

# 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
<b>Radiographs/Diagnostic Imaging</b>		
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*
<b>PREVENTIVE SERVICES</b>		
Prophylaxis Adult - Twice each plan year .....	\$ 93	D1110
Prophylaxis Child - Twice each plan year .....	\$ 68	D1120
Topical application of Flouride 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
<b>Space Maintainers (Passive Appliances)</b>		
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
<b>RESTORATIVE SERVICES</b>		
<b>Amalgam Restorations (once per surface in a 12-month interval)</b>		
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
<b>Resin-Based Composite Restorations (once per surface in a 12-month interval)</b>		
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
<b>Inlay/Onlay Restorations</b>		
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

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

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RESTORATIVE SERVICES (continued)	Maximum Benefit	Code
<b>Crowns/Single Restorations Only</b>		
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†
<b>Other Restorative Services</b>		
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
<b>ENDODONTICS</b>		
<b>Pulp Capping</b>		
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
<b>Root Canal Therapy (include intra-operative radiographs)</b>		
Anterior (excludes final restoration) .....	\$779	D3310
Bicuspid (excludes final restoration) .....	\$882	D3320
Molar (excludes final restoration) .....	\$1,110	D3330
<b>Retreatment of Previous Root Canal Therapy</b>		
Anterior .....	\$1,067	D3346
Bicuspid .....	\$1,110	D3347
Molar .....	\$1,175	D3348
<b>Bone Graft in Conjunction with Periradicular Surgery</b>		
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
<b>PERIODONTICS</b>		
<b>Gingivectomy/Gingivoplasty</b>		
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
<b>Gingival Flap Procedure</b>		
Per quadrant - includes root planing .....	\$396	D4240
Gingival Flap - including root planing, 1-3 teeth per quadrant .....	\$297	D4241
Crown Lengthening .....	\$437	D4249
<b>Osseous Surgery (including flap entry and closure)</b>		
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
<b>Bone Replacement Graft</b>		
First site in quadrant .....	\$413	D4263
Each additional site in quadrant .....	\$206	D4264
<b>Pedicle Soft Tissue Graft</b> .....	\$471	D4270
<b>Free Soft Tissue Graft Procedure (including donor site surgery)</b>		
First tooth or edentulous tooth position in graft .....	\$730	D4277
Each additional contiguous tooth or edentulous tooth position in same graft site ....	\$321	D4278
<b>Provisional Splinting</b>		
Splint - Intra Coronal; Natural Teeth or Prosthetic Crowns .....	\$173	D4322
Extra Coronal; Natural Teeth or Prosthetic Crowns .....	\$167	D4323
<b>Periodontal Scaling and Root Planing</b>		
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
<b>Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation and Diagnosis</b> .....	\$ 92	D4355
<b>Periodontal Maintenance Procedure</b>		
Following active therapy .....	\$ 73	D4910
Unscheduled Dressing Change .....	N/A	D4920
<b>PROSTHODONTICS (See note below)</b>		
<b>Removable Prosthetics (not covered if under age 18)</b>		
Complete Denture - Maxillary .....	\$1,540	D5110•
Complete Denture - Mandibular .....	\$1,540	D5120•
Immediate Denture - Maxillary .....	\$1,540	D5130•
Immediate Denture - Mandibular .....	\$1,296	D5140•
<b>Partial Dentures (removable) (not covered if under age 18)</b>		
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†
<b>Adjustments to Dentures</b>		
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
<b>Repairs to Complete Dentures</b>		
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
<b>Repairs to Partial Dentures</b>		
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
<b>Denture Rebase Procedure</b>		
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
<b>Denture Reline Procedure</b>		
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.

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

• Limited to once every five plan years.

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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
<b>Implant Services</b>		
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: epostal 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†
Recent Implant/Abutment Supported Crown .....	\$132	D6092†
Recent 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†

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
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†
<b>Fixed Partial Denture Pontics</b>		
(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†
<b>Fixed Partial Denture Retainers - Inlays/Onlays</b>		
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†
<b>Fixed Partial Denture Retainers - Crowns</b>		
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†
<b>Other Fixed Partial Denture Services</b>		
Recement Fixed Partial Denture . . . . .	\$ 56	D6930
Fixed partial denture repair, necessitated by restorative material failure . . . . .	\$149	D6980
<b>ORAL SURGERY</b>		
<b>Extractions</b>		
Coronal Remnants - Deciduous Tooth . . . . .	\$125	D7111
Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal) . . . . .	\$181	D7140

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 ★ Effective January 1, 2020.

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ORAL SURGERY (continued)	Maximum Benefit	Code
<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 .....	\$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
<b>Other Surgical Procedures</b>		
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
<b>ADJUNCTIVE GENERAL SERVICES</b>		
<b>Surgical Incision</b>		
Palliative (emergency) treatment of dental pain (minor procedure) .....	\$137	D9110
<b>Anesthesia</b>		
<b>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.</b>		
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
<b>Miscellaneous Services</b>		
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