

# Summary of Benefits

## Dental Net® Dental HMO Plan 3000C

### WELCOME TO YOUR DENTAL PLAN!

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

#### Powerful and easily accessible member tools.

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **Mobile Capabilities:** With our latest mobile application, members can find a network dentist. Our application is available for both Android and Apple phones.

#### Dentists in your plan network.

- During enrollment, you'll choose a dentist from our network of participating providers. All of your dental care must be provided by or coordinated through your selected dentist to be covered by your dental plan.

#### Features you will like in your dental plan:

- More than 500 covered dental procedures
- No annual benefit maximum
- No deductible
- No waiting periods
- No claim forms

#### Ready to use your dental benefits?

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any copay that is part of your plan

#### Need to contact us?

See the back of your ID card for how to call, write or email us.

### Your dental benefits at a glance

The following Schedule of Copayments summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. **This is an expanded list of covered services. For more information, please refer to your dental Certificate of Coverage.**

<b>Annual Benefit Maximum:</b> None	<b>Annual Deductible:</b> None	<b>Office Visit Copayment:</b> \$10
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CDT CODE	OPTION C BENEFIT	MEMBER COPAYMENT
<b>DIAGNOSTIC AND PREVENTIVE SERVICES</b>		
D0120-D0180	Oral exams and evaluations	\$0
D0190	Screening of a patient	\$0
D0191	Assessment of a patient	\$0
D0210	Intraoral X-ray, full mouth series	\$0
D0220-D0230	Intraoral – periapical images	\$0
D0240	Intraoral occlusal film	\$0
D0250	Extra oral-2D projection radiographic image created using a stationary radiation source and detector	\$0
D0251	Extra-oral posterior dental radiographic image	\$0
D0270-D0274, D0277	Bitewing images	\$0
D0330	Panoramic X-ray <sup>1</sup>	\$0

CDT CODE	OPTION C BENEFIT	MEMBER COPAYMENT
D0340	2D cephalometric radiographic image - acquisition measurement and analysis	\$0
D0350	2D Oral/facial photographic images obtained intra-orally or extra-orally	\$0
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$0
D0415	Collection of microorganisms for culture and sensitivity	\$0
D0425	Caries susceptibility tests	\$0
D0431	Adjunctive pre-diagnostic test for detection of mucosal abnormalities	\$0
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$0
D0473	Accession of tissue, gross & microscopic examination, preparation and transmission of written report	\$0
D0474	Accession of tissue, gross & microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	\$0
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report.	\$0
D0502	Other oral pathology procedures, by report	\$0
D0601	Caries risk assessment and documentation, with a finding of low risk - limited to children age 3 to 19, 1 every 3 years	\$0
D0602	Caries risk assessment and documentation, with a finding of moderate risk - limited to children age 3 to 19, 1 every 3 years	\$0
D0603	Caries risk assessment and documentation, with finding of high risk - limited to children age 3 to 19, 1 every 3 years	\$0
D0999	Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other services)	\$0
D1110	Cleaning, adult (first two cleanings)	\$0
D1110+	Additional adult cleanings	\$45
D1120	Cleaning, child (first two cleanings)	\$0
D1120+	Additional cleanings, child	\$35
D1206	Topical fluoride varnish (first two treatments)	\$0
D1206+	Topical fluoride varnish (each additional treatment)	\$15
D1208	Topical application of fluoride - excluding varnish	\$0
D1208+	Additional topical application of fluoride - In addition to any combination of two (2) D1206s (topical applications of fluoride varnish) and/or D1208s (topical application of fluoride) per calendar year	\$15
D1310	Nutritional counseling for the control of dental disease	\$0
D1320	Tobacco counseling for the control and prevention of oral disease	\$0
D1330	Oral hygiene instructions	\$0
D1351	Sealant	\$0
D1352	Preventive resin restoration	\$10
D1353	Sealant repair - per tooth	\$0

CDT CODE	OPTION C BENEFIT	MEMBER COPAYMENT
D1354	Interim caries arresting medicament application - per tooth	\$15
<b>RESTORATIVE SERVICES</b>		
D1510-D1525	Space maintainer (fixed, removable)	\$25
D1550	Recement space maintainer	\$0
D1555	Removal of fixed space maintainer procedure performed by dentist or practice that did not originally place the appliance	\$0
D1575	Distal shoe space maintainer - fixed - unilateral	\$25
D1999	Unspecified preventive procedure, by report	\$0
D2140	Amalgam (silver colored) filling, one surface	\$0
D2150	Amalgam, two surfaces, primary or permanent	\$5
D2160	Amalgam, three surfaces, primary or permanent	\$10
D2161	Amalgam, four surfaces, primary or permanent	\$15
D2330	Resin (tooth colored) filling, 1 surface, anterior (front tooth)	\$15
D2331	Resin based composite, two surfaces, anterior	\$20
D2332	Resin based composite, three surfaces, anterior	\$20
D2335	Resin based composite four or more surfaces or involving incisal angle (anterior)	\$30
D2390	Resin based-composite crown (anterior)	\$30
D2391	Resin (tooth colored) filling, 1 surface, posterior (back) tooth	\$30
D2392	Resin (tooth colored) filling, 2 surfaces, posterior	\$45
D2393	Resin (tooth colored) filling, 3 surfaces, posterior	\$55
D2394	Resin (tooth colored) filling, 4 or more, posterior	\$65
D2410	Gold foil - one surface	\$80
D2420	Gold foil - two surface	\$110
D2430	Gold foil - three surface	\$290
D2510	Inlay-metallic, one surface	\$110
D2520	Inlay-metallic, two surfaces	\$120
D2530	Inlay-metallic, three or more surfaces	\$130
D2542	Onlay - metallic - two surfaces	\$130
D2543	Onlay-metallic, three surfaces	\$135
D2544	Onlay-metallic, Four or more surfaces	\$145
D2610	Inlay-porcelain/ceramic, one surface	\$140
D2620	Inlay-porcelain/ceramic, two surfaces	\$150
D2630	Inlay-porcelain/ceramic, three or more surfaces	\$160
D2642	Onlay-porcelain/ceramic, two surfaces	\$145
D2643	Onlay-porcelain/ceramic, three surfaces	\$155
D2644	Onlay-porcelain/ceramic, four or more surfaces	\$165
D2650	Inlay, composite/resin, 1 surface	\$85
D2651	Inlay - resin-based composite - two surfaces	\$95
D2652	Inlay - resin-based composite - three or more surfaces	\$115
D2662	Onlay, composite/resin, 1 surface	\$110
D2663	Onlay-resin-based composite, three surfaces	\$120
D2664	Onlay-resin-based composite four or more surfaces	\$130
D2710	Crown-resin based composite (indirect)	\$35
D2712	Crown - 3/4 resin-based composite (indirect)	\$35

CDT CODE	OPTION C BENEFIT	MEMBER COPAYMENT
D2710	Crown-resin based composite (indirect/lab)	\$35
D2720	Crown - resin with high noble metal <sup>3</sup>	\$140
D2721	Crown resin with predominantly base metal	\$55
D2722	Crown-resin with noble metal	\$105
D2740	Crown - porcelain/ceramic substrate <sup>3</sup>	\$195
D2750	Crown - porcelain fused to high noble metal <sup>3</sup>	\$185
D2751	Crown - porcelain fused to predominantly base metal <sup>3</sup>	\$95
D2752	Crown - porcelain fused to noble metal <sup>3</sup>	\$150
D2780	Crown-3/4 cast high noble metal	\$150
D2781	Crown-3/4 cast predominately base metal	\$70
D2782	Crown-3/4 cast noble metal	\$100
D2783	Crown-3/4 porcelain/ceramic	\$175
D2790	Crown - full cast high noble metal <sup>3</sup>	\$160
D2791	Crown - full cast for predominantly base metal	\$80
D2792	Crown - full cast noble metal <sup>3</sup>	\$120
D2794	Crown - titanium <sup>3</sup>	\$190
D2799	Provisional crown	\$40
D2910	Recent inlay, onlay or partial coverage restoration	\$0
D2915	Recent cast or prefabricated post and core	\$0
D2920	Recent crown	\$0
D2921	Reattachment of tooth fragment	\$0
D2929	Prefabricated porc/ceramic crown - primary tooth	\$40
D2930	Prefabricated stainless steel crown, primary tooth	\$20
D2931	Prefabricated stainless steel crown, permanent tooth	\$20
D2932	Prefabricated resin crown	\$30
D2933	Prefabricated stainless steel crown with resin window	\$25
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$25
D2940	Protective restoration-sedative filling	\$0
D2941	Interim therapeutic restoration - primary dentition	\$0
D2949	Restorative foundation for an indirect restoration	\$10
D2950	Core build-up, including pins where required	\$25
D2951	Pin retention – in addition to restoration	\$5
D2952	Post and core in addition to crown (indirectly fabricated)	\$30
D2953	Each additional indirectly fabricated post-same tooth	\$0
D2954	Prefabricated post and core in addition to crown	\$40
D2955	Post removal, not in conjunction with endodontic therapy	\$10
D2957	Each additional prefabricated post-same tooth	\$0
D2960	Labial veneer (resin laminate) chairside	\$95
D2961	Labial veneer, resin laminate/laboratory	\$300
D2962	Labial veneer, porcelain laminate/laboratory	\$340
D2971	Additional procedures to construct new crown under existing partial denture framework	\$30
D2980	Crown repair	\$0
D2981	Inlay repair	\$0
D2982	Onlay repair	\$0

CDT CODE	OPTION C BENEFIT	MEMBER COPAYMENT
D2983	Veneer repair, by report	\$0
D2990	Resin infiltration of incipient smooth surface lesions	\$0
D2999	Unspecific restorative procedure	\$0
<b>ENDODONTIC SERVICES</b>		
D3110-D3120	Pulp cap – direct/indirect	\$0
D3220	Therapeutic Pulpotomy (excluding final restoration)	\$10
D3221	Pulpal debridement, primary & permanent teeth	\$5
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$10
D3230	Pulpal therapy, restorable filling, anterior primary tooth (excluding final restoration)	\$20
D3240	Pulpal therapy, restorable filling, posterior primary tooth (excluding final restoration)	\$20
D3310	Root canal, anterior (front) tooth (excluding final restoration) <sup>1</sup>	\$45
D3320	Root canal, bicuspid tooth (excluding final restoration) <sup>1</sup>	\$90
D3330	Root canal, molar (excluding final restoration) <sup>1</sup>	\$185
D3331	Treatment of root canal obstruction; non-surgical access	\$45
D3332	Incomplete endodontic therapy, inoperable or fractured tooth	\$45
D3333	Internal root repair of perforation defects <sup>1</sup>	\$45
D3346	Retreat of previous root canal (anterior)	\$65
D3347	Retreat of previous root canal therapy - premolar	\$105
D3348	Retreatment of previous root canal therapy molar <sup>1</sup>	\$210
D3351	Apexification/recalcification-initial visit	\$65
D3352	Apexification/recalcification-interim medication replacement	\$40
D3353	Apexification/recalcification-final visit	\$40
D3355	Pulpal regeneration - initial visit	\$65
D3356	Pulpal regeneration - interim medication replacement	\$35
D3357	Pulpal regeneration - completion of treatment	\$65
D3410	Apicoectomy - anterior <sup>1</sup>	\$45
D3421	Apicoectomy - premolar (first root) <sup>1</sup>	\$90
D3425	Apicoectomy / periradicular surgery – molar (first root) <sup>1</sup>	\$90
D3426	Apicoectomy each additional root <sup>1</sup>	\$45
D3427	Periradicular surgery without apicoectomy <sup>1</sup>	\$55
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site <sup>1</sup>	\$180
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site <sup>1</sup>	\$95
D3430	Retrograde filling (per root) <sup>1</sup>	\$25
D3450	Root amputation-per root <sup>1</sup>	\$75
D3910	Surgical procedure for isolation of tooth with rubber dam <sup>1</sup>	\$0
D3920	Hemisection(including root removal, but no root canal therapy) <sup>1</sup>	\$90
D3950	Canal preparation and fitting of performed dowel or post <sup>1</sup>	\$10
D3999	Unspecified endodontic procedure-by report <sup>1</sup>	\$0
<b>PERIODONTAL SERVICES</b>		
D4210	Gingivectomy or gingivoplasty - 4 or more teeth per quadrant <sup>1</sup>	\$80
D4211	Gingivectomy or gingivoplasty (one-three teeth, per quad) <sup>1</sup>	\$50

CDT CODE	OPTION C BENEFIT	MEMBER COPAYMENT
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure - per tooth <sup>1</sup>	\$50
D4240	Pulpal therapy, including root planning (4+ contiguous teeth or tooth bonded spaces per quadrant) <sup>1</sup>	\$80
D4241	Gingival flap procedure, including root planning (one-three teeth, per quad) <sup>1</sup>	\$50
D4245	Apically positioned flap <sup>1</sup>	\$75
D4249	Clinical crown lengthening, hard tissue <sup>1</sup>	\$75
D4260	Osseous Surgery, flap entry and closure (4+ contiguous teeth or tooth bounded spaces, per quadrant) <sup>1</sup>	\$225
D4261	Osseous surgery, 1-3 teeth or tooth bounded spaces, per quadrant <sup>1</sup>	\$135
D4263	Bone replacement graft - retained natural tooth - first site in quadrant <sup>1</sup>	\$185
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant <sup>1</sup>	\$80
D4265	Biologic materials to aid in soft and osseous tissue regeneration <sup>1</sup>	\$95
D4266	Guided tissue regeneration, restorable barrier per site <sup>1</sup>	\$165
D4267	Guided tissue regeneration- non-restorable barrier, per site, (includes membrane removal) <sup>1</sup>	\$195
D4270	Pedicle soft tissue graft procedure <sup>1</sup>	\$185
D4273	Autogenous connective tissue graft, per tooth <sup>1</sup>	\$75
D4274	Mesial/Distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$45
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft	\$385
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	\$195
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	\$195
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$295
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$295
D4320	Provisional splinting-intracoronary	\$95
D4321	Provisional splinting-extracoronary	\$85
D4274	Mesial/Distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$45
D4341	Periodontal scaling & root planing - 4+ teeth, per quadrant	\$40
D4342	Periodontal scaling and root planing, one-three teeth, per quad	\$30
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$10
D4355	Full mouth debridement	\$35
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue per tooth	\$45

CDT CODE	OPTION C BENEFIT	MEMBER COPAYMENT
D4910	Periodontal maintenance (first 2 periodontal treatments)	\$25
D4910+	Additional Periodontal maintenance visits	\$55
D4920	Unscheduled dressing change, by someone other than treating dentist or their staff	\$0
D4921	Gingival irrigation - per quadrant	\$10
D4999	Unspecified periodontal procedure, by report	\$0
<b>PROSTHODONTIC SERVICES (REMOVABLE AND FIXED)</b>		
D5110-D5120	Complete denture upper (maxillary, mandibular)	\$175
D5130	Immediate denture - maxillary	\$195
D5140	Immediate denture - mandibular	\$195
D5211	Upper partial denture (maxill.- resin base) including any conventional clasps, rests and teeth.	\$150
D5212	Lower partial denture (mandib.-resin base) (including any conventional clasps, rests and teeth.	\$150
D5213	Upper partial (castmetal-w/resin base, including any conventional clasps, rests and teeth)	\$180
D5214	Lower partial (cast metal-w/ resin base including any conventional clasps, rests and teeth)	\$180
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$150
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$150
D5223-D5224	Immediate maxillary/mandibular partial dental–cast base (including any conventional clasps, rests and teeth)	\$180
D5225-D5226	Maxillary partial dental–flexible base (including clasps, rests & teeth)	\$170
D5281	Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	\$145
D5410	Adjust complete denture-upper	\$0
D5411	Adjust complete denture-lower	\$0
D5421	Adjust partial denture-upper	\$0
D5422	Adjust partial denture-lower	\$0
D5511	Repair broken complete denture base, mandibular	\$30
D5512	Repair broken complete denture base, maxillary	\$30
D5520	Replace missing/broken teeth – complete denture, per tooth	\$15
D5611	Repair resin partial denture base, mandibular	\$20
D5612	Repair resin partial denture base, maxillary	\$20
D5621	Repair cast partial framework, mandibular	\$20
D5622	Repair cast partial framework, maxillary	\$20
D5630	Repair or replace broken clasp	\$20
D5640	Replace broken teeth – partial denture, per tooth	\$15
D5650	Add tooth to existing partial denture	\$15
D5660	Add clasp to existing partial denture	\$20
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$75
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$75
D5710-D5711	Replace complete maxillary/mandibular denture	\$35
D5720-D5721	Rebase maxillary/mandibular partial denture	\$35
D5730-D5731	Reline complete maxillary, mandibular denture (chairside)	\$0

CDT CODE	OPTION C BENEFIT	MEMBER COPAYMENT
D5740-D5741	Reline partial maxillary, mandibular (chairside)	\$0
D5750-D5751	Reline complete maxillary, mandibular denture (lab)	\$35
D5760-D5761	Reline partial maxillary, mandibular denture (lab)	\$35
D5810	Interim complete denture-upper	\$185
D5811	Interim complete denture-lower	\$185
D5820	Interim partial denture-upper	\$60
D5821	Interim partial denture-lower	\$60
D5850-D5851	Tissue conditioning maxillary, mandibular	\$0
D5862	Precision attachment	\$160
D5863	Overdenture - complete maxillary	\$250
D5864	Overdenture - partial maxillary	\$225
D5865	Overdenture - complete mandibular	\$250
D5866	Overdenture - partial mandibular	\$225
D5899	Unspecified removable prosthodontic procedure, by report	\$0
D6210	Pontic cast high noble metal <sup>3</sup>	\$160
D6211	Pontic (artificial tooth), cast predominantly base metal	\$80
D6212	Pontic-cast noble metal <sup>3</sup>	\$120
D6214	Pontic - titanium <sup>3</sup>	\$190
D6240	Pontic porcelain fused to high noble metal <sup>3</sup>	\$185
D6241	Pontic (artificial tooth), porcelain fused to predominantly base metal	\$95
D6242	Pontic.-porc. fused to noble metal <sup>3</sup>	\$150
D6245	Pontic porcelain/ceramic <sup>3</sup>	\$195
D6250	Pontic.-resin w/ high noble metal <sup>3</sup>	\$140
D6251	Pontic-resin w/ predominantly base metal	\$55
D6252	Pontic.-resin w/ noble metal <sup>3</sup>	\$105
D6253	Provisional pontic	\$40
D6545	Cast metal retainer for resin bonded fixed prosthesis	\$75
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis <sup>3</sup>	\$75
D6549	Resin retainer - for resin bonded fixed prosthesis	\$75
D6600	Inlay, porcelain/ceramic , two surfaces <sup>3</sup>	\$150
D6601	Inlay, porcelain/ceramic three or more surfaces <sup>3</sup>	\$160
D6602	Inlay, cast high noble metal, two surfaces <sup>3</sup>	\$140
D6603	Inlay, cast high noble metal, three or more surfaces <sup>3</sup>	\$150
D6604	Inlay, cast predominantly base metal, two surfaces	\$120
D6605	Inlay, cast base metal, three or more surfaces	\$130
D6606	Inlay, cast noble metal, two surfaces <sup>3</sup>	\$130
D6607	Inlay, cast noble metal, three or more surfaces <sup>3</sup>	\$140
D6608	Onlay, porcelain/ceramic, two surfaces <sup>3</sup>	\$145
D6609	Onlay, porcelain/ceramic three or more surfaces <sup>3</sup>	\$155
D6610	Onlay, cast high noble metal, two surfaces <sup>3</sup>	\$150
D6611	Onlay, cast high noble metal, three or more surfaces <sup>3</sup>	\$155
D6612	Onlay, cast predominantly base metal, two surfaces	\$130
D6613	Onlay, cast predominantly base metal, three or more surfaces	\$135
D6614	Onlay, cast noble metal, two surfaces <sup>3</sup>	\$140
D6615	Onlay, cast noble metal, three or more surfaces <sup>3</sup>	\$145

CDT CODE	OPTION C BENEFIT	MEMBER COPAYMENT
D6624	Inlay - titanium <sup>3</sup>	\$140
D6634	Onlay - titanium <sup>3</sup>	\$145
D6710	Crown - indirect resin based composite	\$35
D6720	Crown - resin with high noble metal <sup>3</sup>	\$140
D6721	Crown - resin with predominantly base metal	\$55
D6722	Crown - resin with noble metal <sup>3</sup>	\$105
D6740	Crown - porcelain/ceramic <sup>3</sup>	\$195
D6750	Crown - porcelain fused to high noble metal <sup>3</sup>	\$185
D6751	Crown - porcelain fused to predominantly base metal	\$95
D6752	Crown - porcelain fused to noble metal <sup>3</sup>	\$150
D6780	Crown-3/4 cast high noble metal <sup>3</sup>	\$150
D6781	Crown-3/4 cast predominately base metal	\$70
D6782	Crown-3/4 cast noble metal <sup>3</sup>	\$100
D6783	Crown-3/4 porcelain/ceramic <sup>3</sup>	\$175
D6790	Crown - full cast high noble metal <sup>3</sup>	\$160
D6791	Crown - full cast predominantly base metal	\$80
D6792	Crown-full cast noble metal <sup>3</sup>	\$120
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	\$40
D6794	Crown - titanium <sup>3</sup>	\$190
D6930	Recement fixed partial denture	\$0
D6940	Stress breaker	\$15
D6950	Precision attachment	\$190
D6980	fixed partial denture (bridge) repair	\$15
D6999	Unspecified fixed prosthodontic procedure, by report	\$0
ORAL SURGERY SERVICES		
D7111	Extraction, coronal remnants – deciduous tooth	\$0
D7140	Extraction, erupted or exposed tooth/root	\$0
D7210	Surgical removal of erupted tooth	\$30
D7220	Removal of impacted tooth, soft tissue <sup>1</sup>	\$40
D7230	Removal of impacted tooth – partially bony <sup>1</sup>	\$50
D7240	Removal of impacted tooth, complete bony <sup>1</sup>	\$70
D7241	Removal of impacted tooth-completely bony w/complications <sup>1</sup>	\$90
D7250	Surgical removal of residual tooth roots <sup>1</sup>	\$30
D7251	Coronectomy – intentional partial tooth removal <sup>1</sup>	\$80
D7260	Oroantral fistula closure <sup>1</sup>	\$245
D7261	Primary closure of a sinus perforation <sup>1</sup>	\$245
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus <sup>1</sup>	\$75
D7280	Surgical exposure of unerupted tooth for orthodontic purposes <sup>1</sup>	\$65
D7282	Mobilization of erupted malpositioned tooth <sup>1</sup>	\$65
D7283	Placement of devise to facilitate eruption of impacted teeth <sup>1</sup>	\$0
D7285	Biopsy of oral tissue, hard (bone, tooth) <sup>1</sup>	\$50
D7286	Biopsy of oral tissue, soft <sup>1</sup>	\$50
D7287	exfoliative cytology sample collection <sup>1</sup>	\$40

CDT CODE	OPTION C BENEFIT	MEMBER COPAYMENT
D7288	Brush biopsy-transepithelial sample collection	\$35
D7290	Surgical repositioning of teeth <sup>1</sup>	\$110
D7291	Trasseptal fiberotomy/supra crestal fiberotomy, by report <sup>1</sup>	\$45
D7310	Alveoplasty in conjunction w/ extractions- four or more teeth or tooth spaces per quadrant <sup>1</sup>	\$40
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant <sup>1</sup>	\$40
D7320	Alveoplasty not in conjunction w/ extractions- four or more teeth or tooth spaces , per quadrant <sup>1</sup>	\$55
D7321	Alveoplasty not in conjunction w/ extractions - one to three teeth or tooth spaces, per quadrant <sup>1</sup>	\$55
D7340	Vestibuloplasty - ridge extension (secondary epithelialization) <sup>1</sup>	\$330
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) <sup>1</sup>	\$520
D7410	Excision of benign lesion up to 1.25cm <sup>1</sup>	\$70
D7411	Excision of benign lesion up greater than 1.25cm <sup>1</sup>	\$100
D7412	Excision of benign lesion, complicated <sup>1</sup>	\$150
D7413	Excision of malignant lesion up to 1.25cm <sup>1</sup>	\$80
D7414	Excision of malignant lesion greater than 1.25cm <sup>1</sup>	\$100
D7415	Excision of malignant lesion, complicated <sup>1</sup>	\$205
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm <sup>1</sup>	\$70
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm <sup>1</sup>	\$130
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25cm <sup>1</sup>	\$70
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25cm <sup>1</sup>	\$130
D7465	Destruction of lesion(s) by physical or chemical method, by report <sup>1</sup>	\$40
D7471	Removal of lateral exostosis (maxilla or mandible) <sup>1</sup>	\$35
D7472	Removal of torus palatinus <sup>1</sup>	\$35
D7473	Removal of torus mandibularis <sup>1</sup>	\$35
D7485	Surgical reduction of osseous tuberosity <sup>1</sup>	\$60
D7510	Incision and drainage of abscess – intraoral soft tissue	\$20
D7511	Incision and drainage of abscess–intraoral soft tissue (complicated) <sup>1</sup>	\$30
D7520	Incision and drainage of abscess-extraoral soft tissue <sup>1</sup>	\$35
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated <sup>1</sup>	\$95
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue <sup>1</sup>	\$70
D7540	Removal of reaction producing foreign bodies, musculoskeletal system <sup>1</sup>	\$100
D7550	Partial ostectomy/ sequestrectomy for removal of non-vital bone <sup>1</sup>	\$100
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body <sup>1</sup>	\$465
D7910	Suture of recent small wounds up to 5cm <sup>1</sup>	\$50
D7911	Complicated suture - up to 5 cm <sup>1</sup>	\$50

CDT CODE	OPTION C BENEFIT	MEMBER COPAYMENT
D7912	Complicated suture - greater than 5 cm <sup>1</sup>	\$100
D7953	Bone replacement graft for ridge preservation - per site <sup>1</sup>	\$80
D7960	Frenulectomy (frenectomay or frenotomy) – separate procedure <sup>1</sup>	\$30
D7963	Frenuloplasty <sup>1</sup>	\$30
D7970	Excision of hyperplastic tissue (per arch) <sup>1</sup>	\$45
D7971	Excision of pericoronal gingiva <sup>1</sup>	\$35
D7972	Surgical reduction of fibrous tuberosity <sup>1</sup>	\$95
D7999	Unspecified oral surgery procedure, by report <sup>1</sup>	\$0
OTHER SERVICES		
D9110	Palliative treatment, minor procedures	\$5
D9120	Fixed partial denture sectioning <sup>1</sup>	\$25
D9210	Local anesthesia not in conjunction with operative or surgical procedures <sup>1</sup>	\$0
D9211	Regional block anesthesia	\$0
D9212	Trigeminal division block anesthesia	\$0
D9215	Local anesthesia	\$0
D9219	Evaluation for deep sedation or general anesthesia <sup>1</sup>	\$0
D9222	Deep sedation/general anesthesia – first 15 minutes <sup>1</sup>	\$130
D9223	Deep sedation/general anesthesia – each additional 15 minutes <sup>1</sup>	\$75
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis <sup>1</sup>	\$15
D9239	Intravenous moderate (conscious) sedation/anesthesia - first 15 minutes <sup>1</sup>	\$150
D9243	Intravenous conscious sedation/analgesia–each 15 minutes <sup>1</sup>	\$75
D9248	Non-intravenous conscious sedation <sup>1</sup>	\$15
D9310	Professional consultation, other than with primary dental provider <sup>1</sup>	\$0
D9440	Office visit-after regularly scheduled hours	\$25
D9450	Case presentation, detailed and extensive treatment planning	\$0
D9610	Therapeutic parenteral drugs, single administration	\$15
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$15
D9612	Therapeutic parental drugs, two or more administrations, different medications.	\$25
D9630	Drugs or medicaments dispensed in the office for home use	\$15
D9910	Application desensitizing medicament	\$15
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report <sup>1</sup>	\$0
D9932	Cleaning and inspection of removable complete denture, maxillary	\$0
D9933	Cleaning and inspection of removable complete denture, mandibular	\$0
D9934	Cleaning and inspection of removable parital denture, maxillary	\$0
D9935	Cleaning and inspection of removable partial denture, mandibular	\$0
D9940	Occlusal guard, by report	\$95
D9942	Repair and/or reline of occlusal guard	\$30
D9943	Occlusal guard adjustment	\$15
D9951	Occlusal adjustment-limited	\$35
D9952	Occlusal adjustment-complete	\$45
D9972	External bleaching per arch	\$125

CDT CODE	OPTION C BENEFIT	MEMBER COPAYMENT
D9973	External bleaching - per tooth	\$50
D9975	External bleaching per arch for home application	\$125
D9986	Missed appointment	Not to exceed \$25
D9987	Canceled appointment	Not to exceed \$25
D9991	Dental case management - addressing appointment	\$0
D9992	Dental case management - care coordination	\$0
D9993	Dental case management - motivational interviewing	\$0
D9994	Dental case management - patient education to improve oral health literacy	\$0
D9995	Teledentistry - synchronous; real-time encounter	\$0
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	\$0
D9999	Unspecified adjunctive procedure <sup>1</sup>	\$10
ORTHODONTIA		
D8010	Limited treatment of the primary dentition <sup>1</sup>	Child: \$1,695 Adult: \$1,895
D8020	Limited treatment of the transitional dentition <sup>1</sup>	
D8030	Limited treatment of the adolescent dentition <sup>1</sup>	
D8040	Limited treatment of the adult dentition <sup>1</sup>	
D8050	Interceptive treatment of the primary dentition <sup>1</sup>	
D8060	Interceptive treatment of the transitional dentition <sup>1</sup>	
D8070	Comprehensive treatment of the transitional dentition <sup>1</sup>	
D8080	Comprehensive treatment of the adolescent dentition <sup>1</sup>	
D8090	Comprehensive treatment of adult dentition <sup>1</sup>	
D8660	Pre-orthodontic treatment examination to monitor growth and development <sup>1</sup>	
D8670	Periodic orthodontic treatment visits <sup>1</sup>	
D8680	(see below D8681...not included in treatment) <sup>1</sup>	
D8681	Removable orthodontic retainer adjustment <sup>1</sup>	
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers) <sup>1</sup>	\$250
D8210	Removable appliance therapy <sup>1</sup>	\$350
D8220	Fixed appliance therapy <sup>1</sup>	\$350
D8999	Unspecified orthodontic procedure <sup>1</sup>	\$100

<sup>1</sup>Procedure requires referral from primary care dentist to a participating provider

<sup>2</sup>Covered only when optional implant placement is purchased, and when submitted with the following implant placement procedures D6010, D6011, D6013, D6040, D6050.

<sup>3</sup>A charge of \$125 in addition to the copays listed applies for any procedure using noble, high noble, or titanium metals as well as porcelain on molar teeth. An additional charge not to exceed \$125 per unit/tooth applies to cases involving 6 or more crowns, veneers, bridge pontics/ inlays/ onlays/ abutments, and/or implants in the same treatment plan.

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## Limitations & Exclusions

Below is an expanded listing of plan limitations and non-covered services under your dental plan. Please see your Certificate of Coverage for a full list.

### Limitations –

**Unauthorized services** – Dental services must be received from the member's participating dental office unless an exception is specifically authorized by the member's participating dental office and/or Anthem, in writing.

#### Diagnostic and Preventive Services

**Oral evaluations (exams)** – Limited to 2 per 12 months

**Teeth cleaning (prophylaxis)** – 2 per 12 months at \$0 copay, then unlimited at a low copay

**Bitewing X-rays** – Limited to two series of films per 12 months

**Topical application of fluoride** – 2 per 12 months to age 19 at \$0 copay, then unlimited at a low copay

**Sealants** – Limited to 1 per 36 months to age 19; first and second unrestored permanent molars

#### Restorative Services

**Space maintainers** – 1 per lifetime per tooth to age 19; posterior teeth only

**Crowns** – Limited to 1 per tooth per 60 months

#### Endodontic, Periodontal and Oral Surgery Services

**Root canal** – 1 per tooth per lifetime

**Apicoectomy/periradicular surgery** – 1 per tooth per lifetime, for permanent teeth only

**Gingivectomy/gingivoplasty/osseous surgery** – 1 per quadrant per 36 months

#### Prosthodontic Services

**Dentures (complete, partial, fixed, removable)** – 1 per 60 months

**Bridges** – 1 per 60 months

### Exclusions –

**Coverage outside of the United States** – Dental care or treatment provided outside of the United States except for Emergency Dental Care

**Cosmetic services** – Dental care performed only to improve patient's appearance when tooth structure and function are satisfactory and no pathologic conditions (decay) exist

**Services provided before or after term of this coverage** – Dental care received either before the effective date of coverage or after coverage ends

**Services not covered** – Dental services that are not listed in the Schedule of Copayments in the Certificate of Coverage

**Services provided by a family member** – Dental services performed by a member of the covered person's immediate family (child, spouse, mother, father, sibling or sibling of covered member's spouse)

**Services with no charge** – Dental services for which no charge is normally made

**Services covered under Workers' Compensation** – Dental services provided for under any state or federal Workers' Compensation, employers' liability or occupational disease law

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**This is not a contract. It is a listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms, and provisions of the dental plan Dental Certificate of Coverage. In the event of a discrepancy between the information contained in this Summary of Benefits and in the dental Certificate of Coverage, the comprehensive Certificate of Coverage will prevail.**

The dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Anthem BlueCross.