

## College Insurance Program

## FY2019 Dental Schedule of Benefits

DIAGNOSTIC SERVICES	Maximum Benefit	Code
Periodic Oral Examination.....	\$ 22	D0120
Limited Oral Evaluation (specific oral health problem) .....	\$ 22	D0140
Oral Evaluation for Patient Under 3 Years of Age and Counseling with Primary Care giver .....	\$ 34	D0145
Comprehensive Oral Examination - new or established patient .....	\$ 34	D0150
<b>Radiographs/Diagnostic Imaging</b>		
Intraoral Complete Series (once in a period of three plan years, of radiographic images) .....	\$ 73	D0210*
Intraoral - Periapical first radiographic image.....	\$ 15	D0220
Intraoral - Periapical each additional radiographic image.....	\$ 12	D0230
Bitewing single radiographic image.....	\$ 13	D0270
Bitewing two radiographic images .....	\$ 24	D0272
Bitewing three radiographic images .....	\$ 37	D0273
Bitewing four radiographic images .....	\$ 37	D0274
Panoramic radiographic image (once in a period of three plan years) .....	\$ 61	D0330*
<b>PREVENTIVE SERVICES</b>		
Prophylaxis Adult - Twice each plan year .....	\$ 50	D1110
Prophylaxis Child - Twice each plan year .....	\$ 34	D1120
Topical application of Fluoride Varnish (once each plan year, covered through age 18 only) .....	\$ 21	D1206
Topical application of Fluoride (not including prophylaxis) (once each plan year, covered through age 18 only).....	\$ 21	D1208
Sealant - per tooth, covered through age 18 only .....	\$ 34	D1351
<b>Space Maintainers (Passive Appliances)</b>		
Fixed Unilateral .....	\$105	D1510
Fixed Bilateral Maxillary .....	\$118	D1516
Fixed Bilateral Mandibular .....	\$118	D1517
Removable Unilateral .....	\$105	D1520
Removable Bilateral Maxillary .....	\$118	D1526
Removable Bilateral Mandibular .....	\$118	D1527
<b>RESTORATIVE SERVICES</b>		
<b>Amalgam Restorations (once per surface in a 12-month interval)</b>		
Amalgam One Surface, Primary or Permanent .....	\$ 57	D2140
Amalgam Two Surfaces, Primary or Permanent .....	\$ 81	D2150
Amalgam Three Surfaces, Primary or Permanent .....	\$ 94	D2160
Amalgam Four or More Surfaces, Primary or Permanent .....	\$103	D2161
<b>Resin-Based Composite Restorations (once per surface in a 12-month interval)</b>		
One Surface, Anterior .....	\$ 46	D2330
Two Surfaces, Anterior .....	\$ 59	D2331
Three Surfaces, Anterior .....	\$ 73	D2332
Four or More Surfaces or involving incisal angle (anterior) .....	\$ 79	D2335
One Surface Posterior .....	\$ 81	D2391
Two Surface Posterior .....	\$112	D2392
Three Surface Posterior .....	\$139	D2393
Four or More Surfaces, Posterior .....	\$172	D2394
<b>Crowns/Single Restorations Only</b>		
Crown-Resin-based Composite (indirect) .....	\$ 86	D2710†
Crown-Resin with high noble metal .....	\$250	D2720†
Crown-Resin predominantly base metal .....	\$215	D2721†
Crown-Resin with noble metal .....	\$241	D2722†
Crown-Porcelain/Ceramic Substrate .....	\$253	D2740†
Crown-Porcelain fused to high noble metal .....	\$254	D2750†
Crown-Porcelain fused to predominantly base metal .....	\$237	D2751†
Crown-Porcelain fused to noble metal .....	\$246	D2752†
Crown-3/4 cast predominately base metal .....	\$252	D2781†
Crown-Full cast high noble metal .....	\$227	D2790†
Crown-Full cast predominantly base metal .....	\$233	D2791†
Crown-Full cast noble metal .....	\$246	D2792†

# FY2019 Dental Schedule of Benefits

RESTORATIVE SERVICES <i>(continued)</i>	Maximum Benefit	Code
<b>Other Restorative Services</b>		
Recement Inlay .....	\$ 17	D2910
Recement Post/Core .....	\$ 34	D2915
Recement Crown .....	\$ 18	D2920
Reattachment of tooth fragment, incisal edge or cusp .....	\$ 79	D2921
Prefabricated porcelain/ceramic Crown (primary tooth) .....	\$ 58	D2929†
Prefabricated stainless steel Crown (primary tooth) .....	\$ 58	D2930†
Prefabricated stainless steel Crown (permanent tooth) .....	\$ 62	D2931†
Prefabricated Resin Crown .....	\$ 54	D2932†
Restorative foundation for an indirect restoration .....	\$112	D2949
Core Buildup and Pins .....	\$112	D2950
Cast Post for Crowns .....	\$146	D2952
Add Post Same Tooth .....	\$103	D2953
Prefab Post/Crown .....	\$139	D2954
Post Removal .....	\$ 93	D2955
Prefab Post >1 per tooth .....	\$ 78	D2957
Recement Implant/Abutment Supported Crown .....	\$ 22	D6092
Recement Implant/Abutment Supported Fixed Partial Denture .....	\$ 28	D6093
<b>ENDODONTICS</b>		
<b>Pulp Capping</b>		
Pulp Cap - Direct (excluding final restoration) .....	\$ 26	D3110
Pulp Cap - Indirect (excluding final restoration) .....	\$ 20	D3120
Pulpotomy - Therapeutic (excluding final restoration) .....	\$ 62	D3220
<b>Root Canal Therapy (include intra-operative radiographs)</b>		
Anterior (excludes final restoration) .....	\$244	D3310
Bicuspid (excludes final restoration) .....	\$304	D3320
Molar (excludes final restoration) .....	\$410	D3330
<b>Retreatment of Previous Root Canal Therapy</b>		
Anterior .....	\$266	D3346
Bicuspid .....	\$316	D3347
Molar .....	\$432	D3348
<b>Bone Graft in Conjunction with Periradicular Surgery</b>		
Bone graft in conjunction with periradicular surgery – per tooth, single site .....	\$228	D3428
bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site .....	\$173	D3429
<b>PERIODONTICS</b>		
<b>Gingivectomy/Gingivoplasty</b>		
4 or more contiguous teeth or bounded teeth spaces per quadrant .....	\$155	D4210
1 to 3 contiguous teeth or bounded teeth spaces per quadrant .....	\$ 33	D4211
Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth ..	\$ 33	D4212
<b>Gingival Flap Procedure</b>		
Per quadrant - includes root planing .....	\$155	D4240
Gingival Flap - including root planing, 1-3 teeth per quadrant .....	\$117	D4241
<b>Osseous Surgery (including flap entry and closure)</b>		
4 or more contiguous teeth or tooth bounded spaces per quadrant .....	\$224	D4260
1 to 3 contiguous teeth or tooth bounded spaces per quadrant .....	\$120	D4261
<b>Bone Replacement Graft</b>		
First site in quadrant .....	\$228	D4263
Each additional site in quadrant .....	\$173	D4264
<b>Pedicle Soft Tissue Graft</b> .....		
	\$138	D4270
<b>Free Soft Tissue Graft Procedure (including donor site surgery)</b>		
First tooth or edentulous tooth position in graft .....	\$178	D4277
Each additional contiguous tooth or edentulous tooth position in same graft site ...	\$178	D4278
<b>Provisional Splinting</b>		
Intracoronal .....	\$ 73	D4320
Extracoronal .....	\$ 84	D4321

# FY2019 Dental Schedule of Benefits

PERIODONTICS <i>(continued)</i>	Maximum Benefit	Code
<b>Periodontal Scaling and Root Planing</b>		
4 or more contiguous teeth or banded teeth spaces per quadrant .....	\$ 70	D4341
<b>Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation and Diagnosis</b> .....	\$ 35	D4355
<b>Periodontal Maintenance Procedure</b>		
Following active therapy .....	\$ 28	D4910
Unscheduled Dressing Change .....	\$ 14	D4920
<b>PROSTHODONTICS <i>(See note below)</i></b>		
<b>Removable Prosthetics (not covered if under age 18)</b>		
Complete Denture - Maxillary .....	\$523	D5110•
Complete Denture - Mandibular .....	\$523	D5120•
Immediate Denture - Maxillary .....	\$442	D5130•
Immediate Denture - Mandibular .....	\$460	D5140•
<b>Partial Dentures (removable) (not covered if under age 18)</b>		
Maxillary Partial Denture - resin base (conventional clasps, rests and teeth) .....	\$442	D5211†
Mandibular Partial Denture - resin base (conventional clasps, rests and teeth) .....	\$501	D5212†
Maxillary Partial Denture - cast metal framework, resin base (conventional clasps, rests and teeth) .....	\$529	D5213†
Mandibular Partial Denture - cast metal framework, resin base (convention clasps, rests and teeth) .....	\$540	D5214†
Removable Unilateral Partial Cast Maxillary .....	\$173	D5282†
Removable Unilateral Partial Cast Mandibular .....	\$173	D5283†
<b>Adjustments to Dentures</b>		
Adjust complete denture - Maxillary .....	\$ 25	D5410
Adjust complete denture - Mandibular .....	\$ 25	D5411
Adjust partial denture - Maxillary .....	\$ 25	D5421
Adjust partial denture - Mandibular .....	\$ 25	D5422
<b>Repairs to Complete Dentures</b>		
Repair broken complete denture base - Maxillary .....	\$ 48	D5511
Repair broken complete denture base - Mandibular .....	\$ 48	D5512
Replace missing or broken teeth - complete denture (each tooth) .....	\$ 44	D5520
<b>Repairs to Partial Dentures</b>		
Repair resin denture base - Maxillary .....	\$ 48	D5611
Repair resin denture base - Mandibular .....	\$ 48	D5612
Repair cast framework - Maxillary .....	\$ 62	D5621
Repair cast framework - Mandibular .....	\$ 62	D5622
Repair or replace broken clasp .....	\$ 54	D5630
Replace broken teeth - per tooth .....	\$ 41	D5640
Add tooth to existing partial denture .....	\$ 59	D5650
Add clasp to existing partial denture .....	\$ 77	D5660
<b>Denture Rebase Procedure</b>		
Rebase complete maxillary denture .....	\$179	D5710
Rebase complete mandibular denture .....	\$179	D5711
Rebase maxillary partial denture .....	\$179	D5720
Rebase mandibular partial denture .....	\$179	D5721
<b>Denture Reline Procedure</b>		
Reline complete maxillary denture (chairside) .....	\$109	D5730
Reline complete mandibular denture (chairside) .....	\$109	D5731
Reline maxillary partial denture (chairside) .....	\$109	D5740
Reline mandibular partial denture (chairside) .....	\$109	D5741
Reline complete maxillary denture (laboratory) .....	\$154	D5750
Reline complete mandibular denture (laboratory) .....	\$154	D5751
Reline maxillary partial denture (laboratory) .....	\$154	D5760
Reline mandibular partial denture (laboratory) .....	\$154	D5761
<b>Fixed Partial Denture Pontics</b>		
(Each retainer and each pontic constitutes a unit in a fixed partial denture)		
Pontic-Cast high noble metal .....	\$248	D6210†
Pontic-Cast predominantly base metal .....	\$219	D6211†
Pontic-Cast noble metal .....	\$224	D6212†
Pontic-Porcelain fused to high noble metal .....	\$249	D6240†
Pontic-Porcelain fused to predominantly base metal .....	\$227	D6241†

Prosthodontics to replace missing teeth are covered only for teeth that are lost while the plan participant is covered by this plan.

3

† Limited to once every five plan years for the same tooth.

• Limited to once every five plan years.

# FY2019 Dental Schedule of Benefits

PROSTHODONTICS <i>(See note below) (continued)</i>	Maximum Benefit	Code
<b>Fixed Partial Denture Pontics <i>(continued)</i></b>		
Pontic-Porcelain fused to noble metal .....	\$237	D6242†
Pontic-Resin with high noble metal .....	\$234	D6250†
Pontic-Resin with predominantly base metal .....	\$227	D6251†
Pontic-Resin with noble metal .....	\$257	D6252†
<b>Fixed Partial Denture Retainers - Crowns</b>		
Crown-Resin with high noble metal .....	\$245	D6720†
Crown-Resin with predominantly base metal .....	\$230	D6721†
Crown-Resin with noble metal .....	\$211	D6722†
Crown-Porcelain fused to high noble metal .....	\$250	D6750†
Crown-Porcelain fused to predominantly base metals .....	\$232	D6751†
Crown-Porcelain fused to noble metal .....	\$231	D6752†
Crown-3/4 cast high noble metal .....	\$240	D6780†
Crown-Full cast high noble metal .....	\$245	D6790†
Crown-Full cast predominantly base metal .....	\$230	D6791†
Crown-Full cast noble metal .....	\$234	D6792†
<b>Other Fixed Partial Denture Services</b>		
Recent Fixed Partial Denture .....	\$ 23	D6930
Fixed Partial Denture Repair, necessitated by restorative material failure .....	\$ 45	D6980
<b>ORAL SURGERY</b>		
<b>Extractions</b>		
Coronal Remnants - Deciduous Tooth .....	\$ 74	D7111
Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal) .....	\$ 70	D7140
<b>Surgical Extraction</b> (Includes local anesthesia, suturing if needed, and routine postoperative care)		
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth .....	\$ 50	D7210
Removal of impacted tooth - soft tissue .....	\$ 67	D7220
Removal of impacted tooth - partially bony .....	\$ 90	D7230
Removal of impacted tooth - completely bony .....	\$107	D7240
Removal of impacted tooth - completely bony with unusual surgical complications ...	\$121	D7241
Surgical removal of residual tooth roots (cutting procedure) .....	\$ 46	D7250
<b>Other Surgical Procedures</b>		
Biopsy of oral tissue - hard (bone/tooth) .....	\$ 66	D7285
Biopsy of soft tissue - soft (all others) .....	\$ 57	D7286
Alveoloplasty in conjunction with extractions, per quadrant .....	\$ 46	D7310
Alveoloplasty in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant .....	\$ 46	D7311
Alveoloplasty not in conjunction with extractions, per quadrant .....	\$ 62	D7320
Alveoloplasty not in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant .....	\$ 62	D7321
Frenulectomy - separate procedure .....	\$ 83	D7960
<b>ADJUNCTIVE GENERAL SERVICES</b>		
<b>Surgical Incision</b>		
Palliative (emergency) treatment of dental pain (minor procedure) .....	\$ 12	D9110
<b>Anesthesia</b>		
<b>General Anesthesia and Intravenous Sedation will be covered only if a qualified medical condition exists with supporting documentation from the patient's medical provider.</b>		
General anesthesia - deep Sedation Initial 15 minutes .....	\$ 72	D9222★
Subsequent 15 minute intervals .....	\$ 72	D9223★
Intravenous sedation/analgesia Initial 15 minutes .....	\$ 85	D9239★
Subsequent 15 minute intervals .....	\$ 85	D9243★
<b>Miscellaneous Services</b>		
Occlusal Guard - Hard appliance full arch .....	\$110	D9944
Occlusal Guard - Soft appliance full arch .....	\$110	D9945
Occlusal Guard - Hard appliance partial arch .....	\$110	D9946
Occlusal adjustment, limited .....	\$ 39	D9951
Occlusal adjustment, complete .....	\$ 77	D9952

Prosthodontics to replace missing teeth are covered only for teeth that are lost while the plan participant is covered by this plan.

4

† Limited to once every five plan years for the same tooth.  
★ Effective January 1, 2019.