





# STANDARD PLAN

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



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## Test and Examinations

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

## Oral Pathology Laboratory

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

## Dental Prophylaxis

<b>D1110</b>	Prophylaxis cleaning - adult	No Cost
<b>D1120</b>	Prophylaxis cleaning - child	No Cost



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**Topical Fluoride Treatment (office procedure)**

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|--------------|---|---------|
| <b>D1206</b> | Topical fluoride varnish; therapeutic application for moderate to high caries risk patients           | No Cost |
| <b>D1208</b> | Topical application of fluoride- excluding varnish - child to age 19 limited to 2 per 12 month period | No Cost |

**Other Preventive Services**

- |              |  |         |
|--------------|--|---------|
| <b>D1310</b> | Nutritional Counseling for control of dental disease                               | No Cost |
| <b>D1320</b> | Tobacco counseling for the control and prevention of oral disease                  | No Cost |
| <b>D1330</b> | Oral hygiene instructions  | No Cost |
| <b>D1351</b> | Sealant - per tooth  | No Cost |
| <b>D1352</b> | Preventive restoration in a moderate to high caries risk patient - permanent tooth | No Cost |
| <b>D1353</b> | Sealant repair - per tooth - limited to permanent molars through age 15            | No Cost |
| <b>D1354</b> | Interim caries arresting medicament application - per tooth                        | No Cost |
| <b>D1355</b> | Caries preventive medicament application - per tooth                               | No Cost |

**Space Maintenance (passive appliances)**

- |              |   |         |
|--------------|---|---------|
| <b>D1510</b> | Space maintainer - fixed - unilateral (excludes a distal shoe space maintainer) | No Cost |
| <b>D1516</b> | Space maintainer - fixed - bilateral - maxillary                                | No Cost |
| <b>D1517</b> | Space maintainer - fixed - bilateral - mandibular                               | No Cost |
| <b>D1520</b> | Space maintainer - removable - unilateral                                       | No Cost |
| <b>D1526</b> | Space maintainer - removable - maxillary  | No Cost |
| <b>D1527</b> | Space maintainer - removable - mandibular                                       | No Cost |
| <b>D1551</b> | Re-cement or re-bond bilateral space maintainer                                 | No Cost |
| <b>D1552</b> | Re-cement or re-bond unilateral space maintainer                                | No Cost |
| <b>D1553</b> | Re-cement or re-bond unilateral space maintainer - per quadrant                 | No Cost |
| <b>D1556</b> | Removal of fixed unilateral space maintainer - per quadrant                     | No Cost |
| <b>D1557</b> | Removal of fixed bilateral space maintainer - maxillary                         | No Cost |
| <b>D1558</b> | Removal of fixed bilateral space maintainer - mandibular                        | No Cost |
| <b>D1575</b> | Distal shoe space maintainer - fixed - unilateral                               | No Cost |

**Amalgam restorations (including polishing)**

- |              |  |         |
|--------------|--|---------|
| <b>D2140</b> | Amalgam - one surface, primary or permanent  | No Cost |
| <b>D2150</b> | 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
<b>Resin - Based Composite Restorations - Direct</b>		
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
<b>Resin - Based Composite Restorations - Direct (cont.)</b>		
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
<b>Inlay/Onlay Restorations</b>		
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

<b>D2710</b>	Crown - resin-based composite (indirect)	\$50
<b>D2712</b>	Crown - 3/4 resin-based composite (indirect)	\$50
<b>D2720</b>	Crown - resin with high noble metal (1)	\$50
<b>D2721</b>	Crown - resin with predominantly base metal	\$50
<b>D2722</b>	Crown - resin with noble metal (1)	\$50
<b>D2740</b>	Crown - porcelain/ceramic (2)	\$50
<b>D2750</b>	Crown - porcelain fused to high noble metal (1, 2)	\$50
<b>D2751</b>	Crown - porcelain fused to predominantly base metal (2)	\$50
<b>D2752</b>	Crown - porcelain fused to noble metal (1, 2)	\$50
<b>D2753</b>	Crown- porcelain fused to titanium or titanium alloy	\$50
<b>D2780</b>	Crown - 3/4 cast high noble metal (1)	\$50
<b>D2781</b>	Crown - 3/4 cast predominantly base metal	\$50
<b>D2782</b>	Crown - 3/4 cast noble metal (1)	\$50
<b>D2783</b>	Crown - 3/4 porcelain/ceramic (2)	\$50
<b>D2790</b>	Crown - full cast high noble metal (1)	\$50
<b>D2791</b>	Crown - full cast predominantly base metal	\$50
<b>D2792</b>	Crown - full cast noble metal (1)	\$50
<b>D2794</b>	Crown - titanium (1)	\$50

### Other Restorative Services

<b>D2910</b>	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	No Cost
<b>D2915</b>	Recement cast or prefabricated post and core	No Cost
<b>D2920</b>	Recement crown	No Cost
<b>D2921</b>	Reattachment of tooth fragment, incisal edge or cusp	No Cost
<b>D2928</b>	Prefabricated porcelain/ceramic crown - permanent tooth	No Cost
<b>D2929</b>	Prefabricated porcelain/ceramic crown – primary tooth	\$200
<b>D2930</b>	Prefabricated stainless steel crown - primary tooth	No Cost

### Other Restorative Services (continued)

<b>D2931</b>	Prefabricated stainless steel crown - permanent tooth	No Cost
<b>D2932</b>	Prefabricated resin crown	No Cost
<b>D2933</b>	Prefabricated stainless steel crown with resin window	\$205
<b>D2940</b>	Sedative filling	No Cost
<b>D2941</b>	Interim therapeutic restoration – primary dentition	No Cost

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



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## Apexification/ Recalcification (continued)

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

## Apicoectomy / Periradicular Services

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

## Other Endodontic Procedures

### Surgical Services (including usual postoperative care)

<b>D4210</b>	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	No Cost
<b>D4211</b>	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
<b>Non-Surgical periodontal Services</b>		
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

<b>D4910</b>	Periodontal maintenance	\$80
	Additional periodontal maintenance (within the 6 month period)	\$80
<b>D4921</b>	Gingival Irrigation - Per Quadrant	\$40

## Complete Dentures (including routine post- delivery care)

<b>D5110</b>	Complete denture - maxillary	\$65
<b>D5120</b>	Complete denture - mandibular	\$65
<b>D5130</b>	Immediate denture - maxillary	\$65
<b>D5140</b>	Immediate denture - mandibular	\$65

## Partial Dentures (including routine post-delivery care)

<b>D5211</b>	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$65
<b>D5212</b>	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$65
<b>D5213</b>	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$65
<b>D5214</b>	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$65
<b>D5221</b>	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$65
<b>D5222</b>	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$65
<b>D5223</b>	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps rests and teeth)	\$65
<b>Partial Dentures (continued)</b>		
<b>D5224</b>	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps rests and teeth)	\$65
<b>D5225</b>	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$685
<b>D5226</b>	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$720



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



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## Denture Rebase Procedures

<b>D5710</b>	Rebase complete maxillary denture	\$20
<b>D5711</b>	Rebase complete mandibular denture	\$20
<b>D5720</b>	Rebase maxillary partial denture	\$20
<b>D5721</b>	Rebase mandibular partial denture	\$20

## Denture Reline Procedures

<b>D5730</b>	Reline complete maxillary denture (chairside)	No Cost
<b>D5731</b>	Reline complete mandibular denture (chairside)	No Cost
<b>D5740</b>	Reline maxillary partial denture (chairside)	No Cost
<b>D5741</b>	Reline mandibular partial denture (chairside)	No Cost
<b>D5750</b>	Reline complete maxillary denture (laboratory)	\$15
<b>D5751</b>	Reline complete mandibular denture (laboratory)	\$15
<b>D5760</b>	Reline maxillary partial denture (laboratory)	\$15
<b>D5761</b>	Reline mandibular partial denture (laboratory)	\$15

## Other Removable Prosthetic Services

<b>D5820</b>	Interim partial denture (maxillary )	\$60
<b>D5821</b>	Interim partial denture (mandibular)	\$60
<b>D5850</b>	Tissue conditioning, maxillary	No Cost
<b>D5851</b>	Tissue conditioning, mandibular	No Cost
<b>D5862</b>	Precision attachment, by report	\$410
<b>D5867</b>	Replacement of replaceable part of semi-precision or precision attachment (male or female component)	\$225
<b>D5875</b>	Modification of removable prosthesis following implant surgery	\$311

## Maxillofacial Prosthetics

<b>D5982</b>	Surgical stent	\$269
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## Implant Services

<b>D6010</b>	Surgical placement of implant body: endosteal implant	\$1,169
<b>D6053</b>	Implant/abutment supported removable denture for completely edentulous arch	\$1,080

## Implant Services (continued)

<b>D6055</b>	Dental implant supported connecting bar	\$990
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<b>D6056</b>	Prefabricated abutment - includes placement	\$383
<b>D6057</b>	Custom abutment - includes placement	\$473
<b>D6058</b>	Abutment supported porcelain/ceramic crown	\$711
<b>D6059</b>	Abutment supported porcelain fused to metal crown (high noble metal)	\$719
<b>D6060</b>	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$621
<b>D6061</b>	Abutment supported porcelain fused to metal crown (noble metal)	\$671
<b>D6062</b>	Abutment supported cast metal crown (high noble metal)	\$719
<b>D6065</b>	Implant supported porcelain/ceramic crown	\$801
<b>D6066</b>	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$780
<b>D6067</b>	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$757
<b>D6080</b>	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	\$149
<b>D6081</b>	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
<b>D6090</b>	Repair implant supported prosthesis, by report	\$494
<b>D6091</b>	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$359
<b>D6092</b>	Recement implant/abutment supported crown	\$89
<b>D6093</b>	Recement implant/abutment supported fixed partial denture	\$131
<b>D6094</b>	Abutment supported crown (titanium)	\$719
<b>D6095</b>	Repair implant abutment, by report	\$359
<b>D6100</b>	Implant removal, by report	\$449
<b>D6191</b>	Semi-precision abutment - placement	\$719
<b>D6192</b>	Semi-precision attachment - placement	\$719
<b>D6199</b>	Unspecified implant procedure, by report	\$338
<b>Fixed Partial Denture Pontics</b>		
<b>D6205</b>	Pontic - indirect resin based composite not to be used as a temporary or provisional prosthesis	\$50



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

# STANDARD PLAN



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



# STANDARD PLAN

ADA CODE

PROCEDURE DESCRIPTION

COPAYMENT

**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





ADA CODE	PROCEDURE DESCRIPTION	COPAYMENT
	<b>Surgical Excision of Intra-Osseous Lesions</b>	
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
	<b>Excision of Bone Tissue</b>	
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
	<b>Surgical Incision</b>	
	<b>Other Repair Procedures</b>	
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
	<b>Orthodontics</b>	
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
	<b>Comprehensive Orthodontic Treatment</b>	
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
	<b>Other Orthodontics Services</b>	
D8660	Pre Orthodontic Treatment Visit	\$25



# STANDARD PLAN

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



## ADA CODE

## PROCEDURE DESCRIPTION

## COPAYMENT

### Miscellaneous Services

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

### Non Clinical Procedures

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