



Dental Benefits Summary

| CODE | PROCEDURE | PATIENT PAYS | CODE | PROCEDURE | PATIENT PAYS |
|---|--|--------------|-------------|--|--------------|
| | Office Visit Copay | \$5 | | | |
| DIAGNOSTIC | | | | | |
| D0120-D0180 | Oral Evaluations | No Charge | D0277 | Vertical Bitewings - 7 to 8 Films | No Charge |
| D0210 | Full mouth series Images | No Charge | D0330 | Panoramic Image | No Charge |
| D0220-D0230 | Periapicals | No Charge | D0391 | Interpretation of Diagnostic Image | No Charge |
| D0240 | Intraoral, Occlusal Image | No Charge | D0460 | Pulp Vitality Test | No Charge |
| D0250-D0251 | Extraoral Images | No Charge | D0470 | Diagnostic Casts | No Charge |
| D0270-D0274 | Bitewings | No Charge | D0472-D0474 | Accession of Tissue | No Charge |
| PREVENTIVE | | | | | |
| D1110 | Prophy - Adult | No Charge | D1510 | Space Maintainer - Fixed Unilateral | No Charge |
| D1120 | Prophy - Child | No Charge | D1515 | Space Maintainer - Fixed Bilateral | No Charge |
| D4346 | Scaling in presence of generalized moderate/severe gingival inflammation – full mouth, after oral evaluation | \$30 | D1520 | Space Maintainer - Removable Unilateral | No Charge |
| D1208 | Fluoride - Child | No Charge | D1525 | Space Maintainer - Removable Bilateral | No Charge |
| D1206 | Application of Topical Fluoride Varnish | No Charge | D1550 | Recement Space Maintainer | \$12 |
| D1330 | Oral Hygiene Instruction | No Charge | D1555 | Removal of Space Maintainer | \$12 |
| D1351, D1354 | Sealant | No Charge | D1575 | Distal shoe space maintainer - fixed - unilateral | No Charge |
| D1352 | Preventive Resin Restoration | No Charge | D2990 | Resin Infiltration of Lesion | No Charge |
| D1353 | Sealant Repair - Per Tooth | No Charge | | | |
| Diagnostic and Preventive services may be subject to age and frequency limitations. See your booklet for details. | | | | | |
| RESTORATIVE | | | | | |
| PRIMARY OR PERMANENT TEETH | | | | | |
| D2140 | Amalgam - 1 Surf Primary or Permanent | No Charge | D2391 | Resin-Based Composite 1 Surf, Posterior | \$35 |
| D2150 | Amalgam - 2 Surf Primary or Permanent | No Charge | D2392 | Resin-Based Composite 2 Surf, Posterior | \$45 |
| D2160 | Amalgam - 3 Surf Primary or Permanent | No Charge | D2393 | Resin-Based Composite 3 Surf, Posterior | \$55 |
| D2161 | Amalgam - 4+ Surf Primary or Permanent | No Charge | D2394 | Resin-Based Composite 4+ Surf, Posterior | \$75 |
| D2330 | Resin-Based Composite 1 Surf, Anterior | No Charge | D2921 | Reattachment of tooth fragment, incisal edge or dusp | \$4 |
| D2331 | Resin-Based Composite 2 Surf, Anterior | No Charge | D2940 | Protective Restoration | No Charge |
| D2332 | Resin-Based Composite 3 Surf, Anterior | No Charge | D2941 | Interim therapeutic restoration - primary dentition | No Charge |
| D2335 | Resin-Based Composite 4+ Surf; Anterior (or involving Incisal angle) | \$40 | D2951 | Pin Retention - In Addition to Restoration | \$10 |
| D2390 | Resin-Based Composite Crown, Anterior | \$40 | | | |
| CROWNS/BRIDGES | | | | | |
| D2510 | Inlay - Metallic 1 Surf | \$190 | D6076 | Implant Supported Retainer for Porcelain Fused to Metal FPD (Titanium, Titanium Alloy or High Noble Metal) | \$225 |
| D2520 | Inlay - Metallic 2 Surf | \$190 | D6077 | Implant Supported Retainer for Cast Metal FPD (Titanium, Titanium Alloy or High Noble Metal) | \$225 |
| D2530 | Inlay - Metallic 3 Surf | \$190 | D6094 | Abutment Supported Crown - (Titanium) | \$225 |
| D2542 | Onlay - Metallic 2 Surf | \$200 | D6110 | Implant Abut Sup Removable Dent-MaxCom | \$275 |
| D2543 | Onlay - Metallic 3 Surf | \$200 | D6111 | Implant Abut Sup Removable Dent-Mand Com | \$275 |
| D2544 | Onlay, Metallic - 4 or More Surf | \$200 | D6112 | Implant Abut Sup Removable Dent-Max Par | \$275 |
| D2610 | Inlay, Porcelain/Ceramic - 1 Surf | \$190 | D6113 | Implant Abut Sup Removable Dent-Mand Par | \$275 |
| D2620 | Inlay, Porcelain/Ceramic - 2 Surf | \$190 | D6114 | Implant Abut Sup Fixed Dent-Max Com | \$275 |
| D2630 | Inlay, Porcelain/Ceramic - 3 or More Surf | \$190 | D6115 | Implant Abut Sup Fixed Dent-Mand Com | \$275 |
| D2642 | Onlay, Porcelain/Ceramic - 2 Surf | \$200 | D6116 | Implant Abut Sup Fixed Dent-Max Par | \$275 |
| D2643 | Onlay, Porcelain/Ceramic - 3 Surf | \$200 | D6117 | Implant Abut Sup Fixed Dent-Mand Par | \$275 |
| D2644 | Onlay, Porcelain/Ceramic - 4 or More Surf | \$200 | D6205 | Pontic - Indirect Resin Based Composite | \$225 |
| D2650 | Inlay, Composite/Resin - 1 Surf | \$190 | D6210 | Pontic - Cast High Noble Metal | \$225 |
| D2651 | Inlay, Composite/Resin - 2 Surf | \$190 | D6211 | Pontic - Cast Predominantly Base Metal | \$225 |
| D2652 | Inlay, Composite/Resin - 3 Surf | \$190 | D6212 | Pontic - Cast Noble Metal | \$225 |
| D2662 | Onlay, Composite/Resin - 2 Surf | \$200 | D6214 | Pontic - Titanium | \$225 |
| D2663 | Onlay, Composite/Resin - 3 Surf | \$200 | D6240 | Pontic - Porcelain Fused to High Noble Metal | \$225 |
| D2664 | Onlay, Composite/Resin - 4 or More Surf | \$200 | D6241 | Pontic - Porcelain Fused to Predominantly Base | \$225 |
| D2710 | Crown - Resin-Based Composite, Indirect | \$225 | D6242 | Pontic - Porcelain Fused to Noble Metal | \$225 |

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| D2712 | Crown - 3/4 Resin-Based Composite, Indirect | \$180 | D6245 | Pontic - Porcelain/Ceramic | \$225 |
| D2720 | Crown - Resin With High Noble Metal | \$225 | D6250 | Pontic - Resin With High Noble Metal | \$225 |
| D2721 | Crown - Resin With Predominantly Base Metal | \$225 | D6251 | Pontic - Resin With Predominantly Base Metal | \$225 |
| D2722 | Crown - Resin With Noble Metal | \$225 | D6252 | Pontic - Resin With Noble Metal | \$225 |
| D2740 | Crown - Porcelain/Ceramic Substrate | \$225 | D6545 | Retainer - Cast Metal for Resin-Bonded Fixed | \$190 |
| D2750 | Crown - Porcelain Fused to High Noble Metal | \$225 | D6548 | Retainer - Porcelain/Ceramic for Resin-Bonded Fixed Prosthesis | \$190 |
| D2751 | Crown - Porcelain Fused to Predominantly Base Metal | \$225 | D6549 | Resin Retainer - Resin Bonded Prosthesis | \$113 |
| D2752 | Crown - Porcelain Fused to Noble Metal | \$225 | D6600 | Inlay - Porcelain/Ceramic, 2 Surf | \$190 |
| D2780 | Crown - 3/4 Cast High Noble Metal | \$225 | D6601 | Inlay - Porcelain/Ceramic, 3+ Surf | \$190 |
| D2781 | Crown - 3/4 Cast Predominantly Based Metal | \$225 | D6602 | Inlay - Cast High Noble Metal, 2 Surf | \$220 |
| D2782 | Crown - 3/4 Cast Noble Metal | \$225 | D6603 | Inlay - Cast High Noble Metal, 3+ Surf | \$220 |
| D2783 | Crown - 3/4 Porcelain/Ceramic | \$225 | D6604 | Inlay - Cast Predominantly Base Metal, 2 Surf | \$190 |
| D2790 | Crown - Full Cast High Noble Metal | \$225 | D6605 | Inlay - Cast Predominantly Base Metal, 3+ Surf | \$190 |
| D2791 | Crown - Full Cast Predominantly Base Metal | \$225 | D6606 | Inlay - Cast Noble Metal, 2 Surf | \$210 |
| D2792 | Crown - Full Cast Noble Metal | \$225 | D6607 | Inlay - Cast Noble Metal, 3+ Surf | \$210 |
| D2794 | Crown - Titanium | \$225 | D6608 | Onlay - Porcelain/Ceramic, 2 Surf | \$200 |
| D2910 | Recent Inlay, Onlay or Partial Coverage Restoration | \$5 | D6609 | Onlay - Porcelain/Ceramic, 3+ Surf | \$200 |
| D2915 | Recent Cast or Prefab Post and Core | \$3 | D6610 | Onlay - Cast High Noble Metal, 2 Surf | \$230 |
| D2920 | Recent Crown | \$5 | D6611 | Onlay - Cast High Noble Metal, 3+ Surf | \$230 |
| D2929 | Prefab Porcelain/Ceramic Crown - Primary Tooth | No Charge | D6612 | Onlay - Cast Predominantly Base Metal, 2 Surf | \$200 |
| D2930 | Prefab, Stainless Steel Crown - Primary Tooth | No Charge | D6613 | Onlay - Cast Predominantly Base Metal, 3+ Surf | \$200 |
| D2931 | Prefab, Stainless Steel Crown - Permanent Tooth | \$40 | D6614 | Onlay - Cast Noble Metal, 2 Surf | \$220 |
| D2934 | Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth | No Charge | D6615 | Onlay - Cast Noble Metal, 3+ Surf | \$220 |
| D2950 | Core Buildup, Including Any Pins | \$60 | D6624 | Inlay - Titanium | \$220 |
| D2952 | Post & Core in Addition to Crown | \$80 | D6634 | Onlay - Titanium | \$230 |
| D6058 | Abutment Supported Porcelain/Ceramic Crown | \$225 | D6710 | Crown - Indirect Resin Based Composite | \$225 |
| D6059 | Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal) | \$225 | D6720 | Crown - Resin With High Noble Metal | \$225 |
| D6060 | Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal) | \$225 | D6721 | Crown - Resin With Predominantly Base Metal | \$225 |
| D6061 | Abutment Supported Porcelain Fused to Metal Crown (Noble Metal) | \$225 | D6722 | Crown - Resin With Noble Metal | \$225 |
| D6062 | Abutment Supported Cast Metal Crown (High Noble Metal) | \$225 | D6740 | Crown - Porcelain/Ceramic | \$225 |
| D6063 | Abutment Supported Cast Metal Crown (Predominantly Base Metal) | \$225 | D6750 | Crown - Porcelain Fused to High Noble Metal | \$225 |
| D6064 | Abutment Supported Cast Metal Crown (Noble Metal) | \$225 | D6751 | Crown - Porcelain Fused to Predominantly Base Metal | \$225 |
| D6065 | Implant Supported Porcelain/Ceramic Crown | \$225 | D6752 | Crown - Porcelain Fused to Noble Metal | \$225 |
| D6066 | Implant Supported Porcelain Fused to Metal Crown (Titanium, Titanium Alloy or High Noble Metal) | \$225 | D6780 | Crown - 3/4 Cast High Noble Metal | \$225 |
| D6067 | Implant Supported Metal Crown (Titanium, Titanium Alloy or High Noble Metal) | \$225 | D6781 | Crown - 3/4 Cast Predominantly Base Metal | \$225 |
| D6068 | Abutment Supported Retainer for Porcelain/Ceramic FPD | \$225 | D6782 | Crown - 3/4 Cast Noble Metal | \$225 |
| D6069 | Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal) | \$225 | D6783 | Crown - 3/4 Porcelain/Ceramic | \$225 |
| D6070 | Abutment Supported Retainer for Porcelain Fused to Metal FPD (Predominantly Base Metal) | \$225 | D6790 | Crown - Full Cast High Noble Metal | \$225 |
| D6071 | Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal) | \$225 | D6791 | Crown - Full Cast Predominantly Base Metal | \$225 |
| D6072 | Abutment Supported Retainer for Cast Metal FPD (High Noble Metal) | \$225 | D6792 | Crown - Full Cast Noble Metal | \$225 |
| D6073 | Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal) | \$225 | D6794 | Crown - Titanium | \$225 |

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|---|---|-----------|-------------|--|-------|
| D6074 | Abutment Supported Retainer for Cast Metal FPD (Noble Metal) | \$225 | D6930 | Recement Fixed Partial Denture | \$15 |
| D6075 | Implant Supported Retainer for Ceramic FPD | \$225 | | Additional Charge per Unit for Full Mouth Rehabilitation. | \$125 |
| Full mouth rehabilitation is defined as 6 or more units of covered crowns and/or pontics under one treatment plan. | | | | | |
| Charges for crowns and bridgework are per unit. There will be additional charges for the actual cost for gold/high noble metal. | | | | | |
| ENDODONTICS | | | | | |
| D3110 | Pulp Cap - Direct (excluding final restoration) | No Charge | D3333 | Internal Root Repair of Perforation Defects | \$40 |
| D3120 | Pulp Cap - Indirect (excluding final restoration) | No Charge | D3346 | Retreatment of Previous Root Canal Therapy - Anterior | \$150 |
| D3220 | Therapeutic Pulpotomy (excluding final restoration) | No Charge | D3347 | Retreatment of Previous Root Canal Therapy - Bicuspid | \$170 |
| D3221 | Pulpal Debridement, Primary and Permanent Teeth | \$10 | D3348 | Retreatment of Previous Root Canal Therapy - Molar | \$275 |
| D3222 | Partial Pulpotomy | No Charge | D3410 (1) | Apicoectomy/Periradicular Surgery - Anterior | \$65 |
| D3230 | Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth | No Charge | D3421 (1) | Apicoectomy/Periradicular Surgery - Bicuspid (First Root) | \$65 |
| D3240 | Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth | No Charge | D3425 (1) | Apicoectomy/Periradicular Surgery - Molar (First Root) | \$80 |
| D3310 | Root Canal Therapy - Anterior (excluding final restoration) | \$50 | D3426 (1) | Apicoectomy/Periradicular Surgery- Each Additional Root | \$40 |
| D3320 | Root Canal Therapy - Bicuspid (excluding final restoration) | \$70 | D3427 (1) | Periradicular surgery without apicoectomy | \$49 |
| D3330 | Root Canal Therapy - Molar (excluding final restoration) | \$175 | D3430 (1) | Retrograde Filling - Per Root | \$20 |
| D3331 | Treatment of Root Canal Obstruction, Nonsurgical Access | \$50 | D3450 (1) | Root Amputation - Per Root | \$60 |
| D3332 | Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth | \$35 | | | |
| (1) Certain services may be covered under the Medical Plan. Contact Member Services for more details. | | | | | |
| PERIODONTICS | | | | | |
| D4210 (1) | Gingivectomy or Gingivoplasty - 4 or More Teeth - Per Quadrant | \$100 | D4275 (1) | Soft Tissue Allograft | \$230 |
| D4211 (1) | Gingivectomy or Gingivoplasty - 1-3 Teeth - Per Quadrant | \$30 | D4276 (1) | Connective Tissue/Pedicle Graft, Per Tooth | \$190 |
| D4212 (1) | Gingivectomy to allow access, per tooth | \$12 | D4277 (1) | Free soft tissue graft - first tooth | \$82 |
| D4240 (1) | Gingival Flap Procedure, Including Root Planing - 4 or More Teeth - Per Quadrant | \$110 | D4278 (1) | Free soft tissue graft - each additional tooth | \$41 |
| D4241 (1) | Gingival Flap Procedure, Including Root Planing - 1-3 Teeth - Per Quadrant | \$66 | D4283 (1) | Autogenous connective tissue graft | \$63 |
| D4245 (1) | Apically Positioned Flap | \$90 | D4285 (1) | Non-autogenous connective tissue graft | \$127 |
| D4249 | Clinical Crown Lengthening, Hard Tissue | \$150 | D4341 | Periodontal Scaling and Root Planing - 4 or More Teeth - Per Quadrant | \$50 |
| D4260 (1) | Osseous Surgery (Including Flap Entry and Closure) - 4 or More Teeth - Per Quadrant | \$250 | D4342 | Periodontal Scaling and Root Planing - 1-3 Teeth - Per Quadrant | \$30 |
| D4261 (1) | Osseous Surgery (Including Flap Entry and Closure) - 1-3 Teeth - Per Quadrant | \$150 | D4355 | Debridement | \$60 |
| D4268 (1) | Surgical Revision Procedure, Per Tooth | \$100 | D4910 | Periodontal Maintenance | \$30 |
| D4270 (1) | Pedicle Soft Tissue Graft Procedure | \$190 | D4920 | Unscheduled Dressing Change (By Someone Other Than Treating Dentist) | \$10 |
| D4273 (1) | Subepithelial Connective Tissue Graft, Per Tooth | \$115 | | | |
| (1) Certain services may be covered under the Medical Plan. Contact Member Services for more details. | | | | | |
| PROSTHODONTICS-REMOVABLE (2) | | | | | |
| D5110 | Complete Denture - Maxillary | \$275 | D5223-D5224 | Immediate max/mand partial denture - cast base framework w/resin denture base (including any conventional clasps, rests and teeth) | \$374 |

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|-------------|---|-------|-------|--|-------|
| D5120 | Complete Denture - Mandibular | \$275 | D5225 | Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth) | \$330 |
| D5130 | Immediate Denture - Maxillary | \$325 | D5226 | Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth) | \$330 |
| D5140 | Immediate Denture - Mandibular | \$325 | D5281 | Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth) | \$275 |
| D5211 | Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and | \$275 | D5410 | Adjust Complete Denture - Maxillary | \$10 |
| D5212 | Mandibular Partial Denture - Resin Base (including any conventional clasps, rests and teeth) | \$275 | D5411 | Adjust Complete Denture - Mandibular | \$10 |
| D5213 | Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth) | \$325 | D5421 | Adjust Partial Denture - Maxillary | \$10 |
| D5214 | Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth) | \$325 | D5422 | Adjust Partial Denture - Mandibular | \$10 |
| D5221-D5222 | Immediate max/mand partial dental - resin base (including any conventional clasps, rests and teeth) | \$316 | | | |

(2) Includes relines, adjustments, rebases within the 1st six months. Adjustments to dentures that are done within six months of placement of the denture, are limited to no more than four adjustments.

REPAIRS TO PROSTHETICS

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|-------|--|-------|-------|--|-------|
| D5510 | Repair Broken Complete Denture Base | \$30 | D5730 | Reline Complete Maxillary Denture (Chairside) | \$40 |
| D5520 | Replace Missing or Broken Teeth - Complete Denture (each tooth) | \$35 | D5731 | Reline Complete Mandibular Denture (Chairside) | \$40 |
| D5610 | Repair Resin Denture Base | \$35 | D5740 | Reline Maxillary Partial Denture (Chairside) | \$40 |
| D5620 | Repair Cast Framework | \$35 | D5741 | Reline Mandibular Partial Denture (Chairside) | \$40 |
| D5630 | Repair or Replace Broken Clasp | \$35 | D5750 | Reline Complete Maxillary Denture (Lab) | \$90 |
| D5640 | Replace Broken Teeth - Per Tooth | \$35 | D5751 | Reline Complete Mandibular Denture (Lab) | \$90 |
| D5650 | Add Tooth to Existing Partial Denture | \$35 | D5760 | Reline Maxillary Partial Denture (Lab) | \$90 |
| D5660 | Add Clasp to Existing Partial Denture | \$40 | D5761 | Reline Mandibular Partial Denture (Lab) | \$90 |
| D5670 | Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary) | \$100 | D5820 | Interim Partial Denture (Maxillary) (3) | \$90 |
| D5671 | Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular) | \$100 | D5821 | Interim Partial Denture (Mandibular) (3) | \$90 |
| D5710 | Rebase Complete Maxillary Denture | \$100 | D5850 | Tissue Conditioning, Maxillary | \$40 |
| D5711 | Rebase Complete Mandibular Denture | \$100 | D5851 | Tissue Conditioning, Mandibular | \$40 |
| D5720 | Rebase Maxillary Partial Denture | \$100 | D5860 | Overdenture - Complete, by Report | \$275 |
| D5721 | Rebase Mandibular Partial Denture | \$100 | | | |

(3) Eligible on Anterior Teeth only.

ORAL SURGERY

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|-----------|--|-----------|-----------|--|------|
| D7111 | Extraction, Coronal Remnants - Deciduous Tooth | No Charge | D7285 (1) | Biopsy of Oral Tissue - Hard (Bone, Tooth) | \$50 |
| D7140 | Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal) | No Charge | D7286 (1) | Biopsy of Oral Tissue - Soft | \$50 |
| D7210 (1) | Surgical Removal of Erupted Tooth | No Charge | D7287 (1) | Cytological Sample Collection | \$25 |
| D7220 (1) | Removal of Impacted Tooth - Soft Tissue | No Charge | D7310 (1) | Alveoplasty in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant | \$18 |
| D7230 (1) | Removal of Impacted Tooth - Partially Bony | \$45 | D7311 (1) | Alveoplasty in Conjunction With Extractions - 1 to 3 Teeth or Tooth Spaces - Per Quadrant | \$9 |
| D7240 (1) | Removal of Impacted Tooth - Completely Bony | \$70 | D7320 (1) | Alveoplasty Not in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant | \$25 |
| D7241 (1) | Removal of Impacted Tooth - Completely Bony, With Unusual Surgical Complications | \$70 | D7321 (1) | Alveoplasty Not in Conjunction With Extractions - 1-3 Teeth or Tooth Spaces - Per Quadrant | \$13 |
| D7250 (1) | Surgical Removal of Residual Tooth Roots | \$15 | D7510 (1) | Incision and Drainage of Abscess - Intraoral Soft Tissue | \$10 |

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| D7251 | Coronectomy - intentional partial tooth removal | \$35 | D7511 (1) | Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated | \$11 |
| D7280 (1) | Surgical Access of Unerupted Tooth | \$26 | D7960 (1) | Frenulectomy (Frenectomy, Frenotomy) Separate Procedure | \$24 |
| D7282 (1) | Mobilization of Erupted or Malpositioned Tooth to Aid Eruption | \$30 | D7963 (1) | Frenuloplasty | \$25 |
| D7283 | Placement of Device to Facilitate Eruption of Impacted Tooth | \$6 | | | |

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OTHER (ADJUNCTIVE) SERVICES

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|-------------|---|-----------|-------|--|-------|
| D9110 | Palliative (Emergency) Treatment of Dental Pain - minor procedure | \$10 | D9940 | Occlusal Guard, by Report | \$100 |
| D9223 | Deep sedation/general anesthesia - each 15 minute increment | \$83 | D9943 | Occlusal guard adjustment | \$13 |
| D9243 | Intravenous conscious sedation/analgesia - each 15 minute increment | \$83 | D9942 | Repair and/or Reline of Occlusal Guard | \$18 |
| D9310 | Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician | No Charge | D9951 | Occlusal Adjustment - limited | \$20 |
| D9311 | Consultation with a medical health care professional | No Charge | D9952 | Occlusal Adjustment - complete | \$80 |
| D9932-D9935 | Denture cleaning and inspection | \$25 | | | |

ORTHODONTICS

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|--|--|---------|--|--|--|
| | Orthodontic Screening Exam | \$30 | | | |
| | Diagnostic Records | \$150 | | | |
| | Comprehensive Orthodontic Treatment | | | | |
| | Adolescent | \$1,945 | | | |
| | Adult | \$1,945 | | | |
| | Orthodontic Retention | \$275 | | | |

PLAN EXCLUSIONS AND LIMITATIONS*

Some Services Not Covered Under the Plan Are:

1. Services or supplies that are covered in whole or in part:
 - (a) under any other part of this Dental Care Plan; or
 - (b) under any other plan of group benefits provided by or through your employer.
2. Services and supplies to diagnose or treat a disease or injury that is not:
 - (a) a non-occupational disease; or
 - (b) a non-occupational injury.
3. Services not listed in the Dental Care Schedule that applies, unless otherwise specified in the Booklet-Certificate.
4. Those for replacement of a lost, missing or stolen appliance, and those for replacement of appliances that have been damaged due to abuse, misuse or neglect.
5. Those for plastic, reconstructive or cosmetic surgery, or other dental services or supplies, that are primarily intended to improve, alter or enhance appearance. This applies whether or not the services and supplies are for psychological or emotional reasons. Facings on molar crowns and pontics will always be considered cosmetic.
6. Those for or in connection with services, procedures, drugs or other supplies that are determined by Aetna to be experimental or still under clinical investigation by health professionals. (Does not apply to TX plans)
7. Those for dentures, crowns, inlays, onlays, bridgework, or other appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or to correct attrition, abrasion or erosion. Does not apply to CA contracts.
8. Those for any of the following services (Does not apply to TX contracts):
 - (a) An appliance or modification of one if an impression for it was made before the person became a covered person;
 - (b) A crown, bridge, or cast or processed restoration if a tooth was prepared for it before the person became a covered person;
 - (c) Root canal therapy if the pulp chamber for it was opened before the person became a covered person.
9. Services that Aetna defines as not necessary for the diagnosis, care or treatment of the condition involved. This applies even if they are prescribed, recommended or approved by the attending physician or dentist.
10. Those for services intended for treatment of any jaw joint disorder, unless otherwise specified in the Booklet-Certificate.
11. Those for space maintainers, except when needed to preserve space resulting from the premature loss of deciduous teeth.
12. Those for orthodontic treatment, unless otherwise specified in the Booklet-Certificate.

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| 13. Those for general anesthesia and intravenous sedation, unless specifically covered. For plans that cover these services, they will not be eligible for benefits unless done in conjunction with another necessary covered service. |
| 14. Those for treatment by other than a dentist, except that scaling or cleaning of teeth and topical application of fluoride may be done by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a dentist. |
| 15. Those in connection with a service given to a dependent age 5 or older if that dependent becomes a covered dependent other than: (a) during the first 31 days the dependent is eligible for this coverage, or (b) as prescribed for any period of open enrollment agreed to by the employer and Aetna. This does not apply to charges incurred: (i) after the end of the 12-month period starting on the date the dependent became a covered dependent; or (ii) as a result of accidental injuries sustained while the dependent was a covered dependent; or (iii) for a primary care service in the Dental Care Schedule that applies as shown under the headings Visits and Exams, and X-rays and Pathology. |
| 16. Services given by a nonparticipating dental provider to the extent that the charges exceed the amount payable for the services shown in the Dental Care Schedule that applies. |
| 17. Those for a crown, cast or processed restoration unless: (a) It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material; or (b) The tooth is an abutment to a covered partial denture or fixed bridge. |
| 18. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the Booklet-Certificate. |
| 19. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons, unless otherwise specified in the Booklet-Certificate. |
| 20. Services needed solely in connection with non-covered services. |
| 21. Services done where there is no evidence of pathology, dysfunction or disease other than covered preventive services. Does not apply to CA contracts. |
| Any exclusion above will not apply to the extent that coverage of the charge is required under any law that applies to the coverage. |

*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.

Other Important Information

This Benefit summary of the Aetna Dental Maintenance Organization (DMO®) provides information on benefits provided when services are rendered by a participating dentist. In order for a covered person to be eligible for benefits, dental services must be provided by a primary care dentist selected from the network of participating DMO dentists. Out of network benefits may apply. Please refer to your Schedule of Benefits.

Due to state law, limited (varying by state) DMO® benefits for non-emergency services rendered by non-participating providers are available for plan contracts written in: CT, IL, KY and OH and for members residing in MA and OK (regardless of contract situs state).

Specialty Referrals

1. Under the DMO dental plan, services performed by specialists are eligible for coverage only when prescribed by the primary care dentist and authorized by Aetna Dental. If Aetna's payment to the specialty dentist is based on a negotiated fee, then the member's copayment for the service will be based on the same negotiated fee. If Aetna's payment is on another basis, then the copayment will be based on the dentist's usual fee for the service, reviewed by Aetna for reasonableness.

2. DMO members may visit an orthodontist without first obtaining a referral from their primary care dentist. In an effort to ease the administrative burden on both participating Aetna dentists and members, Dental has opened direct access for DMO members to orthodontic services.

Emergency Dental Care

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week. You should contact your Primary Care Dentist to receive treatment. If you are unable to contact your PCD, contact Member Services for assistance in locating a dentist. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

Your Dental Care Plan Coverage Is Subject to the Following Rules:

Dental Benefits Summary

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| <p>Replacement Rule The replacement of; addition to; or modification of: existing dentures; crowns; casts or processed restorations; removable denture; fixed bridgework; or other prosthetic services is covered only if one of the following terms is met:</p> <p>The replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed. This coverage must have been in force for the covered person when the extraction took place.</p> <p>The existing denture, crown; cast or processed restoration, removable denture, bridgework, or other prosthetic service cannot be made serviceable, and was installed at least 5 years before its replacement.</p> <p>The existing denture is an immediate temporary one to replace one or more natural teeth extracted while the person is covered, and cannot be made permanent, and replacement by a permanent denture is required. The replacement must take place within 12 months from the date of initial installation of the immediate temporary denture.</p> <p>The extraction of a third molar does not qualify. Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.</p> |
| <p>Tooth Missing But Not Replaced Rule (Does not apply to TX and CA contracts.) Coverage for the first installation of removable dentures; fixed bridgework and other prosthetic services is subject to the requirements that such removable dentures; fixed bridgework and other prosthetic services are (i) needed to replace one or more natural teeth that were removed while this policy was in force for the covered person; and (ii) are not abutments to a partial denture; removable bridge; or fixed bridge installed during the prior 5 years.</p> |
| <p>Alternate Treatment Rule: If more than one service can be used to treat a covered person's dental condition, Aetna may decide to authorize coverage only for a less costly covered service provided that all of the following terms are met:</p> <ul style="list-style-type: none"> (a) the service must be listed on the Dental Care Schedule; (b) the service selected must be deemed by the dental profession to be an appropriate method of treatment; and (c) the service selected must meet broadly accepted national standards of dental practice. <p>If treatment is being given by a participating dental provider and the covered person asks for a more costly covered service than that for which coverage is approved, the specific copayment for such service will consist of:</p> <ul style="list-style-type: none"> (a) the copayment for the approved less costly service; plus (b) the difference in cost between the approved less costly service and the more costly covered service. |
| <p>Finding Participating Providers</p> |
| <p>Consult Aetna Dental's online provider directory, DocFind®, for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. Not every provider listed in the directory will be accepting new patients. Although Aetna Dental has identified providers who were not accepting patients in our DMO plan as known to Aetna Dental at the time the provider directory was created, the status of a provider's practice may have changed. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your online ID card, or use our Internet-based provider directory (DocFind) available at www.aetna.com.</p> |
| <p>Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern. In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate. All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.</p> |
| <p>Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc. In Arizona, DMO Dental Plans are provided or administered by Aetna Health Inc.</p> |

Dental Benefits Summary

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. Aetna does not provide dental services and, therefore, cannot guarantee any results or outcomes. The availability of a plan or program may vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color,

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 877-238-6200.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705),
CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).
TTY: 711

For language assistance in your language call 877-238-6200 at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al 877-238-6200. (Spanish)

欲取得繁體中文語言協助，請撥打877-238-6200，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le 877-238-6200 sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang 877-238-6200 nang walang bayad. (Tagalog)

Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 877-238-6200 an. (German)

للمساعدة في اللغة العربية، الرجاء الاتصال على الرقم المجاني 877-238-6200. (Arabic)

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 877-238-6200 gratis. (French Creole)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 877-238-6200. (Italian)

日本語で援助をご希望の方は、877-238-6200 まで無料でお電話ください。(Japanese)

한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 877-238-6200 번으로 전화해 주십시오. (Korean)

برای راهنمایی به زبان فارسی با شماره 877-238-6200. بدون هیچ هزینه ای تماس بگیرید. انگلیسی (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer 877-238-6200. (Polish)

Para obter assistência linguística em português ligue para o 877-238-6200 gratuitamente. (Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру 877-238-6200. (Russian)

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.



Port of Houston Authority
Plan 65
Effective Date: 01-01-2019

Dental Benefits Summary

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số 877-238-6200. (Vietnamese)