

Benefit Choice - Members

Local Care Dental Plan (LCDP) | FY2026 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
Assessment of a patient	\$22	D0190
Screening of a patient	\$22	D0191
Radiographs/Diagnostic Imaging		
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*
PREVENTIVE SERVICES		
Prophylaxis Adult - Twice each plan year	\$50	D1110
Prophylaxis Child - Twice each plan year	\$34	D1120
Topical application of Fluoride Varnish (twice each plan year, covered through age 18 only)	\$21	D1206
Topical Application of Fluoride (not including prophylaxis) (twice each plan year, covered through age 18 only)	\$21	D1208
Sealant - per tooth, covered through age 18 only	\$34	D1351
Space Maintainers (Passive Appliances)		
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
Distal Shoe space Maintainer	\$105	D1575
RESTORATIVE SERVICES		
Amalgam Restorations (once per surface in a 12-month interval)		
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
Resin-Based Composite Restorations (once per surface in a 12-month interval)		
One Surface, Anterior	\$55	D2330
Two Surfaces, Anterior	\$71	D2331
Three Surfaces, Anterior	\$88	D2332
Four or More Surfaces or involving incisal angle (anterior)	\$95	D2335
One Surface Posterior	\$97	D2391
Two Surface Posterior	\$134	D2392
Three Surface Posterior	\$167	D2393
Four or More Surfaces, Posterior	\$206	D2394
Crowns/Single Restorations Only		
Crown-Resin-based composite (indirect)	\$103	D2710†
Crown-Resin with high noble metal	\$300	D2720†
Crown-Resin predominantly base metal	\$258	D2721†
Crown-Resin with noble metal	\$289	D2722†
Crown-Porcelain/Ceramic Substrate	\$304	D2740†
Crown-Porcelain fused to high noble metal	\$305	D2750†
Crown-Porcelain fused to predominantly base metal	\$284	D2751†
Crown-Porcelain fused to noble metal	\$295	D2752†
Crown-Porcelain fused to titanium and titanium alloys	\$305	D2753†
Crown-3/4 cast predominately base metal	\$302	D2781†

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

* Only one of these procedures will be covered every 3 plan years.

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RESTORATIVE SERVICES <i>(continued)</i>	Maximum Benefit	Code
Crown - 3/4 Porcelain Ceramic	\$304	D2783†
Crown-Full cast high noble metal	\$272	D2790†
Crown-Full cast predominantly base metal	\$280	D2791†
Crown-Full cast noble metal	\$295	D2792†
Other Restorative Services		
Recement Inlay	\$20	D2910
Recement Post/Core	\$39	D2915
Recement Crown	\$22	D2920
Reattachment of tooth fragment, incisal edge or cusp	\$95	D2921
Prefabricated porcelain/ceramic Crown (permanent tooth)	\$70	D2928†
Prefabricated porcelain/ceramic Crown (primary tooth)	\$70	D2929†
Prefabricated stainless steel Crown (primary tooth)	\$70	D2930†
Prefabricated stainless steel Crown (permanent tooth)	\$74	D2931†
Prefabricated Resin Crown	\$65	D2932†
Restorative foundation for an indirect restoration	\$129	D2949
Core Buildup and Pins	\$129	D2950
Cast Post for Crowns	\$168	D2952
Add Post Same Tooth	\$119	D2953
Prefab Post/Crown	\$159	D2954
Post Removal	\$107	D2955
Prefab Post >1 per tooth	\$89	D2957
Band stabilization - per tooth	\$129	D2976
ENDODONTICS		
Pulp Capping		
Pulp Cap - Direct (excluding final restoration)	\$31	D3110
Pulp Cap - Indirect (excluding final restoration)	\$24	D3120
Pulpotomy - Therapeutic (excluding final restoration)	\$74	D3220
Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$74	D3222
Root Canal Therapy (include intra-operative radiographs)		
Anterior (excludes final restoration)	\$293	D3310
Bicuspid (excludes final restoration)	\$365	D3320
Molar (excludes final restoration)	\$492	D3330
Retreatment of Previous Root Canal Therapy		
Anterior	\$319	D3346
Bicuspid	\$379	D3347
Molar	\$518	D3348
Bone Graft in Conjunction with Periradicular Surgery		
Bone graft in conjunction with periradicular surgery – per tooth, single site	\$137	D3428
Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	\$68	D3429
Decoronation or Submergence of an Erupted Tooth	\$70	D3921
PERIODONTICS		
Gingivectomy/Gingivoplasty		
4 or more contiguous teeth or bounded teeth spaces per quadrant	\$186	D4210
1 to 3 contiguous teeth or bounded teeth spaces per quadrant	\$40	D4211
Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$40	D4212
Gingival Flap Procedure		
Per quadrant - includes root planing	\$186	D4240
Gingival Flap - including root planing, 1-3 teeth per quadrant	\$140	D4241
Osseous Surgery (including flap entry and closure)		
4 or more contiguous teeth or tooth bounded spaces per quadrant	\$269	D4260
1 to 3 contiguous teeth or tooth bounded spaces per quadrant	\$234	D4261
Bone Replacement Graft		
First site in quadrant	\$137	D4263
Each additional site in quadrant	\$68	D4264
Pedicle Soft Tissue Graft	\$166	D4270

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PERIODONTICS <i>(continued)</i>	Maximum Benefit	Code
Free Soft Tissue Graft Procedure (including donor site surgery)		
First tooth or edentulous tooth position in graft	\$214	D4277
Each additional contiguous tooth or edentulous tooth position in same graft site	\$214	D4278
Provisional Splinting		
Splint - Intra Coronal; Natural Teeth or Prosthetic Crowns	\$88	D4322
Extra Coronal; Natural Teeth or Prosthetic Crowns	\$101	D4323
Periodontal Scaling and Root Planing		
4 or more contiguous teeth or bounded teeth spaces per quadrant	\$84	D4341
Scaling gingivitis Inf. no Bone loss-full mouth	\$34	D4346
Full Mouth Debridement to Enable Comprehensive Periodontal		
Evaluation and Diagnosis	\$42	D4355
Periodontal Maintenance Procedure		
Following active therapy	\$34	D4910
Unscheduled Dressing Change	\$17	D4920
PROSTHODONTICS <i>(See note below)</i>		
Removable Prosthetics (not covered if under age 18)		
Complete Denture - Maxillary	\$543	D5110•
Complete Denture - Mandibular	\$543	D5120•
Immediate Denture - Maxillary	\$530	D5130•
Immediate Denture - Mandibular	\$552	D5140•
Partial Dentures (removable) (not covered if under age 18)		
Maxillary Partial Denture - resin base (conventional clasps, rests and teeth)	\$458	D5211†
Mandibular Partial Denture - resin base (conventional clasps, rests and teeth)	\$533	D5212†
Maxillary Partial Denture - cast metal framework, resin base (conventional clasps, rests and teeth)	\$600	D5213†
Mandibular Partial Denture - cast metal framework, resin base (convention clasps, rests and teeth)	\$600	D5214†
Removable Unilateral Partial Cast Maxillary	\$208	D5282†
Removable Unilateral Partial Cast Mandibular	\$208	D5283†
Removable unilateral partial denture- one piece flexible base - per quad	\$208	D5284†
Removable unilateral partial denture- one piece resin - per quad	\$208	D5286†
Adjustments to Dentures		
Adjust complete denture - Maxillary	\$30	D5410
Adjust complete denture - Mandibular	\$30	D5411
Adjust partial denture - Maxillary	\$30	D5421
Adjust partial denture - Mandibular	\$30	D5422
Repairs to Complete Dentures		
Repair broken complete denture base - Maxillary	\$58	D5511
Repair broken complete denture base - Mandibular	\$58	D5512
Replace missing or broken teeth - complete denture (each tooth)	\$50	D5520
Repairs to Partial Dentures		
Repair resin denture base - Maxillary	\$58	D5611
Repair resin denture base - Mandibular	\$58	D5612
Repair cast framework - Maxillary	\$69	D5621
Repair cast framework - Mandibular	\$69	D5622
Repair or replace broken clasp	\$65	D5630
Replace broken teeth - per tooth	\$49	D5640
Add tooth to existing partial denture	\$71	D5650
Add clasp to existing partial denture	\$89	D5660
Denture Rebase Procedure		
Rebase complete maxillary denture	\$215	D5710
Rebase complete mandibular denture	\$211	D5711
Rebase maxillary partial denture	\$208	D5720
Rebase mandibular partial denture	\$208	D5721
Rebase Hybrid Prosthesis	\$208	D5725
Denture Reline Procedure		
Reline complete maxillary denture (chairside)	\$124	D5730
Reline complete mandibular denture (chairside)	\$124	D5731

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.

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PROSTHODONTICS <i>(See note below) (continued)</i>		Maximum Benefit	Code
Reline maxillary partial denture (chairside)	\$114		D5740
Reline mandibular partial denture (chairside)	\$114		D5741
Reline complete maxillary denture (laboratory)	\$166		D5750
Reline complete mandibular denture (laboratory)	\$166		D5751
Reline maxillary partial denture (laboratory)	\$164		D5760
Reline mandibular partial denture (laboratory)	\$164		D5761
Soft Liner for Complete or Partial Removable Denture -Indirect	\$164		D5765
Fixed Partial Denture Pontics			
<i>(Each retainer and each pontic constitutes a unit in a fixed partial denture)</i>			
Pontic-Cast high noble metal	\$298		D6210†
Pontic-Cast predominantly base metal	\$263		D6211†
Pontic-Cast noble metal	\$269		D6212†
Pontic-Porcelain fused to high noble metal	\$299		D6240†
Fixed Partial Denture Pontics (continued)			
Pontic-Porcelain fused to predominantly base metal	\$272		D6241†
Pontic-Porcelain fused to noble metal	\$284		D6242†
Pontic-Porcelain fused to titanium and titanium alloys	\$284		D6243†
Pontic-Resin with high noble metal	\$281		D6250†
Pontic-Resin with predominantly base metal	\$272		D6251†
Pontic-Resin with noble metal	\$308		D6252†
Fixed Partial Denture Retainers - Crowns			
Crown-Resin with high noble metal	\$294		D6720†
Crown-Resin with predominantly base metal	\$276		D6721†
Crown-Resin with noble metal	\$253		D6722†
Crown-Porcelain fused to high noble metal	\$300		D6750†
Crown-Porcelain fused to predominantly base metals	\$278		D6751†
Crown-Porcelain fused to noble metal	\$277		D6752†
Retainer Crown-Porcelain fused to titanium and titanium alloys	\$277		D6753†
Crown-3/4 cast high noble metal	\$288		D6780†
Retainer Crown-Porcelain 3/4 titanium and titanium alloys	\$277		D6784†
Crown-Full cast high noble metal	\$294		D6790†
Crown-Full cast predominantly base metal	\$276		D6791†
Crown-Full cast noble metal	\$281		D6792†
Other Fixed Partial Denture Services			
Recement Fixed Partial Denture	\$28		D6930
Fixed Partial Denture Repair, necessitated by restorative material failure	\$49		D6980
ORAL SURGERY			
Extractions			
Coronal Remnants - Deciduous Tooth	\$75		D7111
Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	\$70		D7140
Surgical Extraction			
<i>(Includes local anesthesia, suturing if needed, and routine postoperative care)</i>			
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$60		D7210
Removal of impacted tooth - soft tissue	\$80		D7220
Removal of impacted tooth - partially bony	\$108		D7230
Removal of impacted tooth - completely bony	\$128		D7240
Removal of impacted tooth - completely bony with unusual surgical complications	\$145		D7241
Surgical removal of residual tooth roots (cutting procedure)	\$55		D7250
Other Surgical Procedures			
Excisional biopsy of minor salivary glands	\$68		D7284
Biopsy of oral tissue - hard (bone/tooth)	\$79		D7285
Biopsy of soft tissue - soft (all others)	\$68		D7286
Alveoloplasty in conjunction with extractions, per quadrant	\$55		D7310
Alveoloplasty in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant	\$55		D7311
Alveoloplasty not in conjunction with extractions, per quadrant	\$74		D7320
Alveoloplasty not in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant	\$74		D7321

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PROSTHODONTICS <i>(continued)</i>	Maximum Benefit	Code
Buccal/Labial Frenulectomy	\$100	D7961
Lingual Frenulectomy	\$100	D7962
ADJUNCTIVE GENERAL SERVICES		
Surgical Incision		
Palliative (emergency) treatment of dental pain (minor procedure).....	\$14	D9110
Anesthesia		
General Anesthesia and Intravenous Sedation will be covered only if a qualified medical condition exists with supporting documentation from the patient's medical provider.		
General anesthesia - deep Sedation Initial 15 minutes	\$87	D9222H
Subsequent 15 minute intervals	\$87	D9223H
Intravenous sedation/analgesia Initial 15 minutes	\$85	D9239H
Subsequent 15 minute intervals	\$85	D9243H
Miscellaneous Services		
Occlusal Guard - Hard appliance full arch	\$132	D9944
Occlusal Guard - Soft appliance full arch	\$132	D9945
Occlusal Guard - Hard appliance partial arch	\$132	D9946
Occlusal adjustment, limited	\$47	D9951
Occlusal adjustment, complete	\$92	D9952