# Benefit Choice - Members
# Local Care Dental Plan (LCDP) | FY2027 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.

| RESTORATIVE SERVICES *(continued)* | 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 |

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

| PERIODONTICS *(continued)* | 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** *(See note below)* | | |
| **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.

| PROSTHODONTICS *(See note below) (continued)* | 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** | | |
| (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† |
| **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** | | |
| (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 |
| **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 *(continued)* | 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 | D9222 |
| Subsequent 15 minute intervals | $87 | D9223 |
| General Anesthesia - with advanced airway Initial 15 minutes | $87 | D9224 |
| Subsequent 15 minute intervals | $87 | D9225 |
| Intravenous sedation/analgesia Initial 15 minutes | $85 | D9239 |
| Subsequent 15 minute intervals | $85 | D9243 |
| **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 |



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