

GENERAL DENTIST							
Code	Description	DP	DPO	DP1	DP2	DP3	DP4
DIAGNOSTIC & PREVENTIVE							
D0120	Periodic Oral Evaluation - Established patient	100%	100%	100%	100%	100%	100%
D0140	Limited Oral Evaluation - Problem focused	100%	100%	100%	100%	100%	100%
D0150	Comprehensive Oral Evaluation - new or established patient	100%	100%	100%	100%	100%	100%
D0210	Intraoral - complete series of radiographic images	100%	100%	100%	100%	100%	100%
D0220	Intraoral - periapical first radiographic image	100%	100%	100%	100%	100%	100%
D0230	Intraoral - periapical each additional radiographic image	100%	100%	100%	100%	100%	100%
D0270	Bitewing - single radiographic image	100%	100%	100%	100%	100%	100%
D0272	Bitewings - two radiographic images	100%	100%	100%	100%	100%	100%
D0274	Bitewings - four radiographic images	100%	100%	100%	100%	100%	100%
D0330	Panoramic radiographic image	100%	100%	100%	100%	100%	100%
D0460	Pulp vitality tests	100%	100%	100%	100%	100%	100%
D1110	Prophylaxis - Adult	100%	100%	100%	100%	100%	100%
D1120	Prophylaxis - Child	100%	100%	100%	100%	100%	100%
D1206	Topical Application of Flouride varnish	100%	100%	100%	100%	100%	100%
D1208	Topical Application of Flouride - excluding varnish	100%	100%	100%	100%	100%	100%
D1351	Sealant - per tooth	100%	100%	100%	100%	100%	100%
D1510	Space maintainer - fixed - unilateral - per quadrant	100%	100%	100%	100%	100%	100%
D1516	Space maintainer - fixed - bilateral, maxillary	100%	100%	100%	100%	100%	100%
D1517	Space maintainer - fixed - bilateral, mandibular	100%	100%	100%	100%	100%	100%
D1520	Space Maintainer - Removable, Unilateral - Per Quadrant	100%	100%	100%	100%	100%	100%
D1526	Space Maintainer For Removable-Bilateral, Maxillary	100%	100%	100%	100%	100%	100%
D1527	Space Maintainer For Removable-Bilateral, Mandibular	100%	100%	100%	100%	100%	100%
D1551	Re-cement or re-bond space maintainer - maxillary	100%	100%	100%	100%	100%	100%
D1552	Re-cement or re-bond space maintainer - mandibular	100%	100%	100%	100%	100%	100%
D9420	Hospital or Ambulatory Surgical Center Call	100%	100%	100%	100%	100%	100%
RESTORATIVE							
D2140	Amalgam - one surface, primary or permanent	N/C	25%	25%	25%	25%	25%
D2150	Amalgam - two surfaces, primary or permanent	N/C	25%	25%	25%	25%	25%
D2160	Amalgam - three surfaces, primary or permanent	N/C	25%	25%	25%	25%	25%
D2161	Amalgam - four or more surfaces, primary or permanent	N/C	25%	25%	25%	25%	25%
D2330	Resin-based composite - one surface, anterior	N/C	25%	25%	25%	25%	25%
D2331	Resin-based composite - two surfaces, anterior	N/C	25%	25%	25%	25%	25%
D2332	Resin-based composite - three surfaces, anterior	N/C	25%	25%	25%	25%	25%
D2335	Resin-based composite - four or more surfaces or involving incisal angle, anterior	N/C	25%	25%	25%	25%	25%
D2391	Resin-based composite - one surface, posterior	N/C	25%	25%	25%	25%	25%
D2392	Resin-based composite - two surfaces, posterior	N/C	25%	25%	25%	25%	25%
D2393	Resin-based composite - three surfaces, posterior	N/C	25%	25%	25%	25%	25%
D2394	Resin-based composite - four or more surfaces, posterior	N/C	25%	25%	25%	25%	25%
CROWN SINGLE RESTORATIONS ONLY							
Benefit maximum combined, per policy year, for single crowns, prosthodontics, and implant supported prosthetics (implant crowns)		N/C	N/C	N/C	\$800	\$1,000	\$1,000
D2740	Crown - porcelain/ceramic	N/C	N/C	50%	50%	50%	50%
D2750	Crown - porcelain fused to high noble metal	N/C	N/C	50%	50%	50%	50%
D2751	Crown - porcelain fused to predominantly base metal	N/C	N/C	50%	50%	50%	50%
D2752	Crown - porcelain fused to noble metal	N/C	N/C	50%	50%	50%	50%
D2790	Crown - full cast high noble metal	N/C	N/C	50%	50%	50%	50%

RESTORATIVE - OTHER SERVICES							
D2920	Re-cement or re-bond crown	N/C	N/C	25%	25%	25%	25%
D2930	Prefabricated stainless steel crown - primary tooth	N/C	N/C	25%	25%	25%	25%
D2931	Prefabricated stainless steel crown - permanent tooth	N/C	N/C	25%	25%	25%	25%
D2940	Protective Restoration	N/C	25%	25%	25%	25%	25%
D2951	Pin retention - per tooth, in addition to restoration	N/C	25%	25%	25%	25%	25%
D2954	Prefabricated post and core in addition to crown	N/C	N/C	25%	25%	25%	25%
ENDODONTICS							
D3110	Pulp cap - direct (excluding final restoration)	N/C	25%	25%	25%	25%	25%
D3120	Pulp cap - indirect (excluding final restoration)	N/C	25%	25%	25%	25%	25%
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	N/C	25%	25%	25%	25%	25%
D3221	Pulpal debridement, primary and permanent teeth	N/C	N/C	N/C	N/C	N/C	N/C
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	N/C	25%	25%	25%	25%	25%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	N/C	25%	25%	25%	25%	25%
D3330	Endodontic therapy, molar tooth (excluding final restoration)	N/C	25%	25%	25%	25%	25%
D3920	Hemisection (including any root removal), not including root canal therapy	N/C	25%	25%	25%	25%	25%
PERIODONTICS							
Benefit maximum for periodontics		N/C	N/C	N/C	\$800	\$1,000	\$1,000
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	N/C	N/C	N/C	50%	25%	25%
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	N/C	N/C	N/C	50%	25%	25%
D4341	Periodontal scaling and root planning - four or more teeth per quadrant	N/C	N/C	N/C	50%	25%	25%
PROSTHODONTICS							
Benefit maximum combined, per policy year, for single crowns, prosthodontics, and implant supported prosthetics (implant crowns)		N/C	N/C	\$800	\$800	\$1,000	\$1,000
PROSTHODONTICS - REMOVABLE							
D5110	Complete denture - maxillary	N/C	N/C	50%	50%	50%	50%
D5120	Complete denture - mandibular	N/C	N/C	50%	50%	50%	50%
D5130	Immediate denture - maxillary	N/C	N/C	50%	50%	50%	50%
D5140	Immediate denture - mandibular	N/C	N/C	50%	50%	50%	50%
D5211	Maxillary partial denture resin-base (including any conventional clasps, rests and teeth)	N/C	N/C	50%	50%	50%	50%
D5212	Mandibular partial denture resin-base (including any conventional clasps, rests and teeth)	N/C	N/C	50%	50%	50%	50%
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	N/C	N/C	50%	50%	50%	50%
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	N/C	N/C	50%	50%	50%	50%
D5225	Maxillary Partial Denture - Flexible Base (Including Retentive/ Clasping Materials, Rests, And Teeth)	N/C	N/C	50%	50%	50%	50%
D5226	Mandibular Partial Denture - Flexible Base (Including Retentive/Clasping Materials, Rests, And Teeth)	N/C	N/C	50%	50%	50%	50%
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	N/C	N/C	50%	50%	50%	50%
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	N/C	N/C	50%	50%	50%	50%

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D5410	Adjust complete denture - maxillary	N/C	N/C	50%	50%	50%	50%
D5411	Adjust complete denture - mandibular	N/C	N/C	50%	50%	50%	50%
D5421	Adjust partial denture - maxillary	N/C	N/C	50%	50%	50%	50%
D5422	Adjust partial denture -mandibular	N/C	N/C	50%	50%	50%	50%
D5511	Repair broken complete denture base, mandibular	N/C	N/C	50%	50%	50%	50%
D5512	Repair broken complete denture base, maxillary	N/C	N/C	50%	50%	50%	50%
D5520	Replace missing or broken teeth - complete denture (each tooth)	N/C	N/C	50%	50%	50%	50%
D5611	Repair resin denture base, mandibular	N/C	N/C	50%	50%	50%	50%
D5612	Repair resin denture base, maxillary	N/C	N/C	50%	50%	50%	50%
D5621	Repair cast framework, mandibular	N/C	N/C	50%	50%	50%	50%
D5622	Repair cast framework, maxillary	N/C	N/C	50%	50%	50%	50%
D5630	Repair or replace broken retentive/clasping materials - per tooth	N/C	N/C	50%	50%	50%	50%
D5640	Replace broken teeth - per tooth	N/C	N/C	50%	50%	50%	50%
D5650	Add tooth to existing partial denture	N/C	N/C	50%	50%	50%	50%
D5660	Add clasp to existing partial denture - per tooth	N/C	N/C	50%	50%	50%	50%
D5710	Rebase complete maxillary denture	N/C	N/C	N/C	50%	50%	50%
D5711	Rebase complete mandibular denture	N/C	N/C	N/C	50%	50%	50%
D5720	Rebase maxillary partial denture	N/C	N/C	N/C	50%	50%	50%
D5721	Rebase mandibular partial denture	N/C	N/C	N/C	50%	50%	50%
D5730	Reline complete maxillary denture (chairside)	N/C	N/C	N/C	50%	50%	50%
D5731	Reline complete mandibular denture (chairside)	N/C	N/C	N/C	50%	50%	50%
D5740	Reline maxillary partial denture (chairside)	N/C	N/C	N/C	50%	50%	50%
D5741	Reline mandibular partial denture (chairside)	N/C	N/C	N/C	50%	50%	50%
D5850	Tissue conditioning, maxillary	N/C	N/C	N/C	50%	50%	50%
D5851	Tissue conditioning, mandibular	N/C	N/C	N/C	50%	50%	50%
D5986	Flouride gel carrier	N/C	N/C	N/C	50%	50%	50%
PROSTHODONTICS - FIXED							
D6210	Pontic - cast high noble metal	N/C	N/C	50%	50%	50%	50%
D6211	Pontic-cast predominantly base metal	N/C	N/C	50%	50%	50%	50%
D6212	Pontic - cast noble metal	N/C	N/C	50%	50%	50%	50%
D6240	Pontic - porcelain fused to high noble metal	N/C	N/C	50%	50%	50%	50%
D6241	Pontic - porcelain fused to predominantly base metal	N/C	N/C	50%	50%	50%	50%
D6242	Pontic - porcelain fused to noble metal	N/C	N/C	50%	50%	50%	50%
D6250	Pontic - resin with high noble metal	N/C	N/C	50%	50%	50%	50%
D6545	Retainer - cast metal for resin bonded fixed prosthesis	N/C	N/C	50%	50%	50%	50%
D6720	Retainer crown - resin with high noble metal	N/C	N/C	50%	50%	50%	50%
D6750	Retainer crown - porcelain fused to high noble metal	N/C	N/C	50%	50%	50%	50%
D6751	Retainer crown - porcelain fused to predominantly base metal	N/C	N/C	50%	50%	50%	50%
D6752	Retainer crown - porcelain fused to noble metal	N/C	N/C	50%	50%	50%	50%
D6780	Retainer crown - 3/4 cast high noble metal	N/C	N/C	50%	50%	50%	50%
D6790	Retainer crown - full cast high noble metal	N/C	N/C	50%	50%	50%	50%
D6791	Retainer crown - full cast predominantly base metal	N/C	N/C	50%	50%	50%	50%
D6792	Retainer crown - full cast noble metal	N/C	N/C	50%	50%	50%	50%
D6930	Re-cement or re-bond fixed partial denture	N/C	N/C	50%	50%	50%	50%
IMPLANT SUPPORTED PROSTHETICS (IMPLANT CROWNS)							
D6058	Abutment Supported Porcelain/Ceramic Crown	N/C	N/C	50%	50%	50%	50%

Code	Description	DP	DPO	DP1	DP2	DP3	DP4
D6059	Abutment Supported Porcelain Fused To Metal Crown (High Noble Metal)	N/C	N/C	50%	50%	50%	50%
D6060	Abutment Supported Porcelain Fused To Metal Crown (Predominantly Base Metal)	N/C	N/C	50%	50%	50%	50%
D6061	Abutment Supported Porcelain Fused To Metal Crown (Noble Metal)	N/C	N/C	50%	50%	50%	50%
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	N/C	N/C	50%	50%	50%	50%
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	N/C	N/C	50%	50%	50%	50%
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	N/C	N/C	50%	50%	50%	50%
D6065	Implant Supported Porcelain/Ceramic Crown	N/C	N/C	50%	50%	50%	50%
D6066	Implant Supported Crown - Porcelain High Noble Alloys	N/C	N/C	50%	50%	50%	50%
D6067	Implant Supported Crown (High Noble Alloys)	N/C	N/C	50%	50%	50%	50%
D6068	Abutment Supported Retainer For Porcelain/Ceramic Fpd	N/C	N/C	50%	50%	50%	50%
D6069	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (High Noble Metal)	N/C	N/C	50%	50%	50%	50%
D6070	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Predominantly Base Metal)	N/C	N/C	50%	50%	50%	50%
D6071	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Noble Metal)	N/C	N/C	50%	50%	50%	50%
D6072	Abutment Supported Retainer For Cast Metal Fpd (High Noble Metal)	N/C	N/C	50%	50%	50%	50%
D6073	Abutment Supported Retainer For Cast Metal Fpd (Predominantly Base Metal)	N/C	N/C	50%	50%	50%	50%
D6074	Abutment Supported Retainer For Cast Metal Fpd (Noble Metal)	N/C	N/C	50%	50%	50%	50%
D6075	Implant Supported Retainer For Ceramic Fpd	N/C	N/C	50%	50%	50%	50%
D6076	Implant Supported Retainer For Fpd - Porcelain Fused To High Noble Alloys	N/C	N/C	50%	50%	50%	50%
D6077	Implant Supported Retainer For Metal Fpd High Noble Alloys	N/C	N/C	50%	50%	50%	50%
D6086	Implant Supported Crown - Predominantly Base Alloys	N/C	N/C	50%	50%	50%	50%
D6087	Implant Supported Crown - Noble Alloys	N/C	N/C	50%	50%	50%	50%
D6088	Implant Supported Crown - Titanium And Titanium Alloys	N/C	N/C	50%	50%	50%	50%
D6094	Abutment Supported Crown - Titanium And Titanium Alloys	N/C	N/C	50%	50%	50%	50%
D6245	Pontic - porcelain/ceramic	N/C	N/C	50%	50%	50%	50%
D6740	Retainer crown - porcelain/ceramic	N/C	N/C	50%	50%	50%	50%
ORAL SURGERY							
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	N/C	25%	25%	25%	25%	25%
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	N/C	25%	25%	25%	25%	25%
D7220	Removal of impacted tooth - soft tissue	N/C	25%	25%	25%	25%	25%
D7230	Removal of impacted tooth - partially bony	N/C	25%	25%	25%	25%	25%
D7240	Removal of impacted tooth - completely bony	N/C	25%	25%	25%	25%	25%
D7250	Surgical removal of residual tooth roots (cutting procedure)	N/C	25%	25%	25%	25%	25%
D7280	Surgical access of an unerupted tooth	N/C	25%	25%	25%	25%	25%
D7471	Removal of lateral exostosis (maxilla or mandible)	N/C	N/C	N/C	25%	25%	25%
D7510	Incision and drainage of abscess - intraoral soft tissue	N/C	25%	25%	25%	25%	25%
D7961	Buccal / Labial Frenectomy (Frenulectomy)	N/C	N/C	N/C	25%	25%	25%
D7962	Lingual Frenectomy (Frenulectomy)	N/C	N/C	N/C	25%	25%	25%
D7971	Excision of pericoronal gingiva	N/C	25%	25%	25%	25%	25%

Code	Description	DP	DPO	DP1	DP2	DP3	DP4
ADJUNCTIVE GENERAL SERVICES							
D9110	Palliative (emergency) treatment of dental pain - minor procedure	N/C	25%	25%	25%	25%	25%
D9910	Application of desensitizing medicament	N/C	N/C	N/C	N/C	25%	25%
D9930	Treatment of complications (post - surgical) - unusual circumstances, by report	N/C	N/C	N/C	N/C	25%	25%
ORTHODONTICS							
Benefit per policy year maximum		N/C	N/C	N/C	1,000	1,000	N/C
D8660	Pre-orthodontic treatment examination to monitor growth and development	N/C	N/C	N/C	50%	50%	N/C
D8670	Periodic orthodontic treatment visit	N/C	N/C	N/C	50%	50%	N/C
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers)	N/C	N/C	N/C	50%	50%	N/C
Other ortondonthics services		N/C	N/C	N/C	50%	50%	N/C

N/C = Not Covered Service