

**ATTACHMENT A OPTION 2 - LIST OF COVERED DENTAL SERVICES AND COPAYMENTS**

**Reimbursement for Covered Dental Services by a Non-Contracting Provider**

	<b>Reimbursement Amount</b>
Out of Area Emergency Care Reimbursement (For Dental Emergency services provided by a Noncontracting Provider)	Up to \$250
Noncontracting Provider Reimbursement (For services by a Noncontracting Provider without a referral from a Contracting Provider. The Enrollee is responsible for all other charges and fees charged by the Noncontracting Provider, to the extent such amount exceeds \$10.)	\$10 per visit

<b>Code</b>	<b>Procedure</b>	<b>In Network Copayment</b>
<b>1. Office Visits</b>		
	General Office Visit	\$20
	Specialist Office Visit	\$30
<b>2. Diagnostic and Preventative Services</b>		
D0120	Periodic oral evaluation - established patient	\$0
D0140	Limited oral evaluation - problem focused	\$0
D0145	Oral evaluation for patient under 3 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
D0180	Comprehensive periodontal evaluation - new or established patient	\$0
D0210	Intraoral - complete series of radiographic images	\$0
D0220	Intraoral - periapical 1 <sup>st</sup> radiographic image	\$0
D0230	Intraoral - periapical film each additional radiographic image	\$0
D0240	Intraoral - occlusal radiographic image	\$0
D0250	Extraoral - 2D projection radiographic image	\$0
D0270	Bitewings - 1 radiographic image	\$0
D0272	Bitewings - 2 radiographic images	\$0
D0273	Bitewings - 3 radiographic images	\$0
D0274	Bitewings - 4 radiographic images	\$0
D0277	Vertical bitewings - 7 to 8 radiographic images	\$0
D0330	Panoramic radiographic image	\$0
D0340	2D cephalometric radiographic images	\$0
D0350	2D oral/facial photographic images	\$0
D0425	Caries susceptibility tests	\$0
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0
D1110	Prophylaxis - adult	\$0
D1120	Prophylaxis - child	\$0
D1206	Topical application of fluoride varnish	\$0
D1208	Topical application of fluoride - excluding varnish	\$0
D1310	Nutritional counseling for control of dental disease	\$0
D1320	Tobacco counseling for control of dental disease and prevention of oral disease	\$0
D1330	Oral hygiene instruction	\$0
D1351	Sealant - per tooth	\$0
D1354	Application of caries arresting medicament - per tooth	\$0
D1355	Caries preventive medicament application - per tooth	\$0
<b>3. Space Maintainers</b>		
D1510	Space maintainer - fixed – unilateral – per quadrant	\$0
D1516	Space maintainer - fixed – bilateral, maxillary	\$0

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
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	\$0
D1556	Removal of fixed unilateral space maintainer – per quadrant	\$0
D1557	Removal of fixed bilateral space maintainer – maxillary	\$0
D1558	Removal of fixed bilateral space maintainer – mandibular	\$0

#### 4. Restorative Dentistry

D2140	Amalgam – 1 surface, primary or permanent	\$20
D2150	Amalgam – 2 surfaces, primary or permanent	\$20
D2160	Amalgam – 3 surfaces, primary or permanent	\$20
D2161	Amalgam – 4 or more surfaces, primary or permanent	\$20
D2330	Resin-based composite – 1 surface, anterior	\$20
D2331	Resin-based composite – 2 surfaces, anterior	\$20
D2332	Resin-based composite – 3 surfaces, anterior	\$20
D2335	Resin-based composite – 4 surfaces or involving incisal angle (anterior)	\$20
D2390	Resin-based composite crown, anterior	\$20
D2391	Resin-based composite – 1 surface, posterior	\$20
D2392	Resin-based composite – 2 surfaces, posterior	\$20
D2393	Resin-based composite – 3 surfaces, posterior	\$20
D2394	Resin-based composite – 4 or more surfaces, posterior	\$20
D2510	Inlay – metallic – 1 surface	\$250
D2520	Inlay – metallic – 2 surfaces	\$250
D2530	Inlay – metallic – 3 or more surfaces	\$250
D2542	Onlay – metallic – 2 surfaces	\$250
D2543	Onlay – metallic – 3 surfaces	\$250
D2544	Onlay – metallic – 4 or more surfaces	\$250
D2610	Inlay – porcelain/ceramic – 1 surface	\$250
D2620	Inlay – porcelain/ceramic – 2 surfaces	\$250
D2630	Inlay – porcelain/ceramic – 3 or more surfaces	\$250
D2642	Onlay – porcelain/ceramic – 2 surfaces	\$250
D2643	Onlay – porcelain/ceramic – 3 surfaces	\$250
D2644	Onlay – porcelain/ceramic – 4 or more surfaces	\$250

#### 5. Crowns

D2710	Crown – resin-based composite (indirect)	\$250
D2740	Crown – porcelain/ceramic	\$250
D2750	Crown – porcelain fused to high noble metal	\$250
D2780	Crown - $\frac{3}{4}$ high noble metal	\$250
D2790	Crown – full cast high noble metal	\$250
D2910	Recement or re-bond inlay, onlay, or partial coverage restoration	\$0
D2920	Recement or re-bond crown	\$0
D2928	Prefabricated porcelain / ceramic crown – permanent tooth	\$0
D2929	Prefabricated porcelain / ceramic crown – primary tooth	\$0
D2930	Prefabricated stainless steel crown - primary tooth	\$0
D2931	Prefabricated stainless steel crown - permanent tooth	\$0
D2932	Prefabricated resin crown	\$0
D2933	Prefabricated stainless steel crown with resin window	\$0
D2940	Protective restoration	\$0
D2950	Core buildup, including any pins when required	\$0
D2951	Pin retention - per tooth, in addition to restoration	\$0
D2954	Prefabricated post and core in addition to crown	\$0
D2955	Post removal	\$0
D2957	Each additional prefabricated post - same tooth	\$0

D2975 Coping	\$0
D2980 Crown repair necessitated by restorative material failure	\$0

**6. Endodontics**

D3110 Pulp cap - direct (excluding final restoration)	\$0
D3120 Pulp cap - indirect (excluding final restoration)	\$0
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$0
D3221 Pulpal debridement, primary and permanent teeth	\$0
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$0
D3240 Pulpal therapy (resorbable filling) - posterior, primary (excluding final restoration)	\$0
D3310 Endodontic therapy, anterior tooth (excluding final restoration)	\$100
D3320 Endodontic therapy, bicuspid tooth (excluding final restoration)	\$150
D3330 Endodontic therapy, molar (excluding final restoration)	\$175
D3331 Treatment of root canal obstruction; non-surgical access	\$0
D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$0
D3333 Internal root repair of perforation defects	\$0
D3346 Retreatment of previous root canal therapy - anterior	\$100
D3347 Retreatment of previous root canal therapy - bicuspid	\$150
D3348 Retreatment of previous root canal therapy - molar	\$175
D3351 Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$175
D3352 Apexification/recalcification - interim medication replacement	\$0
D3353 Apexification recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$0
D3410 Apicoectomy - anterior	\$100
D3421 Apicoectomy - premolar (first root)	\$150
D3425 Apicoectomy - molar (first root)	\$175
D3426 Apicoectomy - each additional root	\$0
D3430 Retrograde filling - per root	\$0
D3450 Root amputation - per root	\$175
D3471 Surgical repair of root resorption – anterior	\$100
D3472 Surgical repair of root resorption – premolar	\$150
D3473 Surgical repair of root resorption – molar	\$175
D3911 Intraorifice barrier	\$20
D3920 Hemisection (including any root removal), not including root canal therapy	\$175
D3921 Decoronation or submergence of an erupted tooth	\$100
D3950 Canal preparation and fitting of preformed dowel or post	\$0

**7. Periodontics**

D4210 Gingivectomy or gingivoplasty - 4 or more contiguous teeth or tooth bounded spaces per quadrant	\$150
D4211 Gingivectomy or gingivoplasty - 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	\$75
D4240 Gingival flap procedure, including root planing - 4 or more contiguous teeth or tooth bounded spaces per quadrant	\$150
D4241 Gingival flap procedure, including root planing - 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	\$150
D4249 Clinical crown lengthening - hard tissue	\$150
D4260 Osseous surgery (including elevation of a full thickness flap and closure) - 4 or more contiguous teeth or tooth bounded spaces per quadrant	\$150
D4261 Osseous surgery (including elevation of a full thickness flap and closure) - 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	\$150
D4263 Bone replacement graft - retained natural tooth - first site in quadrant	\$0
D4264 Bone replacement graft - retained natural tooth - each additional site in quadrant	\$0
D4270 Pedicle soft tissue graft procedure	\$150
D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth or edentulous tooth position in graft	\$150

D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$150
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth or edentulous tooth position in graft	\$150
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth or edentulous tooth position in same graft site	\$150
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth or edentulous tooth position in the same graft site	\$150
D4341	Periodontic scaling and root planing - 4 or more teeth per quadrant	\$75
D4342	Periodontic scaling and root planing - 1 to 3 teeth per quadrant	\$75
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluations	\$0
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$0
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$0
D4910	Periodontic maintenance	\$0

### 8. Prosthodontics - Removable

D5110	Complete denture- maxillary	\$300
D5120	Complete denture - mandibular	\$300
D5130	Immediate denture - maxillary	\$300
D5140	Immediate denture - mandibular	\$300
D5211	Maxillary partial denture - resin base (including any retentive/clasping materials, rests and teeth)	\$300
D5212	Mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)	\$300
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	\$300
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	\$300
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	\$300
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	\$300
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	\$300
D5286	Removable unilateral partial denture – one piece resin base (including retentive/clasping materials, rests, and teeth) – per quadrant	\$300
D5410	Adjust complete denture - maxillary	\$0
D5411	Adjust complete denture - mandibular	\$0
D5421	Adjust partial denture - maxillary	\$0
D5422	Adjust partial denture - mandibular	\$0
D5511	Repair broken complete denture base, mandibular	\$0
D5512	Repair broken complete denture base, maxillary	\$0
D5621	Repair cast partial framework, mandibular	\$0
D5622	Repair cast partial framework, maxillary	\$0
D5630	Repair or replace broken retentive/clasping materials - per tooth	\$0
D5640	Replace broken teeth - per tooth	\$0
D5650	Add tooth to existing partial denture	\$0
D5660	Add clasp to existing partial denture – per tooth	\$0
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$0
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$0
D5710	Rebase complete maxillary denture	\$0
D5711	Rebase complete mandibular denture	\$0
D5720	Rebase maxillary partial denture	\$0
D5721	Rebase mandibular partial denture	\$0
D5730	Reline complete maxillary denture (chairside)	\$0
D5731	Reline complete mandibular denture (chairside)	\$0

D5740 Reline maxillary partial denture (chairside)	\$0
D5741 Reline mandibular partial denture (chairside)	\$0
D5750 Reline complete maxillary denture (laboratory)	\$0
D5751 Reline complete mandibular denture (laboratory)	\$0
D5760 Reline maxillary partial denture (laboratory)	\$0
D5761 Reline mandibular partial denture (laboratory)	\$0
D5765 Soft liner for complete or partial removable denture – indirect	\$0
D5810 Interim complete denture (maxillary)	\$150
D5811 Interim complete denture (mandibular)	\$150
D5820 Interim partial denture (maxillary)	\$150
D5821 Interim partial denture (mandibular)	\$150
D5850 Tissue conditioning, maxillary	\$0
D5851 Tissue conditioning, mandibular	\$0
D5863 Overdenture – complete, maxillary	\$300
D5864 Overdenture – partial, maxillary	\$300
D5865 Overdenture – complete, mandibular	\$300
D5866 Overdenture – partial, mandibular	\$300
D5986 Fluoride gel carrier	\$0

### 9. Prosthodontics – Fixed

D6210 Pontic – cast high noble metal	\$250
D6240 Pontic – porcelain fused to high noble metal	\$250
D6241 Pontic – porcelain fused to predominately base metal	\$250
D6545 Retainer – cast metal for resin bonded fixed prosthesis	\$250
D6720 Retainer crown – resin with high noble metal	\$250
D6750 Retainer crown – porcelain fused to high noble metal	\$250
D6780 Retainer crown - ¾ cast high noble metal	\$250
D6790 Retainer crown – full cast high noble metal	\$250
D6930 Re-cement or re-bond fixed partial denture	\$0
D6980 Fixed partial denture repair necessitated by restorative material failure	\$0

### 10. Oral Surgery

D7111 Extraction, coronal remnants – primary tooth	\$20
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$20
D7210 Extraction of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$100
D7220 Removal of impacted tooth – soft tissue	\$100
D7230 Removal of impacted tooth – partially bony	\$100
D7240 Removal of impacted tooth – completely bony	\$100
D7241 Removal of impacted tooth – completely bony, with unusual surgical complications	\$100
D7250 Removal residual roots (cutting procedure)	\$100
D7260 Oroantral fistula closure	\$100
D7261 Primary closure of a sinus perforation	\$100
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$100
D7280 Exposure of an unerupted tooth	\$100
D7283 Placement of device to facilitate eruption of impacted tooth	\$100
D7291 Transseptal fibrotomy/supra crestal fibrotomy, by report	\$100
D7310 Alveoloplasty in conjunction with extractions - 4 or more tooth spaces, per quadrant	\$0
D7311 Alveoloplasty in conjunction with extractions - 1 to 3 tooth spaces, per quadrant	\$0
D7320 Alveoloplasty not in conjunction with extractions - 4 or more tooth spaces, per quadrant	\$0
D7321 Alveoloplasty not in conjunction with extractions - 1 to 3 tooth spaces, per quadrant	\$0
D7340 Vestibuloplasty - ridge extension (secondary epithelialization)	\$100
D7350 Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$100
D7471 Removal of lateral exostosis (maxilla or mandible)	\$100
D7510 Incision and drainage of abscess - intraoral soft tissue	\$0
D7520 Incision and drainage of abscess - extraoral soft tissue	\$0

D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$0
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$0
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$0
D7670	Alveolus - closed reduction, may include stabilization of teeth	\$0
D7910	Suture of recent small wounds up to 5 cm	\$0
D7911	Complicated suture - up to 5 cm	\$0
D7953	Bone replacement graft for ridge preservation - per site	\$100
D7960	Frenulectomy - also known as frenectomy or frenotomy – separate procedure not incidental to another	\$100
D7970	Excision of hyperplastic tissue - per arch	\$100
D7971	Excision of pericoronal gingiva	\$100
<b>11. Anesthesia</b>		
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$20
<b>12. Miscellaneous</b>		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$0
D9120	Fixed partial denture sectioning	\$0
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0
D9420	Hospital call/Dental treatment provided in a hospital setting (Service Copayments still apply and facility fees not covered.)	\$125
D9430	Observation visit (during regularly scheduled hours) - no other services performed	\$0
D9440	Visit – after regularly scheduled hours	\$20
D9910	Application of desensitizing medicaments	\$0
D9911	Application of desensitizing resin for cervical and/or root surface (per tooth)	\$0
D9951	Occlusal adjustment - limited	\$0
D9970	Enamel microabrasion	\$0

**ATTACHMENT B—Orthodontia Treatment**

**I. General Provisions**

- A. Benefits for Orthodontia Treatment are provided only if a Contracting Dentist prepares the treatment plan prior to rendering services. The treatment plan is based on an examination that must take place while the Member is covered under this Contract. The examination must show a diagnosis of abnormal occlusion that can be corrected by Orthodontia Treatment.
- B. The Member must remain covered under the Contract for the entire length of treatment. The Member must follow the post-treatment plan and keep all appointments after the Member is banded to avoid additional Copayments.
- C. For Orthodontia Treatment started prior to the Effective Date of the Member, Copayments may be adjusted based upon the services necessary to complete the treatment.
- D. If benefits for Orthodontia Treatment terminate prior to completion of Orthodontia Treatment, benefits will continue through the end of the month. If coverage terminates prior to completion of treatment, the Copayment may be pro-rated. The services necessary to complete treatment will be based on the Reasonable Cash Value of services rendered.
- E. The Member is responsible for payment of the Copayments listed below for pre-Orthodontia and Orthodontia Treatment rendered. The Pre-Orthodontia Treatment Copayments will be deducted from the Comprehensive Orthodontia Treatment Copayment if the Member accepts the treatment plan. The Copayment for limited Orthodontia Treatment may be pro-rated based on the treatment plan.
- F. The General Office Visit Copayment listed in Attachment A is charged at each visit for orthodontic treatment. Services connected with Orthodontia Treatment are subject to the Copayments listed in Attachment A.

**II. Pre-Orthodontia Treatment Copayment**

- A. Initial orthodontic exam \$25
- B. Study models and X-rays \$125
- C. Case presentation \$0

**III. Orthodontia Treatment Copayment**

- A. Comprehensive Orthodontia Treatment Copayment \$2,000

The following are procedures provided under the benefits for Orthodontia Treatment:

- D8020 Limited orthodontic treatment of the transitional dentition
- D8030 Limited orthodontic treatment of the adolescent dentition
- D8040 Limited orthodontic treatment of the adult dentition
- D8070 Comprehensive orthodontic treatment of the transitional dentition
- D8080 Comprehensive orthodontic treatment of the adolescent dentition
- D8090 Comprehensive orthodontic treatment of the adult dentition