

Summary of Benefits

Dental Net® Dental HMO Plan 3000C



WELCOME TO YOUR DENTAL PLAN!

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

Powerful and easily accessible member tools.

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

Dentists in your plan network.

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

Features you will like in your dental plan:

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

Ready to use your dental benefits?

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

Need to contact us?

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

Your dental benefits at a glance

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

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

CDT CODE	OPTION C BENEFIT	MEMBER COPAYMENT
D0340	2D cephalometric radiographic image - acquisition measurement and analysis	\$0
D0350	2D Oral/facial photographic images obtained intra-orally or extra-orally	\$0
D0364	Cone beam capture and interpretation with limited field of view - less than one whole jaw ^{1,2}	\$145
D0365	Cone beam capture and interpretation with field of view of one full dental arch - mandible ^{1,2}	\$145
D0366	Cone beam capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium ^{1,2}	\$140
D0367	Cone beam capture and interpretation with field of view of both jaws, with or without cranium ^{1,2}	\$165
D0380	Cone beam CT image capture with limited field of view - less than one whole jaw ^{1,2}	\$125
D0381	Cone beam CT image capture with field of view of one full dental arch - mandible ^{1,2}	\$165
D0382	Cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium ^{1,2}	\$165
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium ^{1,2}	\$165
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$0
D0415	Collection of microorganisms for culture and sensitivity	\$0
D0425	Caries susceptibility tests	\$0
D0431	Adjunctive pre-diagnostic test for detection of mucosal abnormalities	\$0
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$0
D0473	Accession of tissue, gross & microscopic examination, preparation and transmission of written report	\$0
D0474	Accession of tissue, gross & microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	\$0
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report.	\$0
D0502	Other oral pathology procedures, by report	\$0
D0601	Caries risk assessment and documentation, with a finding of low risk - limited to children age 3 to 19, 1 every 3 years	\$0
D0602	Caries risk assessment and documentation, with a finding of moderate risk - limited to children age 3 to 19, 1 every 3 years	\$0
D0603	Caries risk assessment and documentation, with finding of high risk - limited to children age 3 to 19, 1 every 3 years	\$0
D0999	Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other services)	\$0
D1110	Cleaning, adult (first two cleanings)	\$0
D1110+	Additional adult cleanings	\$45

CDT CODE		OPTION C BENEFIT	MEMBER COPAYMENT
D1120		Cleaning, child (first two cleanings)	\$0
D1120+		Additional cleanings, child	\$35
D1206		Topical fluoride varnish (first two treatments)	\$0
D1206+		Topical fluoride varnish (each additional treatment)	\$15
D1208		Topical application of fluoride - excluding varnish	\$0
D1208+		Additional topical application of fluoride - In addition to any combination of two (2) D1206s (topical applications of fluoride varnish) and/or D1208s (topical application of fluoride) per calendar year	\$15
D1310		Nutritional counseling for the control of dental disease	\$0
D1320		Tobacco counseling for the control and prevention of oral disease	\$0
D1330		Oral hygiene instructions	\$0
D1351		Sealant	\$0
D1352		Preventive resin restoration	\$10
D1353		Sealant repair - per tooth	\$0
D1354		Interim caries arresting medicament application - per tooth	\$15
RESTORATIVE SERVICES			
D1510-D1525		Space maintainer (fixed, removable)	\$25
D1550		Recement space maintainer	\$0
D1555		Removal of fixed space maintainer procedure performed by dentist or practice that did not originally place the appliance	\$0
D1575		Distal shoe space maintainer - fixed - unilateral	\$25
D1999		Unspecified preventive procedure, by report	\$0
D2140		Amalgam (silver colored) filling, one surface	\$0
D2150		Amalgam, two surfaces, primary or permanent	\$5
D2160		Amalgam, three surfaces, primary or permanent	\$10
D2161		Amalgam, four surfaces, primary or permanent	\$15
D2330		Resin (tooth colored) filling, 1 surface, anterior (front tooth)	\$15
D2331		Resin based composite, two surfaces, anterior	\$20
D2332		Resin based composite, three surfaces, anterior	\$20
D2335		Resin based composite four or more surfaces or involving incisal angle (anterior)	\$30
D2390		Resin based-composite crown (anterior)	\$30
D2391		Resin (tooth colored) filling, 1 surface, posterior (back) tooth	\$30
D2392		Resin (tooth colored) filling, 2 surfaces, posterior	\$45
D2393		Resin (tooth colored) filling, 3 surfaces, posterior	\$55
D2394		Resin (tooth colored) filling, 4 or more, posterior	\$65
D2410		Gold foil - one surface	\$80
D2420		Gold foil - two surface	\$110
D2430		Gold foil - three surface	\$290
D2510		Inlay-metallic, one surface	\$110
D2520		Inlay-metallic, two surfaces	\$120
D2530		Inlay-metallic, three or more surfaces	\$130
D2542		Onlay - metallic - two surfaces	\$130
D2543		Onlay-metallic, three surfaces	\$135
D2544		Onlay-metallic, Four or more surfaces	\$145

CDT CODE	OPTION C BENEFIT	MEMBER COPAYMENT
D2610	Inlay-porcelain/ceramic, one surface	\$140
D2620	Inlay-porcelain/ceramic, two surfaces	\$150
D2630	Inlay-porcelain/ceramic, three or more surfaces	\$160
D2642	Onlay-porcelain/ceramic, two surfaces	\$145
D2643	Onlay-porcelain/ceramic, three surfaces	\$155
D2644	Onlay-porcelain/ceramic, four or more surfaces	\$165
D2650	Inlay, composite/resin, 1 surface	\$85
D2651	Inlay - resin-based composite - two surfaces	\$95
D2652	Inlay - resin-based composite - three or more surfaces	\$115
D2662	Onlay, composite/resin, 1 surface	\$110
D2663	Onlay-resin-based composite, three surfaces	\$120
D2664	Onlay-resin-based composite four or more surfaces	\$130
D2710	Crown-resin based composite (indirect)	\$35
D2712	Crown - 3/4 resin-based composite (indirect)	\$35
D2720	Crown - resin with high noble metal ³	\$140
D2721	Crown resin with predominantly base metal	\$55
D2722	Crown-resin with noble metal	\$105
D2740	Crown - porcelain/ceramic substrate ³	\$195
D2750	Crown - porcelain fused to high noble metal ³	\$185
D2751	Crown - porcelain fused to predominantly base metal ³	\$95
D2752	Crown - porcelain fused to noble metal ³	\$150
D2780	Crown-3/4 cast high noble metal	\$150
D2781	Crown-3/4 cast predominately base metal	\$70
D2782	Crown-3/4 cast noble metal	\$100
D2783	Crown-3/4 porcelain/ceramic	\$175
D2790	Crown - full cast high noble metal ³	\$160
D2791	Crown - full cast for predominantly base metal	\$80
D2792	Crown - full cast noble metal ³	\$120
D2794	Crown - titanium ³	\$190
D2799	Provisional crown	\$40
D2910	Recement inlay, onlay or partial coverage restoration	\$0
D2915	Recement cast or prefabricated post and core	\$0
D2920	Recement crown	\$0
D2921	Reattachment of tooth fragment	\$0
D2929	Prefabricated porc/ceramic crown - primary tooth	\$40
D2930	Prefabricated stainless steel crown, primary tooth	\$20
D2931	Prefabricated stainless steel crown, permanent tooth	\$20
D2932	Prefabricated resin crown	\$30
D2933	Prefabricated stainless steel crown with resin window	\$25
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$25
D2940	Protective restoration-sedative filling	\$0
D2941	Interim therapeutic restoration - primary dentition	\$0
D2949	Restorative foundation for an indirect restoration	\$10
D2950	Core build-up, including pins where required	\$25
D2951	Pin retention – in addition to restoration	\$5

CDT CODE		OPTION C BENEFIT	MEMBER COPAYMENT
D2952		Post and core in addition to crown (indirectly fabricated)	\$30
D2953		Each additional indirectly fabricated post-same tooth	\$0
D2954		Prefabricated post and core in addition to crown	\$40
D2955		Post removal, not in conjunction with endodontic therapy	\$10
D2957		Each additional prefabricated post-same tooth	\$0
D2960		Labial veneer (resin laminate) chairside	\$95
D2961		Labial veneer, resin laminate/laboratory	\$300
D2962		Labial veneer, porcelain laminate/laboratory	\$340
D2971		Additional procedures to construct new crown under existing partial denture framework	\$30
D2980		Crown repair	\$0
D2981		Inlay repair	\$0
D2982		Onlay repair	\$0
D2983		Veneer repair, by report	\$0
D2990		Resin infiltration of incipient smooth surface lesions	\$0
D2999		Unspecific restorative procedure	\$0
ENDODONTIC SERVICES			
D3110-D3120		Pulp cap – direct/indirect	\$0
D3220		Therapeutic Pulpotomy (excluding final restoration)	\$10
D3221		Pulpal debridement, primary & permanent teeth	\$5
D3222		Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$10
D3230		Pulpal therapy, restorable filling, anterior primary tooth (excluding final restoration)	\$20
D3240		Pulpal therapy, restorable filling, posterior primary tooth (excluding final restoration)	\$20
D3310		Root canal, anterior (front) tooth (excluding final restoration) ¹	\$45
D3320		Root canal, bicuspid tooth (excluding final restoration) ¹	\$90
D3330		Root canal, molar (excluding final restoration) ¹	\$185
D3331		Treatment of root canal obstruction; non-surgical access	\$45
D3332		Incomplete endodontic therapy, inoperable or fractured tooth	\$45
D3333		Internal root repair of perforation defects ¹	\$45
D3346		Retreat of previous root canal (anterior)	\$65
D3347		Retreat of previous root canal therapy - premolar	\$105
D3348		Retreatment of previous root canal therapy molar ¹	\$210
D3351		Apexification/recalcification-initial visit	\$65
D3352		Apexification/recalcification-interim medication replacement	\$40
D3353		Apexification/recalcification-final visit	\$40
D3355		Pulpal regeneration - initial visit	\$65
D3356		Pulpal regeneration - interim medication replacement	\$35
D3357		Pulpal regeneration - completion of treatment	\$65
D3410		Apicoectomy - anterior ¹	\$45
D3421		Apicoectomy - premolar (first root) ¹	\$90
D3425		Apicoectomy / periradicular surgery – molar (first root) ¹	\$90
D3426		Apicoectomy each additional root ¹	\$45
D3427		Periradicular surgery without apicoectomy ¹	\$55

CDT CODE		OPTION C BENEFIT	MEMBER COPAYMENT
D3428		Bone graft in conjunction with periradicular surgery - per tooth, single site ¹	\$180
D3429		Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site ¹	\$95
D3430		Retrograde filling (per root) ¹	\$25
D3450		Root amputation-per root ¹	\$75
D3910		Surgical procedure for isolation of tooth with rubber dam ¹	\$0
D3920		Hemisection(including root removal, but no root canal therapy) ¹	\$90
D3950		Canal preparation and fitting of performed dowel or post ¹	\$10
D3999		Unspecified endodontic procedure-by report ¹	\$0
PERIODONTAL SERVICES			
D4210		Gingivectomy or gingivoplasty - 4 or more teeth per quadrant ¹	\$80
D4211		Gingivectomy or gingivoplasty (one-three teeth, per quad) ¹	\$50
D4212		Gingivectomy or gingivoplasty to allow access for restorative procedure - per tooth ¹	\$50
D4240		Pulpal therapy, including root planning (4+ contiguous teeth or tooth bonded spaces per quadrant) ¹	\$80
D4241		Gingival flap procedure, including root planning (one-three teeth, per quad) ¹	\$50
D4245		Apically positioned flap ¹	\$75
D4249		Clinical crown lengthening, hard tissue ¹	\$75
D4260		Osseous Surgery, flap entry and closure (4+ contiguous teeth or tooth bounded spaces, per quadrant) ¹	\$225
D4261		Osseous surgery, 1-3 teeth or tooth bounded spaces, per quadrant ¹	\$135
D4263		Bone replacement graft - retained natural tooth - first site in quadrant ¹	\$185
D4264		Bone replacement graft - retained natural tooth - each additional site in quadrant ¹	\$80
D4265		Biologic materials to aid in soft and osseous tissue regeneration ¹	\$95
D4266		Guided tissue regeneration, restorable barrier per site ¹	\$165
D4267		Guided tissue regeneration- non-restorable barrier, per site, (includes membrane removal) ¹	\$195
D4270		Pedicle soft tissue graft procedure ¹	\$185
D4273		Autogenous connective tissue graft, per tooth ¹	\$75
D4274		Mesial/Distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$45
D4275		Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft	\$385
D4277		Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	\$195
D4278		Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$195
D4283		Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$295

CDT CODE		OPTION C BENEFIT	MEMBER COPAYMENT
D4285		Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$295
D4320		Provisional splinting-intracoronar	\$95
D4321		Provisional splinting-extracoronar	\$85
D4341		Periodontal scaling & root planing - 4+ teeth, per quadrant	\$40
D4342		Periodontal scaling and root planing, one-three teeth, per quad	\$30
D4346		Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$10
D4355		Full mouth debridement	\$35
D4381		Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue per tooth	\$45
D4910		Periodontal maintenance (first 2 periodontal treatments)	\$25
D4910+		Additional Periodontal maintenance visits	\$55
D4920		Unscheduled dressing change, by someone other than treating dentist or their staff	\$0
D4921		Gingival irrigation - per quadrant	\$10
D4999		Unspecified periodontal procedure, by report	\$0
PROSTHODONTIC SERVICES (REMOVABLE AND FIXED)			
D5110-D5120		Complete denture upper (maxillary, mandibular)	\$175
D5130		Immediate denture - maxillary	\$195
D5140		Immediate denture - mandibular	\$195
D5211		Upper partial denture (maxill.- resin base) including any conventional clasps, rests and teeth.	\$150
D5212		Lower partial denture (mandib.-resin base) (including any conventional clasps, rests and teeth.	\$150
D5213		Upper partial (castmetal-w/resin base, including any conventional clasps, rests and teeth)	\$180
D5214		Lower partial (cast metal-w/ resin base including any conventional clasps, rests and teeth)	\$180
D5221		Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$150
D5222		Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$150
D5223-D5224		Immediate maxillary/mandibular partial dental-cast base (including any conventional clasps, rests and teeth)	\$180
D5225-D5226		Maxillary partial dental-flexible base (including clasps, rests & teeth)	\$170
D5281		Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	\$145
D5410		Adjust complete denture-upper	\$0
D5411		Adjust complete denture-lower	\$0
D5421		Adjust partial denture-upper	\$0
D5422		Adjust partial denture-lower	\$0
D5511		Repair broken complete denture base, mandibular	\$30
D5512		Repair broken complete denture base, maxillary	\$30
D5520		Replace missing/broken teeth – complete denture, per tooth	\$15
D5611		Repair resin partial denture base, mandibular	\$20

CDT CODE	OPTION C BENEFIT	MEMBER COPAYMENT
D5612	Repair resin partial denture base, maxillary	\$20
D5621	Repair cast partial framework, mandibular	\$20
D5622	Repair cast partial framework, maxillary	\$20
D5630	Repair or replace broken clasp	\$20
D5640	Replace broken teeth – partial denture, per tooth	\$15
D5650	Add tooth to existing partial denture	\$15
D5660	Add clasp to existing partial denture	\$20
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$75
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$75
D5710-D5711	Replace complete maxillary/mandibular denture	\$35
D5720-D5721	Rebase maxillary/mandibular partial denture	\$35
D5730-D5731	Reline complete maxillary, mandibular denture (chairside)	\$0
D5740-D5741	Reline partial maxillary, mandibular (chairside)	\$0
D5750-D5751	Reline complete maxillary, mandibular denture (lab)	\$35
D5760-D5761	Reline partial maxillary, mandibular denture (lab)	\$35
D5810	Interim complete denture-upper	\$185
D5811	Interim complete denture-lower	\$185
D5820	Interim partial denture-upper	\$60
D5821	Interim partial denture-lower	\$60
D5850-D5851	Tissue conditioning maxillary, mandibular	\$0
D5862	Precision attachment	\$160
D5863	Overdenture - complete maxillary	\$250
D5864	Overdenture - partial maxillary	\$225
D5865	Overdenture - complete mandibular	\$250
D5866	Overdenture - partial mandibular	\$225
D5899	Unspecified removable prosthodontic procedure, by report	\$0
D6010	Surgical placement of implant body: endosteal implant ^{1,2}	\$850
D6011	Second stage implant surgery ^{1,2}	\$135
D6013	Surgical placement of mini implant ^{1,2}	\$340
D6040	Surgical placement eposteal implant ^{1,2}	\$850
D6050	Surgical placement of transosteal implant ^{1,2}	\$750
D6051	Interim abutment	\$195
D6052	Semi-precision attachment abutment	\$285
D6055	Connecting bar - implant supported or abutment supported	\$475
D6056	Pre-fabricated abutment	\$220
D6057	Custom fabricated abutment	\$285
D6058	Abutment supported porcelain/ceramic crown ³	\$395
D6059	Abutment supported porcelain fused to metal crown (high noble metal) ³	\$385
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$295
D6061	Abutment supported porcelain fused to metal crown (noble metal) ³	\$350
D6062	Abutment supported cast metal crown (high noble metal) ³	\$360
D6063	Abutment supported cast metal crown (predominantly base metal)	\$280
D6064	Abutment supported cast metal crown (noble metal) ³	\$320

CDT CODE	OPTION C BENEFIT	MEMBER COPAYMENT
D6065	Implant supported porcelain/ceramic crown ³	\$395
D6066	Implant supported porcelain/ceramic crown (titanium, titanium alloy, high noble metal) ³	\$385
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal) ³	\$390
D6068	Abutment supported retainer for porcelain/ceramic FPD ³	\$395
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$385
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$295
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal) ³	\$350
D6072	Abutment supported retainer for cast metal FPD (high noble metal) ³	\$360
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$280
D6074	Abutment supported retainer for cast metal FPD (noble metal) ³	\$320
D6075	Implant supported retainer for ceramic FPD ³	\$395
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) ³	\$385
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal) ³	\$390
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleaning of prostheses and abutments	\$50
D6085	Provisional implant crown	\$140
D6090	Repair implant supported prosthesis, by report	\$130
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$70
D6092	Recement implant or rebond implant/abutment supported crown	\$30
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$45
D6094	Abutment supported Crown – Titanium ³	\$390
D6095	Repair implant abutment by report	\$110
D6096	Remove broken implant retaining screw ^{1,2}	\$150
D6100	Implant removal, by report ^{1,2}	\$255
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure ^{1,2}	\$240
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure ^{1,2}	\$340
D6103	Bone graft for repair of peri-implant defect - does not include flap and closure ^{1,2}	\$255
D6104	Bone graft at time of implant placement ^{1,2}	\$270
D6110-D6111	Implant/abutment supported removable denture	\$375
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	\$380

CDT CODE		OPTION C BENEFIT	MEMBER COPAYMENT
D6113		Implant/abutment supported removable denture for partially edentulous arch - mandibular	\$380
D6114		Implant/abutment supported fixed denture for edentulous arch - maxillary	\$375
D6115		Implant/abutment supported fixed denture for edentulous arch - mandibular	\$375
D6116		Implant/abutment supported fixed denture for partially edentulous arch - maxillary	\$380
D6117		Implant/abutment supported fixed denture for partially edentulous arch - mandibular	\$380
D6118		Implant/abutment supported interim fixed denture for edentulous arch - mandibular	\$380
D6119		Implant/abutment supported interim fixed denture for edentulous arch - maxillary	\$380
D6190		Radiographic/Surgical implant index, by report ^{1,2}	\$155
D6194		Abutment supported retainer crown for FPD (titanium) ³	\$390
D6199		Unspecified implant procedure, by report	\$0
D6205		Pontic - indirect resin - based composite	\$35
D6210		Pontic cast high noble metal ³	\$160
D6211		Pontic (artificial tooth), cast predominantly base metal	\$80
D6212		Pontic-cast noble metal ³	\$120
D6214		Pontic - titanium ³	\$190
D6240		Pontic porcelain fused to high noble metal ³	\$185
D6241		Pontic (artificial tooth), porcelain fused to predominantly base metal	\$95
D6242		Pontic.-porc. fused to noble metal ³	\$150
D6245		Pontic porcelain/ceramic ³	\$195
D6250		Pontic.-resin w/ high noble metal ³	\$140
D6251		Pontic-resin w/ predominantly base metal	\$55
D6252		Pontic.-resin w/ noble metal ³	\$105
D6253		Provisional pontic	\$40
D6545		Cast metal retainer for resin bonded fixed prosthesis	\$75
D6548		Retainer - porcelain/ceramic for resin bonded fixed prosthesis ³	\$75
D6549		Resin retainer - for resin bonded fixed prosthesis	\$75
D6600		Inlay, porcelain/ceramic , two surfaces ³	\$150
D6601		Inlay, porcelain/ceramic three or more surfaces ³	\$160
D6602		Inlay, cast high noble metal, two surfaces ³	\$140
D6603		Inlay, cast high noble metal, three or more surfaces ³	\$150
D6604		Inlay, cast predominantly base metal, two surfaces	\$120
D6605		Inlay, cast base metal, three or more surfaces	\$130
D6606		Inlay, cast noble metal, two surfaces ³	\$130
D6607		Inlay, cast noble metal, three or more surfaces ³	\$140
D6608		Onlay, porcelain/ceramic, two surfaces ³	\$145
D6609		Onlay, porcelain/ceramic three or more surfaces ³	\$155
D6610		Onlay, cast high noble metal, two surfaces ³	\$150
D6611		Onlay, cast high noble metal, three or more surfaces ³	\$155
D6612		Onlay, cast predominantly base metal, two surfaces	\$130

CDT CODE	OPTION C BENEFIT	MEMBER COPAYMENT
D6613	Onlay, cast predominantly base metal, three or more surfaces	\$135
D6614	Onlay, cast noble metal, two surfaces ³	\$140
D6615	Onlay, cast noble metal, three or more surfaces ³	\$145
D6624	Inlay - titanium ³	\$140
D6634	Onlay - titanium ³	\$145
D6710	Crown - indirect resin based composite	\$35
D6720	Crown - resin with high noble metal ³	\$140
D6721	Crown - resin with predominantly base metal	\$55
D6722	Crown - resin with noble metal ³	\$105
D6740	Crown - porcelain/ceramic ³	\$195
D6750	Crown - porcelain fused to high noble metal ³	\$185
D6751	Crown - porcelain fused to predominantly base metal	\$95
D6752	Crown - porcelain fused to noble metal ³	\$150
D6780	Crown-3/4 cast high noble metal ³	\$150
D6781	Crown-3/4 cast predominately base metal	\$70
D6782	Crown-3/4 cast noble metal ³	\$100
D6783	Crown-3/4 porcelain/ceramic ³	\$175
D6790	Crown - full cast high noble metal ³	\$160
D6791	Crown - full cast predominantly base metal	\$80
D6792	Crown-full cast noble metal ³	\$120
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	\$40
D6794	Crown - titanium ³	\$190
D6930	Recement fixed partial denture	\$0
D6940	Stress breaker	\$15
D6950	Precision attachment	\$190
D6980	fixed partial denture (bridge) repair	\$15
D6999	Unspecified fixed prosthodontic procedure, by report	\$0
ORAL SURGERY SERVICES		
D7111	Extraction, coronal remnants – deciduous tooth	\$0
D7140	Extraction, erupted or exposed tooth/root	\$0
D7210	Surgical removal of erupted tooth	\$30
D7220	Removal of impacted tooth, soft tissue ¹	\$40
D7230	Removal of impacted tooth – partially bony ¹	\$50
D7240	Removal of impacted tooth, complete bony ¹	\$70
D7241	Removal of impacted tooth-completely bony w/complications ¹	\$90
D7250	Surgical removal of residual tooth roots ¹	\$30
D7251	Coronectomy – intentional partial tooth removal ¹	\$80
D7260	Oroantral fistula closure ¹	\$245
D7261	Primary closure of a sinus perforation ¹	\$245
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus ¹	\$75
D7280	Surgical exposure of unerupted tooth for orthodontic purposes ¹	\$65
D7282	Mobilization of erupted malpositioned tooth ¹	\$65
D7283	Placement of devise to facilitate eruption of impacted teeth ¹	\$0

CDT CODE	OPTION C BENEFIT	MEMBER COPAYMENT
D7285	Biopsy of oral tissue, hard (bone, tooth) ¹	\$50
D7286	Biopsy of oral tissue, soft ¹	\$50
D7287	exfoliative cytology sample collection ¹	\$40
D7288	Brush biopsy-transepithelial sample collection	\$35
D7290	Surgical repositioning of teeth ¹	\$110
D7291	Trasseptal fiberotomy/supra crestal fiberotomy, by report ¹	\$45
D7310	Alveoplasty in conjunction w/ extractions- four or more teeth or tooth spaces per quadrant ¹	\$40
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant ¹	\$40
D7320	Alveoplasty not in conjunction w/ extractions- four or more teeth or tooth spaces , per quadrant ¹	\$55
D7321	Alveoplasty not in conjunction w/ extractions - one to three teeth or tooth spaces, per quadrant ¹	\$55
D7340	Vestibuloplasty - ridge extension (secondary epithelialization) ¹	\$330
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) ¹	\$520
D7410	Excision of benign lesion up to 1.25cm ¹	\$70
D7411	Excision of benign lesion up greater than 1.25cm ¹	\$100
D7412	Excision of benign lesion, complicated ¹	\$150
D7413	Excision of malignant lesion up to 1.25cm ¹	\$80
D7414	Excision of malignant lesion greater than 1.25cm ¹	\$100
D7415	Excision of malignant lesion, complicated ¹	\$205
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm ¹	\$70
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm ¹	\$130
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25cm ¹	\$70
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25cm ¹	\$130
D7465	Destruction of lesion(s) by physical or chemical method, by report ¹	\$40
D7471	Removal of lateral exostosis (maxilla or mandible) ¹	\$35
D7472	Removal of torus palatinus ¹	\$35
D7473	Removal of torus mandibularis ¹	\$35
D7485	Surgical reduction of osseous tuberosity ¹	\$60
D7510	Incision and drainage of abscess – intraoral soft tissue	\$20
D7511	Incision and drainage of abscess–intraoral soft tissue (complicated) ¹	\$30
D7520	Incision and drainage of abscess-extraoral soft tissue ¹	\$35
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated ¹	\$95
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue ¹	\$70
D7540	Removal of reaction producing foreign bodies, musculoskeletal system ¹	\$100
D7550	Partial ostectomy/ sequestrectomy for removal of non-vital bone ¹	\$100

CDT CODE		OPTION C BENEFIT	MEMBER COPAYMENT
D7560		Maxillary sinusotomy for removal of tooth fragment or foreign body ¹	\$465
D7910		Suture of recent small wounds up to 5cm ¹	\$50
D7911		Complicated suture - up to 5 cm ¹	\$50
D7912		Complicated suture - greater than 5 cm ¹	\$100
D7953		Bone replacement graft for ridge preservation - per site ¹	\$80
D7960		Frenulectomy (frenectomay or frenotomy) – separate procedure ¹	\$30
D7963		Frenuloplasty ¹	\$30
D7970		Excision of hyperplastic tissue (per arch) ¹	\$45
D7971		Excision of pericoronal gingiva ¹	\$35
D7972		Surgical reduction of fibrous tuberosity ¹	\$95
D7999		Unspecified oral surgery procedure, by report ¹	\$0
OTHER SERVICES			
D9110		Palliative treatment, minor procedures	\$5
D9120		Fixed partial denture sectioning ¹	\$25
D9210		Local anesthesia not in conjunction with operative or surgical procedures ¹	\$0
D9211		Regional block anesthesia	\$0
D9212		Trigeminal division block anesthesia	\$0
D9215		Local anesthesia	\$0
D9219		Evaluation for deep sedation or general anesthesia ¹	\$0
D9222		Deep sedation/general anesthesia – first 15 minutes ¹	\$130
D9223		Deep sedation/general anesthesia – each additional 15 minutes ¹	\$75
D9230		Inhalation of nitrous oxide/analgesia, anxiolysis ¹	\$15
D9239		Intravenous moderate (conscious) sedation/anesthesia - first 15 minutes ¹	\$150
D9243		Intravenous conscious sedation/analgesia–each 15 minutes ¹	\$75
D9248		Non-intravenous conscious sedation ¹	\$15
D9310		Professional consultation, other than with primary dental provider ¹	\$0
D9440		Office visit-after regularly scheduled hours	\$25
D9450		Case presentation, detailed and extensive treatment planning	\$0
D9610		Therapeutic parenteral drugs, single administration	\$15
D9911		Application of desensitizing resin for cervical and/or root surface, per tooth	\$15
D9612		Therapeutic parental drugs, two or more administrations, different medications.	\$25
D9630		Drugs or medicaments dispensed in the office for home use	\$15
D9910		Application desensitizing medicament	\$15
D9930		Treatment of complications (post-surgical) - unusual circumstances, by report ¹	\$0
D9932		Cleaning and inspection of removable complete denture, maxillary	\$0
D9933		Cleaning and inspection of removable complete denture, mandibular	\$0
D9934		Cleaning and inspection of removable parital denture, maxillary	\$0
D9935		Cleaning and inspection of removable partial denture, mandibular	\$0
D9940		Occlusal guard, by report	\$95
D9942		Repair and/or reline of occlusal guard	\$30
D9943		Occlusal guard adjustment	\$15

CDT CODE		OPTION C BENEFIT	MEMBER COPAYMENT
D9951		Occlusal adjustment-limited	\$35
D9952		Occlusal adjustment-complete	\$45
D9972		External bleaching per arch	\$125
D9973		External bleaching - per tooth	\$50
D9975		External bleaching per arch for home application	\$125
D9986		Missed appointment	Not to exceed \$25
D9987		Canceled appointment	Not to exceed \$25
D9991		Dental case management - addressing appointment	\$0
D9992		Dental case management - care coordination	\$0
D9993		Dental case management - motivational interviewing	\$0
D9994		Dental case management - patient education to improve oral health literacy	\$0
D9995		Teledentistry - synchronous; real-time encounter	\$0
D9996		Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	\$0
D9999		Unspecified adjunctive procedure ¹	\$10
ORTHODONTIA			
D8010		Limited treatment of the primary dentition ¹	Child: \$1,695 Adult: \$1,895
D8020		Limited treatment of the transitional dentition ¹	
D8030		Limited treatment of the adolescent dentition ¹	
D8040		Limited treatment of the adult dentition ¹	
D8050		Interceptive treatment of the primary dentition ¹	
D8060		Interceptive treatment of the transitional dentition ¹	
D8070		Comprehensive treatment of the transitional dentition ¹	
D8080		Comprehensive treatment of the adolescent dentition ¹	
D8090		Comprehensive treatment of adult dentition ¹	
D8660		Pre-orthodontic treatment examination to monitor growth and development ¹	
D8670		Periodic orthodontic treatment visits ¹	
D8680		(see below D8681...not included in treatment) ¹	
D8681		Removable orthodontic retainer adjustment ¹	
D8680		Orthodontic retention (removal of appliances, construction and placement of retainers) ¹	\$250
D8210		Removable appliance therapy ¹	\$350
D8220		Fixed appliance therapy ¹	\$350
D8999		Unspecified orthodontic procedure ¹	\$100

¹Procedure requires referral from primary care dentist to a participating provider

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

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

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Limitations & Exclusions

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

Limitations –

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

Diagnostic and Preventive Services

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

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

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

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

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

Restorative Services

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

Crowns – Limited to 1 per tooth per 60 months

Endodontic, Periodontal and Oral Surgery Services

Root canal – 1 per tooth per lifetime

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

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

Prosthodontic Services

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

Bridges – 1 per 60 months

Exclusions –

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

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

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

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

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

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

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

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

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