Benefit Choice - Members
College Choice Dental Plan (CCDP) | 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.

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

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

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

PROSTHODONTICS *(See note below) (continued)*	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
General Anesthesia - with advanced airway Initial 15 minutes	$72	D9224
Subsequent 15 minute intervals	$72	D9225
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

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