

Schedule of Benefits and Subscriber Copayments

Copayment amounts for listed procedures are applicable at the Participating General Dentist.

ADACode	Procedure	Patient Pays
Appointments		
D9310	Consultation (Normally Not The Same Dentist Who Provides The Treatment)	\$45
D9430	Office Visit for Observation - No Other Services Performed	\$15
D9440	Office Visit - After Regularly Scheduled Hours	\$55
D9986	Missed appointments No charge will be made due to emergencies	\$10
D9987	Cancelled appointments (without 24 hour notice, per 15 min)	\$10
D9999	Emergency visit during regularly scheduled hours, by report	\$20
Diagnostic		
D0120	Periodic Oral Evaluation (limited to twice in any 12 calendar months)	\$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 (limited to twice in any 12 calendar months)	\$0
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, By Report	\$0
D0170	Re-evaluation - Problem Focused (Not Post-Operative Visit)	\$0
D0180	Comprehensive Periodontal Evaluation - New or Established Patient (limited to twice in any 12 calendar months)	\$35
D0210	X-Rays - Complete Series of Radiographic Images (limited to once in any 3 calendar years)	\$0
D0220	X-Rays Intraoral Periapical, First Radiographic Image	\$0
D0230	X-Rays Intraoral Periapical, Each Additional Radiographic Image	\$0
D0240	X-Rays Intraoral - Occlusal Radiographic Image	\$0
D0250	Extraoral -2D Projection Radiographic Image Created Using a Stationary Radiation Source and Detector	\$0
D0270	X-Rays (Bitewing) - Single Radiographic Image (limited to twice in any 12 calendar months)	\$0
D0272	X-Rays (Bitewings) – Two Radiographic Images (limited to twice in any 12 calendar months)	\$0
D0273	X-Rays (Bitewings) - Three Radiographic Images (limited to twice in any 12 calendar months)	\$0
D0274	X-Rays (Bitewings) - Four Radiographic Images (limited to twice in any 12 calendar months)	\$0
D0277	X-Rays (Bitewings, Vertical) - 7 to 8 Radiographic Images (limited to twice in any 12 calendar months)	\$0
D0330	X-Rays Panoramic Radiographic Images (limited to once in any 3 calendar years)	\$0
D0350	Oral/facial photographic images obtained intraorally or extraorally	\$0
D0415	Collection of microorganisms for culture and sensitivity	\$0
D0425	Caries susceptibility tests	\$0
D0431	Oral Cancer Screening Using a Special Light Source	\$70
D0460	Pulp Vitality Tests (not covered if a root canal is performed)	\$0

D0470	Diagnostic Casts	\$0
D0472	Pathology Report - Gross Examination of Lesion	\$0
D0473	Pathology Report - Microscopic Examination of Lesion	\$0
D0474	Pathology Report - Microscopic Examination of Lesion and Area	\$0

Preventive

D1110	Cleaning - Adult (limited to twice in any 12 calendar months, by primary care dentist)	\$0
D1120	Cleaning – Child (limited to twice in any 12 calendar months)	\$0
D1206	Topical Application of Fluoride Varnish (for child under 16 years of age) (limited to twice in any 12 calendar months)	\$0
D1208	Topical application of fluoride –excluding varnish (for child under 16 years of age) (limited to twice in any 12 calendar months)	\$0
D1310	Nutritional counseling for control of dental disease	\$0
D1320	Tobacco counseling for the control and prevention of oral disease	\$0
D1330	Oral Hygiene Instructions	\$0
D1351	Sealant - Per Tooth (limited to permanent teeth only to age 16)	\$20
D1510[*]	Space Maintainer - Fixed Unilateral (through age 14)	\$95
D1515[*]	Space Maintainer - Fixed Bilateral (through age 14)	\$135
D1520[*]	Space Maintainer - Removable - Unilateral (through age 14)	\$105
D1525[*]	Space Maintainer - Removable - Bilateral (through age 14)	\$115
D1550	Recementation or rebonding of Space Maintainer	\$20

Restorative

D2140	Amalgam - One Surface, Primary or Permanent	\$30
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$35
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$40
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$45
D2940	Protective Restoration	\$25

Resin restorative – Inlays and onlays limited to one per tooth every 5 (five) years

D2330	Resin-Based Composite - One Surface, Anterior	\$45
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$60
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$75
D2335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle (Anterior)	\$95
D2390	Resin-Based Composite Crown, Anterior	\$90
D2391	Resin-Based Composite - One Surface, Posterior	\$70
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$90
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$110
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$130
D2510[*]	Inlay - Metallic - One Surface	\$345
D2520[*]	Inlay - Metallic - Two Surfaces	\$355
D2530[*]	Inlay - Metallic - Three or More Surfaces	\$365
D2542[*]	Onlay - Metallic - Two Surfaces	\$370
D2543[*]	Onlay - Metallic - Three Surfaces	\$380
D2544[*]	Onlay - Metallic - Four or More Surfaces	\$390
D2610[*]	Inlay - porcelain/ceramic - one surface	\$370
D2620[*]	Inlay - porcelain/ceramic - two surfaces	\$380
D2630[*]	Inlay - porcelain/ceramic - three or more surfaces	\$390
D2642[*]	Onlay - porcelain/ceramic - two surfaces	\$395
D2643[*]	Onlay - porcelain/ceramic - three surfaces	\$405
D2644[*]	Onlay - porcelain/ceramic - four or more surfaces	\$415
D2650[*]	Inlay - resin-based composite - one surface	\$345
D2651[*]	Inlay - resin-based composite - two surfaces	\$355
D2652[*]	Inlay - resin-based composite - three or more surfaces	\$365
D2662[*]	Onlay - resin-based composite - two surfaces	\$370

D2663[*]	Onlay - resin-based composite - three surfaces	\$380
D2664[*]	Onlay - resin-based composite - four or more surfaces	\$410

Crown and bridge – Crowns limited to one per tooth every 5 (five) years

D2710[*]	Crown - resin based composite (indirect)	\$410
D2712[*]	Crown - 3/4 resin-based composite (indirect)	\$410
D2720[*]	Crown - Resin with High Noble Metal	\$410
D2721	Crown - Resin with Predominantly Base Metal	\$410
D2722[*]	Crown - Resin with Noble Metal	\$410
D2740[*]	Crown - Porcelain/Ceramic Substrate	\$410
D2750[*]	Crown - Porcelain Fused to High Noble Metal	\$410
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$410
D2752[*]	Crown - Porcelain Fused to Noble Metal	\$410
D2780[*]	Crown - 3/4 Cast High Noble Metal	\$410
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$410
D2782[*]	Crown - 3/4 Cast Noble Metal	\$410
D2783[*]	Crown - 3/4 Porcelain/Ceramic	\$410
D2790[*]	Crown - Full Cast High Noble Metal	\$410
D2791	Crown - Full Cast Predominantly Base Metal	\$410
D2792[*]	Crown - Full Cast Noble Metal	\$410
D2794[*]	Crown - Titanium	\$410
D2799	Provisional crown	\$0
D2910	Recement or rebond Inlay, Onlay, Veneer or partial coverage restoration	\$25
D2915	Recement or rebond indirectly fabricated Cast or Prefabricated Post and Core	\$0
D2920	Recement or rebond Crown	\$25
D2929	Prefabricated Porcelain/Ceramic Crown - Primary tooth.	\$110
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$110
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$35
D2932	Prefabricated Resin Crown	\$110
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$110
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$110
D2950	Core Buildup, Including Any Pins	\$80
D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$25
D2952[*]	Cast Post and Core, In Addition to Crown	\$175
D2953[*]	Each Additional Cast Post - Same Tooth	\$140
D2954	Prefabricated Post and Core In Addition to Crown	\$120
D2955	Post removal (not in conjunction with endodontic therapy)	\$20
D2957	Each Additional Prefabricated Post - Same Tooth -Base Metal Post	\$45
D2960	Labial Veneer (Resin Laminate) - Chairside	\$290
D2961[*]	Labial veneer (resin laminate) - laboratory	\$425
D2962[*]	Labial veneer (porcelain laminate) - laboratory	\$475
D2971	Additional procedures to construct new crown under existing partial denture framework	\$70
D2980	Crown Repair necessitated by restorative material failure	\$25
D2981	Inlay repair necessitate by restorative material failure	\$25
D2982	Onlay repair necessitate by restorative material failure	\$25
D2983	Veneer repair necessitated by restorative material failure	\$25
D6940	Stress Breaker	\$170
D6950	Precision attachment (separate from prosthesis)	\$220

Prosthodontics (fixed) – Replacement limited to every 5 (five) years, adjustments once per year

D6210[*]	Pontic - Cast High Noble Metal	\$410
D6211	Pontic - Cast Predominantly Base Metal	\$410
D6212[*]	Pontic - Cast Noble Metal	\$410
D6240[*]	Pontic - Porcelain Fused to High Noble Metal	\$410

D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$410
D6242[*]	Pontic - Porcelain Fused to Noble Metal	\$410
D6750[*]	Retainer Crown - Porcelain Fused to High Noble Metal	\$410
D6751	Retainer Crown - Porcelain Fused to Predominantly Base Metal	\$410
D6752[*]	Retainer Crown - Porcelain Fused to Noble Metal	\$410
D6790[*]	Retainer Crown - Full Cast High Noble Metal	\$410
D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$410
D6792[*]	Retainer Crown - Full Cast Noble Metal	\$410
D6794[*]	Retainer Crown Titanium	\$410
D6930	Recement or Rebond Fixed Partial Denture	\$45

Prosthodontics – Replacement limited to every 5 (five) years

D5110[*]	Full Upper Denture	\$550
D5120[*]	Full Lower Denture	\$550
D5130[*]	Immediate Denture - Maxillary	\$550
D5140[*]	Immediate Denture- Mandibular	\$550
D5211[*]	Upper Partial Denture - Resin Base (Including Clasps, Rests and Teeth)	\$495
D5212[*]	Lower Partial Denture - Resin Base (Including Clasps, Rests and Teeth)	\$495
D5213[*]	Upper Partial Denture - Metal (Including Clasps, Rests and Teeth)	\$525
D5214[*]	Lower Partial Denture - Metal (Including Clasps, Rests and Teeth)	\$525
D5221	Immediate Maxillary Partial Denture – Resin Base (including any conventional clasps, rests and teeth)	\$385
D5222	Immediate Mandibular Partial Denture – Resin Base (including any conventional clasps, rests and teeth)	\$385
D5223	Immediate Maxillary Partial Denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$605
D5224	Immediate Mandibular Partial Denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$605
D5225[*]	Upper Partial Denture - Flexible (Including Clasps, Rests and Teeth)	\$525
D5226[*]	Lower Partial Denture - Flexible (Including Clasps, Rests and Teeth)	\$525
D5281[*]	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$445
D5410	Adjust Complete Denture Upper	\$25
D5411	Adjust Complete Denture Lower	\$25
D5421	Adjust Partial Denture Upper	\$25
D5422	Adjust Partial Denture Lower	\$25
D5660[*]	Add Clasp to Existing Partial Denture– Per Tooth	\$110

Endodontics (each procedure limited to once per tooth per life)

D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$25
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$20
D3220	Pulpotomy - Removal of Pulp, Not Part of a Root Canal	\$65
D3221	Pulpal Debridement (Not to be used when root canal is done on the same day)	\$135
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$65
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$100
D3310	Anterior Root Canal (Permanent Tooth) (Excluding Final Restoration)	\$175
D3320	Bicuspid Root Canal (Permanent Tooth) (Excluding Final Restoration)	\$270
D3330	Molar Root Canal (Permanent Tooth) (Excluding Final Restoration)	\$390
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	\$110
D3332	Incomplete Endodontic Therapy; Inoperable or Fractured Tooth	\$110
D3333	Internal Root Repair of Perforation Defects	\$120
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$140

D3352	Apexification/recalcification - interim medication replacement (apical closure/calccific repair of perforations, root resorption, etc.)	\$100
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calccific repair of perforations, root resorption, etc.) .) Includes any necessary radiographs.	\$140
D3410	Apicoectomy - Anterior	\$210
D3421	Apicoectomy-- Bicuspid (FirstRoot)	\$220
D3425	Apicoectomy - Molar (First Root)	\$220
D3426	Apicoectomy-(Each Additional Root)	\$90
D3430	Retrograde Filling - Per Root	\$55
D3450	Root Amputation - Per Root (Not Covered in Conjunction with Procedure D3920)	\$130
D3910	Surgical procedure for isolation of tooth with rubber dam	\$50
D3920	Hemisection (including any root removal), not including root canal therapy	\$120
D3950	Canal preparation and fitting of preformed dowel or post	\$25

Periodontics

D4210	Gingivectomy or Gingivoplasty - 4 or More Teeth, Per Quadrant	\$195
D4211	Gingivectomy or Gingivoplasty - 1 to 3 Teeth, Per Quadrant	\$100
D4240	Gingival Flap, Including Root Planing - 4 or More Teeth, Per Quadrant	\$220
D4241	Gingival Flap, Including Root Planing - 1 to 3 Teeth, Per Quadrant	\$150
D4245	Apically Positioned Flap	\$225
D4249	Clinical Crown Lengthening - Hard Tissue	\$220
D4260	Osseous Surgery - (including elevation of a full thickness flap and closure) 4 or More Teeth or Bounded Spaces, Per Quadrant	\$425
D4261	Osseous Surgery - (including elevation of a full thickness flap and closure) 1 to 3 Teeth, Per Quadrant	\$400
D4263	Bone Replacement Graft - First Site in Quadrant	\$290
D4264	Bone Replacement Graft - Each Additional Site in Quadrant Bone	\$200
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$135
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	\$360
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)	\$425
D4270	Pedicle Soft Tissue Graft Procedure	\$335
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites), first tooth, implant, or edentulous tooth position in graft	\$425
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$120
D4275	Non-autogenous-connective tissue graft (including recipient site and donor Material) first tooth, implant, or edentulous tooth position in graft	\$460
D4277	Free soft tissue graft procedure (including recipient and donor surgical-sites), first tooth, implant or edentulous tooth position in graft	\$340
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	\$170
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$255
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$276
D4320	Provisional splinting - intracoronal	\$135
D4321	Provisional splinting - extracoronal	\$115
D4341	Periodontal Scaling and Root Planing, Four or More Teeth or Bounded Teeth Spaces Per Quadrant (limited to a maximum of four (4) quadrants will be paid in any combination per 24 calendar months.)	\$85

D4342	Periodontal Scaling and Root Planing- One to Three Teeth, Per Quadrant (limited to a maximum of four (4) quadrants will be paid in any combination per 24 calendar months.)	\$70
D4355	Full Mouth Debridement to Allow Evaluation and Diagnosis (limited to once every 5 calendar years)	\$80
D4381	Localized Delivery of Chemotherapeutic Agents, Per Tooth (limited to once per tooth per (12) months to a maximum of three (3) tooth sites per quadrant, and performed no less than three (3) months following active periodontal therapy.)	\$70
D4910	Periodontal Maintenance (covered only after active periodontal therapy)	\$70

Extractions/oral and maxillofacial surgery

D7111	Extraction of Coronal Remnants - Deciduous Tooth	\$0
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$55
D7210	Surgical Removal of Erupted Tooth - Removal of Bone and/or Sectioning of Tooth And including elevation of mucoperiosteal flap if indicated	\$60
D7220	Removal of Impacted Tooth - Soft Tissue	\$75
D7230	Removal of Impacted Tooth - Partially Bony	\$95
D7240	Removal of Impacted Tooth - Completely Bony	\$135
D7241	Removal of Impacted Tooth - Completely Bony, Unusual Complications by Report	\$175
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$50
D7260	Oroantral Fistula Closure	\$450
D7261	Primary Closure of a Sinus Perforation	\$275
D7270	Tooth Stabilization of Accidentally Evulsed or Displaced Tooth	\$95
D7280	Surgical Access of an Unerupted Tooth (Excluding Wisdom Teeth)	\$160
D7282	Mobilization of erupted or malpositioned tooth to air eruption	\$120
D7285	Incisional Biopsy of Oral Tissue - Hard (Bone, Tooth)	\$450
D7286	Incisional Biopsy of Oral Tissue - Soft (All Others)	\$155
D7287	Exfoliative Cytological Sample Collection	\$70
D7288	Brush Biopsy - Transepithelial Sample Collection	\$75
D7310	Alveoplasty with Extractions - Per Quadrant	\$50
D7311	Alveoplasty with Extractions - Localized, Per Quadrant	\$25
D7320	Alveoplasty not in Conjunction with Extractions -Per Quadrant	\$90
D7321	Alveoplasty not in Conjunction with Extractions -Localized, Per Quadrant	\$65
D7450	Removal of Benign Odontogenic Cyst or Tumor -Up to 1.25cm	\$210
D7451	Removal of Benign Odontogenic Cyst or Tumor -Greater Than 1.25cm	\$285
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$130
D7472	Removal of Torus Palatinus	\$80
D7473	Removal of Torus Mandibularis	\$80
D7485	Surgical Reduction of Osseous Tuberosity	\$75
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$45
D7970	Excision of hyperplastic tissue - per arch	\$100
D7971	Excision of pericoronal gingiva	\$65

Repair to prosthetics

D5510[*]	Repair Broken Complete Denture Base	\$65
D5520[*]	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$65
D5610[*]	Repair Resin Denture Base	\$65
D5620[*]	Repair Cast Framework	\$65
D5630[*]	Repair or Replace Broken Clasp	\$65
D5640[*]	Replace Broken Teeth - Per Tooth	\$65
D5650[*]	Add Tooth to Existing Partial Denture	\$60
D5670[*]	Replace all teeth and acrylic on cast metal framework (maxillary)	\$255
D5671[*]	Replace all teeth and acrylic on cast metal framework (mandibular)	\$350
D5710[*]	Rebase Complete Upper Denture	\$230

D5711[*]	Rebase Complete Lower Denture	\$230
D5720[*]	Rebase Upper Partial Denture	\$230
D5721[*]	Rebase Lower Partial Denture	\$230
D5730	Reline Complete Upper Denture (Chairside)	\$110
D5731	Reline Complete Lower Denture (Chairside)	\$110
D5740	Reline Upper Partial Denture (Chairside)	\$110
D5741	Reline Lower Partial Denture (Chairside)	\$110
D5750[*]	Reline Complete Upper Denture (Laboratory)	\$180
D5751[*]	Reline Complete Lower Denture (Laboratory)	\$180
D5760[*]	Reline Upper Partial Denture (Laboratory)	\$180
D5761[*]	Reline Lower Partial Denture (Laboratory)	\$180
D5810[*]	Interim Complete Denture (Upper)	\$300
D5811[*]	Interim Complete Denture (Lower)	\$300
D5820[*]	Interim Partial Denture (Upper)	\$210
D5821[*]	Interim Partial Denture (Lower)	\$210
D5850	Tissue Conditioning, Upper	\$45
D5851	Tissue Conditioning, Lower	\$45
D6214[*]	Pontic Titanium	\$410
D6245[*]	Pontic - Porcelain/Ceramic	\$410
D6250[*]	Pontic - Resin with High Noble Metal	\$410
D6251	Pontic - Resin with Predominantly Base Metal	\$410
D6252[*]	Pontic - Resin with Noble Metal	\$410
D6253[*]	Provisional pontic	\$0
D6545[*]	Retainer - cast metal for resin bonded fixed prosthesis	\$300
D6548[*]	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$300
D6549	Retainer - resin for resin bonded fixed prosthesis	\$300
D6600[*]	Retainer Inlay - porcelain/ceramic, two surfaces	\$410
D6601[*]	Retainer Inlay - porcelain/ceramic, three or more surfaces	\$410
D6602[*]	Retainer Inlay - Cast High Noble Metal, Two Surfaces	\$410
D6603[*]	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces	\$410
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	\$410
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three or More Surfaces	\$410
D6606[*]	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$410
D6607[*]	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	\$410
D6608[*]	Retainer Onlay - porcelain/ceramic, two surfaces	\$410
D6609[*]	Retainer Onlay - porcelain/ceramic, three or more surfaces	\$410
D6610[*]	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$410
D6611[*]	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	\$410
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$410
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	\$410
D6614[*]	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$410
D6615[*]	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	\$410
D6624[*]	Retainer Inlay Titanium	\$410
D6634[*]	Retainer Onlay Titanium	\$410
D6710[*]	Retainer Crown - indirect resin based composite	\$410
D6720[*]	Retainer Crown - Resin with High Noble Metal	\$410
D6721	Retainer Crown - Resin with Predominantly Base Metal	\$410
D6722[*]	Retainer Crown - Resin with Noble Metal	\$410
D6740[*]	Retainer Crown - Porcelain/Ceramic	\$410
D6780[*]	Retainer Crown - 3/4 Cast High Noble Metal	\$410
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	\$410
D6782[*]	Retainer Crown - 3/4 Cast Noble Metal	\$410
D6783[*]	Retainer Crown - 3/4 porcelain/ceramic	\$410

Adjunctive General Service

D9110	Palliative (emergency treatment of dental pain – minor procedure)	\$20
D9215	Local Anesthesia in conjunction with operative or surgical procedures	\$0
D9223	Deep Sedation/General Anesthesia – Each 15 Minute Increment	\$93
D9230	Administration of nitrous oxide/anxiolysis, analgesia (per 15 minutes)	\$45
D9243	I.V. Moderate (Conscious) Sedation/Analgesia – Each 15 Minute Increment	\$93
D9450	Case Presentation, Detailed and Extensive Treatment Planning	\$0
D9951	Occlusal Adjustment Limited	\$45
D9952	Occlusal Adjustment Complete	\$205

Bleaching

D9972	External Bleaching - Per Arch performed in the office.	\$210
D9975	External Bleaching for home application, per arch, includes materials and fabrication of custom trays.	\$210

* Services marked with a single asterisk (*) also require separate payment of laboratory charges. The laboratory charges must be paid to the Participating Dentist in addition to any applicable copayment for the service.

NOTE:

1. Not all Participating Dentists perform all listed procedures, including amalgams. Please consult Your dentist prior to treatment for availability of services.
2. Some Covered Dental Care Services are typically only offered by a specialist (like many oral surgery procedures).
3. When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged and additional \$75 per unit.
4. Additional exclusions and limitations are listed along with full plan information in your Certificate of Dental Benefits.
5. Copayment amounts for listed procedures are applicable only at the Participating General Dentist. If you should need to see a specialist (i.e. Endodontist, Oral Surgeon, Periodontist, Pediatric Dentist), upon identification of yourself as a Company Member, you will receive a 25% reduction from the Participating Specialist's usual fee for Covered Dental Care Services performed.

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