

Benefit Choice - Members

Teachers' Choice Dental Plan (TCDP) | FY2026 Dental Schedule of Benefits

DIAGNOSTIC SERVICES	Maximum Benefit	Code
Periodic Oral Examination	\$26	D0120
Limited Oral Evaluation (specific oral health problem)	\$26	D0140
Oral Evaluation for Patient Under 3 Years of Age and Counseling with Primary Care giver	\$38	D0145
Comprehensive Oral Examination - new or established patient	\$38	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	\$19	D0220
Intraoral - Periapical each additional radiographic image	\$25	D0230
Bitewing single radiographic image	\$17	D0270
Bitewing two radiographic images	\$28	D0272
Bitewing three radiographic images	\$41	D0273
Bitewing four radiographic images	\$41	D0274
Panoramic radiographic image (once in a period of three plan years)	\$61	D0330*
PREVENTIVE SERVICES		
Prophylaxis Adult - Twice each plan year	\$54	D1110
Prophylaxis Child - Twice each plan year	\$38	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	\$46	D2330
Two Surfaces, Anterior	\$59	D2331
Three Surfaces, Anterior	\$73	D2332
Four or More Surfaces or involving incisal angle (anterior)	\$79	D2335
One Surface Posterior	\$81	D2391
Two Surface Posterior	\$112	D2392
Three Surface Posterior	\$139	D2393
Four or More Surfaces, Posterior	\$172	D2394
Crowns/Single Restorations Only		
Crown-Resin-based Composite (indirect)	\$86	D2710†
Crown-Resin with high noble metal	\$250	D2720†
Crown-Resin predominantly base metal	\$215	D2721†
Crown-Resin with noble metal	\$241	D2722†
Crown-Porcelain/Ceramic Substrate	\$253	D2740†
Crown-Porcelain fused to high noble metal	\$254	D2750†
Crown-Porcelain fused to predominantly base metal	\$237	D2751†
Crown-Porcelain fused to noble metal	\$246	D2752†
Crown-Porcelain fused to titanium and titanium alloys	\$254	D2753†
Crown-3/4 cast predominately base metal	\$252	D2781†

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

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

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RESTORATIVE SERVICES (continued)		Maximum Benefit	Code
Crown-3/4 Porcelain		\$253	D2783†
Crown-Full cast high noble metal		\$227	D2790†
Crown-Full cast predominantly base metal		\$233	D2791†
Crown-Full cast noble metal		\$246	D2792†
Other Restorative Services			
Recement Inlay		\$17	D2910
Recement Post/Core		\$34	D2915
Recement Crown		\$18	D2920
Reattachment of tooth fragment, incisal edge or cusp		\$79	D2921
Prefabricated porcelain/ceramic Crown (permanent tooth).		\$58	D2928†
Prefabricated porcelain/ceramic Crown (primary tooth).		\$58	D2929†
Prefabricated stainless steel Crown (primary tooth)		\$58	D2930†
Prefabricated stainless steel Crown (permanent tooth)		\$62	D2931†
Prefabricated Resin Crown		\$54	D2932†
Restorative foundation for an indirect restoration		\$112	D2949
Core Buildup and Pins.		\$112	D2950
Cast Post for Crowns.		\$146	D2952
Add Post Same Tooth		\$103	D2953
Prefab Post/Crown.		\$139	D2954
Post Removal		\$93	D2955
Prefab Post >1 per tooth		\$78	D2957
Band stabilization - per tooth		\$112	D2976
ENDODONTICS			
Pulp Capping			
Pulp Cap - Direct (excluding final restoration).		\$26	D3110
Pulp Cap - Indirect (excluding final restoration)		\$20	D3120
Pulpotomy - Therapeutic (excluding final restoration)		\$62	D3220
Root Canal Therapy (include intra-operative radiographs)			
Anterior (excludes final restoration)		\$244	D3310
Bicuspid (excludes final restoration).		\$304	D3320
Molar (excludes final restoration.		\$410	D3330
Retreatment of Previous Root Canal Therapy			
Anterior.		\$266	D3346
Bicuspid		\$316	D3347
Molar.		\$432	D3348
Bone Graft in Conjunction with Periradicular Surgery			
Bone graft in conjunction with periradicular surgery – per tooth, single site		\$228	D3428
Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site		\$173	D3429
Decoronation or Submergence of an Erupted Tooth		\$70	D3921
PERIODONTICS			
Gingivectomy/Gingivoplasty			
4 or more contiguous teeth or bounded teeth spaces per quadrant.		\$155	D4210
1 to 3 contiguous teeth or bounded teeth spaces per quadrant		\$33	D4211
Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		\$33	D4212
Gingival Flap Procedure			
Per quadrant - includes root planing		\$155	D4240
Gingival Flap - including root planing, 1-3 teeth per quadrant.		\$117	D4241
Osseous Surgery (including flap entry and closure)			
4 or more contiguous teeth or tooth bounded spaces per quadrant.		\$224	D4260
1 to 3 contiguous teeth or tooth bounded spaces per quadrant		\$120	D4261
Bone Replacement Graft			
First site in quadrant		\$228	D4263
Each additional site in quadrant		\$173	D4264
Pedicle Soft Tissue Graft.		\$138	D4270
Free Soft Tissue Graft Procedure (including donor site surgery)			
First tooth or edentulous tooth position in graft.		\$178	D4277
Each additional contiguous tooth or edentulous tooth position in same graft site		\$178	D4278

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PERIODONTICS <i>(continued)</i>	Maximum Benefit	Code
Provisional Splinting		
Splint - Intra Coronal; Natural Teeth or Prosthetic Crowns	\$73	D4322
Extra Coronal; Natural Teeth or Prosthetic Crowns	\$84	D4323
Periodontal Scaling and Root Planing		
4 or more contiguous teeth or bounded teeth spaces per quadrant	\$70	D4341
Scaling gingivitis Inf. no bone loss-full mouth	\$28	D4346
Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation and Diagnosis	\$35	D4355
Periodontal Maintenance Procedure		
Following active therapy	\$28	D4910
Unscheduled Dressing Change	\$14	D4920
PROSTHODONTICS <i>(See note below)</i>		
Removable Prosthetics (not covered if under age 18)		
Complete Denture - Maxillary	\$523	D5110•
Complete Denture - Mandibular	\$523	D5120•
Immediate Denture - Maxillary	\$442	D5130•
Immediate Denture - Mandibular	\$460	D5140•
Partial Dentures (removable) (not covered if under age 18)		
Maxillary Partial Denture - resin base (conventional clasps, rests and teeth)	\$442	D5211†
Mandibular Partial Denture - resin base (conventional clasps, rests and teeth)	\$501	D5212†
Maxillary Partial Denture - cast metal framework, resin base (conventional clasps, rests and teeth)	\$529	D5213†
Mandibular Partial Denture - cast metal framework, resin base (convention clasps, rests and teeth)	\$540	D5214†
Removable Unilateral Partial Cast Maxillary	\$173	D5282†
Removable Unilateral Partial Cast Mandibular	\$173	D5283†
Removable unilateral partial denture- one piece flexible base - per quad	\$173	D5284†
Removable unilateral partial denture- one piece resin - per quad	\$173	D5286†
Adjustments to Dentures		
Adjust complete denture - Maxillary	\$25	D5410
Adjust complete denture - Mandibular	\$25	D5411
Adjust partial denture - Maxillary	\$25	D5421
Adjust partial denture - Mandibular	\$25	D5422
Repairs to Complete Dentures		
Repair broken complete denture base - Maxillary	\$48	D5511
Repair broken complete denture base - Mandibular	\$48	D5512
Replace missing or broken teeth - complete denture (each tooth)	\$44	D5520
Repairs to Partial Dentures		
Repair resin denture base - Maxillary	\$48	D5611
Repair resin denture base - Mandibular	\$48	D5612
Repair cast framework - Maxillary	\$62	D5621
Repair cast framework - Mandibular	\$62	D5622
Repair or replace broken clasp	\$54	D5630
Replace broken teeth - per tooth	\$41	D5640
Add tooth to existing partial denture	\$59	D5650
Add clasp to existing partial denture	\$77	D5660
Denture Rebase Procedure		
Rebase complete maxillary denture	\$179	D5710
Rebase complete mandibular denture	\$179	D5711
Rebase maxillary partial denture	\$179	D5720
Rebase mandibular partial denture	\$179	D5721
Rebase Hybrid Prosthesis	\$179	D5725
Denture Reline Procedure		
Reline complete maxillary denture (chairside)	\$109	D5730
Reline complete mandibular denture (chairside)	\$109	D5731
Reline maxillary partial denture (chairside)	\$109	D5740
Reline mandibular partial denture (chairside)	\$109	D5741
Reline complete maxillary denture (laboratory)	\$154	D5750

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.

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PROSTHODONTICS <i>(See note below) (continued)</i>		Maximum Benefit	Code
Reline complete mandibular denture (laboratory)	\$154		D5751
Reline maxillary partial denture (laboratory)	\$154		D5760
Reline mandibular partial denture (laboratory)	\$154		D5761
Soft Liner for Complete or Partial Removable Denture - Indirect.	\$154		D5765
Fixed Partial Denture Pontics			
(Each retainer and each pontic constitutes a unit in a fixed partial denture)			
Pontic-Cast high noble metal	\$248		D6210†
Pontic-Cast predominantly base metal	\$219		D6211†
Pontic-Cast noble metal	\$224		D6212†
Pontic-Porcelain fused to high noble metal	\$249		D6240†
Pontic-Porcelain fused to predominantly base metal	\$227		D6241†
Pontic-Porcelain fused to noble metal	\$237		D6242†
Pontic-Porcelain fused to titanium and titanium alloys	\$237		D6243†
Pontic-Resin with high noble metal	\$234		D6250†
Pontic-Resin with predominantly base metal.	\$227		D6251†
Pontic-Resin with noble metal.	\$257		D6252†
Fixed Partial Denture Retainers - Crowns			
Crown-Resin with high noble metal	\$245		D6720†
Crown-Resin with predominantly base metal	\$230		D6721†
Crown-Resin with noble metal	\$211		D6722†
Crown-Porcelain fused to high noble metal.	\$250		D6750†
Crown-Porcelain fused to predominantly base metals	\$232		D6751†
Crown-Porcelain fused to noble metal	\$231		D6752†
Retainer crown-porcelain fused to titanium alloys.	\$231		D6753†
Crown-3/4 cast high noble metal	\$240		D6780†
Retainer crown-3/4 titanium and titanium alloys	\$240		D6784†
Crown-Full cast high noble metal	\$245		D6790†
Crown-Full cast predominantly base metal	\$230		D6791†
Crown-Full cast noble metal	\$234		D6792†
Other Fixed Partial Denture Services			
Recement Fixed Partial Denture	\$23		D6930
Fixed Partial Denture Repair, necessitated by restorative material failure.	\$45		D6980
ORAL SURGERY			
Extractions			
Coronal Remnants - Deciduous Tooth	\$74		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	\$50		D7210
Removal of impacted tooth - soft tissue	\$67		D7220
Removal of impacted tooth - partially bony	\$90		D7230
Removal of impacted tooth - completely bony	\$107		D7240
Removal of impacted tooth - completely bony with unusual surgical complication	\$121		D7241
Surgical removal of residual tooth roots (cutting procedure)	\$46		D7250
Other Surgical Procedures			
Excisional biopsy of minor salivary glands.	\$57		D7284
Biopsy of oral tissue - hard (bone/tooth)	\$66		D7285
Biopsy of soft tissue - soft (all others)	\$57		D7286
Alveoloplasty in conjunction with extractions, per quadrant	\$46		D7310
Alveoloplasty in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant	\$46		D7311
Alveoloplasty not in conjunction with extractions, per quadrant	\$62		D7320
Alveoloplasty not in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant	\$62		D7321
Buccal/Labial Frenulectomy	\$83		D7961
Lingual Frenulectomy	\$83		D7962

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ADJUNCTIVE GENERAL SERVICES		Maximum Benefit	Code
Surgical Incision			
Palliative (emergency) treatment of dental pain (minor procedure).....	\$12		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.	\$72		D9222
Subsequent 15 minute intervals.	\$72		D9223
Intravenous sedation/analgesia Initial 15 minutes	\$85		D9239
Subsequent 15 minute intervals.	\$85		D9243
Miscellaneous Services			
Occlusal Guard - Hard appliance full arch.	\$110		D9944
Occlusal Guard - Soft appliance full arch	\$110		D9945
Occlusal Guard - Hard appliance partial arch	\$110		D9946
Occlusal adjustment, limited.	\$39		D9951
Occlusal adjustment, complete.	\$77		D9952