	38	7310	Alveoplasty per quad, in conjunction with extractions	31
2910	Recement inlay	11	7311	Alveoplasty, per quad, in conjunction with extractions, 1-3 teeth or tooth spaces	31
2920	Recement crown	11	7320	Alveoplasty, per quad not in conjunction with extractions	42
2930	Prefab stainless steel crown prim tooth	37	7321	Alveoplasty, per quad, not in conjunction with extractions, 1-3 teeth or tooth spaces	42
2940	Sedative filling	12	7510	Incision and drainage of abscess intraoral soft tissue	21
2950	Core build-up, including any pins	28	9110	Palliative (emergency) treatment of dental pain, minor procedures (not w/ sed filling)	12
2951	Pin retention per tooth, in addt to restoration	6			
5410	Adjust complete denture - (upper)	10			
5411	Adjust complete denture - (lower)	10			
5421	Adjust partial denture - (upper)	10			
5422	Adjust partial denture - (lower)	9			

* Depending on the plan selected

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9220	General anesthesia (med. necessary only)	50	4266	Guided tissue regeneration - resorbable barrier, per site	130
9221	General anesthesia each additional 15 min.	19	4270	Pedicle soft tissue graft proc.	225
9241	Intravenous sedation - first 30 min. (med. necessary only)	44	4271	Free soft tissue graft proc. (including donor site surgery)	236
9242	Intravenous sedation ea. addtl. 15 min. (med. necessary only)	11	4273	Subepithelial connective tissue graft proc. (including donor site surgery)	280
Major Services			4275	Soft Tissue Allograft, one per tooth every 36 mos.	221
2510**	Inlay - metallic, one surfaces	221	4276	Combined connective tissue and double pedicle graft, per tooth, per site every 36 mos.	265
2520**	Inlay - metallic, two surfaces	239	4341	Perio scaling & root planing - 4 or more teeth per quad payable once every 24 months	61
2530**	Inlay - metallic, three or more surfaces	257	4342	Periodontal scaling & root planing, 1-3 teeth - per quad	46
2542**	Onlay - metallic, two surfaces	239	4355	Full mouth debridement to enable comp perio eval. & diagnosis	34
2543**	Onlay - metallic, three or more surfaces (not payable in conj w/2520, 2530)	297	4910	Perio maintenance proc following active therapy	34
2544**	Onlay - metallic, four or more surfaces (not payable in conj w/2520, 2530)	306	5110	Complete denture - (upper)	382
2610**	Inlay - porcelain/ceramic, one surfaces	222	5120	Complete denture - (lower)	382
2620**	Inlay - porcelain/ceramic, two surfaces	241	5130	Immediate denture - (upper)	418
2630**	Inlay - porcelain/ceramic, three or more surfaces	261	5140	Immediate denture - (lower)	418
2642**	Onlay - porcelain/ceramic, two surfaces	273	5211**	Upper partial - resin base (inc. any conventional clasps, rests, & teeth)	296
2643**	Onlay - porcelain/ceramic, three surfaces	312	5212**	Lower partial - resin base (inc. any conventional clasps, rests, & teeth)	303
2644**	Onlay - porcelain/ceramic, four or more surfaces	325	5213**	Upper partial - cast metal framework w/resin dent bases (inc clasps, rests, teeth)	420
2710**	Crown - resin (lab)	148	5214**	Lower partial - cast metal framework w/resin dent bases (inc clasps, rests, teeth)	420
2740**	Crown - porcelain/ceramic substrate	324	5225	Maxillary partial denture - flex base (inc clasps, rests, teeth)	420
2750**	Crown - porcelain fused to high noble metal	315	5226	Mandibular partial denture - flex base (inc clasps, rests, teeth)	420
2751**	Crown - porcelain fused to predominantly base metal	289	6010	Surgical placement of implant body: endosteal implant	512
2752**	Crown - porcelain fused to noble metal	302	6053	Implant/Abutment supported removable denture: completely edentulous arch	378
2790**	Crown - (full cast) - high noble metal	301	6054	Implant/Abutment supported removable denture: partially edentulous arch	378
2791**	Crown - (full cast) predominantly base metal	268	6056	Prefabricated abutment - includes placement	112
2792**	Crown - (full cast) - noble metal	285	6057	Custom abutment - includes placement	161
2952	Cast post and core in addition to crown	113	6058	Abutment supported porcelain/ceramic crown	294
2954	Prefab post and core in addition to crown	74	6059	Abutment supported porcelain fused to metal crown (high noble metal)	290
2980	Crown repair, by report	53	6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	274
3220	Therapeutic pulpotomy (ex. final restoration)	47	6061	Abutment supported porcelain fused to metal crown (noble metal)	280
3310	Root Canal - Anterior (ex. final restoration)	196	6062	Abutment supported cast metal crown (high noble metal)	279
3320	Root Canal - Bicuspid (ex. final restoration)	231	6063	Abutment supported cast metal crown (predominantly base metal)	240
3330	Root Canal - Molar (ex. final restoration)	305	6064	Abutment supported cast metal crown (noble metal)	252
3346	Root Canal - Retreat- anterior, by report	256	6065	Implant supported porcelain/ceramic crown	289
3347	Root Canal - Retreat- bicuspid, by report	296	6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	282
3348	Root Canal - Retreat- molar, by report	358	6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	274
3410	Apico/periradicular surgery - anterior	188	6068	Abutment supported retainer for porcelain/ceramic FPD	294
3421	Apico/periradicular surgery - bicuspid (first root)	227	6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	290
3425	Apico/periradicular surgery - molar (first root)	235			
3426	Apico/periradicular surgery - (each addtl root)	84			
3430	Retrograde filling - per root	46			
3450	Root amputation - per root	120			
3920	Hemisection (including any root removal) not including root canal therapy	105			
4210	Gingivectomy or gingivoplasty, per quad	142			
4211	Gingivectomy or gingivoplasty, per tooth	47			
4240	Gingival flap proc, including root planing - per quad	158			
4241	Gingival flap proc, including root planing 1-3 teeth per quad	150			
4249	Clinical crown lengthening - hard tissue, once per tooth per lifetime	212			
4260	Osseous surgery (including flap entry and closure) - 4 or more contiguous teeth per quad	322			
4261	Osseous surgery (including flap entry and closure) - 1-3 contiguous teeth per quad	277			
4263	Bone replacement graft - first site in quad	120			
4264	Bone replacement graft - ea. addtl site in quad	77			

** Including routine post delivery care

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Major Services Continued

6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	274	6210**	Pontic - cast high noble metal	306
6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	280	6211**	Pontic - cast predominantly base metal	263
6072	Abutment supported retainer for cast metal FPD (high noble metal)	286	6240**	Pontic - porcelain fused to high noble metal	316
6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	259	6241**	Pontic - porcelain fused to predominantly base metal	288
6074	Abutment supported retainer for cast metal FPD (noble metal)	279	6242**	Pontic - porcelain fused to noble metal	302
6075	Implant supported retainer for ceramic FPD	289	6245**	Pontic - porcelain/ceramic	299
6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	282	6545	Retainer - cast metal for resin bonded fixed prosthesis	123
6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	271	6600	Inlay porcelain/ceramic, two surfaces	241
6078	Implant/abutment supported fixed denture for completely edentulous arch	390	6601	Inlay porcelain/ceramic, three or more surfaces	261
6079	Implant/abutment supported fixed denture for partially edentulous arch	269	6606	Inlay cast noble metal, two surfaces	239
6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	24	6607	Inlay cast noble metal, three or more surfaces	257
6090	Repair implant supported prosthesis/by report	83	6608	Onlay porcelain/ceramic, two surfaces	273
6092	Recement implant/abutment supported crown	23	6609	Onlay porcelain/ceramic, three or more surfaces	312
6093	Recement implant/abutment supported fixed partial denture	36	6615	Onlay cast noble metal, three or more surfaces	297
6094	Abutment supported crown - (titanium)	230	6720	Crown - resin with high noble metal	299
6095	Repair implant abutment, by report	65	6721	Crown - resin with predominantly base metal	250
6100	Implant removal, by report	120	6722	Crown - resin with noble metal	277
6194	Abutment supported retainer crown for FPD	235	6740	Crown - porcelain/ceramic	350
			6750	Crown - porcelain fused to high noble metal	315
			6751	Crown - porcelain fused to predominantly base metal	288
			6752	Crown - porcelain fused to noble metal	302
			6790	Crown - full cast high noble metal	301
			6791	Crown - full cast predominantly base metal	266
			6792	Crown - full cast noble metal	280
			7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	98
			7963	Frenuloplasty	112

The information provided above is the copayment schedule for Policy form number 50485-0802. It is provided to the employee as an aid in deciding whether to enroll in the plan. This summary should in no way be construed as part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits under the plan.