

SCHEDULE OF DENTAL SERVICES

**A.D.A.
SERVICE
NUMBER**

DENTAL SERVICE CATEGORY

**SCHEDULED
BENEFIT**

I. PREVENTIVE

0120	Periodic oral evaluation, six (6) month interval	\$20.00
0140	Limited oral evaluation – problem focused	33.00
0150	Comprehensive oral evaluation	33.00
1110	Prophylaxis – adult, once in a six (6) month interval	52.00
1120	Prophylaxis – child, once in a six (6) month interval	33.00
1203	Topical application of fluoride (prophylaxis not included) – at twelve (12) month intervals to age 19	20.00
1351	Sealants, per tooth – first and second molars within two years of eruption	13.00
9110	Palliative (emergency) treatment of dental pain – minor procedure	20.00

II. DIAGNOSTIC

0210	Intraoral – complete series (including bitewings – thirty-six (36) month interval)	\$59.00
0220	Intraoral – periapical – first film	13.00
0230	Intraoral – periapical – each additional film	7.00
0240	Intraoral – occlusal film	13.00
0270	Bitewing – single film – six (6) month interval	20.00
0272	Bitewings – two films – six (6) month interval	20.00
0274	Bitewings – four films – six (6) month interval	26.00
0330	Panoramic film	46.00
0340	Cephalometric film	65.00

III. RESTORATIVE

1520	Space maintainer – removable – unilateral	\$33.00
1525	Space maintainer – removable – bilateral	65.00
2140	Amalgam – one surface, permanent	39.00
2150	Amalgam – two surfaces, permanent	46.00
2160	Amalgam – three surfaces, permanent	46.00
2161	Amalgam – four or more surfaces, permanent	46.00
2330	Resin – one surface, anterior	39.00
2331	Resin – two surfaces, anterior	46.00
2332	Resin – three surfaces, permanent	59.00
2335	Resin – four or more surfaces or involving incisal angle (anterior)	65.00

IV. RESTORATIVE – MAJOR

2520	Inlay – metallic – two surfaces	\$189.00
2530	Inlay – metallic – three or more surfaces	195.00
2543	Onlay – metallic – three surfaces	202.00
2544	Onlay – metallic – four or more surfaces	202.00
2620	Inlay – porcelain/ceramic – two surfaces	189.00
2630	Inlay – porcelain/ceramic – three or more surfaces	189.00
2643	Onlay – porcelain/ceramic – three surfaces	189.00
2644	Onlay – porcelain/ceramic – four or more surfaces	189.00

SCHEDULE OF DENTAL SERVICES (Continued)

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IV. RESTORATIVE – MAJOR (Continued)

2710	Crown – resin (laboratory)	\$130.00
2720	Crown – resin with high noble metal	260.00
2721	Crown – resin with predominantly base metal	234.00
2722	Crown – resin with noble metal	273.00
2740	Crown – porcelain/ceramic substrate	280.00
2750	Crown – porcelain fused to high noble metal	299.00
2751	Crown – porcelain fused to predominantly base metal	286.00
2752	Crown – porcelain fused to noble metal	286.00
2780	Crown – ¾ cast metal	286.00
2790	Crown – full cast high noble metal	293.00
2791	Crown – full cast predominantly base metal	280.00
2792	Crown – full cast noble metal	280.00
2910	Recement inlay	20.00
2920	Recement crown	20.00
2930	Prefabricated stainless steel crown – primary tooth	65.00
2950	Core buildup, including any pins	59.00
2951	Pin retention – per tooth, in addition to restoration	13.00
2952	Cast post and core in addition to crown	89.00

V. ENDODONTICS

3220	Therapeutic pulpotomy (excluding final restoration)	\$26.00
3310	Root Canal – Anterior (excluding final restoration)	163.00
3320	Root canal – Bicuspid (excluding final restoration)	176.00
3330	Root Canal – Molar (excluding final restoration)	182.00
3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforation, root resorption, etc.)	91.00
3352	Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc)	52.00
3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	39.00
3410	Apicoectomy/Periradicular surgery – anterior	150.00
3450	Root amputation – per root	46.00
3920	Hemisection (including any root removal), not including root canal therapy	104.00
3950	Canal preparation and fitting of preformed dowel or post	33.00

VI. PERIODONTICS

4210	Gingivectomy or gingivoplasty – per quadrant	\$98.00
4211	Gingivectomy or gingivoplasty – per tooth	59.00
4240	Gingival flap procedure, including root planing – per quadrant	143.00
4249	Clinical crown lengthening – hard tissue	26.00
4260	Osseous surgery (including flap entry and closure) – per quadrant	267.00
4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces – per quadrant	267.00
4263	Bone replacement graft – first site in quadrant	26.00
4270	Pedicle soft tissue graft procedure	143.00
4271	Free soft tissue graft procedure (including donor site surgery)	143.00
4341	Periodontal scaling and root planing – per quadrant	39.00
4910	Periodontal maintenance procedures (following active therapy)	46.00

SCHEDULE OF DENTAL SERVICES (Continued)

A.D.A. SERVICE NUMBER	DENTAL SERVICE CATEGORY	SCHEDULED BENEFIT
VII. PROSTHETICS – REMOVABLE		
5110	Complete denture – maxillary	\$325.00
5120	Complete denture – mandibular	325.00
5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	143.00
5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	143.00
5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	169.00
5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	169.00
5410	Adjust complete denture – maxillary	20.00
5411	Adjust complete denture – mandibular	20.00
5421	Adjust partial denture – maxillary	20.00
5422	Adjust partial denture – mandibular	20.00
5510	Repair broken complete denture base	26.00
5520	Replace missing or broken teeth – complete denture (each tooth)	26.00
5610	Repair resin denture base	26.00
5620	Repair cast framework	39.00
5630	Repair or replace broken clasp	20.00
5640	Replace broken teeth – per tooth	26.00
5650	Add tooth to existing partial denture	52.00
5660	Add clasp to existing partial denture	52.00
5710	Rebase complete maxillary denture	59.00
5711	Rebase complete mandibular denture	59.00
5720	Rebase maxillary partial denture	59.00
5721	Rebase mandibular partial denture	59.00
5730	Reline complete maxillary denture (chairside)	72.00
5731	Reline complete mandibular denture (chairside)	72.00
5740	Reline maxillary partial denture (chairside)	72.00
5741	Reline mandibular partial denture (chairside)	72.00
5750	Reline complete maxillary denture (laboratory)	98.00
5751	Reline complete mandibular denture (laboratory)	98.00
5760	Reline maxillary partial denture (laboratory)	98.00
5761	Reline mandibular partial denture (laboratory)	98.00
5850	Tissue conditioning, maxillary	33.00
VIII. FIXED BRIDGE		
1510	Space maintainer – fixed – unilateral	\$117.00
1515	Space maintainer – fixed – bilateral	150.00
6210	Pontic – cast high noble metal	215.00
6211	Pontic – cast predominantly base metal	241.00
6212	Pontic – cast noble metal	241.00
6240	Pontic – porcelain fused to high noble metal	260.00
6241	Pontic – porcelain fused to predominantly base metal	260.00
6242	Pontic – porcelain fused to noble metal	260.00
6250	Pontic – resin with high noble metal	260.00
6251	Pontic – resin with predominantly base metal	195.00
6252	Pontic – resin with noble metal	195.00

SCHEDULE OF DENTAL SERVICES (Continued)

A.D.A. SERVICE NUMBER	DENTAL SERVICE CATEGORY	SCHEDULED BENEFIT
VIII. FIXED BRIDGE (Continued)		
6545	Retainer – cast metal for resin bonded fixed prosthesis	\$195.00
6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	195.00
6720	Crown – resin with high noble metal	221.00
6721	Crown – resin with predominantly base metal	215.00
6722	Crown – resin with noble metal	215.00
6750	Crown – porcelain fused to high noble metal	234.00
6751	Crown – porcelain fused to predominantly base metal	215.00
6752	Crown – porcelain fused to noble metal	215.00
6780	Crown – ¾ cast high noble metal	221.00
6790	Crown – full cast high noble metal	228.00
6791	Crown – full cast predominantly base metal	228.00
6792	Crown – full cast noble metal	215.00
6930	Recement fixed partial denture	33.00
IX. ORAL SURGERY		
7140	Single tooth	\$26.00
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	39.00
7220	Removal of impacted tooth – soft tissue	59.00
7230	Removal of impacted tooth – partially bony	91.00
7240	Removal of impacted tooth – completely bony	111.00
7241	Removal of impacted tooth – completely bony, with unusual surgical complications	111.00
7250	Surgical removal of residual tooth roots (cutting procedure)	39.00
7285	Biopsy of oral tissue – hard	33.00
7286	Biopsy of oral tissue – soft	33.00
7320	Alveoloplasty in conjunction with extractions – per quadrant	98.00
7410	Excision of benign tumor – lesion diameter up to 1.25 cm	85.00
7411	Excision of benign tumor – lesion diameter greater than 1.25 cm	85.00
7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	85.00
7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	85.00
7450	Removal of odontogenic cyst or tumor – lesion diameter up to 1.25 cm	91.00
7451	Removal of odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	91.00
7460	Removal of nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	91.00
7461	Removal of nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	91.00
7465	Destruction of lesion(s) by physical or chemical method, by report	91.00
7471	Removal of exostosis – maxilla or mandible	130.00
7510	Incision and drainage of abscess – intraoral soft tissue	46.00
7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	78.00
7970	Excision of pericoronal gingival	98.00
X. ADJUNCTIVE SERVICES		
9220	General anesthesia – first 30 minutes	\$65.00
9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	26.00

SCHEDULE OF DENTAL SERVICES (Continued)

DENTAL SERVICE CATEGORY

XI. Orthodontic procedures (including diagnosis, preventive treatment, orthodontic treatment and orthodontic appliances.)
(Applies only to insured children under age 19.)

AMOUNT OF BENEFITS

The lesser of:

- 50% of the dentist's fee, or
- 50% of the reasonable and customary charge,

not to exceed the overall maximum dental benefit shown in the Schedule of Benefits on page SCH