

SCHEDULE OF DENTAL SERVICES

A.D.A. c

| | 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 |

SCHEDULE OF DENTAL SERVICES (Continued)**A.D.A.
SERVICE
NUMBER****DENTAL SERVICE CATEGORY****SCHEDULED
BENEFIT****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 |
| 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 |
| 3940 | Recalcification | 15.00 |
| 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 graft- one site | 205.00 |
| 4262 | Osseous graft- multiple site | 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)

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|--------------------------------------|---|------------------------------|
| 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 |
| 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 |