

Diagnostic		Member Pays
D0120	Periodic Oral Evaluation - Established Patient (2 Per 12 Months)	No Charge
D0140	Limited Oral Evaluation - Problem Focused (As Necessary)	No Charge
D0145	Oral Evaluation for a Patient Under Three Years of Age	No Charge
D0150	Comprehensive Oral Evaluation - New or Established Patient	No Charge
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, by Report	No Charge
D0170	Re-Evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	No Charge
D0171	Re-Evaluation - Post - Operative Office Visit	No Charge
D0180	Comprehensive Periodontal Evaluation - New or Established Patient (1 Per 36 Months Per Location)	No Charge
D0191	Assessment of a Patient	No Charge
D0210	Intraoral - Comprehensive Series of Radiographic Images (1 Series Per 36 months)	No Charge
D0220	Intraoral - Periapical First Radiographic Image	No Charge
D0230	Intraoral - Periapical Each Additional Radiographic Image	No Charge
D0240	Intraoral - Occlusal Radiographic Image	No Charge
D0250	Extraoral - 2D Projection Radiographic Image Created Using a Stationary Radiation Source, and Detector	No Charge
D0251	Extraoral - Posterior Dental Radiographic Image	No Charge
D0270	Bitewing - Single Radiographic Image (2 Per 12 Months)	No Charge
D0272	Bitewings - Two Radiographic Images (2 Per 12 Months)	No Charge
D0273	Bitewings - Three Radiographic Images (2 Per 12 Months)	No Charge
D0274	Bitewings - Four Radiographic Images (2 Per 12 Months)	No Charge
D0277	Vertical Bitewings - 7 to 8 Radiographic Images (2 Per 12 Months)	No Charge
D0310	Sialography	No Charge
D0330	Panoramic Radiographic Image (1 Image Per 36 Months)	No Charge
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement and Analysis	No Charge
D0415	Collection of Microorganisms for Culture and Sensitivity	No Charge
D0416	Viral Culture	No Charge
D0425	Caries Susceptibility Test	No Charge
D0460	Pulp Vitality Tests	No Charge
D0470	Diagnostic Casts	No Charge
D0502	Other Oral Pathology Procedures, by Report	No Charge
D0999	Unspecified Diagnostic Procedures, by Report	No Charge

Preventive		Member Pays
D1110	Prophylaxis - Adult (2 Per 12 Months)	No Charge
D1120	Prophylaxis - Child (2 Per 12 Months)	No Charge
D1206	Topical Application of Fluoride Varnish (2 Applications Per 12 Months Through Age 17)	No Charge
D1208	Topical Application of Fluoride – Excluding Varnish (2 Applications Per 12 Months Through Age 17)	No Charge
D1310	Nutritional Counseling for Control of Dental Disease	No Charge
D1330	Oral Hygiene Instructions	No Charge
D1351	Sealant - Per Tooth (1st and 2nd Molars Through Age 16)	No Charge
D1510	Space Maintainer - Fixed - Unilateral - Per Quadrant (1 Per 60 Months)	No Charge
D1516	Space Maintainer - Fixed - Bilateral, Maxillary (1 Per 60 Months)	No Charge
D1517	Space Maintainer - Fixed - Bilateral, Mandibular (1 Per 60 Months)	No Charge
D1520	Space Maintainer - Removable - Unilateral - Per Quadrant (1 Per 60 Months)	No Charge
D1526	Space Maintainer - Removable - Bilateral, Maxillary (1 Per 60 Months)	No Charge
D1527	Space Maintainer - Removable - Bilateral, Mandibular (1 Per 60 Months)	No Charge
D1551	Re-Cement or Re-Bond Bilateral Space Maintainer - Maxillary	No Charge
D1552	Re-Cement or Re-Bond Bilateral Space Maintainer - Mandibular	No Charge
D1553	Re-Cement or Re-Bond Unilateral Space Maintainer - Per Quadrant	No Charge
D1556	Removal of Fixed Unilateral Space Maintainer - Per Quadrant	No Charge
D1557	Removal of Fixed Bilateral Space Maintainer - Maxillary	No Charge

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D1558	Removal of Fixed Bilateral Space Maintainer - Mandibular	No Charge
D1575	Distal Shoe Space Maintainer - Fixed, Unilateral - Per Quadrant	No Charge

Restorative		Member Pays
D2140	Amalgam - One Surface, Primary or Permanent (1 Per Tooth Every 24 Months)	No Charge
D2150	Amalgam - Two Surfaces, Primary or Permanent (1 Per Tooth Every 24 Months)	No Charge
D2160	Amalgam - Three Surfaces, Primary or Permanent (1 Per Tooth Every 24 Months)	No Charge
D2161	Amalgam - Four or More Surfaces, Primary or Permanent (1 Per Tooth Every 24 Months)	No Charge
D2330	Resin-Based Composite - One Surface, Anterior (1 Per Tooth Every 24 Months)	No Charge
D2331	Resin-Based Composite - Two Surfaces, Anterior (1 Per Tooth Every 24 Months)	No Charge
D2332	Resin-Based Composite - Three Surfaces, Anterior (1 Per Tooth Every 24 Months)	No Charge
D2335	Resin-Based Composite - Four or More Surfaces, Anterior (1 Per Tooth Every 24 Months)	No Charge
D2391	Resin-Based Composite - One Surface, Posterior (1 Per Tooth Every 24 Months)	\$40.00
D2392	Resin-Based Composite - Two Surfaces, Posterior (1 Per Tooth Every 24 Months)	\$50.00
D2393	Resin-Based Composite - Three Surfaces, Posterior (1 Per Tooth Every 24 Months)	\$75.00
D2394	Resin-Based Composite - Four or More Surfaces, Posterior (1 Per Tooth Every 24 Months)	\$75.00
D2410	Gold Foil - One Surface	\$25.00
D2420	Gold Foil - Two Surface	\$34.00
D2430	Gold Foil - Three Surfaces	\$45.00
D2510	Inlay - Metallic - One Surface (1 Per Tooth Every 60 Months)	\$85.00
D2520	Inlay - Metallic - Two Surfaces (1 Per Tooth Every 60 Months)	\$115.00
D2530	Inlay - Metallic - Three or More Surfaces (1 Per Tooth Every 60 Months)	\$125.00
D2610	Inlay - Porcelain/Ceramic - One Surface (1 Per Tooth Every 60 Months)	\$85.00
D2620	Inlay - Porcelain/Ceramic - Two Surfaces (1 Per Tooth Every 60 Months)	\$115.00
D2630	Inlay - Porcelain/Ceramic - Three or More Surfaces (1 Per Tooth Every 60 Months)	\$125.00
D2710	Crown - Resin-Based Composite, Indirect (1 Per Tooth Every 60 Months)	\$42.00
D2712	Crown - ¾ Resin-Based Composite, Indirect (1 Per Tooth Every 60 Months)	\$42.00
D2720	Crown - Resin with High Noble Metal (1 Per Tooth Every 60 Months)	\$59.00
D2721	Crown - Resin with Predominantly Base Metal (1 Per Tooth Every 60 Months)	\$60.00
D2722	Crown - Resin with Noble Metal (1 Per Tooth Every 60 Months)	\$63.00
D2740	Crown - Porcelain/Ceramic (1 Per Tooth Every 60 Months)	\$66.00
D2750	Crown - Porcelain Fused to High Noble Metal (1 Per Tooth Every 60 Months)	\$73.00
D2751	Crown - Porcelain Fused to Predominantly Base Metal (1 Per Tooth Every 60 Months)	\$66.00
D2752	Crown - Porcelain Fused to Noble Metal (1 Per Tooth Every 60 Months)	\$70.00
D2753	Crown - Porcelain Fused to Titanium and Titanium Alloys (1 Per Tooth Every 60 Months)	\$73.00
D2790	Crown - Full Cast High Noble Metal (1 Per Tooth Every 60 Months)	\$73.00
D2791	Crown - Full Cast Predominantly Base Metal (1 Per Tooth Every 60 Months)	\$64.00
D2792	Crown - Full Cast Noble Metal (1 Per Tooth Every 60 Months)	\$69.00
D2794	Crown - Titanium and Titanium Alloys (1 Per Tooth Every 60 Months)	\$73.00
D2910	Re-Cement or Re-Bond Inlay, Onlay, Veneer or Partial Coverage Restoration	\$6.00
D2915	Re-Cement or Re-Bond Indirectly Fabricated or Prefabricated Post and Core	\$6.00
D2920	Re-Cement or Re-Bond Crown	\$7.00
D2921	Reattachment of Tooth Fragment, Incisal Edge or Cusp (1 Per Tooth Per Lifetime)	No Charge
D2928	Prefabricated Porcelain/Ceramic Crown - Permanent Tooth	\$28.00
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$25.00
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$14.00
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$17.00
D2932	Prefabricated Resin Crown	\$14.00
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$25.00
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$14.00
D2940	Placement of Interim Direct Restoration	No Charge
D2950	Core Buildup, Including Any Pins When Required (1 Per Tooth Per 60 Months)	\$14.00

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D2951	Pin Retention - Per Tooth, in Addition to Restoration	\$6.00
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$22.00
D2953	Each Additional Indirectly Fabricated Post - Same Tooth	\$22.00
D2954	Prefabricated Post and Core in Addition to Crown	\$16.00
D2955	Post Removal	No Charge
D2960	Labial Veneer (Resin Laminate) - Direct (1 Per Tooth Every 60 Months)	\$55.00
D2961	Labial Veneer (Resin Laminate) - Indirect (1 Per Tooth Every 60 Months)	\$75.00
D2962	Labial Veneer (Porcelain Laminate) - Indirect (1 Per Tooth Every 60 Months)	\$90.00
D2980	Crown Repair Necessitated by Restorative Material Failure	\$20.00
D2981	Inlay Repair Necessitated by Restorative Material Failure	No Charge
D2983	Veneer Repair Necessitated by Restorative Material Failure	No Charge
D2999	Unspecified Restorative Procedure, by Report	No Charge

Endodontics
Member Pays

D3110	Pulp Cap - Direct (Excluding Final Restoration)	No Charge
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	No Charge
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	No Charge
D3222	Partial Pulpotomy for Apexogenesis	No Charge
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excl. Final Restoration)	No Charge
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excl. Final Restoration)	No Charge
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	No Charge
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	No Charge
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$60.00
D3346	Retreatment of Previous Root Canal Therapy - Anterior (Once Per Tooth Per Lifetime)	No Charge
D3347	Retreatment of Previous Root Canal Therapy - Premolar (Once Per Tooth Per Lifetime)	No Charge
D3348	Retreatment of Previous Root Canal Therapy - Molar (Once Per Tooth Per Lifetime)	\$60.00
D3351	Apexification/Recalcification – Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	\$9.00
D3352	Apexification/Recalcification – Interim Medication Replacement	No Charge
D3353	Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of Perforations, Root Resorption, Etc.)	No Charge
D3410	Apicoectomy - Anterior	\$32.00
D3421	Apicoectomy - Premolar (First Root)	\$64.00
D3425	Apicoectomy - Molar (First Root)	\$96.00
D3426	Apicoectomy (Each Additional Root)	\$50.00
D3430	Retrograde Filling - Per Root	\$50.00
D3450	Root Amputation - Per Root	\$23.00
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	No Charge
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	\$21.00
D3999	Unspecified Endodontic Procedure, by Report	No Charge

Periodontics
Member Pays

D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	No Charge
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	No Charge
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	No Charge
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	No Charge
D4249	Clinical Crown Lengthening – Hard Tissue	No Charge
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant (1 Per Quadrant Per 36 Months)	\$56.00
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) One to Three Contiguous Teeth (1 Per Quadrant Per 36 Months)	\$37.00
D4270	Pedicle Soft Tissue Graft Procedure	\$61.00

D4277	Free Soft Tissue Graft Procedure - (Including Recipient and Donor Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft	\$61.00
D4278	Free Soft Tissue Graft Procedure - (Including Recipient and Donor Surgical Sites) Each Additional Contiguous Tooth, Implant, or Edentulous Tooth Position in Same Graft Site	No Charge
D4322	Splint - Intra-coronal; Natural Teeth or Prosthetic Crowns	\$25.00
D4323	Splint - Extra-coronal; Natural Teeth or Prosthetic Crowns	\$25.00
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant (Once Per Quadrant Every 24 Months)	No Charge
D4342	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant (Once Per Quadrant Every 24 Months)	No Charge
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	\$20.00
D4355	Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation and Diagnosis on a Subsequent Visit (1 Per 36 Months)	No Charge
D4910	Periodontal Maintenance (1 Per 3 Months)	No Charge
D4999	Unspecified Periodontal Procedure, by Report	No Charge

Prosthodontics - Removable		Member Pays
D5110	Complete Denture - Maxillary (1 Per 60 Months)	\$93.00
D5120	Complete Denture - Mandibular (1 Per 60 Months)	\$93.00
D5130	Immediate Denture - Maxillary (1 Per 60 Months)	\$93.00
D5140	Immediate Denture - Mandibular (1 Per 60 Months)	\$93.00
D5211	Maxillary Partial Denture - Resin Base, Including Retentive/Clasping Materials, Rests and Teeth (1 Per 60 Months)	\$63.00
D5212	Mandibular Partial Denture - Resin Base, Including Retentive/Clasping Materials, Rests and Teeth (1 Per 60 Months)	\$65.00
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases, Including Retentive/Clasping Materials, Rests and Teeth (1 Per 60 Months)	\$80.00
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases, Including Retentive/Clasping Materials, Rests and Teeth (1 Per 60 Months)	\$77.00
D5221	Immediate Maxillary Partial Denture - Resin Base, Including Retentive/Clasping Materials, Rests and Teeth (1 Per 60 Months)	\$63.00
D5222	Immediate Mandibular Partial Denture - Resin Base, Including Retentive/Clasping Materials, Rests and Teeth (1 Per 60 Months)	\$65.00
D5223	Immediate Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases, Including Retentive/Clasping Materials, Rests and Teeth (1 Per 60 Months)	\$80.00
D5224	Immediate Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases, Including Retentive/Clasping Materials, Rests and Teeth (1 Per 60 Months)	\$77.00
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/Clasping Materials, Rests and Teeth) (1 Per 60 Months)	\$63.00
D5226	Mandibular Partial Denture - Flexible Base (Including Retentive/Clasping Materials, Rests and Teeth) (1 Per 60 Months)	\$65.00
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive/Clasping Materials, Rests and Teeth), Maxillary (1 per 60 months)	\$100.00
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Retentive/Clasping Materials, Rests and Teeth), Mandibular (1 per 60 months)	\$100.00
D5410	Adjust Complete Denture - Maxillary (6 Per 12 Months)	No Charge
D5411	Adjust Complete Denture - Mandibular (6 Per 12 Months)	No Charge
D5421	Adjust Partial Denture - Maxillary (6 Per 12 Months)	\$10.00
D5422	Adjust Partial Denture - Mandibular (6 Per 12 Months)	\$10.00
D5511	Repair Broken Complete Denture Base, Mandibular	\$5.00
D5512	Repair Broken Complete Denture Base, Maxillary	\$5.00
D5520	Replace Missing or Broken Teeth - Complete Denture - Per Tooth	\$5.00
D5611	Repair Resin Partial Denture Base, Mandibular	\$10.00
D5612	Repair Resin Partial Denture Base, Maxillary	\$10.00
D5621	Repair Cast Partial Framework, Mandibular	\$9.00
D5622	Repair Cast Partial Framework, Maxillary	\$9.00
D5630	Repair or Replace Broken Retentive/Clasping Materials- Per Tooth	\$11.00
D5640	Replace Missing or Broken Teeth - Partial Denture - Per Tooth	\$13.00
D5650	Add Tooth to Existing Partial Denture - Per Tooth	\$8.00

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D5660	Add Clasp to Existing Partial Denture - Per Tooth	\$17.00
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)	\$57.00
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	\$59.00
D5710	Rebase Complete Maxillary Denture	\$35.00
D5711	Rebase Complete Mandibular Denture	\$35.00
D5720	Rebase Maxillary Partial Denture	\$30.00
D5721	Rebase Mandibular Partial Denture	\$28.00
D5730	Reline Complete Maxillary Denture, Direct (1 Per 36 Months)	\$16.00
D5731	Reline Complete Mandibular Denture, Direct (1 Per 36 Months)	\$16.00
D5740	Reline Maxillary Partial Denture, Direct (1 Per 36 Months)	\$16.00
D5741	Reline Mandibular Partial Denture, Direct (1 Per 36 Months)	\$16.00
D5750	Reline Complete Maxillary Denture, Indirect (1 Per 36 Months)	\$27.00
D5751	Reline Complete Mandibular Denture, Indirect (1 Per 36 Months)	\$27.00
D5760	Reline Maxillary Partial Denture, Indirect (1 Per 36 Months)	\$28.00
D5761	Reline Mandibular Partial Denture, Indirect (1 Per 36 Months)	\$28.00
D5810	Interim Complete Denture (Maxillary)	\$55.00
D5811	Interim Complete Denture (Mandibular)	\$55.00
D5820	Interim Partial Denture (Including Retentive/Clasping Materials, Rests and Teeth), Maxillary	\$28.00
D5821	Interim Partial Denture (Including Retentive/Clasping Materials, Rests and Teeth), Mandibular	\$27.00
D5850	Tissue Conditioning, Maxillary	\$8.00
D5851	Tissue Conditioning, Mandibular	\$8.00
D5862	Precision Attachment, by Report	\$50.00
D5863	Overdenture - Complete Maxillary	\$125.00
D5864	Overdenture - Partial Maxillary	\$125.00
D5865	Overdenture - Complete Mandibular	\$125.00
D5866	Overdenture - Partial Mandibular	\$125.00
D5876	Add Metal Substructure to Acrylic Full Denture (Per Arch)	\$60.00
D5899	Unspecified Removable Prosthodontic Procedure, by Report	No Charge

Prosthodontics - Fixed		Member Pays
D6010	Surgical Placement of Implant Body: Endosteal Implant	\$1,350.00
D6013	Surgical Placement of Mini Implant	\$750.00
D6056	Prefabricated Abutment - Includes Modification and Placement	\$300.00
D6057	Custom Fabricated Abutment - Includes Placement	\$500.00
D6058	Abutment Supported Porcelain/Ceramic Crown	\$900.00
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	\$900.00
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$800.00
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	\$900.00
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal)	\$900.00
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Predominantly Base)	\$800.00
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal)	\$900.00
D6110	Implant /Abutment Supported Removable Denture for Edentulous Arch - Maxillary.	\$975.00
D6111	Implant /Abutment Supported Removable Denture for Edentulous Arch - Mandibular.	\$975.00
D6205	Pontic - Indirect Resin Based Composite (1 Per 60 Months)	\$42.00
D6210	Pontic - Cast High Noble Metal (1 Per 60 Months)	\$67.00
D6211	Pontic - Cast Predominantly Base Metal (1 Per 60 Months)	\$58.00
D6212	Pontic - Cast Noble Metal (1 Per 60 Months)	\$64.00
D6214	Pontic - Titanium and Titanium Alloys (1 Per 60 Months)	\$67.00
D6240	Pontic - Porcelain Fused to High Noble Metal (1 Per 60 Months)	\$69.00
D6241	Pontic - Porcelain Fused to Predominantly Base Metal (1 Per 60 Months)	\$63.00
D6242	Pontic - Porcelain Fused to Noble Metal (1 Per 60 Months)	\$66.00
D6243	Pontic - Porcelain Fused to Titanium and Titanium Alloys (1 Per 60 Months)	\$66.00

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D6245	Pontic - Porcelain/Ceramic (1 Per 60 Months)	\$66.00
D6250	Pontic - Resin with High Noble Metal (1 Per 60 Months)	\$62.00
D6251	Pontic - Resin with Predominantly Base Metal (1 Per 60 Months)	\$58.00
D6252	Pontic - Resin with Noble Metal (1 Per 60 Months)	\$61.00
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis (1 Per 60 Months)	\$33.00
D6549	Resin Retainer – for Resin Bonded Fixed Prosthesis	\$85.00
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces (1 Per 60 Months)	\$120.00
D6603	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces (1 Per 60 Months)	\$120.00
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces (1 Per 60 Months)	\$120.00
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three or More Surfaces (1 Per 60 Months)	\$120.00
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces (1 Per 60 Months)	\$120.00
D6607	Retainer Inlay - Cast Noble Metal, Three or More Surfaces (1 Per 60 Months)	\$120.00
D6624	Retainer Inlay - Titanium (1 Per 60 Months)	\$120.00
D6710	Retainer Crown - Indirect Resin Based Composite (1 Per 60 Months)	\$42.00
D6720	Retainer Crown - Resin with High Noble Metal (1 Per 60 Months)	\$69.00
D6721	Retainer Crown - Resin with Predominantly Base Metal (1 Per 60 Months)	\$66.00
D6722	Retainer Crown - Resin with Noble Metal (1 Per 60 Months)	\$62.00
D6740	Retainer Crown - Porcelain/Ceramic (1 Per 60 Months)	\$62.00
D6750	Retainer Crown - Porcelain Fused to High Noble Metal (1 Per 60 Months)	\$73.00
D6751	Retainer Crown - Porcelain Fused to Predominantly Base Metal (1 Per 60 Months)	\$69.00
D6752	Retainer Crown - Porcelain Fused to Noble Metal (1 Per 60 Months)	\$72.00
D6753	Retainer Crown - Porcelain Fused to Titanium and Titanium Alloys (1 Per 60 Months)	\$72.00
D6780	Retainer Crown - 3/4 Cast High Noble Metal (1 Per 60 Months)	\$72.00
D6784	Retainer Crown - 3/4 Titanium and Titanium Alloys	\$72.00
D6790	Retainer Crown - Full Cast High Noble Metal (1 Per 60 Months)	\$74.00
D6792	Retainer Crown - Full Cast Noble Metal (1 Per 60 Months)	\$70.00
D6794	Retainer Crown - Titanium and Titanium Alloys (1 Per 60 Months)	\$74.00
D6930	Re-Cement or Re-Bond Fixed Partial Denture	\$10.00
D6940	Stress Breaker	\$25.00
D6950	Precision Attachment	\$50.00
D6980	Fixed Partial Denture Repair, by Report	\$20.00
D6999	Unspecified, Fixed Prosthodontic Procedure, by Report	No Charge

Oral Surgery		Member Pays
D7111	Extraction, Coronal Remnants - Primary Tooth	No Charge
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	No Charge
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated	No Charge
D7220	Removal of Impacted Tooth - Soft Tissue	\$17.00
D7230	Removal of Impacted Tooth - Partially Bony	\$23.00
D7240	Removal of Impacted Tooth - Completely Bony	\$30.00
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications	\$31.00
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$14.00
D7260	Oroantral Fistula Closure	\$50.00
D7261	Primary Closure of a Sinus Perforation	\$50.00
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$25.00
D7280	Exposure of an Unerupted Tooth	\$14.00
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$14.00
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$150.00
D7285	Incisional Biopsy of Oral Tissue-Hard (Bone, Tooth)	\$30.00
D7286	Incisional Biopsy of Oral Tissue-Soft	\$30.00
D7287	Exfoliative Cytological Sample Collection	No Charge

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D7288	Brush Biopsy - Transepithelial Sample Collection	No Charge
D7290	Surgical Repositioning of Teeth	\$65.00
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, by Report	\$15.00
D7310	Alveoloplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quad.	\$13.00
D7311	Alveoloplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quad.	\$9.00
D7320	Alveoloplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quad.	\$14.00
D7321	Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quad.	\$9.00
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	No Charge
D7350	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision of Soft Tissue Attachment and Management of Hypertrophied and Hyperplastic Tissue)	No Charge
D7410	Excision of Benign Lesion Up to 1.25 Cm	\$25.00
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 Cm	\$25.00
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 Cm	No Charge
D7460	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 Cm	\$80.00
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$38.00
D7472	Removal of Torus Palatinus	\$38.00
D7473	Removal of Torus Mandibularis	\$38.00
D7485	Reduction of Osseous Tuberosity	\$38.00
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$8.00
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated	\$8.00
D7520	Incision and Drainage of Abscess - Extraoral Soft Tissue	No Charge
D7521	Incision and Drainage of Abscess - Extraoral Soft Tissue - Complicated	No Charge
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveola Tissue	\$20.00
D7540	Removal of Reaction Producing Foreign Bodies, Musculoskeletal System	\$20.00
D7550	Partial Osteotomy/Sequestrectomy for Removal of Non-Vital Bone	\$25.00
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	No Charge
D7910	Suture of Recent Small Wounds Up to 5 Cm	No Charge
D7961	Buccal/Labial Frenectomy (Frenulectomy)	\$25.00
D7962	Lingual Frenectomy (Frenulectomy)	\$25.00
D7963	Frenuloplasty	\$25.00
D7970	Excision of Hyperplastic Tissue - Per Arch	\$25.00
D7971	Excision of Pericoronal Gingiva	\$25.00

Adjunctive General Services
Member Pays

D9110	Palliative Treatment of Dental Pain - per visit	No Charge
D9120	Fixed Partial Denture Sectioning	\$20.00
D9311	Consultation with a Medical Health Care Professional	No Charge
D9420	Hospital or Ambulatory Surgical Center Call (Pedo Only)	\$25.00
D9430	Office Visit for Observation (During Regularly Scheduled Hours) - No Other Services Performed	No Charge
D9440	Office Visit - After Regularly Scheduled Hours	\$25.00
D9450	Case Presentation, Subsequent to Detailed and Extensive Treatment Planning	No Charge
D9930	Treatment of Complications (Post-Surgical) - Unusual Circumstances, by Report	No Charge
D9941	Fabrication of Athletic Mouthguard	No Charge
D9942	Repair and/or Reline of Occlusal Guard	\$5.00
D9943	Occlusal Guard Adjustment	\$5.00
D9944	Occlusal Guard - Hard Appliance, Full Arch	\$125.00
D9945	Occlusal Guard - Soft Appliance, Full Arch	\$25.00
D9950	Occlusion Analysis - Mounted Case	\$8.00
D9951	Occlusal Adjustment - Limited	\$8.00
D9952	Occlusal Adjustment - Complete	\$24.00
D9999	Unspecified Adjunctive Procedure, by Report	No Charge