

SCHEDULE OF DENTAL SERVICES AND SUPPLIES

Benefits are payable for Covered Dental Expenses up to the maximum allowance as listed on this and the following pages: Effective 1/1/08, the Plan will limit the dental benefits payable to a maximum of \$2,000.00 for a participant and each of his eligible dependents per year. This maximum is paid on a per person basis.

	Maximum Allowance
1. DIAGNOSTIC	
Clinical oral examinations	
00120 Periodic oral examination*	\$ 66.50
00140 Limited oral evaluation*	\$ 66.50
00145 Oral evaluation for a patient under three years of age & counseling with primary caregiver*	\$ 51.25
00150 Comprehensive oral evaluation*	\$ 66.50
00160 Detailed and extensive oral evaluation*	\$ 66.50
00180 Comprehensive periodontal evaluation*	\$ 66.50
* Subject to a maximum of three examinations separated by four consecutive months during any twelve-month period.	
Radiographs	
00210 Intraoral-complete series (including bitewings)	\$ 91.50
00220 Intraoral periapical-single, first film*	\$ 18.75
00230 Intraoral periapical-each additional film (up to a total of thirteen films)*	\$ 16.00
00240 Intraoral-occlusal film, maxillary or mandibular each*	\$ 27.75
00250 Extraoral-single, first film	\$ 36.25
00260 Extraoral-each additional film	\$ 33.50
00270 Bitewing-single film**	\$ 20.00
00272 Bitewing-two films**	\$ 32.25
00273 Bitewing-three films**	\$ 39.00
00274 Bitewing-four films**	\$ 45.00
00277 Vertical bitewing-seven to eight films**	\$ 68.00
00330 Panoramic – maxilla and mandibular film	\$ 76.50
00340 Cephalometric film	\$ 94.75
* Not covered if done the same day as Panorex or Intraoral-complete series. First film allowance payable only once per visit—Periapical and/or Bitewing.	
** Payable not more than once in any consecutive 12 month period.	
Test and laboratory examinations	
00460 Pulp vitality tests	\$ 30.25
2. PREVENTIVE	
Dental prophylaxis	
01110 Prophylaxis - Adults and children age fourteen and over (treatment to include scaling and polishing) each treatment*	\$ 55.75
01120 Prophylaxis - Children to age fourteen , each treatment*	\$ 43.50
* Subject to a maximum of three treatments separated by four consecutive months, including any treatment performed when applying fluoride during any twelve-month period.	
Fluoride treatments	
01201 Topical application of fluoride (including prophylaxis) child**	\$ 60.50
01203 Topical application of fluoride (excluding prophylaxis) child*	\$ 24.75
01204 Topical application of fluoride (excluding prophylaxis) adult*	\$ 24.75
01205 Topical application of fluoride (including prophylaxis) adult**	\$ 70.75
01206 Topical fluoride varnish, therapeutic application for moderate to high caries risk patients*	\$ 38.75
* Limited to one treatment for each twelve-month period.	
** Limited to one fluoride treatment for each twelve-month period, including prophylaxis.	
Other preventative services	
01351 Sealant –per tooth	\$ 35.00

	Maximum Allowance
Space management therapy	
01510 Space maintainer - fixed – unilateral*	\$148.75
01515 Space maintainer - fixed – bilateral*	\$196.50
01520 Space maintainer - removable unilateral*	\$178.50
01525 Space maintainer - removable bilateral*	\$252.50
01550 Recementation of space maintainer	\$ 32.25
01555 Removal of fixed space maintainer	\$ 29.75
08210 Removable – fixed or cemented inhibiting appliance to correct thumb sucking (limited to children under six years of age)*	\$187.50
* Allowance includes all adjustment, observation, and activation within six months following installation. Dentist must state reason for treatment.	
3. RESTORATIVE	
Amalgam restorations (including polishing)	
02140 Amalgam – one surface, primary or permanent	\$ 70.50
02150 Amalgam – two surfaces, primary or permanent	\$ 86.75
02160 Amalgam – three surfaces, primary or permanent	\$106.50
02161 Amalgam – four or more surfaces, primary or permanent	\$129.50
Resin-based composite restorations	
02330 Resin-based composite – one surface, anterior	\$ 71.25
02331 Resin-based composite – two surfaces, anterior	\$ 86.75
02332 Resin-based composite – three surfaces, anterior	\$106.25
02335 Resin-based composite – four or more surfaces or involving incisal angle, anterior	\$125.50
02390 Resin-based composite crown, anterior	\$139.25
02391 Resin-based composite – one surface, posterior	\$ 76.50
02392 Resin-based composite – two surfaces, posterior	\$100.50
02393 Resin-based composite – three surfaces, posterior	\$129.50
02394 Resin-based composite – four or more surfaces, posterior	\$158.50
Gold foil restorations	
02410 Gold foil – one surface	\$131.00
02420 Gold foil – two surfaces	\$218.25
02430 Gold foil – three surfaces	\$378.50
Gold foil, four or more surfaces will be limited to the maximum allowance for three surfaces.	
Inlay/onlay restorations	
02510 Inlay – metallic – one surface	\$346.50
02520 Inlay – metallic – two surfaces	\$393.00
02530 Inlay – metallic – three or more surfaces	\$453.00
02542 Onlay – metallic – two surfaces	\$444.25
02543 Onlay – metallic – three surfaces	\$464.75
02544 Onlay – metallic – four or more surfaces	\$483.25
02610 Inlay – porcelain/ceramic – one surface	\$407.50
02620 Inlay – porcelain/ceramic – two surfaces	\$430.25
02630 Inlay – porcelain/ceramic – three or more surfaces	\$458.25
02642 Onlay – porcelain/ceramic – two surfaces	\$445.50
02643 Onlay – porcelain/ceramic – three surfaces	\$480.25
02644 Onlay – porcelain/ceramic – four or more surfaces	\$509.50
02650 Inlay – resin-based composite – one surface	\$267.75
02651 Inlay – resin-based composite – two surfaces	\$319.00
02652 Inlay – resin-based composite – three or more surfaces	\$335.50
02662 Onlay – resin-based composite – two surfaces	\$291.00
02663 Onlay – resin-based composite – three surfaces	\$342.50
02664 Onlay – resin-based composite – four or more surfaces	\$366.75
Crowns –single restoration only	
02710 Crown - resin (indirect)*	\$206.75
02720 Crown - resin with high noble metal*	\$509.50
02721 Crown - resin with predominantly base metal*	\$477.50
02722 Crown - resin with noble metal*	\$488.00
02740 Crown - porcelain/ceramic substrate*	\$522.75
02750 Crown - porcelain fused to high noble metal*	\$506.75

	Maximum Allowance
02751 Crown - porcelain fused to predominantly base metal*	\$480.25
02752 Crown - porcelain fused to noble metal*	\$492.00
02780 Crown - 3/4 cast high noble metal*	\$494.75
02781 Crown - 3/4 cast predominantly base metal*	\$465.75
02782 Crown - 3/4 cast noble metal*	\$481.00
02783 Crown - 3/4 porcelain/ceramic*	\$508.75
02790 Crown - full cast high noble metal*	\$497.75
02791 Crown - full cast predominantly base metal*	\$471.50
02792 Crown - full cast noble metal*	\$480.25
02799 Provisional crown	\$206.50
* If tooth is filled then crowned on the same day, the filling is not covered.	
Other restorative services	
02910 Recement inlay.....	\$ 50.75
02920 Recement crown	\$ 51.25
02930 Prefabricated stainless steel crown – primary tooth*	\$140.00
02931 Prefabricated stainless steel crown – permanent tooth*	\$158.25
02932 Prefabricated resin crown*	\$168.75
02933 Prefabricated stainless steel crown with resin window*	\$193.25
02940 Sedative filling**	\$ 53.50
02950 Core buildup, including any pins	\$126.50
02951 Pin retention – per tooth, in addition to restoration	\$ 30.25
02952 Cast post and core in addition to crown	\$211.00
02953 Each additional cast post - same tooth	\$105.50
02954 Prefabricated post and core in addition to crown	\$168.75
02960 Labial veneer (resin laminate) - chairside	\$407.75
02961 Labial veneer (resin laminate) – laboratory.....	\$462.50
02962 Labial veneer (porcelain laminate) – laboratory.....	\$502.75
02970 Temporary crown (fractured tooth).....	\$126.50
* If tooth is filled then crowned on the same day, the filling is not covered.	
** Payable in lieu of any other payment under the schedule during the same visit for the same tooth.	
4. ENDODONTICS	
Pulp capping	
03110 Pulp cap – direct (excluding final restoration)	\$ 36.00
03120 Pulp cap – indirect (excluding final restoration)	\$ 29.75
Pulpotomy (excluding final restoration)	
03220 Vital pulpotomy (therapeutic)	\$ 85.00
03221 Gross pulpal debridement, primary and permanent teeth.....	\$ 93.25
Root canal therapy (includes treatment plan, clinical procedures, and follow up care, excluding final restoration) Dentist must state number of canals.	
03310 Root canal therapy - anterior.....	\$359.00
03320 Root canal therapy - bicuspid.....	\$438.50
03330 Root canal therapy - molar	\$566.25
03332 Incomplete endodontic therapy; inoperable or fractured tooth.....	\$276.25
03346 Retreatment of previous root canal therapy - anterior	\$483.25
03347 Retreatment of previous root canal therapy - bicuspid	\$569.50
03348 Retreatment of previous root canal therapy - molar.....	\$682.50
Apicoectomy/periradicular services	
03410 Apicoectomy/periradicular surgery- anterior.....	\$410.75
03421 Apicoectomy/periradicular surgery- bicuspid (first root)	\$448.75
03425 Apicoectomy/periradicular surgery- molar (first root)	\$507.50
03426 Apicoectomy/periradicular surgery (each additional root)	\$169.25
03430 Retrograde filling -per root	\$124.25
03450 Root amputation -per root	\$252.00

		Maximum Allowance
5. PERIODONTICS		
Surgical services		
04210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$431.50
04211	Gingivectomy or gingivoplasty-one to three teeth, per quadrant	\$181.00
04240	Gingival flap procedure, including root planing-four or more contiguous teeth or bounded teeth spaces per quadrant	\$509.50
04241	Gingival flap procedure, including root planing-one to three teeth, per quadrant	\$265.25
04249	Clinical crown lengthening - hard tissue	\$578.50
04260	Osseous surgery (including flap entry and closure)-four or more contiguous teeth or bounded teeth spaces per quadrant	\$829.00
04261	Osseous surgery (including flap entry and closure)-one to three teeth, per quadrant	\$432.00
04263	Bone replacement graft-first site in quadrant	\$259.25
04264	Bone replacement graft-each additional site in quadrant	\$138.25
04266	Guided tissue regeneration-resorbable barrier; per site	\$302.50
04267	Guided tissue regeneration-nonresorbable barrier, per site (includes membrane removal)	\$388.75
04268	Surgical revision procedure, per tooth	\$755.00
04270	Pedicle soft tissue graft procedure	\$604.75
04271	Free soft tissue graft procedure (including donor site surgery)	\$630.75
04273	Subepithelial connective tissue graft procedures	\$740.00
04274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$209.00
04275	Soft tissue allograft	\$388.75
Non-surgical services		
04320	Provisional splinting – intracoronal	\$218.50
04321	Provisional splinting – extracoronal	\$191.00
04341	Periodontal scaling and root planning –four or more contiguous teeth or bounded teeth spaces per quadrant	\$120.75
04342	Periodontal scaling and root planning -one to three teeth, per quadrant.....	\$ 65.50
04355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	\$ 79.00
04381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$ 73.75
Other periodontal services		
04910	Periodontal maintenance*.....	\$ 59.25
* Subject to a maximum of three treatments separated by four consecutive months, including any treatment performed when applying fluoride during any twelve-month period.		
6. PROSTHODONTICS, REMOVABLE		
Rates payable based on dates of impressions. Fees include adjustments.		
Complete dentures		
05110	Complete upper	\$798.00
05120	Complete lower	\$798.00
05130	Immediate upper	\$870.50
05140	Immediate lower	\$870.50
Partial dentures		
05211	Upper partial – resin base (including any conventional clasps, rests, and teeth).....	\$783.00
05212	Lower partial – resin base (including any conventional clasps, rests, and teeth)	\$783.00
05213	Upper partial – cast metal base with resin denture bases (including any conventional clasps, rests, and teeth).....	\$882.00
05214	Lower partial – cast metal base with resin denture bases (including any conventional clasps, rests, and teeth).....	\$882.00
05226	Mandibular partial denture - flexible base	\$783.00
05281	Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	\$514.00
Adjustments to dentures		
05410	Adjustment complete denture – upper	\$ 43.75
05411	Adjustment complete denture – lower	\$ 43.75
05421	Adjustment partial denture – upper	\$ 43.75
05422	Adjustment partial denture – lower.....	\$ 43.75

	Maximum Allowance
Repairs to complete dentures	
05510 Repair broken complete denture base	\$ 87.45
05520 Replace missing or broken teeth –complete denture (each tooth)	\$ 72.75
Repairs to partial dentures	
05610 Repair resin denture base	\$ 94.75
05620 Repair cast framework	\$102.00
05630 Repair or replace broken clasp	\$123.75
05640 Replace broken teeth – per tooth	\$ 80.25
05650 Add tooth to existing partial denture	\$109.25
05660 Add clasp to existing partial denture	\$131.00
05670 Replace all teeth and acrylic on cast metal framework (upper)	\$320.50
05671 Replace all teeth and acrylic on cast metal framework (lower)	\$320.50
Denture relining – duplication	
05710 Rebase complete upper denture	\$324.00
05711 Rebase complete lower denture	\$324.00
05720 Rebase upper partial denture	\$306.00
05721 Rebase lower partial denture	\$306.00
05730 Reline complete upper denture (chairside)	\$182.75
05731 Reline complete lower denture (chairside)	\$182.75
05740 Reline upper partial denture (chairside)	\$167.50
05741 Reline lower partial denture (chairside)	\$167.50
05750 Reline complete upper denture (laboratory)	\$244.00
05751 Reline complete lower denture (laboratory)	\$244.00
05760 Reline upper partial denture (laboratory)	\$240.25
05761 Reline lower partial denture (laboratory)	\$240.25
Other removable prosthetic service	
05810 Interm complete denture (upper)	\$415.25
05811 Interm complete denture (lower)	\$415.25
05820 Interm partial denture (upper)	\$316.75
05821 Interm partial denture (lower)	\$316.75
05850 Tissue conditioning (upper)	\$ 76.50
05851 Tissue conditioning (lower)	\$ 76.50
05860 Overdenture complete, by report	\$752.50
05861 Overdenture partial, by report	\$776.25
05862 Precision attachment, by report	\$250.75
Treatment prosthesis and implant services	
05982 Surgical stent	\$397.00
06010 Endosseous implant, all-inclusive of the implant, crown, pins and grafting per tooth	\$1333.75
7. PROSTHODONTICS, FIXED	
Fixed bridges –each abutment and each pontic constitute a unit in a bridge.	
Bridge pontics	
06210 Cast high noble metal	\$509.25
06211 Cast predominantly base metal	\$477.25
06212 Cast noble metal	\$496.50
06214 Pontic - titanium	\$512.50
06240 Porcelain fused to high noble metal	\$503.00
06241 Porcelain fused to predominantly base metal	\$464.50
06242 Porcelain fused to noble metal	\$490.00
06245 Pontic - porcelain/ceramic	\$519.00
06250 Resin with high noble metal	\$496.50
06251 Resin with predominantly base metal	\$458.00
06252 Resin with noble metal	\$472.75
06253 Provisional pontic	\$214.00
Retainers	
06545 Cast metal for resin bonded fixed prosthesis	\$211.50
06548 Porcelain/ceramic for resin bonded fixed prosthesis	\$232.50
06600 Inlay - porcelain/ceramic, two surfaces	\$419.50
06601 Inlay - porcelain/ceramic, three or more surfaces	\$440.00
06602 Inlay - cast high noble metal, two surfaces	\$448.50

	Maximum Allowance
06603 Inlay - cast high noble metal, three or more surfaces	\$493.25
06604 Inlay - cast predominantly base metal, two surfaces.....	\$439.50
06605 Inlay - cast predominantly base metal, three or more surfaces	\$465.75
06606 Inlay - cast noble metal, two surfaces	\$432.50
06607 Inlay - cast noble metal, three or more surfaces	\$479.75
06608 Onlay - porcelain/ceramic, two surfaces	\$456.25
06609 Onlay - porcelain/ceramic, three or more surfaces	\$476.00
06610 Onlay - cast high noble metal, two surfaces	\$483.50
06611 Onlay - cast high noble metal, three or more surfaces.....	\$529.25
06612 Onlay - cast predominantly base metal, two surfaces.....	\$481.00
06613 Onlay - cast predominantly base metal, three or more surfaces	\$502.50
06614 Onlay - cast noble metal, two surfaces	\$470.75
06615 Onlay - cast noble metal, three or more surfaces	\$489.00
06634 Onlay - titanium.....	\$471.00
Crowns	
06710 Crown indirect resin based composite*.....	\$480.50
06720 Resin with high noble metal*.....	\$560.50
06721 Resin with predominantly base metal*	\$531.50
06722 Resin with noble metal*.....	\$541.00
06740 Porcelain/ceramic*	\$589.00
06750 Porcelain fused to high noble metal*.....	\$574.00
06751 Porcelain fused to predominantly base metal*.....	\$535.50
06752 Porcelain fused to noble metal*.....	\$548.00
06780 Crown - 3/4 cast high noble metal*.....	\$541.00
06781 Crown - 3/4 cast predominantly base metal*.....	\$541.00
06782 Crown - 3/4 cast noble metal*.....	\$502.50
06783 Crown - 3/4 porcelain/ceramic*.....	\$557.25
06790 Full cast high noble metal*.....	\$554.25
06791 Full cast predominantly base metal*	\$525.25
06792 Full cast noble metal*.....	\$544.50
06793 Provisional retainer crown*.....	\$227.25
06794 Crown - titanium*.....	\$544.50
	* If tooth is filled then crowned on the same day, filling is not covered.
Other prosthetic services	
06930 Recement bridge.....	\$ 67.25
06940 Stress breaker	\$152.50
06970 Cast post and core in addition to bridge retainer	\$185.75
06972 Prefabricated post and core in addition to bridge retainer	\$151.25
8. ORAL SURGERY	
Extractions –includes local anesthesia and postoperative care.	
07111 Coronal remnants - deciduous tooth	\$ 86.00
07140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	
first tooth*.....	\$112.25
Each additional tooth	\$ 76.50
Surgical extractions-includes local anesthesia and routine postoperative care.	
07210 Surgical removal of erupted tooth, requires elevation of mucoperiosteal flap	
and removal of bone and/or section of tooth, first tooth*.....	\$207.75
Each additional tooth	\$155.75
07220 Removal of impacted tooth-soft tissue.....	\$239.00
07230 Removal of impacted tooth-partially bony.....	\$318.00
07240 Removal of impacted tooth-completely bony.....	\$373.00
07241 Removal of impacted tooth-completely bony with unusual surgical complications	\$469.00
07250 Surgical removal of residual tooth roots (cutting procedure)	\$201.50
07260 Oroantral fistula closure.....	\$1,678.50
07280 Surgical access of an unerupted tooth	\$345.75
07282 Mobilization of erupted or malpositioned tooth to aid eruption	\$162.00
07283 Placement of device to facilitate eruption of impacted tooth.....	\$108.75

	Maximum Allowance
07290 Surgical repositioning of teeth	\$365.50
07292 Surgical placement, temporary anchorage device (screw retained plate) requiring surgical flap	\$543.00
07293 Surgical placement, temporary anchorage device requiring surgical flap	\$345.75
07294 Surgical placement, temporary anchorage device without surgical flap.....	\$250.00
07310 Alveoloplasty in conjunction with extractions-per quadrant	\$222.25
07320 Alveoloplasty not in conjunction with extractions-per quadrant	\$321.00
07340 Vestibuloplasty-ridge extension (secondary epithelialization)	\$1,777.50
07350 Vestibuloplasty-ridge extension (including soft tissue grafts, muscle reattachment revision of soft tissue attachment and management of hypertrophied & hyperplastic tissue)	\$2,000.00
07510 Incision and drainage of abscess-intraoral soft tissue.....	\$212.25
07520 Incision and drainage of abscess-extraoral soft tissue	\$1,011.25
07530 Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.....	\$364.50
07540 Removal of reaction producing foreign bodies, musculoskeletal system	\$403.25
07550 Partial ostectomy/sequestrectomy for removal of non-vital bone	\$251.75
07560 Maxillary sinusotomy for removal of tooth fragment or foreign body.....	\$1,999.50
07960 Frenulectomy (frenectomy or frenotomy)-separate procedure.....	\$217.00
07971 Excision of pericoronal gingiva	\$153.00

*First tooth allowance payable only once per visit, simple and/or surgical extraction.

10. ADJUNCTIVE GENERAL SERVICES

Unclassified treatment

09110 Palliative (emergency) treatment of dental pain, minor procedures*	\$ 57.75
09120 Fixed partial denture sectioning	\$ 65.25

* Limit of one visit per condition. Dentist must state reason for treatment.

Anesthesia

09211 Regional block anesthesia	\$ 26.25
09212 Trigeminal division block anesthesia	\$ 52.50
09220 General anesthesia	\$232.50
09221 General anesthesia - each additional 15 minutes	\$ 97.50
09241 Intravenous sedation.....	\$183.00
09242 Intravenous sedation - each additional 15 minutes	\$ 76.50

Professional consultation

09310 Consultation –per session	\$120.00
(allowance only for a case presentation by a specialist after diagnostic procedures have been performed by a general dentist).	

Professional visits

09430 Office visit for observation (during regularly scheduled hours) no other services performed*	\$ 37.50
09440 Office visit after regularly scheduled hours*	\$ 75.00
* Allowance is for medication, observation, and temporary correction of accidental injuries to natural teeth or supporting structures (post-operative visits and visits where a permanent corrective procedure is performed are not included). Payable in lieu of any other payment under the schedule during the same visit.	

Drugs

09610 Therapeutic parenteral drug, single administration by report	\$ 24.50
09612 Therapeutic parenteral drugs, two or more administrations, different medications by report	\$ 49.00
09630 Other drugs and/or medicaments (by report).....	\$ 24.50
Injection of sclerosing agent into temporomandibular joint	\$146.00

Miscellaneous services

09910 Application of desensitizing medicaments	\$ 26.25
09940 Bruxism appliance*.....	\$187.50
09951 Occlusal adjustment (limited)	\$ 73.50
09952 Occlusal adjustment (complete)	\$412.50

*Allowance includes all adjustment, observation, and activation within six months following installation. Dentist must state reason for treatment.

The Trustees will determine a maximum amount, consistent with the amounts listed, for a dental service or supply not listed in the Schedule, such determination, in each case, to take into account the nature and complexity of the procedure involved and the exclusions and other restrictions applicable.