## Covered Dental Services and Patient Charges – U10TXI07

**The services covered by this Plan are named in this list. If a service, treatment or procedure is not on this list, it is not a covered service. All services must be provided by the assigned PCD.**

The Member must pay the listed Patient Charge. The benefits We provide are subject to all of the terms of this Plan, including the Limitations and Exclusions and Additional Conditions on Covered Services.

There is a limit on the total amount of Patient Charges a Member who is under age 19 must pay each calendar year for Pediatric Essential Health Benefits as determined by Texas. The Maximum Out Of Pocket limit is $450.00 for each Member under age 19. Once this limit is reached the plan waives Patient Charges for benefits for the rest of the calendar year for the Member. But if two or more Members under age 19 meet the Maximum Out Of Pocket limit of $900.00 in a calendar year, the Plan waives the Patient Charges for benefits for all other such Members under age 19 for the rest of the calendar year. The dental services identified with the asterisk symbol (*) reflect the Pediatric Essential Health Benefits.

There is no Maximum Out Of Pocket for Members age 19 and over. Members age 19 and over are responsible for the Patient Charge listed.

A dental service received through the use of audio-visual communication, sometimes called teledentistry, will be considered for benefits just like an in-person service. Teledentistry is provided to a Member at a different physical location than the Dentist, or health professional acting under the delegation and supervision of a Dentist, using telecommunications or information technology.

The Patient Charges listed in this section are only valid for covered services that are: (1) started and completed under this Plan, and (2) rendered by Participating Dentists in the State of Texas.

| CDT Code | Covered Dental Services and Patient Charges | Patient Charge |
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| **D0100-D0999** | **I. DIAGNOSTIC** | |
| 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 |
| 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 - comprehensive series of radiographic images* | $0 |
| D0220 | Intraoral - periapical first radiographic image* | $0 |
| D0230 | Intraoral - periapical each additional radiographic image* | $0 |
| D0240 | Intraoral - occlusal 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* | $0 |
| D0330 | Panoramic radiographic image* | $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 | $50 |
| D0460 | Pulp vitality tests | $0 |
| D0470 | Diagnostic casts* | $0 |
| D0600 | Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum* | $0 |

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| D0999 | Office visit during regular hours, general dentist only* | $20 |
| **D1000-D1999** | **II. PREVENTIVE** | |
| D1110 | Prophylaxis - adult* | $0 |
| | For the first two services in any 12-month period | |
| D1120 | Prophylaxis - child* | $0 |
| | For the first two services in any 12-month period | |
| D1999 | Prophylaxis - adult or child, for each additional service in same 12-month period* | $60 |
| | The Patient Charges for codes D1110, D1120, D1206, D1208, and D4910 are limited to the first two services in any 12-month period. For each additional service in the same 12-month period, see codes D1999, D2999, and D4999 for the applicable Patient Charge. | |
| | Routine prophylaxis or periodontal maintenance procedure - a total of four services in any 12-month period. One of the covered periodontal maintenance procedures may be performed by a participating periodontal Specialist if done within three to six months following completion of approved, active periodontal therapy (periodontal scaling and root planing or periodontal osseous surgery) by a participating periodontal Specialist. Active periodontal therapy includes periodontal scaling and root planing or periodontal osseous surgery. | |
| D1206 | Topical application of fluoride varnish* | $12 |
| | For the first two services in any 12-month period | |
| D1208 | Topical application of fluoride – excluding varnish* | $0 |
| | For the first two services in any 12-month period | |
| D2999 | Topical fluoride (adult or child), each additional service in the same 12-month period* | $20 |
| | The Patient Charges for codes D1110, D1120, D1206, D1208, and D4910 are limited to the first two services in any 12-month period. For each additional service in the same 12-month period, see codes D1999, D2999, and D4999 for the applicable Patient Charge. | |
| | Fluoride Treatment – a total of four services in any 12-month period. | |
| D1310 | Nutritional counseling for control of dental diseases | $0 |
| D1321 | Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use* | $0 |
| D1330 | Oral hygiene instructions | $0 |
| D1351 | Sealant - per tooth* | $14 |
| | Molars | |
| D9999 | Sealant - per tooth (non-molars)* | $35 |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient - permanent tooth* | $14 |
| | Sealants are limited to permanent teeth up to the 16th birthday. | |
| D1510 | Space maintainer - fixed – unilateral – per quadrant* | $75 |
| D1516 | Space maintainer - fixed – bilateral, maxillary* | $110 |
| D1517 | Space maintainer – fixed – bilateral, mandibular* | $110 |
| D1520 | Space maintainer - removable – unilateral* | $75 |
| D1526 | Space maintainer - removable – bilateral, maxillary* | $110 |

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| D1527 | Space maintainer – removable – bilateral, mandibular* | $110 |
| D1551 | Re-cement or re-bond bilateral space maintainer - maxillary | $13 |
| D1552 | Re-cement or re-bond bilateral space maintainer – mandibular* | $13 |
| D1553 | Re-cement or re-bond unilateral space maintainer – per quadrant* | $7 |
| D1556 | Removal of fixed unilateral space maintainer – per quadrant | $20 |
| D1557 | Removal of fixed bilateral space maintainer – maxillary* | $20 |
| D1558 | Removal of fixed bilateral space maintainer – mandibular* | $20 |
| D1575 | Distal shoe space maintainer – fixed, unilateral – per quadrant* | $75 |
| **D2000-D2999** | **III. RESTORATIVE** | |
| | The Patient Charge for these services is per unit. | |
| D2140 | Amalgam - one surface, primary or permanent, including polishing* | $28 |
| D2150 | Amalgam - two surfaces, primary or permanent, including polishing* | $35 |
| D2160 | Amalgam - three surfaces, primary or permanent, including polishing* | $46 |
| D2161 | Amalgam - four or more surfaces, primary or permanent, including polishing* | $57 |
| D2330 | Resin-based composite - one surface, primary or permanent, anterior, including polishing* | $36 |
| D2331 | Resin-based composite - two surfaces, primary or permanent, anterior, including polishing* | $44 |
| D2332 | Resin-based composite - three surfaces, primary or permanent, anterior, including polishing* | $58 |
| D2335 | Resin-based composite - four or more surfaces, primary or permanent, or involving incisal angle (anterior), including polishing* | $66 |
| D2390 | Resin-based composite crown, anterior* | $95 |
| D2391 | Resin-based composite - one surface, posterior, including polishing* | $56 |
| D2392 | Resin-based composite - two surfaces, posterior, including polishing* | $75 |
| D2393 | Resin-based composite - three surfaces, posterior, including polishing* | $90 |
| D2394 | Resin-based composite - four or more surfaces, posterior, including polishing* | $95 |
| D2510 | Inlay - metallic - one surface* | $326 |
| D2520 | Inlay - metallic - two surfaces* | $368 |
| D2530 | Inlay - metallic - three or more surfaces* | $383 |
| D2542 | Onlay - metallic - two surfaces* | $383 |
| D2543 | Onlay - metallic - three surfaces* | $400 |
| D2544 | Onlay - metallic - four or more surfaces* | $420 |
| | Metallic Inlays and Onlays – If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | |
| D2610 | Inlay - porcelain/ceramic - one surface* | $326 |
| D2620 | Inlay - porcelain/ceramic - two surfaces* | $368 |
| D2630 | Inlay - porcelain/ceramic - three or more surfaces* | $383 |
| D2642 | Onlay - porcelain/ceramic - two surfaces* | $383 |
| D2643 | Onlay - porcelain/ceramic - three surfaces* | $400 |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces* | $420 |
| D2740 | Crown - porcelain/ceramic* | $450 |
| D2750 | Crown - porcelain fused to high noble metal* | $430 |
| | If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | |
| D2751 | Crown - porcelain fused to predominately base metal* | $430 |
| D2752 | Crown - porcelain fused to noble metal* | $430 |
| D2753 | Crown – porcelain fused to titanium and titanium alloys* | $430 |
| D2780 | Crown - 3/4 cast high noble metal* | $420 |

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| | If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | |
| D2781 | Crown - 3/4 cast predominately base metal* | $420 |
| D2782 | Crown - 3/4 cast noble metal* | $420 |
| D2783 | Crown - 3/4 porcelain/ceramic* | $420 |
| D2790 | Crown - full cast high noble metal* | $430 |
| | If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | |
| D2791 | Crown - full cast predominately base metal* | $430 |
| D2792 | Crown - full cast noble metal* | $430 |
| D2794 | Crown – titanium and titanium alloys* | $430 |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration* | $18 |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core* | $18 |
| D2920 | Re-cement crown* | $18 |
| D2928 | Prefabricated porcelain/ceramic – permanent tooth* | $135 |
| D2929 | Prefabricated porcelain/ceramic crown - primary tooth* | $135 |
| D2930 | Prefabricated stainless steel crown - primary tooth* | $110 |
| D2931 | Prefabricated stainless steel crown - permanent tooth* | $125 |
| D2932 | Prefabricated resin crown* | $135 |
| D2933 | Prefabricated stainless steel crown with resin window* | $135 |
| D2934 | Prefabricated esthetic coated stainless steel crown - primary tooth* | $145 |
| D2940 | Protective restoration* | $30 |
| D2941 | Interim therapeutic restoration – primary dentition* | $21 |
| D2949 | Restorative foundation for an indirect restoration* | $0 |
| D2950 | Core buildup, including any pins when required* | $113 |
| D2951 | Pin retention - per tooth, in addition to restoration* | $24 |
| D2952 | Post and core, in addition to crown, indirectly fabricated* | $160 |
| D2953 | Each additional indirectly fabricated post - same tooth* | $50 |
| D2954 | Prefabricated post and core in addition to crown* | $130 |
| D2957 | Each additional prefabricated post - same tooth* | $29 |
| D2960 | Labial veneer (resin laminate) - direct* | $250 |
| D2971 | Additional procedures to customize a crown to fit under an existing partial denture framework* | $125 |

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| **D3000-D3999** | **IV. ENDODONTICS** | |
| D3110 | Pulp cap - direct (excluding final restoration)* | $15 |
| D3120 | Pulp cap - indirect (excluding final restoration)* | $15 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament* | $50 |
| D3221 | Pulpal debridement, primary and permanent teeth* | $50 |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development* | $50 |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)* | $88 |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)* | $90 |
| D3310 | Endodontic therapy - anterior tooth (excluding final restoration)* | $260 |
| D3320 | Endodontic therapy - premolar tooth (excluding final restoration)* | $300 |
| D3330 | Endodontic therapy - molar (excluding final restoration)* | $400 |
| D3331 | Treatment of root canal obstruction; non-surgical access* | $0 |
| D3332 | Incomplete endodontic therapy: inoperable, unrestorable or fractured tooth* | $150 |
| D3333 | Internal root repair of perforation defects* | $120 |
| D3346 | Retreatment of previous root canal therapy – anterior* | $315 |
| D3347 | Retreatment of previous root canal therapy – premolar* | $370 |
| D3348 | Retreatment of previous root canal therapy – molar* | $445 |

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| D3410 | Apicoectomy – anterior* | $265 |
| D3421 | Apicoectomy - premolar (first root)* | $300 |
| D3425 | Apicoectomy - molar (first root)* | $350 |
| D3426 | Apicoectomy - (each additional root)* | $110 |
| D3430 | Retrograde filling - per root* | $90 |
| D3471 | Surgical repair of root resorption – anterior* | $300 |
| D3472 | Surgical repair of root resorption – premolar* | $300 |
| D3473 | Surgical repair of root resorption – molar* | $300 |
| D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior* | $300 |
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar* | $300 |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption – molar* | $300 |
| D3911 | Intraorifice barrier* | $0 |
| D3950 | Canal preparation and fitting of preformed dowel or post | $20 |
| **D4000-D4999** | **V. PERIODONTICS** | |
| D4210 | Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant* | $188 |
| D4211 | Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant* | $85 |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth* | $60 |
| D4240 | Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant* | $275 |
| D4241 | Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant* | $165 |
| D4249 | Clinical crown lengthening – hard tissue* | $285 |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant* | $410 |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant* | $350 |
| D4268 | Surgical revision procedure, per tooth* | $0 |
| D4270 | Pedicle soft tissue graft procedure* | $295 |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft* | $328 |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites ), first tooth, implant or edentulous tooth position in graft* | $298 |
| D4278 | Free soft tissue graft procedure (including recipient and donor surgical sites ), each additional contiguous tooth, implant or edentulous tooth position in graft* | $179 |
| D4283 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in the same graft site* | 197 |
| 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* | $30 |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation* | $0 |
| D4355 | Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis on a subsequent visit* | $35 |
| D4910 | Periodontal maintenance* | $32 |
| D4999 | For the first two services in any 12-month period<br>Periodontal maintenance, each additional service in same 12-month period* | $60 |

## Covered Dental Services and Patient Charges – U10TXI07

The Patient Charge for codes D1110, D1120, D1206, D1208 and D4910 are limited to the first two services in any 12-month period. For each additional service in the same 12-month period, see codes D1999, D2999 and D4999 for the applicable Patient Charge.

Routine prophylaxis or periodontal maintenance procedure – a total of four services in any 12-month period. One of the covered periodontal maintenance procedures may be performed by a participating periodontal Specialist if done within three to six months following completion of approved, active periodontal therapy (periodontal scaling and root planing or periodontal osseous surgery) by a participating periodontal Specialist. Active periodontal therapy includes periodontal scaling and root planing or periodontal osseous surgery.

| D5000-D5899 | **VI. PROSTHODONTICS, removable** | |
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| D5110 | Complete denture - maxillary* | $580 |
| D5120 | Complete denture - mandibular* | $580 |
| D5130 | Immediate denture - maxillary* | $620 |
| D5140 | Immediate denture - mandibular* | $620 |
| D5211 | Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)* | $580 |
| D5212 | Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)* | $580 |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)* | $620 |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)* | $620 |
| D5221 | Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)* | $609 |
| D5222 | Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)* | $609 |
| D5223 | Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)* | $651 |
| D5224 | Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)* | $651 |
| D5225 | Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)* | $675 |
| D5226 | Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)* | $675 |
| D5227 | Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)* | 775 |
| D5228 | Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)* | 775 |
| D5410 | Adjust complete denture - maxillary* | $27 |
| D5411 | Adjust complete denture - mandibular* | $27 |
| D5421 | Adjust partial denture - maxillary* | $27 |
| D5422 | Adjust partial denture - mandibular* | $27 |
| D5511 | Repair broken complete denture base, mandibular* | $69 |
| D5512 | Repair broken complete denture base, maxillary* | $69 |
| D5520 | Replace missing or broken teeth - complete denture (each tooth)* | $66 |
| D5611 | Repair resin partial denture base, mandibular* | $80 |
| D5612 | Repair resin partial denture base, maxillary* | $80 |
| D5621 | Repair cast partial framework, mandibular* | $80 |
| D5622 | Repair cast partial framework, maxillary* | $80 |
| D5630 | Repair or replace broken retentive/clasping materials – per tooth* | $96 |

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| D5640 | Replace broken teeth – per tooth* | $62 |
| D5650 | Add tooth to existing partial denture* | $81 |
| D5660 | Add clasp to existing partial denture – per tooth* | $102 |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary)* | $223 |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular)* | $223 |
| D5710 | Rebase complete maxillary denture* | $230 |
| D5711 | Rebase complete mandibular denture* | $230 |
| D5720 | Rebase maxillary partial denture* | $230 |
| D5721 | Rebase mandibular partial denture* | $230 |
| D5730 | Reline complete maxillary denture (direct)* | $130 |
| D5731 | Reline complete mandibular denture (direct)* | $130 |
| D5740 | Reline maxillary partial denture (direct)* | $125 |
| D5741 | Reline mandibular partial denture (direct)* | $125 |
| D5750 | Reline complete maxillary denture (indirect)* | $186 |
| D5751 | Reline complete mandibular denture (indirect)* | $186 |
| D5760 | Reline maxillary partial denture (indirect)* | $186 |
| D5761 | Reline mandibular partial denture (indirect)* | $186 |
| D5765 | Soft liner for complete or partial removable denture – indirect* | $60 |
| D5820 | Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary* | $190 |
| D5821 | Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular* | $190 |
| D5850 | Tissue conditioning, maxillary* | $60 |
| D5851 | Tissue conditioning, mandibular* | $60 |
| **D5900-D5999** | **VII. MAXILLOFACIAL PROSTHETICS – Not Covered** | |
| **D6000-D6199** | **VIII. IMPLANT SERVICES - Not Covered** | |
| **D6200-D6999** | **IX. PROSTHODONTICS, fixed** | |
| | The Patient Charge for these services is per unit. | |
| D6210 | Pontic - cast high noble metal* | $400 |
| | If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | |
| D6211 | Pontic - cast predominately base metal* | $400 |
| D6212 | Pontic - cast noble metal | $400 |
| D6214 | Pontic – titanium and titanium alloys* | $400 |
| D6240 | Pontic - porcelain fused to high noble metal*- If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | $400 |
| D6241 | Pontic - porcelain fused to predominately base metal* | $400 |
| D6242 | Pontic - porcelain fused to noble metal* | $400 |
| D6243 | Pontic – porcelain fused to titanium and titanium alloys* | $400 |
| D6245 | Pontic – porcelain/ceramic* | $410 |
| D6600 | Retainer inlay - porcelain/ceramic - two surfaces* | $368 |
| D6601 | Retainer inlay - porcelain/ceramic - three or more surfaces* | $383 |
| D6602 | Retainer inlay - cast high noble metal, two surfaces* | $368 |
| | If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | |
| D6603 | Inlay - cast high noble metal, three or more surfaces* | $383 |
| | If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | |
| D6604 | Retainer inlay - cast predominantly base metal, two surfaces* | $368 |

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| D6605 | Retainer inlay - cast predominantly base metal, three or more surfaces* | $383 |
| D6606 | Retainer inlay - cast noble metal, two surfaces* | $368 |
| D6607 | Retainer inlay - cast noble metal, three or more surfaces* | $383 |
| D6608 | Retainer onlay - porcelain/ceramic - two surfaces* | $383 |
| D6609 | Retainer onlay - porcelain/ceramic - three or more surfaces* | $400 |
| D6610 | Retainer onlay - cast high noble metal, two surfaces*<br>If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | $383 |
| D6611 | Retainer onlay - cast high noble metal, three or more surfaces*<br>If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | $400 |
| D6612 | Retainer onlay - cast predominantly base metal, two surfaces* | $383 |
| D6613 | Retainer onlay - cast predominantly base metal, three or more surfaces* | $400 |
| D6614 | Retainer onlay - cast noble metal, two surfaces* | $383 |
| D6615 | Retainer inlay - cast noble metal, three or more surfaces* | $400 |
| D6624 | Retainer inlay – titanium* | $368 |
| D6634 | Retainer onlay – titanium* | $383 |
| D6740 | Retainer crown - porcelain/ceramic* | $450 |
| D6750 | Retainer crown - porcelain fused to high noble metal*<br>If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | $430 |
| D6751 | Retainer crown - porcelain fused to predominately base metal* | $430 |
| D6752 | Retainer crown - porcelain fused to noble metal* | $430 |
| D6753 | Retainer crown – porcelain fused to titanium and titanium alloys* | $430 |
| D6780 | Retainer crown - 3/4 cast high noble metal*<br>If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | $430 |
| D6781 | Retainer crown - 3/4 cast predominately base metal* | $430 |
| D6782 | Retainer crown - 3/4 cast noble metal* | $430 |
| D6783 | Retainer crown - 3/4 porcelain/ceramic* | $430 |
| D6784 | Retainer crown ¾ - titanium and titanium alloys* | $430 |
| D6790 | Retainer crown - full cast high noble metal*<br>If high noble metal is used, there will be an additional Patient Charge for the actual cost of the high noble metal. | $430 |
| D6791 | Retainer crown - full cast predominately base metal* | $430 |
| D6792 | Retainer crown - full cast noble metal* | $430 |
| D6794 | Retainer crown – titanium and titanium alloys* | $430 |
| D6930 | Re-cement or re-bond fixed partial denture* | $26 |
| D6999 | Multiple crown and bridge unit treatment plan - per unit, six or more units per treatment plan* | $125 |
| **D7000-D7999** | **X. ORAL AND MAXILLOFACIAL SURGERY** | |
| D7111 | Extraction, coronal remnants - primary tooth* | $20 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal)* | $35 |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated* | $110 |
| D7220 | Removal of impacted tooth - soft tissue* | $145 |
| D7230 | Removal of impacted tooth - partially bony* | $180 |
| D7240 | Removal of impacted tooth - completely bony* | $215 |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications* | $240 |
| D7250 | Removal of residual tooth roots (cutting procedure)* | $110 |
| D7261 | Primary closure of a sinus perforation | $250 |
| D7280 | Exposure of an unerupted tooth* | $250 |
| D7283 | Placement of device to facilitate eruption of impacted tooth | $35 |

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| D7285 | Incisional biopsy of oral tissue - hard (bone, tooth) | $125 |
| D7286 | Incisional biopsy of oral tissue - soft | $85 |
| D7288 | Brush biopsy - transepithelial sample collection | $65 |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant* | $53 |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant* | $26 |
| D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant* | $92 |
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant* | $65 |
| D7450 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm | $200 |
| D7451 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm | $260 |
| D7471 | Removal of lateral exostosis (maxilla or mandible)* | $215 |
| D7472 | Removal of torus palatinus | $215 |
| D7473 | Removal of torus mandibularis | $215 |
| D7509 | Marsupialization of odontogenic cyst | $44 |
| D7510 | Incision and drainage of abscess - intraoral soft tissue* | $44 |
| D7511 | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)* | $48 |
| D7922 | Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site* | 25 |
| D7961 | Buccal / labial frenectomy (frenulectomy)* | $100 |
| D7962 | Lingual frenectomy (frenulectomy)* | $100 |
| D7963 | Frenuloplasty* | $168 |
| **D8000-D8999** | **XI. ORTHODONTICS** | |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition* | $2,500 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition* | $2,500 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition* | $2,800 |

Child orthodontics applies to a Member under age19; adult orthodontics applies to a Member age19 and above. A Member's age is determined on the date of banding.

For Members under age 19, orthodontic services are covered only when needed due to a severe, dysfunctional, or handicapping malocclusion.

| | | |
|---|---|---|
| D8660 | Pre-orthodontic treatment examination to monitor growth and development* | $250 |
| D8670 | Periodic orthodontic treatment visit* | $0 |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s))* | $400 |
| D8999 | Consultation to determine that orthodontic treatment will begin (includes treatment plan, records and evaluation) | $250 |

**The Plan Covers the Following for Orthodontic Services:**

- Orthodontic services as listed under Covered Dental Services and Patient Charges, limited to one (1) course of treatment per Member. We must preauthorize treatment, and it must be performed by a Participating Orthodontic Specialist Dentist.
- Up to twenty-four (24) months of comprehensive treatment.
- Treatment plan and records, including initial records and any interim and final records.

- Comprehensive orthodontic treatment, including the fixed banding appliances and related visits only.
- Retention services following a course of comprehensive orthodontic treatment that was covered under this Plan.
- Orthodontic retention, including any and all necessary fixed and removable appliances and related visits.
- If a Member has orthodontic treatment associated with orthognathic surgery (a non-covered procedure involving the surgical moving of teeth), the Plan provides the standard orthodontic benefit. The Member will be responsible for additional charges related to orthognathic surgery and the complexity of the orthodontic treatment. The additional charge will be based on the Participating Orthodontic Specialist Dentist's usual fee.

**This Plan Does Not Cover the Following for Orthodontic Services:**

- Any Procedure listed as an exclusion, in excess of Plan limitations, or as not covered under MDG.
- Orthodontic treatment performed by any dentist other than a Participating Orthodontic Specialty Dentist.
- Limited orthodontic treatment and Interceptive (Phase 1) treatment.
- Treatment beyond twenty-four (24) months. (The Member will be responsible for an additional charge for each additional month of treatment, based upon the Participating Orthodontic Specialists Dentist's contracted fee.
- Except as described under treatment in progress - orthodontic treatment, orthodontic services are not covered if comprehensive treatment begins before the Member is eligible for benefits under the Plan. If a Member's coverage terminates after the fixed banding appliances are inserted, the Participating Orthodontist Specialty Care Dentist may prorate his or her usual fee over the remaining months of treatment.
- Orthodontic services after a Member's coverage terminates.
- Any incremental charges for non-standard orthodontic appliances or those made with clear, ceramic, white or other optional material or lingual brackets.
- Procedures, appliances or devices to (a) guide minor tooth movement or (b) to correct or control harmful habits.
- Re-treatment of orthodontic cases, or changes in orthodontic treatment necessitated by any kind of accident.
- Replacement or repair of orthodontic appliances damaged due to the neglect of the Member.
- Extractions performed solely to facilitate orthodontic treatment.
- Orthognathic surgery (moving of teeth by surgical means) and associated incremental charges.
- If a Member transfers to another Participating Orthodontic Specialty Care Dentist after authorized comprehensive orthodontic treatment has started under this Plan, the Member will be responsible for any additional costs associated with the change in Orthodontic Specialty Care Dentist and subsequent treatment.

| **D9000-D9999** | **XII. ADJUNCTIVE GENERAL SERVICES** | |
|---|---|---|
| D9110 | Palliative treatment of dental pain - per visit* | $25 |
| D9120 | Fixed partial denture sectioning* | $30 |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | $0 |
| D9219 | Evaluation for moderate sedation, deep sedation or general anesthesia* | $55 |

## Covered Dental Services and Patient Charges – U10TXI07

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|---|---|---|
| D9222 | Deep sedation/general anesthesia - first 15 minutes* | $98 |
| D9223 | Deep sedation/general anesthesia - each subsequent 15 minute increment* | $98 |
| D9230 | Inhalation of nitrous oxide/analgesia, anxiolysis | $28 |
| D9239 | Intravenous moderate (conscious) sedation/analgesia - first 15 minutes* | $98 |
| D9243 | Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment* | $98 |
| D9248 | Non-intravenous conscious sedation | $125 |
| | Procedure codes D9222, D9223, D9239, D9243 and D9248 are limited to a participating oral surgery Specialist. Additionally, these services are only covered in conjunction with other surgical services. | |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician* | $34 |
| D9311 | Consultation with a medical health care professional* | $0 |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed* | $10 |
| D9440 | Office visit - after regularly scheduled hours* | $50 |
| D9450 | Case presentation, subsequent to detailed and extensive treatment planning | $0 |
| D9951 | Occlusal adjustment – limited | $23 |
| D9971 | Odontoplasty - per tooth | $23 |
| D9972 | External bleaching - per arch – performed in office | $165 |
| D9975 | External bleaching for home application, per arch; includes material and fabrication of custom trays | $99 |
| D9986 | Broken 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 |
| D9997 | Dental case management – patients with special health care needs | $0 |