

FY2023 Dental Schedule of Benefits

DIAGNOSTIC SERVICES		Maximum Benefit	Code
Periodic Oral Examination		\$ 52	D0120
Limited Oral Evaluation (specific oral health problem)		\$ 81	D0140
Oral Examination for Patient Under 3 Years of Age and Counseling with Primary Care Giver		\$ 77	D0145
Comprehensive Oral Examination - new or established patient		\$ 92	D0150
Radiographs/Diagnostic Imaging			
Intraoral Complete Series (once in a period of three plan years, of radiographic images)		\$140	D0210*
Intraoral - Periapical first radiographic image		\$ 29	D0220
Intraoral - Periapical each additional radiographic image		\$ 26	D0230
Bitewing single radiographic image		\$ 33	D0270
Bitewing two radiographic images		\$ 42	D0272
Bitewing three radiographic images		\$ 58	D0273
Bitewing four radiographic images		\$ 66	D0274
Panoramic radiographic image (once in a period of three plan years)		\$115	D0330*
PREVENTIVE SERVICES			
Prophylaxis Adult - Twice each plan year		\$ 93	D1110
Prophylaxis Child - Twice each plan year		\$ 68	D1120
Topical application of Fluoride Varnish (once each plan year, covered through age 18 only)		\$ 49	D1206
Topical application of Fluoride (not including prophylaxis) (once each plan year, covered through age 18 only)		\$ 34	D1208
Sealant - per tooth (covered through age 18 only)		\$ 55	D1351
Sealant - repair-per tooth		\$ 55	D1353
Space Maintainers (Passive Appliances)			
Fixed Unilateral		\$650	D1510
Fixed Bilateral Maxillary		\$460	D1516
Fixed Bilateral Mandibular		\$460	D1517
Removable Unilateral		\$336	D1520
Removable Bilateral Maxillary		\$512	D1526
Removable Bilateral Mandibular		\$512	D1527
RESTORATIVE SERVICES			
Amalgam Restorations (once per surface in a 12-month interval)			
Amalgam One Surface, Primary or Permanent		\$160	D2140
Amalgam Two Surfaces, Primary or Permanent		\$227	D2150
Amalgam Three Surfaces, Primary or Permanent		\$239	D2160
Amalgam Four or More Surfaces, Primary or Permanent		\$344	D2161
Resin-Based Composite Restorations (once per surface in a 12-month interval)			
One Surface, Anterior		\$166	D2330
Two Surfaces, Anterior		\$188	D2331
Three Surfaces, Anterior		\$232	D2332
Four or More Surfaces or involving incisal angle (anterior)		\$278	D2335
One Surface Posterior		\$184	D2391
Two Surface Posterior		\$240	D2392
Three Surface Posterior		\$284	D2393
Four or More Surfaces, Posterior		\$344	D2394
Inlay/Onlay Restorations			
Inlay - metallic - one surface		\$423	D2510
Inlay - metallic - two surfaces		\$496	D2520
Inlay - metallic - three or more surfaces		\$509	D2530
Onlay - metallic - three surfaces		\$557	D2543
Onlay - metallic - four or more surfaces		\$597	D2544
Inlay - porcelain/ceramic - one surface		\$385	D2610
Inlay - porcelain/ceramic - two surfaces		\$402	D2620
Inlay - porcelain/ceramic - three or more surfaces		\$476	D2630
Onlay - porcelain/ceramic - two surfaces		\$563	D2642
Onlay - porcelain/ceramic - three surfaces		\$591	D2643
Onlay - porcelain/ceramic - four or more surfaces		\$626	D2644
Inlay - resin-based composite - one surface		\$222	D2650
Inlay - resin-based composite - two surfaces		\$296	D2651
Inlay - resin-based composite - three or more surfaces		\$322	D2652
Onlay - resin-based composite - two surfaces		\$435	D2662
Onlay - resin-based composite - three surfaces		\$463	D2663
Onlay - resin-based composite - four or more surfaces		\$485	D2664

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RESTORATIVE SERVICES (continued)		Maximum Benefit	Code
Crowns/Single Restorations Only			
Crown-Resin-based composite (indirect)	\$602		D2710†
Crown-Resin with high noble metal	\$961		D2720†
Crown-Resin predominantly base metal	\$744		D2721†
Crown-Resin with noble metal	\$865		D2722†
Crown-Porcelain/Ceramic Substrate	\$907		D2740†
Crown-Porcelain fused to high noble metal	\$898		D2750†
Crown-Porcelain fused to predominantly base metal	\$844		D2751†
Crown-Porcelain fused to noble metal	\$876		D2752†
Crown-Porcelain fused to titanium and titanium alloys	\$898		D2753†
Crown-3/4 cast predominately base metal	\$824		D2781†
Crown-Full cast high noble metal	\$858		D2790†
Crown-Full cast predominantly base metal	\$580		D2791†
Crown-Full cast noble metal	\$831		D2792†
Other Restorative Services			
Recement Inlay	\$ 112		D2910
Recement Post/Core	\$ N/A		D2915
Recement Crown	\$110		D2920
Reattachment of tooth fragment, incisal edge or cusp	\$244		D2921
Prefabricated porcelain/ceramic Crown (permanent tooth)	\$410		D2928†
Prefabricated porcelain/ceramic Crown (primary tooth)	\$410		D2929†
Prefabricated stainless steel Crown (primary tooth)	\$500		D2930†
Prefabricated stainless steel Crown (permanent tooth)	\$311		D2931†
Prefabricated Resin Crown	\$320		D2932†
Restorative foundation for an indirect restoration	\$271		D2949
Core Buildup and Pins	\$282		D2950
Cast Post for Crowns	\$440		D2952
Add Post Same Tooth	\$216		D2953
Prefab Post/Core	\$420		D2954
Post Removal	\$291		D2955
Prefab Post >1 per tooth	\$158		D2957
ENDODONTICS			
Pulp Capping			
Pulp Cap - Direct (excluding final restoration)	\$ 93		D3110
Pulp Cap - Indirect (excluding final restoration)	\$ 98		D3120
Pulpotomy - Therapeutic (excluding final restoration)	\$250		D3220
Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$320		D3222
Root Canal Therapy (include intra-operative radiographs)			
Anterior (excludes final restoration)	\$779		D3310
Bicuspid (excludes final restoration)	\$882		D3320
Molar (excludes final restoration)	\$1,110		D3330
Retreatment of Previous Root Canal Therapy			
Anterior	\$1,067		D3346
Bicuspid	\$1,110		D3347
Molar	\$1,175		D3348
Bone Graft in Conjunction with Periradicular Surgery			
Bone graft in conjunction with periradicular surgery – per tooth, single site	\$825		D3428
Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	\$110		D3429
Decoronation or Submergence of an Erupted Tooth	\$181		D3921
PERIODONTICS			
Gingivectomy/Gingivoplasty			
4 or more contiguous teeth or bounded teeth spaces per quadrant	\$158		D4210
1 to 3 contiguous teeth or bounded teeth spaces per quadrant	\$142		D4211
Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$ 99		D4212
Gingival Flap Procedure			
Per quadrant - includes root planing	\$396		D4240
Gingival Flap - including root planing, 1-3 teeth per quadrant	\$297		D4241
Crown Lengthening	\$437		D4249
Osseous Surgery (including flap entry and closure)			
4 or more contiguous teeth or tooth bounded spaces per quadrant	\$672		D4260

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PERIODONTICS SERVICES (continued)	Maximum Benefit	Code
1 to 3 contiguous teeth or tooth bounded spaces per quadrant.....	\$524	D4261
Bone Replacement Graft		
First site in quadrant	\$413	D4263
Each additional site in quadrant	\$206	D4264
Pedicle Soft Tissue Graft	\$471	D4270
Free Soft Tissue Graft Procedure (including donor site surgery)		
First tooth or edentulous tooth position in graft	\$730	D4277
Each additional contiguous tooth or edentulous tooth position in same graft site	\$321	D4278
Provisional Splinting		
Splint - Intra Coronal; Natural Teeth or Prosthetic Crowns	\$173	D4322
Extra Coronal; Natural Teeth or Prosthetic Crowns	\$167	D4323
Periodontal Scaling and Root Planing		
4 or more contiguous teeth or bounded teeth spaces per quadrant.....	\$130	D4341
1-3 contiguous teeth or bounded teeth spaces per quadrant.....	\$103	D4342
Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation and Diagnosis	\$ 92	D4355
Periodontal Maintenance Procedure		
Following active therapy	\$ 73	D4910
Unscheduled Dressing Change	N/A	D4920
PROSTHODONTICS (See note below)		
Removable Prosthetics (not covered if under age 18)		
Complete Denture - Maxillary	\$1,540	D5110•
Complete Denture - Mandibular	\$1,540	D5120•
Immediate Denture - Maxillary	\$1,540	D5130•
Immediate Denture - Mandibular	\$1,296	D5140•
Partial Dentures (removable) (not covered if under age 18)		
Maxillary Partial Denture - resin base (conventional clasps, rests and teeth)	\$863	D5211†
Mandibular Partial Denture - resin base (conventional clasps, rests and teeth)	\$833	D5212†
Maxillary Partial Denture - cast metal framework, resin base (conventional clasps, rests and teeth)	\$1,383	D5213†
Mandibular Partial Denture - cast metal framework, resin base (convention clasps, rests and teeth)	\$1,257	D5214†
Removable Unilateral Partial Cast Maxillary.....	\$575	D5282†
Removable Unilateral Partial Cast Mandibular.....	\$575	D5283†
Removable unilateral partial denture- one piece flexible base - per quad.....	\$575	D5284†
Removable unilateral partial denture- one piece resin - per quad.....	\$575	D5286†
Adjustments to Dentures		
Adjust complete denture - Maxillary	\$ 30	D5410
Adjust complete denture - Mandibular	N/A	D5411
Adjust partial denture - Maxillary	N/A	D5421
Adjust partial denture - Mandibular	N/A	D5422
Repairs to Complete Dentures		
Repair broken complete denture base - Maxillary	\$132	D5511
Repair broken complete denture base - Mandibular	\$132	D5512
Replace missing or broken teeth - complete denture (each tooth)	\$118	D5520
Repairs to Partial Dentures		
Repair resin denture base - Maxillary	\$158	D5611
Repair resin denture base - Mandibular	\$158	D5612
Repair cast framework - Maxillary	\$169	D5621
Repair cast framework - Mandibular	\$169	D5622
Repair or replace broken clasp	\$193	D5630
Replace broken teeth - per tooth	\$134	D5640
Add tooth to existing partial denture	\$ 35	D5650
Add clasp to existing partial denture	\$162	D5660
Denture Rebase Procedure		
Rebase complete maxillary denture	\$350	D5710
Rebase complete mandibular denture	\$341	D5711
Rebase maxillary partial denture	\$342	D5720
Rebase mandibular partial denture	\$408	D5721
Rebase Hybrid Prosthesis	\$342	D5725
Denture Reline Procedure		
Reline complete maxillary denture (chairside)	\$223	D5730

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

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PROSTHODONTICS (See note below) (continued)	Maximum Benefit	Code
Reline complete mandibular denture (chairside)	\$225	D5731
Reline maxillary partial denture (chairside)	\$210	D5740
Reline mandibular partial denture (chairside)	\$253	D5741
Reline complete maxillary denture (laboratory)	\$204	D5750
Reline complete mandibular denture (laboratory)	\$270	D5751
Reline maxillary partial denture (laboratory)	\$304	D5760
Reline mandibular partial denture (laboratory)	\$305	D5761
Soft Liner for Complete or Partial Removable Denture -Indirect	\$304	D5765
Implant Services		
Surgical placement of implant body: endosteal implant.....	\$2,055	D6010†
Second stage implant surgery	\$122	D6011†
Surgical placement of mini-implant.....	\$2,345	D6013†
Surgical placement: eposteal implant.....	\$2,349	D6040†
Surgical placement: transosteal implant	\$1,827	D6050†
Interim abutment	\$ 356	D6051†
Dental implant supported connecting bar.....	\$2,269	D6055†
Prefabricated abutment – includes modification and placement.....	\$ 236	D6056†
Custom fabricated abutment – includes placement.....	\$ 576	D6057†
Abutment supported porcelain/ceramic crown	\$1,487	D6058†
Abutment supported porcelain fused to metal crown (high noble metal).....	\$1,382	D6059†
Abutment supported porcelain fused to metal crown (predominantly base metal)	\$1,336	D6060†
Abutment supported porcelain fused to metal crown (noble metal).....	\$1,360	D6061†
Abutment supported cast metal crown (high noble metal)	\$1,425	D6062†
Abutment supported cast metal crown (predominantly base metal)	\$1,400	D6063†
Abutment supported cast metal crown (noble metal).....	\$1,404	D6064†
Implant supported porcelain/ceramic crown	\$1,516	D6065†
Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal).....	\$1,646	D6066†
Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$1,564	D6067†
Abutment supported retainer for porcelain/ceramic FPD	\$1,406	D6068†
Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$1,845	D6069†
Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).....	\$1,300	D6070†
Abutment supported retainer for porcelain fused to metal FPD (noble metal).....	\$1,307	D6071†
Abutment supported retainer for cast metal FPD (high noble metal).....	\$1,465	D6072†
Abutment supported retainer for cast metal FPD (predominantly base metal).....	\$1,395	D6073†
Abutment supported retainer for cast metal FPD (noble metal)	\$1,372	D6074†
Implant supported retainer for ceramic FPD	\$1,382	D6075†
Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$1,500	D6076†
Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$1,618	D6077†
Implant maintenance procedures, including removal of prosthesis, cleaning of prosthesis and abutments and reinsertion of prosthesis	\$150	D6080†
Implant supported crown-porcelain fused to base alloys.....	\$1,646	D6082†
Implant supported crown-porcelain fused to noble alloys.....	\$1,646	D6083†
Implant supported crown-porcelain fused to titanium and titanium alloys.....	\$1,646	D6084†
Implant supported crown-predominantly base alloys.....	\$1,564	D6086†
Implant supported crown-noble alloys.....	\$1,564	D6087†
Implant supported crown-titanium and titanium alloys.....	\$1,564	D6088†
Recement Implant/Abutment Supported Crown	\$132	D6092†
Recement Implant/Abutment Supported Fixed Partial Denture	\$173	D6093†
Abutment supported crown – (titanium)	\$1,335	D6094†
Abutment supported crown-porcelain fused to titanium and titanium alloys	\$1,382	D6097†
Implant supported retainer for metal FPD- predominantly base alloys.....	\$1,500	D6098†
Implant supported retainer for metal FPD- noble alloys	\$1,500	D6099†
Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure.....	\$639	D6101†

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PROSTHODONTICS (See note below) (continued)		Maximum Benefit	Code
Debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure		\$895	D6102†
Implant abutment supported removable denture for endentulous arch-maxillary . . .		\$2,400	D6110†
Implant abutment supported removable denture for endentulous arch-mandibular . .		\$2,400	D6111†
Implant abutment supported removable denture for partially endentulous arch-maxillary		\$2,500	D6112†
Implant abutment supported removable denture for partially endentulous arch-mandibular		\$2,500	D6113†
Implant abutment supported fixed full denture – maxillary		\$2,400	D6114†
Implant abutment supported fixed full denture – mandibular		\$2,400	D6115†
Implant supported retainer- porcelain fused to titanium and titanium alloys		\$1,500	D6120†
Implant supported retainer- porcelain fused to predominantly base alloys		\$1,618	D6121†
Implant supported retainer for FPD- porcelain fused to noble alloys		\$1,618	D6122†
Implant supported retainer for metal FPD- titanium and titanium alloys		\$1,618	D6123†
Radiographic/surgical implant index, by report		\$346	D6190†
Abutment supported retainer crown for FPD – (titanium)		\$1,213	D6194†
Abutment supported retainer -porcelain fused to titanium and titanium alloys		\$1,618	D6195†
Fixed Partial Denture Pontics			
(Each retainer and each pontic constitutes a unit in a fixed partial denture)			
Pontic-Cast high noble metal		\$541	D6210†
Pontic-Cast predominantly base metal		\$477	D6211†
Pontic-Cast noble metal		\$487	D6212†
Pontic-Porcelain fused to high noble metal		\$523	D6240†
Pontic-Porcelain fused to predominantly base metal		\$490	D6241†
Pontic-Porcelain fused to noble metal		\$463	D6242†
Pontic-Porcelain fused to titanium and titanium alloys		\$463	D6243†
Pontic-Porcelain/Ceramic		\$580	D6245†
Pontic-Resin with high noble metal		\$537	D6250†
Pontic-Resin with predominantly base metal		\$455	D6251†
Pontic-Resin with noble metal		\$489	D6252†
Fixed Partial Denture Retainers - Inlays/Onlays			
Inlay - cast predominantly base metal, two surfaces		\$338	D6604†
Inlay - cast predominantly base metal, three or more surfaces		\$586	D6605†
Onlay - cast predominantly base metal, two surfaces		\$388	D6612†
Onlay - cast predominantly base metal, three or more surfaces		\$445	D6613†
Fixed Partial Denture Retainers - Crowns			
Crown-Resin with high noble metal		\$512	D6720†
Crown-Resin with predominantly base metal		\$443	D6721†
Crown-Resin with noble metal		\$478	D6722†
Crown-Porcelain/Ceramic		\$588	D6740†
Crown-Porcelain fused to high noble metal		\$525	D6750†
Crown-Porcelain fused to predominantly base metals		\$480	D6751†
Crown-Porcelain fused to noble metal		\$463	D6752†
Retainer crown-porcelain fused to titanium and titanium alloys		\$463	D6753†
Crown-3/4 cast high noble metal		\$524	D6780†
Retainer crown - 3/4 titanium and titanium alloys		\$463	D6784†
Crown-Full cast high noble metal		\$555	D6790†
Crown-Full cast predominantly base metal		\$488	D6791†
Crown-Full cast noble metal		\$496	D6792†
Other Fixed Partial Denture Services			
Recement Fixed Partial Denture		\$ 56	D6930
Fixed partial denture repair, necessitated by restorative material failure		\$149	D6980
ORAL SURGERY			
Extractions			
Coronal Remnants - Deciduous Tooth		\$125	D7111
Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)		\$181	D7140

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.

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ORAL SURGERY (continued)	Maximum Benefit	Code
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	\$144	D7210
Removal of impacted tooth - soft tissue	\$170	D7220
Removal of impacted tooth - partially bony	\$208	D7230
Removal of impacted tooth - completely bony	\$233	D7240
Removal of impacted tooth - completely bony with unusual surgical complications	\$255	D7241
Surgical removal of residual tooth roots (cutting procedure)	\$115	D7250
Other Surgical Procedures		
Biopsy of oral tissue - hard (bone/tooth)	\$43	D7285
Biopsy of soft tissue - soft (all others)	\$193	D7286
Alveoloplasty in conjunction with extractions, per quadrant	\$160	D7310
Alveoloplasty in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant	\$133	D7311
Alveoloplasty not in conjunction with extractions, per quadrant	\$203	D7320
Alveoloplasty not in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant	\$163	D7321
Buccal/Labial Frenulectomy.....	\$238	D7961
Lingual Frenulectomy	\$238	D7962
ADJUNCTIVE GENERAL SERVICES		
Surgical Incision		
Palliative (emergency) treatment of dental pain (minor procedure)	\$137	D9110
Anesthesia		
General Anesthesia, Intravenous Sedation and Non-IV Conscious 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	\$181	D9222
Subsequent 15 minute intervals	\$181	D9223
Intravenous sedation/analgesia Initial 15 minutes	\$214	D9239
Subsequent 15 minute intervals	\$214	D9243
Non-IV Conscious Sedation	\$394	D9248
Miscellaneous Services		
Occlusal Guard - Hard appliance full arch	\$635	D9944
Occlusal Guard - Soft appliance full arch	\$635	D9945
Occlusal Guard - Hard appliance partial arch	\$635	D9946
Occlusal adjustment, limited	\$117	D9951
Occlusal adjustment, complete	\$750	D9952