





STANDARD PLAN

ADA CODE	PROCEDURE DESCRIPTION	COPAYMENT
Clinical Oral Evaluations		
D0120	Periodic oral examination - established patient	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient: not post-operative visit)	No Cost
D0171	Re-evaluation - post operative office visit	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost
Radiographs/Diagnostic Imaging (including interpretation)		
D0210	Intraoral - complete series of radiographic images (including bitewings)	No Cost
D0220	Intraoral - periapical first film	No Cost
D0230	Intraoral - periapical each additional film	No Cost
D0240	Intraoral - occlusal radiographic	No Cost
D0250	Extraoral - first film	No Cost
D0251	Extraoral - posterior dental radiographic image	No Cost
D0260	Extraoral - each additional film	No Cost
D0270	Bitewing - single film	No Cost
D0272	Bitewings - two films	No Cost
D0273	Bitewings—three radiographic images	No Cost
D0274	Bitewings - four films	No Cost
D0277	Vertical bitewings - 7 to 8 films	No Cost
D0330	Panoramic film	No Cost
D0340	Cephalometric film	No Cost
D0350	Oral/Facial Images	No Cost
D0351	3D Photographic Image	No Cost
D0415	Collection of microorganisms for culture and sensitivity	No Cost
D0419	Assessment of salivary flow by measurement	No Cost



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Test and Examinations

D0425	Caries susceptibility tests	No Cost
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	No Cost
D0601	Carries risk assessment and documentation, with a finding of low risk	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk	No Cost
D0603	Caries risk assessment and documentation , with a finding of high risk	No Cost
D0701	Panoramic radiographic image - Image capture only	No Cost
D0702	2-D cephalometric radiographic - Image capture only	No Cost
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	No Cost
D0705	Extra-oral posterior dental radiographic - Image capture only	No Cost
D0706	Intraoral - occlusal radiographic image - Image capture only	No Cost
D0707	Intraoral - periapical radiographic image - Image capture only	No Cost
D0708	Intraoral - bitewing radiographic image - Image capture only	No Cost
D0709	Intraoral - complete series of radiographic images - Image capture only	No Cost

Oral Pathology Laboratory

D0472	Accession of tissue, gross examination, preparation and transmission of written report	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other)</i>	No Cost

Dental Prophylaxis

D1110	Prophylaxis cleaning - adult	No Cost
D1120	Prophylaxis cleaning - child	No Cost



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	Topical Fluoride Treatment (office procedure)	
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	No Cost
D1208	Topical application of fluoride- excluding varnish - child to age 19 limited to 2 per 12 month period	No Cost
	Other Preventive Services	
D1310	Nutritional Counseling for control of dental disease	No Cost
D1320	Tobacco counseling for the control and prevention of oral disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth	No Cost
D1352	Preventive restoration in a moderate to high caries risk patient - permanent tooth	No Cost
D1353	Sealant repair - per tooth - limited to permanent molars through age 15	No Cost
D1354	Interim caries arresting medicament application - per tooth	No Cost
D1355	Caries preventive medicament application - per tooth	No Cost
	Space Maintenance (passive appliances)	
D1510	Space maintainer - fixed - unilateral (excludes a distal shoe space maintainer)	No Cost
D1516	Space maintainer - fixed - bilateral - maxillary	No Cost
D1517	Space maintainer - fixed - bilateral - mandibular	No Cost
D1520	Space maintainer - removable - unilateral	No Cost
D1526	Space maintainer - removable - maxillary	No Cost
D1527	Space maintainer - removable - mandibular	No Cost
D1551	Re-cement or re-bond bilateral space maintainer	No Cost
D1552	Re-cement or re-bond unilateral space maintainer	No Cost
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	No Cost
D1556	Removal of fixed unilateral space maintainer - per quadrant	No Cost
D1557	Removal of fixed bilateral space maintainer - maxillary	No Cost
D1558	Removal of fixed bilateral space maintainer - mandibular	No Cost
D1575	Distal shoe space maintainer - fixed - unilateral	No Cost
	Amalgam restorations (including polishing)	
D2140	Amalgam - one surface, primary or permanent	No Cost
D2150	Amalgam - two surfaces, primary or permanent	No Cost

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D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
Resin - Based Composite Restorations - Direct		
D2330	Resin-based composite - one surface, anterior	No Cost
D2331	Resin-based composite - two surfaces, anterior	No Cost
D2332	Resin-based composite - three surfaces, anterior	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	No Cost
D2390	Resin-based composite crown, anterior	No Cost
D2391	Resin-based composite - one surface, posterior	\$40
Resin - Based Composite Restorations - Direct (cont.)		
D2392	Resin-based composite - two surfaces, posterior	\$50
D2393	Resin-based composite - three surfaces, posterior	\$60
D2394	Resin-based composite - four or more surfaces, posterior	\$70
D2510	Inlay - metallic - one surface	\$475
D2520	Inlay - metallic - two surface	\$535
D2530	Inlay - metallic - three or more surfaces	\$560
Inlay/Onlay Restorations		
D2542	Onlay - metallic - two surfaces (1)	\$50
D2543	Onlay - metallic - three surfaces (1)	\$50
D2544	Onlay - metallic - four or more surfaces (1)	\$50
D2610	Inlay - porcelain/ceramic - one surface	\$460
D2620	Inlay - porcelain/ceramic - two surfaces	\$395
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$450
D2642	Onlay - porcelain/ceramic - two surfaces	\$585
D2643	Onlay - porcelain/ceramic - three surfaces	\$575
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$605
D2650	Inlay - resin-based composite - one surface	\$309
D2651	Inlay - resin-based composite - two surfaces	\$415
D2652	Inlay - resin-based composite - three or more surfaces	\$415
D2662	Onlay - resin-based composite - two surfaces	\$560
D2663	Onlay - resin-based composite - three surfaces	\$530
D2664	Onlay - resin-based composite - four or more surfaces	\$530



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Crowns - Single Restorations Only		
D2710	Crown - resin-based composite (indirect)	\$50
D2712	Crown - 3/4 resin-based composite (indirect)	\$50
D2720	Crown - resin with high noble metal (1)	\$50
D2721	Crown - resin with predominantly base metal	\$50
D2722	Crown - resin with noble metal (1)	\$50
D2740	Crown - porcelain/ceramic (2)	\$50
D2750	Crown - porcelain fused to high noble metal (1, 2)	\$50
D2751	Crown - porcelain fused to predominantly base metal (2)	\$50
D2752	Crown - porcelain fused to noble metal (1, 2)	\$50
D2753	Crown- porcelain fused to titanium or titanium alloy	\$50
D2780	Crown - 3/4 cast high noble metal (1)	\$50
D2781	Crown - 3/4 cast predominantly base metal	\$50
D2782	Crown - 3/4 cast noble metal (1)	\$50
D2783	Crown - 3/4 porcelain/ceramic (2)	\$50
D2790	Crown - full cast high noble metal (1)	\$50
D2791	Crown - full cast predominantly base metal	\$50
D2792	Crown - full cast noble metal (1)	\$50
D2794	Crown - titanium (1)	\$50
Other Restorative Services		
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	No Cost
D2915	Recement cast or prefabricated post and core	No Cost
D2920	Recement crown	No Cost
D2921	Reattachment of tooth fragment, incisal edge or cusp	No Cost
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	No Cost
D2929	Prefabricated porcelain/ceramic crown – primary tooth	\$200
D2930	Prefabricated stainless steel crown - primary tooth	No Cost
Other Restorative Services (continued)		
D2931	Prefabricated stainless steel crown - permanent tooth	No Cost
D2932	Prefabricated resin crown	No Cost
D2933	Prefabricated stainless steel crown with resin window	\$205
D2940	Sedative filling	No Cost
D2941	Interim therapeutic restoration – primary dentition	No Cost

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D2949	Restorative foundation for an indirect restoration	\$90
D2971	Additional procedures to construct new crown under existing partial denture framework	\$80
D2980	Crown repair necessitated by restorative material failure	\$145
D2981	Inlay repair necessitated by restorative material failure	\$85
D2982	Onlay repair necessitated by restorative material failure	\$195
D2983	Veneer repair necessitated by restorative material failure	\$130
D2990	Resin infiltration of incipient smooth surface lesions	No Cost
D3110	Pulp cap - direct (excluding final restoration)	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	No Cost
	Pulpotomy	
D3220	Therapeutic pulpotomy (excluding final restoration)	No Cost
D3221	Pulpal debridement, primary and permanent teeth	\$110
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	No Cost
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	No Cost
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	No Cost
	Endodontic Therapy (including treatment plan, clinical procedures and follow-up care)	
D3310	Anterior (excluding final restoration)	\$20
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$40
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$60
D3331	Treatment of root canal obstruction; non-surgical access	\$215
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$20
D3333	Internal root repair of perforation defects	\$190
	Endodontic Retreatment	
D3346	Retreatment of previous root canal therapy - anterior	\$20
D3347	Retreatment of previous root canal therapy - bicuspid	\$40
D3348	Retreatment of previous root canal therapy - molar	\$60
	Apexification/ Recalcification	
D3351	Apexification/Recalcification - initial visit (apical closure/ calcific repair of perforations, root resorption, etc.)	No Cost



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Apexification/ Recalcification (continued)

D3352	Apexification/Recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	No Cost
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D3353	Apexification/Recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair or perforations, root resorption, etc.)	No Cost
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Apicoectomy / Periradicular Services

D3410	Apicoectomy - anterior	\$50
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D3421	Apicoectomy premolar (first root)	\$50
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D3425	Apicoectomy/periradicular surgery - molar (first root)	\$50
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D3426	Apicoectomy (each additional root)	\$50
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D3427	Periradicular surgery without apicoectomy	\$50
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D3430	Retrograde filling - per root	No Cost
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D3450	Root amputation - per root	No Cost
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D3471	Surgical repair of root resorption - anterior	\$50
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D3472	Surgical repair of root resorption - premolar	\$50
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D3473	Surgical repair of root resorption - molar	\$50
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D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	\$60
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D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	\$70
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D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	\$80
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D3920	Hemisection (including any root removal), not including root canal therapy	\$215
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Other Endodontic Procedures

Surgical Services (including usual postoperative care)

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	No Cost
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D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$5
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D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	No Cost
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$350
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$325
D4245	Apically positioned flap	\$315
D4249	Clinical crown lengthening – hard tissue	\$405
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$150
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	\$150
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	\$295
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	\$235
D4270	Pedicle soft tissue graft procedure	\$475
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$350
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	\$580
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$400
Non-Surgical periodontal Services		
D4341	Periodontal scaling and root planning - four or more teeth per quadrant	No Cost
D4342	Periodontal scaling and root planning - one to three teeth per quadrant	No Cost
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	No Cost
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	No Cost



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Other Periodontal Services		
D4910	Periodontal maintenance	\$80
	Additional periodontal maintenance (within the 6 month period)	\$80
D4921	Gingival Irrigation - Per Quadrant	\$40
Complete Dentures (including routine post- delivery care)		
D5110	Complete denture - maxillary	\$65
D5120	Complete denture - mandibular	\$65
D5130	Immediate denture - maxillary	\$65
D5140	Immediate denture - mandibular	\$65
Partial Dentures (including routine post-delivery care)		
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$65
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$65
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$65
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$65
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$65
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$65
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps rests and teeth)	\$65
Partial Dentures (continued)		
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps rests and teeth)	\$65
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$685
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$720



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D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth) - maxillary	\$50
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth) - mandibular	\$50
D5284	Removable unilateral partial denture - one piece flexible base (including clasps and teeth) - per quadrant	\$50
D5286	Removable unilateral partial denture - one piece resin (including clasps and teeth) per quadrant	\$50
Adjustments to Dentures		
D5410	Adjust complete denture - maxillary	No Cost
D5411	Adjust complete denture - mandibular	No Cost
D5421	Adjust partial denture - maxillary	No Cost
D5422	Adjust partial denture - mandibular	No Cost
Repairs to Complete Dentures		
D5511	Repair broken complete denture base, mandibular	No Cost
D5512	Repair broken complete denture base, maxillary	No Cost
D5520	Replace missing or broken teeth - complete denture (each tooth)	No Cost
Repairs to Partial Dentures		
D5611	Repair resin partial denture base, mandibular	No Cost
D5612	Repair resin partial denture base, maxillary	No Cost
D5621	Repair cast partial framework, mandibular	No Cost
D5622	Repair cast partial framework, maxillary	No Cost
D5630	Repair or replace broken clasp	No Cost
D5640	Replace broken teeth - per tooth	No Cost
D5650	Add tooth to existing partial denture	No Cost
D5660	Add clasp to existing partial denture	No Cost
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$365
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$365



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Denture Rebase Procedures		
D5710	Rebase complete maxillary denture	\$20
D5711	Rebase complete mandibular denture	\$20
D5720	Rebase maxillary partial denture	\$20
D5721	Rebase mandibular partial denture	\$20
Denture Reline Procedures		
D5730	Reline complete maxillary denture (chairside)	No Cost
D5731	Reline complete mandibular denture (chairside)	No Cost
D5740	Reline maxillary partial denture (chairside)	No Cost
D5741	Reline mandibular partial denture (chairside)	No Cost
D5750	Reline complete maxillary denture (laboratory)	\$15
D5751	Reline complete mandibular denture (laboratory)	\$15
D5760	Reline maxillary partial denture (laboratory)	\$15
D5761	Reline mandibular partial denture (laboratory)	\$15
Other Removable Prosthetic Services		
D5820	Interim partial denture (maxillary)	\$60
D5821	Interim partial denture (mandibular)	\$60
D5850	Tissue conditioning, maxillary	No Cost
D5851	Tissue conditioning, mandibular	No Cost
D5862	Precision attachment, by report	\$410
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)	\$225
D5875	Modification of removable prosthesis following implant surgery	\$311
Maxillofacial Prosthetics		
D5982	Surgical stent	\$269
Implant Services		
D6010	Surgical placement of implant body: endosteal implant	\$1,169
D6053	Implant/abutment supported removable denture for completely edentulous arch	\$1,080
Implant Services (continued)		
D6055	Dental implant supported connecting bar	\$990

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D6056	Prefabricated abutment - includes placement	\$383
D6057	Custom abutment - includes placement	\$473
D6058	Abutment supported porcelain/ceramic crown	\$711
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$719
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$621
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$671
D6062	Abutment supported cast metal crown (high noble metal)	\$719
D6065	Implant supported porcelain/ceramic crown	\$801
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$780
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$757
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	\$149
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	No Cost
D6090	Repair implant supported prosthesis, by report	\$494
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$359
D6092	Recement implant/abutment supported crown	\$89
D6093	Recement implant/abutment supported fixed partial denture	\$131
D6094	Abutment supported crown (titanium)	\$719
D6095	Repair implant abutment, by report	\$359
D6100	Implant removal, by report	\$449
D6191	Semi-precision abutment - placement	\$719
D6192	Semi-precision attachment - placement	\$719
D6199	Unspecified implant procedure, by report	\$338
Fixed Partial Denture Pontics		
D6205	Pontic - indirect resin based composite not to be used as a temporary or provisional prosthesis	\$50



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D6210	Pontic - cast high noble metal	\$50
D6211	Pontic - cast predominantly base metal	\$50
D6212	Pontic - cast noble metal	\$50
D6214	Pontic - titanium	\$50
D6240	Pontic - porcelain fused to high noble metal	\$50
D6241	Pontic - porcelain fused to predominantly base metal	\$50
D6242	Pontic - porcelain fused to noble metal	\$50
D6243	Pontic - porcelain fused to titanium and titanium alloys (1) (2)	\$50
D6245	Pontic - porcelain/ceramic (2)	\$50
D6250	Pontic - resin with high noble metal	No Cost
D6251	Pontic - resin with predominantly base metal	No Cost
D6252	Pontic - resin with noble metal	No Cost
Fixed Partial Denture Retainers - Inlays/Onlays		
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$50
D6549	Retainer - for resin bonded fixed prosthesis	\$50
D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$505
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	\$565
D6602	Retainer inlay - cast high noble metal, two surfaces	\$450
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$500
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$435
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$475
D6606	Retainer inlay - cast noble metal, two surfaces	\$310
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$490
D6608	Retainer onlay - porcelain/ceramic, two surfaces	\$525
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$575
D6610	Retainer onlay - cast high noble metal, two surfaces	\$50
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$50
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$425

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D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$545
D6614	Retainer onlay - cast noble metal, two surfaces	\$595
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$555
Fixed Partial Dentures Retainers - Crowns		
D6710	Crown - indirect resin based composite	\$50
D6720	Crown - resin with high noble metal	No Cost
D6721	Crown - resin with predominantly base metal	No Cost
D6722	Crown - resin with noble metal	No Cost
D6740	Retainer crown - porcelain/ceramic	\$615
D6750	Crown - porcelain fused to high noble metal	\$50
D6751	Crown - porcelain fused to predominantly base metal	\$50
D6752	Crown - porcelain fused to noble metal	\$50
D6753	Retainer crown - porcelain fused to titanium or titanium alloys	\$50
D6780	Crown - 3/4 cast high noble metal	\$50
D6781	Crown - 3/4 cast predominantly base metal	\$50
D6782	Crown - 3/4 cast noble metal	\$50
D6783	Retainer crown - 3/4 porcelain/ceramic	\$635
D6784	Retainer crown 3/4 - titanium and titanium alloys	\$50
D6790	Crown - full cast high noble metal	\$50
D6791	Crown - full cast predominantly base metal	\$50
D6792	Crown - full cast noble metal	\$50
D6794	Crown - titanium	\$50
	Porcelain on molar restorations (additional charge)	\$75 per unit
	Noble metal, high noble metal, and titanium (additional charge)	\$75 per unit
Other Fixed Partial Denture Services		
D6930	Recement fixed partial denture	No Cost
D6940	Stress breaker	No Cost
D6980	Fixed partial denture repair, by report	No Cost



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	Extractions (includes local anesthesia, suturing, if needed, and routine postoperative care)	
D7111	Coronal remnants - deciduous tooth	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No Cost
	Surgical Extractions (includes local anesthesia, suturing, if needed, and routine postoperative care)	
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	No Cost
D7220	Removal of impacted tooth - soft tissue	No Cost
D7230	Removal of impacted tooth - partially bony	No Cost
D7240	Removal of impacted tooth - completely bony	No Cost
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$15
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$15
D7251	Coronectomy – intentional partial tooth removal	\$15
	Other Surgical Procedures	
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$290
D7280	Exposure of an unerupted tooth	\$305
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$185
D7283	Placement of device to facilitate eruption of impacted tooth	\$185
D7285	Biopsy of oral tissue - hard (bone, tooth)	No Cost
D7286	Biopsy of oral tissue - soft (all others)	No Cost
	Alveoloplasty (surgical preparation of ridge for dentures)	
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
	Alveoloplasty (continued)	
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost

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ADA CODE	PROCEDURE DESCRIPTION	COPAYMENT
Surgical Excision of Intra-Osseous Lesions		
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	No Cost
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm	No Cost
Excision of Bone Tissue		
D7471	Removal of lateral exostosis (maxilla or mandible)	No Cost
D7472	Removal of torus palatinus	No Cost
D7473	Removal of torus mandibularis	No Cost
D7510	Incision and drainage of abscess - intraoral soft tissue	\$135
Surgical Incision		
Other Repair Procedures		
D7922	Placement of intra - socket biological dressing to aid in hemostasis or clot stabilization or clot stabilization, per site	No Cost
D7961	Buccal/labial frenectomy	No Cost
D7962	Lingual frenectomy	No Cost
D7963	Frenuloplasty	No Cost
D7970	Excision of hyperplastic tissue - per arch	\$360
D7971	Excision of pericoronal gingiva	\$170
Orthodontics		
D8010	Limited orthodontic treatment of the primary dentition	\$965
D8020	Limited orthodontic treatment of the transitional dentition	\$1020
D8030	Limited orthodontic treatment of the adolescent dentition	\$1195
D8040	Limited orthodontic treatment of the adult dentition	\$1240
D8050	Interceptive orthodontic treatment of the primary dentition	\$1110
D8060	Interceptive orthodontic treatment of the transitional dentition	\$1285
Comprehensive Orthodontic Treatment		
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,000
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,000
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,000
Other Orthodontics Services		
D8660	Pre Orthodontic Treatment Visit	\$25



STANDARD PLAN

ADA CODE	PROCEDURE DESCRIPTION	COPAYMENT
D8670	Periodic orthodontic treatment visit	\$235
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	No Cost
	Start up fees	\$250
	Ortho visits beyond 24 months active treatment or retention	\$25/visit
D8681	Removable orthodontic retainer adjustment	\$50
D8999	Unspecified orthodontic procedure, by report (Includes treatment planning and report)	\$250
	Unclassified Treatment	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	No Cost
	Anesthesia	
D9210	Local anesthesia not in conjunction with operative or surgical procedures	No Cost
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia	No Cost
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	No Cost
D9222	Deep sedation/general anesthesia - first 15 minutes	\$120
D9223	Deep sedation/general anesthesia - each 15 minute increment	\$120
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	\$115
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$115
	Professional Consultation	
D9310	Consultation - (diagnostic service provided by dentist or physician other than requesting dentist or physician)	No Cost
D9311	Consultation with a medical health care professional	No Cost
	Professional Visits	
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No Cost
D9440	Office visit, after regularly scheduled hours	No Cost
D9450	Case presentation, detailed and extensive treatment planning	\$105



ADA CODE	PROCEDURE DESCRIPTION	COPAYMENT
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Miscellaneous Services

D9932	Cleaning and inspection of removable complete denture, maxillary	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular	No Cost
D9934	Cleaning and inspection of removable partial denture, maxillary	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular	No Cost
D9943	Occlusal guard adjustment	\$75
D9944	Occlusal guard – hard appliance, full arch	\$275
D9945	Occlusal guard – soft appliance, full arch	\$275
D9946	Occlusal guard – hard appliance, partial arch	\$275
D9951	Occlusal adjustment - limited	\$80
D9952	Occlusal adjustment - complete	\$235
D9972	External bleaching - per arch - take home trays	\$120
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$120

Non Clinical Procedures

D9986	Missed appointment	\$5
D9987	Cancelled appointment	\$5
D9990	Certified Translation or Sign Language Services - per visit	No Cost
D9991	Dental case management – addressing appointment compliance barriers	No Cost
D9992	Dental case management – care coordination	No Cost
D9995	Teledentistry – synchronous; real-time encounter	No Cost
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	No Cost
D9997	Dental case management - patients with special health care needs	No Cost

WD Definitions

- (1) Additional charge for noble, high noble metal and titanium \$75 per unit
- (2) Porcelain on molar restorations \$75 unit



STANDARD PLAN

LIMITATIONS & EXCLUSIONS

LIMITATION OF BENEFITS

a. Limitations on Diagnostic and Preventive Benefits:

- (1) Prophylaxis (cleanings), are limited to two treatments in any 12 consecutive months.
- (2) Sealants are only covered to the age of 18 and are limited to permanent first and second molars only.
- (3) Fluoride treatments are a covered benefit up to the age of 18, once every 12 months.
- (4) Full mouth x-rays are limited to one set every 24 consecutive months.
- (5) Bite-wing x-rays are limited to not more than one series of four films in any six-month period.
- (6) Replacement of a restoration is covered only when it is Medically Necessary.

b. Limitation on Basic Benefits:

- (1) Periodontal treatments (subgingival curettage and root planing) are limited to five (5) quadrants in any 12 consecutive months.

c. Limitation on Crowns, Jackets, and Cast Restorations:

- (1) Crowns, jackets and cast restorations on the same tooth are limited to once every three (3) years.
- (2) If porcelain or composite is used on molar crowns, the member is responsible for an additional \$75 above the set crown copayment.
- (3) If noble or high noble metal is used on crowns, the member is responsible for an additional \$75 above the set crown copayment.

d. Limitation on Prosthodontic Benefits:

- (1) Full upper and/or lower dentures are not to exceed one each in any three (3) year period. Replacement will be provided for an existing denture or bridge if it is unsatisfactory and cannot be made satisfactory.
- (2) Partial dentures are not to be replaced within any three (3) year period unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.
- (3) Denture relines are limited to one during any 12 consecutive months.

e. Limitations and Exclusions on Orthodontic Benefits:

- (1) Orthodontic treatment must be provided by a Western Dental network orthodontist.
- (2) Benefits cover 24 months of usual and customary orthodontic treatment.
- (3) The copayment for orthodontic treatment does not include start-up fees. Start-up fees shall not exceed \$250. All covered persons are eligible for orthodontic treatment.

STANDARD PLAN

LIMITATIONS & EXCLUSIONS



- (4) Start-up fees shall consist of the initial examination, diagnosis and consultation, and the retention phase of treatment, of up to two (2) years maximum. This includes initial construction, placement and adjustments to retainers for a maximum period of two (2) years.
- (5) Surgical procedures, including extractions, are not included as a covered benefit.
- (6) There are no benefits for stolen, lost, or broken appliances.
- (7) Cephalometric x-rays, tracings, photographs, and study models are not Included as a benefit.
- (8) Myofunctional therapy.
- (9) Surgical procedures related to cleft palate, micrognathia or macrognathia.
- (10) Treatment related to Temporomandibular Joint (T.M.J.) disturbances and/or hormonal imbalance.
- (11) Any dental procedure considered within the field of general dentistry such as fillings or extractions.
- (12) Malocclusions which are so severe or mutilated so as not to be amenable to ideal orthodontic therapy.
- (13) Treatment that extends 24 months beyond the point of full permanent dentition will be subject to an office visit charge of \$25 per office visit.
- (14) Tooth guidance appliances
- (15) Crown exposure and ligation.
- (16) With the exception of those members enrolling in the Western Dental Plan with an effective date of January 1, 2011, there are no benefits for a treatment plan which began before the member enrolled in the plan.
- (17) If a member relocates to an area and is unable to receive treatment from a Participating Orthodontist, coverage under this program ceases and it becomes the obligation of the member to pay the usual and customary fee of the orthodontist where the treatment is completed.

Additional charges (at the Orthodontist's Usual and Customary Fee) will be made for:

1. Initial diagnostic work up and x-rays.
2. Cephalometric x-rays and tracings.
3. Photographs.
4. Study models.
5. Extractions for orthodontic purposes.
6. Pre-banding devices, appliances or therapy.
7. Tooth guidance appliances.
8. Crown and exposure ligation.
9. Orthodontic consultation if the member does not accept treatment plan.
10. Missed appointments (without 24 hours notice).
11. Lost or broken bands.
12. Lost or broken headgear.
13. Headgear.
14. Retainers after the 24 months treatment period has expired.



STANDARD PLAN

LIMITATIONS & EXCLUSIONS

EXCLUSION OF BENEFITS

The following services are not covered benefits:

- a. Dental conditions arising out of and due to enrollee's employment or for which Worker's Compensation is payable. Services, which are provided to the enrollee by State government, or agency thereof, are provided without cost to the enrollee by any municipality, county or other subdivisions.
- b. Elective or cosmetic dental care.
- c. Temporomandibular Joint (T.M.J.).
- d. Oral surgery requiring the setting of fractures or dislocations. Orthognathic surgery or extraction solely for orthodontic purposes.
- e. Treatment of malignancies, cysts, neoplasms, or congenital malformations.
- f. Hospital charges of any kind.
- g. Loss or theft of dentures or bridgework.
- h. Dispensing of drugs not normally supplied in a dental office.
- i. General anesthesia and the services of a special anesthesiologist.
- j. Treatment required by reason of war.
- k. Dental expenses incurred in connection with any dental procedure started prior to eligibility.
- l. Dental expenses incurred in connection with any dental procedure started after termination of eligibility.
- m. Any service that is not specifically listed as a covered benefit.
- n. Additional treatment costs incurred because a dental procedure is unable to be performed in the dentist's office due to the general health and physical limits of the enrollee.
- o. Fees incurred for missed appointment or failure to notify panel dentist of cancellation 24 hours prior to appointment.
- p. Any procedure of an experimental nature.
- q. Services which are reimbursable by insurance or reimbursable under any other group or health service plans. Services shall be provided at the time of need, but the member shall execute such documents as necessary to assure reimbursement for such benefits.
- r. Any procedure performed for the purpose of correcting contour, contact or occlusion. Any procedure to correct tooth structure lost due to attrition, erosion or abrasion.
- s. A Participating Dentist may refuse treatment to any member who continually fails to follow a prescribed course of treatment.
- t. If the member and Participating Dentist elect a treatment plan disallowed by Western Dental, further liability for additional treatment on that tooth/teeth will not be assumed.

STANDARD PLAN LIMITATIONS & EXCLUSIONS



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NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE PLAN

The Group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage will be sent to you upon enrollment.

If you wish to review an Evidence of Coverage prior to enrollment, you may request a copy by calling the Customer Service Department at (866) 859-7525



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