

FY2018 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
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 (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
Space Maintainers (Passive Appliances)		
Fixed Unilateral	\$105	D1510
Fixed Bilateral	\$118	D1515
Removable Unilateral	\$105	D1520
Removable Bilateral	\$118	D1525
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-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†

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RESTORATIVE SERVICES <i>(continued)</i>	Maximum Benefit	Code
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 (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
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
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
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		
Intracoronaral	\$ 88	D4320
Extracoronaral	\$101	D4321

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PERIODONTICS <i>(continued)</i>	Maximum Benefit	Code
Periodontal Scaling and Root Planing		
4 or more contiguous teeth or bounded teeth spaces per quadrant	\$ 84	D4341
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†
Unilateral, Partial Denture, Removable - one piece cast metal (includes clasps and teeth)	\$208	D5281†
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	\$ 58	D5510
Replace missing or broken teeth - complete denture (each tooth)	\$ 50	D5520
Repairs to Partial Dentures		
Repair resin denture base	\$ 58	D5610
Repair cast framework	\$ 69	D5620
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
Denture Reline Procedure		
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
Fixed Partial Denture Pontics		
(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†
Pontic-Porcelain fused to predominantly base metal	\$272	D6241†

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.

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PROSTHODONTICS <i>(See note below) (continued)</i>	Maximum Benefit	Code
Fixed Partial Denture Pontics <i>(continued)</i>		
Pontic-Porcelain fused to noble metal	\$284	D6242†
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†
Crown-3/4 cast high noble metal	\$288	D6780†
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		
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
Frenulectomy - separate procedure	\$100	D7960
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 15 minutes	\$ 87	D9223★
Intravenous sedation/analgesia 15 minutes	\$ 85	D9243★
Miscellaneous Services		
Occlusal guards, by report	\$132	D9940
Occlusal adjustment, limited	\$ 47	D9951
Occlusal adjustment, complete	\$ 92	D9952

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★ Effective January 1, 2016.