

DENTAL HMO PLAN 3000 SCHEDULE OF MEMBERS' PAYMENT RESPONSIBILITY

Effective 1-1-12 to 12-31-12



DIAGNOSTIC

D0999	Office Visit Copay	\$5
D0120	Periodic Oral Evaluation	\$0
D0140	Limited Oral Evaluation - Problem Focused	\$0
D0145	Oral Eval for Patient under 3 & Counseling with Primary Caregiver	\$0
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$0
D0160	Detailed & Extensive Evaluation, Problem Focused	\$0
D0170	Re-Eval - Limited, Problem Focused (Est. Patient, Not Post-Operative)	\$0
D0180	Comprehensive Periodontal Examination, New or Established Patient	\$0
D0210	Intraoral - Complete Series (Including Bitewings)	\$0
D0220	Intraoral - Periapical First Film	\$0
D0230	Intraoral - Periapical Each Additional Film	\$0
D0240	Intraoral - Occlusal Film	\$0
D0270	Bitewing - Single Film	\$0
D0272	Bitewing X-Rays - 2 Films	\$0
D0273	Bitewing X-Rays - 3 Films	\$0
D0274	Bitewing X-Rays - 4 Films	\$0
D0277	Vertical Bitewings - 7 to 8 Films	\$0
D0330	Panoramic Film	\$0
D0415	Bacteriological Studies	\$0
D0460	Pulp Vitality Tests	\$0
D0470	Diagnostic Casts	\$0

PREVENTIVE

D1110	Prophylaxis - Adult	\$0
D1120	Prophylaxis - Child	\$0
D1203	Topical Application of Fluoride - Child	\$0
D1204	Topical Application of Fluoride - Adult	\$0
D1206	Topical Fluoride Varnish, Therapeutic Application for Mod to High Caries Risk Patients	\$12
D1310	Nutritional Counseling for Control of Dental Disease	\$0
D1330	Oral Hygiene Instructions	\$0
D1351	Sealant - Per Tooth	\$12
D1352	Preventive Resin Restoration in a Moderate to High Caries Risk Patient- Permanent Tooth	\$12
D1510	Space Maintainer - Fixed - Unilateral	\$69
D1515	Space Maintainer - Fixed - Bilateral	\$91
D1520	Space Maint-Removable - Unilateral	\$79
D1525	Space Maint-Removable - Bilateral	\$110
D1550	Re-Cementation of Space Maintainer	\$14
D1555	Removal of a Space Maintainer, By Dentist Who Did Not Originally Place	\$23

MINOR RESTORATIVE

D2140	Amalgam - 1 Surface, Primary or Permanent	\$25
D2150	Amalgam - 2 Surfaces, Primary or Permanent	\$32
D2160	Amalgam - 3 Surfaces, Primary or Permanent	\$37
D2161	Amalgam - 4 or More Surfaces, Primary or Permanent	\$47
D2330	Resin-Based Composite - 1 Surface, Anterior	\$30
D2331	Resin-Based Composite - 2 Surfaces, Anterior	\$36
D2332	Resin-Based Composite - 3 Surfaces, Anterior	\$48
D2335	Resin-Based Comp - 4 or More Surfaces or Involving Incisal Angle (Anterior)	\$54
D2390	Resin-Based Composite Crown, Anterior	\$144
D2391	Resin-Based Composite - 1 Surface, Posterior	\$87
D2392	Resin-Based Composite - 2 Surfaces, Posterior	\$116
D2393	Resin-Based Composite - 3 Surfaces, Posterior	\$138
D2394	Resin-Based Composite - 4 or More Surfaces, Posterior	\$166

ENDODONTICS

D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$12
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$10
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$38
D3221	Pulpal Debridement, Primary & Permanent Teeth	\$38
D3222	Partial Pulpotomy for Apexogenesis - Perm. Tooth with Incomplete Root	\$38
D3230	Pulp Therapy, Anterior Primary	\$105
D3240	Pulp Therapy, Posterior Primary	\$111
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$148
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	\$174
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)	\$563
D3346	Retreatment of Previous Root Canal Therapy - Anterior	Not Cov.
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	Not Cov.
D3348	Retreatment of Previous Root Canal Therapy - Molar	Not Cov.
D3351	Apexification/Recalcification First Visit	\$223
D3352	Apexification/Recalcification Interim Visit	\$106
D3353	Apexification/Recalcification Final Visit	\$273
D3410	Apicoectomy/Periradicular Surgery - Anterior	\$400
D3421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	\$416
D3425	Apicoectomy/Periradicular Surgery - Molar (First Root)	\$455

D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$185
D3430	Retrograde Filling - Per Root	\$135
D3450	Root Amputation Per Root	\$234
D3920	Hemisection (Incl. Root Removal/Excludes Rct)	\$178
D3950	Canal Prep & Fit of Preformed Post (By Other Than Dentist Who Placed Post)	\$69

PERIODONTICS

D4210	Gingivectomy Or Gingivoplasty - 4 or More Teeth Per Quadrant	\$308
D4211	Gingivectomy or Gingivoplasty - 1 to 3 Teeth, Per Quadrant	\$89
D4240	Gingival Flap Procedure, W/Root Planing - 4 or More Teeth Per Quadrant	\$354
D4241	Gingival Flap Procedure, W/Root Planing - 1 to 3 Teeth, Per Quadrant	\$231
D4245	Apically Positioned Flap	\$380
D4249	Clinical Crown Lengthening - Hard Tissue	\$431
D4260	Osseous Surgery (Incl. Flap Entry & Closure) - 4 or More Teeth Per Quad	\$580
D4261	Osseous Surgery (Incl. Flap Entry & Closure) - 1 to 3 Teeth, Per Quad	\$400
D4263	Bone Replacement Graft, First Site in Quadrant	Not Cov.
D4264	Bone Replacement Graft, Each Additional Site in Quadrant	Not Cov.
D4268	Surgical Revision Procedure, Per Tooth, Inclusive in Surgery	\$0
D4270	Pedicle Soft Tissue Graft Procedure	Not Cov.
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	Not Cov.
D4273	Subepithelial Connective Tissue Graft	Not Cov.
D4274	Distal or Proximal Wedge	Not Cov.
D4275	Soft Tissue Allograft	Not Cov.
D4276	Combined Connective Tissue & Pedicle Graft	Not Cov.
D4341	Scaling & Root Planing - 4 or More Teeth Per Quadrant	\$49
D4342	Scaling & Root Planing - 1 to 3 Teeth, Per Quadrant	\$30
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation & Diagnosis	\$32
D4381	Loc. Deliv. Chemo Agent, Controlled Release into Crevice, Per Tooth	\$51
D4910	Periodontal Maintenance	\$30

ORAL SURGERY

D7111	Extraction, Coronal Remnants - Deciduous Tooth	\$18
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$28
D7210	Surg Removal of Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth; Inc. Mucoperiosteal Flap if Indicated	\$135
D7220	Removal of Impacted Tooth - Soft Tissue	\$182
D7230	Removal of Impacted Tooth - Partially Bony	\$236
D7240	Removal of Impacted Tooth - Completely Bony	\$280
D7241	Removal of Impacted Tooth - Completely Bony, with Unusual Surg Comp	\$328
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$170
D7280	Surgical Access of an Unerupted Tooth (Non-Orthodontic)	\$240
D7310	Alveoplasty w/Extractions - Per Quadrant	\$150
D7311	Alveoplasty w/Ext - 1 To 3 Teeth or Spaces, Per Quadrant	\$74
D7320	Alveoplasty Not w/Extractions - Per Quadrant	\$260
D7321	Alveoplasty Not W/Extractions - 1 to 3 Teeth or Spaces Per Quadrant	\$179
D7450	Removal of Benign Odontogenic Cyst or Tumor (Diameter <= 1.25 Cm)	\$438
D7451	Removal of Benign Odontogenic Cyst or Tumor (Diameter >1.25 Cm)	\$664
D7510	Incision & Drainage of Abscess - Intraoral Soft Tissue	\$129
D7511	Incision & Drainage of Abscess - Intraoral Soft Tissue - Complicated	\$142
D7960	Frenulectomy (Frenectomy or Frenotomy) - Separate Procedure	\$267
D7963	Frenuloplasty	\$464
D7972	Surgical Reduction of Fibrous Tuberosity	\$277

CROWNS

D2510	Inlay - Metallic - 1 Surface*	\$381
D2520	Inlay - Metallic - 2 Surfaces*	\$431
D2530	Inlay - Metallic - 3 or More Surfaces*	\$449
D2542	Onlay - Metallic - 2 Surfaces*	\$449
D2543	Onlay - Metallic - 3 Surfaces*	\$469
D2544	Onlay - Metallic - 4 or More Surfaces*	\$498
D2610	Inlay - Porcelain Ceramic 1 Surf	\$381
D2620	Inlay - Porcelain Ceramic 2 Surf	\$431
D2630	Inlay - Porcelain Ceramic 3 Surf	\$449
D2642	Onlay - Porcelain Ceramic 2 Surf	\$461
D2643	Onlay - Porcelain Ceramic 3 Surf	\$469
D2644	Onlay - Porcelain Ceramic 4+ Surf	\$498
D2650	Inlay - Resin 1 Surf	\$345
D2651	Inlay - Resin 2 Surf	\$400
D2652	Inlay - Resin 3 Surf	\$412
D2662	Onlay - Resin 2 Surf	\$425
D2663	Onlay - Resin 3 Surf	\$443
D2664	Onlay - Resin 4+ Surf	\$461
D2710	Crown - Resin-Lab	\$223
D2720	Crown - Resin, High Noble Metal*	\$504
D2721	Crown - Resin, Base Metal	\$504
D2722	Crown - Resin, Noble Metal	\$516
D2740	Crown - Porcelain/Ceramic Substrate	\$539
D2750	Crown - Porcelain Fused to High Noble Metal*	\$504

DENTAL HMO PLAN 3000 continued

CROWNS (cont.)

D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$504
D2752	Crown - Porcelain Fused to Noble Metal	\$516
D2780	Crown - 3/4 Cast High Noble Metal*	\$504
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$504
D2782	Crown - 3/4 Cast Noble Metal	\$516
D2783	Crown - 3/4 Porcelain/Ceramic	\$516
D2790	Crown - Full Cast High Noble Metal*	\$504
D2791	Crown - Full Cast Predominantly Base Metal	\$504
D2792	Crown - Full Cast Noble Metal	\$516
D2794	Crown - Titanium	\$504
D2910	Recement Inlay	\$18
D2915	Recement Cast or Prefabricated Post & Core	\$18
D2920	Recement Crown	\$18
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$129
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$147
D2932	Prefabricated Resin Crown	\$158
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$176
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$176
D2940	Protective Restoration	\$18
D2950	Core Buildup, Including any Pins	\$133
D2951	Pin Retention - Per Tooth, in Addition to Restoration	\$28
D2952	Cast Post & Core in Addition to Crown*	\$187
D2953	Each Additional Cast Post - Same Tooth*	\$59
D2954	Prefabricated Post & Core in Addition to Crown	\$152
D2957	Each Additional Prefabricated Post - Same Tooth	\$34
D2970	Temp Crown, Factured Tooth - Immediate (not as temp during crown fabrication)	\$117
D2971	Additional Procedures to Construct New Crown Under Existing Partial	\$131
D2980	Crown Repair	\$60

FIXED BRIDGES

D6205	Pontic - Indirect Resin Based Composite	\$222
D6210	Pontic - Cast High Noble Metal*	\$469
D6211	Pontic - Cast Predominantly Base Metal	\$469
D6212	Pontic - Cast Noble Metal	\$481
D6214	Pontic - Titanium	\$469
D6240	Pontic - Porcelain Fused to High Noble Metal*	\$469
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$469
D6242	Pontic - Porcelain Fused to Noble Metal	\$481
D6245	Pontic - Porcelain/Ceramic	\$481
D6250	Pontic - Resin, High Noble Metal*	\$469
D6251	Pontic - Resin, Base Metal	\$469
D6252	Pontic - Resin, Noble Metal	\$481
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis*	\$203
D6548	Retainer - Porcelain for Resin Bonded Prosthesis	\$233
D6600	Inlay - Porcelain Ceramic-2 Surfaces	\$418
D6601	Inlay - Porcelain Ceramic, 3 or More Surfaces	\$449
D6602	Inlay - Cast High Noble Metal, 2 Surfaces*	\$418
D6603	Inlay - Cast High Noble Metal, 3 or More Surfaces*	\$449
D6604	Inlay - Cast Predominantly Base Metal, 2 Surfaces	\$418
D6605	Inlay - Cast Predominantly Base Metal, 3 or More Surfaces	\$449
D6606	Inlay - Cast Noble Metal, 2 Surfaces	\$418
D6607	Inlay - Cast Noble Metal, 3 or More Surfaces	\$449
D6608	Onlay - Porcelain Ceramic, 2 Surface	\$461
D6609	Onlay - Porcelain Ceramic, 3 or More Surfaces	\$498
D6610	Onlay - Cast High Noble Metal, 2 Surfaces*	\$461
D6611	Onlay - Cast High Noble Metal, 3 or More Surfaces*	\$498
D6612	Onlay - Cast Predominantly Base Metal, 2 Surfaces	\$461
D6613	Onlay - Cast Predominantly Base Metal, 3 or More Surfaces	\$498
D6614	Onlay - Cast Noble Metal, 2 Surfaces	\$461
D6615	Onlay - Cast Noble Metal, 3 or More Surfaces	\$498
D6624	Inlay - Titanium	\$449
D6634	Onlay - Titanium	\$498
D6710	Crown - Indirect Resin Based Composite	\$223
D6720	Crown - Resin, High Noble Metal*	\$504
D6721	Crown - Resin, Base Metal	\$504
D6722	Crown - Resin, Noble Metal	\$516
D6740	Crown - Porcelain/Ceramic	\$539
D6750	Crown - Porcelain Fused to High Noble Metal*	\$504
D6751	Crown - Porcelain Fused to Predominantly Base Metal	\$504
D6752	Crown - Porcelain Fused to Noble Metal	\$516
D6780	Crown - 3/4 Cast High Noble Metal*	\$504
D6781	Crown - 3/4 Cast Predominantly Base Metal	\$504
D6782	Crown - 3/4 Cast Noble Metal	\$516
D6783	Crown - 3/4 Porcelain/Ceramic	\$516
D6790	Crown - Full Cast High Noble Metal*	\$504
D6791	Crown - Full Cast Predominantly Base Metal	\$504
D6792	Crown - Full Cast Noble Metal	\$516
D6794	Crown - Titanium	\$504

D6930	Recement Fixed Partial Denture	\$31
D6970	Cast Post & Core in Addition to Crown*	\$187
D6972	Prefabricated Post & Core in Addition to Crown	\$152
D6973	Core Buildup, Including any Pins	\$133
D6976	Each Additional Cast Post - Same Tooth*	\$59
D6977	Each Additional Prefabricated Post - Same Tooth	\$34
D6980	Fixed Partial Denture Repair, by report	\$70

LABIAL VENEERS

D2960	Labial Veneer (Resin Laminate) - Chairside	\$379
D2961	Labial Veneer (Resin Laminate) - Lab	\$494
D2962	Labial Veneer (Porcelain Laminate) - Lab	\$539

DENTURES

D5110	Complete Denture - Maxillary	\$680
D5120	Complete Denture - Mandibular	\$680
D5130	Immediate Denture - Maxillary	\$726
D5140	Immediate Denture - Mandibular	\$726
D5211	Maxillary Partial - Resin Base	\$680
D5212	Mandibular Partial - Resin Base	\$680
D5213	Maxillary Partial - Cast Metal Framework W/Resin Bases	\$726
D5214	Mandibular Partial - Cast Metal Framework W/Resin Bases	\$726
D5225	Maxillary Partial - Flexible Base	\$748
D5226	Mandibular Partial - Flexible Base	\$748
D5281	Removable Unilateral Partial Denture	\$412
D5410	Adjust Complete Denture - Maxillary	\$32
D5411	Adjust Complete Denture - Mandibular	\$32
D5421	Adjust Partial Denture - Maxillary	\$32
D5422	Adjust Partial Denture - Mandibular	\$32
D5510	Repair Broken Complete Denture Base	\$81
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$77
D5610	Repair Resin Denture Base	\$94
D5620	Repair Cast Framework	\$94
D5630	Repair or Replace Broken Clasp	\$112
D5640	Replace Broken Teeth - Per Tooth	\$73
D5650	Add Tooth to Existing Partial Denture	\$95
D5660	Add Clasp to Existing Partial Denture	\$120
D5670	Replace All Teeth & Acrylic on Cast Metal Framework - Maxillary	\$261
D5671	Replace All Teeth & Acrylic on Cast Metal Framework - Mandibular	\$261
D5710	Rebase Complete Maxillary Denture	\$250
D5711	Rebase Complete Mandibular Denture	\$250
D5720	Rebase Maxillary Partial Denture	\$250
D5721	Rebase Mandibular Partial Denture	\$250
D5730	Reline Complete Maxillary Denture (Chairside)	\$153
D5731	Reline Complete Mandibular Denture (Chairside)	\$153
D5740	Reline Maxillary Partial Denture (Chairside)	\$146
D5741	Reline Mandibular Partial Denture (Chairside)	\$146
D5750	Reline Complete Maxillary Denture (Laboratory)	\$218
D5751	Reline Complete Mandibular Denture (Laboratory)	\$218
D5760	Reline Maxillary Partial Denture (Laboratory)	\$218
D5761	Reline Mandibular Partial Denture (Laboratory)	\$218
D5850	Tissue Conditioning, Maxillary	\$64
D5851	Tissue Conditioning, Mandibular	\$64

ORTHODONTICS

D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition (age 18 and under) Class I and II	\$3,241
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition (age 19 and over) Class I and II	\$3,621
D8660	Pre-Orthodontic Treatment Visit	\$205
D8680	Orthodontic Retention (Removal of Appliances, Construction & Placement Of Retainer(s))	\$255

MISCELLANEOUS

D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	\$23
D9210	Local Anesthetic, Not in Conjunction with Operative Procs	\$0
D9215	Local Anesthesia-in Conjunction with Operative or Surgical Procedures (Inclusive in those Procedures)	\$0
D9220	Deep Sedation/General Anesthesia-First 30 Minutes	\$215
D9221	Deep Sedation/General Anesthesia-Each Additional 15 Minutes	\$86
D9230	Analgesia, Nitrous Oxide	\$16
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	\$34
D9430	Office Visit for Observation (During Regularly Scheduled Hours)	\$5
D9440	Office Visit for Observation (After Regularly Scheduled Hours)	\$5
D9450	Case Presentation, Detailed & Extensive Treatment Planning	\$0
D9910	Application of Desensitizing Medicament, Per Visit	\$9
D9911	Application of Desensitizing Resin for Cervical and/or Root Surface-Per Tooth	\$9
D9951	Occlusal Adjustment - Limited	\$27
D9952	Occlusal Adjustment - Complete	\$124

*Designated restorations include high noble metal (gold). The actual cost of this metal may be added to the patient's responsibility at the time of service. The payment responsibilities listed above are valid for the period of January 1, 2012 through December 31, 2012. They are subject to revision on January 1 of each year. A complete description of benefits, limitations and exclusions is included in your subscription certificate.