

# FY2023 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<br>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,<br>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<br>through age 18 only) .....                     | \$ 21           | D1206  |
| Topical Application of Fluoride (not including prophylaxis)<br>(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 .....   | \$ 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  |
| <b>Crowns/Single Restorations Only</b>  |                 |        |
| 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† |
| Crown-Full cast high noble metal .....  | \$272           | D2790† |
| Crown-Full cast predominantly base metal .....  | \$280           | D2791† |
| Crown-Full cast noble metal .....   | \$295           | D2792† |

# FY2023 Dental Schedule of Benefits

| RESTORATIVE SERVICES (continued)   | Maximum Benefit | Code   |
|--|-----------------|--------|
| <b>Other Restorative Services</b>  |                 |        |
| 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  |
| 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) .....  | \$ 31           | D3110  |
| Pulp Cap - Indirect (excluding final restoration) .....  | \$ 24           | D3120  |
| Pulpotomy - Therapeutic (excluding final restoration) .....  | \$ 74           | D3220  |
| Partial pulpotomy for apexogenesis - permanent tooth<br>with incomplete root development.....                              | \$ 74           | D3222  |
| <b>Root Canal Therapy (include intra-operative radiographs)</b>  |                 |        |
| Anterior (excludes final restoration) .....  | \$293           | D3310  |
| Bicuspid (excludes final restoration) .....  | \$365           | D3320  |
| Molar (excludes final restoration) .....   | \$492           | D3330  |
| <b>Retreatment of Previous Root Canal Therapy</b>  |                 |        |
| Anterior .....   | \$319           | D3346  |
| Bicuspid .....   | \$379           | D3347  |
| Molar .....  | \$518           | D3348  |
| <b>Bone Graft in Conjunction with Periradicular Surgery</b>  |                 |        |
| Bone graft in conjunction with periradicular surgery – per tooth, single site .....  | \$137           | D3428  |
| Bone graft in conjunction with periradicular surgery – each additional contiguous<br>tooth in the same surgical site ..... | \$ 68           | D3429  |
| Decoronation or Submergence of an Erupted Tooth .....  | \$ 70           | D3921  |
| <b>PERIODONTICS</b>  |                 |        |
| <b>Gingivectomy/Gingivoplasty</b>  |                 |        |
| 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  |
| <b>Gingival Flap Procedure</b>   |                 |        |
| Per quadrant - includes root planing .....   | \$186           | D4240  |
| Gingival Flap - including root planing, 1-3 teeth per quadrant .....   | \$140           | D4241  |
| <b>Osseous Surgery (including flap entry and closure)</b>  |                 |        |
| 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  |
| <b>Bone Replacement Graft</b>  |                 |        |
| First site in quadrant .....   | \$137           | D4263  |
| Each additional site in quadrant .....   | \$ 68           | D4264  |
| <b>Pedicle Soft Tissue Graft</b> .....   |                 |        |
|  | \$166           | D4270  |
| <b>Free Soft Tissue Graft Procedure (including donor site surgery)</b>   |                 |        |
| First tooth or edentulous tooth position in graft .....  | \$214           | D4277  |
| Each additional contiguous tooth or edentulous tooth position in same graft site ...                                       | \$214           | D4278  |

# FY2023 Dental Schedule of Benefits

| PERIODONTICS (continued)  | Maximum Benefit | Code   |
|---|-----------------|--------|
| <b>Provisional Splinting</b>  |                 |        |
| Splint - Intra Coronal; Natural Teeth or Prosthetic Crowns .....  | \$ 88           | D4322  |
| Extra Coronal; Natural Teeth or Prosthetic Crowns .....   | \$101           | D4323  |
| <b>Periodontal Scaling and Root Planing</b>   |                 |        |
| 4 or more contiguous teeth or bounded teeth spaces per quadrant .....                                     | \$ 84           | D4341  |
| <b>Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation and Diagnosis</b> .....          |                 |        |
|   | \$ 42           | D4355  |
| <b>Periodontal Maintenance Procedure</b>  |                 |        |
| Following active therapy .....  | \$ 34           | D4910  |
| Unscheduled Dressing Change .....   | \$ 17           | D4920  |
| <b>PROSTHODONTICS (See note below)</b>  |                 |        |
| <b>Removable Prosthetics (not covered if under age 18)</b>  |                 |        |
| Complete Denture - Maxillary .....  | \$543           | D5110• |
| Complete Denture - Mandibular .....   | \$543           | D5120• |
| Immediate Denture - Maxillary .....   | \$530           | D5130• |
| Immediate Denture - Mandibular .....  | \$552           | D5140• |
| <b>Partial Dentures (removable) (not covered if under age 18)</b>   |                 |        |
| 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† |
| <b>Adjustments to Dentures</b>  |                 |        |
| Adjust complete denture - Maxillary .....   | \$ 30           | D5410  |
| Adjust complete denture - Mandibular .....  | \$ 30           | D5411  |
| Adjust partial denture - Maxillary .....  | \$ 30           | D5421  |
| Adjust partial denture - Mandibular .....   | \$ 30           | D5422  |
| <b>Repairs to Complete Dentures</b>   |                 |        |
| 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  |
| <b>Repairs to Partial Dentures</b>  |                 |        |
| 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  |
| <b>Denture Rebase Procedure</b>   |                 |        |
| 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  |
| <b>Denture Reline Procedure</b>   |                 |        |
| Reline complete maxillary denture (chairside) .....   | \$124           | D5730  |
| Reline complete mandibular denture (chairside) .....  | \$124           | D5731  |
| 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  |

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

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

# FY2023 Dental Schedule of Benefits

| PROSTHODONTICS (See note below) (continued)  | Maximum Benefit | Code   |
|--|-----------------|--------|
| <b>Fixed Partial Denture Pontics</b>   |                 |        |
| (Each retainer and each pontic constitutes a unit in a fixed partial denture)  |                 |        |
| 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† |
| <b>Fixed Partial Denture Pontics (continued)</b>   |                 |        |
| 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† |
| <b>Fixed Partial Denture Retainers - Crowns</b>  |                 |        |
| 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† |
| <b>Other Fixed Partial Denture Services</b>  |                 |        |
| Recement Fixed Partial Denture   | \$ 28           | D6930  |
| Fixed Partial Denture Repair, necessitated by restorative material failure   | \$ 49           | D6980  |
| <b>ORAL SURGERY</b>  |                 |        |
| <b>Extractions</b>   |                 |        |
| Coronal Remnants - Deciduous Tooth   | \$ 75           | 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 | \$ 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  |
| <b>Other Surgical Procedures</b>   |                 |        |
| 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  |
| Buccal/Labial Frenulectomy   | \$100           | D7961  |
| Lingual Frenulectomy   | \$100           | D7962  |

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

† Limited to once every five plan years for the same tooth.  
★ Effective January 1, 2020.

# FY2023 Dental Schedule of Benefits

| ADJUNCTIVE GENERAL SERVICES  | Maximum Benefit | Code   |
|--|-----------------|--------|
| <b>Surgical Incision</b>   |                 |        |
| Palliative (emergency) treatment of dental pain (minor procedure).....   | \$ 14           | 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 .....  | \$ 87           | D9222★ |
| Subsequent 15 minute intervals .....   | \$ 87           | 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 .....  | \$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  |

★ Effective January 1, 2020.