

**UNITEDHEALTH CARE EXCLUSIVE NETWORK DENTAL PLAN  
BENEFITS AND COVERAGES-MEMBER COPAYMENTS**



		Plan Name	\$100B	\$200B	\$500B	\$700B	\$800B	300B	500B	800B
CDT codes	Description	Reference your Provider Contracted Fee Schedule	Member Copayment							
<b>I. DIAGNOSTIC</b>										
D0120	*Periodic oral evaluation - established patient		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0140	Limited oral evaluation - problem focused		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0145	*Oral evaluation for a patient under three years of age and counseling with primary caregiver		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0150	*Comprehensive oral evaluation - new or established patient		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0160	*Detailed and extensive oral evaluation - problem focused, by report		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0171	Re-evaluation – post-operative office visit		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0180	*Comprehensive periodontal evaluation - new or established patient		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0210	*Intraoral - complete series of radiographic images		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0220	Intraoral - periapical first radiographic image		\$4	\$4	\$4	\$4	\$4	\$4	\$4	\$4
D0230	Intraoral - periapical each additional radiographic image		\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2
D0240	Intraoral - occlusal radiographic image		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0250	Extra-oral – 2d projection radiographic image created using a stationary radiation source, and detector		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0251	*Extra-oral posterior dental radiographic image		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0270	*Bitewing - single radiographic image		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0272	*Bitewings - two radiographic images		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0273	*Bitewings - three radiographic images		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0274	*Bitewings - four radiographic images		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0277	*Vertical bitewings - 7 to 8 radiographic images		\$20	\$20	\$27	\$29	\$32	\$30	\$27	\$30
D0310	Sialography		\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
D0320	Temporomandibular joint arthrogram, including injection		\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250
D0321	Other temporomandibular joint radiographic images, by report		\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
D0322	*Tomographic survey		\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
D0330	*Panoramic radiographic image		\$35	\$35	\$45	\$50	\$50	\$50	\$45	\$50
D0340	2d cephalometric radiographic image – acquisition, measurement and analysis		\$75	\$75	\$100	\$125	\$162	\$150	\$100	\$150
D0350	2d oral/facial photographic image obtained intra-orally or extra-orally		\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
D0364	*Cone beam CT capture and interpretation with limited field of view – less than one whole jaw		\$140	\$140	\$147	\$169	\$152	\$140	\$147	\$140
D0365	*Cone beam CT capture and interpretation with field of view of one full dental arch – mandible		\$130	\$130	\$137	\$149	\$142	\$130	\$137	\$130
D0366	*Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium		\$130	\$130	\$137	\$139	\$142	\$130	\$137	\$130
D0367	*Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium		\$175	\$175	\$182	\$139	\$187	\$175	\$182	\$175
D0368	*Cone beam CT capture and interpretation for TMJ series including two or more exposures		\$130	\$130	\$137	\$184	\$142	\$130	\$137	\$130
D0369	*Maxillofacial MRI capture and interpretation		\$180	\$180	\$187	\$139	\$192	\$180	\$187	\$180
D0370	*Maxillofacial ultrasound capture and interpretation		\$160	\$160	\$167	\$189	\$172	\$160	\$167	\$160
D0371	*Sialoendoscopy capture and interpretation		\$160	\$160	\$167	\$169	\$172	\$160	\$167	\$160
D0380	*Cone beam CT image capture with limited field of view – less than one whole jaw		\$140	\$140	\$147	\$169	\$152	\$140	\$147	\$140

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D0381	*Cone beam CT image capture with field of view of one full dental arch – mandible		\$130	\$130	\$137	\$149	\$142	\$130	\$137	\$130
D0382	*Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium		\$130	\$130	\$137	\$139	\$142	\$130	\$137	\$130
D0383	*Cone beam CT image capture with field of view of both jaws; with or without cranium		\$175	\$175	\$182	\$139	\$187	\$175	\$182	\$175
D0384	*Cone beam CT image capture for TMJ series including two or more exposures		\$130	\$130	\$137	\$184	\$142	\$130	\$137	\$130
D0385	*Maxillofacial MRI image capture		\$160	\$160	\$167	\$139	\$172	\$160	\$167	\$160
D0386	*Maxillofacial ultrasound image capture		\$160	\$160	\$167	\$169	\$172	\$160	\$167	\$160
D0393	*Treatment simulation using 3d image volume		\$0	\$0	\$7	\$9	\$12	\$0	\$7	\$0
D0394	*Digital subtraction of two or more images or image volumes of the same modality		\$0	\$0	\$7	\$9	\$12	\$0	\$7	\$0
D0395	*Fusion of two or more 3d image volumes of one or more modalities		\$0	\$0	\$7	\$9	\$12	\$0	\$7	\$0
D0415	Collection of microorganisms for culture and sensitivity		\$0	\$0	\$0	\$0	\$0	\$20	\$0	\$0
D0425	Caries susceptibility tests		\$0	\$0	\$0	\$0	\$0	\$20	\$0	\$0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures		\$65	\$65	\$65	\$65	\$75	\$65	\$65	\$65
D0460	Pulp vitality tests		\$0	\$0	\$0	\$0	\$0	\$10	\$0	\$0
D0470	Diagnostic casts		\$0	\$0	\$0	\$0	\$0	\$25	\$0	\$0
D0472	Accession of tissue, gross examination, preparation and transmission of written report		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0502	Other oral pathology procedures, by report		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0601	Caries risk assessment and documentation, with a finding of low risk		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0602	Caries risk assessment and documentation, with a finding of moderate risk		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0603	Caries risk assessment and documentation, with a finding of high risk		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D0999	Unspecified diagnostic procedure, by report		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>II. PREVENTIVE</b>										
<b>*Additional Prophylaxis within 6 months will be based upon the necessity recommended by the provider.</b>										
D1110	Additional prophylaxis - adult		\$15	\$15	\$15	\$20	\$20	\$40	\$15	\$35
D1110	*Prophylaxis - adult		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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D1120	Additional prophylaxis - child		\$15	\$15	\$15	\$20	\$20	\$25	\$15	\$22
D1120	*Prophylaxis - child		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1206	*Topical application of fluoride varnish		\$5	\$5	\$10	\$15	\$20	\$25	\$10	\$20
D1208	*Topical application of fluoride – excluding varnish		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1310	Nutritional counseling for control of dental disease		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1320	Tobacco counseling for the control and prevention of oral disease		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1330	Oral hygiene instructions		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1351	*Sealant - per tooth		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1352	*Preventive resin restoration in a moderate to high caries risk patient – permanent tooth		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1353	Sealant repair – per tooth		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1354	*Interim caries arresting medicament application – per tooth		\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
D1510	*Space maintainer - fixed, unilateral - per quadrant		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1516	*Space maintainer – fixed – bilateral, maxillary		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1517	*Space maintainer – fixed – bilateral, mandibular		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1520	*Space maintainer - removable, unilateral - per quadrant		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1526	*Space maintainer – removable – bilateral, maxillary		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1527	*Space maintainer – removable – bilateral, mandibular		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D1551	Re-cement or re-bond bilateral space maintainer - maxillary		\$10	\$10	\$10	\$15	\$22	\$25	\$10	\$20
D1552	Re-cement or re-bond bilateral space maintainer - mandibular		\$10	\$10	\$10	\$15	\$22	\$25	\$10	\$20
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant		\$10	\$10	\$10	\$15	\$22	\$25	\$10	\$20
D1556	Removal of fixed unilateral space maintainer - per quadrant		\$10	\$10	\$10	\$15	\$22	\$25	\$10	\$20
D1557	Removal of fixed bilateral space maintainer - maxillary		\$10	\$10	\$10	\$15	\$22	\$25	\$10	\$20
D1558	Removal of fixed bilateral space maintainer - mandibular		\$10	\$10	\$10	\$15	\$22	\$25	\$10	\$20
D1575	Distal shoe space maintainer – fixed, unilateral - per quadrant		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>III. RESTORATIVE</b>										
* Copayments include the cost of material and laboratory fees.										
D2140	Amalgam - one surface, primary or permanent		\$0	\$0	\$0	\$0	\$16	\$0	\$0	\$12
D2150	Amalgam - two surfaces, primary or permanent		\$0	\$0	\$0	\$0	\$22	\$0	\$0	\$20
D2160	Amalgam - three surfaces, primary or permanent		\$0	\$0	\$0	\$0	\$26	\$60	\$0	\$23
D2161	Amalgam - four or more surfaces, primary or permanent		\$0	\$0	\$0	\$0	\$30	\$70	\$0	\$25
D2330	Resin-based composite - one surface, anterior		\$0	\$20	\$25	\$30	\$37	\$45	\$25	\$35
D2331	Resin-based composite - two surfaces, anterior		\$0	\$32	\$35	\$37	\$47	\$65	\$35	\$45
D2332	Resin-based composite - three surfaces, anterior		\$0	\$40	\$45	\$50	\$65	\$75	\$45	\$60
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)		\$0	\$70	\$75	\$80	\$87	\$88	\$75	\$85
D2390	Resin-based composite crown, anterior		\$0	\$100	\$105	\$115	\$130	\$125	\$105	\$125
D2391	Resin-based composite - one surface, posterior		\$0	\$45	\$55	\$65	\$72	\$70	\$55	\$70
D2392	Resin-based composite - two surfaces, posterior		\$0	\$65	\$70	\$75	\$82	\$80	\$70	\$80
D2393	Resin-based composite - three surfaces, posterior		\$0	\$80	\$85	\$90	\$97	\$95	\$85	\$95
D2394	Resin-based composite - four or more surfaces, posterior		\$0	\$95	\$105	\$115	\$122	\$120	\$105	\$120
D2410	Gold foil - one surface		\$65	\$65	\$70	\$75	\$75	\$75	\$70	\$75
D2420	Gold foil - two surfaces		\$90	\$90	\$92	\$95	\$95	\$95	\$92	\$95
D2430	Gold foil - three surfaces		\$120	\$120	\$120	\$125	\$125	\$125	\$120	\$125
D2510	Inlay - metallic - one surface		\$80	\$80	\$85	\$225	\$285	\$290	\$85	\$270
D2520	Inlay - metallic - two surfaces		\$90	\$90	\$96	\$235	\$285	\$300	\$96	\$270
D2530	Inlay - metallic - three or more surfaces		\$115	\$115	\$120	\$245	\$285	\$320	\$120	\$270

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D2542	Onlay - metallic - two surfaces		\$250	\$250	\$290	\$325	\$325	\$350	\$290	\$325
D2543	Onlay - metallic - three surfaces		\$270	\$270	\$300	\$340	\$340	\$375	\$300	\$340
D2544	Onlay - metallic - four or more surfaces		\$290	\$290	\$330	\$350	\$350	\$325	\$330	\$350
D2610	*Inlay - porcelain/ceramic - one surface		\$290*	290*	315*	\$340*	\$340*	\$350	\$315*	\$315*
D2620	*Inlay - porcelain/ceramic - two surfaces		\$315*	\$315*	\$340*	\$365*	\$365*	\$375	\$340*	\$340*
D2630	*Inlay - porcelain/ceramic - three or more surfaces		\$340*	\$340*	\$365*	\$390*	\$390*	\$375	\$365*	\$365*
D2642	*Onlay - porcelain/ceramic - two surfaces		\$375*	375*	400*	\$425*	\$425*	\$410	\$400*	\$400*
D2643	*Onlay - porcelain/ceramic - three surfaces		\$405*	405*	430*	\$455*	\$455*	\$440	\$430*	\$430*
D2644	*Onlay - porcelain/ceramic - four or more surfaces		\$415*	415*	440*	\$465*	\$465*	\$450	\$440*	\$440*
D2650	Inlay - resin-based composite - one surface		\$180	\$180	\$195	\$200	\$237	\$245	\$195	\$225
D2651	Inlay - resin-based composite - two surfaces		\$200	\$200	\$220	\$220	\$250	\$250	\$220	\$240
D2652	Inlay - resin-based composite - three or more surfaces		\$250	\$250	\$255	\$260	\$275	\$275	\$255	\$270
D2662	Onlay - resin-based composite - two surfaces		\$225	\$225	\$230	\$240	\$247	\$245	\$230	\$245
D2663	Onlay - resin-based composite - three surfaces		\$245	\$245	\$250	\$260	\$267	\$270	\$250	\$265
D2664	Onlay - resin-based composite - four or more surfaces		\$275	\$275	\$280	\$283	\$287	\$285	\$280	\$285
D2710	*Crown - resin-based composite (indirect)		\$195	\$195	\$195	\$195	\$195	\$195	\$195	\$195
D2712	*Crown - ¾ resin-based composite (indirect)		\$195	\$195	\$195	\$195	\$195	\$195	\$195	\$195
D2720	*Crown - resin with high noble metal		\$495*	\$495*	\$540*	\$545*	\$590*	\$450	\$540*	\$540*
D2721	*Crown - resin with predominantly base metal		\$405*	\$405*	\$450*	\$455*	\$500*	\$395	\$450*	\$450*
D2722	*Crown - resin with noble metal		\$470*	\$470*	\$515*	\$520*	\$565*	\$420	\$515*	\$515*
D2740	*Crown - porcelain/ceramic		\$505*	\$505*	\$550*	\$555*	\$600*	\$525	\$550*	\$550*
D2750	*Crown - porcelain fused to high noble metal		\$495*	\$495*	\$540*	\$545*	\$590*	\$495	\$540*	\$540*
D2751	*Crown - porcelain fused to predominantly base metal		\$405*	\$405*	\$450*	\$455*	\$500*	\$420	\$450*	\$450*
D2752	*Crown - porcelain fused to noble metal		\$470*	\$470*	\$515*	\$520*	\$565*	\$475	\$515*	\$515*
D2753	*Crown - porcelain fused to titanium and titanium alloys		\$470*	\$470*	\$515*	\$520*	\$565*	\$470	\$515*	\$515*
D2780	*Crown - 3/4 cast high noble metal		\$495*	\$495*	\$540*	\$545*	\$590*	\$425	\$540*	\$540*
D2781	*Crown - 3/4 cast predominantly base metal		\$405*	\$405*	\$450*	\$455*	\$500*	\$405	\$450*	\$450*
D2782	*Crown - 3/4 cast noble metal		\$470*	\$470*	\$515*	\$520*	\$565*	\$415	\$515*	\$515*
D2783	*Crown - 3/4 porcelain/ceramic		\$505*	\$505*	\$550*	\$555*	\$600*	\$450	\$550*	\$550*
D2790	*Crown - full cast high noble metal		\$495*	\$495*	\$540*	\$545*	\$590*	\$495	\$540*	\$540*
D2791	*Crown - full cast predominantly base metal		\$405*	\$405*	\$430*	\$455*	\$500*	\$420	\$430*	\$430*
D2792	*Crown - full cast noble metal		\$470*	\$405*	\$495*	\$520*	\$565*	\$480	\$495*	\$495*
D2794	*Crown - titanium and titanium alloys		\$470*	\$470*	\$515*	\$520*	\$565*	\$470	\$515*	\$515*
D2799	*Provisional crown— further treatment or completion of diagnosis necessary prior to final impression		\$125	\$125	\$125	\$125	\$125	\$130	\$125	\$125
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		\$10	\$10	\$10	\$15	\$15	\$25	\$10	\$15
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		\$10	\$10	\$10	\$20	\$20	\$25	\$10	\$20
D2920	Re-cement or re-bond crown		\$10	\$10	\$10	\$15	\$27	\$25	\$10	\$25
D2921	Reattachment of tooth fragment, incisal edge or cusp		\$10	\$10	\$10	\$15	\$27	\$10	\$10	\$25
D2929	*Prefabricated porcelain/ceramic crown – primary tooth		\$99*	\$99*	\$106*	\$114*	\$119*	34*	\$99*	\$99*
D2930	Prefabricated stainless steel crown - primary tooth		\$35	\$35	\$40	\$45	\$52	\$50	\$40	\$50
D2931	Prefabricated stainless steel crown - permanent tooth		\$40	\$40	\$40	\$55	\$85	\$95	\$40	\$75
D2932	Prefabricated resin crown		\$90	\$90	\$92	\$95	\$95	\$95	\$92	\$95
D2933	Prefabricated stainless steel crown with resin window		\$135	\$135	\$140	\$145	\$145	\$145	\$140	\$145
D2940	Protective restoration		\$5	\$5	\$10	\$15	\$22	\$40	\$10	\$20
D2941	Interim therapeutic restoration – primary dentition		\$5	\$5	\$10	\$15	\$20	\$20	\$10	\$20

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D2949	Restorative foundation for an indirect restoration		\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
D2950	Core buildup, including any pins when required		\$35	\$35	\$40	\$70	\$77	\$85	\$40	\$75
D2951	Pin retention - per tooth, in addition to restoration		\$10	\$10	\$12	\$15	\$22	\$20	\$12	\$20
D2952	Post and core in addition to crown, indirectly fabricated		\$80	\$80	\$85	\$88	\$97	\$135	\$85	\$95
D2953	Each additional indirectly fabricated post - same tooth		\$95	\$95	\$95	\$95	\$95	\$105	\$95	\$95
D2954	Prefabricated post and core in addition to crown		\$75	\$75	\$75	\$75	\$97	\$120	\$75	\$90
D2955	Post removal		\$20	\$20	\$25	\$30	\$37	\$35	\$25	\$35
D2957	Each additional prefabricated post - same tooth		\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30
D2960	Labial veneer (resin laminate) - chairside		\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200
D2961	Labial veneer (resin laminate) - laboratory		\$290*	\$290*	\$290*	\$320*	\$320*	\$255	\$290*	\$290*
D2962	*Labial veneer (porcelain laminate) - laboratory		\$415*	\$415*	\$415*	\$455*	\$455*	\$425	\$415*	\$415*
D2971	Additional procedures to construct new crown under existing partial denture framework		\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
D2975	Coping		\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95
D2980	Crown repair necessitated by restorative material failure		\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95
D2981	Inlay repair necessitated by restorative material failure		\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95
D2982	Onlay repair necessitated by restorative material failure		\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95
D2983	Veneer repair necessitated by restorative material failure		\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95
D2990	Resin infiltration of incipient smooth surface lesions		\$29	\$29	\$29	\$29	\$29	\$29	\$29	\$29
<b>IV. ENDODONTICS</b>										
D3110	Pulp cap - direct (excluding final restoration)		\$10	\$10	\$20	\$25	\$32	\$30	\$20	\$30
D3120	Pulp cap - indirect (excluding final restoration)		\$10	\$10	\$20	\$25	\$32	\$30	\$20	\$30
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament		\$20	\$20	\$25	\$30	\$45	\$65	\$25	\$40
D3221	Pulpal debridement, primary and permanent teeth		\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development		\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)		\$40	\$40	\$45	\$50	\$65	\$70	\$45	\$60
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)		\$40	\$40	\$40	\$50	\$57	\$60	\$40	\$55
D3310	Endodontic therapy, anterior tooth (excluding final restoration)		\$100	\$100	\$100	\$110	\$240	\$310	\$100	\$200
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		\$175	\$175	\$185	\$195	\$250	\$375	\$185	\$210
D3330	Endodontic therapy, molar tooth (excluding final restoration)		\$210	\$210	\$225	\$245	\$350	\$485	\$225	\$310
D3331	Treatment of root canal obstruction; non-surgical access		\$85	\$85	\$85	\$85	\$85	\$85	\$85	\$85
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		\$75	\$75	\$75	\$75	\$75	\$150	\$75	\$75
D3333	Internal root repair of perforation defects		\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
D3346	Retreatment of previous root canal therapy - anterior		\$250	\$250	\$280	\$300	\$375	\$375	\$280	\$350
D3347	Retreatment of previous root canal therapy - premolar		\$285	\$285	\$305	\$350	\$425	\$450	\$305	\$400
D3348	Retreatment of previous root canal therapy - molar		\$350	\$350	\$380	\$440	\$500	\$540	\$380	\$480
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)		\$90	\$90	\$90	\$90	\$90	\$110	\$90	\$90
D3352	Apexification/recalcification - interim medication replacement		\$90	\$90	\$90	\$90	\$90	\$110	\$90	\$90
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)		\$90	\$90	\$90	\$90	\$90	\$110	\$90	\$90
D3410	Apicoectomy - anterior		\$96	\$96	\$96	\$100	\$235	\$265	\$96	\$190

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		Plan Name	\$100B	\$200B	\$500B	\$700B	\$800B	300B	500B	800B
CDT codes	Description	Reference your Provider Contracted Fee Schedule	Member Copayment							
<b>I. DIAGNOSTIC</b>										
D3421	Apicoectomy - premolar (first root)		\$300	\$300	\$305	\$315	\$315	\$315	\$305	\$315
D3425	Apicoectomy - molar (first root)		\$150	\$150	\$320	\$340	\$347	\$350	\$320	\$345
D3426	Apicoectomy (each additional root)		\$75	\$75	\$80	\$95	\$102	\$110	\$80	\$100
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site		\$32	\$32	\$37	\$47	\$47	\$32	\$37	\$47
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site		\$25	\$25	\$32	\$42	\$42	\$25	\$32	\$42
D3430	Retrograde filling - per root		\$55	\$55	\$60	\$75	\$82	\$85	\$60	\$80
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery		\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery		\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
D3450	Root amputation - per root		\$85	\$85	\$100	\$110	\$170	\$195	\$100	\$150
D3460	Endodontic endosseous implant		\$535	\$535	\$542	\$545	\$549	\$535	\$542	\$542
D3470	Intentional reimplantation (including necessary splinting)		\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175
D3910	Surgical procedure for isolation of tooth with rubber dam		\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95
D3920	Hemisection (including any root removal), not including root canal therapy		\$80	\$80	\$85	\$90	\$112	\$145	\$85	\$105
D3950	Canal preparation and fitting of preformed dowel or post		\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
<b>V. PERIODONTICS</b>										
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant		\$175	\$175	\$175	\$175	\$182	\$195	\$175	\$180
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant		\$66	\$66	\$72	\$81	\$119	\$117	\$72	\$108
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		\$40	\$40	\$43	\$49	\$65	\$70	\$43	\$65
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant		\$163	\$163	\$187	\$195	\$217	\$230	\$187	\$210
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant		\$150	\$150	\$175	\$185	\$207	\$222	\$175	\$200
D4245	Apically positioned flap		\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
D4249	Clinical crown lengthening – hard tissue		\$175	\$175	\$175	\$230	\$245	\$250	\$175	\$240
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant		\$375	\$375	\$375	\$375	\$375	\$450	\$375	\$375
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant		\$325	\$325	\$325	\$325	\$325	\$420	\$325	\$325
D4263	Bone replacement graft – retained natural tooth – first site in quadrant		\$450	\$450	\$450	\$450	\$450	\$450	\$450	\$450
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant		\$325	\$325	\$325	\$325	\$325	\$325	\$325	\$325
D4265	Biologic materials to aid in soft and osseous tissue regeneration		\$325	\$325	\$325	\$325	\$325	\$325	\$325	\$325
D4266	Guided tissue regeneration - resorbable barrier, per site		\$325	\$325	\$325	\$325	\$325	\$325	\$325	\$325
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)		\$325	\$325	\$325	\$325	\$325	\$325	\$325	\$325
D4268	Surgical revision procedure, per tooth		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D4270	Pedicle soft tissue graft procedure		\$235	\$235	\$240	\$250	\$310	\$359	\$240	\$290

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BENEFITS AND COVERAGES-MEMBER COPAYMENTS**



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CDT codes	Description	Reference your Provider Contracted Fee Schedule	Member Copayment							
<b>I. DIAGNOSTIC</b>										
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft		\$280	\$280	\$300	\$335	\$417	\$395	\$300	\$390
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)		\$100	\$100	\$120	\$125	\$132	\$135	\$120	\$130
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		\$502	\$502	\$502	\$502	\$502	\$502	\$502	\$502
D4276	Combined connective tissue and double pedicle graft, per tooth		\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft		\$215	\$215	\$215	\$215	\$215	\$340	\$215	\$215
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		\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
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		\$250	\$250	\$268	\$299	\$372	\$353	\$268	\$348
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		\$392	\$392	\$392	\$392	\$392	\$392	\$392	\$392
D4320	Provisional splinting - intracoronal		\$100	\$100	\$115	\$115	\$115	\$115	\$115	\$115
D4321	Provisional splinting - extracoronal		\$100	\$100	\$105	\$105	\$105	\$105	\$105	\$105
D4341	*Periodontal scaling and root planing - four or more teeth per quadrant		\$36	\$36	\$45	\$50	\$80	\$80	\$45	\$70
D4342	*Periodontal scaling and root planing - one to three teeth per quadrant		\$29	\$29	\$35	\$43	\$55	\$60	\$35	\$50
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation		\$35	\$35	\$35	\$50	\$65	\$60	\$35	\$60
D4355	*Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit		\$35	\$35	\$35	\$50	\$65	\$60	\$35	\$60
D4381	*Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth		\$45	\$45	\$45	\$60	\$67	\$70	\$45	\$65
D4910	*Periodontal maintenance		\$40	\$40	\$45	\$50	\$72	\$55	\$45	\$65
D4910	*Periodontal maintenance - additional Perio maintenance		\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)		\$20	\$20	\$25	\$25	\$25	\$25	\$25	\$25
D4921	Gingival irrigation – per quadrant		\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
D4999	Unspecified periodontal procedure, by report		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>VI. PROSTHODONTICS, REMOVABLE</b>										
* Laboratory Upgrades including specialized services for Dentures are not covered. Copayments include Laboratory and Material fees										
D5110	*Complete denture - maxillary		\$435*	\$435*	\$485*	\$550*	\$727*	\$625	\$485*	\$485*
D5120	*Complete denture - mandibular		\$435*	\$435*	\$485*	\$550*	\$727*	\$625	\$485*	\$485*
D5130	*Immediate denture - maxillary		\$435*	\$435*	\$505*	\$575*	\$710*	\$695	\$505*	\$505*
D5140	*Immediate denture - mandibular		\$435*	\$435*	\$505*	\$575*	\$710*	\$695	\$505*	\$505*
D5211	*Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)		\$435*	\$435*	\$485*	\$625*	\$632*	\$450	\$485*	\$485*

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<b>I. DIAGNOSTIC</b>										
D5212	*Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)		\$435*	\$435*	\$485*	\$625*	\$632*	\$450	\$485*	\$485*
D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		\$445*	\$445*	\$505*	\$650*	\$732*	\$655	\$505*	\$505*
D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		\$445*	\$445*	\$505*	\$650*	\$732*	\$655	\$505*	\$505*
D5221	*Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		\$455*	\$455*	\$505*	\$645*	\$652*	\$470	\$505*	\$505*
D5222	*Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		\$455*	\$455*	\$505*	\$645*	\$652*	\$470	\$505*	\$505*
D5223	*Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		\$465*	\$465*	\$525*	\$670*	\$752*	\$675	\$525*	\$525*
D5224	*Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		\$465*	\$465*	\$525*	\$670*	\$752*	\$675	\$525*	\$525*
D5225	*Maxillary partial denture - flexible base (including any clasps, rests and teeth)		\$445*	\$445*	\$505*	\$650*	\$732*	\$655	\$505*	\$505*
D5226	*Mandibular partial denture - flexible base (including any clasps, rests and teeth)		\$445*	\$445*	\$505*	\$650*	\$732*	\$655	\$505*	\$505*
D5282	*Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary		\$460*	\$460*	\$465*	\$470*	\$485*	\$465	\$480*	\$480*
D5283	*Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular		\$460*	\$460*	\$465*	\$470*	\$485*	\$465	\$480*	\$480*
D5410	Adjust complete denture - maxillary		\$8	\$8	\$10	\$15	\$19	\$20	\$10	\$18
D5411	Adjust complete denture - mandibular		\$8	\$8	\$10	\$15	\$19	\$20	\$10	\$18
D5421	Adjust partial denture - maxillary		\$10	\$10	\$15	\$15	\$19	\$20	\$15	\$18
D5422	Adjust partial denture - mandibular		\$10	\$10	\$15	\$15	\$19	\$20	\$15	\$18
D5511	*Repair broken complete denture base, mandibular		\$65*	\$65*	\$65*	\$85*	\$107*	\$75	\$65*	\$100*
D5512	*Repair broken complete denture base, maxillary		\$65*	\$65*	\$65*	\$85*	\$107*	\$75	\$65*	\$100*
D5520	*Replace missing or broken teeth - complete denture (each tooth)		\$60*	\$60*	\$60*	\$85*	\$92*	\$70	\$60*	\$90*
D5611	*Repair resin partial denture base, mandibular		\$65*	\$65*	\$65*	\$85*	\$92*	\$50	\$65*	\$90*
D5612	*Repair resin partial denture base, maxillary		\$65*	\$65*	\$65*	\$85*	\$92*	\$50	\$65*	\$90*
D5621	*Repair cast partial framework, mandibular		\$80*	\$80*	\$80*	\$85*	\$107*	\$55	\$80*	\$100*
D5622	*Repair cast partial framework, maxillary		\$80*	\$80*	\$80*	\$85*	\$107*	\$55	\$80*	\$100*
D5630	*Repair or replace broken retentive clasping materials – per tooth		\$65*	\$65*	\$65*	\$85*	\$137*	\$55	\$65*	\$120*
D5640	*Replace broken teeth - per tooth		\$60*	\$60*	\$60*	\$85*	\$92*	\$45	\$60*	\$90*
D5650	*Add tooth to existing partial denture		\$80*	\$80*	\$80*	\$85*	\$122*	\$65	\$80*	\$110*
D5660	*Add clasp to existing partial denture - per tooth		\$80*	\$80*	\$80*	\$85*	\$137*	\$75	\$80*	\$120*
D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)		\$150*	\$150*	\$150*	\$205*	\$225*	\$220	\$150*	\$245*
D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)		\$150*	\$150*	\$150*	\$205*	\$225*	\$220	\$150*	\$245*
D5710	*Rebase complete maxillary denture		\$125*	\$125*	\$125*	\$185*	\$237*	\$195	\$125*	\$220*
D5711	*Rebase complete mandibular denture		\$125*	\$125*	\$125*	\$185*	\$237*	\$195	\$125*	\$220*
D5720	*Rebase maxillary partial denture		\$125*	\$125*	\$125*	\$205*	\$212*	\$175	\$125*	\$210*
D5721	*Rebase mandibular partial denture		\$125*	\$125*	\$125*	\$205*	\$212*	\$175	\$125*	\$210*

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<b>I. DIAGNOSTIC</b>										
D5730	*Reline complete maxillary denture (chairside)		\$95*	\$95*	\$95*	\$115*	\$167*	\$85	\$95*	\$150*
D5731	*Reline complete mandibular denture (chairside)		\$95*	\$95*	\$95*	\$115*	\$167*	\$85	\$95*	\$150*
D5740	*Reline maxillary partial denture (chairside)		\$95*	\$95*	\$95*	\$115*	\$152*	\$65	\$95*	\$140*
D5741	*Reline mandibular partial denture (chairside)		\$95*	\$95*	\$95*	\$115*	\$152*	\$65	\$95*	\$140*
D5750	*Reline complete maxillary denture (laboratory)		\$85*	\$85*	\$85*	\$135*	\$202*	\$150	\$85*	\$180*
D5751	*Reline complete mandibular denture (laboratory)		\$85*	\$85*	\$85*	\$135*	\$202*	\$150	\$85*	\$180*
D5760	*Reline maxillary partial denture (laboratory)		\$85*	\$85*	\$85*	\$135*	\$202*	\$110	\$85*	\$180*
D5761	*Reline mandibular partial denture (laboratory)		\$85*	\$85*	\$85*	\$135*	\$202*	\$110	\$85*	\$180*
D5810	*Interim complete denture (maxillary)		\$270*	\$270*	\$300*	\$300*	\$300*	\$250	\$300*	\$300*
D5811	*Interim complete denture (mandibular)		\$270*	\$270*	\$300*	\$300*	\$300*	\$250	\$300*	\$300*
D5820	*Interim partial denture (maxillary)		\$270*	\$270*	\$300*	\$225*	\$217*	\$250	\$300*	\$210*
D5821	*Interim partial denture (mandibular)		\$270*	\$270*	\$300*	\$225*	\$217*	\$250	\$300*	\$210*
D5850	Tissue conditioning, maxillary		\$25	\$25	\$25	\$20	\$50	\$55	\$25	\$40
D5851	Tissue conditioning, mandibular		\$25	\$25	\$25	\$20	\$50	\$55	\$25	\$40
D5862	Precision attachment, by report		\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
D5899	Unspecified removable prosthodontic procedure, by report		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D5982	*Surgical stent		\$325*	\$325*	\$370*	\$375*	\$380*	\$325	\$325*	\$325*
D5987	*Commissure splint		\$325*	\$325*	\$370*	\$375*	\$380*	\$325	\$325*	\$325*
D5988	*Surgical splint		\$325*	\$325*	\$370*	\$375*	\$380*	\$325	\$325*	\$325*
<b>VIII. IMPLANT SERVICES</b>										
D6010	*Surgical placement of implant body: endosteal implant		\$950	\$950	\$1,000	\$1,010	\$1,050	\$1,100	\$1,000	\$1,050
D6012	*Surgical placement of interim implant body for transitional prosthesis: endosteal implant		\$950	\$950	\$1,000	\$1,010	\$1,050	\$1,100	\$1,000	\$1,050
D6056	*Prefabricated abutment – includes modification and placement		\$385	\$385	\$435	\$440	\$475	\$520	\$435	\$475
D6057	*Custom fabricated abutment – includes placement		\$495	\$495	\$545	\$550	\$595	\$640	\$545	\$595
D6058	*Abutment supported porcelain/ceramic crown		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6059	*Abutment supported porcelain fused to metal crown (high noble metal)		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6060	*Abutment supported porcelain fused to metal crown (predominantly base metal)		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6061	*Abutment supported porcelain fused to metal crown (noble metal)		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6062	*Abutment supported cast metal crown (high noble metal)		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6063	*Abutment supported cast metal crown (predominantly base metal)		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6064	*Abutment supported cast metal crown (noble metal)		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6065	*Implant supported porcelain/ceramic crown		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6066	*Implant supported crown - porcelain fused to high noble alloys		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6067	*Implant supported crown - high noble alloys		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6068	*Abutment supported retainer for porcelain/ceramic fpd		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6069	*Abutment supported retainer for porcelain fused to metal fpd (high noble metal)		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6070	*Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal)		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6071	*Abutment supported retainer for porcelain fused to metal fpd (noble metal)		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6072	*Abutment supported retainer for cast metal fpd (high noble metal)		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795

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<b>I. DIAGNOSTIC</b>										
D6073	*Abutment supported retainer for cast metal fpd (predominantly base metal)		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6074	*Abutment supported retainer for cast metal fpd (noble metal)		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6075	*Implant supported retainer for ceramic fpd		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6076	*Implant supported retainer for FPD - porcelain fused to high noble alloys		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6077	*Implant supported retainer for metal FPD - high noble alloys		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments		\$180	\$180	\$180	\$180	\$180	\$180	\$180	\$180
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure		\$36	\$36	\$45	\$50	\$80	\$80	\$45	\$70
D6082	*Implant supported crown - porcelain fused to predominantly base alloys		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6083	*Implant supported crown - porcelain fused to noble alloys		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6084	*Implant supported crown - porcelain fused to titanium and titanium alloys		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6085	Provisional implant crown		\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
D6086	*Implant supported crown - predominantly base alloys		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6087	*Implant supported crown - noble alloys		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6088	*Implant supported crown - titanium and titanium alloys		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6090	Repair implant supported prosthesis, by report		\$400	\$400	\$400	\$400	\$400	\$400	\$400	\$400
D6092	Re-cement or re-bond implant/abutment supported crown		\$45	\$45	\$45	\$45	\$45	\$45	\$45	\$45
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture		\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
D6094	*Abutment supported crown - titanium and titanium alloys		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6095	Repair implant abutment, by report		\$220	\$220	\$220	\$220	\$220	\$220	\$220	\$220
D6096	Remove broken implant retaining screw		\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
D6097	*Abutment supported crown - porcelain fused to titanium and titanium alloys		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6098	*Implant supported retainer - porcelain fused to predominantly base alloys		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6099	*Implant supported retainer for FPD - porcelain fused to noble alloys		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6100	Implant removal, by report		\$700	\$700	\$700	\$700	\$700	\$700	\$700	\$700
D6110	*Implant /abutment supported removable denture for edentulous arch – maxillary		\$1,200	\$1,200	\$1,250	\$1,255	\$1,300	\$1,345	\$1,250	\$1,300
D6111	*Implant /abutment supported removable denture for edentulous arch – mandibular		\$1,200	\$1,200	\$1,250	\$1,255	\$1,300	\$1,345	\$1,250	\$1,300
D6112	*Implant /abutment supported removable denture for partially edentulous arch – maxillary		\$940	\$940	\$990	\$995	\$1,040	\$1,085	\$990	\$1,040
D6113	*Implant /abutment supported removable denture for partially edentulous arch – mandibular		\$940	\$940	\$990	\$995	\$1,040	\$1,085	\$990	\$1,040
D6114	*Implant /abutment supported fixed denture for edentulous arch –maxillary		\$3,800	\$3,800	\$3,850	\$3,855	\$3,900	\$3,945	\$3,850	\$3,900
D6115	*Implant /abutment supported fixed denture for edentulous arch –mandibular		\$3,800	\$3,800	\$3,850	\$3,855	\$3,900	\$3,945	\$3,850	\$3,900
D6116	*Implant /abutment supported fixed denture for partially edentulous arch – maxillary		\$2,200	\$2,200	\$2,250	\$2,255	\$2,300	\$2,345	\$2,250	\$2,300

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BENEFITS AND COVERAGES-MEMBER COPAYMENTS**



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CDT codes	Description	Reference your Provider Contracted Fee Schedule	Member Copayment							
<b>I. DIAGNOSTIC</b>										
D6117	*Implant /abutment supported fixed denture for partially edentulous arch – mandibular		\$2,200	\$2,200	\$2,250	\$2,255	\$2,300	\$2,345	\$2,250	\$2,300
D6118	*Implant/abutment supported interim fixed denture for edentulous arch – mandibular		\$1,760	\$1,760	\$1,800	\$1,804	\$1,840	\$1,876	\$1,800	\$1,840
D6119	*Implant/abutment supported interim fixed denture for edentulous arch – maxillary		\$1,760	\$1,760	\$1,800	\$1,804	\$1,840	\$1,876	\$1,800	\$1,840
D6120	*Implant supported retainer – porcelain fused to titanium and titanium alloys		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6121	*Implant supported retainer for metal FPD – predominantly base alloys		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6122	*Implant supported retainer for metal FPD – noble alloys		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6123	*Implant supported retainer for metal FPD – titanium and titanium alloys		\$695	\$695	\$745	\$750	\$795	\$840	\$745	\$795
D6190	Radiographic/surgical implant index, by report		\$235	\$235	\$235	\$235	\$235	\$235	\$235	\$235
<b>IX. PROSTHODONTICS, FIXED</b>										
* Copayments include the cost of material and laboratory fees.										
D6205	*Pontic - indirect resin based composite		\$695	\$695	\$745	\$750	\$795	\$695	\$745	\$695
D6210	*Pontic - cast high noble metal		\$495*	\$495*	\$520*	\$545*	\$590*	\$495	\$520*	\$590*
D6211	*Pontic - cast predominantly base metal		\$405*	\$405*	\$430*	\$455*	\$500*	\$420	\$430*	\$500*
D6212	*Pontic - cast noble metal		\$470*	\$470*	\$495*	\$520*	\$565*	\$475	\$495*	\$565*
D6214	*Pontic - titanium and titanium alloys		\$470*	\$470*	\$515*	\$520*	\$565*	\$475	\$515*	\$565*
D6240	*Pontic - porcelain fused to high noble metal		\$495*	\$495*	\$520*	\$545*	\$590*	\$495	\$540*	\$590*
D6241	*Pontic - porcelain fused to predominantly base metal		\$405*	\$405*	\$450*	\$455*	\$500*	\$420	\$450*	\$500*
D6242	*Pontic - porcelain fused to noble metal		\$470*	\$470*	\$515*	\$520*	\$565*	\$475	\$515*	\$565*
D6243	*Pontic - porcelain fused to titanium and titanium alloys		\$470*	\$470*	\$515*	\$520*	\$565*	\$475	\$515*	\$565*
D6245	*Pontic - porcelain/ceramic		\$505*	\$505*	\$550*	\$555*	\$600*	\$495	\$550*	\$600*
D6250	*Pontic - resin with high noble metal		\$495*	\$495*	\$520*	\$545*	\$590*	\$455	\$540*	\$590*
D6251	*Pontic - resin with predominantly base metal		\$405*	\$405*	\$450*	\$455*	\$500*	\$405	\$450*	\$500*
D6252	*Pontic - resin with noble metal		\$470*	\$470*	\$515*	\$520*	\$565*	\$420	\$515*	\$565*
D6253	*Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D6545	Retainer - cast metal for resin bonded fixed prosthesis		\$180	\$180	\$235	\$390	\$180	\$180	\$235	\$390
D6548	*Retainer - porcelain/ceramic for resin bonded fixed prosthesis		\$535*	\$535*	\$535*	\$535*	\$535*	\$495	\$535*	\$535*
D6600	Retainer inlay - porcelain/ceramic, two surfaces		\$260*	\$260*	\$305*	\$310*	\$355*	\$495	\$305*	\$305*
D6601	*Retainer inlay - porcelain/ceramic, three or more surfaces		\$260*	\$260*	\$305*	\$310*	\$355*	\$495	\$305*	\$305*
D6602	*Retainer inlay - cast high noble metal, two surfaces		\$340*	\$340*	\$385*	\$390*	\$435*	\$425	\$385*	\$385*
D6603	*Retainer inlay - cast high noble metal, three or more surfaces		\$340*	\$340*	\$385*	\$390*	\$435*	\$425	\$385*	\$385*
D6604	*Retainer inlay - cast predominantly base metal, two surfaces		\$250*	\$250*	\$295*	\$300*	\$345*	\$405	\$295*	\$345*
D6605	*Retainer inlay - cast predominantly base metal, three or more surfaces		\$250*	\$250*	\$295*	\$300*	\$345*	\$405	\$295*	\$345*
D6606	*Retainer inlay - cast noble metal, two surfaces		\$315*	\$315*	\$360*	\$365*	\$410*	\$420	\$360*	\$410*
D6607	*Retainer inlay - cast noble metal, three or more surfaces		\$315*	\$315*	\$360*	\$365*	\$410*	\$420	\$360*	\$410*
D6608	*Retainer onlay - porcelain/ceramic, two surfaces		\$260*	\$260*	\$305*	\$310*	\$355*	\$495	\$305*	\$355*
D6609	*Retainer onlay - porcelain/ceramic, three or more surfaces		\$260*	\$260*	\$305*	\$310*	\$355*	\$495	\$305*	\$355*
D6610	*Retainer onlay - cast high noble metal, two surfaces		\$340*	\$340*	\$385*	\$390*	\$435*	\$425	\$385*	\$435*
D6611	*Retainer onlay - cast high noble metal, three or more surfaces		\$340*	\$340*	\$385*	\$390*	\$435*	\$475	\$385*	\$435*
D6612	*Retainer onlay - cast predominantly base metal, two surfaces		\$250*	\$250*	\$295*	\$300*	\$345*	\$405	\$295*	\$345*
D6613	*Retainer onlay - cast predominantly base metal, three or more surfaces		\$250*	\$250*	\$295*	\$300*	\$345*	\$405	\$295*	\$345*

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<b>I. DIAGNOSTIC</b>										
D6614	*Retainer onlay - cast noble metal, two surfaces		\$315*	\$315*	\$360*	\$365*	\$410*	\$420	\$360*	\$410*
D6615	*Retainer onlay - cast noble metal, three or more surfaces		\$315*	\$315*	\$360*	\$365*	\$410*	\$420	\$360*	\$410*
D6624	*Retainer inlay - titanium		\$315*	\$315*	\$360*	\$365*	\$410*	\$495	\$360*	\$410*
D6634	*Retainer onlay - titanium		\$315*	\$315*	\$360*	\$365*	\$410*	\$420	\$360*	\$410*
D6710	*Retainer crown - indirect resin based composite		\$405*	\$405*	\$450*	\$455*	\$500*	\$195	\$450*	\$450*
D6720	*Retainer crown - resin with high noble metal		\$495*	\$495*	\$520*	\$545*	\$590*	\$455	\$540*	\$590*
D6721	*Retainer crown - resin with predominantly base metal		\$405*	\$405*	\$450*	\$455*	\$500*	\$405	\$450*	\$450*
D6722	*Retainer crown - resin with noble metal		\$470*	\$470*	\$515*	\$520*	\$565*	\$420	\$515*	\$515*
D6740	*Retainer crown - porcelain/ceramic		\$505*	\$505*	\$550*	\$555*	\$600*	\$495	\$550*	\$550*
D6750	*Retainer crown - porcelain fused to high noble metal		\$495*	\$495*	\$540*	\$545*	\$590*	\$495	\$540*	\$540*
D6751	*Retainer crown - porcelain fused to predominantly base metal		\$405*	\$405*	\$450*	\$455*	\$500*	\$420	\$450*	\$450*
D6752	*Retainer crown - porcelain fused to noble metal		\$470*	\$470*	\$515*	\$520*	\$565*	\$475	\$515*	\$515*
D6753	*Retainer crown - porcelain fused to titanium and titanium alloys		\$470*	\$470*	\$515*	\$520*	\$565*	\$250	\$515*	\$515*
D6780	*Retainer crown - 3/4 cast high noble metal		\$495*	\$495*	\$540*	\$545*	\$590*	\$425	\$540*	\$540*
D6781	*Retainer crown - 3/4 cast predominantly base metal		\$405*	\$405*	\$450*	\$455*	\$500*	\$405	\$450*	\$450*
D6782	*Retainer crown - 3/4 cast noble metal		\$470*	\$470*	\$515*	\$520*	\$565*	\$415	\$515*	\$515*
D6783	*Retainer crown - 3/4 porcelain/ceramic		\$505*	\$505*	\$550*	\$555*	\$600*	\$405	\$550*	\$550*
D6784	*Retainer crown ¼ - titanium and titanium alloys		\$470*	\$470*	\$515*	\$520*	\$565*	\$415	\$515*	\$515*
D6790	*Retainer crown - full cast high noble metal		\$495*	\$495*	\$520*	\$545*	\$590*	\$310	\$540*	\$590*
D6791	*Retainer crown - full cast predominantly base metal		\$405*	\$405*	\$430*	\$455*	\$500*	\$420	\$430*	\$430*
D6792	*Retainer crown - full cast noble metal		\$470*	\$470*	\$495*	\$520*	\$565*	\$475	\$515*	\$565*
D6793	*Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression		\$470	\$125	\$125	\$125	\$125	\$130	\$125	\$125
D6794	*Retainer crown - titanium and titanium alloys		\$470*	\$470*	\$515*	\$520*	\$565*	\$250	\$515*	\$515*
D6930	Re-cement or re-bond fixed partial denture		\$10	\$10	\$10	\$15	\$30	\$40	\$10	\$25
D6940	Stress breaker		\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
D6950	Precision attachment		\$125	\$125	\$195	\$195	\$195	\$195	\$195	\$195
D6980	Fixed partial denture repair necessitated by restorative material failure		\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80
<b>X. ORAL &amp; MAXILLOFACIAL SURGERY</b>										
D7111	Extraction, coronal remnants – primary tooth		\$45	\$45	\$45	\$50	\$65	\$70	\$45	\$60
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		\$10	\$10	\$10	\$20	\$35	\$75	\$10	\$30
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		\$25	\$25	\$25	\$30	\$105	\$120	\$25	\$80
D7220	Removal of impacted tooth - soft tissue		\$40	\$40	\$40	\$50	\$102	\$125	\$40	\$85
D7230	Removal of impacted tooth - partially bony		\$55	\$55	\$60	\$65	\$107	\$140	\$60	\$90
D7240	Removal of impacted tooth - completely bony		\$63	\$63	\$75	\$80	\$162	\$160	\$75	\$135
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		\$100	\$100	\$128	\$135	\$157	\$180	\$128	\$150
D7250	Removal of residual tooth roots (cutting procedure)		\$25	\$25	\$25	\$40	\$40	\$95	\$25	\$40
D7251	Coronectomy – intentional partial tooth removal		\$270	\$270	\$270	\$270	\$270	\$270	\$270	\$270
D7260	Oroantral fistula closure		\$160	\$160	\$160	\$160	\$160	\$160	\$160	\$160
D7261	Primary closure of a sinus perforation		\$275	\$275	\$275	\$275	\$275	\$275	\$275	\$275
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth		\$50	\$50	\$50	\$50	\$95	\$50	\$50	\$80

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<b>I. DIAGNOSTIC</b>										
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)		\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
D7280	Exposure of an unerupted tooth		\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
D7282	Mobilization of erupted or malpositioned tooth to aid eruption		\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
D7283	Placement of device to facilitate eruption of impacted tooth		\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)		\$115	\$115	\$115	\$125	\$155	\$150	\$115	\$145
D7286	Incisional biopsy of oral tissue-soft		\$60	\$60	\$75	\$85	\$100	\$95	\$75	\$95
D7287	Exfoliative cytological sample collection		\$50	\$50	\$65	\$75	\$85	\$85	\$65	\$85
D7288	Brush biopsy - transepithelial sample collection		\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report		\$30	\$30	\$30	\$40	\$40	\$95	\$30	\$40
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		\$20	\$20	\$20	\$40	\$40	\$95	\$20	\$40
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		\$20	\$20	\$20	\$40	\$40	\$95	\$20	\$40
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		\$50	\$50	\$50	\$60	\$157	\$190	\$50	\$125
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		\$50	\$50	\$50	\$60	\$157	\$190	\$50	\$125
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)		\$370	\$370	\$370	\$370	\$370	\$370	\$370	\$370
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		\$990	\$990	\$990	\$990	\$990	\$990	\$990	\$990
D7410	Excision of benign lesion up to 1.25 cm		\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
D7411	Excision of benign lesion greater than 1.25 cm		\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
D7412	Excision of benign lesion, complicated		\$55	\$55	\$55	\$55	\$55	\$55	\$55	\$55
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm		\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm		\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95
D7471	Removal of lateral exostosis (maxilla or mandible)		\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95
D7472	Removal of torus palatinus		\$95	\$95	\$95	\$95	\$65	\$95	\$95	\$95
D7473	Removal of torus mandibularis		\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95
D7485	Reduction of osseous tuberosity		\$95	\$95	\$95	\$95	\$95	\$95	\$95	\$95
D7510	Incision and drainage of abscess - intraoral soft tissue		\$20	\$20	\$20	\$20	\$20	\$55	\$20	\$20
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)		\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
D7520	Incision and drainage of abscess - extraoral soft tissue		\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)		\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
D7910	Suture of recent small wounds up to 5 cm		\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
D7921	Collection and application of autologous blood concentrate product		\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report		\$350	\$350	\$350	\$350	\$350	\$350	\$350	\$350
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach		\$800	\$800	\$800	\$800	\$800	\$800	\$800	\$800
D7952	Sinus augmentation via a vertical approach		\$350	\$350	\$350	\$350	\$350	\$350	\$350	\$350
D7953	Bone replacement graft for ridge preservation - per site		\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure		\$50	\$50	\$90	\$105	\$112	\$110	\$90	\$110

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<b>I. DIAGNOSTIC</b>										
D7963	Frenuloplasty		\$50	\$50	\$90	\$105	\$112	\$110	\$90	\$110
D7970	Excision of hyperplastic tissue - per arch		\$140	\$140	\$140	\$140	\$140	\$140	\$140	\$140
D7971	Excision of pericoronal gingiva		\$102	\$102	\$102	\$102	\$102	\$102	\$102	\$102
D7972	Surgical reduction of fibrous tuberosity		\$125	\$125	\$125	\$125	\$125	\$125	\$125	\$125
D8010	Limited orthodontic treatment of the primary dentition		\$1,000	\$1,000	\$1,000	\$1,000	\$1,375	NTCV	\$1,000	NTCV
D8020	Limited orthodontic treatment of the transitional dentition		\$1,000	\$1,000	\$1,000	\$1,000	\$1,375	NTCV	\$1,000	NTCV
D8030	Limited orthodontic treatment of the adolescent dentition		\$1,000	\$1,000	\$1,000	\$1,000	\$1,375	NTCV	\$1,000	NTCV
D8040	Limited orthodontic treatment of the adult dentition		\$1,350	\$1,350	\$1,350	\$1,350	\$1,800	NTCV	\$1,350	NTCV
D8070	Comprehensive orthodontic treatment of the transitional dentition		\$1,800	\$1,800	\$2,000	\$2,200	\$2,650	NTCV	\$2,000	NTCV
D8080	Comprehensive orthodontic treatment of the adolescent dentition		\$1,850	\$1,850	\$2,050	\$2,250	\$2,775	NTCV	\$2,050	NTCV
D8090	Comprehensive orthodontic treatment of the adult dentition		\$1,950	\$1,950	\$2,150	\$2,350	\$2,875	NTCV	\$2,150	NTCV
D8210	*Removable appliance therapy		\$103	\$103	\$103	\$103	\$103	\$103	\$103	\$103
D8220	*Fixed appliance therapy		\$103	\$103	\$103	\$103	\$103	\$103	\$103	\$103
D8660	Pre-orthodontic treatment examination to monitor growth and development		\$35	\$35	\$35	\$35	\$35	NTCV	\$35	NTCV
D8670	Periodic orthodontic treatment visit		\$0	\$0	\$0	\$0	\$0	NTCV	\$0	NTCV
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))		\$300	\$300	\$300	\$300	\$300	NTCV	\$300	NTCV
D8681	Removable orthodontic retainer adjustment		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D8698	Re-cement or re-bond fixed retainer – maxillary		\$0	\$0	\$0	\$0	\$0	NTCV	\$0	NTCV
D8699	Re-cement or re-bond fixed retainer – mandibular		\$0	\$0	\$0	\$0	\$0	NTCV	\$0	NTCV
D8999	Unspecified orthodontic procedure, by report		\$250	\$250	\$250	\$250	\$250	NTCV	\$250	NTCV
<b>XII. ADJUNCTIVE GENERAL SERVICES</b>										
D9110	Palliative (emergency) treatment of dental pain - minor procedure		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9120	Fixed partial denture sectioning		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9210	Local anesthesia not in conjunction with operative or surgical procedures		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9211	Regional block anesthesia		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9212	Trigeminal division block anesthesia		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9215	Local anesthesia in conjunction with operative or surgical procedures		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9222	Deep sedation/general anesthesia – first 15 minutes		\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes		\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment		\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
D9248	Non-intravenous conscious sedation		\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician		\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed		\$0	\$0	\$0	\$0	\$5	\$5	\$0	\$5
D9440	Office visit - after regularly scheduled hours		\$25	\$25	\$30	\$35	\$35	\$35	\$30	\$35
D9450	Case presentation, detailed and extensive treatment planning		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9610	Therapeutic parenteral drug, single administration		\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
D9630	Drugs or medicaments dispensed in the office for home use		\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
D9910	*Application of desensitizing medicament		\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20

Please confirm reimbursement amounts in your provider agreement. In the event of any conflict between this document and the provider agreement, the provider agreement shall control.

**UNITEDHEALTH CARE EXCLUSIVE NETWORK DENTAL PLAN  
BENEFITS AND COVERAGES-MEMBER COPAYMENTS**



		Plan Name	S100B	S200B	S500B	S700B	S800B	300B	500B	800B
CDT codes	Description	Reference your Provider Contracted Fee Schedule	Member Copayment							
<b>I. DIAGNOSTIC</b>										
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9932	Cleaning and inspection of removable complete denture, maxillary		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9933	Cleaning and inspection of removable complete denture, mandibular		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9934	Cleaning and inspection of removable partial denture, maxillary		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9935	Cleaning and inspection of removable partial denture, mandibular		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9942	Repair and/or reline of occlusal guard		\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
D9943	Occlusal guard adjustment		\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
D9944	*Occlusal guard – hard appliance, full arch		\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250
D9945	*Occlusal guard – soft appliance, full arch		\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250
D9946	*Occlusal guard – hard appliance, partial arch		\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250
D9950	Occlusion analysis - mounted case		\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
D9951	Occlusal adjustment - limited		\$25	\$25	\$25	\$30	\$30	\$30	\$25	\$30
D9952	Occlusal adjustment - complete		\$75	\$75	\$95	\$100	\$137	\$125	\$95	\$125
D9972	External bleaching - per arch - performed in office		\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
D9973	External bleaching - per tooth		\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays		\$240	\$240	\$240	\$240	\$240	\$240	\$240	\$240
D9986	Missed appointment		\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
D9991	Dental case management – addressing appointment compliance barriers		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9992	Dental case management – care coordination		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9993	Dental case management – motivational interviewing		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9994	Dental case management – patient education to improve oral health literacy		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D9997	Dental case management - patients with special health care needs		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**Footnotes:** Copays listed are also applicable in the specialist office with the exception of the Non-S plans . The member will receive a 25% discount off UCR. The 500B plan is limited to Ortho specialty coverage only.

**UNITEDHEALTH CARE/ EXCLUSIVE DENTAL NETWORK PLAN  
EXCLUSIONS AND LIMITATIONS**



**LIMITATION OF BENEFITS**

The following are the limitation of benefits, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

1. **BITEWING RADIOGRAPHS:** D0274, D0277 or D0210 are payable only when other inclusive image have not been take (paid) within the 1 six (6) months. All Bitewing X-rays are limited to one set in any twelve (12) consecutive month period.
2. **SPACE MAINTAINERS:** Space maintainers and all adjustments are limited to children under the age of 16
3. **Sealants:** Sealants (D1351 or D1352) are limited to one (1) time per tooth in any three (3) consecutive year period. This is only allowed for unrestored permanent molar teeth for children under the age of 16.
4. **RESTORATIONS (AMALGAM or COMPOSITE):** Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period for children under the age of 16.
5. **Occlusal Guard:** Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/Bruxism.
6. **GENERAL ANESTHESIA:** General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved.
7. **ADJUSTMENTS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES OR CROWNS:** All denture adjustments fees are for dentures which were not fabricated at the present office; All denture adjustment for new dentures made within twelve (12) months are included as part of the initial insertion.
8. **ORAL EVALUATION:** Any oral evaluation (excluding problem) is limited to one (1) time per consecutive six (6) months; Comprehensive exams can only be covered one (1) time per thirty-six (36) months, if and only if patient is considered to be new or an established patient. All subsequent oral evaluations will be at a 25% reduction off the dentist's usual and customary fee without a frequency limitation.
9. **CROWNS, FIXED BRIDGES, AND IMPLANTS:** When crown, implant and/or bridgework exceed six (6) consecutive unites, there will be an addition charge of \$30.00 per unit.
10. **THIRD MOLAR ("WISDOM TEETH") EXTRACTIONS:** Surgical removal of wisdom tooth covered when pathology (disease) exists. Surgical removal of wisdom teeth/3rd molar when pathology does not exist will be covered at 25% reduction off the doctor's usual and customary fees.
11. **PROPHYLAXIS AND PERIODONTAL MAINTENANCE:** The dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive six (6) month period. Any additional procedures will follow D1110 and D4910 Member Copayments as listed in the Schedule of Benefits.
12. **HARMFUL HABIT APPLIANCES:** Harmful habit appliances are limited to one (1) time per person under the age of 16.
13. **DENTURES:** New dentures include one (1) relin with the first six (6) months.
14. **REPLACEMENT OF CROWNS, IMPLANTS, AND FIXED BRIDGES OR DENTURES:** Replacement of crowns, implants, and fixed bridges or dentures is limited to one (1) time every consecutive five (5) years
15. **COST OF MATERIAL AND LAB FEES:**

Descriptions marked by "\*" include the cost of material and laboratory fees.

  - High noble metal (precious) up to \$145.00
  - Titanium metal up to \$120 (covered with proof of allergy to other metals)
  - Noble Metal (semi-precious) up to \$120.00
  - Predominantly base metal (non-precious) up to \$55.00
  - Crown laboratory fees up to \$155.00
  - Laboratory fees on dentures up to \$225.00
  - Porcelain laboratory fees for D2610-D2644, D2929, D2961, D2962, D660, D6601, D6608, and D6609 up to \$65.00
  - Denture repair laboratory fees up to \$50.00
  - All ceramic and or porcelain crown material fees up to \$155.00
16. **X-Rays:** Copies of X-rays can be obtained for \$2.00 per periapical image up to a maximum of \$30.00. Panoramic X-ray can be obtained for a \$15.00 fee.
17. **EMERGENCY TREATMENT:** Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
18. **ORTHO:** Member may choose Invisalign in place of traditional Orthodontic treatment and would pay the sum of the listed member Ortho co-pay plus the difference in cost for the enhanced treatment.
19. **RADIOGRAPHS:** D0364-D0365 is limited to one (1) time per sixty (60) months, covered only in a dental setting and not a radiographic imaging center

## UNITEDHEALTH CARE/ EXCLUSIVE DENTAL NETWORK PLAN EXCLUSIONS AND LIMITATIONS



### EXCLUSION OF BENEFITS

The following procedures and services are excluded and not covered services, unless otherwise specifically listed as covered benefit on this plan's schedule of benefits:

1. Dental services that are not Necessary.
2. Hospitalization or other facility charges.
3. Any Dental Procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
4. Reconstructive surgery, regardless of whether or not the surgery is incidental to dental disease, injury or Congenital Anomaly, when the primary purpose is to improve the physiological functioning of the involved part of the body.
5. Any Dental Procedure not directly associated with dental disease.
6. Any Dental Procedure not performed in a dental setting.
7. Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven and the treatment of that particular condition.
8. Setting or facial Bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
9. Replacement of complete dentures, fixed and removal partial dentures or crowns if damaged or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is Necessary because of the patient's non-compliance, the patient is liable for the cost of the replacement.
10. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jawbone surgery (including that related to the temporomandibular joint). No coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
11. Charges for failure to keep schedule appointment without giving the dental office 24 hours' notice.
12. Expenses for Dental Procedures begun prior to covered persons becoming enrolled under the policy.
13. Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
14. Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precious or precious attachments associated with the partial dentures, crown or bridge abutments full or partial overdentures, and internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
15. Occlusion guards used as safety items or to affect performance primarily in sports-related activities.
16. Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
17. Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
18. Orthodontic service Coverage does not include the installation of a space maintainer, any treatment related to the treatment of the temporomandibular joint or surgical procedures to correct the malocclusion, replacement of retainers, habit appliances, and any fixed or removable interceptive orthodontic appliance previously submitted for payment under the plan .
19. Foreign Services are not covered unless required as an Emergency.
20. Dental Services received as a result of war or any active war, whether declared or undeclared or caused during service in the armed forces of any country.
21. Drugs/medication, obtainable with or without prescription, unless they are dispensed and utilized in the dental office during the patient visit.
22. Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to be Covered.

### SPECIALTY BENEFITS

#### NON-S PLANS: 300B or 800B

- a. This Member Schedule of Benefits applies when listed dental services are performed by a participating General Dentist, unless otherwise authorized.
- b. Procedures not listed on the Schedule of Benefits that are performed by a participating General Dentist will be charged at a participating General Dentist's usual and customary fee less 25%.
- c. This Network General Dentist you select may not perform all procedures listed. The Co-payment shown applies to Network General Dentist
- d. Should services of a Network Specialty Dentist (NSD) (Oral Surgeon, Endodontist, Periodontist, or Pediatric Dentist) be necessary, you may go directly to a NSD with no referral and receive a 25% reduction off the provider's Usual and Customary Fee.
- e. Members seeking implant treatment should refer to their participating provider. Please refer to the provider listing at [www.MyUHC.com](http://www.MyUHC.com).

**UNITEDHEALTH CARE/ EXCLUSIVE DENTAL NETWORK PLAN  
EXCLUSIONS AND LIMITATIONS**



**S PLANS: S100B, S200B, S500B, S700B and S800B (500B ORTHO ONLY)**

- a. This Member Schedule of Benefits applies when listed dental services are performed by a participating General Dentist, unless otherwise authorized
- b. Procedures not listed on the Schedule of Benefits that are performed by a participating General Dentist will be charged at a participating General Dentist's usual and customary fee less 25%.
- c. This Network General Dentist you select may not perform all procedures listed. The Co-payment shown applies to Network General Dentist.  
Should services of a Network Specialty Dentist (NSD) (Oral Surgeon, Endodontist, Periodontist, or Pediatric Dentist) be necessary, you may receive this care in two ways:
- d. 1) You may go directly to a NSD with no referral and receive a 25% reduction off the provider's Usual and Customary Fee; or 2) You may obtain prior written authorization and receive specialty treatment by an approved NSD at the listed Co-payments.
- e. Should services of an Orthodontist be necessary, you may receive care in either of two ways: 1) You may go directly to a NSD with no referral and receive a 25% reduction off the provider's Usual and Customary Fee; or 2) You may contact Member Services to locate your nearest participating Orthodontist who will perform
- f. Members seeking implant treatment should refer to their participating provider. Not all providers perform the implant and implant related procedures at the Co-payment(s) listed on the Schedule of Benefits. Please refer to the provider listing at [www.MyUHC.com](http://www.MyUHC.com).

**UNITEDHEALTH CARE/EXCLUSIVE NETWORK DENTAL PLAN  
BENEFITS AND COVERAGES-MEMBER COPAYMENTS**



		Plan Name	
		S750B	S750B
CDT codes	Description	Reference your Provider Contracted Fee Schedule	Member Copayment
<b>I. Diagnostic</b>			
D0120	*Periodic oral evaluation - established patient		\$0
D0140	Limited oral evaluation - problem focused		\$0
D0145	*Oral evaluation for a patient under three years of age and counseling with primary caregiver		\$0
D0150	*Comprehensive oral evaluation - new or established patient		\$0
D0160	*Detailed and extensive oral evaluation - problem focused, by report		\$0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)		\$0
D0171	Re-evaluation - post-operative office visit		\$0
D0180	*Comprehensive periodontal evaluation - new or established patient		\$0
D0210	*Intraoral - complete series of radiographic images		\$0
D0220	Intraoral - periapical first radiographic image		\$4
D0230	Intraoral - periapical each additional radiographic image		\$2
D0240	Intraoral - occlusal radiographic image		\$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	*Bitewing - single radiographic image		\$0
D0272	*Bitewings - two radiographic images		\$0
D0273	*Bitewings - three radiographic images		\$0
D0274	*Bitewings - four radiographic images		\$0
D0277	*Vertical bitewings - 7 to 8 radiographic images		\$29
D0310	Sialography		\$150
D0320	Temporomandibular joint arthrogram, including injection		\$250
D0321	Other temporomandibular joint radiographic images, by report		\$150
D0322	Tomographic survey		\$150
D0330	*Panoramic radiographic image		\$50
D0340	2d cephalometric radiographic image - acquisition, measurement and analysis		\$125
D0350	2d oral/facial photographic image obtained intra-orally or extra-orally		\$20
D0364	*Cone beam CT capture and interpretation with limited field of view - less than one whole jaw		\$169
D0365	*Cone beam CT capture and interpretation with field of view of one full dental arch - mandible		\$149
D0366	*Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium		\$139
D0367	*Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium		\$139
D0368	*Cone beam CT capture and interpretation for TMJ series including two or more exposures		\$184
D0369	*Maxillofacial MRI capture and interpretation		\$139
D0370	*Maxillofacial ultrasound capture and interpretation		\$189
D0371	*Sialoendoscopy capture and interpretation		\$169
D0374	Intraoral Tomosynthesis-Periapical Radiograph Image		\$4
D0380	*Cone beam CT image capture with limited field of view - less than one whole jaw		\$169
D0381	*Cone beam CT image capture with field of view of one full dental arch - mandible		\$149
D0382	*Cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium		\$139
D0383	*Cone beam CT image capture with field of view of both jaws; with or without cranium		\$139
D0384	*Cone beam CT image capture for TMJ series including two or more exposures		\$184
D0389	Intraoral Tomosynthesis-Periapical Radiograph-image capture only		\$4
D0385	*Maxillofacial MRI image capture		\$139
D0386	*Maxillofacial ultrasound image capture		\$169
D0393	*Treatment simulation using 3d image volume		\$9
D0394	*Digital subtraction of two or more images or image volumes of the same modality		\$9
D0395	*Fusion of two or more 3d image volumes of one or more modalities		\$9
D0415	Collection of microorganisms for culture and sensitivity		\$0
D0425	Caries susceptibility tests		\$0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures		\$65
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 and microscopic examination, preparation and transmission of written report		\$0
D0474	Accession of tissue, gross and 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	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report		\$0
D0502	Other oral pathology procedures, by report		\$0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum		\$0
D0601	Caries risk assessment and documentation, with a finding of low risk		\$0
D0602	Caries risk assessment and documentation, with a finding of moderate risk		\$0
D0603	Caries risk assessment and documentation, with a finding of high risk		\$0
D0999	Unspecified diagnostic procedure, by report		\$0
<b>II. PREVENTIVE</b>			
<b>*Additional Prophylaxis within 6 months will be based upon the necessity recommended by the provider.</b>			
D1110	Additional prophylaxis - adult		\$0
D1110	*Prophylaxis - adult		\$0
D1120	Additional prophylaxis - child		\$20
D1120	*Prophylaxis - child		\$0
D1206	*Topical application of fluoride varnish		\$20
D1208	*Topical application of fluoride - excluding varnish		\$15
D1310	Nutritional counseling for control of dental disease		\$0
D1320	Tobacco counseling for the control and prevention of oral disease		\$0
D1330	Oral hygiene instructions		\$0
D1351	*Sealant - per tooth		\$0
D1352	*Preventive resin restoration in a moderate to high caries risk patient - permanent tooth		\$0
D1353	Sealant repair - per tooth		\$0
D1354	*Interim caries arresting medicament application - per tooth		\$0
D1510	*Space maintainer - fixed, unilateral - per quadrant		\$20
D1516	*Space maintainer - fixed - bilateral, maxillary		\$20
D1517	*Space maintainer - fixed - bilateral, mandibular		\$0
D1520	*Space maintainer - removable, unilateral - per quadrant		\$0
D1526	*Space maintainer - removable - bilateral, maxillary		\$0
D1527	*Space maintainer - removable - bilateral, mandibular		\$0

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D1551	Re-cement or re-bond bilateral space maintainer - maxillary		\$0
D1552	Re-cement or re-bond bilateral space maintainer - mandibular		\$0
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant		\$15
D1556	Removal of fixed unilateral space maintainer - per quadrant		\$15
D1557	Removal of fixed bilateral space maintainer - maxillary		\$15
D1558	Removal of fixed bilateral space maintainer - mandibular		\$15
D1575	Distal shoe space maintainer – fixed, unilateral - per quadrant		\$15
<b>III. RESTORATIVE</b>			
<b>* Copayments include the cost of material and laboratory fees.</b>			
D2140	Amalgam - one surface, primary or permanent		\$0
D2150	Amalgam - two surfaces, primary or permanent		\$0
D2160	Amalgam - three surfaces, primary or permanent		\$0
D2161	Amalgam - four or more surfaces, primary or permanent		\$0
D2330	Resin-based composite - one surface, anterior		\$30
D2331	Resin-based composite - two surfaces, anterior		\$37
D2332	Resin-based composite - three surfaces, anterior		\$50
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)		\$80
D2390	Resin-based composite crown, anterior		\$115
D2391	Resin-based composite - one surface, posterior		\$65
D2392	Resin-based composite - two surfaces, posterior		\$75
D2393	Resin-based composite - three surfaces, posterior		\$90
D2394	Resin-based composite - four or more surfaces, posterior		\$115
D2410	Gold foil - one surface		\$75
D2420	Gold foil - two surfaces		\$95
D2430	Gold foil - three surfaces		\$125
D2510	Inlay - metallic - one surface		\$225
D2520	Inlay - metallic - two surfaces		\$225
D2530	Inlay - metallic - three or more surfaces		\$245
D2542	Onlay - metallic - two surfaces		\$325
D2543	Onlay - metallic - three surfaces		\$340
D2544	Onlay - metallic - four or more surfaces		\$350
D2610	*Inlay - porcelain/ceramic - one surface		\$275
D2620	*Inlay - porcelain/ceramic - two surfaces		\$300
D2630	*Inlay - porcelain/ceramic - three or more surfaces		\$325
D2642	*Onlay - porcelain/ceramic - two surfaces		\$360
D2643	*Onlay - porcelain/ceramic - three surfaces		\$390
D2644	*Onlay - porcelain/ceramic - four or more surfaces		\$400
D2650	Inlay - resin-based composite - one surface		\$200
D2651	Inlay - resin-based composite - two surfaces		\$220
D2652	Inlay - resin-based composite - three or more surfaces		\$260
D2662	Onlay - resin-based composite - two surfaces		\$240
D2663	Onlay - resin-based composite - three surfaces		\$260
D2664	Onlay - resin-based composite - four or more surfaces		\$283
D2710	*Crown - resin-based composite (indirect)		\$195
D2712	*Crown - ¾ resin-based composite (indirect)		\$195
D2720	*Crown - resin with high noble metal		\$245*
D2721	*Crown - resin with predominantly base metal		\$245*
D2722	*Crown - resin with noble metal		\$245*
D2740	*Crown - porcelain/ceramic		\$245*
D2750	*Crown - porcelain fused to high noble metal		\$245*
D2751	*Crown - porcelain fused to predominantly base metal		\$245*
D2752	*Crown - porcelain fused to noble metal		\$245*
D2780	*Crown - 3/4 cast high noble metal		\$245*
D2781	*Crown - 3/4 cast predominantly base metal		\$245*
D2782	*Crown - 3/4 cast noble metal		\$245*
D2783	*Crown - 3/4 porcelain/ceramic		\$245*
D2790	*Crown - full cast high noble metal		\$245*
D2791	*Crown - full cast predominantly base metal		\$245*
D2792	*Crown - full cast noble metal		\$245*
D2794	*Crown - titanium and titanium alloys		\$245*
D2799	*Provisional crown– further treatment or completion of diagnosis necessary prior to final impression		\$125
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		\$15
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		\$20
D2920	Re-cement or re-bond crown		\$15
D2921	Reattachment of tooth fragment, incisal edge or cusp		\$15
D2929	*Prefabricated porcelain/ceramic crown – primary tooth		\$49*
D2930	Prefabricated stainless steel crown - primary tooth		\$45
D2931	Prefabricated stainless steel crown - permanent tooth		\$55
D2932	Prefabricated resin crown		\$95
D2933	Prefabricated stainless steel crown with resin window		\$145
D2940	Protective restoration		\$15
D2941	Interim therapeutic restoration – primary dentition		\$15
D2949	Restorative foundation for an indirect restoration		\$20
D2950	Core buildup, including any pins when required		\$70
D2951	Pin retention - per tooth, in addition to restoration		\$15
D2952	Post and core in addition to crown, indirectly fabricated		\$88
D2953	Each additional indirectly fabricated post - same tooth		\$95
D2954	Prefabricated post and core in addition to crown		\$15
D2955	Post removal		\$30
D2957	Each additional prefabricated post - same tooth		\$30
D2960	Labial veneer (resin laminate) - chairside		\$200
D2961	Labial veneer (resin laminate) - laboratory		\$255*
D2962	*Labial veneer (porcelain laminate) - laboratory		\$390*
D2971	Additional procedures to construct new crown under existing partial denture framework		\$45
D2975	Coping		\$95
D2980	Crown repair necessitated by restorative material failure		\$95
D2981	Inlay repair necessitated by restorative material failure		\$95
D2982	Onlay repair necessitated by restorative material failure		\$95
D2983	Veneer repair necessitated by restorative material failure		\$95
D2990	Resin infiltration of incipient smooth surface lesions		\$29
<b>IV. ENDODONTICS</b>			
D3110	Pulp cap - direct (excluding final restoration)		\$25
D3120	Pulp cap - indirect (excluding final restoration)		\$25
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament		\$30
D3221	Pulpal debridement, primary and permanent teeth		\$95
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development		\$75
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)		\$50
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)		\$50

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D3310	Endodontic therapy, anterior tooth (excluding final restoration)		\$110
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		\$195
D3330	Endodontic therapy, molar tooth (excluding final restoration)		\$245
D3331	Treatment of root canal obstruction; non-surgical access		\$85
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		\$75
D3333	Internal root repair of perforation defects		\$125
D3346	Retreatment of previous root canal therapy - anterior		\$300
D3347	Retreatment of previous root canal therapy - premolar		\$350
D3348	Retreatment of previous root canal therapy - molar		\$440
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)		\$90
D3352	Apexification/recalcification – interim medication replacement		\$90
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)		\$90
D3410	Apicoectomy - anterior		\$100
D3421	Apicoectomy - premolar (first root)		\$315
D3425	Apicoectomy - molar (first root)		\$340
D3426	Apicoectomy (each additional root)		\$95
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site		\$47
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site		\$42
D3430	Retrograde filling - per root		\$75
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery		\$150
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery		\$150
D3450	Root amputation - per root		\$110
D3460	Endodontic endosseous implant		\$545
D3470	Intentional reimplantation (including necessary splinting)		\$175
D3910	Surgical procedure for isolation of tooth with rubber dam		\$95
D3920	Hemisection (including any root removal), not including root canal therapy		\$90
D3950	Canal preparation and fitting of preformed dowel or post		
<b>V. PERIODONTICS</b>			
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant		\$75
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant		\$175
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		\$81
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant		\$49
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant		\$195
D4245	Apically positioned flap		\$185
D4249	Clinical crown lengthening – hard tissue		\$150
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant		\$230
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant		\$375
D4263	Bone replacement graft – retained natural tooth – first site in quadrant		\$325
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant		\$450
D4265	Biologic materials to aid in soft and osseous tissue regeneration		\$325
D4266	Guided tissue regeneration - resorbable barrier, per site		\$82
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)		\$325
D4268	Surgical revision procedure, per tooth		\$325
D4270	Pedicle soft tissue graft procedure		\$0
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft		\$250
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)		\$335
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		\$502
D4276	Combined connective tissue and double pedicle graft, per tooth		\$65
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft		\$215
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		\$75
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		\$299
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		\$392
D4286	Removal of Non-Resorbable Barrier		\$20
D4341	*Periodontal scaling and root planing - four or more teeth per quadrant		\$50†
D4342	*Periodontal scaling and root planing - one to three teeth per quadrant		\$43†
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation		\$0†
D4355	*Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit		\$50†
D4381	*Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth		\$60†
D4910	*Periodontal maintenance		\$0
D4910	*Periodontal maintenance - additional Perio maintenance		\$100^
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)		\$25
D4921	Gingival irrigation – per quadrant		\$15
D4999	Unspecified periodontal procedure, by report		\$0
<b>VI. PROSTHODONTICS, REMOVABLE</b>			
* Laboratory Upgrades including specialized services for Dentures are not covered. Copayments include Laboratory and Material fees			
D5110	*Complete denture - maxillary		\$325*
D5120	*Complete denture - mandibular		\$325*
D5130	*Immediate denture - maxillary		\$350*
D5140	*Immediate denture - mandibular		\$350*
D5211	*Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)		\$400*
D5212	*Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)		\$400*
D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		\$425*
D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		\$425*
D5221	*Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		\$420*
D5222	*Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		\$420*
D5223	*Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		\$445*
D5224	*Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		\$445*
D5225	*Maxillary partial denture - flexible base (including any clasps, rests and teeth)		\$425*
D5282	*Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary		\$245
D5283	*Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular		\$245
D5410	Adjust complete denture - maxillary		\$15
D5411	Adjust complete denture - mandibular		\$15
D5421	Adjust partial denture - maxillary		\$15

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D5422	Adjust partial denture - mandibular		\$15
D5511	*Repair broken complete denture base, mandibular		\$35
D5512	*Repair broken complete denture base, maxillary		\$35
D5520	*Replace missing or broken teeth - complete denture (each tooth)		\$35
D5611	*Repair resin partial denture base, mandibular		\$35
D5612	*Repair resin partial denture base, maxillary		\$35
D5621	*Repair cast partial framework, mandibular		\$35
D5622	*Repair cast partial framework, maxillary		\$35
D5630	*Repair or replace broken retentive clasping materials – per tooth		\$35
D5640	*Replace broken teeth - per tooth		\$35
D5650	*Add tooth to existing partial denture		\$35
D5660	*Add clasp to existing partial denture - per tooth		\$35
D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)		\$155
D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)		\$155*
D5710	*Rebase complete maxillary denture		\$135*
D5711	*Rebase complete mandibular denture		\$135*
D5720	*Rebase maxillary partial denture		\$155*
D5721	*Rebase mandibular partial denture		\$155*
D5730	*Reline complete maxillary denture (chairside)		\$65*
D5731	*Reline complete mandibular denture (chairside)		\$65*
D5740	*Reline maxillary partial denture (chairside)		\$65*
D5741	*Reline mandibular partial denture (chairside)		\$65*
D5750	*Reline complete maxillary denture (laboratory)		\$85*
D5751	*Reline complete mandibular denture (laboratory)		\$85*
D5760	*Reline maxillary partial denture (laboratory)		\$85*
D5761	*Reline mandibular partial denture (laboratory)		\$85*
D5810	*Interim complete denture (maxillary)		\$250*
D5811	*Interim complete denture (mandibular)		\$250*
D5820	*Interim partial denture (maxillary)		\$175*
D5821	*Interim partial denture (mandibular)		\$175*
D5850	Tissue conditioning, maxillary		\$20
D5851	Tissue conditioning, mandibular		\$20
D5862	Precision attachment, by report		\$150
D5899	Unspecified removable prosthodontic procedure, by report		\$0
D5982	*Surgical stent		\$150*
D5987	*Commissure splint		\$150*
D5988	*Surgical splint		\$150*
<b>VIII. IMPLANT SERVICES</b>			
D6010	*Surgical placement of implant body: endosteal implant		\$1010
D6012	*Surgical placement of interim implant body for transitional prosthesis: endosteal implant		\$1010
D6056	*Prefabricated abutment – includes modification and placement		\$440
D6057	*Custom fabricated abutment – includes placement		\$550
D6058	*Abutment supported porcelain/ceramic crown		\$750
D6059	*Abutment supported porcelain fused to metal crown (high noble metal)		\$750
D6060	*Abutment supported porcelain fused to metal crown (predominantly base metal)		\$750
D6061	*Abutment supported porcelain fused to metal crown (noble metal)		\$750
D6062	*Abutment supported cast metal crown (high noble metal)		\$750
D6063	*Abutment supported cast metal crown (predominantly base metal)		\$750
D6064	*Abutment supported cast metal crown (noble metal)		\$750
D6065	*Implant supported porcelain/ceramic crown		\$750
D6066	*Implant supported crown - porcelain fused to high noble alloys		\$750
D6067	*Implant supported crown - high noble alloys		\$750
D6068	*Abutment supported retainer for porcelain/ceramic fpd		\$750
D6069	*Abutment supported retainer for porcelain fused to metal fpd (high noble metal)		\$750
D6070	*Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal)		\$750
D6071	*Abutment supported retainer for porcelain fused to metal fpd (noble metal)		\$750
D6072	*Abutment supported retainer for cast metal fpd (high noble metal)		\$750
D6073	*Abutment supported retainer for cast metal fpd (predominantly base metal)		\$750
D6074	*Abutment supported retainer for cast metal fpd (noble metal)		\$750
D6075	*Implant supported retainer for ceramic fpd		\$750
D6076	*Implant supported retainer for FPD - porcelain fused to high noble alloys		\$750
D6077	*Implant supported retainer for metal FPD - high noble alloys		\$750
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments		\$180
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure		\$50.00
D6085	Provisional implant crown		\$125
D6090	Repair implant supported prosthesis, by report		\$400
D6092	Re-cement or re-bond implant/abutment supported crown		\$45
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture		\$65
D6094	*Abutment supported crown - titanium and titanium alloys		\$750
D6095	Repair implant abutment, by report		\$220
D6100	Implant removal, by report		\$700
D6110	*Implant /abutment supported removable denture for edentulous arch – maxillary		\$1255
D6111	*Implant /abutment supported removable denture for edentulous arch – mandibular		\$1255
D6112	*Implant /abutment supported removable denture for partially edentulous arch – maxillary		\$995
D6113	*Implant /abutment supported removable denture for partially edentulous arch – mandibular		\$995
D6114	*Implant /abutment supported fixed denture for edentulous arch –maxillary		\$3855
D6115	*Implant /abutment supported fixed denture for edentulous arch –mandibular		\$3855
D6116	*Implant /abutment supported fixed denture for partially edentulous arch – maxillary		\$2255
D6117	*Implant /abutment supported fixed denture for partially edentulous arch – mandibular		\$2255
D6118	*Implant/abutment supported interim fixed denture for edentulous arch – mandibular		\$1804
D6119	*Implant/abutment supported interim fixed denture for edentulous arch – maxillary		\$1804
D6120	*Implant supported retainer – porcelain fused to titanium and titanium alloys		\$695
D6121	*Implant supported retainer for metal FPD – predominantly base alloys		\$695
D6122	*Implant supported retainer for metal FPD – noble alloys		\$695
D6123	*Implant supported retainer for metal FPD – titanium and titanium alloys		\$695
D6190	Radiographic/surgical implant index, by report		\$235
<b>IX. PROSTHODONTICS, FIXED</b>			
<b>* Copayments include the cost of material and laboratory fees.</b>			
D6205	*Pontic - indirect resin based composite		\$750
D6210	*Pontic - cast high noble metal		\$245*
D6211	*Pontic - cast predominantly base metal		\$245*
D6212	*Pontic - cast noble metal		\$245*
D6214	*Pontic - titanium and titanium alloys		\$245*
D6240	*Pontic - porcelain fused to high noble metal		\$245*
D6241	*Pontic - porcelain fused to predominantly base metal		\$245*
D6242	*Pontic - porcelain fused to noble metal		\$245*
D6245	*Pontic - porcelain/ceramic		\$245*

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D6250	*Pontic - resin with high noble metal	\$245*
D6251	*Pontic - resin with predominantly base metal	\$245*
D6252	*Pontic - resin with noble metal	\$245*
D6253	*Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	\$0
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$390
D6548	*Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$225*
D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$245*
D6601	*Retainer inlay - porcelain/ceramic, three or more surfaces	\$245*
D6602	*Retainer inlay - cast high noble metal, two surfaces	\$245*
D6603	*Retainer inlay - cast high noble metal, three or more surfaces	\$245*
D6604	*Retainer inlay - cast predominantly base metal, two surfaces	\$245*
D6605	*Retainer inlay - cast predominantly base metal, three or more surfaces	\$245*
D6606	*Retainer inlay - cast noble metal, two surfaces	\$245*
D6607	*Retainer inlay - cast noble metal, three or more surfaces	\$245*
D6608	*Retainer onlay - porcelain/ceramic, two surfaces	\$245*
D6609	*Retainer onlay - porcelain/ceramic, three or more surfaces	\$245*
D6610	*Retainer onlay - cast high noble metal, two surfaces	\$245*
D6611	*Retainer onlay - cast high noble metal, three or more surfaces	\$245*
D6612	*Retainer onlay - cast predominantly base metal, two surfaces	\$245*
D6613	*Retainer onlay - cast predominantly base metal, three or more surfaces	\$245*
D6614	*Retainer onlay - cast noble metal, two surfaces	\$245*
D6615	*Retainer onlay - cast noble metal, three or more surfaces	\$245*
D6624	*Retainer inlay - titanium	\$245*
D6634	*Retainer onlay - titanium	\$245*
D6710	*Retainer crown - indirect resin based composite	\$245*
D6720	*Retainer crown - resin with high noble metal	\$245*
D6721	*Retainer crown - resin with predominantly base metal	\$245*
D6722	*Retainer crown - resin with noble metal	\$245*
D6740	*Retainer crown - porcelain/ceramic	\$245*
D6750	*Retainer crown - porcelain fused to high noble metal	\$245*
D6751	*Retainer crown - porcelain fused to predominantly base metal	\$245*
D6752	*Retainer crown - porcelain fused to noble metal	\$245*
D6780	*Retainer crown - 3/4 cast high noble metal	\$245*
D6781	*Retainer crown - 3/4 cast predominantly base metal	\$245*
D6782	*Retainer crown - 3/4 cast noble metal	\$245*
D6783	*Retainer crown - 3/4 porcelain/ceramic	\$245*
D6790	*Retainer crown - full cast high noble metal	\$245*
D6791	*Retainer crown - full cast predominantly base metal	\$245*
D6792	*Retainer crown - full cast noble metal	\$245*
D6793	*Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	\$125
D6794	*Retainer crown - titanium and titanium alloys	\$245*
D6930	Re-cement or re-bond fixed partial denture	\$15
D6940	Stress breaker	\$125
D6950	Precision attachment	\$195
D6980	Fixed partial denture repair necessitated by restorative material failure	\$80
<b>X. ORAL &amp; MAXILLOFACIAL SURGERY</b>		
D7111	Extraction, coronal remnants – primary tooth	\$50
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$20
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$30
D7220	Removal of impacted tooth - soft tissue	\$50
D7230	Removal of impacted tooth - partially bony	\$65
D7240	Removal of impacted tooth - completely bony	\$80
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$135
D7250	Removal of residual tooth roots (cutting procedure)	\$40
D7251	Coronectomy – intentional partial tooth removal	\$270
D7260	Oroantral fistula closure	\$160
D7261	Primary closure of a sinus perforation	\$275
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$50
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$100
D7280	Exposure of an unerupted tooth	\$125
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$125
D7283	Placement of device to facilitate eruption of impacted tooth	\$80
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$125
D7286	Incisional biopsy of oral tissue-soft	\$85
D7287	Exfoliative cytological sample collection	\$75
D7288	Brush biopsy - transepithelial sample collection	\$25
D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report	\$40
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$40
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$40
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$60
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$60
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$370
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$990
D7410	Excision of benign lesion up to 1.25 cm	\$25
D7411	Excision of benign lesion greater than 1.25 cm	\$50
D7412	Excision of benign lesion, complicated	\$55
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$65
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$95
D7471	Removal of lateral exostosis (maxilla or mandible)	\$95
D7472	Removal of torus palatinus	\$95
D7473	Removal of torus mandibularis	\$95
D7485	Reduction of osseous tuberosity	\$95
D7510	Incision and drainage of abscess - intraoral soft tissue	\$20
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$20
D7520	Incision and drainage of abscess - extraoral soft tissue	\$20
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$20
D7910	Suture of recent small wounds up to 5 cm	\$35
D7921	Collection and application of autologous blood concentrate product	\$125
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	\$350
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$800
D7952	Sinus augmentation via a vertical approach	\$350
D7953	Bone replacement graft for ridge preservation - per site	\$100
D7963	Frenuloplasty	\$105
D7970	Excision of hyperplastic tissue - per arch	\$140
D7971	Excision of pericoronal gingiva	\$102
D7972	Surgical reduction of fibrous tuberosity	\$125

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D8010	Limited orthodontic treatment of the primary dentition		\$1000
D8020	Limited orthodontic treatment of the transitional dentition		\$1000
D8030	Limited orthodontic treatment of the adolescent dentition		\$1000
D8040	Limited orthodontic treatment of the adult dentition		\$1350
D8070	Comprehensive orthodontic treatment of the transitional dentition		\$2200
D8080	Comprehensive orthodontic treatment of the adolescent dentition		\$2250
D8090	Comprehensive orthodontic treatment of the adult dentition		\$2350
D8210	*Removable appliance therapy		\$103
D8220	*Fixed appliance therapy		\$103
D8660	Pre-orthodontic treatment examination to monitor growth and development		\$35
D8670	Periodic orthodontic treatment visit		\$0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))		\$300.00
D8681	Removable orthodontic retainer adjustment		\$0
D8698	Re-cement or re-bond fixed retainer – maxillary		\$0
D8699	Re-cement or re-bond fixed retainer – mandibular		\$0
D8999	Unspecified orthodontic procedure, by report		\$0
<b>XII. ADJUNCTIVE GENERAL SERVICES</b>			
D9110	Palliative (emergency) treatment of dental pain - minor procedure		\$0
D9120	Fixed partial denture sectioning		\$0
D9210	Local anesthesia not in conjunction with operative or surgical procedures		\$0
D9211	Regional block anesthesia		\$0
D9212	Trigeminal division block anesthesia		\$0
D9215	Local anesthesia in conjunction with operative or surgical procedures		\$0
D9222	Deep sedation/general anesthesia – first 15 minutes		\$50
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		\$50
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		\$20
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes		\$65
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment		\$65
D9248	Non-intravenous conscious sedation		\$15
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician		\$25
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed		\$0
D9440	Office visit - after regularly scheduled hours		\$35
D9450	Case presentation, detailed and extensive treatment planning		\$0
D9610	Therapeutic parenteral drug, single administration		\$15
D9630	Drugs or medicaments dispensed in the office for home use		\$15
D9910	*Application of desensitizing medicament		\$20
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth		\$0
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report		\$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 partial denture, maxillary		\$0
D9935	Cleaning and inspection of removable partial denture, mandibular		\$0
D9942	Repair and/or reline of occlusal guard		\$40
D9943	Occlusal guard adjustment		\$25
D9944	*Occlusal guard – hard appliance, full arch		\$250
D9945	*Occlusal guard – soft appliance, full arch		\$250
D9946	*Occlusal guard – hard appliance, partial arch		\$250
D9947	Custom Sleep Apnea Appliance Fabrication and Placement		\$1,900
D9948	Adjustment of custom sleep apnea appliance		\$85
D9949	Repair of sleep apnea appliance		\$85
D9950	Occlusion analysis - mounted case		\$75
D9951	Occlusal adjustment - limited		\$30
D9952	Occlusal adjustment - complete		\$100
D9972	External bleaching - per arch - performed in office		\$150
D9973	External bleaching - per tooth		\$30
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays		\$240
D9986	Missed appointment		\$25
D9991	Dental case management – addressing appointment compliance barriers		\$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



## UNITEDHEALTH CARE/ EXCLUSIVE DENTAL NETWORK PLAN

### LIMITATION OF BENEFITS

The following are the limitation of benefits, unless otherwise specifically listed as a covered benefit on this Plan's

- BITEWING RADIOGRAPHS:** D0274, D0277 or D0210 are payable only when other inclusive image have not been taken
- SPACE MAINTAINERS:** Space maintainers and all adjustments are limited to children under the age of 16.
- SEALANTS:** Sealants (D1351 or D1353) are limited to one (1) time per tooth in any three (3) consecutive year period. This is only allowed for unrestored permanent molar teeth for children under the age of 16.
- FLUORIDE TREATMENT:** Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period for children under the age of 16
- OCCUSAL GUARDS:** Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/Bruxism.
- GENERAL ANESTHESIA:** General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved.
- ADJUSTMENTS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES OR CROWNS:** All denture adjustment fees are for dentures which were not fabricated at the present office; All denture adjustment for new dentures made within 12 months are included as part of the initial insertion.
- ORAL EVALUATION:** Any oral evaluation (excluding problem) is limited to One (1) time per consecutive six (6) months; Comprehensive exams can only be covered one (1) time per 36 months, if and only if patient is considered to be new or an established patient. All subsequent oral evaluations will be at a 25% reduction off the dentist's usual and customary fee without a frequency limitation.
- CROWNS, FIXED BRIDGES, AND IMPLANTS:** When crown, implant and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.

10. **THIRD-MOLAR ("WISDOM TEETH") EXTRACTIONS:** Surgical removal of wisdom tooth covered when pathology (disease) exists. Surgical removal of wisdom teeth/3rd molar when pathology does not exist will be covered at 25% off of the general dentists or specialists usual and customary fees. Orthodontic related surgeries (except D7280) needed to relieve crowding or to facilitate eruption are available at a 25% reduction off of the doctor's usual and customary fees.
11. **PROPHYLAXIS AND PERIODONTAL MAINTENANCE:** The dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive six (6) month period. Any additional procedures will follow D1110 and D4910 Member copayments as listed in the Schedule of Benefits.
12. **HARMFUL HABIT APPLIANCES:** Harmful habit appliances are limited to one (1) time per person under the age of 16.
13. **DENTURES:** New dentures include one (1) reline within the first six (6) months.
14. **REPLACEMENT OF CROWNS, IMPLANTS, AND FIXED BRIDGES OR DENTURES:** Replacement of crowns, implants, and fixed bridges or dentures is limited to one (1) time every consecutive five (5) years.
15. **X-RAYS:** Copies of X-rays can be obtained for \$2 per periapical image up to a maximum of \$30. Panoramic X-ray can be obtained for a \$15 fee.
16. **EMERGENCY TREATMENT:** Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
17. **ORTHO:** Member may choose Invisalign in place of traditional Orthodontic treatment, and would pay the sum of the listed member Ortho co-pay plus the difference in cost for the enhanced treatment.
18. **RADIOGRAPHS:** D0364-D0365 is limited to 1 time per 60 months, covered only in a dental setting and not in a radiographic imaging center.

#### EXCLUSION OF BENEFITS

The following procedures and services are excluded and not covered services, unless otherwise specifically listed a

1. Dental Services that are not Necessary.
2. Hospitalization or other facility charges.
3. Any Dental Procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)  
Reconstructive surgery, regardless of whether or not the surgery is incidental to a dental disease, injury, or Congenital Anomaly, when the primary purpose is to improve physiological functioning of the involved part of the body.
4. Any Dental Procedure not directly associated with dental disease.
5. Any Dental Procedure not performed in a dental setting.  
Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
6. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
7. Replacement of complete dentures, fixed and removable partial dentures or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement.  
Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
8. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
9. Expenses for Dental Procedures begun prior to the Covered Person becoming enrolled under the Policy.
10. Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
11. Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision or precision attachments associated with partial
12. Occlusal guards used as safety items or to affect performance primarily in sports-related activities.
13. Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
14. Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.  
Orthodontic service Coverage does not include the installation of a space maintainer, any treatment related to treatment of the temporomandibular joint, or a surgical procedure to correct a malocclusion, replacement of retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances previously submitted for payment under the plan.
15. Foreign Services are not Covered unless required as an Emergency.
16. Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
17. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.

22. Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.

## **SPECIALTY BENEFITS**

### **S PLANS: S50B**

- a. This Member Schedule of Benefits applies when listed dental services are performed by a participating General Dentist, unless otherwise authorized
- b. Procedures not listed on the Schedule of Benefits that are performed by a participating General Dentist will be charged at a participating General Dentist's usual and customary fee less 25%.
- c. This Network General Dentist you select may not perform all procedures listed. The Co-payment shown applies to Network General Dentist.  
Should services of a Network Specialty Dentist (NSD) (Oral Surgeon, Endodontist, Periodontist, or Pediatric Dentist) be necessary, you may receive this care in two ways: 1) You may go directly to a NSD with no referral and receive a 25% reduction off the provider's Usual and Customary Fee; or 2) You may obtain prior written authorization and receive specialty treatment by an approved NSD at the listed Co-payments.
- d. Should services of an Orthodontist be necessary, you may receive care in either of two ways: 1) You may go directly to a NSD with no referral and receive a 25% reduction off the provider's Usual and Customary Fee; or 2) You may contact Member Services to locate your nearest participating Orthodontist who will perform
- e. Members seeking implant treatment should refer to their participating provider. Not all providers perform the implant and implant related procedures at the Co-payment(s) listed on the Schedule of Benefits. Please refer to the provider listing at [www.MyUHC.com](http://www.MyUHC.com).
- f.

**UNITEDHEALTH CARE/EXCLUSIVE NETWORK DENTAL PLAN  
BENEFITS AND COVERAGES-MEMBER COPAYMENTS**



CUSTOMER SERVICE PHONE NUMBER 1-888-522-5353		Plan Name	\$50B
CDT codes not listed are not a covered benefit		Specialty Referral:	Direct
CDT codes	Description	Reference your Provider Contracted Fee Schedule or Minimum Guarantee	Member Copayment
<b>I. Diagnostic</b>			
D0120	*Periodic oral evaluation - established patient	\$22	\$0
D0140	Limited oral evaluation - problem focused	\$25	\$0
D0145	*Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0	\$0
D0150	*Comprehensive oral evaluation - new or established patient	\$35	\$0
D0160	*Detailed and extensive oral evaluation - problem focused, by report	\$0	\$0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$20	\$0
D0171	Re-evaluation - post-operative office visit	\$0	\$0
D0180	*Comprehensive periodontal evaluation - new or established patient	\$0	\$0
D0210	*Intraoral - complete series of radiographic images	\$28	\$0
D0220	Intraoral - periapical first radiographic image	\$4	\$0
D0230	Intraoral - periapical each additional radiographic image	\$2	\$0
D0240	Intraoral - occlusal radiographic image	\$13	\$0
D0250	Extra-oral - 2d projection radiographic image created using a stationary radiation source, and detector	\$15	\$0
D0251	*Extra-oral posterior dental radiographic image	\$15	\$0
D0270	*Bitewing - single radiographic image	\$12	\$0
D0272	*Bitewings - two radiographic images	\$18	\$0
D0273	*Bitewings - three radiographic images	\$21	\$0
D0274	*Bitewings - four radiographic images	\$28	\$0
D0277	*Vertical bitewings - 7 to 8 radiographic images	\$27	\$0
D0310	Sialography	\$150	\$0
D0320	Temporomandibular joint arthrogram, including injection	\$250	\$0
D0321	Other temporomandibular joint radiographic images, by report	\$150	\$0
D0322	Tomographic survey	\$150	\$0
D0330	*Panoramic radiographic image	\$45	\$0
D0340	2d cephalometric radiographic image - acquisition, measurement and analysis	\$100	\$0
D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	\$20	\$0
D0364	*Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	\$147	\$0
D0365	*Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	\$137	\$0
D0366	*Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	\$137	\$0
D0367	*Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	\$182	\$0
D0368	*Cone beam CT capture and interpretation for TMJ series including two or more exposures	\$137	\$0
D0369	*Maxillofacial MRI capture and interpretation	\$187	\$0
D0370	*Maxillofacial ultrasound capture and interpretation	\$167	\$0
D0371	*Sialoendoscopy capture and interpretation	\$167	\$0
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images	\$20	\$0
D0373	Intraoral tomosynthesis - bitewing radiographic image	\$20	\$0
D0374	Intraoral Tomosynthesis-Periapical Radiograph Image	\$10	\$0
D0380	*Cone beam CT image capture with limited field of view - less than one whole jaw	\$147	\$0
D0381	*Cone beam CT image capture with field of view of one full dental arch - mandible	\$137	\$0
D0382	*Cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	\$137	\$0
D0383	*Cone beam CT image capture with field of view of both jaws; with or without cranium	\$182	\$0
D0384	*Cone beam CT image capture for TMJ series including two or more exposures	\$137	\$0
D0385	*Maxillofacial MRI image capture	\$167	\$0
D0386	*Maxillofacial ultrasound image capture	\$167	\$0
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	\$10	\$0
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only	\$10	\$0
D0389	Intraoral Tomosynthesis-Periapical Radiograph-image capture only	\$10	\$0
D0393	*Treatment simulation using 3d image volume	\$7	\$0
D0394	*Digital subtraction of two or more images or image volumes of the same modality	\$7	\$0
D0395	*Fusion of two or more 3d image volumes of one or more modalities	\$7	\$0
D0415	Collection of microorganisms for culture and sensitivity	\$0	\$0
D0425	Caries susceptibility tests	\$0	\$0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$65	\$0
D0460	Pulp vitality tests	\$0	\$0
D0470	Diagnostic casts	\$0	\$0
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$0	\$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0	\$0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0	\$0
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	\$0	\$0
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	\$0	\$0
D0502	Other oral pathology procedures, by report	\$0	\$0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	\$0	\$0
D0601	Caries risk assessment and documentation, with a finding of low risk	\$0	\$0
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0	\$0
D0603	Caries risk assessment and documentation, with a finding of high risk	\$0	\$0
D0701	Panoramic radiographic image - image capture only	\$45	\$0
D0702	2-D cephalometric radiographic image - image capture only	\$100	\$0
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	\$20	\$0
D0704	Extra-oral posterior dental radiographic image - image capture only	\$10	\$0
D0705	Intraoral - occlusal radiographic image - image capture only	\$10	\$0
D0706	Intraoral - occlusal radiographic image - image capture only	\$2	\$0
D0707	Intraoral - periapical radiographic image - image capture only	\$2	\$0
D0708	Intraoral - bitewing radiographic image - image capture only	\$5	\$0
D0709	Intraoral - comprehensive series of radiographic images - image capture only	\$10	\$0
D0801	3D dental surface scan - direct	\$12	\$0
D0802	3D dental surface scan - indirect	\$12	\$0
D0803	3D facial surface scan - direct	\$12	\$0

Please confirm reimbursement amounts in your provider agreement. In the event of any conflict between this document and the provider agreement, the provider agreement shall control.

D0804	3D facial surface scan – indirect	\$12	\$0
D0999	Unspecified diagnostic procedure, by report	\$0	\$0
<b>II. PREVENTIVE</b>			
<b>*Additional Prophy within 6 months will be based upon the necessity recommended by the provider.</b>			
D1110	Additional prophylaxis - adult	\$42	\$0
D1110	*Prophylaxis - adult	\$42	\$0
D1120	Additional prophylaxis - child	\$34	\$0
D1120	*Prophylaxis - child	\$34	\$0
D1206	*Topical application of fluoride varnish	\$10	\$0
D1208	*Topical application of fluoride – excluding varnish	\$17	\$0
D1310	Nutritional counseling for control of dental disease	\$0	\$0
D1320	Tobacco counseling for the control and prevention of oral disease	\$0	\$0
D1330	Oral hygiene instructions	\$0	\$0
D1351	*Sealant - per tooth	\$29	\$0
D1352	*Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	\$29	\$0
D1353	Sealant repair – per tooth	\$29	\$0
D1354	*Interim caries arresting medicament application – per tooth	\$20	\$0
D1355	Caries preventive medicament application – per tooth	\$20	\$0
D1510	*Space maintainer - fixed, unilateral - per quadrant	\$152	\$0
D1516	*Space maintainer – fixed – bilateral, maxillary	\$265	\$0
D1517	*Space maintainer – fixed – bilateral, mandibular	\$265	\$0
D1520	*Space maintainer - removable, unilateral - per quadrant	\$223	\$0
D1526	*Space maintainer – removable – bilateral, maxillary	\$297	\$0
D1527	*Space maintainer – removable – bilateral, mandibular	\$297	\$0
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$10	\$0
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$10	\$0
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	\$10	\$0
D1556	Removal of fixed unilateral space maintainer - per quadrant	\$10	\$0
D1557	Removal of fixed bilateral space maintainer - maxillary	\$10	\$0
D1558	Removal of fixed bilateral space maintainer - mandibular	\$10	\$0
D1575	Distal shoe space maintainer – fixed, unilateral - per quadrant	\$0	\$0
<b>III. RESTORATIVE</b>			
<b>* Copayments include the cost of material and laboratory fees.</b>			
D2140	Amalgam - one surface, primary or permanent	\$0	\$0
D2150	Amalgam - two surfaces, primary or permanent	\$0	\$0
D2160	Amalgam - three surfaces, primary or permanent	\$0	\$0
D2161	Amalgam - four or more surfaces, primary or permanent	\$0	\$0
D2330	Resin-based composite - one surface, anterior	\$25	\$0
D2331	Resin-based composite - two surfaces, anterior	\$35	\$0
D2332	Resin-based composite - three surfaces, anterior	\$45	\$0
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$75	\$0
D2390	Resin-based composite crown, anterior	\$105	\$0
D2391	Resin-based composite - one surface, posterior	\$55	\$0
D2392	Resin-based composite - two surfaces, posterior	\$70	\$0
D2393	Resin-based composite - three surfaces, posterior	\$85	\$0
D2394	Resin-based composite - four or more surfaces, posterior	\$105	\$0
D2410	Gold foil - one surface	\$70	\$0
D2420	Gold foil - two surfaces	\$92	\$0
D2430	Gold foil - three surfaces	\$120	\$0
D2510	Inlay - metallic - one surface	\$85	\$0
D2520	Inlay - metallic - two surfaces	\$96	\$0
D2530	Inlay - metallic - three or more surfaces	\$120	\$0
D2542	Onlay - metallic - two surfaces	\$290	\$0
D2543	Onlay - metallic - three surfaces	\$300	\$0
D2544	Onlay - metallic - four or more surfaces	\$330	\$0
D2610	*Inlay - porcelain/ceramic - one surface	\$315*	\$0
D2620	*Inlay - porcelain/ceramic - two surfaces	\$340*	\$0
D2630	*Inlay - porcelain/ceramic - three or more surfaces	\$365*	\$0
D2642	*Onlay - porcelain/ceramic - two surfaces	\$400*	\$0
D2643	*Onlay - porcelain/ceramic - three surfaces	\$430*	\$0
D2644	*Onlay - porcelain/ceramic - four or more surfaces	\$440*	\$0
D2650	Inlay - resin-based composite - one surface	\$195	\$0
D2651	Inlay - resin-based composite - two surfaces	\$220	\$0
D2652	Inlay - resin-based composite - three or more surfaces	\$255	\$0
D2662	Onlay - resin-based composite - two surfaces	\$230	\$0
D2663	Onlay - resin-based composite - three surfaces	\$250	\$0
D2664	Onlay - resin-based composite - four or more surfaces	\$280	\$0
D2710	*Crown - resin-based composite (indirect)	\$195	\$150
D2712	*Crown - ¾ resin-based composite (indirect)	\$195	\$150
D2720	*Crown - resin with high noble metal	\$540*	\$150
D2721	*Crown - resin with predominantly base metal	\$450*	\$150
D2722	*Crown - resin with noble metal	\$515*	\$150
D2740	*Crown - porcelain/ceramic	\$550*	\$150
D2750	*Crown - porcelain fused to high noble metal	\$540*	\$150
D2751	*Crown - porcelain fused to predominantly base metal	\$450*	\$150
D2752	*Crown - porcelain fused to noble metal	\$515*	\$150
D2753	*Crown - porcelain fused to titanium and titanium alloys	\$515*	\$150
D2780	*Crown - 3/4 cast high noble metal	\$450*	\$150
D2781	*Crown - 3/4 cast predominantly base metal	\$450*	\$150
D2782	*Crown - 3/4 cast noble metal	\$515*	\$150
D2783	*Crown - 3/4 porcelain/ceramic	\$550*	\$150
D2790	*Crown - full cast high noble metal	\$540*	\$150
D2791	*Crown - full cast predominantly base metal	\$430*	\$150
D2792	*Crown - full cast noble metal	\$495*	\$150
D2794	*Crown - titanium and titanium alloys	\$515*	\$150
D2799	*Provisional crown– further treatment or completion of diagnosis necessary prior to final impression	\$125	\$150
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$10	\$0
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$10	\$0
D2920	Re-cement or re-bond crown	\$10	\$0
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$10	\$0
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	\$171*	\$0
D2929	*Prefabricated porcelain/ceramic crown – primary tooth	\$106*	\$0
D2930	Prefabricated stainless steel crown - primary tooth	\$40	\$0
D2931	Prefabricated stainless steel crown - permanent tooth	\$40	\$0

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D2932	Prefabricated resin crown	\$92	\$0
D2933	Prefabricated stainless steel crown with resin window	\$140	\$0
D2940	Protective restoration	\$10	\$0
D2941	Interim therapeutic restoration – primary dentition	\$10	\$0
D2949	Restorative foundation for an indirect restoration	\$20	\$0
D2950	Core buildup, including any pins when required	\$40	\$0
D2951	Pin retention - per tooth, in addition to restoration	\$12	\$0
D2952	Post and core in addition to crown, indirectly fabricated	\$85	\$0
D2953	Each additional indirectly fabricated post - same tooth	\$95	\$0
D2954	Prefabricated post and core in addition to crown	\$75	\$0
D2955	Post removal	\$20	\$0
D2957	Each additional prefabricated post - same tooth	\$30	\$0
D2960	Labial veneer (resin laminate) - chairside	\$200	\$0
D2961	Labial veneer (resin laminate) - laboratory	\$290*	\$0
D2962	*Labial veneer (porcelain laminate) - laboratory	\$415*	\$0
D2971	Additional procedures to construct new crown under existing partial denture framework	\$45	\$0
D2975	Coping	\$95	\$0
D2980	Crown repair necessitated by restorative material failure	\$95	\$0
D2981	Inlay repair necessitated by restorative material failure	\$95	\$0
D2982	Onlay repair necessitated by restorative material failure	\$95	\$0
D2983	Veneer repair necessitated by restorative material failure	\$95	\$0
D2989	Excavation of a tooth resulting in the determination of non-restorability	\$125	\$0
D2990	Resin infiltration of incipient smooth surface lesions	\$29	\$0
D2991	Application of hydroxyapatite regeneration medicament – per tooth	\$20	\$0
<b>IV. ENDODONTICS</b>			
D3110	Pulp cap - direct (excluding final restoration)	\$20	\$0
D3120	Pulp cap - indirect (excluding final restoration)	\$20	\$0
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$25	\$0
D3221	Pulpal debridement, primary and permanent teeth	\$95	\$0
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$75	\$0
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$45	\$0
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$40	\$0
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$100	\$75
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$185	\$125
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$225	\$150
D3331	Treatment of root canal obstruction; non-surgical access	\$85	\$0
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$75	\$0
D3333	Internal root repair of perforation defects	\$125	\$0
D3346	Retreatment of previous root canal therapy - anterior	\$280	\$0
D3347	Retreatment of previous root canal therapy - premolar	\$305	\$0
D3348	Retreatment of previous root canal therapy - molar	\$380	\$0
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$90	\$0
D3352	Apexification/recalcification – interim medication replacement	\$90	\$0
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$90	\$0
D3410	Apicoectomy - anterior	\$96	\$0
D3421	Apicoectomy - premolar (first root)	\$305	\$0
D3425	Apicoectomy - molar (first root)	\$320	\$0
D3426	Apicoectomy (each additional root)	\$80	\$0
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	\$37	\$0
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	\$32	\$0
D3430	Retrograde filling - per root	\$60	\$0
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	\$150	\$0
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	\$150	\$0
D3450	Root amputation - per root	\$100	\$0
D3460	Endodontic endosseous implant	\$542	\$0
D3470	Intentional reimplantation (including necessary splinting)	\$175	\$0
D3910	Surgical procedure for isolation of tooth with rubber dam	\$95	\$0
D3920	Hemisection (including any root removal), not including root canal therapy	\$85	\$0
D3950	Canal preparation and fitting of preformed dowel or post	\$75	\$0
<b>V. PERIODONTICS</b>			
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$175	\$0
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$72	\$0
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$43	\$0
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$187	\$0
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$175	\$0
D4245	Apically positioned flap	\$150	\$0
D4249	Clinical crown lengthening – hard tissue	\$175	\$0
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$375	\$0
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$325	\$0
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	\$450	\$0
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	\$325	\$0
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$82	\$0
D4266	Guided tissue regeneration - resorbable barrier, per site	\$325	\$0
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$325	\$0
D4268	Surgical revision procedure, per tooth	\$0	\$0
D4270	Pedicle soft tissue graft procedure	\$240	\$0
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$300	\$0
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$120	\$0
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$502	\$0
D4276	Combined connective tissue and double pedicle graft, per tooth	\$65	\$0
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	\$215	\$0
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	\$75	\$0
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	\$268	\$0

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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	\$392	\$0
D4286	Removal of Non-Resorbable Barrier	\$20	\$20
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	\$82	\$0
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	\$105	\$0
D4341	*Periodontal scaling and root planing - four or more teeth per quadrant	\$45	\$0
D4342	*Periodontal scaling and root planing - one to three teeth per quadrant	\$35	\$0
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$35	\$0
D4355	*Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$35	\$0
D4381	*Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$45	\$0
D4910	*Periodontal maintenance	\$45	\$0
D4910	*Periodontal maintenance - additional Perio maintenance	\$45	\$0
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$25	\$0
D4921	Gingival irrigation – per quadrant	\$15	\$0
D4999	Unspecified periodontal procedure, by report	\$0	\$0
<b>VI. PROSTHODONTICS, REMOVABLE</b>			
<b>* Laboratory Upgrades including specialized services for Dentures are not covered. Copayments include Laboratory and Material fees</b>			
D5110	*Complete denture - maxillary	\$485*	\$0
D5120	*Complete denture - mandibular	\$485*	\$0
D5130	*Immediate denture - maxillary	\$505*	\$0
D5140	*Immediate denture - mandibular	\$505*	\$0
D5211	*Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	\$485*	\$0
D5212	*Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	\$485*	\$0
D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$505*	\$0
D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$505*	\$0
D5221	*Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$505*	\$0
D5222	*Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$505*	\$0
D5223	*Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$525*	\$0
D5224	*Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$525*	\$0
D5225	*Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$505*	\$0
D5226	*Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$505*	\$0
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$505*	\$0
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$505*	\$0
D5282	*Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	\$465*	\$0
D5283	*Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	\$465*	\$0
D5410	Adjust complete denture - maxillary	\$10	\$0
D5411	Adjust complete denture - mandibular	\$10	\$0
D5421	Adjust partial denture - maxillary	\$15	\$0
D5422	Adjust partial denture - mandibular	\$15	\$0
D5511	*Repair broken complete denture base, mandibular	\$65*	\$0
D5512	*Repair broken complete denture base, maxillary	\$65*	\$0
D5520	*Replace missing or broken teeth - complete denture (each tooth)	\$60*	\$0
D5611	*Repair resin partial denture base, mandibular	\$65*	\$0
D5612	*Repair resin partial denture base, maxillary	\$65*	\$0
D5621	*Repair cast partial framework, mandibular	\$80*	\$0
D5622	*Repair cast partial framework, maxillary	\$80*	\$0
D5630	*Repair or replace broken retentive clasping materials – per tooth	\$65*	\$0
D5640	*Replace broken teeth - per tooth	\$60*	\$0
D5650	*Add tooth to existing partial denture	\$80*	\$0
D5660	*Add clasp to existing partial denture - per tooth	\$80*	\$0
D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	\$150*	\$0
D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	\$150*	\$0
D5710	*Rebase complete maxillary denture	\$125*	\$0
D5711	*Rebase complete mandibular denture	\$125*	\$0
D5720	*Rebase maxillary partial denture	\$125*	\$0
D5721	*Rebase mandibular partial denture	\$125*	\$0
D5725	*Rebase hybrid prosthesis	\$125*	\$0
D5730	*Reline complete maxillary denture (chairside)	\$95*	\$0
D5731	*Reline complete mandibular denture (chairside)	\$95*	\$0
D5740	*Reline maxillary partial denture (chairside)	\$95*	\$0
D5741	*Reline mandibular partial denture (chairside)	\$95*	\$0
D5750	*Reline complete maxillary denture (laboratory)	\$85*	\$0
D5751	*Reline complete mandibular denture (laboratory)	\$85*	\$0
D5760	*Reline maxillary partial denture (laboratory)	\$85*	\$0
D5761	*Reline mandibular partial denture (laboratory)	\$85*	\$0
D5765	*Soft liner for complete or partial removable denture – indirect	\$69*	\$0
D5810	*Interim complete denture (maxillary)	\$300*	\$0
D5811	*Interim complete denture (mandibular)	\$300*	\$0
D5820	*Interim partial denture (maxillary)	\$300*	\$0
D5821	*Interim partial denture (mandibular)	\$300*	\$0
D5850	Tissue conditioning, maxillary	\$25	\$0
D5851	Tissue conditioning, mandibular	\$25	\$0
D5862	Precision attachment, by report	\$150	\$0
D5899	Unspecified removable prosthodontic procedure, by report	\$0	\$0
D5982	*Surgical stent	\$370*	\$0
D5987	*Commissure splint	\$345*	\$0
D5988	*Surgical splint	\$345*	\$0
<b>VIII. IMPLANT SERVICES</b>			
D6010	*Surgical placement of implant body: endosteal implant	\$1,000	\$950.00
D6012	*Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$1,000	\$950.00
D6056	*Prefabricated abutment – includes modification and placement	\$435	\$385.00
D6057	*Custom fabricated abutment – includes placement	\$745	\$495.00
D6058	*Abutment supported porcelain/ceramic crown	\$745	\$695.00
D6059	*Abutment supported porcelain fused to metal crown (high noble metal)	\$745	\$695.00
D6060	*Abutment supported porcelain fused to metal crown (predominantly base metal)	\$745	\$695.00
D6061	*Abutment supported porcelain fused to metal crown (noble metal)	\$745	\$695.00
D6062	*Abutment supported cast metal crown (high noble metal)	\$745	\$695.00
D6063	*Abutment supported cast metal crown (predominantly base metal)	\$745	\$695.00
D6064	*Abutment supported cast metal crown (noble metal)	\$745	\$695.00
D6065	*Implant supported porcelain/ceramic crown	\$745	\$695.00
D6066	*Implant supported crown - porcelain fused to high noble alloys	\$745	\$695.00

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D6067	*Implant supported crown - high noble alloys	\$745	\$695.00
D6068	*Abutment supported retainer for porcelain/ceramic fpd	\$745	\$695.00
D6069	*Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	\$745	\$695.00
D6070	*Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal)	\$745	\$695.00
D6071	*Abutment supported retainer for porcelain fused to metal fpd (noble metal)	\$745	\$695.00
D6072	*Abutment supported retainer for cast metal fpd (high noble metal)	\$745	\$695.00
D6073	*Abutment supported retainer for cast metal fpd (predominantly base metal)	\$745	\$695.00
D6074	*Abutment supported retainer for cast metal fpd (noble metal)	\$745	\$695.00
D6075	*Implant supported retainer for ceramic fpd	\$745	\$695.00
D6076	*Implant supported retainer for FPD - porcelain fused to high noble alloys	\$745	\$695.00
D6077	*Implant supported retainer for metal FPD - high noble alloys	\$745	\$695.00
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	\$180	\$180.00
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$45	\$36.00
D6082	*Implant supported crown - porcelain fused to predominantly base alloys	\$745	\$695.00
D6083	*Implant supported crown - porcelain fused to noble alloys	\$745	\$695.00
D6084	*Implant supported crown - porcelain fused to titanium and titanium alloys	\$745	\$695.00
D6085	Provisional implant crown	\$125	\$125.00
D6086	*Implant supported crown - predominantly base alloys	\$745	\$695
D6087	*Implant supported crown - noble alloys	\$745	\$695
D6088	*Implant supported crown - titanium and titanium alloys	\$745	\$695
D6089	accessing and retorquing loose implant screw - per screw	\$50	\$50
D6090	Repair implant supported prosthesis, by report	\$400	\$400
D6092	Re-cement or re-bond implant/abutment supported crown	\$45	\$45
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$65	\$65
D6094	*Abutment supported crown - titanium and titanium alloys	\$745	\$695
D6095	Repair implant abutment, by report	\$220	\$220
D6096	Remove broken implant retaining screw	\$500	\$500
D6097	*Abutment supported crown - porcelain fused to titanium and titanium alloys	\$745	\$695
D6098	*Implant supported retainer - porcelain fused to predominantly base alloys	\$745	\$695
D6099	*Implant supported retainer for FPD - porcelain fused to noble alloys	\$745	\$695
D6100	Implant removal, by report	\$700	\$700
D6105	Removal of implant body not requiring bone removal nor flap elevation	\$700	\$700
D6106	Guided tissue regeneration - resorbable barrier, per implant	\$325	\$0
D6107	Guided tissue regeneration - non-resorbable barrier, per implant	\$325	\$0
D6110	*Implant /abutment supported removable denture for edentulous arch - maxillary	\$1,250	\$1,200
D6111	*Implant /abutment supported removable denture for edentulous arch - mandibular	\$1,250	\$1,200
D6112	*Implant /abutment supported removable denture for partially edentulous arch - maxillary	\$990	\$940
D6113	*Implant /abutment supported removable denture for partially edentulous arch - mandibular	\$990	\$940
D6114	*Implant /abutment supported fixed denture for edentulous arch -maxillary	\$3,850	\$3,800
D6115	*Implant /abutment supported fixed denture for edentulous arch -mandibular	\$3,850	\$3,800
D6116	*Implant /abutment supported fixed denture for partially edentulous arch - maxillary	\$2,250	\$2,200
D6117	*Implant /abutment supported fixed denture for partially edentulous arch - mandibular	\$2,250	\$2,200
D6118	*Implant/abutment supported interim fixed denture for edentulous arch - mandibular	\$1,800	\$1,760
D6119	*Implant/abutment supported interim fixed denture for edentulous arch - maxillary	\$1,800	\$1,760
D6120	*Implant supported retainer - porcelain fused to titanium and titanium alloys	\$745	\$695
D6121	*Implant supported retainer for metal FPD - predominantly base alloys	\$745	\$695
D6122	*Implant supported retainer for metal FPD - noble alloys	\$745	\$695
D6123	*Implant supported retainer for metal FPD - titanium and titanium alloys	\$745	\$695
D6190	Radiographic/surgical implant index, by report	\$235	\$235
D6198	Remove interim implant component	\$700	\$700
<b>IX. PROSTHODONTICS, FIXED</b>			
<b>* Copayments include the cost of material and laboratory fees.</b>			
D6205	*Pontic - indirect resin based composite	\$745	\$150
D6210	*Pontic - cast high noble metal	\$520*	\$150
D6211	*Pontic - cast predominantly base metal	\$430*	\$150
D6212	*Pontic - cast noble metal	\$495*	\$150
D6214	*Pontic - titanium and titanium alloys	\$515*	\$150
D6240	*Pontic - porcelain fused to high noble metal	\$540*	\$150
D6241	*Pontic - porcelain fused to predominantly base metal	\$450*	\$150
D6242	*Pontic - porcelain fused to noble metal	\$515*	\$150
D6243	*Pontic - porcelain fused to titanium and titanium alloys	\$515*	\$150
D6245	*Pontic - porcelain/ceramic	\$550*	\$150
D6250	*Pontic - resin with high noble metal	\$540*	\$150
D6251	*Pontic - resin with predominantly base metal	\$450*	\$150
D6252	*Pontic - resin with noble metal	\$515*	\$150
D6253	*Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	\$0	\$150
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$235	\$150
D6548	*Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$535*	\$150
D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$305*	\$150
D6601	*Retainer inlay - porcelain/ceramic, three or more surfaces	\$305*	\$150
D6602	*Retainer inlay - cast high noble metal, two surfaces	\$385*	\$150
D6603	*Retainer inlay - cast high noble metal, three or more surfaces	\$385*	\$150
D6604	*Retainer inlay - cast predominantly base metal, two surfaces	\$295*	\$150
D6605	*Retainer inlay - cast predominantly base metal, three or more surfaces	\$295*	\$150
D6606	*Retainer inlay - cast noble metal, two surfaces	\$360*	\$150
D6607	*Retainer inlay - cast noble metal, three or more surfaces	\$360*	\$150
D6608	*Retainer onlay - porcelain/ceramic, two surfaces	\$305*	\$150
D6609	*Retainer onlay - porcelain/ceramic, three or more surfaces	\$305*	\$150
D6610	*Retainer onlay - cast high noble metal, two surfaces	\$385*	\$150
D6611	*Retainer onlay - cast high noble metal, three or more surfaces	\$385*	\$150
D6612	*Retainer onlay - cast predominantly base metal, two surfaces	\$295*	\$150
D6613	*Retainer onlay - cast predominantly base metal, three or more surfaces	\$295*	\$150
D6614	*Retainer onlay - cast noble metal, two surfaces	\$360*	\$150
D6615	*Retainer onlay - cast noble metal, three or more surfaces	\$360*	\$150
D6624	*Retainer inlay - titanium	\$360*	\$150
D6634	*Retainer onlay - titanium	\$360*	\$150
D6710	*Retainer crown - indirect resin based composite	\$450*	\$150
D6720	*Retainer crown - resin with high noble metal	\$540*	\$150
D6721	*Retainer crown - resin with predominantly base metal	\$450*	\$150
D6722	*Retainer crown - resin with noble metal	\$515*	\$150
D6740	*Retainer crown - porcelain/ceramic	\$550*	\$150
D6750	*Retainer crown - porcelain fused to high noble metal	\$540*	\$150
D6751	*Retainer crown - porcelain fused to predominantly base metal	\$450*	\$150

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D6752	*Retainer crown - porcelain fused to noble metal	\$515*	\$150
D6753	*Retainer crown - porcelain fused to titanium and titanium alloys	\$515*	\$150
D6780	*Retainer crown - 3/4 cast high noble metal	\$540*	\$150
D6781	*Retainer crown - 3/4 cast predominantly base metal	\$450*	\$150
D6782	*Retainer crown - 3/4 cast noble metal	\$515*	\$150
D6783	*Retainer crown - 3/4 porcelain/ceramic	\$550*	\$150
D6784	*Retainer crown ¾ - titanium and titanium alloys	\$515*	\$150
D6790	*Retainer crown - full cast high noble metal	\$520*	\$150
D6791	*Retainer crown - full cast predominantly base metal	\$430*	\$150
D6792	*Retainer crown - full cast noble metal	\$495*	\$150
D6793	*Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	\$470	\$150
D6794	*Retainer crown - titanium and titanium alloys	\$515	\$150
D6930	Re-cement or re-bond fixed partial denture	\$10	\$0
D6940	Stress breaker	\$125	\$0
D6950	Precision attachment	\$195	\$0
D6980	Fixed partial denture repair necessitated by restorative material failure	\$80	\$0
<b>X. ORAL &amp; MAXILLOFACIAL SURGERY</b>			
D7111	Extraction, coronal remnants – primary tooth	\$45	\$0
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$10	\$0
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$25	\$10
D7220	Removal of impacted tooth - soft tissue	\$40	\$25
D7230	Removal of impacted tooth - partially bony	\$60	\$35
D7240	Removal of impacted tooth - completely bony	\$75	\$50
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$128	\$75
D7250	Removal of residual tooth roots (cutting procedure)	\$25	\$0
D7251	Coronectomy – intentional partial tooth removal	\$270	\$0
D7260	Oroantral fistula closure	\$160	\$0
D7261	Primary closure of a sinus perforation	\$275	\$0
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$50	\$0
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	\$100	\$0
D7280	Exposure of an unerupted tooth	\$125	\$0
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$125	\$0
D7283	Placement of device to facilitate eruption of impacted tooth	\$80	\$0
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$115	\$0
D7286	Incisional biopsy of oral tissue-soft	\$75	\$0
D7287	Exfoliative cytological sample collection	\$65	\$0
D7288	Brush biopsy - transepithelial sample collection	\$88	\$0
D7291	Transseptal fibrotomy/supra crestal fibrotomy, by report	\$30	\$0
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$20	\$0
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$20	\$0
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$50	\$0
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$50	\$0
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$370	\$0
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$990	\$0
D7410	Excision of benign lesion up to 1.25 cm	\$25	\$0
D7411	Excision of benign lesion greater than 1.25 cm	\$50	\$0
D7412	Excision of benign lesion, complicated	\$55	\$0
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$65	\$0
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$95	\$0
D7471	Removal of lateral exostosis (maxilla or mandible)	\$95	\$0
D7472	Removal of torus palatinus	\$95	\$0
D7473	Removal of torus mandibularis	\$95	\$0
D7485	Reduction of osseous tuberosity	\$95	\$0
D7509	Marsupialization of odontogenic cyst	\$65	\$0
D7510	Incision and drainage of abscess - intraoral soft tissue	\$20	\$0
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$20	\$0
D7520	Incision and drainage of abscess - extraoral soft tissue	\$20	\$0
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$20	\$0
D7910	Suture of recent small wounds up to 5 cm	\$35	\$0
D7921	Collection and application of autologous blood concentrate product	\$125	\$0
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	\$350	\$0
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$800	\$0
D7952	Sinus augmentation via a vertical approach	\$350	\$0
D7953	Bone replacement graft for ridge preservation - per site	\$100	\$0
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site	\$325	\$0
D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site	\$325	\$0
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$50	\$0
D7961	Buccal / labial frenectomy (frenulectomy)	\$90	\$0
D7962	Lingual frenectomy (frenulectomy)	\$90	\$0
D7963	Frenuloplasty	\$90	\$0
D7970	Excision of hyperplastic tissue - per arch	\$140	\$0
D7971	Excision of pericoronal gingiva	\$102	\$0
D7972	Surgical reduction of fibrous tuberosity	\$125	\$0
D8010	Limited orthodontic treatment of the primary dentition	\$1,000	\$1,000
D8020	Limited orthodontic treatment of the transitional dentition	\$1,000	\$1,000
D8030	Limited orthodontic treatment of the adolescent dentition	\$1,000	\$1,000
D8040	Limited orthodontic treatment of the adult dentition	\$1,350	\$1,000
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$2,000	\$1,500
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$2,050	\$1,500
D8090	Comprehensive orthodontic treatment of the adult dentition	\$2,150	\$1,500
D8210	*Removable appliance therapy	\$103	\$0
D8220	*Fixed appliance therapy	\$103	\$0
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$35	\$35
D8670	Periodic orthodontic treatment visit	\$0	\$0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$300	\$250
D8681	Removable orthodontic retainer adjustment	\$0	\$0
D8698	Re-cement or re-bond fixed retainer – maxillary	\$0	\$0
D8699	Re-cement or re-bond fixed retainer – mandibular	\$0	\$0
D8999	Unspecified orthodontic procedure, by report	\$250	\$0
<b>XII. ADJUNCTIVE GENERAL SERVICES</b>			
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$0	\$0

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D9120	Fixed partial denture sectioning	\$0	\$0
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0	\$0
D9211	Regional block anesthesia	\$0	\$0
D9212	Trigeminal division block anesthesia	\$0	\$0
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0	\$0
D9222	Deep sedation/general anesthesia – first 15 minutes	\$50	\$0
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	\$50	\$0
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$20	\$0
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	\$65	\$0
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$65	\$0
D9248	Non-intravenous conscious sedation	\$15	\$0
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$25	\$0
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$0	\$0
D9440	Office visit - after regularly scheduled hours	\$30	\$0
D9450	Case presentation, detailed and extensive treatment planning	\$0	\$0
D9610	Therapeutic parenteral drug, single administration	\$15	\$0
D9630	Drugs or medicaments dispensed in the office for home use	\$15	\$0
D9910	*Application of desensitizing medicament	\$20	\$0
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	\$0	\$0
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	\$0	\$0
D9932	Cleaning and inspection of removable complete denture, maxillary	\$0	\$0
D9933	Cleaning and inspection of removable complete denture, mandibular	\$0	\$0
D9934	Cleaning and inspection of removable partial denture, maxillary	\$0	\$0
D9935	Cleaning and inspection of removable partial denture, mandibular	\$0	\$0
D9942	Repair and/or reline of occlusal guard	\$40	\$0
D9943	Occlusal guard adjustment	\$25	\$0
D9944	*Occlusal guard – hard appliance, full arch	\$250	\$150
D9945	*Occlusal guard – soft appliance, full arch	\$250	\$150
D9946	*Occlusal guard – hard appliance, partial arch	\$250	\$150
D9947	Custom Sleep Apnea Appliance Fabrication and Placement	\$1,900	\$1,900
D9948	Adjustment of custom sleep apnea appliance	\$85	\$85
D9949	Repair of sleep apnea appliance	\$88	\$88
D9950	Occlusion analysis - mounted case	\$75	\$0
D9951	Occlusal adjustment - limited	\$25	\$0
D9952	Occlusal adjustment - complete	\$95	\$0
D9953	Reline custom sleep apnea appliance (indirect)	\$45	\$0
D9972	External bleaching - per arch - performed in office	\$150	\$150
D9973	External bleaching - per tooth	\$30	\$25
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$240	\$225
D9986	Missed appointment	\$25	\$0
D9991	Dental case management – addressing appointment compliance barriers	\$0	\$0
D9992	Dental case management – care coordination	\$0	\$0
D9993	Dental case management – motivational interviewing	\$0	\$0
D9994	Dental case management – patient education to improve oral health literacy	\$0	\$0
D9997	Dental case management - patients with special health care needs	\$0	\$0

## UNITEDHEALTH CARE/ EXCLUSIVE DENTAL NETWORK PLAN

### LIMITATION OF BENEFITS

The following are the limitation of benefits, unless otherwise specifically listed as a covered benefit on

- BITEWING RADIOGRAPHS:** D0274, D0277 or D0210 are payable only when other inclusive image have not been taken
- SPACE MAINTAINERS:** Space maintainers and all adjustments are limited to children under the age of 16.
- SEALANTS:** Sealants (D1351 or D1353) are limited to one (1) time per tooth in any three (3) consecutive year period. This is only allowed for unrestored permanent molar teeth for children under the age of 16.
- FLUORIDE TREATMENT:** Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period for children under the age of 16
- OCCUSAL GUARDS:** Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/BruXism.
- GENERAL ANESTHESIA:** General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved.
- ADJUSTMENTS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES OR CROWNS:** All denture adjustment fees are for dentures which were not fabricated at the present office; All denture adjustment for new dentures made within 12 months are included as part of the initial insertion.
- ORAL EVALUATION:** Any oral evaluation (excluding problem) is limited to One (1) time per consecutive six (6) months; Comprehensive exams can only be covered one (1) time per 36 months, if and only if patient is considered to be new or an established patient. All subsequent oral evaluations will be at a 25% reduction off the dentist's usual and customary fee without a frequency limitation.
- CROWNS, FIXED BRIDGES, AND IMPLANTS:** When crown, implant and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
- THIRD-MOLAR ("WISDOM TEETH") EXTRACTIONS:** Surgical removal of wisdom tooth covered when pathology (disease) exists. Surgical removal of wisdom teeth/3rd molar when pathology does not exist will be covered at 25% off of the general dentists or specialists usual and customary fees. Orthodontic related surgeries (except D7280) needed to relieve crowding or to facilitate eruption are available at a 25% reduction off of the doctor's usual and customary fees.
- PROPHYLAXIS AND PERIODONTAL MAINTENANCE:** The dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive six (6) month period. Any additional procedures will follow D1110 and D4910 Member copayments as listed in the Schedule of Benefits.
- HARMFUL HABIT APPLIANCES:** Harmful habit appliances are limited to one (1) time per person under the age of 16.
- DENTURES:** New dentures include one (1) reline within the first six (6) months.



**REPLACEMENT OF CROWNS, IMPLANTS, AND FIXED BRIDGES OR DENTURES:**

- 14. Replacement of crowns, implants, and fixed bridges or dentures is limited to one (1) time every consecutive five (5) years.
- 15. **X-RAYS:** Copies of X-rays can be obtained for \$2 per periapical image up to a maximum of \$30. Panoramic X-ray can be obtained for a \$15 fee.
- 16. **EMERGENCY TREATMENT:** Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
- 17. **ORTHO:** Member may choose Invisalign in place of traditional Orthodontic treatment, and would pay the sum of the listed member Ortho co-pay plus the difference in cost for the enhanced treatment.
- 18. **RADIOGRAPHS:** D0364-D0365 is limited to 1 time per 60 months, covered only in a dental setting and not in a radiographic imaging center.

**EXCLUSION OF BENEFITS**

The following procedures and services are excluded a not covered services, unless otherwise specifically

- 1. Dental Services that are not Necessary.
- 2. Hospitalization or other facility charges.
- 3. Any Dental Procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
- 4. Reconstructive surgery, regardless of whether or not the surgery is incidental to a dental disease, injury, or Congenital Anomaly, when the primary purpose is to improve physiological functioning of the involved part of the body.
- 5. Any Dental Procedure not directly associated with dental disease.
- 6. Any Dental Procedure not performed in a dental setting.
- 7. Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
- 8. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
- 9. Replacement of complete dentures, fixed and removable partial dentures or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement.
- 10. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
- 11. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
- 12. Expenses for Dental Procedures begun prior to the Covered Person becoming enrolled under the Policy.
- 13. Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
- 14. Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision or precision attachments associated with partial
- 15. Occlusal guards used as safety items or to affect performance primarily in sports-related activities.
- 16. Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
- 17. Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
- 18. Orthodontic service Coverage does not include the installation of a space maintainer, any treatment related to treatment of the temporomandibular joint, or a surgical procedure to correct a malocclusion, replacement of retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances previously submitted for payment under the plan.
- 19. Foreign Services are not Covered unless required as an Emergency.
- 20. Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
- 21. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
- 22. Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.

**SPECIALTY BENEFITS**  
**\$ PLANS: \$50B**

- a. This Member Schedule of Benefits applies when listed dental services are performed by a participating General Dentist, unless otherwise authorized
- b. Procedures not listed on the Schedule of Benefits that are performed by a participating General Dentist will be charged at a participating General Dentist's usual and customary fee less 25%.
- c. This Network General Dentist you select may not perform all procedures listed. The Co-payment shown applies to Network General Dentist.

*Please confirm reimbursement amounts in your provider agreement. In the event of any conflict between this document and the provider agreement, the provider agreement shall control.*

- Should services of a Network Specialty Dentist (NSD) (Oral Surgeon, Endodontist, Periodontist, or Pediatric Dentist) be necessary, you may receive this care in two ways: 1) You may go directly to a NSD with no referral and receive a 25% reduction off the provider's Usual and Customary Fee; or 2) You may obtain prior written authorization and receive specialty treatment by an approved NSD at the listed Co-payments.
- d. Should services of an Orthodontist be necessary, you may receive care in either of two ways: 1) You may go directly to a NSD with no referral and receive a 25% reduction off the provider's Usual and Customary Fee; or 2) You may contact Member Services to locate your nearest participating Orthodontist who will perform
- e. Members seeking implant treatment should refer to their participating provider. Not all providers perform the implant and implant related procedures at the Co-payment(s) listed on the Schedule of Benefits. Please refer to the provider listing at [www.MyUHC.com](http://www.MyUHC.com).
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