

# Please note this schedule represents member cost share, and does not include information regarding coverage, plan paid supplements, authorization requirements, or frequency limitations. To obtain benefits not listed, please contact customer service.

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ADA	Description	MEMBER PAYS
Diagno	stic	
D0120	periodic oral evaluation	\$0.00
D0140	limited oral evaluation - problem focused	\$0.00
D0150	comprehensive oral evaluation - new or established patient	\$0.00
D0160	detailed and extensive oral evaluation - problem-focused, by report	\$0.00
D0210	intraoral - comprehensive series of radiographic images	\$0.00
D0220	intraoral - periapical first radiographic image	\$0.00
D0230	intraoral - periapical each additional radiographic image	\$0.00
D0240	intraoral - occlusal radiographic image	\$0.00
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	\$0.00
D0270	bitewing - single radiographic image	\$0.00
D0272	bitewings - two radiographic images	\$0.00
D0273	bitewings - three radiographic images	\$0.00
D0274	bitewings - four radiographic images	\$0.00
D0330	panoramic radiographic image	\$0.00
D0340	2D cephalometric radiographic imagae - acquisition, measurement and analysis	\$25.00
D0470	diagnostic casts	\$20.00
Preven	tive	
D1110	prophylaxis - adult	\$0.00
D1120	prophylaxis - child	\$0.00
D1206	topical application of fluoride varnish	\$0.00
D1208	Topical application of fluoride - excluding varnish	\$0.00
D1351	sealant - per tooth	\$0.00
D1352	preventive resin restoration - permanent tooth	\$0.00
D1353	sealant repair - per tooth	\$0.00
D1354	application of caries arresting medicament application - per tooth	\$0.00
D1355	caries preventive medicament application - per tooth	\$0.00
D1510	space maintainer - fixed, unilateral - per quadrant	\$0.00
D1516	space maintainer - fixed - bilateral, maxillary	\$0.00
D1517	space maintainer - fixed - bilateral, mandibular	\$0.00
D1520	space maintainer - removable, unilateral - per quadrant	\$0.00
D1526	space maintainer - removable - bilateral, maxillary	\$0.00
D1527	space maintainer - removable - bilateral, mandibular	\$0.00
Restora	ative	
D2140	amalgam - one surface, primary or permanent	\$0.00
D2150	amalgam - two surfaces, primary or permanent	\$0.00
D2160	amalgam - three surfaces, primary or permanent	\$0.00
D2161	amalgam - four or more surfaces, primary or permanent	\$0.00
D2330	resin-based composite - one surface, anterior	\$0.00
D2331	resin-based composite - two surfaces, anterior	\$0.00
D2332	resin-based composite - three surfaces, anterior	\$0.00
D2335	resin-based composite - four or more surfaces (anterior)	\$0.00



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D2391	resin-based composite - one surface, posterior	\$0.00
D2392	resin-based composite - two surfaces, posterior	\$0.00
D2393	resin-based composite - three surfaces, posterior	\$0.00
D2394	resin-based composite - four or more surfaces, posterior	\$0.00
D2510	inlay - metallic - one surface	\$60.00
D2520	inlay - metallic - two surfaces	\$100.00
D2530	inlay - metallic - three or more surfaces	\$150.00
D2610	inlay - porcelain/ceramic - one surface	\$60.00
D2620	inlay - porcelain/ceramic - two surfaces	\$100.00
D2630	inlay - porcelain/ceramic - three or more surfaces	\$150.00
D2642	onlay - porcelain/ceramic - two surfaces	\$193.00
D2643	onlay - porcelain/ceramic - three surfaces	\$195.00
D2644	onlay - porcelain/ceramic - four or more surfaces	\$200.00
D2650	inlay - composite/resin - one surface	\$156.00
D2651	inlay - composite/resin - two surfaces	\$173.00
D2652	inlay - composite/resin - three or more surfaces	\$185.00
D2662	onlay - composite/resin - two surfaces	\$185.00
D2663	onlay - composite/resin - three surfaces	\$195.00
D2664	onlay - composite/resin - four or more surfaces	\$200.00
D2710	crown,resin-based composite (indirect)	\$75.00
D2720	crown - resin with high noble metal	\$75.00
D2721	crown - resin with predominantly base metal	\$75.00
D2722	crown - resin with noble metal	\$75.00
D2740	crown - porcelain/ceramic	\$75.00
D2750	crown - porcelain fused to high noble metal	\$75.00
D2751	crown - porcelain fused to predominantly base metal	\$75.00
D2752	crown - porcelain fused to noble metal	\$75.00
D2753	crown - porcelain fused to titanium and titanium alloys	\$75.00
D2790	crown - full cast high noble metal	\$75.00
D2791	crown - full cast predominantly base metal	\$75.00
D2792	crown - full cast noble metal	\$75.00
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	\$15.00
D2920	recement or re-bond crown	\$0.00
D2921	reattachment of tooth fragment, incisal edge or cusp	\$0.00
D2930	prefabricated stainless steel crown - primary tooth	\$0.00
D2931	prefabricated stainless steel crown - permanent tooth	\$0.00
D2940	protective restoration	\$0.00
D2950	Core buildup, including any pins when required	\$52.00
D2951	pin retention - per tooth, in addition to restoration	\$14.00
D2952	cast post and core in addition to crown	\$0.00
D2953	each additional indirectly fabricated post, same tooth	\$0.00
D2954	prefabricated post and core in addition to crown	\$0.00
D2955	post removal	\$0.00
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ADA	Description	MEMBER PAYS
D2962	labial veneer (porcelain laminate) - indirect	\$400.00
Endodo	ontics	
D3110	pulp cap - direct (excluding final restoration)	\$0.00
D3120	pulp cap - indirect (excluding final restoration)	\$0.00
D3220	therapeutic pulpotomy (excluding final restoration)	\$50.00
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$46.00
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$55.00
D3310	endodontic therapy, anterior tooth (excluding final restoration)	\$0.00
D3320	endodontic therapy, premolar tooth (excluding final restoration)	\$0.00
D3330	endodontic therapy, molar tooth (excluding final restoration)	\$60.00
D3346	retreatment of previous root canal therapy - anterior	\$0.00
D3347	retreatment of previous root canal therapy - bicuspid	\$0.00
D3348	retreatment of previous root canal therapy - molar	\$60.00
D3410	Apicoectomy - anterior	\$130.00
D3421	Apicoectomy - premolar (first root)	\$0.00
D3425	Apicoectomy - molar (first root)	\$430.00
D3426	Apicoectomy (each additional root)	\$91.00
D3430	retrograde filling - per root	\$0.00
D3450	root amputation - per root	\$50.00
D3471	surgical repair of root resorption - anterior	\$130.00
D3472	surgical repair of root resorption - premolar	\$0.00
D3473	surgical repair of root resorption - molar	\$430.00
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	\$130.00
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	\$130.00
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	\$130.00
D3911	intraorifice barrier	\$0.00
Periodo	ontics	
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$0.00
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$0.00
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bound spaces per quadrant	\$0.00
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$200.00
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$126.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$257.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$100.00
D4270	pedicle soft tissue graft procedure	\$134.00
D4277	free soft tissue graft procedure (including recipient and donor surgical sites)first tooth, implant, or edentulous tooth	\$143.00
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous position	\$143.00
D4341	periodontal scaling and root planing - four or more teeth per quadrant	\$0.00
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	\$0.00
D4346	scaling in presence of generalized moderate or severe gingival inflammation	\$0.00
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	\$6.00
D4910	periodontal maintenance	\$20.00



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ADA	Description	MEMBER PAYS
Prosthe	odontics, Removable	
D5110	complete denture - maxillary	\$75.00
D5120	complete denture - mandibular	\$75.00
D5130	immediate denture - maxillary	\$75.00
D5140	immediate denture - mandibular	\$75.00
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$75.00
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$75.00
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests	\$75.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rest	\$75.00
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$75.00
D5222	immediate mandibular partial denture - resin base	\$75.00
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materi	\$75.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping mater	\$75.00
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$75.00
D5226	mandibular partial denture - flexible base (including any retentive/clasping materials, rests, and teeth)	\$75.00
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$75.00
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$75.00
D5282	removable unil partial denture - one piece cast metal (includ retentive/clasping materials, rests, and teeth), maxillary	\$0.00
D5283	removable unil partial denture - one piece cast metal (incl. retentive/clasping materials, rests, and teeth), mandibular	\$0.00
D5284	removable unil. part denture - one piece flex. base (incl. retentive/clasping materials, rests, and teeth), per quadrant	\$0.00
D5286	removable unil. part denture - one piece resin (incl. retentive/clasping materials, rests, and teeth), per quadrant	\$0.00
D5410	adjust complete denture - maxillary	\$0.00
D5411	adjust complete denture - mandibular	\$0.00
D5421	adjust partial denture - maxillary	\$0.00
D5422	adjust partial denture - mandibular	\$0.00
D5511	repair broken complete denture base, mandibular	\$0.00
D5512	repair broken complete denture base, maxillary	\$0.00
D5520	replace missing or broken teeth - complete denture (each tooth)	\$0.00
D5611	repair resin partial denture base, mandibular	\$0.00
D5612	repair resin partial denture base, maxillary	\$0.00
D5621	repair cast partial framework, mandibular	\$0.00
D5622	repair cast partial framework, maxillary	\$0.00
D5630	repair or replace broken retentive/clasping materials - per tooth	\$0.00
D5640	replace broken teeth - per tooth	\$0.00
D5650	add tooth to existing partial denture	\$0.00
D5660	add clasp to existing partial denture - per tooth	\$0.00
D5710	rebase complete maxillary denture	\$30.00
D5711	rebase complete mandibular denture	\$30.00
D5720	rebase maxillary partial denture	\$30.00
D5721	rebase mandibular partial denture	\$30.00
D5725	rebase hybrid prosthesis	\$30.00
D5730	reline complete maxillary denture (direct)	\$30.00
D5731	reline complete mandibular denture (direct)	\$30.00
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ADA	Description	MEMBER PAYS
D5740	reline maxillary partial denture (direct)	\$30.00
D5741	reline mandibular partial denture (direct)	\$30.00
D5750	reline complete maxillary denture (indirect)	\$30.00
D5751	reline complete mandibular denture (indirect)	\$30.00
D5760	reline maxillary partial denture (indirect)	\$30.00
D5761	reline mandibular partial denture (indirect)	\$30.00
D5765	soft liner for complete or partial removable denture - indirect	\$50.00
D5850	tissue conditioning, maxillary	\$50.00
D5851	tissue conditioning, mandibular	\$50.00
Prostho	dontics, Fixed	
D6210	pontic - cast high noble metal	\$75.00
D6211	pontic - cast predominantly base metal	\$75.00
D6212	pontic - cast noble metal	\$75.00
D6240	pontic - porcelain fused to high noble metal	\$75.00
D6241	pontic - porcelain fused to predominantly base metal	\$75.00
D6242	pontic - porcelain fused to noble metal	\$75.00
D6243	pontic - porcelain fused to titanium and titanium alloys	\$75.00
D6250	pontic - resin with high noble metal	\$75.00
D6251	pontic - resin with predominantly base metal	\$75.00
D6252	pontic - resin with noble metal	\$75.00
D6545	retainer - cast metal for resin bonded fixed prosthesis	\$154.00
D6720	retainer crown - resin with high noble metal	\$75.00
D6721	retainer crown - resin with predominantly base metal	\$75.00
D6722	retainer crown - resin with noble metal	\$75.00
D6740	retainer crown-porcelain/ceramic	\$75.00
D6750	retainer crown - porcelain fused to high noble metal	\$75.00
D6751	retainer crown - porcelain fused to predominantly base metal	\$75.00
D6752	retainer crown - porcelain fused to noble metal	\$75.00
D6753	retainer crown - porcelain fused to titanium and titanium alloys	\$75.00
D6780	retainer crown - 3/4 cast high noble metal	\$75.00
D6784	retainer crown 3/4 - titanium and titanium alloys	\$75.00
D6790	retainer crown - full cast high noble metal	\$75.00
D6791	retainer crown - full cast predominantly base metal	\$75.00
D6792	retainer crown - full cast noble metal	\$75.00
D6930	recement or re-bond fixed partial denture	\$10.00
Oral Su	rgery	
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$10.00
D7210	extraction, erupted tooth req removal of bone, sectioning of tooth and including elevation of mucoperiosteal flap	\$15.00
D7220	removal of impacted tooth - soft tissue	\$20.00
D7230	removal of impacted tooth - partially bony	\$50.00
D7240	removal of impacted tooth - completely bony	\$135.00
D7241	removal of impacted tooth - completely bony, with unusual surgical	\$150.00



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ADA	Description	MEMBER PAYS
D7250	removal of residual tooth roots (cutting procedure)	\$50.00
D7251	coronectomy - intentional partial tooth removal, impacted teeth only	\$135.00
D7280	exposure of an unerupted tooth	\$100.00
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	\$50.00
D7286	incisional biopsy of oral tissue - soft (all others)	\$50.00
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0.00
D7311	alveoloplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	\$0.00
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0.00
D7410	excision of benign lesion up to 1.25 cm	\$60.00
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$0.00
D7510	incision and drainage of abscess - intraoral soft tissue	\$25.00
D7520	incision and drainage of abscess - extraoral soft tissue	\$25.00
D7961	buccal / labial frenectomy (frenulectomy)	\$0.00
D7962	lingual frenectomy (frenulectomy)	\$0.00
Orthod	ontics	
D8080	comprehensive orthodontic treatment of the adolescent dentition	\$0.00
D8670	periodic orthodontic treatment visit	\$40.00
Adjunc	tive General Services	
D9110	palliative treatment of dental pain - per visit	\$0.00
D9222	deep sedation/general anesthesia - first 15 minutes	\$35.00
D9223	deep sedation/general anesthesia-each 15 minute increment	\$35.00
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$0.00
D9951	occlusal adjustment - limited	\$100.00
D9952	occlusal adjustment - complete	\$100.00