

SERFF Tracking Number: DDPA-126583250 State: Arkansas
 Filing Company: Dentegra Insurance Company State Tracking Number: 45411
 Company Tracking Number: 2010010
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: DCUSA-DENEGRA-AR SCHEDULES
 Project Name/Number: DCUSA NEW GROUP PLANS/2010010

Filing at a Glance

Company: Dentegra Insurance Company

Product Name: DCUSA-DENEGRA-AR SCHEDULES

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Filing Type: Form

SERFF Tr Num: DDPA-126583250 State: Arkansas

SERFF Status: Closed-Approved-Closed State Tr Num: 45411

Co Tr Num: 2010010

Authors: Sandra Renner, Shelly Williams

Date Submitted: 04/13/2010

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 04/14/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: DCUSA NEW GROUP PLANS

Project Number: 2010010

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/14/2010

Deemer Date:

Submitted By: Sandra Renner

Filing Description:

Enclosed for your review are both new and revised benefit schedules for the DeltaCare® USA program underwritten by Dentegra Insurance Company ("Dentegra").

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: These forms are specifically written for use in the state of Arkansas.

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association, Trust, Other

Explanation for Other Group Market Type: Unions

State Status Changed: 04/14/2010

Created By: Sandra Renner

Corresponding Filing Tracking Number: 2010010

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S-A-AR-CSOR replaces S-A-AR-CSO(2007) - approved December 1, 2006
S-B-AR-CSOR replaces S-B-AR-CSO(2005) - approved December 1, 2006

Upon approval these benefit schedules will be used in conjunction with the group dental contract, MC-DENEGRA-AR, and Evidence of Coverage, AREOC. These two forms were also approved by the Department on December 1, 2006.

In 2010, Dentegra intends to introduce a new series of plans entitled Standard10 (STD10). The new schedules for the STD10 plans are:

S-A-AR-STD10 and
S-B-AR-STD10

These new benefit schedules will also be used in conjunction with MC-DENEGRA-AR and AREOC.

Thank you for your review of this filing.

Company and Contact

Filing Contact Information

Sandra Renner, Regulatory Analyst srenner@delta.org
12898 Towne Center Drive 800-801-7105 [Phone] 7726 [Ext]
MS UW410 562-924-0185 [FAX]
Cerritos, CA 90703

Filing Company Information

Dentegra Insurance Company CoCode: 73474 State of Domicile: Delaware
100 First Street Group Code: 2479 Company Type: LAH
San Francisco, CA 94105 Group Name: Dentegra Group, Inc. State ID Number:
(866) 714-7730 ext. [Phone] FEIN Number: 75-1233841

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Per General Instructions dated 3/23/10, the fee is \$50.00 per filing and is not retaliatory.

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Per Company: *No*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Dentegra Insurance Company	\$50.00	04/13/2010	35611933
Dentegra Insurance Company	\$150.00	04/14/2010	35644926
Dentegra Insurance Company	\$200.00	04/14/2010	35645032

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/14/2010	04/14/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing fee	Note To Filer	Rosalind Minor	04/14/2010	04/14/2010
EFT Filing Fees	Note To Reviewer	Sandra Renner	04/14/2010	04/14/2010
Additional Filing Fees	Note To Filer	Rosalind Minor	04/14/2010	04/14/2010

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Disposition

Disposition Date: 04/14/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Redline Strikeout Versions of CSO Schedules.	Approved-Closed	Yes
Form	DESCRIPTION OF BENEFITS AND COPAYMENTS	Approved-Closed	Yes
Form	LIMITATIONS AND EXCLUSIONS OF BENEFITS	Approved-Closed	Yes
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Form	LIMITATIONS AND EXCLUSIONS OF BENEFITS	Approved-Closed	Yes

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Note To Filer

Created By:

Rosalind Minor on 04/14/2010 01:51 PM

Last Edited By:

Rosalind Minor

Submitted On:

04/14/2010 02:19 PM

Subject:

Filing fee

Comments:

As discussed in our telephone conversation on this date, i am requesting from our Accounting Department the additional \$200.00 in filing fees which was submitted in error.

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Product Name: DCUSA-DENEGRA-AR SCHEDULES
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Note To Reviewer

Created By:

Sandra Renner on 04/14/2010 01:41 PM

Last Edited By:

Rosalind Minor

Submitted On:

04/14/2010 02:19 PM

Subject:

EFT Filing Fees

Comments:

I entered the additional amount of \$150.00 on the EFT screen. Unfortunately, I thought SERFF was asking me for a total amount, so I also entered \$200.00 as the total. Because of this error, the total EFT amount entered is \$400.00. I am unable to correct this on my end. Is this something that the Department can correct, so that the total amount charged to Dentegra is \$50.00 per form, or \$200.00 total? Thank you.

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Product Name: *DCUSA-DENTEGRA-AR SCHEDULES*
Project Name/Number: *DCUSA NEW GROUP PLANS/2010010*

Note To Filer

Created By:

Rosalind Minor on 04/14/2010 07:58 AM

Last Edited By:

Rosalind Minor

Submitted On:

04/14/2010 02:19 PM

Subject:

Additional Filing Fees

Comments:

Our filing fees under Rule 57 has been updated (see the General Instructions for ArkansasLH).

The fee for this submission should be \$50.00 per form for a total of \$200.00. Please submit an additional \$150.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

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Form Schedule

Lead Form Number: S-A-AR-CSOR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/14/2010	S-A-AR-CSOR	Schedule Pages	DESCRIPTION OF BENEFITS AND COPAYMENTS	Initial			S-A-AR-CSOR.pdf
Approved-Closed 04/14/2010	S-B-AR-CSOR	Schedule Pages	LIMITATIONS AND EXCLUSIONS OF BENEFITS	Initial			S-B-AR-CSOR.pdf
Approved-Closed 04/14/2010	S-A-AR-STD10	Schedule Pages	DESCRIPTION OF BENEFITS AND COPAYMENTS	Initial			S-A-AR-STD10.pdf
Approved-Closed 04/14/2010	S-B-AR-STD10	Schedule Pages	LIMITATIONS AND EXCLUSIONS OF BENEFITS	Initial			S-B-AR-STD10.pdf

[SCHEDULE A

DESCRIPTION OF BENEFITS AND COPAYMENTS

The benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the program. Please refer to *Schedule B* for further clarification of benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare[®] USA program and is not to be interpreted as CDT-2009 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

Code	Description	ENROLLEE PAYS
D0100-D0999	I. Diagnostic - (When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.) *	
D0999	Unspecified diagnostic procedure, by report <i>- includes office visit, per visit (in addition to other services)</i>	[No Cost-\$15.00]
D0120	Periodic oral evaluation - established patient	[No Cost-\$20.00]
D0140	Limited oral evaluation - problem focused	[No Cost-\$20.00]
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver.....	[No Cost-\$25.00]
D0150	Comprehensive oral evaluation - new or established patient.....	[No Cost-\$30.00]
D0160	Detailed and extensive oral evaluation - problem focused, by report.....	[No Cost-\$30.00]
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	[No Cost-\$30.00]
D0180	Comprehensive periodontal evaluation - new or established patient.....	[No Cost-\$25.00]
D0210	Intraoral <i>radiographs</i> - complete series (including bitewings) <i>- limited to 1 series every [12-36] months</i>	[No Cost-\$50.00]
D0220	Intraoral - periapical first film	[No Cost-\$20.00]
D0230	Intraoral - periapical each additional film.....	[No Cost-\$20.00]
D0240	Intraoral - occlusal film	[No Cost-\$20.00]
D0250	Extraoral - first film	[No Cost-\$20.00]
D0260	Extraoral - each additional film	[No Cost-\$20.00]
D0270	Bitewing <i>radiograph</i> - single film	[No Cost-\$20.00]
D0272	Bitewings <i>radiographs</i> - two films.....	[No Cost-\$20.00]
D0273	Bitewings <i>radiographs</i> - three films	[No Cost-\$20.00]
D0274	Bitewings <i>radiographs</i> - four films - <i>limited to 1 series every [6-12] months</i>	[No Cost-\$25.00]
D0277	Vertical bitewings - 7 to 8 films.....	[No Cost-\$25.00]
D0330	Panoramic film.....	[No Cost-\$50.00]
D0415	Collection of microorganisms for culture and sensitivity	[No Cost-\$20.00]
D0425	Caries susceptibility tests	[No Cost-\$20.00]
D0460	Pulp vitality tests.....	[No Cost-\$20.00]
D0470	Diagnostic casts	[No Cost-\$25.00]
D0472	Accession of tissue, gross examination, preparation and transmission of written report.....	[No Cost-\$70.00]
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	[No Cost-\$120.00]
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-\$170.00]

D1000-D1999 II. Preventive - (When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.) *

D1110	Prophylaxis cleaning - adult - [1 per 6 month period] [3 per 12 month period].....	[No Cost-\$35.00]
[D1110]	Additional prophylaxis cleaning - adult (within the 6 month period).....	[No Cost-\$50.00]]
D1120	Prophylaxis cleaning - child - [1 per 6 month period] [3 per 12 month period].....	[No Cost-\$35.00]
[D1120]	Additional prophylaxis cleaning - child (within the 6 month period).....	[No Cost \$50.00]]
D1203	Topical application of fluoride - child - to age 19; [1 per 6 month period]	[No Cost-\$15.00]
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients - [child to age 19;][1 per 6 month period]	[No Cost-\$15.00]
D1310	Nutritional counseling for control of dental disease	[No Cost-\$20.00]
D1330	Oral hygiene instructions.....	[No Cost-\$20.00]
D1351	Sealant - per tooth - limited to permanent molars through age 15	[No Cost-\$25.00]
D1510	Space maintainer - fixed - unilateral.....	[No Cost-\$135.00]
D1515	Space maintainer - fixed - bilateral.....	[No Cost-\$195.00]
D1520	Space maintainer - removable - unilateral	[No Cost-\$150.00]
D1525	Space maintainer - removable - bilateral	[No Cost-\$245.00]
D1550	Re-cementation of space maintainer	[No Cost-\$35.00]
D1555	Removal of fixed space maintainer	[No Cost-\$40.00]

D2000-D2999 III. Restorative - (When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.) *

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.
- When there are more than 6 crowns in the same treatment plan, an Enrollee may be charged an additional [\$75.00-\$150.00] per crown, beyond the 6th unit.
- Replacement of crowns, inlays and onlays requires the existing restoration to be [3-5+] years old.

D2140	Amalgam - one surface, primary or permanent	[No Cost-\$65.00]
D2150	Amalgam - two surfaces, primary or permanent.....	[No Cost-\$80.00]
D2160	Amalgam - three surfaces, primary or permanent	[No Cost-\$100.00]
D2161	Amalgam - four or more surfaces, primary or permanent.....	[No Cost-\$110.00]
D2330	Resin-based composite - one surface, anterior	[No Cost-\$75.00]
D2331	Resin-based composite - two surfaces, anterior.....	[No Cost-\$85.00]
D2332	Resin-based composite - three surfaces, anterior	[No Cost-\$100.00]
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	[No Cost-\$110.00]
D2390	Resin-based composite crown, anterior.....	[No Cost-\$130.00]
D2391	Resin-based composite - one surface, posterior	[No Cost-\$90.00]
D2392	Resin-based composite - two surfaces, posterior	[No Cost-\$100.00]
D2393	Resin-based composite - three surfaces, posterior	[No Cost-\$120.00]
D2394	Resin-based composite - four or more surfaces, posterior	[No Cost-\$135.00]
D2510	Inlay - metallic - one surface	[No Cost-\$320.00]
D2520	Inlay - metallic - two surfaces.....	[No Cost-\$350.00]
D2530	Inlay - metallic - three or more surfaces.....	[No Cost-\$390.00]
D2542	Onlay - metallic - two surfaces	[No Cost-\$475.00]
D2543	Onlay - metallic - three surfaces	[No Cost-\$475.00]
D2544	Onlay - metallic - four or more surfaces	[No Cost-\$485.00]
D2610	Inlay - porcelain/ceramic - one surface	[No Cost-\$475.00]
D2620	Inlay - porcelain/ceramic - two surfaces.....	[No Cost-\$485.00]
D2630	Inlay - porcelain/ceramic - three or more surfaces.....	[No Cost-\$500.00]
D2642	Onlay - porcelain/ceramic - two surfaces.....	[No Cost-\$500.00]
D2643	Onlay - porcelain/ceramic - three surfaces	[No Cost-\$515.00]
D2644	Onlay - porcelain/ceramic - four or more surfaces.....	[No Cost-\$525.00]
D2650	Inlay - resin-based composite - one surface	[No Cost-\$230.00]
D2651	Inlay - resin-based composite - two surfaces.....	[No Cost-\$250.00]
D2652	Inlay - resin-based composite - three or more surfaces.....	[No Cost-\$290.00]
D2662	Onlay - resin-based composite - two surfaces	[No Cost-\$285.00]
D2663	Onlay - resin-based composite - three surfaces	[No Cost-\$310.00]

D2664	Onlay - resin-based composite - four or more surfaces	[No Cost-\$360.00]
D2710	Crown - resin-based composite (indirect)	[No Cost-\$300.00]
D2712	Crown - ¾ resin-based composite (indirect)	[No Cost-\$300.00]
D2720	Crown - resin with high noble metal	[No Cost-\$500.00]
D2721	Crown - resin with predominantly base metal	[No Cost-\$475.00]
D2722	Crown - resin with noble metal	[No Cost-\$505.00]
D2740	Crown - porcelain/ceramic substrate.....	[No Cost-\$570.00]
D2750	Crown - porcelain fused to high noble metal.....	[No Cost-\$500.00]
D2751	Crown - porcelain fused to predominantly base metal.....	[No Cost-\$475.00]
D2752	Crown - porcelain fused to noble metal.....	[No Cost-\$505.00]
D2780	Crown - ¾ cast high noble metal.....	[No Cost-\$500.00]
D2781	Crown - ¾ cast predominantly base metal.....	[No Cost-\$475.00]
D2782	Crown - ¾ cast noble metal	[No Cost-\$505.00]
D2783	Crown - ¾ porcelain/ceramic	[No Cost-\$500.00]
D2790	Crown - full cast high noble metal.....	[No Cost-\$500.00]
D2791	Crown - full cast predominantly base metal	[No Cost-\$475.00]
D2792	Crown - full cast noble metal.....	[No Cost-\$505.00]
D2794	Crown - titanium	[No Cost-\$500.00]
D2910	Recement inlay, onlay or partial coverage restoration.....	[No Cost-\$40.00]
D2915	Recement cast or prefabricated post and core	[No Cost-\$40.00]
D2920	Recement crown	[No Cost-\$40.00]
D2930	Prefabricated stainless steel crown - primary tooth	[No Cost-\$95.00]
D2931	Prefabricated stainless steel crown - permanent tooth.....	[No Cost-\$105.00]
D2932	Prefabricated resin crown - <i>anterior primary tooth</i>	[No Cost-\$105.00]
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i>	[No Cost-\$150.00]
D2940	Sedative filling	[No Cost-\$40.00]
D2950	Core buildup, including any pins	[No Cost-\$100.00]
D2951	Pin retention - per tooth, in addition to restoration	[No Cost-\$25.00]
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	[No Cost-\$145.00]
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	[No Cost-\$115.00]
D2954	Prefabricated post and core in addition to crown - <i>base metal post</i> ; <i>includes canal preparation</i>	[No Cost-\$120.00]
D2957	Each additional prefabricated post - same tooth - <i>base metal post</i> ; <i>includes canal preparation</i>	[No Cost-\$80.00]
D2970	Temporary crown (fractured tooth) - <i>palliative treatment only</i>	[No Cost-\$40.00]
D2971	Additional procedures to construct new crown under existing partial denture framework.....	[No Cost-\$120.00]
D2980	Crown repair, by report.....	[No Cost-\$110.00]

D3000-D3999 IV. Endodontics - (When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.) *

D3110	Pulp cap - direct (excluding final restoration)	[No Cost-\$30.00]
D3120	Pulp cap - indirect (excluding final restoration)	[No Cost-\$30.00]
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	[No Cost-\$70.00]
D3221	Pulpal debridement, primary and permanent teeth.....	[No Cost-\$90.00]
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development.....	[No Cost-\$70.00]
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	[No Cost-\$85.00]
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	[No Cost-\$85.00]
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration).....	[No Cost-\$320.00]
D3320	<i>Root canal</i> - endodontic therapy, bicuspid tooth (excluding final restoration).....	[No Cost-\$380.00]

D3330	Root canal - endodontic therapy, molar (excluding final restoration).....	[No Cost-\$485.00]
D3331	Treatment of root canal obstruction; non-surgical access	[No Cost-\$100.00]
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.....	[No Cost-\$130.00]
D3333	Internal root repair of perforation defects	[No Cost-\$140.00]
D3346	Retreatment of previous root canal therapy - anterior	[No Cost-\$440.00]
D3347	Retreatment of previous root canal therapy - bicuspid	[No Cost-\$500.00]
D3348	Retreatment of previous root canal therapy - molar.....	[No Cost-\$625.00]
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	[No Cost-\$165.00]
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.).....	[No Cost-\$120.00]
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.).....	[No Cost-\$120.00]
D3410	Apicoectomy/periradicular surgery - anterior	[No Cost-\$270.00]
D3421	Apicoectomy/periradicular surgery - bicuspid (first root).....	[No Cost-\$320.00]
D3425	Apicoectomy/periradicular surgery - molar (first root)	[No Cost-\$350.00]
D3426	Apicoectomy/periradicular surgery (each additional root).....	[No Cost-\$150.00]
D3430	Retrograde filling - per root	[No Cost-\$95.00]
D3450	Root amputation, per root	[No Cost-\$170.00]
D3920	Hemisection (including any root removal), not including root canal therapy	[No Cost-\$155.00]

D4000-D4999 V. Periodontics - (When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.) *

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.....	[No Cost-\$200.00]
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.....	[No Cost-\$120.00]
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	[No Cost-\$260.00]
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	[No Cost-\$160.00]
D4245	Apically positioned flap.....	[No Cost-\$190.00]
D4249	Clinical crown lengthening - hard tissue.....	[No Cost-\$500.00]
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.....	[No Cost-\$525.00]
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.....	[No Cost-\$420.00]
D4263	Bone replacement graft - first site in quadrant.....	[No Cost-\$250.00]
D4264	Bone replacement graft - each additional site in quadrant.....	[No Cost-\$200.00]
D4270	Pedicle soft tissue graft procedure.....	[No Cost-\$350.00]
D4271	Free soft tissue graft procedure (including donor site surgery)	[No Cost-\$335.00]
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area).....	[No Cost-\$130.00]
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	[No Cost-\$100.00]
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	[No Cost-\$80.00]
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - limited to 1 treatment in any 12 consecutive months.....	[No Cost-\$100.00]
D4910	Periodontal maintenance - limited to 1 treatment each 6 month period	[No Cost-\$75.00]
D4910	Additional periodontal maintenance - (within the 6 month period)	[No Cost-\$90.00]

D5000-D5899 VI. Prosthodontics (removable)

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

- *Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*
- *Replacement of a denture or a partial denture requires the existing denture to be [3-5+] years old.*

D5110	Complete denture - maxillary	[No Cost-\$620.00]
D5120	Complete denture - mandibular.....	[No Cost-\$620.00]
D5130	Immediate denture - maxillary.....	[No Cost-\$680.00]
D5140	Immediate denture - mandibular	[No Cost-\$680.00]
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth).....	[No Cost-\$550.00]
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth).....	[No Cost-\$550.00]
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	[No Cost-\$650.00]
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	[No Cost-\$650.00]
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-\$700.00]
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	[No Cost-\$700.00]
D5410	Adjust complete denture - maxillary	[No Cost-\$40.00]
D5411	Adjust complete denture - mandibular	[No Cost-\$40.00]
D5421	Adjust partial denture - maxillary.....	[No Cost-\$40.00]
D5422	Adjust partial denture - mandibular	[No Cost-\$40.00]
D5510	Repair broken complete denture base.....	[No Cost-\$85.00]
D5520	Replace missing or broken teeth - complete denture (each tooth)	[No Cost-\$80.00]
D5610	Repair resin denture base	[No Cost-\$85.00]
D5620	Repair cast framework	[No Cost-\$85.00]
D5630	Repair or replace broken clasp	[No Cost-\$85.00]
D5640	Replace broken teeth - per tooth.....	[No Cost-\$70.00]
D5650	Add tooth to existing partial denture.....	[No Cost-\$80.00]
D5660	Add clasp to existing partial denture	[No Cost-\$90.00]
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	[No Cost-\$315.00]
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	[No Cost-\$315.00]
D5710	Rebase complete maxillary denture.....	[No Cost-\$225.00]
D5711	Rebase complete mandibular denture	[No Cost-\$225.00]
D5720	Rebase maxillary partial denture.....	[No Cost-\$225.00]
D5721	Rebase mandibular partial denture	[No Cost-\$225.00]
D5730	Reline complete maxillary denture (chairside)	[No Cost-\$120.00]
D5731	Reline complete mandibular denture (chairside)	[No Cost-\$120.00]
D5740	Reline maxillary partial denture (chairside).....	[No Cost-\$120.00]
D5741	Reline mandibular partial denture (chairside)	[No Cost-\$120.00]
D5750	Reline complete maxillary denture (laboratory)	[No Cost-\$185.00]
D5751	Reline complete mandibular denture (laboratory).....	[No Cost-\$185.00]
D5760	Reline maxillary partial denture (laboratory)	[No Cost-\$185.00]
D5761	Reline mandibular partial denture (laboratory).....	[No Cost-\$185.00]
D5820	Interim partial denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i>	[No Cost-\$250.00]
D5821	Interim partial denture (mandibular) - <i>limited to 1 in any 12 consecutive months</i>	[No Cost-\$250.00]
D5850	Tissue conditioning, maxillary	[No Cost-\$65.00]
D5851	Tissue conditioning, mandibular.....	[No Cost-\$65.00]

D5900-D5999 VII. Maxillofacial Prosthetics - Not Covered

D6000-D6199 VIII. Implant Services - Not Covered

D6200-D6999 IX. Prosthodontics, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

- When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional [\$75.00 - \$150.00] per unit, beyond the 6th unit.
- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be [3-5+] years old.

D6210	Pontic - cast high noble metal.....	[No Cost-\$500.00]
D6211	Pontic - cast predominantly base metal.....	[No Cost-\$475.00]
D6212	Pontic - cast noble metal.....	[No Cost-\$505.00]
D6240	Pontic - porcelain fused to high noble metal.....	[No Cost-\$500.00]
D6241	Pontic - porcelain fused to predominantly base metal.....	[No Cost-\$475.00]
D6242	Pontic - porcelain fused to noble metal.....	[No Cost-\$505.00]
D6245	Pontic - porcelain/ceramic.....	[No Cost-\$570.00]
D6250	Pontic - resin with high noble metal.....	[No Cost-\$500.00]
D6251	Pontic - resin with predominantly base metal.....	[No Cost-\$475.00]
D6252	Pontic - resin with noble metal.....	[No Cost-\$505.00]
D6600	Inlay - porcelain/ceramic, two surfaces.....	[No Cost-\$485.00]
D6601	Inlay - porcelain/ceramic, three or more surfaces.....	[No Cost-\$500.00]
D6602	Inlay - cast high noble metal, two surfaces.....	[No Cost-\$400.00]
D6603	Inlay - cast high noble metal, three or more surfaces.....	[No Cost-\$425.00]
D6604	Inlay - cast predominantly base metal, two surfaces.....	[No Cost-\$320.00]
D6605	Inlay - cast predominantly base metal, three or more surfaces.....	[No Cost-\$350.00]
D6606	Inlay - cast noble metal, two surfaces.....	[No Cost-\$375.00]
D6607	Inlay - cast noble metal, three or more surfaces.....	[No Cost-\$400.00]
D6608	Onlay - porcelain/ceramic, two surfaces.....	[No Cost-\$500.00]
D6609	Onlay - porcelain/ceramic, three or more surfaces.....	[No Cost-\$525.00]
D6610	Onlay - cast high noble metal, two surfaces.....	[No Cost-\$400.00]
D6611	Onlay - cast high noble metal, three or more surfaces.....	[No Cost-\$430.00]
D6612	Onlay - cast predominantly base metal, two surfaces.....	[No Cost-\$360.00]
D6613	Onlay - cast predominantly base metal, three or more surfaces.....	[No Cost-\$400.00]
D6614	Onlay - cast noble metal, two surfaces.....	[No Cost-\$400.00]
D6615	Onlay - cast noble metal, three or more surfaces.....	[No Cost-\$420.00]
D6720	Crown - resin with high noble metal.....	[No Cost-\$500.00]
D6721	Crown - resin with predominantly base metal.....	[No Cost-\$475.00]
D6722	Crown - resin with noble metal.....	[No Cost-\$505.00]
D6740	Crown - porcelain/ceramic.....	[No Cost-\$570.00]
D6750	Crown - porcelain fused to high noble metal.....	[No Cost-\$500.00]
D6751	Crown - porcelain fused to predominantly base metal.....	[No Cost-\$475.00]
D6752	Crown - porcelain fused to noble metal.....	[No Cost-\$505.00]
D6780	Crown - ¾ cast high noble metal.....	[No Cost-\$500.00]
D6781	Crown - ¾ cast predominantly base metal.....	[No Cost-\$475.00]
D6782	Crown - ¾ cast noble metal.....	[No Cost-\$505.00]
D6783	Crown - ¾ porcelain/ceramic.....	[No Cost-\$570.00]
D6790	Crown - full cast high noble metal.....	[No Cost-\$500.00]
D6791	Crown - full cast predominantly base metal.....	[No Cost-\$475.00]
D6792	Crown - full cast noble metal.....	[No Cost-\$505.00]
D6930	Recement fixed partial denture.....	[No Cost-\$50.00]
D6940	Stress breaker.....	[No Cost-\$110.00]
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated - <i>includes canal preparation</i>	[No Cost-\$180.00]
D6972	Prefabricated post and core in addition to fixed partial denture retainer - <i>base metal post; includes canal preparation</i>	[No Cost-\$130.00]
D6973	Core buildup for retainer, including any pins.....	[No Cost-\$100.00]
D6976	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	[No Cost-\$115.00]
D6977	Each additional prefabricated post - same tooth - <i>base metal post;</i> <i>includes canal preparation</i>	[No Cost-\$80.00]
D6980	Fixed partial denture repair, by report.....	[No Cost-\$140.00]

D7000-D7999 X. Oral and Maxillofacial Surgery - (When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.) *

- Includes preoperative and postoperative evaluations and treatment under local anesthetic.

D7111	Extraction, coronal remnants - deciduous tooth.....	[No Cost-\$50.00]
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	[No Cost-\$80.00]
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	[No Cost-\$125.00]
D7220	Removal of impacted tooth - soft tissue	[No Cost-\$130.00]
D7230	Removal of impacted tooth - partially bony	[No Cost-\$160.00]
D7240	Removal of impacted tooth - completely bony	[No Cost-\$180.00]
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications.....	[No Cost-\$225.00]
D7250	Surgical removal of residual tooth roots (cutting procedure)	[No Cost-\$105.00]
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	[No Cost-\$150.00]
D7280	Surgical access of an unerupted tooth.....	[No Cost-\$175.00]
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	[No Cost-\$175.00]
D7283	Placement of device to facilitate eruption of impacted tooth.....	[No Cost-\$75.00]
D7286	Biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i> ..	[No Cost-\$100.00]
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	[No Cost-\$110.00]
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	[No Cost-\$110.00]
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	[No Cost-\$150.00]
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	[No Cost-\$150.00]
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	[No Cost-\$125.00]
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.....	[No Cost-\$250.00]
D7471	Removal of lateral exostosis (maxilla or mandible).....	[No Cost-\$125.00]
D7472	Removal of torus palatinus.....	[No Cost-\$125.00]
D7473	Removal of torus mandibularis.....	[No Cost-\$125.00]
D7510	Incision and drainage of abscess - intraoral soft tissue	[No Cost-\$60.00]
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	[No Cost-\$110.00]
D7970	Excision hyperplastic tissue - per arch.....	[No Cost-\$135.00]
D7971	Excision of pericoronal gingiva.....	[No Cost-\$135.00]

D8000-D8999 XI. Orthodontics

- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed [\$75.00 - \$125.00] [75 percent of the Contract Orthodontist's Filed Fees], may apply.

- The Retention Copayment includes adjustments and/or office visits up to 24 months.

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: [No Cost-**]

D0210	Intraoral - complete series (including bitewings)
D0322	Tomographic survey
D0330	Panoramic film
D0340	Cephalometric film
D0350	Oral/facial photographic images
D0470	Diagnostic casts

The benefit for post-treatment records includes:..... [No Cost-**]

D0210	Intraoral - complete series (including bitewings)	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition.....	[No Cost-**]

D8020	Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	[No Cost-**]
D8030	Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	[No Cost-**]
D8040	Limited orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	[No Cost-**]
D8050	Interceptive orthodontic treatment of the primary dentition.....	[No Cost-**]
D8060	Interceptive orthodontic treatment of the transitional dentition	[No Cost-**]
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	[No Cost-**]
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	[No Cost-**]
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	[No Cost-**]
D8660	Pre-orthodontic treatment visit	[No Cost-**]
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers)	[No Cost-**]
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i>	[No Cost-**]

D9000-D9999 XII. Adjunctive General Services - (When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.) *

D9110	Palliative (emergency) treatment of dental pain - minor procedure	[No Cost-\$40.00]
D9211	Regional block anesthesia	[No Cost-\$15.00]
D9212	Trigeminal division block anesthesia.....	[No Cost-\$15.00]
D9215	Local anesthesia	[No Cost-\$15.00]
D9220	Deep sedation/general anesthesia - first 30 minutes.....	[No Cost-\$185.00]
D9221	Deep sedation/general anesthesia - each additional 15 minutes	[No Cost-\$100.00]
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	[No Cost-\$185.00]
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	[No Cost-\$100.00]
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician.....	[No Cost-\$50.00]
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed.....	[No Cost-\$30.00]
D9440	Office visit - after regularly scheduled hours.....	[No Cost-\$65.00]
D9450	Case presentation, detailed and extensive treatment planning	[No Cost-\$50.00]
D9940	Occlusal guard, by report - <i>limited to 1 in 3 years</i>	[No Cost-\$210.00]
D9951	Occlusal adjustment, limited	[No Cost-\$75.00]
D9952	Occlusal adjustment, complete	[No Cost-\$210.00]
D9972	External bleaching - per arch - <i>limited to one bleaching tray and gel for two weeks of self treatment</i>	[No Cost-\$160.00]
D9999	Unspecified adjunctive procedure, by report - <i>includes failed appointment without 24 hour notice - per 15 minutes of appointment time</i>	[No Cost-\$40.00]

Procedures not listed above are not covered, however, may be available at the Contract Dentist's *Filed Fees*. *Filed Fees* mean the Contract Dentist's fees on file with Dentegra. Questions regarding these fees should be directed to the Customer Service department at [800-422-4234].

FOOTNOTES

** If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed, referable procedures that are not available in the contract facility or that require a Dentist to provide Specialist Services may be provided by a contracted oral surgeon, endodontist, periodontist or pediatric dentist at 75 percent of the Contract Specialist's Filed Fees. Specialist Services are only available upon referral by the assigned Contract Dentist.*

*** 75 percent of the Contract Orthodontist's Filed Fee]*

[SCHEDULE B
LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations

1. The frequency of certain benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*;
2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional [\$75.00-\$150.00] above the listed Copayment for each of these services after the sixth unit has been provided;
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241);
4. Benefits provided by a contract pediatric Dentist are available at 75% of the Contract Specialist's *Filed Fees*. Referral by the assigned Contract Dentist is required before services are rendered;
5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged;
6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Dentegra is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*;
2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry;
3. Services solely for cosmetic purposes, with the exception of procedure D9972, External bleaching, per arch, or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities;
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age;
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges);
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ);
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures;

8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant;
9. Consultations for non-covered benefits;
10. Dental services received from any dental facility other than the assigned Contract Dentist, including the services of an out-of-network dental specialist, unless expressly authorized by Dentegra, except for *Emergency Services* as described in the Contract and/or Evidence of Coverage;
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility;
12. Prescription drugs;
13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision;
14. Lost, stolen or broken orthodontic appliances;
15. Changes in orthodontic treatment necessitated by accident of any kind;
16. Myofunctional and parafunctional appliances and/or therapies;
17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances;
18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.]

[SCHEDULE A

DESCRIPTION OF BENEFITS AND COPAYMENTS

The benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the program. Please refer to *Schedule B* for further clarification of benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare[®] USA program and is not to be interpreted as CDT-2009 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

Code	Description	ENROLLEE PAYS
D0100-D0999	I. Diagnostic	
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	[No Cost-\$15.00]
D0120	Periodic oral evaluation - established patient	[No Cost-\$20.00]
D0140	Limited oral evaluation - problem focused	[No Cost-\$20.00]
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver.....	[No Cost-\$25.00]
D0150	Comprehensive oral evaluation - new or established patient.....	[No Cost-\$30.00]
D0160	Detailed and extensive oral evaluation - problem focused, by report.....	[No Cost-\$30.00]
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	[No Cost-\$30.00]
D0180	Comprehensive periodontal evaluation - new or established patient.....	[No Cost-\$25.00]
D0210	Intraoral <i>radiographs</i> - complete series (including bitewings) - <i>limited to 1 series every [12-36] months</i>	[No Cost-\$50.00]
D0220	Intraoral - periapical first film	[No Cost-\$20.00]
D0230	Intraoral - periapical each additional film.....	[No Cost-\$20.00]
D0240	Intraoral - occlusal film	[No Cost-\$20.00]
D0250	Extraoral - first film	[No Cost-\$20.00]
D0260	Extraoral - each additional film.....	[No Cost-\$20.00]
D0270	Bitewing <i>radiograph</i> - single film	[No Cost-\$20.00]
D0272	Bitewings <i>radiographs</i> - two films.....	[No Cost-\$20.00]
D0273	Bitewings <i>radiographs</i> - three films	[No Cost-\$20.00]
D0274	Bitewings <i>radiographs</i> - four films - <i>limited to 1 series every [6 - 12] months</i>	[No Cost-\$25.00]
D0277	Vertical bitewings - 7 to 8 films.....	[No Cost-\$25.00]
D0330	Panoramic film.....	[No Cost-\$50.00]
D0415	Collection of microorganisms for culture and sensitivity	[No Cost-\$20.00]
D0425	Caries susceptibility tests.....	[No Cost-\$20.00]
D0460	Pulp vitality tests.....	[No Cost-\$20.00]
D0470	Diagnostic casts	[No Cost-\$25.00]
D0472	Accession of tissue, gross examination, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i>	[No Cost-\$70.00]
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i>	[No Cost-\$120.00]
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i>	[No Cost-\$170.00]

D1000-D1999 II. Preventive

D1110	Prophylaxis <i>cleaning</i> - adult - [1 per 6 month period] [3 per year]	[No Cost-\$35.00]
[D1110	<i>Additional prophylaxis cleaning</i> - adult (within the 6 month period) [non-medically necessary / medically necessary]	[No Cost-\$50.00]]
D1120	Prophylaxis <i>cleaning</i> - child - [1 per 6 month period] [3 per year].....	[No Cost-\$35.00]
[D1120	<i>Additional prophylaxis cleaning</i> - child (within the 6 month period) [non-medically necessary / medically necessary]	[No Cost \$50.00]]
D1203	Topical application of fluoride - child - to age 19; [1 per 6 month period] [2-3 per 12 month period] [3 per year]	[No Cost-\$15.00]
[D1204	Topical application of fluoride - adult - [1 per 6 month period] [2-3 per 12 month period] [3 per year].....	[No Cost-\$15.00]]
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients - [child to age 19] [1 per 6 month period] [2-3 per 12 month period] [3 per year].....	[No Cost-\$15.00]
D1310	Nutritional counseling for control of dental disease	[No Cost-\$20.00]
[D1320	Tobacco counseling for the control and prevention of oral disease.....	[No Cost-\$20.00]]
D1330	Oral hygiene instructions.....	[No Cost-\$20.00]
D1351	Sealant - per tooth - <i>limited to permanent molars [through age 15] [to age 19]</i>	[No Cost-\$25.00]
D1510	Space maintainer - fixed - unilateral.....	[No Cost-\$135.00]
D1515	Space maintainer - fixed - bilateral.....	[No Cost-\$195.00]
D1520	Space maintainer - removable - unilateral	[No Cost-\$150.00]
D1525	Space maintainer - removable - bilateral	[No Cost-\$245.00]
D1550	Re-cementation of space maintainer	[No Cost-\$35.00]
D1555	Removal of fixed space maintainer	[No Cost-\$40.00]

D2000-D2999 III. Restorative

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.
- When there are more than 6 crowns in the same treatment plan, an Enrollee may be charged an additional [\$100.00-\$150.00] per crown, beyond the 6th unit.
- Replacement of crowns, inlays and onlays requires the existing restoration to be [3-5+] years old.
- Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #4 for additional information.

D2140	Amalgam - one surface, primary or permanent	[No Cost-\$65.00]
D2150	Amalgam - two surfaces, primary or permanent	[No Cost-\$80.00]
D2160	Amalgam - three surfaces, primary or permanent	[No Cost-\$100.00]
D2161	Amalgam - four or more surfaces, primary or permanent.....	[No Cost-\$110.00]
D2330	Resin-based composite - one surface, anterior	[No Cost-\$75.00]
D2331	Resin-based composite - two surfaces, anterior.....	[No Cost-\$85.00]
D2332	Resin-based composite - three surfaces, anterior	[No Cost-\$100.00]
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	[No Cost-\$110.00]
D2390	Resin-based composite crown, anterior.....	[No Cost-\$130.00]
D2391	Resin-based composite - one surface, posterior	[No Cost-\$90.00]
D2392	Resin-based composite - two surfaces, posterior	[No Cost-\$100.00]
D2393	Resin-based composite - three surfaces, posterior	[No Cost-\$120.00]
D2394	Resin-based composite - four or more surfaces, posterior	[No Cost-\$135.00]
D2510	Inlay - metallic - one surface	[No Cost-\$320.00]
D2520	Inlay - metallic - two surfaces	[No Cost-\$350.00]
D2530	Inlay - metallic - three or more surfaces.....	[No Cost-\$390.00]
D2542	Onlay - metallic - two surfaces	[No Cost-\$475.00]
D2543	Onlay - metallic - three surfaces	[No Cost-\$475.00]
D2544	Onlay - metallic - four or more surfaces	[No Cost-\$485.00]
[D2610	Inlay - porcelain/ceramic - one surface	[No Cost-\$475.00]]
[D2620	Inlay - porcelain/ceramic - two surfaces.....	[No Cost-\$485.00]]
[D2630	Inlay - porcelain/ceramic - three or more surfaces.....	[No Cost-\$500.00]]
[D2642	Onlay - porcelain/ceramic - two surfaces.....	[No Cost-\$500.00]]
[D2643	Onlay - porcelain/ceramic - three surfaces	[No Cost-\$515.00]]

Code	Description	ENROLLEE <u>PAYS</u>
[D2644	Onlay - porcelain/ceramic - four or more surfaces.....	[No Cost-\$525.00]]
D2650	Inlay - resin-based composite - one surface	[No Cost-\$230.00]
D2651	Inlay - resin-based composite - two surfaces.....	[No Cost-\$250.00]
D2652	Inlay - resin-based composite - three or more surfaces.....	[No Cost-\$290.00]
D2662	Onlay - resin-based composite - two surfaces	[No Cost-\$285.00]
D2663	Onlay - resin-based composite - three surfaces	[No Cost-\$310.00]
D2664	Onlay - resin-based composite - four or more surfaces	[No Cost-\$360.00]
D2710	Crown - resin-based composite (indirect)	[No Cost-\$300.00]
D2712	Crown - ¾ resin-based composite (indirect)	[No Cost-\$300.00]
D2720	Crown - resin with high noble metal	[No Cost-\$500.00]
D2721	Crown - resin with predominantly base metal	[No Cost-\$475.00]
D2722	Crown - resin with noble metal.....	[No Cost-\$505.00]
D2740	Crown - porcelain/ceramic substrate *	[No Cost-\$570.00]
D2750	Crown - porcelain fused to high noble metal *	[No Cost-\$500.00]
D2751	Crown - porcelain fused to predominantly base metal.....	[No Cost-\$475.00]
D2752	Crown - porcelain fused to noble metal.....	[No Cost-\$505.00]
D2780	Crown - ¾ cast high noble metal.....	[No Cost-\$500.00]
D2781	Crown - ¾ cast predominantly base metal.....	[No Cost-\$475.00]
D2782	Crown - ¾ cast noble metal	[No Cost-\$505.00]
D2783	Crown - ¾ porcelain/ceramic *	[No Cost-\$500.00]
D2790	Crown - full cast high noble metal.....	[No Cost-\$500.00]
D2791	Crown - full cast predominantly base metal	[No Cost-\$475.00]
D2792	Crown - full cast noble metal.....	[No Cost-\$505.00]
D2794	Crown - titanium	[No Cost-\$500.00]
[D2799	Provisional crown	[No Cost-\$125.00]]
D2910	Recement inlay, onlay or partial coverage restoration.....	[No Cost-\$40.00]
D2915	Recement cast or prefabricated post and core	[No Cost-\$40.00]
D2920	Recement crown	[No Cost-\$40.00]
D2930	Prefabricated stainless steel crown - primary tooth	[No Cost-\$95.00]
D2931	Prefabricated stainless steel crown - permanent tooth.....	[No Cost-\$105.00]
D2932	Prefabricated resin crown - <i>anterior primary tooth</i>	[No Cost-\$105.00]
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i>	[No Cost-\$150.00]
D2940	Sedative filling	[No Cost-\$40.00]
D2950	Core buildup, including any pins	[No Cost-\$100.00]
D2951	Pin retention - per tooth, in addition to restoration	[No Cost-\$25.00]
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	[No Cost-\$145.00]
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	[No Cost-\$115.00]
D2954	Prefabricated post and core in addition to crown - <i>base metal post</i> ; <i>includes canal preparation</i>	[No Cost-\$120.00]
[D2955	Post removal (not in conjunction with endodontic therapy)	[No Cost-\$110.00]]
D2957	Each additional prefabricated post - same tooth - <i>base metal post</i> ; <i>includes canal preparation</i>	[No Cost-\$80.00]
[D2960	Labial veneer (resin laminate) - chairside - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i>	[No Cost - \$320.00]]
[D2961	Labial veneer (resin laminate) - laboratory - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i>	[No Cost - \$360.00]]
[D2962	Labial veneer (porcelain laminate) - laboratory - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i>	[No Cost - \$420.00]]
D2970	Temporary crown (fractured tooth) - <i>palliative treatment only</i>	[No Cost-\$40.00]
D2971	Additional procedures to construct new crown under existing partial denture framework.....	[No Cost-\$120.00]
D2980	Crown repair, by report.....	[No Cost-\$110.00]
D3000-D3999	IV. Endodontics	
D3110	Pulp cap - direct (excluding final restoration)	[No Cost-\$30.00]
D3120	Pulp cap - indirect (excluding final restoration)	[No Cost-\$30.00]

Code	Description	ENROLLEE PAYS
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	[No Cost-\$70.00]
D3221	Pulpal debridement, primary and permanent teeth.....	[No Cost-\$90.00]
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development.....	[No Cost-\$70.00]
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	[No Cost-\$85.00]
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	[No Cost-\$85.00]
D3310	Root canal - endodontic therapy, anterior tooth (excluding final restoration).....	[No Cost-\$320.00]
D3320	Root canal - endodontic therapy, bicuspid tooth (excluding final restoration).....	[No Cost-\$380.00]
D3330	Root canal - endodontic therapy, molar (excluding final restoration).....	[No Cost-\$485.00]
D3331	Treatment of root canal obstruction; non-surgical access	[No Cost-\$100.00]
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.....	[No Cost-\$130.00]
D3333	Internal root repair of perforation defects.....	[No Cost-\$140.00]
D3346	Retreatment of previous root canal therapy - anterior	[No Cost-\$440.00]
D3347	Retreatment of previous root canal therapy - bicuspid	[No Cost-\$500.00]
D3348	Retreatment of previous root canal therapy - molar.....	[No Cost-\$625.00]
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	[No Cost-\$165.00]
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.).....	[No Cost-\$120.00]
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.).....	[No Cost-\$120.00]
D3410	Apicoectomy/periradicular surgery - anterior	[No Cost-\$270.00]
D3421	Apicoectomy/periradicular surgery - bicuspid (first root).....	[No Cost-\$320.00]
D3425	Apicoectomy/periradicular surgery - molar (first root)	[No Cost-\$350.00]
D3426	Apicoectomy/periradicular surgery (each additional root).....	[No Cost-\$150.00]
D3430	Retrograde filling - per root	[No Cost-\$95.00]
D3450	Root amputation, per root	[No Cost-\$170.00]
[D3910	Surgical procedure for isolation of tooth with rubber dam.....	[No Cost-\$25.00]
D3920	Hemisection (including any root removal), not including root canal therapy	[No Cost-\$155.00]
[D3950	Canal preparation and fitting of preformed dowel or post.....	[No Cost-\$25.00]
[D3999	Unspecified endodontic procedure, by report including culture canal	[No Cost-\$25.00]

D4000-D4999 V. Periodontics

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.....	[No Cost-\$200.00]
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.....	[No Cost-\$120.00]
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	[No Cost-\$260.00]
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	[No Cost-\$160.00]
D4245	Apically positioned flap.....	[No Cost-\$190.00]
D4249	Clinical crown lengthening - hard tissue.....	[No Cost-\$500.00]
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.....	[No Cost-\$525.00]
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.....	[No Cost-\$420.00]
D4263	Bone replacement graft - first site in quadrant.....	[No Cost-\$250.00]
D4264	Bone replacement graft - each additional site in quadrant.....	[No Cost-\$200.00]

Code	Description	ENROLLEE PAYS
[D4266	Guided tissue regeneration - resorbable barrier, per site	[No Cost-\$230.00]
[D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal)	[No Cost-\$260.00]
D4270	Pedicle soft tissue graft procedure	[No Cost-\$350.00]
D4271	Free soft tissue graft procedure (including donor site surgery)	[No Cost-\$335.00]
[D4273	Subepithelial connective tissue graft procedures, per tooth	[No Cost-\$320.00]
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	[No Cost-\$130.00]
[D4275	Soft tissue allograft	[No Cost-\$370.00]
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to [4 quadrants] during any 12 consecutive months</i>	[No Cost-\$100.00]
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to [4 quadrants] during any 12 consecutive months</i>	[No Cost-\$80.00]
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i>	[No Cost-\$100.00]
[D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report - <i>for each of the first two teeth treated within a quadrant following root planing or periodontal maintenance</i>	[No Cost-\$80.00]
[D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report - <i>for an additional tooth treated in the same quadrant following root planing or periodontal maintenance</i>	[No Cost-\$10.00]
D4910	Periodontal maintenance - <i>limited to [1 treatment each 6 month period] [3 treatments each 12 month period]</i>	[No Cost-\$75.00]
[D4910	Additional periodontal maintenance - (<i>within the 6 month period</i>)	[No Cost-\$90.00]

D5000-D5899 VI. Prosthodontics (removable)

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.
 - Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.
 - Replacement of a denture or a partial denture requires the existing denture to be [3-5+] years old.
- | | | |
|--------|--|--------------------|
| D5110 | Complete denture - maxillary | [No Cost-\$620.00] |
| D5120 | Complete denture - mandibular | [No Cost-\$620.00] |
| D5130 | Immediate denture - maxillary | [No Cost-\$680.00] |
| D5140 | Immediate denture - mandibular | [No Cost-\$680.00] |
| D5211 | Maxillary partial denture - resin base
(including any conventional clasps, rests and teeth) | [No Cost-\$550.00] |
| D5212 | Mandibular partial denture - resin base
(including any conventional clasps, rests and teeth) | [No Cost-\$550.00] |
| D5213 | Maxillary partial denture - cast metal framework with resin denture
bases (including any conventional clasps, rests and teeth) | [No Cost-\$650.00] |
| D5214 | Mandibular partial denture - cast metal framework with resin denture
bases (including any conventional clasps, rests and teeth) | [No Cost-\$650.00] |
| D5225 | Maxillary partial denture - flexible base
(including any clasps, rests and teeth) | [No Cost-\$700.00] |
| D5226 | Mandibular partial denture - flexible base
(including any clasps, rests and teeth) | [No Cost-\$700.00] |
| [D5281 | Removable unilateral partial denture - one piece cast metal
(including clasps and teeth) | [No Cost-\$420.00] |
| D5410 | Adjust complete denture - maxillary | [No Cost-\$40.00] |
| D5411 | Adjust complete denture - mandibular | [No Cost-\$40.00] |
| D5421 | Adjust partial denture - maxillary | [No Cost-\$40.00] |
| D5422 | Adjust partial denture - mandibular | [No Cost-\$40.00] |
| D5510 | Repair broken complete denture base | [No Cost-\$85.00] |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) | [No Cost-\$80.00] |
| D5610 | Repair resin denture base | [No Cost-\$85.00] |
| D5620 | Repair cast framework | [No Cost-\$85.00] |
| D5630 | Repair or replace broken clasp | [No Cost-\$85.00] |

Code	Description	ENROLLEE PAYS
D5640	Replace broken teeth - per tooth.....	[No Cost-\$70.00]
D5650	Add tooth to existing partial denture.....	[No Cost-\$80.00]
D5660	Add clasp to existing partial denture	[No Cost-\$90.00]
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	[No Cost-\$315.00]
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	[No Cost-\$315.00]
D5710	Rebase complete maxillary denture.....	[No Cost-\$225.00]
D5711	Rebase complete mandibular denture	[No Cost-\$225.00]
D5720	Rebase maxillary partial denture.....	[No Cost-\$225.00]
D5721	Rebase mandibular partial denture	[No Cost-\$225.00]
D5730	Reline complete maxillary denture (chairside)	[No Cost-\$120.00]
D5731	Reline complete mandibular denture (chairside)	[No Cost-\$120.00]
D5740	Reline maxillary partial denture (chairside)	[No Cost-\$120.00]
D5741	Reline mandibular partial denture (chairside)	[No Cost-\$120.00]
D5750	Reline complete maxillary denture (laboratory)	[No Cost-\$185.00]
D5751	Reline complete mandibular denture (laboratory).....	[No Cost-\$185.00]
D5760	Reline maxillary partial denture (laboratory)	[No Cost-\$185.00]
D5761	Reline mandibular partial denture (laboratory).....	[No Cost-\$185.00]
D5820	Interim partial denture (maxillary) - limited to 1 in any 12 consecutive months.....	[No Cost-\$250.00]
D5821	Interim partial denture (mandibular) - limited to 1 in any 12 consecutive months.....	[No Cost-\$250.00]
D5850	Tissue conditioning, maxillary	[No Cost-\$65.00]
D5851	Tissue conditioning, mandibular.....	[No Cost-\$65.00]

D5900-D5999 VII. Maxillofacial Prosthetics - Not Covered

D6000-D6199 VIII. Implant Services - Not Covered

D6200-D6999 IX. Prosthodontics, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

- When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional [\$100.00 - \$150.00] per unit, beyond the 6th unit.
- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be [3-5+] years old.
- * Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #4 for additional information.

[D6205	Pontic - indirect resin based composite	[No Cost-\$180.00]
D6210	Pontic - cast high noble metal.....	[No Cost-\$500.00]
D6211	Pontic - cast predominantly base metal	[No Cost-\$475.00]
D6212	Pontic - cast noble metal.....	[No Cost-\$505.00]
[D6214	Pontic - titanium.....	[No Cost-\$500.00]
D6240	Pontic - porcelain fused to high noble metal *.....	[No Cost-\$500.00]
D6241	Pontic - porcelain fused to predominantly base metal	[No Cost-\$475.00]
D6242	Pontic - porcelain fused to noble metal.....	[No Cost-\$505.00]
D6245	Pontic - porcelain/ceramic *	[No Cost-\$570.00]
D6250	Pontic - resin with high noble metal	[No Cost-\$500.00]
D6251	Pontic - resin with predominantly base metal	[No Cost-\$475.00]
D6252	Pontic - resin with noble metal	[No Cost-\$505.00]
[D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	[No Cost-\$200.00]
[D6600	Inlay - porcelain/ceramic, two surfaces	[No Cost-\$485.00]
[D6601	Inlay - porcelain/ceramic, three or more surfaces.....	[No Cost-\$500.00]
D6602	Inlay - cast high noble metal, two surfaces	[No Cost-\$400.00]
D6603	Inlay - cast high noble metal, three or more surfaces	[No Cost-\$425.00]
D6604	Inlay - cast predominantly base metal, two surfaces	[No Cost-\$320.00]
D6605	Inlay - cast predominantly base metal, three or more surfaces	[No Cost-\$350.00]
D6606	Inlay - cast noble metal, two surfaces	[No Cost-\$375.00]
D6607	Inlay - cast noble metal, three or more surfaces.....	[No Cost-\$400.00]
[D6608	Onlay - porcelain/ceramic, two surfaces	[No Cost-\$500.00]
[D6609	Onlay - porcelain/ceramic, three or more surfaces	[No Cost-\$525.00]

Code	Description	ENROLLEE PAYS
D6610	Onlay - cast high noble metal, two surfaces	[No Cost-\$400.00]
D6611	Onlay - cast high noble metal, three or more surfaces	[No Cost-\$430.00]
D6612	Onlay - cast predominantly base metal, two surfaces	[No Cost-\$360.00]
D6613	Onlay - cast predominantly base metal, three or more surfaces	[No Cost-\$400.00]
D6614	Onlay - cast noble metal, two surfaces	[No Cost-\$400.00]
D6615	Onlay - cast noble metal, three or more surfaces	[No Cost-\$420.00]
[D6710	Crown - indirect resin based composite	[No Cost-\$300.00]]
D6720	Crown - resin with high noble metal	[No Cost-\$500.00]
D6721	Crown - resin with predominantly base metal	[No Cost-\$475.00]
D6722	Crown - resin with noble metal	[No Cost-\$505.00]
D6740	Crown - porcelain/ceramic *	[No Cost-\$570.00]
D6750	Crown - porcelain fused to high noble metal *	[No Cost-\$500.00]
D6751	Crown - porcelain fused to predominantly base metal	[No Cost-\$475.00]
D6752	Crown - porcelain fused to noble metal	[No Cost-\$505.00]
D6780	Crown - ¾ cast high noble metal	[No Cost-\$500.00]
D6781	Crown - ¾ cast predominantly base metal	[No Cost-\$475.00]
D6782	Crown - ¾ cast noble metal	[No Cost-\$505.00]
D6783	Crown - ¾ porcelain/ceramic *	[No Cost-\$570.00]
D6790	Crown - full cast high noble metal	[No Cost-\$500.00]
D6791	Crown - full cast predominantly base metal	[No Cost-\$475.00]
D6792	Crown - full cast noble metal	[No Cost-\$505.00]
[D6794	Crown - titanium	[No Cost-\$500.00]]
D6930	Recement fixed partial denture	[No Cost-\$50.00]
D6940	Stress breaker	[No Cost-\$110.00]
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated - <i>includes canal preparation</i>	[No Cost-\$180.00]
D6972	Prefabricated post and core in addition to fixed partial denture retainer - <i>base metal post; includes canal preparation</i>	[No Cost-\$130.00]
D6973	Core buildup for retainer, including any pins	[No Cost-\$100.00]
D6976	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	[No Cost-\$115.00]
D6977	Each additional prefabricated post - same tooth - <i>base metal post;</i> <i>includes canal preparation</i>	[No Cost-\$80.00]
D6980	Fixed partial denture repair, by report	[No Cost-\$140.00]

D7000-D7999 X. Oral and Maxillofacial Surgery

- *Includes preoperative and postoperative evaluations and treatment under local anesthetic.*

D7111	Extraction, coronal remnants - deciduous tooth	[No Cost-\$50.00]
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	[No Cost-\$80.00]
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	[No Cost-\$125.00]
D7220	Removal of impacted tooth - soft tissue	[No Cost-\$130.00]
D7230	Removal of impacted tooth - partially bony	[No Cost-\$160.00]
D7240	Removal of impacted tooth - completely bony	[No Cost-\$180.00]
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	[No Cost-\$225.00]
D7250	Surgical removal of residual tooth roots (cutting procedure)	[No Cost-\$105.00]
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	[No Cost-\$150.00]
D7280	Surgical access of an unerupted tooth	[No Cost-\$175.00]
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	[No Cost-\$175.00]
D7283	Placement of device to facilitate eruption of impacted tooth	[No Cost-\$75.00]
[D7285	Biopsy of oral tissue - hard (bone tooth) <i>does not include pathology laboratory procedures</i>	[No Cost-\$50.00]]
D7286	Biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	[No Cost-\$100.00]
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	[No Cost-\$110.00]
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	[No Cost-\$110.00]

Code	Description	ENROLLEE PAYS
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	[No Cost-\$150.00]
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	[No Cost-\$150.00]
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	[No Cost-\$125.00]
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	[No Cost-\$250.00]
D7471	Removal of lateral exostosis (maxilla or mandible).....	[No Cost-\$125.00]
D7472	Removal of torus palatinus.....	[No Cost-\$125.00]
D7473	Removal of torus mandibularis.....	[No Cost-\$125.00]
D7510	Incision and drainage of abscess - intraoral soft tissue	[No Cost-\$60.00]
[D7520	Incision and drainage of abscess - extraoral soft tissue	[No Cost-\$100.00]]
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	[No Cost-\$110.00]
D7970	Excision hyperplastic tissue - per arch.....	[No Cost-\$135.00]
D7971	Excision of pericoronal gingiva.....	[No Cost-\$135.00]

D8000-D8999 XI. Orthodontics

- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed [\$75.00 - \$125.00], may apply.

- The Retention Copayment includes adjustments and/or office visits up to 24 months.

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: [No Cost-\$300.00]

- D0210 Intraoral - complete series (including bitewings)
- D0322 Tomographic survey
- D0330 Panoramic film
- D0340 Cephalometric film
- D0350 Oral/facial photographic images
- D0470 Diagnostic casts

The benefit for post-treatment records includes:..... [No Cost-\$150.00]

- D0210 Intraoral - complete series (including bitewings)
- D0470 Diagnostic casts

D8010	Limited orthodontic treatment of the primary dentition.....	[No Cost-\$1,350.00]
D8020	Limited orthodontic treatment of the transitional dentition - child or adolescent to age 19	[No Cost-\$1,350.00]
D8030	Limited orthodontic treatment of the adolescent dentition - adolescent to age 19	[No Cost-\$1,350.00]
D8040	Limited orthodontic treatment of the adult dentition - adults, including covered dependent adult children	[No Cost-\$1,550.00]
D8050	Interceptive orthodontic treatment of the primary dentition.....	[No Cost-\$1,350.00]
D8060	Interceptive orthodontic treatment of the transitional dentition	[No Cost-\$1,350.00]
D8070	Comprehensive orthodontic treatment of the transitional dentition - child or adolescent to age 19	[No Cost-\$2,600.00]
D8080	Comprehensive orthodontic treatment of the adolescent dentition - adolescent to age 19	[No Cost-\$2,600.00]
D8090	Comprehensive orthodontic treatment of the adult dentition - adults, including covered dependent adult children	[No Cost-\$3,200.00]
[D8210	Removable appliance therapy.....	[No Cost-\$500.00]]
[D8220	Fixed appliance therapy	[No Cost-\$500.00]]
D8660	Pre-orthodontic treatment visit [¹].....	[No Cost-\$50.00]
[D8670	Periodic orthodontic treatment visit (as part of contract) - included in comprehensive case fee	[No Cost-\$20.00]]
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers)	[No Cost-\$400.00]
[D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers - limited to 2 per 6 month period	[No Cost-\$65.00]]

Code	Description	ENROLLEE <u>PAYS</u>
D8999	Unspecified orthodontic procedure, by report - <i>[includes treatment planning session] [includes initial examination, diagnosis, consultation and initial banding]</i>	[No Cost-\$200.00]
D9000-D9999	XII. Adjunctive General Services	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	[No Cost-\$40.00]
D9211	Regional block anesthesia	[No Cost-\$15.00]
D9212	Trigeminal division block anesthesia.....	[No Cost-\$15.00]
D9215	Local anesthesia	[No Cost-\$15.00]
D9220	Deep sedation/general anesthesia - first 30 minutes.....	[No Cost-\$185.00]
D9221	Deep sedation/general anesthesia - each additional 15 minutes	[No Cost-\$100.00]
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	[No Cost-\$185.00]
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes.....	[No Cost-\$100.00]
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician.....	[No Cost-\$50.00]
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed.....	[No Cost-\$30.00]
D9440	Office visit - after regularly scheduled hours.....	[No Cost-\$65.00]
D9450	Case presentation, detailed and extensive treatment planning	[No Cost-\$50.00]
D9940	Occlusal guard, by report - <i>limited to 1 in 3 years</i>	[NoCost-\$210.00]
D9951	Occlusal adjustment, limited	[No Cost-\$75.00]
D9952	Occlusal adjustment, complete	[NoCost-\$210.00]
D9972	External bleaching - per arch - <i>limited to one bleaching tray and gel for two weeks of self treatment</i>	[No Cost-\$160.00]
D9999	Unspecified adjunctive procedure, by report - <i>includes failed appointment without 24 hour notice</i> - <i>per 15 minutes of appointment time</i> <i>[up to an overall maximum of \$40.00]</i>	[No Cost-\$40.00]

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by Dentegra. The Enrollee pays the Copayment specified for such services.

Procedures not listed above are not covered, however, may be available at the Contract Dentist's *Filed Fees*. *Filed Fees* mean the Contract Dentist's fees on file with Dentegra. Questions regarding these fees should be directed to the Customer Service department at [800-422-4234.]

[¹ *The Enrollee is also responsible for any incurred orthodontic diagnostic record fees.*]

[¹ *In the event orthodontic treatment is not required or is declined by the Enrollee, a fee of [\$25.00] applies. The Enrollee is also responsible for any incurred orthodontic diagnostic record fees.]]*

[SCHEDULE B

LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*;
2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional [\$100.00-\$150.00] above the listed Copayment for each of these services after the sixth unit has been provided;
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241);
4. Contract Dentists may offer services that utilize brand or trade names at an additional fee. The Enrollee must be offered the plan benefits of a high quality laboratory processed crown/pontic that may include: porcelain/ceramic; porcelain with base, noble or high-noble metal. If the Enrollee chooses the alternative of a material upgrade (name brand laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek, Procera, Lava, Empress and Cerec) the Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Contact the Customer Service department at [800-422-4234] if you have questions regarding the additional fee or name brand services;
5. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Dentegra, less applicable Copayments. The Plan will consider exceptions on an individual basis if a child has a physical or mental impairment, limitation or condition which substantially interferes with that child's ability to have Benefits provided by a Contract Dentist;
6. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged;
7. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Dentegra is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*;
2. Any procedure that has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or is inconsistent with generally accepted standards for dentistry;
3. Services solely for cosmetic purposes (except for those procedures listed on *Schedule A*) or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities;

4. Porcelain crowns, porcelain fused to metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age;
5. Lost, stolen or broken appliances including, but not limited to, full or partial dentures, space maintainers, crowns, fixed partial dentures (bridges) and orthodontic appliances;
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ), with the exception of procedures D9951 and D9952 as shown on *Schedule A*;
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures;
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant;
9. Consultations or other diagnostic services for non-covered benefits;
10. Dental services received from any dental facility other than the assigned Contract Dentist or an authorized dental specialist (oral surgeon, endodontist, periodontist, pediatric dentist or Contract Orthodontist) except for *Emergency Services* as described in the Contract and/or Evidence of Coverage;
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility;
12. Prescription and over-the-counter drugs;
13. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision;
14. Changes in orthodontic treatment necessitated by accident of any kind;
15. Myofunctional and parafunctional appliances and/or therapies;
16. Composite or ceramic brackets, lingual adaptation of orthodontic bands, Invisalign and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances;
17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.]

SERFF Tracking Number: DDPA-126583250 State: Arkansas
 Filing Company: Dentegra Insurance Company State Tracking Number: 45411
 Company Tracking Number: 2010010
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: DCUSA-DENTEGRA-AR SCHEDULES
 Project Name/Number: DCUSA NEW GROUP PLANS/2010010

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	04/14/2010
Bypass Reason:	The forms being submitted are benefit schedules only and do not require Flesch scoring.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	04/14/2010
Bypass Reason:	The forms being submitted are benefit schedules to be used with the existing (previously approved) contract and application. Application form number is AP-DENTEGRA-AR, approved 12/1/2006.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Redline Strikeout Versions of CSO Schedules.	Approved-Closed	04/14/2010
Comments:			

The redline copies show the changes made to the previously approved forms (S-A-AR-CSO(2007) and S-B-AR-CSO(2005)), creating the new CSOR forms. The original forms were approved on 12/1/2006.

Attachments:

S-A-AR-CSOR-Redline.pdf
 S-B-AR-CSOR-Redline.pdf

[SCHEDULE A

DESCRIPTION OF BENEFITS AND COPAYMENTS

The benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the program. Please refer to *Schedule B* for further clarification of benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare[®] USA program and is not to be interpreted as CDT-2009~~7~~ procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

Code	Description	ENROLLEE PAYS
D0100-D0999	I. Diagnostic - (When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.) *	
D0999	Unspecified diagnostic procedure, by report <i>- includes office visit, per visit (in addition to other services)</i>	[No Cost-\$ <u>155.00</u>]
D0120	Periodic oral evaluation - established patient	[No Cost-\$ <u>20.00</u>]
D0140	Limited oral evaluation - problem focused	[No Cost-\$ <u>20.00</u>]
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver.....	[No Cost-\$ <u>25.00</u>]
D0150	Comprehensive oral evaluation - new or established patient.....	[No Cost-\$ <u>30.00</u>]
D0160	Detailed and extensive oral evaluation - problem focused, by report.....	[No Cost-\$ <u>30.00</u>]
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	[No Cost-\$ <u>30.00</u>]
D0180	Comprehensive periodontal evaluation - new or established patient.....	[No Cost-\$ <u>25.00</u>]
D0210	Intraoral <i>radiographs</i> - complete series (including bitewings) <i>- limited to 1 series every [12-36] months</i>	[No Cost-\$ <u>5035.00</u>]
D0220	Intraoral - periapical first film	[No Cost-\$ <u>20.00</u>]
D0230	Intraoral - periapical each additional film.....	[No Cost-\$ <u>20.00</u>]
D0240	Intraoral - occlusal film	[No Cost-\$ <u>20.00</u>]
D0250	Extraoral - first film	[No Cost-\$ <u>20.00</u>]
D0260	Extraoral - each additional film	[No Cost-\$ <u>20.00</u>]
D0270	Bitewing <i>radiograph</i> - single film	[No Cost-\$ <u>20.00</u>]
D0272	Bitewings <i>radiographs</i> - two films.....	[No Cost-\$ <u>20.00</u>]
D0273	Bitewings <i>radiographs</i> - three films	[No Cost-\$ <u>20.00</u>]
D0274	Bitewings <i>radiographs</i> - four films - <i>limited to 1 series every [6-12] months</i>	[No Cost-\$ <u>2545.00</u>]
D0277	Vertical bitewings - 7 to 8 films.....	[No Cost-\$ <u>25.00</u>]
D0330	Panoramic film.....	[No Cost-\$ <u>5035.00</u>]
D0415	Collection of microorganisms for culture and sensitivity	[No Cost-\$ <u>20.00</u>]
D0425	Caries susceptibility tests.....	[No Cost-\$ <u>20.00</u>]
D0460	Pulp vitality tests.....	[No Cost-\$ <u>20.00</u>]
D0470	Diagnostic casts	[No Cost-\$ <u>25.00</u>]
D0472	Accession of tissue, gross examination, preparation and transmission of written report.....	[No Cost-\$ <u>70.00</u>]
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	[No Cost-\$ <u>120.00</u>]
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-\$ <u>170.00</u>]

D1000-D1999 II. Preventive - (When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.) *

D1110	Prophylaxis cleaning - adult - [1 per 6 month period] [3 per 12 month period] ..	[No Cost-\$3540.00]
<u>D1110</u>	Additional prophylaxis cleaning - adult (within the 6 month period)	[No Cost-\$5045.00]
D1120	Prophylaxis cleaning - child - [1 per 6 month period] [3 per 12 month period] ..	[No Cost-\$3540.00]
<u>D1120</u>	Additional prophylaxis cleaning - child (within the 6 month period)	[No Cost \$5035.00]
D1203	Topical application of fluoride (prophylaxis not included) - child - to age 19; [1 per 6 month period]	[No Cost-\$1540.00]
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients - [child to age 19;] [1 per 6 month period]	[No Cost-\$1540.00]
D1310	Nutritional counseling for control of dental disease	[No Cost-\$20.00]
D1330	Oral hygiene instructions.....	[No Cost-\$20.00]
D1351	Sealant - per tooth - limited to permanent molars through age 15	[No Cost-\$2545.00]
D1510	Space maintainer - fixed - unilateral.....	[No Cost-\$13500.00]
D1515	Space maintainer - fixed - bilateral.....	[No Cost-\$19525.00]
D1520	Space maintainer - removable - unilateral	[No Cost-\$15000.00]
D1525	Space maintainer - removable - bilateral	[No Cost-\$245425.00]
D1550	Re-cementation of space maintainer	[No Cost-\$3545.00]
D1555	Removal of fixed space maintainer	[No Cost-\$4045.00]

D2000-D2999 III. Restorative - (When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.) *

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.
- When there are more than 6 crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00[\$75.00-\$150.00] per crown, beyond the 6th unit.
- Replacement of crowns, inlays and onlays requires the existing restoration to be [3-5+] years old.

D2140	Amalgam - one surface, primary or permanent	[No Cost-\$6520.00]
D2150	Amalgam - two surfaces, primary or permanent.....	[No Cost-\$8030.00]
D2160	Amalgam - three surfaces, primary or permanent	[No Cost-\$10040.00]
D2161	Amalgam - four or more surfaces, primary or permanent.....	[No Cost-\$11050.00]
D2330	Resin-based composite - one surface, anterior	[No Cost-\$7530.00]
D2331	Resin-based composite - two surfaces, anterior.....	[No Cost-\$8540.00]
D2332	Resin-based composite - three surfaces, anterior	[No Cost-\$10050.00]
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	[No Cost-\$11065.00]
D2390	Resin-based composite crown, anterior.....	[No Cost-\$13065.00]
D2391	Resin-based composite - one surface, posterior	[No Cost-\$9065.00]
D2392	Resin-based composite - two surfaces, posterior	[No Cost-\$10075.00]
D2393	Resin-based composite - three surfaces, posterior	[No Cost-\$12085.00]
D2394	Resin-based composite - four or more surfaces, posterior	[No Cost-\$13595.00]
D2510	Inlay - metallic - one surface	[No Cost-\$320485.00]
D2520	Inlay - metallic - two surfaces.....	[No Cost-\$350495.00]
D2530	Inlay - metallic - three or more surfaces.....	[No Cost-\$390205.00]
D2542	Onlay - metallic - two surfaces	[No Cost-\$475200.00]
D2543	Onlay - metallic - three surfaces	[No Cost-\$475240.00]
D2544	Onlay - metallic - four or more surfaces	[No Cost-\$485230.00]
D2610	Inlay - porcelain/ceramic - one surface	[No Cost-\$475340.00]
D2620	Inlay - porcelain/ceramic - two surfaces.....	[No Cost-\$485345.00]
D2630	Inlay - porcelain/ceramic - three or more surfaces.....	[No Cost-\$500365.00]
D2642	Onlay - porcelain/ceramic - two surfaces.....	[No Cost-\$500340.00]
D2643	Onlay - porcelain/ceramic - three surfaces	[No Cost-\$515375.00]
D2644	Onlay - porcelain/ceramic - four or more surfaces.....	[No Cost-\$525395.00]
D2650	Inlay - resin-based composite - one surface	[No Cost-\$23040.00]
D2651	Inlay - resin-based composite - two surfaces.....	[No Cost-\$25035.00]
D2652	Inlay - resin-based composite - three or more surfaces.....	[No Cost-\$29070.00]
D2662	Onlay - resin-based composite - two surfaces	[No Cost-\$28565.00]
D2663	Onlay - resin-based composite - three surfaces	[No Cost-\$310290.00]

D2664	Onlay - resin-based composite - four or more surfaces	[No Cost- \$36035.00]
D2710	Crown - resin-based composite (indirect)	[No Cost- \$300485.00]
D2712	Crown - ¾ resin-based composite (indirect)	[No Cost- \$300485.00]
D2720	Crown - resin with high noble metal	[No Cost- \$500335.00]
D2721	Crown - resin with predominantly base metal	[No Cost- \$475235.00]
D2722	Crown - resin with noble metal	[No Cost- \$505275.00]
D2740	Crown - porcelain/ceramic substrate.....	[No Cost- \$570425.00]
D2750	Crown - porcelain fused to high noble metal.....	[No Cost- \$500425.00]
D2751	Crown - porcelain fused to predominantly base metal.....	[No Cost- \$475325.00]
D2752	Crown - porcelain fused to noble metal.....	[No Cost- \$505365.00]
D2780	Crown - ¾ cast high noble metal.....	[No Cost- \$500425.00]
D2781	Crown - ¾ cast predominantly base metal.....	[No Cost- \$475325.00]
D2782	Crown - ¾ cast noble metal	[No Cost- \$505365.00]
D2783	Crown - ¾ porcelain/ceramic	[No Cost- \$500425.00]
D2790	Crown - full cast high noble metal.....	[No Cost- \$500425.00]
D2791	Crown - full cast predominantly base metal	[No Cost- \$475325.00]
D2792	Crown - full cast noble metal.....	[No Cost- \$505365.00]
D2794	Crown - titanium	[No Cost- \$500425.00]
D2910	Recement inlay, onlay or partial coverage restoration.....	[No Cost- \$4020.00]
D2915	Recement cast or prefabricated post and core	[No Cost- \$4020.00]
D2920	Recement crown	[No Cost- \$4020.00]
D2930	Prefabricated stainless steel crown - primary tooth	[No Cost- \$9575.00]
D2931	Prefabricated stainless steel crown - permanent tooth.....	[No Cost- \$10575.00]
D2932	Prefabricated resin crown - <i>anterior primary tooth</i>	[No Cost- \$10585.00]
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i>	[No Cost- \$15075.00]
D2940	Sedative filling	[No Cost- \$4020.00]
D2950	Core buildup, including any pins	[No Cost- \$10080.00]
D2951	Pin retention - per tooth, in addition to restoration	[No Cost-\$25.00]
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	[No Cost- \$14540.00]
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	[No Cost- \$11580.00]
D2954	Prefabricated post and core in addition to crown - <i>base metal post</i> ; <i>includes canal preparation</i>	[No Cost- \$12095.00]
D2957	Each additional prefabricated post - same tooth - <i>base metal post</i> ; <i>includes canal preparation</i>	[No Cost- \$8070.00]
D2970	Temporary crown (fractured tooth) - <i>palliative treatment only</i>	[No Cost- \$4020.00]
D2971	Additional procedures to construct new crown under existing partial denture framework.....	[No Cost- \$12060.00]
D2980	Crown repair, by report.....	[No Cost- \$11030.00]

D3000-D3999 IV. Endodontics - (When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.) *

D3110	Pulp cap - direct (excluding final restoration)	[No Cost- \$305.00]
D3120	Pulp cap - indirect (excluding final restoration)	[No Cost- \$305.00]
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	[No Cost- \$7045.00]
D3221	Pulpal debridement, primary and permanent teeth.....	[No Cost- \$9050.00]
<u>D3222</u>	<u>Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development.....</u>	<u>[No Cost-\$70.00]</u>
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	[No Cost- \$8560.00]
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	[No Cost- \$8560.00]
D3310	<u>Root canal -- endodontic therapy, anterior tooth</u> (excluding final restoration).....	[No Cost- \$320450.00]
D3320	<u>Root canal -- endodontic therapy, bicuspid tooth</u> (excluding final restoration).....	[No Cost- \$380250.00]

D3330	Root canal -- <u>endodontic therapy</u> , molar (excluding final restoration).....	[No Cost- \$485365 .00]
D3331	Treatment of root canal obstruction; non-surgical access	[No Cost- \$10089 .00]
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.....	[No Cost- \$13089 .00]
D3333	Internal root repair of perforation defects.....	[No Cost- \$14089 .00]
D3346	Retreatment of previous root canal therapy - anterior	[No Cost- \$440189 .00]
D3347	Retreatment of previous root canal therapy - bicuspid	[No Cost- \$500289 .00]
D3348	Retreatment of previous root canal therapy - molar.....	[No Cost- \$625395 .00]
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	[No Cost- \$16589 .00]
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.).....	[No Cost- \$12055 .00]
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.).....	[No Cost- \$12099 .00]
D3410	Apicoectomy/periradicular surgery - anterior	[No Cost- \$27099 .00]
D3421	Apicoectomy/periradicular surgery - bicuspid (first root).....	[No Cost- \$320249 .00]
D3425	Apicoectomy/periradicular surgery - molar (first root)	[No Cost- \$350225 .00]
D3426	Apicoectomy/periradicular surgery (each additional root).....	[No Cost- \$150 .00]
D3430	Retrograde filling - per root	[No Cost- \$9575 .00]
D3450	Root amputation, per root	[No Cost- \$17085 .00]
D3920	Hemisection (including any root removal), not including root canal therapy.....	[No Cost- \$15575 .00]

D4000-D4999 V. Periodontics - (When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.) *

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or <u>tooth</u> bounded teeth -spaces per quadrant	[No Cost- \$200469 .00]
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or <u>tooth</u> bounded teeth -spaces per quadrant.....	[No Cost- \$12095 .00]
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or <u>tooth</u> bounded teeth -spaces per quadrant.....	[No Cost- \$260469 .00]
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or <u>tooth</u> bounded teeth -spaces per quadrant.....	[No Cost- \$160 .00]
D4245	Apically positioned flap.....	[No Cost- \$19075 .00]
D4249	Clinical crown lengthening - hard tissue.....	[No Cost- \$500 .00]
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or <u>tooth</u> bounded teeth -spaces per quadrant.....	[No Cost- \$525425 .00]
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or <u>tooth</u> bounded teeth -spaces per quadrant.....	[No Cost- \$420349 .00]
D4263	Bone replacement graft - first site in quadrant.....	[No Cost- \$25035 .00]
D4264	Bone replacement graft - each additional site in quadrant.....	[No Cost- \$200 .00]
D4270	Pedicle soft tissue graft procedure.....	[No Cost- \$350235 .00]
D4271	Free soft tissue graft procedure (including donor site surgery)	[No Cost- \$335235 .00]
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area).....	[No Cost- \$13099 .00]
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	[No Cost- \$10069 .00]
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	[No Cost- \$8059 .00]
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - limited to 1 treatment in any 12 consecutive months.....	[No Cost- \$10069 .00]
D4910	Periodontal maintenance - limited to 1 treatment each 6 month period	[No Cost- \$7545 .00]
D4910	Additional periodontal maintenance - (within the 6 month period)	[No Cost- \$9055 .00]

D5000-D5899 VI. Prosthodontics (removable)

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

- *Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.*
- *Replacement of a denture or a partial denture requires the existing denture to be [3-5+] years old.*

D5110	Complete denture - maxillary	[No Cost- \$620365.00]
D5120	Complete denture - mandibular.....	[No Cost- \$620365.00]
D5130	Immediate denture - maxillary.....	[No Cost- \$680385.00]
D5140	Immediate denture - mandibular	[No Cost- \$680385.00]
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth).....	[No Cost- \$550325.00]
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth).....	[No Cost- \$550325.00]
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).....	[No Cost- \$650395.00]
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).....	[No Cost- \$650395.00]
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth).....	[No Cost- \$700445.00]
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth).....	[No Cost- \$700445.00]
D5410	Adjust complete denture - maxillary	[No Cost- \$4048.00]
D5411	Adjust complete denture - mandibular	[No Cost- \$4048.00]
D5421	Adjust partial denture - maxillary.....	[No Cost- \$4048.00]
D5422	Adjust partial denture - mandibular	[No Cost- \$4048.00]
D5510	Repair broken complete denture base.....	[No Cost- \$8555.00]
D5520	Replace missing or broken teeth - complete denture (each tooth).....	[No Cost- \$8035.00]
D5610	Repair resin denture base.....	[No Cost- \$8555.00]
D5620	Repair cast framework	[No Cost- \$8555.00]
D5630	Repair or replace broken clasp	[No Cost- \$8555.00]
D5640	Replace broken teeth - per tooth.....	[No Cost- \$7045.00]
D5650	Add tooth to existing partial denture.....	[No Cost- \$8045.00]
D5660	Add clasp to existing partial denture	[No Cost- \$9055.00]
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	[No Cost- \$315480.00]
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	[No Cost- \$315480.00]
D5710	Rebase complete maxillary denture.....	[No Cost- \$225405.00]
D5711	Rebase complete mandibular denture	[No Cost- \$225405.00]
D5720	Rebase maxillary partial denture.....	[No Cost- \$225405.00]
D5721	Rebase mandibular partial denture	[No Cost- \$225405.00]
D5730	Reline complete maxillary denture (chairside).....	[No Cost- \$12080.00]
D5731	Reline complete mandibular denture (chairside)	[No Cost- \$12080.00]
D5740	Reline maxillary partial denture (chairside).....	[No Cost- \$12080.00]
D5741	Reline mandibular partial denture (chairside)	[No Cost- \$12080.00]
D5750	Reline complete maxillary denture (laboratory)	[No Cost- \$18595.00]
D5751	Reline complete mandibular denture (laboratory).....	[No Cost- \$18595.00]
D5760	Reline maxillary partial denture (laboratory)	[No Cost- \$18595.00]
D5761	Reline mandibular partial denture (laboratory).....	[No Cost- \$18595.00]
D5820	Interim partial denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i>	[No Cost- \$250425.00]
D5821	Interim partial denture (mandibular) - <i>limited to 1 in any 12 consecutive months</i>	[No Cost- \$250425.00]
D5850	Tissue conditioning, maxillary	[No Cost- \$6530.00]
D5851	Tissue conditioning, mandibular.....	[No Cost- \$6530.00]

D5900-D5999 VII. Maxillofacial Prosthetics - Not Covered

D6000-D6199 VIII. Implant Services - Not Covered

D6200-D6999 IX. Prosthodontics, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

- When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional ~~\$100.00~~[\$75.00 - \$150.00] per unit, beyond the 6th unit.
- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be [3-5+] years old.

D6210	Pontic - cast high noble metal	[No Cost- \$500 425.00]
D6211	Pontic - cast predominantly base metal	[No Cost- \$475 325.00]
D6212	Pontic - cast noble metal	[No Cost- \$505 365.00]
D6240	Pontic - porcelain fused to high noble metal	[No Cost- \$500 425.00]
D6241	Pontic - porcelain fused to predominantly base metal	[No Cost- \$475 325.00]
D6242	Pontic - porcelain fused to noble metal	[No Cost- \$505 365.00]
D6245	Pontic - porcelain/ceramic	[No Cost- \$570 425.00]
D6250	Pontic - resin with high noble metal	[No Cost- \$500 335.00]
D6251	Pontic - resin with predominantly base metal	[No Cost- \$475 235.00]
D6252	Pontic - resin with noble metal	[No Cost- \$505 275.00]
D6600	Inlay - porcelain/ceramic, two surfaces	[No Cost- \$485 345.00]
D6601	Inlay - porcelain/ceramic, three or more surfaces	[No Cost- \$500 365.00]
D6602	Inlay - cast high noble metal, two surfaces	[No Cost- \$400 295.00]
D6603	Inlay - cast high noble metal, three or more surfaces	[No Cost- \$425 305.00]
D6604	Inlay - cast predominantly base metal, two surfaces	[No Cost- \$320 195.00]
D6605	Inlay - cast predominantly base metal, three or more surfaces	[No Cost- \$350 205.00]
D6606	Inlay - cast noble metal, two surfaces	[No Cost- \$375 225.00]
D6607	Inlay - cast noble metal, three or more surfaces	[No Cost- \$400 235.00]
D6608	Onlay - porcelain/ceramic, two surfaces	[No Cost- \$500 340.00]
D6609	Onlay - porcelain/ceramic, three or more surfaces	[No Cost- \$525 375.00]
D6610	Onlay - cast high noble metal, two surfaces	[No Cost- \$400 300.00]
D6611	Onlay - cast high noble metal, three or more surfaces	[No Cost- \$430 310.00]
D6612	Onlay - cast predominantly base metal, two surfaces	[No Cost- \$360 200.00]
D6613	Onlay - cast predominantly base metal, three or more surfaces	[No Cost- \$400 210.00]
D6614	Onlay - cast noble metal, two surfaces	[No Cost- \$400 220.00]
D6615	Onlay - cast noble metal, three or more surfaces	[No Cost- \$420 240.00]
D6720	Crown - resin with high noble metal	[No Cost- \$500 335.00]
D6721	Crown - resin with predominantly base metal	[No Cost- \$475 235.00]
D6722	Crown - resin with noble metal	[No Cost- \$505 275.00]
D6740	Crown - porcelain/ceramic	[No Cost- \$570 425.00]
D6750	Crown - porcelain fused to high noble metal	[No Cost- \$500 425.00]
D6751	Crown - porcelain fused to predominantly base metal	[No Cost- \$475 325.00]
D6752	Crown - porcelain fused to noble metal	[No Cost- \$505 365.00]
D6780	Crown - ¾ cast high noble metal	[No Cost- \$500 425.00]
D6781	Crown - ¾ cast predominantly base metal	[No Cost- \$475 325.00]
D6782	Crown - ¾ cast noble metal	[No Cost- \$505 365.00]
D6783	Crown - ¾ porcelain/ceramic	[No Cost- \$570 425.00]
D6790	Crown - full cast high noble metal	[No Cost- \$500 425.00]
D6791	Crown - full cast predominantly base metal	[No Cost- \$475 325.00]
D6792	Crown - full cast noble metal	[No Cost- \$505 365.00]
D6930	Recement fixed partial denture	[No Cost- \$50 25.00]
D6940	Stress breaker	[No Cost- \$110 50.00]
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated - <i>includes canal preparation</i>	[No Cost- \$180 40.00]
D6972	Prefabricated post and core in addition to fixed partial denture retainer - <i>base metal post; includes canal preparation</i>	[No Cost- \$130 95.00]
D6973	Core buildup for retainer, including any pins	[No Cost- \$100 80.00]
D6976	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	[No Cost- \$115 80.00]
D6977	Each additional prefabricated post - same tooth - <i>base metal post;</i> <i>includes canal preparation</i>	[No Cost- \$80 70.00]
D6980	Fixed partial denture repair, by report	[No Cost- \$140 70.00]

D7000-D7999 X. Oral and Maxillofacial Surgery - (When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.) *

- Includes preoperative and postoperative evaluations and treatment under local anesthetic.

D7111	Extraction, coronal remnants - deciduous tooth.....	[No Cost-\$ 5045.00]
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	[No Cost-\$ 8025.00]
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	[No Cost-\$ 12555.00]
D7220	Removal of impacted tooth - soft tissue	[No Cost-\$ 13079.00]
D7230	Removal of impacted tooth - partially bony	[No Cost-\$ 16025.00]
D7240	Removal of impacted tooth - completely bony	[No Cost-\$180.00]
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications.....	[No Cost-\$ 225489.00]
D7250	Surgical removal of residual tooth roots (cutting procedure)	[No Cost-\$ 10545.00]
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	[No Cost-\$ 15039.00]
D7280	Surgical access of an unerupted tooth.....	[No Cost-\$175.00]
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	[No Cost-\$175.00]
D7283	Placement of device to facilitate eruption of impacted tooth.....	[No Cost-\$ 75.00]
D7286	Biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	[No Cost-\$ 10049.00]
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	[No Cost-\$ 11099.00]
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	[No Cost-\$ 11099.00]
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	[No Cost-\$ 15029.00]
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	[No Cost-\$ 15029.00]
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	[No Cost-\$125.00]
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.....	[No Cost-\$250.00]
D7471	Removal of lateral exostosis (maxilla or mandible).....	[No Cost-\$125.00]
D7472	Removal of torus palatinus.....	[No Cost-\$125.00]
D7473	Removal of torus mandibularis.....	[No Cost-\$125.00]
D7510	Incision and drainage of abscess - intraoral soft tissue	[No Cost-\$ 6025.00]
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	[No Cost-\$ 11059.00]
D7970	Excision hyperplastic tissue - per arch.....	[No Cost-\$ 13525.00]
D7971	Excision of pericoronal gingiva.....	[No Cost-\$ 13525.00]

D8000-D8999 XI. Orthodontics

- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed [\$75.00 - \$125.00] [75 percent of the Contract Orthodontist's Filed Fees], may apply.

- The Retention Copayment includes adjustments and/or office visits up to 24 months.

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: [No Cost-~~**\$200.00~~]

- D0210 Intraoral - complete series (including bitewings)
- D0322 Tomographic survey
- D0330 Panoramic film
- D0340 Cephalometric film
- D0350 Oral/facial photographic images
- D0470 Diagnostic casts

The benefit for post-treatment records includes:..... [No Cost-~~**\$79.00~~]

- D0210 Intraoral - complete series (including bitewings)
- D0470 Diagnostic casts

D8010 Limited orthodontic treatment of the primary dentition..... [No Cost-~~**~~]

D8020	Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	[No Cost-**]
D8030	Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	[No Cost-**]
D8040	Limited orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	[No Cost-**]
D8050	Interceptive orthodontic treatment of the primary dentition.....	[No Cost-**]
D8060	Interceptive orthodontic treatment of the transitional dentition	[No Cost-**]
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	[No Cost-**]
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	[No Cost-**]
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	[No Cost-**]
D8660	Pre-orthodontic treatment visit	[No Cost-**\$25.00]
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers)	[No Cost-**]
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i>	[No Cost-**\$100.00]

D9000-D9999 XII. Adjunctive General Services - (When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's Filed Fees.) *

D9110	Palliative (emergency) treatment of dental pain - minor procedure	[No Cost-\$4020.00]
D9211	Regional block anesthesia	[No Cost-\$15.00]
D9212	Trigeminal division block anesthesia.....	[No Cost-\$15.00]
D9215	Local anesthesia	[No Cost-\$15.00]
D9220	Deep sedation/general anesthesia - first 30 minutes.....	[No Cost-\$18565.00]
D9221	Deep sedation/general anesthesia - each additional 15 minutes	[No Cost-\$10080.00]
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	[No Cost-\$18565.00]
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	[No Cost-\$10080.00]
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician.....	[No Cost-\$5025.00]
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed.....	[No Cost-\$3040.00]
D9440	Office visit - after regularly scheduled hours	[No Cost-\$6535.00]
D9450	Case presentation, detailed and extensive treatment planning	[No Cost-\$50.00]
D9940	Occlusal guard, by report - <i>limited to 1 in 3 years</i>	[No Cost-\$210425.00]
D9951	Occlusal adjustment, limited	[No Cost-\$7555.00]
D9952	Occlusal adjustment, complete	[No Cost-\$210425.00]
D9972	External bleaching - per arch - <i>limited to one bleaching tray and gel for two weeks of self treatment</i>	[No Cost-\$16025.00]
D9999	Unspecified adjunctive procedure, by report - <i>includes failed appointment without 24 hour notice - per 15 minutes of appointment time</i>	[No Cost-\$4040.00]

Procedures not listed above are not covered, however, may be available at the Contract Dentist's *Filed Fees*. *Filed Fees* mean the Contract Dentist's fees on file with Dentegra. Questions regarding these fees should be directed to the Customer Service department at ~~(800-)~~422-4234.

FOOTNOTES

* If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed, referable procedures that are not available in the contract facility or that require a Dentist to provide ~~specialized~~ Specialist S services may be provided by a contracted oral surgeon, endodontist, periodontist or pediatric dentist at 75 percent of the Contract Specialist's Filed Fees. Specialist S services are only available upon referral by the assigned Contract Dentist.

** 75 percent of the Contract Orthodontist's Filed Fee]

[SCHEDULE B
LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations

1. The frequency of certain benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*;
2. If the Enrollee accepts a treatment plan from the ~~general Contract~~ Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional ~~\$100.00~~\$75.00-\$150.00 above the listed Copayment for each of these services after the sixth unit has been provided;
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241);
4. Benefits provided by a contract pediatric Dentist are available at 75% of the Contract Specialist's *Filed Fees*. Referral by the assigned Contract Dentist is required before services are rendered;
5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged;
6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Dentegra is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*;
2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry;
3. Services solely for cosmetic purposes, with the exception of procedure D9972, External bleaching, per arch, or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities;
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age;
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges);
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ);
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures;

8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant;
9. Consultations for non-covered benefits;
10. Dental services received from any dental facility other than the assigned Contract Dentist, including the services of an out-of-network dental specialist, unless expressly authorized by Dentegra, except for *Emergency Services* as described in the Contract and/or Evidence of Coverage;
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility;
12. Prescription drugs;
13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision;
14. Lost, stolen or broken orthodontic appliances;
15. Changes in orthodontic treatment necessitated by accident of any kind;
16. Myofunctional and parafunctional appliances and/or therapies;
17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances;
18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.]