

SCHEDULE OF DENTAL SERVICES

**A.D.A.
SERVICE
NUMBER**

DENTAL SERVICE CATEGORY

**SCHEDULED
BENEFIT**

I. PREVENTIVE

0120	Periodic oral evaluation, six (6) month interval	\$15.00
0140	Limited oral evaluation – problem focused	25.00
0150	Comprehensive oral evaluation	25.00
1110	Prophylaxis – adult, once in a six (6) month interval	40.00
1120	Prophylaxis – child, once in a six (6) month interval	25.00
1203	Topical application of fluoride (prophylaxis not included) – at twelve (12) month intervals to age 19	15.00
1351	Sealants, per tooth – first and second molars within two years of eruption	10.00
9110	Palliative (emergency) treatment of dental pain – minor procedure	15.00

II. DIAGNOSTIC

0210	Intraoral – complete series (including bitewings – thirty-six (36) month interval)	\$45.00
0220	Intraoral – periapical – first film	10.00
0230	Intraoral – periapical – each additional film	5.00
0240	Intraoral – occlusal film	10.00
0270	Bitewing – single film – six (6) month interval	15.00
0272	Bitewings – two films – six (6) month interval	15.00
0274	Bitewings – four films – six (6) month interval	20.00
0330	Panoramic film	35.00
0340	Cephalometric film	50.00

III. RESTORATIVE

1520	Space maintainer – removable – unilateral	\$25.00
1525	Space maintainer – removable – bilateral	50.00
2140	Amalgam – one surface, permanent	30.00
2150	Amalgam – two surfaces, permanent	35.00
2160	Amalgam – three surfaces, permanent	35.00
2161	Amalgam – four or more surfaces, permanent	35.00
2330	Resin – one surface, anterior	30.00
2331	Resin – two surfaces, anterior	35.00
2332	Resin – three surfaces, permanent	45.00
2335	Resin – four or more surfaces or involving incisal angle (anterior)	50.00

IV. RESTORATIVE – MAJOR

2520	Inlay – metallic – two surfaces	\$145.00
2530	Inlay – metallic – three or more surfaces	150.00
2543	Onlay – metallic – three surfaces	155.00
2544	Onlay – metallic – four or more surfaces	155.00
2620	Inlay – porcelain/ceramic – two surfaces	145.00
2630	Inlay – porcelain/ceramic – three or more surfaces	145.00
2643	Onlay – porcelain/ceramic – three surfaces	145.00
2644	Onlay – porcelain/ceramic – four or more surfaces	145.00

SCHEDULE OF DENTAL SERVICES (Continued)

**A.D.A.
SERVICE
NUMBER**

DENTAL SERVICE CATEGORY

**SCHEDULED
BENEFIT**

IV. RESTORATIVE – MAJOR (Continued)

2710	Crown – resin (laboratory)	\$100.00
2720	Crown – resin with high noble metal	200.00
2721	Crown – resin with predominantly base metal	180.00
2722	Crown – resin with noble metal	210.00
2740	Crown – porcelain/ceramic substrate	215.00
2750	Crown – porcelain fused to high noble metal	230.00
2751	Crown – porcelain fused to predominantly base metal	220.00
2752	Crown – porcelain fused to noble metal	220.00
2780	Crown – ¾ cast metal	220.00
2790	Crown – full cast high noble metal	225.00
2791	Crown – full cast predominantly base metal	215.00
2792	Crown – full cast noble metal	215.00
2910	Recement inlay	15.00
2920	Recement crown	15.00
2930	Prefabricated stainless steel crown – primary tooth	50.00
2950	Core buildup, including any pins	45.00
2951	Pin retention – per tooth, in addition to restoration	10.00
2952	Cast post and core in addition to crown	68.00

V. ENDODONTICS

3220	Therapeutic pulpotomy (excluding final restoration)	\$20.00
3310	Root Canal – Anterior (excluding final restoration)	125.00
3320	Root canal – Bicuspid (excluding final restoration)	135.00
3330	Root Canal – Molar (excluding final restoration)	140.00
3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforation, root resorption, etc.)	70.00
3352	Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	40.00
3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	30.00
3410	Apicoectomy/Periradicular surgery – anterior	115.00
3450	Root amputation – per root	35.00
3920	Hemisection (including any root removal), not including root canal therapy	80.00
3950	Canal preparation and fitting of preformed dowel or post	25.00

VI. PERIODONTICS

4210	Gingivectomy or gingivoplasty – per quadrant	\$75.00
4211	Gingivectomy or gingivoplasty – per tooth	45.00
4240	Gingival flap procedure, including root planing – per quadrant	110.00
4249	Clinical crown lengthening – hard tissue	20.00
4260	Osseous surgery (including flap entry and closure) – per quadrant	205.00
4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces – per quadrant	205.00
4263	Bone replacement graft – first site in quadrant	20.00
4270	Pedicle soft tissue graft procedure	110.00
4271	Free soft tissue graft procedure (including donor site surgery)	110.00
4341	Periodontal scaling and root planing – per quadrant	30.00
4910	Periodontal maintenance procedures (following active therapy) – once in a six (6) month interval	35.00

SCHEDULE OF DENTAL SERVICES (Continued)**A.D.A.
SERVICE
NUMBER****DENTAL SERVICE CATEGORY****SCHEDULED
BENEFIT****VII. PROSTHETICS – REMOVABLE**

5110	Complete denture – maxillary	\$250.00
5120	Complete denture – mandibular	250.00
5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	110.00
5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	110.00
5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	130.00
5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	130.00
5410	Adjust complete denture – maxillary	15.00
5411	Adjust complete denture – mandibular	15.00
5421	Adjust partial denture – maxillary	15.00
5422	Adjust partial denture – mandibular	15.00
5510	Repair broken complete denture base	20.00
5520	Replace missing or broken teeth – complete denture (each tooth)	20.00
5610	Repair resin denture base	20.00
5620	Repair cast framework	30.00
5630	Repair or replace broken clasp	15.00
5640	Replace broken teeth – per tooth	20.00
5650	Add tooth to existing partial denture	40.00
5660	Add clasp to existing partial denture	40.00
5710	Rebase complete maxillary denture	45.00
5711	Rebase complete mandibular denture	45.00
5720	Rebase maxillary partial denture	45.00
5721	Rebase mandibular partial denture	45.00
5730	Reline complete maxillary denture (chairside)	55.00
5731	Reline complete mandibular denture (chairside)	55.00
5740	Reline maxillary partial denture (chairside)	55.00
5741	Reline mandibular partial denture (chairside)	55.00
5750	Reline complete maxillary denture (laboratory)	75.00
5751	Reline complete mandibular denture (laboratory)	75.00
5760	Reline maxillary partial denture (laboratory)	75.00
5761	Reline mandibular partial denture (laboratory)	75.00
5850	Tissue conditioning, maxillary	25.00

VIII. FIXED BRIDGE

1510	Space maintainer – fixed – unilateral	\$90.00
1515	Space maintainer – fixed – bilateral	115.00
6210	Pontic – cast high noble metal	165.00
6211	Pontic – cast predominantly base metal	185.00
6212	Pontic – cast noble metal	185.00
6240	Pontic – porcelain fused to high noble metal	200.00
6241	Pontic – porcelain fused to predominantly base metal	200.00
6242	Pontic – porcelain fused to noble metal	200.00
6250	Pontic – resin with high noble metal	200.00
6251	Pontic – resin with predominantly base metal	150.00
6252	Pontic – resin with noble metal	150.00

SCHEDULE OF DENTAL SERVICES (Continued)

A.D.A.
SERVICE
NUMBER

DENTAL SERVICE CATEGORY

SCHEDULED
BENEFIT

VIII. FIXED BRIDGE (Continued)

6545	Retainer – cast metal for resin bonded fixed prosthesis	\$150.00
6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	150.00
6720	Crown – resin with high noble metal	170.00
6721	Crown – resin with predominantly base metal	165.00
6722	Crown – resin with noble metal	165.00
6750	Crown – porcelain fused to high noble metal	180.00
6751	Crown – porcelain fused to predominantly base metal	165.00
6752	Crown – porcelain fused to noble metal	165.00
6780	Crown – ¾ cast high noble metal	170.00
6790	Crown – full cast high noble metal	175.00
6791	Crown – full cast predominantly base metal	175.00
6792	Crown – full cast noble metal	165.00
6930	Recement fixed partial denture	25.00

IX. ORAL SURGERY

7140	Single tooth	\$20.00
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	30.00
7220	Removal of impacted tooth – soft tissue	45.00
7230	Removal of impacted tooth – partially bony	70.00
7240	Removal of impacted tooth – completely bony	85.00
7241	Removal of impacted tooth – completely bony, with unusual surgical complications	85.00
7250	Surgical removal of residual tooth roots (cutting procedure)	30.00
7285	Biopsy of oral tissue – hard	25.00
7286	Biopsy of oral tissue – soft	25.00
7320	Alveoloplasty in conjunction with extractions – per quadrant	75.00
7410	Excision of benign tumor – lesion diameter up to 1.25 cm	65.00
7411	Excision of benign tumor – lesion diameter greater than 1.25 cm	65.00
7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	65.00
7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	65.00
7450	Removal of odontogenic cyst or tumor – lesion diameter up to 1.25 cm	70.00
7451	Removal of odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	70.00
7460	Removal of nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	70.00
7461	Removal of nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	70.00
7465	Destruction of lesion(s) by physical or chemical method, by report	70.00
7471	Removal of exostosis – maxilla or mandible	100.00
7510	Incision and drainage of abscess – intraoral soft tissue	35.00
7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	60.00
7970	Excision of pericoronal gingival	75.00

X. ADJUNCTIVE SERVICES

9220	General anesthesia – first 30 minutes	\$50.00
9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	20.00

SCHEDULE OF DENTAL SERVICES (Continued)

DENTAL SERVICE CATEGORY

XI. Orthodontic procedures (including diagnosis, preventive treatment, orthodontic treatment and orthodontic appliances.)
(Applies only to insured children under age 19.)

AMOUNT OF BENEFITS

The lesser of:

- 50% of the dentist's fee, or
- 50% of the reasonable and customary charge,

not to exceed the overall maximum dental benefit shown in the Schedule of Benefits on page SCH