

Group Dental Schedule of Benefits

| | | Standard |
|---|--|-----------------|
| Dental Wellness | | \$50 |
| Pays two visits per calendar year per covered insured. Visits must be separated by 150 days or more. Any one or more of the following codes counts as a wellness visit: | | |
| D0120 | Periodic Oral Eval | |
| D0145 | Oral evaluation for patient wellness | |
| D0150 | Comprehensive oral evaluation - new or established patient | |
| D0160 | Detailed & Extensive Oral Eval-Problem-Focused By Report | |
| D0170 | Re-evaluation - limited, problem focused (established patient; not post-operative visit) | |
| D0180 | Comprehensive periodontal evaluation | |
| D0425 | Caries Susceptibility Tests | |
| D1110 | Prophylaxis-Adult | |
| D1120 | Prophylaxis-Child | |
| D1203 | Topical Applic Fluoride (Pxs Not Incl)-Child | |
| D1204 | Topical Applic Fluoride (Pxs Not Incl)-Adult | |
| D1206 | Topical fluoride varnish; therap app for mod to high caries risk patients | |
| D1310 | Nutritional Counseling-Contrl Dental Disease | |
| D1320 | Tobacco Counseling-Contrl & Preven Oral Disease | |
| D1330 | Oral Hygiene Instruc | |
| D4910 | periodontal maintenance | |
| D9430 | Offic Visit For Obsrv (Reg Hrs)-No Oth Serv) | |
| D9910 | Applic Desensitizing Meds | |
| X-Ray | | \$35 |
| Payable once per visit, regardless of the number of X-rays received. This benefit is payable only once per Policy Year per covered person. Any one or more of the following codes counts as an X-Ray: | | |
| D0210 | Intraoral-Complt Series (Incl Bitewings) | |
| D0220 | Intraoral-Periapical-First Film | |
| D0230 | Intraoral-Periapical-Ea Add Film | |
| D0240 | Intraoral-Occlusal Film | |
| D0250 | Extraoral-First Film | |
| D0260 | Extraoral-Ea Add Film | |
| D0270 | Bitewing-Sngl Film | |
| D0272 | Bitewings-2 Films | |
| D0273 | Bitewings- 3 Films | |
| D0274 | Bitewings-4 Films | |

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| X-Ray continued | | |
|------------------------------------|---|-----------------|
| D0277 | Vertical Bitewings- 7 to 8 films | |
| D0330 | Panoramic Film | |
| D0340 | Cephalometric Film | |
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| Fillings and Basic Services | | Standard |
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| D0140 | Ltd Oral Eval-Problem Focused | \$25 |
| D0290 | PA/LAT Skull & Facial Bone Survey Film | \$65 |
| D0310 | Sialography | \$170 |
| D0415 | Bacteriologic Studies-Determ Path Agents | \$15 |
| D0416 | Viral Culture | \$15 |
| D0417 | Collection and preparation of saliva sample for lab diagnostic testing | \$15 |
| D0418 | Analysis of saliva sample | \$15 |
| D0421 | Genetic test for susceptibility to oral diseases | \$15 |
| D0431 | Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including pre-maglinant and malignatn lesions, not to include cytology or biopsy | \$15 |
| D0460 | Pulp Vitality Tests | \$15 |
| D0470 | Diagnostic Casts | \$30 |
| D2140 | Amalgam-1 Surface, primary or permanent | |
| | primary | \$45 |
| | permanent | \$60 |
| D2150 | Amalgam-2 Surfaces, primary or permanent | |
| | primary | \$50 |
| | permanent | \$65 |
| D2160 | Amalgam-3 Surfaces, primary or permanent | |
| | primary | \$55 |
| | permanent | \$70 |
| D2161 | Amalgam-4/More Surfaces, primary or permanent | |
| | primary | \$60 |
| | permanent | \$75 |
| D2330 | Resin-1 Surface Ant | \$55 |
| D2331 | Resin-2 Surfaces Ant | \$65 |
| D2332 | Resin-3 Surfaces Ant | \$75 |
| D2335 | Resin-4/More Surfaces/Involv Incisal Angle (Ant) | \$85 |
| D2390 | Resin-based composite crown, anterior | \$85 |
| D2391 | Resin-based composite - one surface, posterior | |
| | primary | \$50 |
| | permanent | \$55 |

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| D2392 | Resin-based composite - two surfaces, posterior | |
| | primary | \$60 |
| | permanent | \$65 |
| Fillings and Basic Services continued | | Standard |
| D2393 | Resin-based composite - three surfaces, posterior | |
| | primary | \$70 |
| | permanent | \$75 |
| D2394 | Resin-based composite - four or more surfaces, posterior | |
| | primary | \$70 |
| | permanent | \$75 |
| D2410 | Gold Foil-1 Surface | \$225 |
| D2420 | Gold Foil-2 Surfaces | \$250 |
| Pain Management and Adjunctive Services | | Standard |
| D9110 | Palliative (Er) Tx Dental Pain-Minor Proc | \$30 |
| D9220 | Deep sedation/general anesthesia | \$85 |
| D9230 | Analgesia, anxiolysis, nitrous oxide | \$85 |
| D9241 | Intravenous conscious sedation/analgesia - first 30 minutes | \$130 |
| D9310 | Consultation (Diag Serv By Non Treating Practioner) | \$30 |
| D9410 | House call | \$30 |
| D9420 | Hospital call | \$30 |
| D9440 | Offic Visit-After Reg Scheduled Hrs | \$30 |
| D9450 | Case presentation, detailed and extensive treatment planning | \$30 |
| Other Preventive Services | | Standard |
| D1351 | Sealant-Per Tooth | \$20 |
| D1510 | Space Maintainer-Fix-Unilat | \$85 |
| D1515 | Space Maintainer-Fix-Bilat | \$110 |
| D1520 | Space Maintainer-Remov-Unilat | \$85 |
| D1525 | Space Maintainer-Remov-Bilat | \$110 |
| D1550 | Recementation Space Maintainer | \$40 |
| D1555 | Removal of Fixed Space Maintaner | \$85 |
| Oral Surgery, Gum Treatments and Prosthetic Repair | | Standard |
| D4210 | Gingivectomy or Gingivoplasty-four or more contiguos teeth or bounded teeth spaces per quadrant | \$150 |

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|---|---|-----------------|
| D4211 | Gingivectomy or Gingivoplasty-one to three teeth, per quadrant | \$50 |
| D4230 | Anatomical crown exposure - four or more contiguous teeth per quadrant | \$150 |
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| Oral Surgery, Gum Treatments and Prosthetic Repair continued | | Standard |
| | | |
| D4231 | Anatomical crown exposure - one to three teeth per quadrant | \$50 |
| D4240 | Gingival Flap Procedure, including root planning - four or more contiguous teeth or bounded teeth | \$250 |
| D4241 | Gingival Flap Proc Incl Root Planing- 1 to 3 teeth | \$250 |
| D4249 | Clin Crown Lengthening-Hard Tiss | \$275 |
| D4260 | Osseous Surgery (including flap entry and closure)-four or more contiguous teeth or bounded teeth | \$275 |
| D4261 | Osseous Graft - One site | \$275 |
| D4263 | Bone Replac Gft-First Site In Quadrant | \$300 |
| D4264 | Bone Replac Gft-Ea Add Site In Quadrant | \$225 |
| D4270 | Pedicle Soft Tiss Gft Proc | \$300 |
| D4271 | Free Soft Tiss Gft Proc (Incl Donor Site Surg) | \$300 |
| D4273 | Subepithelial Connective Tissue Graft procedures | \$325 |
| D4275 | Soft tissue allograft | \$300 |
| D4320 | Provisional Splinting-Intracoronal | \$160 |
| D4321 | Provisional Splinting-Extracoronal | \$130 |
| D4341 | Periodontal Scaling & Root Planing - four or more contiguous teeth or bounded teeth spaces | \$65 |
| D4342 | Periodontal Scaling & Root Planing 1 to 3 teeth | \$65 |
| D4355 | Full Mouth Debridement to Enable comprehensive evaluation and diagnosis | \$60 |
| D5410 | Adjust Complt Denture-Maxil | \$30 |
| D5411 | Adjust Complt Denture-Mandib | \$30 |
| D5421 | Adjust Part Denture-Maxil | \$30 |
| D5422 | Adjust Part Denture-Mandib | \$30 |
| D5510 | Repr Broken Complt Denture Base | \$50 |
| D5520 | Replace Miss/Brkn Teeth-Complt Denture(Ea Tooth) | \$45 |
| D5610 | Repr Resin Denture Base | \$50 |
| D5620 | Repr Cast Framework | \$65 |
| D5630 | Repr/Replace Broken Clasp | \$55 |
| D5640 | Replace Broken Teeth-Per Tooth | \$45 |
| D5650 | Add Tooth To Existing Part Denture | \$50 |
| D5660 | Add Clasp To Existing Part Denture | \$65 |

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|---|--|-----------------|
| D5710 | Rebase Complt Maxil Denture | \$140 |
| D5711 | Rebase Complt Mandib Denture | \$180 |
| D5720 | Rebase Maxil Part Denture | \$180 |
| D5721 | Rebase Mandib Part Denture | \$180 |
| D5730 | Reline Complt Maxil Denture (Chairside) | \$85 |
| Oral Surgery, Gum Treatments and Prosthetic Repair continued | | Standard |
| D5731 | Reline Complt Mandib Denture (Chairside) | \$85 |
| D5740 | Reline Maxil Part Denture (Chairside) | \$100 |
| D5741 | Reline Mandib Part Denture (Chairside) | \$100 |
| D5750 | Reline Complt Maxil Denture (Lab) | \$120 |
| D5751 | Reline Complt Mandib Denture (Lab) | \$120 |
| D5760 | Reline Maxil Part Denture (Lab) | \$150 |
| D5761 | Reline Mandib Part Denture (Lab) | \$150 |
| D5850 | Tiss Conditioning Maxil | \$45 |
| D5851 | Tiss Conditioning Mandib | \$45 |
| D6090 | Repr Implnt Supported Prosth Br | \$120 |
| D6091 | replacement of semi-precision or precision attachment, per attachment | \$120 |
| D6092 | recement implant/abutment supported crown | \$120 |
| D6093 | recement implant/abutment supported fixed partial denture | \$120 |
| D6095 | Repr Implnt Abutment Br | \$120 |
| D6100 | Implnt Remov Br | \$40 |
| D6930 | Recement Fix Part Denture | \$40 |
| D7111 | Coronal remnants - deciduous tooth | \$45 |
| D7140 | Extraction, erupted tooth or exposed root | \$45 |
| D7210 | Remov Erupt Tth-W/Mucoperiostl Flp-Remov Bne/Tth | \$80 |
| D7220 | Remov Impacted Tooth-Soft Tiss | \$100 |
| D7230 | Remov Impacted Tooth-Part Bony | \$130 |
| D7240 | Remov Impacted Tooth-Complt Bony | \$150 |
| D7241 | Remov Impacted Tth-Complt Bony W/Unusual Complic | \$170 |
| D7250 | Surg Remov Residual Tooth Roots (Cutting Proc) | \$80 |
| D7260 | Oroantral Fistula Clos | \$200 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | \$200 |
| D7280 | Surgical access of an unerupted tooth | \$225 |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | \$75 |
| D7283 | Placement of device to facilitate eruption of impacted tooth | \$75 |
| D7285 | Bx Oral Tiss-Hard | \$400 |
| D7286 | Bx Oral Tiss-Soft | \$170 |
| D7310 | Alveoloplasty W/Extractions-Per Quadrant | \$70 |

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|---|--|-----------------|
| D7311 | Alveoloplasty in conj w ext-one to three teeth or tooth spaces, per quad | \$70 |
| D7320 | Alveoloplasty Not W/Extractions Per Quadrant | \$85 |
| Oral Surgery, Gum Treatments and Prosthetic Repair continued | | Standard |
| D7321 | Alveoloplasty no conj w ext-one to three teeth or tooth spaces, per quad | \$85 |
| D7340 | Vestibuloplasty-Ridge Exten(Secndry Epitheliztn) | \$850 |
| D7350 | Vestibuloplasty-Ridge Exten(W/Soft Tiss Gft) | \$800 |
| D7410 | excision of benign lesion up to 1.25 cm | \$575 |
| D7411 | Excision of benign lesion greater than 1.25 cm | \$575 |
| D7412 | Excision of benign lesion, complicated | \$575 |
| D7413 | Excision of malignant lesion up to 1.25 cm | \$725 |
| D7414 | Excision of malignant lesion greater than 1.25 cm | \$725 |
| D7415 | Excision of malignant lesion, complicated | \$725 |
| D7440 | Excision of malignant tumor - lesion diam up to 1.25 cm | \$725 |
| D7441 | Exc Malig Tumor-Les Diam >1.25 CM | \$725 |
| D7450 | removal of benign odotogenic cyst or tumor - lesion diameter up to 1.25 cm | \$575 |
| D7451 | removal of benign odotogenic cyst or tumor - lesion diameter greater than 1.25 cm | \$575 |
| D7460 | removal of benign nonodotogenic cyst or tumor - lesion diameter up to 1.25 cm | \$575 |
| D7461 | removal of benign nonodotogenic cyst or tumor - lesion diameter greater than 1.25 cm | \$575 |
| D7471 | removal of lateral exostosis (maxilla or mandible) | \$425 |
| D7472 | removal of torus palatinus | \$425 |
| D7473 | removal of torus mandibularis | \$425 |
| D7485 | surgical reduction of osseous tuberosity | \$500 |
| D7510 | I&D Absc-Intraoral Soft Tiss | \$110 |
| D7511 | I&D Absc- Intraoral Soft Tissue - complicated (includes drain mult spaces) | \$525 |
| D7520 | I&D Absc-Extraoral Soft Tiss | \$525 |
| D7521 | I&D Absc-Extraoral Soft Tiss-complicated (includes drain mult spaces) | \$525 |
| D7530 | Removal of foreign body from mucosa, skin, or subcataneous alveolar tissue | \$180 |
| D7540 | Remov Reaction-Producing FB-MS Syst | \$200 |

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| D7550 | partial ostectomy/sequestrectomy for removal of non-vital bone | \$130 |
| D7560 | Maxil Sinusotomy For Remov Tooth Fragment/FB | \$800 |
| D7610 | Maxil-OP Reduc (Teeth Immobilized) (Simpl FX) | \$800 |
| Oral Surgery, Gum Treatments and Prosthetic Repair continued | | Standard |
| | | |
| D7620 | Maxil-Clo Reduc (Teeth Immobilized) (Simpl FX) | \$800 |
| D7630 | Mandible - open reduction (teeth immobilized, if present) | \$70 |
| D7640 | Mandible - closed reduction (teeth immobilized, if present) | \$90 |
| D7650 | Malar &/Or Zygo Arch-Op Reduc (Simpl FX) | \$800 |
| D7660 | Malar &/Or Zygo Arch-Clo Reduc (Simpl FX) | \$600 |
| D7670 | alveolus - closed reduction, may include stabilization of teeth | \$800 |
| D7671 | alveolus - open reduction, may include stabilization of teeth | \$400 |
| D7710 | Maxil-OP Reduc (Compound FX) | \$800 |
| D7720 | Maxil-Clo Reduc (Compound FX) | \$800 |
| D7730 | Mandible - open reduction | \$85 |
| D7740 | Mandible - closed reduction | \$85 |
| D7750 | Malar &/Or Zygo Arch-Op Reduc (Compound FX) | \$350 |
| D7760 | Malar &/Or Zygo Arch-Clo Reduc (Compound FX) | \$350 |
| D7770 | alveolus - open reduction stabilization of teeth | \$400 |
| D7771 | alveolus - closed reduction stabilization of teeth | \$800 |
| D7960 | Frenulectomy (Frenectomy/Frenotomy)- Spart Proc | \$85 |
| D7963 | frenuloplasty | \$85 |
| D7970 | Exc Hyperplastic Tiss-Per Arch | \$85 |
| D7971 | Exc Pericoronal Gingiva | \$75 |
| D9120 | fixed partial denture sectioning | \$40 |
| | | |
| Crowns and Major Servies | | Standard |
| | | |
| D2510 | Inlay-Metallic-1 Surface | \$200 |
| D2520 | Inlay-Metallic-2 Surfaces | \$250 |
| D2530 | Inlay-Metallic-3/More Surfaces | \$375 |
| D2542 | Onlay-Metallic-2 Surfaces | \$250 |
| D2543 | Onlay-Metallic-3 Surfaces | \$275 |
| D2544 | Onlay-Metallic-4/More Surfaces | \$325 |

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| D2610 | Inlay-Porcelain/Ceramic-1 Surface | \$225 |
| D2620 | Inlay-Porcelain/Ceramic-2 Surfaces | \$250 |
| D2630 | Inlay-Porcelain/Ceramic-3/More Surfaces | \$375 |
| D2642 | Onlay - porcelain/ceramic - two surfaces | \$275 |
| D2643 | Onlay - porcelain/ceramic - three surfaces | \$325 |
| D2644 | Onlay-Porcelain/Ceramic-4/More Surfaces | \$350 |
| Crowns and Major Servies continued | | Standard |
| | | |
| D2650 | Inlay - composite/resin - one surface (lab processed) | \$200 |
| D2651 | Inlay - composite/resin - two surfaces (lab processed) | \$225 |
| D2652 | Inlay - resin based composite - three or more surfaces | \$275 |
| D2662 | Onlay - composite/resin - two surfaces (lab processed) | \$250 |
| D2663 | Onlay - composite/resin - three surfaces (lab processed) | \$275 |
| D2664 | Onlay - resin-based composite - four or more surfaces | \$275 |
| D2710 | Crown-Resin (indirect) | \$170 |
| D2712 | Crown-3/4 resin-based composite (indirect) | \$170 |
| D2720 | Crown-Resin W/Hi Noble Metal | \$325 |
| D2721 | Crown-Resin W/Predominantly Base Metal | \$325 |
| D2722 | Crown-Resin W/Noble Metal | \$325 |
| D2740 | Crown-Porcelain/Ceramic Substrate | \$325 |
| D2750 | Crown-Porcelain Fused To Hi Noble Metal | \$325 |
| D2751 | Crown-Porcelain Fused To Predominantly Base Metl | \$325 |
| D2752 | Crown-Porcelain Fused To Noble Metal | \$325 |
| D2780 | Crown -3/4 cast high noble metal | \$325 |
| D2781 | Crown-3/4 cast predominantly base metal | \$325 |
| D2782 | Crown-3/4 noble metal | \$325 |
| D2783 | Crown-3/4 porcelain/ceramic | \$325 |
| D2790 | Crown-Full Cast Hi Noble Metal | \$325 |
| D2791 | Crown-Full Cast Predominantly Base Metal | \$325 |
| D2792 | Crown-Full Cast Noble Metal | \$325 |
| D2794 | Crown - Titanium | \$325 |
| D2910 | Recement Inlay | \$35 |
| D2915 | Recement cast or prefabricated post and core | \$35 |
| D2920 | Recement Crown | \$35 |
| D2930 | Prefab Stainless Steel Crown-Prim Tooth | \$75 |
| D2931 | Prefab Stainless Steel Crown-Perm Tooth | \$80 |
| D2932 | Prefab Resin Crown | \$110 |
| D2933 | Prefab Stainless Steel Crown W/Resin Window | \$130 |

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| D2934 | Prefabricated esthetic coated stainless steel crown - primary tooth | \$75 |
| D2940 | Sedative Filling | \$30 |
| D2950 | Core Buildup Incl Any Pins | \$75 |
| D2951 | Pin Retention-Per Tooth In Add To Restoration | \$15 |
| D2952 | Cast Post & Core In Add To Crown | \$110 |
| Crowns and Major Servies continued | | Standard |
| D2954 | Prefab Post & Core In Add To Crown | \$110 |
| D2955 | Post Remov(Not in Conjunct W/Endodontic Therap) | \$85 |
| D2970 | Temporary Crown (Fx Tooth) | \$80 |
| D2980 | Crown Repr Br | \$160 |
| D3110 | Pulp Cap-Direct (Excl'd Final Restoration) | \$20 |
| D3120 | Pulp Cap-Indirect (Excl'd Final Restoration) | \$20 |
| D3220 | Therap Pulpotomy (Excl'd Final Restoration) | \$45 |
| D3222 | Partial Pulpotomy for apexogenesis - perm tooth w incomplete root dev | \$45 |
| D3230 | Pulpal Therap(Resorb)-Ant Prim Tth (Excl'd Restr) | \$50 |
| D3240 | Pulpal Therap(Resorb)-Post Prim Tth(Excl'd Restr) | \$50 |
| D3310 | Ant (Excl'd Final Restoration) (Root Canal) | \$200 |
| D3320 | Bicuspid (Excl'd Final Restoration) (Root Canal) | \$250 |
| D3330 | Molar (Excl'd Final Restoration) (Root Canal) | \$325 |
| D3346 | Retx Prev Root Canal Therap-Ant | \$180 |
| D3347 | Retx Prev Root Canal Therap-Bicuspid | \$225 |
| D3348 | Retx Prev Root Canal Therap-Molar | \$300 |
| D3351 | Apexification/Recalcification-Init Visit | \$140 |
| D3352 | Apexification/Recalcificatn-Interim Meds Replac | \$35 |
| D3353 | Apexification/Recalcification-Final Visit | \$75 |
| D3410 | Apicoectomy/Periradicular Surg-Ant | \$160 |
| D3421 | Apicoectomy/Periradicular Surg-Bicuspid (1St Root) | \$300 |
| D3425 | Apicoectomy/Periradicular Surg-Molar (1St Root) | \$325 |
| D3426 | Apicoectomy/Periradicular Surg (Ea Add Root) | \$120 |
| D3430 | Retrograde Filling-Per Root | \$85 |
| D3450 | Root Amputat-Per Root | \$170 |
| D3920 | Hemisection(Incl'd Root Remov)Wo Root Canl Therap | \$130 |
| D3950 | Canal Prep & Fitting Of Preformed Dowel/Post | \$60 |
| Major Prosthetic Services | | Standard |

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| | | |
| D5110 | Complt Denture-Maxil | \$425 |
| D5120 | Complt Denture-Mandib | \$425 |
| D5130 | Immed Denture-Maxil | \$425 |
| D5140 | Immed Denture-Mandib | \$425 |
| D5211 | Maxil Part Denture-Resin Base(Incl'd Clasp-Rests) | \$325 |
| Major Prosthetic Services continued | | Standard |
| | | |
| D5212 | Mandib Part Denture-Resin Base(Incl'd Clasp-Rest) | \$325 |
| D5213 | Maxil Part Denture-Cast Metal Frame W/Resin Base | \$450 |
| D5214 | Mandib Part Denture-Cast Metal Frame W/Res Base | \$450 |
| D5225 | Maxillary Part Denture - Flex base (including any clasps, rests and teeth) | \$450 |
| D5226 | Mandib Part Denture - Flex base (including any clasps, rests and teeth) | \$450 |
| D5281 | Remov Unilat Part Denture-1 Piece Cast Metal | \$325 |
| D5670 | Replace all teeth and acrylic on mast metal (maxillary) | \$45 |
| D5671 | Replace all teeth and acrylic on mast metal (mandibular) | \$45 |
| D5810 | Interim Complt Denture (Maxil) | \$225 |
| D5811 | Interim Complt Denture (Mandib) | \$250 |
| D5820 | Interim Part Denture (Maxil) | \$180 |
| D5821 | Interim Part Denture (Mandib) | \$200 |
| D6010 | Surgical placement of implant body: endosteal implant | \$550 |
| D6012 | surg place of interim implant body for trans prosth: endosteal implant | \$550 |
| D6040 | Surgical placement: eposteal implant | \$550 |
| D6050 | Surg Plcmt: Transosteal Implnt | \$550 |
| D6056 | prefabricated abutment - includes placement | \$550 |
| D6057 | custom abutment - includes placement | \$550 |
| D6058 | abutment supported porcelain/ceramic crown | \$325 |
| D6059 | abutment supported porcelain fused to metal crown (high noble metal) | \$325 |
| D6060 | abutment supp porcelain fused to metal crown (predominantly base metal) | \$325 |
| D6061 | abutment supported porcelain fused to metal crown (noble metal) | \$325 |
| D6062 | abutment supported cast metal crown (high noble metal) | \$325 |

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| D6063 | abutment supported cast metal crown (predominantly base metal) | \$325 |
| D6064 | abutment supported cast metal crown (noble metal) | \$325 |
| D6065 | implant supported porcelain/ceramic crown | \$325 |
| D6066 | implant supp porc fused to met crwn (titanium, titanium alloy, high nb mt) | \$325 |
| Major Prosthetic Services continued | | Standard |
| | | |
| D6067 | implant supported metal crown (titanium, titanium alloy, high noble metal) | \$325 |
| D6068 | abutment supported retainer for porcelain/ceramic FPD | \$325 |
| D6069 | abutment supp retainer for porc fused to metal FPD (high noble metal) | \$325 |
| D6070 | abutment supp retainer for porc fused to metal FPD (pred base metal) | \$325 |
| D6071 | abutment supported retainer for porcelain fused to metal FPD (noble metal) | \$325 |
| D6072 | abutment supported retainer for cast metal FPD (high noble metal) | \$325 |
| D6073 | abutment supp retainer for cast metal FPD (predominantly base metal) | \$325 |
| D6074 | abutment supported retainer for cast metal FPD (noble metal) | \$325 |
| D6075 | implant supported retainer for ceramic FPD | \$325 |
| D6076 | imp supp ret for porc fused to mt FPD (titanium, titanium alloy, high nb mt) | \$325 |
| D6077 | imp supp ret for cast mt FPD (titanium, titanium alloy, or high noble metal) | \$325 |
| D6078 | implant/abutment supported fixed denture for completely edentulous arch | \$325 |
| D6079 | implant/abutment supported fixed denture for partially edentulous arch | \$325 |
| D6080 | Implnt Maintenance Proc: Remov-Cleans-Reinsert | \$175 |
| D6210 | Pontic-Cast Hi Noble Metal | \$325 |
| D6211 | Pontic-Cast Predominantly Base Metal | \$325 |
| D6094 | abutment supported crown - (titanium) | \$325 |
| D6194 | abutment supported retainer crown for FPD - (titanium) | \$325 |
| D6205 | pontic - indirect resin based composite | \$325 |
| D6212 | Pontic-Cast Noble Metal | \$325 |
| D6214 | pontic - titanium | \$325 |
| D6240 | Pontic-Porcelain Fused To Hi Noble Metal | \$325 |

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| D6241 | Pontic-Porcelain Fused To Predominantly Base Mtl | \$325 |
| D6242 | Pontic-Porcelain Fused To Noble Metal | \$325 |
| D6245 | Pontic-Porcelain/ceramic | \$325 |
| D6250 | Pontic-Resin W/Hi Noble Metal | \$325 |
| D6251 | Pontic-Resin W/Predominantly Base Metal | \$325 |
| D6252 | Pontic-Resin W/Noble Metal | \$325 |
| D6253 | Provisional pontic | \$325 |
| Major Prosthetic Services continued | | Standard |
| | | |
| D6545 | Retainer-Cast Metal For Resin Bonded Fix Prosth | \$160 |
| D6548 | Retainer-Porcelain/Ceramic for Resin-Bonded Fix Prosth | \$160 |
| D6600 | Inlay - porcelain/ceramic, two surfaces | \$250 |
| D6601 | Inlay - porcelain/ceramic, three or more surfaces | \$375 |
| D6602 | Inlay - cast high noble metal, two surfaces | \$350 |
| D6603 | Inlay - cast high noble metal, three or more surfaces | \$375 |
| D6604 | Inlay - cast predominately base metal, two surfaces | \$350 |
| D6605 | Inlay - cast predominately base metal, three or more surfaces | \$375 |
| D6606 | Inlay - cast noble metal, two surfaces | \$350 |
| D6607 | Inlay - cast noble metal, three or more surfaces | \$375 |
| D6608 | Onlay - porcelain/ceramic, two surfaces | \$275 |
| D6609 | Onlay - porcelain/ceramic, three or more surfaces | \$325 |
| D6610 | Onlay - cast high noble metal, two surfaces | \$375 |
| D6611 | Onlay - cast high noble metal, three or more surfaces | \$400 |
| D6612 | Onlay - cast predominately base metal, two surfaces | \$375 |
| D6613 | Onlay - cast predominately base metal, three or more surfaces | \$400 |
| D6614 | Onlay - cast noble metal, two surfaces | \$375 |
| D6615 | Onlay - cast noble metal, three or more surfaces | \$400 |
| D6624 | inlay - titanium | \$375 |
| D6634 | onlay - titanium | \$400 |
| D6710 | crown - indirect resin based composite | \$325 |
| D6720 | Crown-Resin W/Hi Noble Metal | \$325 |
| D6721 | Crown-Resin W/Predominantly Base Metal | \$325 |
| D6722 | Crown-Resin W/Noble Metal | \$325 |
| D6740 | Crown-Porcelain/Ceramic | \$325 |
| D6750 | Crown-Porcelain Fused To Hi Noble Metal | \$325 |

Group Dental Schedule of Benefits

| | | |
|--|---|-----------------|
| D6751 | Crown-Porcelain Fused To Predominantly Base Metl | \$325 |
| D6752 | Crown-Porcelain Fused To Noble Metal | \$325 |
| D6780 | Crown-3/4 Cast Hi Noble Metal | \$325 |
| D6781 | Crown-3/4 Cast Predominantly Base Metal | \$325 |
| D6782 | Crown-3/4 Cast Noble Metal | \$325 |
| D6783 | Crown-3/4 Porcelain/Ceramic | \$325 |
| D6790 | Crown-Full Cast Hi Noble Metal | \$325 |
| Major Prosthetic Services continued | | Standard |
| | | |
| D6791 | Crown-Full Cast Predominantly Base Metal | \$325 |
| D6792 | Crown-Full Cast Noble Metal | \$325 |
| D6793 | Provisional retainer crown | \$325 |
| D6970 | Cast Post & Core In Add To Fix Part Dent Retainr | \$140 |
| D6972 | Prefab Post & Core-Add To Fix Part Dent Retainer | \$120 |
| D6973 | Core Build Up for Retainer Incl Any Pins | \$90 |
| D6794 | crown - titanium | \$325 |
| D6975 | Coping-Metal | \$250 |
| | | |
| Orthodontic Benefit Covered Procedures | | |
| | | |
| D8010 | Limited Orthodontic Treatment of the Primary Dentition | |
| D8020 | Limited Orthodontic Treatment of the Transitional Dentition | |
| D8030 | Limited Orthodontic Treatment of the Adolescent Dentition | |
| D8040 | Limited Orthodontic Treatment of the Adult Dentition | |
| D8050 | Interceptive Orthodontic Treatment of the Primary Dentition | |
| D8060 | Interceptive Orthodontic Treatment of the Transitional 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 | |
| D8670* | Periodic Orthodontic Treatment Visit | |
| | | |
| <p>*The \$500 initial treatment benefit is not payable for ADA Code D8670, Periodic Orthodontic Treatment Visit. Periodic orthodontic treatment visits are payable as continued treatment, subject to all other terms of this Rider.</p> | | |
| | | |

Group Dental Schedule of Benefits

| Cosmetic Benefit Covered Procedures | | Standard |
|--|---|-----------------|
| D2960 | Labial Veneer (Laminate) – Chairside | \$200 |
| D2961 | Labial Veneer (Resin Laminate) – Laboratory | \$200 |
| D2962 | Labial Veneer (Porcelain Laminate) – Laboratory | \$200 |
| D3960 | Bleaching of discolored tooth | \$100 |
| D9951 | Occlusion Adjustment – Limited | \$50 |
| D9952 | Occlusion Adjustment – Complete | \$225 |
| D9970 | Enamel microabrasion | \$65 |
| D9971 | Odontoplasty one – two teeth | \$125 |
| D9972 | External bleaching – per arch | \$250 |
| D9973 | External bleaching – per tooth | \$25 |
| D9974 | Internal bleaching – per tooth | \$100 |