

DENTAL REFERENCE MANUAL

As of January 1, 2026

C254/B465 (ID: C254ID/B465ID; PA: C254PA); P154/B469 (FL: P154FL/B469FL; GA: P154GA; OK: P154OK; TN: P154TN; TX: P154TX/B469TX)

Physicians Mutual Insurance Company, Inc.®



Physicians
Mutual®

Insurance for all of us.®

Over 400 Covered Procedures

The following is a complete list of all covered procedures provided by our dental insurance.

Each plan pays 100% for preventive (type I) services when you see an in-network provider, the only difference between the four plans is what each one pays for basic (type II) and major (type III) benefits.

The Premier Plan (Schedule 4) pays 70% of the maximum allowable charge for basic and major services.

The other three plans — Economy (Schedule 1), Standard (Schedule 2) and Preferred (Schedule 3) — pay a set dollar amount, for basic and major services. With these three plans, the amounts shown for basic and major services are the same regardless of provider participation.

The chart below shows the covered dental procedures Physicians Mutual Insurance Company, Inc. pays benefits for, as well as the maximum expense paid for each. Customers with this coverage have access to discounts through the Ameritas Classic PPO Network. For Participating (In GA: Preferred) Providers, the amount paid will not exceed the Maximum Allowable Charge. For Non-Participating (In GA: Non-Preferred) Providers, the amount paid will not exceed the amount of the actual charge for the procedure. Covered procedures may vary by state and are subject to change. No benefits are payable for a procedure that is not listed.

Procedure Code	TYPE I – PREVENTIVE 100% coverage for preventive care when using a network provider.	Maximum Covered Expense			
		Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4
D0120	Periodic oral evaluation – established patient.	100% Covered			
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver.	100% Covered			
D0150	Comprehensive oral evaluation – new or established patient.	100% Covered			
D0180	Comprehensive periodontal evaluation – new or established patient.	100% Covered			
Two evaluations will be allowed in a Policy Year. A D0120, D0145, D0150 or D0180 counts toward this maximum allowance. D0150 and D0180 will be limited to once per Provider.					
D0210	Intraoral – comprehensive series of radiographic images.	100% Covered			
D0330	Panoramic radiographic image.	100% Covered			
D0210 or D0330: One of these procedures will be allowed in a 5-year period.*					
D0220	Intraoral – periapical first radiographic image.	100% Covered			
D0230	Intraoral – periapical each additional radiographic image.	100% Covered			
D0240	Intraoral – occlusal radiographic image.	100% Covered			
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector.	100% Covered			
D0251	Extra-oral posterior dental radiographic image.	100% Covered			
D0270	Bitewing – single radiographic image.	100% Covered			
D0272	Bitewings – two radiographic images.	100% Covered			
D0273	Bitewings – three radiographic images.	100% Covered			
D0274	Bitewings – four radiographic images.	100% Covered			
D0277	Vertical Bitewings – 7 to 8 radiographic images.	100% Covered			
Bitewing radiographic images are limited to 2 allowances in a Policy Year. A D0270 – D0277 counts toward this maximum allowance. In addition, D0277 will be limited to once in a 5-year period.					

* The frequency is measured forward from the last covered date of service for the procedure.

Procedure Code	TYPE I – PREVENTIVE 100% coverage for preventive care when using a network provider.	Maximum Covered Expense			
		Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4
D1110	Prophylaxis – adult.	100% Covered			
D1120	Prophylaxis – child.	100% Covered			
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation.	100% Covered			
D4910	Periodontal maintenance.	100% Covered			
D1110, D1120, D4346, and D4910: Coverage is limited to a total of two of any of these procedures in a Policy Year. Benefits will not be available if performed on the same date as other periodontal services. D1110 and D4346 are only considered for individuals age 14 and over. D1120 is only considered for individuals age 13 and under.					
D9932	Cleaning and inspection of removable complete denture, maxillary.	100% Covered			
D9933	Cleaning and inspection of removable complete denture, mandibular.	100% Covered			
D9934	Cleaning and inspection of removable partial denture, maxillary.	100% Covered			
D9935	Cleaning and inspection of removable partial denture, mandibular.	100% Covered			
Cleaning and inspection of removable partial or complete denture will be allowed twice in a Policy Year. D9932 – D9935 count toward this maximum allowance. Benefits will not be available if performed on the same date as prophylaxis cleaning (D1110, D1120 or D4346) or periodontal maintenance (D4910).					
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and Diagnosis on a subsequent visit.	100% Covered			
D4355: One of these procedures will be allowed in a 3-year period.*					
D1206	Topical application of fluoride varnish.	100% Covered			
D1208	Topical application of fluoride – excluding varnish.	100% Covered			
D1206 or D1208: Coverage for fluoride treatment is limited to persons age 18 and under and to one treatment in a Policy Year.					
D1510	Space maintainer – fixed – unilateral – per quadrant.	100% Covered			
D1516	Space maintainer – fixed – bilateral, maxillary.	100% Covered			
D1517	Space maintainer – fixed – bilateral, mandibular.	100% Covered			
D1520	Space maintainer – removable – unilateral – per quadrant.	100% Covered			
D1526	Space maintainer – removable – bilateral, maxillary.	100% Covered			
D1527	Space maintainer – removable – bilateral, mandibular.	100% Covered			
D1575	Distal shoe space maintainer – fixed, unilateral – per quadrant.	100% Covered			
D1510 – D1527, D1575: Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowance includes all adjustments within 6 months after installation.					
D1551	Re-cement or re-bond bilateral space maintainer – maxillary.	100% Covered			
D1552	Re-cement or re-bond bilateral space maintainer – mandibular.	100% Covered			
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.	100% Covered			
D1556	Removal of fixed unilateral space maintainer – per quadrant.	100% Covered			
D1557	Removal of fixed bilateral space maintainer – maxillary.	100% Covered			
D1558	Removal of fixed bilateral space maintainer – mandibular.	100% Covered			
D8210	Removable appliance therapy.	100% Covered			
D8220	Fixed appliance therapy.	100% Covered			
D8210 – D8220: Coverage is limited to correction of thumb-sucking.					

Procedure Code	TYPE II – BASIC (MISCELLANEOUS PROCEDURES)	Maximum Covered Expense			
		Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4**
D0140	Limited oral evaluation – problem focused.	\$11	\$18	\$25	70%
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit).	\$11	\$18	\$25	70%
D0140 and D0170: Coverage is limited to accidental injury only. If not due to accident, will be considered as a D0120 and count toward this maximum allowance.					
D0472	Accession of tissue, gross examination, preparation and transmission of written report.	\$18	\$28	\$38	70%
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report.	\$35	\$55	\$75	70%
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.	\$35	\$55	\$75	70%
D0472 – D0474: Coverage is limited to one examination per biopsy/excision.*					
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report.	\$18	\$28	\$38	70%
D1351	Sealant – per tooth.	\$8	\$13	\$18	70%
D1353	Sealant repair – per tooth.	\$8	\$13	\$18	70%
D1354	Application of caries arresting medicament – per tooth.	\$8	\$13	\$18	70%
D1355	Caries preventive medicament application – per tooth.	\$8	\$13	\$18	70%
D1351, D1353 – D1355: Coverage is limited to once per tooth during a 3-year period. D1351 and D1353: Coverage limited to treatment of the occlusal surface or permanent molar teeth for persons age 16 and under.*					
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.	\$18	\$28	\$38	70%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core.	\$18	\$28	\$38	70%
D2920	Re-cement or re-bond crown.	\$18	\$28	\$38	70%
D2921	Reattachment of tooth fragment, incisal edge or cusp.	\$45	\$70	\$95	70%
D2940	Placement of interim direct restoration.	\$18	\$28	\$38	70%
D2991	Application of hydroxyapatite regeneration medicament – per tooth.	\$8	\$13	\$18	70%
D6930	Re-cement or re-bond fixed partial denture.	\$23	\$38	\$53	70%
D5511	Repair broken complete denture base, mandibular.	\$23	\$38	\$53	70%
D5512	Repair broken complete denture base, maxillary.	\$23	\$38	\$53	70%
D5520	Replace missing or broken teeth – complete denture – per tooth.	\$23	\$38	\$53	70%
D5611	Repair resin partial denture base, mandibular.	\$23	\$38	\$53	70%
D5612	Repair resin partial denture base, maxillary.	\$23	\$38	\$53	70%
D5621	Repair cast partial framework, mandibular.	\$35	\$55	\$75	70%
D5622	Repair cast partial framework, maxillary.	\$35	\$55	\$75	70%
D5630	Repair or replace broken retentive/clasping materials – per tooth.	\$35	\$55	\$75	70%
D5640	Replace missing or broken teeth – partial denture – per tooth.	\$23	\$38	\$53	70%
D5730	Reline complete maxillary denture (direct).	\$50	\$80	\$110	70%
D5731	Reline complete mandibular denture (direct).	\$50	\$80	\$110	70%
D5740	Reline maxillary partial denture (direct).	\$45	\$70	\$95	70%
D5741	Reline mandibular partial denture (direct).	\$45	\$70	\$95	70%
D5750	Reline complete maxillary denture (indirect).	\$75	\$125	\$175	70%
D5751	Reline complete mandibular denture (indirect).	\$75	\$125	\$175	70%
D5760	Reline maxillary partial denture (indirect).	\$75	\$125	\$175	70%

* The frequency is measured forward from the last covered date of service for the procedure.

** 70% of the maximum allowable charge

Procedure Code	TYPE II – BASIC (MISCELLANEOUS PROCEDURES)	Maximum Covered Expense			
		Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4**
D5761	Reline mandibular partial denture (indirect).	\$75	\$125	\$175	70%
D5730 – D5761: Coverage for relines is limited to service dates more than 6 months after installation.					
D6092	Re-cement or re-bond implant/abutment supported crown.	\$18	\$28	\$38	70%
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture.	\$18	\$28	\$38	70%
D6930	Re-cement or re-bond fixed partial denture.	\$23	\$38	\$53	70%
D9110	Palliative treatment of dental pain – per visit.	\$18	\$28	\$38	70%
D9110: Not covered in conjunction with other procedures, except diagnostic radiographic images.					
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician.	\$18	\$28	\$38	70%
D9310: Coverage is limited to 1 of these procedures per 1 Provider.					
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed.	\$11	\$18	\$25	70%
D9430: Coverage is allowed for accidental injury only.					
D9440	Office visit – after regularly scheduled hours.	\$23	\$38	\$53	70%
D9440: Payment will be made based on services rendered or visit, whichever is greater.					
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth.	\$23	\$38	\$53	70%
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report.	\$18	\$28	\$38	70%
Procedure Code	TYPE II – BASIC (RESTORATIVE, EXCLUDING INLAYS, CROWNS)	Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4**
D2140	Amalgam – one surface, primary or permanent.	\$23	\$38	\$53	70%
D2150	Amalgam – two surfaces, primary or permanent.	\$29	\$47	\$64	70%
D2160	Amalgam – three surfaces, primary or permanent.	\$35	\$55	\$75	70%
D2161	Amalgam – four or more surfaces, primary or permanent.	\$45	\$70	\$95	70%
D2330	Resin-based composite – one surface, anterior.	\$23	\$38	\$53	70%
D2331	Resin-based composite – two surfaces, anterior.	\$29	\$47	\$64	70%
D2332	Resin-based composite – three surfaces, anterior.	\$35	\$55	\$75	70%
D2335	Resin-based composite – four or more surfaces, anterior.	\$45	\$70	\$95	70%
D2390	Resin-based composite crown, anterior.	\$35	\$55	\$75	70%
D2391	Resin-based composite – one surface, posterior.	\$23	\$38	\$53	70%
D2392	Resin-based composite – two surfaces, posterior.	\$29	\$47	\$64	70%
D2393	Resin-based composite – three surfaces, posterior.	\$35	\$55	\$75	70%
D2394	Resin-based composite – four or more surfaces, posterior.	\$45	\$70	\$95	70%
D2928	Prefabricated porcelain/ceramic crown – permanent tooth.	\$60	\$100	\$140	70%
D2929	Prefabricated porcelain/ceramic crown – primary tooth.	\$60	\$100	\$140	70%
D2930	Prefabricated stainless steel crown – primary tooth.	\$45	\$70	\$95	70%
D2931	Prefabricated stainless steel crown – permanent tooth.	\$45	\$70	\$95	70%
D2932	Prefabricated resin crown.	\$60	\$100	\$140	70%
D2933	Prefabricated stainless steel crown with resin window.	\$60	\$100	\$140	70%
D2140 – D2394, D2928 – D2933: Porcelain and resin benefits are considered for anterior and bicuspid teeth only. Alternative Procedure limitation applies.					
D2390, D2928 – D2933: Coverage is limited to persons age 18 and under.					

Procedure Code	TYPE II – BASIC (RESTORATIVE, EXCLUDING INLAYS, CROWNS)	Maximum Covered Expense			
		Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4**
D2951	Pin retention – per tooth, in addition to restoration.	\$8	\$13	\$18	70%
D2990	Resin infiltration of incipient smooth surface lesions.	\$23	\$38	\$53	70%
Procedure Code	TYPE II – BASIC (SIMPLE EXTRACTIONS AND ORAL SURGERY)	Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4**
D7111	Extraction, coronal remnants – primary tooth.	\$23	\$38	\$53	70%
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).	\$23	\$38	\$53	70%
D7252	Partial extraction for immediate implant placement.	\$38	\$61	\$84	70%
D7260	Oroantral fistula closure.	\$125	\$200	\$275	70%
D7261	Primary closure of a sinus perforation.	\$125	\$200	\$275	70%
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.	\$75	\$125	\$175	70%
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization).	\$75	\$125	\$175	70%
D7280	Exposure of an unerupted tooth.	\$110	\$175	\$240	70%
D7282	Mobilization of erupted or malpositioned tooth to aid eruption.	\$75	\$125	\$175	70%
D7283	Placement of device to facilitate eruption of impacted tooth.	\$35	\$55	\$75	70%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth).	\$110	\$175	\$240	70%
D7286	Incisional biopsy of oral tissue – soft.	\$60	\$100	\$140	70%
D7287	Exfoliative cytological sample collection.	\$23	\$38	\$53	70%
D7288	Brush biopsy – transepithelial sample collection.	\$23	\$38	\$53	70%
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant.	\$45	\$70	\$95	70%
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant.	\$23	\$38	\$53	70%
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant.	\$60	\$100	\$140	70%
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant.	\$23	\$38	\$53	70%
D7340	Vestibuloplasty – ridge extension (secondary epithelialization).	\$75	\$125	\$175	70%
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).	\$180	\$290	\$400	70%
D7410	Excision of benign lesion to 1.25 cm.	\$75	\$125	\$175	70%
D7411	Excision of benign lesion greater than 1.25 cm.	\$110	\$175	\$240	70%
D7412	Excision of benign lesion, complicated.	\$110	\$175	\$240	70%
D7413	Excision of malignant lesion up to 1.25 cm.	\$110	\$175	\$240	70%
D7414	Excision of malignant lesion greater than 1.25 cm.	\$75	\$125	\$175	70%
D7415	Excision of malignant lesion, complicated.	\$75	\$125	\$175	70%
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm.	\$110	\$175	\$240	70%
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm.	\$75	\$125	\$175	70%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm.	\$75	\$125	\$175	70%
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm.	\$110	\$175	\$240	70%
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm.	\$75	\$125	\$175	70%

* The frequency is measured forward from the last covered date of service for the procedure.

** 70% of the maximum allowable charge

Procedure Code	TYPE II – BASIC (SIMPLE EXTRACTIONS AND ORAL SURGERY)	Maximum Covered Expense			
		Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4**
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm.	\$110	\$175	\$240	70%
D7465	Destruction of lesion(s) by physical or chemical method, by report.	\$23	\$38	\$53	70%
D7471	Removal of lateral exostosis (maxilla or mandible).	\$75	\$125	\$175	70%
D7472	Removal of torus palatinus.	\$75	\$125	\$175	70%
D7473	Removal of torus mandibularis.	\$75	\$125	\$175	70%
D7471 – D7473: A maximum of 5 sites will be considered.					
D7485	Reduction of osseous tuberosity.	\$75	\$125	\$175	70%
D7490	Radical resection of maxilla or mandible.	\$110	\$175	\$240	70%
D7509	Marsupialization of odontogenic cyst.	\$35	\$55	\$75	70%
D7510	Incision and drainage of abscess – intraoral soft tissue.	\$35	\$55	\$75	70%
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces).	\$35	\$55	\$75	70%
D7520	Incision and drainage of abscess – extraoral soft tissue.	\$35	\$55	\$75	70%
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces).	\$35	\$55	\$75	70%
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.	\$35	\$55	\$75	70%
D7540	Removal of reaction producing foreign bodies, musculoskeletal system.	\$75	\$125	\$175	70%
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone.	\$75	\$125	\$175	70%
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body.	\$125	\$200	\$275	70%
D7910	Suture of recent small wounds up to 5 cm.	\$18	\$28	\$38	70%
D7911	Complicated suture – up to 5 cm.	\$18	\$28	\$38	70%
D7912	Complicated suture – greater than 5 cm.	\$23	\$38	\$53	70%
D7961	Buccal/labial frenectomy (frenulectomy).	\$75	\$125	\$175	70%
D7962	Lingual frenectomy (frenulectomy).	\$75	\$125	\$175	70%
D7963	Frenuloplasty.	\$75	\$125	\$175	70%
D7970	Excision of hyperplastic tissue – per arch.	\$60	\$100	\$140	70%
D7972	Surgical reduction of fibrous tuberosity.	\$75	\$125	\$175	70%
D7979	Non-surgical sialolithotomy.	\$45	\$70	\$95	70%
D7980	Surgical sialolithotomy.	\$110	\$175	\$240	70%
D7983	Closure of salivary fistula.	\$35	\$55	\$75	70%
Procedure Code					
TYPE II – BASIC (ANESTHESIA)		Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4**
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia.	\$18	\$28	\$38	70%
D9222	Deep sedation/general anesthesia – first 15 minutes.	\$35	\$55	\$75	70%
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment.	\$35	\$55	\$75	70%
D9224	General anesthesia with advanced airway – first 15 minutes.	\$44	\$69	\$94	70%
D9225	General anesthesia with advanced airway – each subsequent 15 minute increment.	\$44	\$69	\$94	70%
D9239	Intravenous moderate sedation – first 15 minutes.	\$23	\$38	\$53	70%
D9243	Intravenous moderate sedation – each subsequent 15 minute increment.	\$23	\$38	\$53	70%
D9222 – D9243: Coverage is not available without a cutting procedure. A maximum of four units will be considered.					

Procedure Code	TYPE III – MAJOR (ENDODONTICS)	Maximum Covered Expense			
		Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4**
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocelemlal junction and application of medicament.	\$23	\$36	\$49	70%
Limited to treatment of primary teeth:					
D3221	Pulpal debridement, primary and permanent teeth.	\$23	\$36	\$49	70%
D3222	Partial Pulpotomy for apexogenesis – permanent tooth with incomplete root development.	\$38	\$61	\$84	70%
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration).	\$38	\$61	\$84	70%
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration).	\$38	\$61	\$84	70%
D3310	Endodontic therapy, anterior tooth (excluding final restoration).	\$125	\$200	\$275	70%
D3320	Endodontic therapy, premolar tooth (excluding final restoration).	\$150	\$245	\$335	70%
D3330	Endodontic therapy, molar tooth (excluding final restoration).	\$195	\$315	\$435	70%
D3331	Treatment of root canal obstruction; non-surgical access.	\$38	\$61	\$84	70%
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.	\$75	\$125	\$175	70%
D3333	Internal root repair of perforation defects.	\$38	\$61	\$84	70%
D3310 – D3333: Coverage is limited to permanent teeth. Allowance includes intra-operative radiographs and cultures but excludes final restoration.					
D3346	Retreatment of previous root canal therapy – anterior.	\$180	\$290	\$400	70%
D3347	Retreatment of previous root canal therapy – premolar.	\$195	\$315	\$435	70%
D3348	Retreatment of previous root canal therapy – molar.	\$240	\$385	\$530	70%
D3346 – D3348: Coverage is limited to permanent teeth and to service dates more than 12 months after root canal therapy or a previous retreatment. Allowance includes intra-operative radiographs and cultures but excludes final restoration.					
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.).	\$38	\$61	\$84	70%
D3352	Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.).	\$23	\$36	\$49	70%
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.).	\$75	\$125	\$175	70%
D3355	Pulpal regeneration – initial visit.	\$38	\$61	\$84	70%
D3356	Pulpal regeneration – interim medication replacement.	\$23	\$36	\$49	70%
D3357	Pulpal regeneration – completion of treatment.	\$75	\$125	\$175	70%
D3410	Apicoectomy – anterior.	\$125	\$200	\$275	70%
D3421	Apicoectomy – premolar (first root).	\$150	\$245	\$335	70%
D3425	Apicoectomy – molar (first root).	\$180	\$290	\$400	70%
D3426	Apicoectomy – (each additional root).	\$50	\$80	\$110	70%
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site.	\$75	\$125	\$175	70%
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site.	\$38	\$61	\$84	70%
D3430	Retrograde filling – per root.	\$38	\$61	\$84	70%
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery.	\$38	\$61	\$84	70%
D3450	Root amputation – per root.	\$75	\$125	\$175	70%
D3471	Surgical repair of root resorption – anterior.	\$125	\$200	\$275	70%

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** 70% of the maximum allowable charge

Procedure Code	TYPE III – MAJOR (ENDODONTICS)	Maximum Covered Expense			
		Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4**
D3472	Surgical repair of root resorption – premolar.	\$125	\$200	\$275	70%
D3473	Surgical repair of root resorption – molar.	\$125	\$200	\$275	70%
D3501	Surgical exposure of root surface without apicoectomy or repair of root for resorption – anterior.	\$38	\$61	\$84	70%
D3502	Surgical exposure of root surface without apicoectomy or repair of root for resorption – premolar.	\$50	\$80	\$110	70%
D3503	Surgical exposure of root surface without apicoectomy or repair of root for resorption – molar.	\$75	\$125	\$175	70%
D3920	Hemisection (including any root removal) not including root canal therapy.	\$75	\$125	\$175	70%
D3921	Decoronation or submergence of an erupted tooth.	\$23	\$36	\$49	70%
Procedure Code	TYPE III – MAJOR (PERIODONTICS)	Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4**
	Surgical Procedures (including postoperative visits):				
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant.	\$75	\$125	\$175	70%
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant.	\$38	\$61	\$84	70%
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant.	\$125	\$200	\$275	70%
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant.	\$50	\$80	\$110	70%
D4249	Clinical crown lengthening – hard tissue.	\$125	\$200	\$275	70%
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant.	\$195	\$315	\$435	70%
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant.	\$125	\$200	\$275	70%
D4263	Bone replacement graft - retained natural tooth – first site in quadrant.	\$75	\$125	\$175	70%
D4264	Bone replacement graft - retained natural tooth – each additional site in quadrant.	\$50	\$80	\$110	70%
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site.	\$38	\$61	\$84	70%
D4210 – D4265: Coverage is limited to treatment of periodontal disease. Each procedure is eligible for consideration once in a 3-year period.*					
D4270	Pedicle soft tissue graft procedure.	\$150	\$245	\$335	70%
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft.	\$195	\$315	\$435	70%
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft.	\$180	\$290	\$400	70%
D4276	Combined connective tissue and pedicle graft, per tooth.	\$180	\$290	\$400	70%
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft.	\$75	\$125	\$175	70%
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site.	\$75	\$125	\$175	70%

Procedure Code	TYPE III – MAJOR (PERIODONTICS)	Maximum Covered Expense			
		Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4**
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site.	\$180	\$290	\$400	70%
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site.	\$75	\$125	\$175	70%
D4270 – D4273, D4275 – D4285: Coverage is limited to treatment of periodontal disease. A maximum of two sites per quadrant will be considered in a 3-year period.*					
D4274	Mesial/distal or proximal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area).	\$75	\$125	\$175	70%
Non-surgical Periodontal Procedures:					
D4341	Periodontal scaling and root planing – four or more teeth per quadrant.	\$38	\$61	\$84	70%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant.	\$23	\$36	\$49	70%
D4341 – D4342: Each procedure is eligible for consideration once in a 2-year period, per quadrant.*					
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth.	\$23	\$36	\$49	70%
D4381: A scaling and planing (D4341, D4342) must be performed within 6 weeks prior to treatment. A maximum of 2 sites per quadrant will be considered and the frequency is limited to once in any 2-year period.					
Procedure Code	TYPE III – MAJOR (SURGICAL EXTRACTIONS)	Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4**
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.	\$38	\$61	\$84	70%
D7220	Removal of impacted tooth – soft tissue.	\$50	\$80	\$110	70%
D7230	Removal of impacted tooth – partially bony.	\$60	\$100	\$140	70%
D7240	Removal of impacted tooth – completely bony.	\$75	\$125	\$175	70%
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications.	\$125	\$200	\$275	70%
D7250	Removal of residual tooth roots (cutting procedure).	\$38	\$61	\$84	70%
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only.	\$75	\$125	\$175	70%
D7210 – D7251: Allowance includes local anesthesia, suturing, if needed, and routine postoperative care.					
Procedure Code	TYPE III – MAJOR (RESTORATIVE – INLAYS AND CROWNS)	Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4**
D2510	Inlay – metallic – one surface.	\$125	\$200	\$275	70%
D2520	Inlay – metallic – two surfaces.	\$150	\$245	\$335	70%
D2530	Inlay – metallic – three or more surfaces.	\$180	\$290	\$400	70%
D2542	Onlay – metallic – two surfaces.	\$125	\$200	\$275	70%
D2543	Onlay – metallic – three surfaces.	\$150	\$245	\$335	70%
D2544	Onlay – metallic – four or more surfaces.	\$180	\$290	\$400	70%
D2610	Inlay – porcelain/ceramic – one surface.	\$125	\$200	\$275	70%
D2620	Inlay – porcelain/ceramic – two surfaces.	\$150	\$245	\$335	70%
D2630	Inlay – porcelain/ceramic – three or more surfaces.	\$180	\$290	\$400	70%

* The frequency is measured forward from the last covered date of service for the procedure.

** 70% of the maximum allowable charge

Procedure Code	TYPE III – MAJOR (RESTORATIVE – INLAYS AND CROWNS)	Maximum Covered Expense			
		Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4**
D2642	Onlay – porcelain/ceramic – two surfaces.	\$125	\$200	\$275	70%
D2643	Onlay – porcelain/ceramic – three surfaces.	\$150	\$245	\$335	70%
D2644	Onlay – porcelain/ceramic – four or more surfaces.	\$180	\$290	\$400	70%
D2650	Inlay – resin-based composite – one surface.	\$125	\$200	\$275	70%
D2651	Inlay – resin-based composite – two surfaces.	\$150	\$245	\$335	70%
D2652	Inlay – resin-based composite – three or more surfaces.	\$180	\$290	\$400	70%
D2662	Onlay – resin-based composite – two surfaces.	\$125	\$200	\$275	70%
D2663	Onlay – resin-based composite – three surfaces.	\$150	\$245	\$335	70%
D2664	Onlay – resin-based composite – four or more surfaces.	\$180	\$290	\$400	70%
D2710	Crown – resin-based composite (indirect).	\$75	\$125	\$175	70%
D2712	Crown – ¾ resin-based composite (indirect).	\$75	\$125	\$175	70%
D2720	Crown – resin with high noble metal.	\$195	\$315	\$435	70%
D2721	Crown – resin with predominantly base metal.	\$195	\$315	\$435	70%
D2722	Crown – resin with noble metal.	\$195	\$315	\$435	70%
D2740	Crown – porcelain/ceramic.	\$195	\$315	\$435	70%
D2750	Crown – porcelain fused to high noble metal.	\$195	\$315	\$435	70%
D2751	Crown – porcelain fused to predominantly base metal.	\$195	\$315	\$435	70%
D2752	Crown – porcelain fused to noble metal.	\$195	\$315	\$435	70%
D2753	Crown – porcelain fused to titanium and titanium alloys.	\$195	\$315	\$435	70%
D2780	Crown – ¾ cast high noble metal.	\$195	\$315	\$435	70%
D2781	Crown – ¾ cast predominantly base metal.	\$195	\$315	\$435	70%
D2782	Crown – ¾ cast noble metal.	\$195	\$315	\$435	70%
D2783	Crown – ¾ porcelain/ceramic.	\$195	\$315	\$435	70%
D2790	Crown – full cast high noble metal.	\$195	\$315	\$435	70%
D2791	Crown – full cast predominantly base metal.	\$195	\$315	\$435	70%
D2792	Crown – full cast noble metal.	\$195	\$315	\$435	70%
D2794	Crown – titanium and titanium alloys.	\$195	\$315	\$435	70%
D2950	Core build-up, including any pins when required.	\$38	\$61	\$84	70%
D2952	Post and core in addition to crown, indirectly fabricated.	\$75	\$125	\$175	70%
D2954	Prefabricated post and core in addition to crown.	\$50	\$80	\$110	70%
D2980	Crown repair necessitated by restorative material failure.	\$38	\$61	\$84	70%
D2981	Inlay repair necessitated by restorative material failure.	\$23	\$36	\$49	70%
D2982	Onlay repair necessitated by restorative material failure.	\$23	\$36	\$49	70%
D2983	Veneer repair necessitated by restorative material failure.	\$23	\$36	\$49	70%
D2510 – D2794: Porcelain and resin benefits are considered for anterior and bicuspid teeth only. Alternative Procedure limitation applies.					
D2510 – D2794, D2950, D2952 – D2954, D2980 – D2983: A pretreatment estimate is strongly suggested for these services. Damage from normal wear and tear (attrition) is not covered. Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury. Coverage of a replacement appliance is limited to 1 of any of these procedures per 5 years. Benefits for replacement will be based on the prior placement date.					
D2950: This is reviewed by our dental consultants and benefits are allowed when diagnostic data indicates significant tooth structure loss.					

Procedure Code	TYPE III – MAJOR (PROSTHODONTICS – FIXED)	Maximum Covered Expense			
		Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4**
	Pontics:				
D6205	Pontic – indirect resin based composite.	\$180	\$290	\$400	70%
D6210	Pontic – cast high noble metal.	\$180	\$290	\$400	70%
D6211	Pontic – cast predominantly base metal.	\$180	\$290	\$400	70%
D6212	Pontic – cast noble metal.	\$180	\$290	\$400	70%
D6214	Pontic – titanium and titanium alloys.	\$180	\$290	\$400	70%
D6240	Pontic – porcelain fused to high noble metal.	\$180	\$290	\$400	70%
D6241	Pontic – porcelain fused to predominantly base metal.	\$180	\$290	\$400	70%
D6242	Pontic – porcelain fused to noble metal.	\$180	\$290	\$400	70%
D6243	Pontic – porcelain fused to titanium and titanium alloys.	\$180	\$290	\$400	70%
D6245	Pontic – porcelain/ceramic.	\$180	\$290	\$400	70%
D6250	Pontic – resin with high noble metal.	\$180	\$290	\$400	70%
D6251	Pontic – resin with predominantly base metal.	\$180	\$290	\$400	70%
D6252	Pontic – resin with noble metal.	\$180	\$290	\$400	70%
D6205 – D6252: Replacement is limited to 1 of any of these procedures per 5 year(s). Benefits for replacement will be based on the prior placement date. Porcelain and resin benefits are considered for anterior and bicuspid teeth only. Coverage for an initial placement of an appliance is provided only when the extraction of the tooth or teeth occurred during the period of plan coverage.					
	Implants: (\$1,000 Lifetime Maximum for Implants and Implant Services)				
D6010	Surgical placement of implant body: endosteal implant.	\$350	\$550	\$750	70%
D6011	Surgical access to an implant body (second stage implant surgery).	\$35	\$55	\$75	70%
D6040	Surgical placement: eosteal implant.	\$350	\$550	\$750	70%
D6050	Surgical placement: transosteal implant.	\$350	\$550	\$750	70%
D6051	Placement of interim implant abutment.	\$60	\$100	\$140	70%
D6055	Connecting bar – implant supported or abutment supported.	\$350	\$550	\$750	70%
D6056	Prefabricated abutment – includes modification and placement.	\$125	\$200	\$275	70%
D6057	Custom fabricated abutment – includes placement.	\$125	\$200	\$275	70%
D6191	Semi-precision abutment – placement.	\$75	\$125	\$175	70%
D6192	Semi-precision attachment – placement.	\$75	\$125	\$175	70%
IMPLANT: D6010, D6040, D6050.					
Replacement is limited to 1 of any of these procedures per 5 years.					
D5211, D5212, D5213, D5214, D5225, D5226, D5282, D5283, D5284, D5286, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.					
Frequency is waived for accidental injury.					
Benefits for procedures D6055, D6056 and D6057 will be contingent upon the implant being covered. Replacement for procedures D6056 and D6057 are limited to 1 of these procedures per 5 years.					
	Implant Services: (\$1,000 Lifetime Maximum for Implants and Implant Services)				
D6049	Implant maintenance procedures.	\$9	\$14	\$20	70%
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments.	\$23	\$36	\$49	70%
D6081	Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure.	\$8	\$13	\$18	70%
D6089	Accessing and retorquing loose implant screw - per screw.	\$25	\$40	\$55	70%
D6090	Repair of implant/abutment supported prosthesis.	\$50	\$80	\$110	70%

* The frequency is measured forward from the last covered date of service for the procedure.

** 70% of the maximum allowable charge

Procedure Code	TYPE III – MAJOR (PROSTHODONTICS – FIXED)	Maximum Covered Expense			
		Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4**
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment.	\$23	\$36	\$49	70%
D6096	Remove broken implant retaining screw.	\$50	\$80	\$110	70%
D6100	Surgical removal of implant body.	\$60	\$100	\$140	70%
D6104	Bone graft at time of implant placement.	\$75	\$125	\$175	70%
D6105	Removal of implant body not requiring bone removal or flap elevation.	\$23	\$38	\$53	70%
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments.	\$23	\$36	\$49	70%
D6190	Radiographic/surgical implant index.	\$50	\$80	\$110	70%
D6193	Replacement of an implant screw.	\$55	\$85	\$120	70%
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant.	\$23	\$38	\$53	70%
D6198	Remove interim implant component.	\$35	\$55	\$75	70%
IMPLANT SERVICES: D6049, D6080, D6081, D6089, D6090, D6091, D6096, D6100, D6105, D6180, D6190, D6193, D6197, D6198.					
Coverage for D6049, D6080, D6081 and D6180 is limited to 2 in a 12-month period. Coverage for D6089, D6090, D6091, D6096, D6105, D6193, D6197 and D6198 is limited to service dates more than 6 months after placement date. Coverage for D6190 is limited to 1 per arch in a 24-month period.					
Implant Supported: (This section is not subject to the lifetime implant \$1,000 maximum)					
D6058	Abutment supported porcelain/ceramic crown.	\$240	\$385	\$530	70%
D6059	Abutment supported porcelain fused to metal crown (high noble metal).	\$240	\$385	\$530	70%
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal).	\$240	\$385	\$530	70%
D6061	Abutment supported porcelain fused to metal crown (noble metal).	\$240	\$385	\$530	70%
D6062	Abutment supported cast metal crown (high noble metal).	\$240	\$385	\$530	70%
D6063	Abutment supported cast metal crown (predominantly base metal).	\$240	\$385	\$530	70%
D6064	Abutment supported cast metal crown (noble metal).	\$240	\$385	\$530	70%
D6065	Implant supported porcelain/ceramic crown.	\$240	\$385	\$530	70%
D6066	Implant supported crown – porcelain fused to high noble alloys.	\$240	\$385	\$530	70%
D6067	Implant supported crown – high noble alloys.	\$240	\$385	\$530	70%
D6068	Abutment supported retainer for porcelain/ceramic FPD.	\$240	\$385	\$530	70%
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal).	\$240	\$385	\$530	70%
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).	\$240	\$385	\$530	70%
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal).	\$240	\$385	\$530	70%
D6072	Abutment supported retainer for cast metal FPD (high noble metal).	\$240	\$385	\$530	70%
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal).	\$240	\$385	\$530	70%
D6074	Abutment supported retainer for cast metal FPD (noble metal).	\$240	\$385	\$530	70%
D6075	Implant supported retainer for ceramic FPD.	\$240	\$385	\$530	70%
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys.	\$240	\$385	\$530	70%
D6077	Implant supported retainer for metal FPD – high noble alloys.	\$240	\$385	\$530	70%

Procedure Code	TYPE III – MAJOR (PROSTHODONTICS – FIXED)	Maximum Covered Expense			
		Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4**
D6082	Implant supported crown – porcelain fused to predominantly base alloys.	\$240	\$385	\$530	70%
D6083	Implant supported crown – porcelain fused to noble alloys.	\$240	\$385	\$530	70%
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys.	\$240	\$385	\$530	70%
D6086	Implant supported crown – predominantly base alloys.	\$240	\$385	\$530	70%
D6087	Implant supported crown – noble alloys.	\$240	\$385	\$530	70%
D6088	Implant supported crown – titanium and titanium alloys.	\$240	\$385	\$530	70%
D6094	Abutment supported crown – titanium and titanium alloys.	\$240	\$385	\$530	70%
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys.	\$240	\$385	\$530	70%
D6098	Implant supported retainer – porcelain fused to predominantly base alloys.	\$240	\$385	\$530	70%
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys.	\$240	\$385	\$530	70%
D6110	Implant/abutment supported removable denture for edentulous arch – maxillary.	\$240	\$385	\$530	70%
D6111	Implant/abutment supported removable denture for edentulous arch – mandibular.	\$240	\$385	\$530	70%
D6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary.	\$240	\$385	\$530	70%
D6113	Implant/abutment supported removable denture for partially edentulous arch – mandibular.	\$240	\$385	\$530	70%
D6114	Implant/abutment supported fixed denture for edentulous arch – maxillary.	\$240	\$385	\$530	70%
D6115	Implant/abutment supported fixed denture for edentulous arch – mandibular.	\$240	\$385	\$530	70%
D6116	Implant/abutment supported fixed denture for partially edentulous arch – maxillary.	\$240	\$385	\$530	70%
D6117	Implant/abutment supported fixed denture for partially edentulous arch – mandibular.	\$240	\$385	\$530	70%
D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular.	\$125	\$200	\$275	70%
D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary.	\$125	\$200	\$275	70%
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys.	\$240	\$385	\$530	70%
D6121	Implant supported retainer for metal FPD – predominantly base alloys.	\$240	\$385	\$530	70%
D6122	Implant supported retainer for metal FPD – noble alloys.	\$240	\$385	\$530	70%
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys.	\$240	\$385	\$530	70%
D6194	Abutment supported retainer crown for FPD – titanium and titanium alloys.	\$240	\$385	\$530	70%
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys.	\$240	\$385	\$530	70%
D6058 – D6077, D6082 – D6088, D6094, D6097 – D6123, and D6194 – D6195: Coverage is subject to the replacement and extraction provisions as defined under the Limitations section of this contract.					
Procedure Code	TYPE III – MAJOR (RETAINERS – ABUTMENTS)	Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4**
D6545	Retainer – cast metal for resin bonded fixed prosthesis.	\$75	\$125	\$175	70%

* The frequency is measured forward from the last covered date of service for the procedure.

** 70% of the maximum allowable charge

Procedure Code	TYPE III – MAJOR (RETAINERS – ABUTMENTS)	Maximum Covered Expense			
		Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4**
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis.	\$75	\$125	\$175	70%
D6549	Resin retainer – for resin bonded fixed prosthesis.	\$75	\$125	\$175	70%
D6600	Retainer inlay – porcelain/ceramic, two surfaces.	\$125	\$200	\$275	70%
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces.	\$125	\$200	\$275	70%
D6602	Retainer inlay – cast high noble metal, two surfaces.	\$150	\$245	\$335	70%
D6603	Retainer inlay – cast high noble metal, three or more surfaces.	\$180	\$290	\$400	70%
D6604	Retainer inlay – cast predominantly base metal, two surfaces.	\$125	\$200	\$275	70%
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces.	\$125	\$200	\$275	70%
D6606	Retainer inlay – cast noble metal, two surfaces.	\$125	\$200	\$275	70%
D6607	Retainer inlay – cast noble metal, three or more surfaces.	\$150	\$245	\$335	70%
D6608	Retainer onlay – porcelain/ceramic, two surfaces.	\$125	\$200	\$275	70%
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces.	\$150	\$245	\$335	70%
D6610	Retainer onlay – cast high noble metal, two surfaces.	\$180	\$290	\$400	70%
D6611	Retainer onlay – cast high noble metal, three or more surfaces.	\$180	\$290	\$400	70%
D6612	Retainer onlay – cast predominantly base metal, two surfaces.	\$125	\$200	\$275	70%
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces.	\$150	\$245	\$335	70%
D6614	Retainer onlay – cast noble metal, two surfaces.	\$150	\$245	\$335	70%
D6615	Retainer onlay – cast noble metal, three or more surfaces.	\$180	\$290	\$400	70%
D6624	Retainer inlay – titanium.	\$150	\$245	\$335	70%
D6634	Retainer onlay – titanium.	\$180	\$290	\$400	70%
D6710	Retainer crown – indirect resin based composite.	\$180	\$290	\$400	70%
D6720	Retainer crown – resin with high noble metal.	\$180	\$290	\$400	70%
D6721	Retainer crown – resin with predominantly base metal.	\$180	\$290	\$400	70%
D6722	Retainer crown – resin with noble metal.	\$180	\$290	\$400	70%
D6740	Retainer crown – porcelain/ceramic.	\$180	\$290	\$400	70%
D6750	Retainer crown – porcelain fused to high noble metal.	\$180	\$290	\$400	70%
D6751	Retainer crown – porcelain fused to predominantly base metal.	\$180	\$290	\$400	70%
D6752	Retainer crown – porcelain fused to noble metal.	\$180	\$290	\$400	70%
D6753	Retainer crown – porcelain fused to titanium and titanium alloys.	\$180	\$290	\$400	70%
D6780	Retainer crown – ¾ cast high noble metal.	\$180	\$290	\$400	70%
D6781	Retainer crown – ¾ cast predominantly base metal.	\$180	\$290	\$400	70%
D6782	Retainer crown – ¾ cast noble metal.	\$180	\$290	\$400	70%
D6783	Retainer crown – ¾ porcelain/ceramic.	\$180	\$290	\$400	70%
D6784	Retainer crown – ¾ titanium and titanium alloys.	\$180	\$290	\$400	70%
D6790	Retainer crown – full cast high noble metal.	\$180	\$290	\$400	70%
D6791	Retainer crown – full cast predominantly base metal.	\$180	\$290	\$400	70%
D6792	Retainer crown – full cast noble metal.	\$180	\$290	\$400	70%
D6794	Retainer crown – titanium and titanium alloys.	\$180	\$290	\$400	70%
D6940	Stress breaker.	\$50	\$80	\$110	70%
D6980	Fixed partial denture repair necessitated by restorative material failure.	\$38	\$61	\$84	70%
D9120	Fixed partial denture sectioning.	\$38	\$61	\$84	70%
D6545 – D6794, D6940 – D6980, D9120: Porcelain and resin benefits are considered for anterior and bicuspid teeth only. Coverage for an initial placement of an appliance is provided only when the extraction of the tooth or teeth occurred during the period of plan coverage. Coverage of a replacement appliance is limited to 1 of any of these procedures per 5 years. Benefits for replacement will be based on the prior placement date.					

Procedure Code	TYPE III – MAJOR (PROSTHODONTICS – REMOVABLE)	Maximum Covered Expense			
		Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4**
D5110	Complete denture – maxillary.	\$240	\$385	\$530	70%
D5120	Complete denture – mandibular.	\$240	\$385	\$530	70%
D5130	Immediate denture – maxillary.	\$240	\$385	\$530	70%
D5140	Immediate denture – mandibular.	\$240	\$385	\$530	70%
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth).	\$180	\$290	\$400	70%
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth).	\$180	\$290	\$400	70%
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).	\$240	\$385	\$530	70%
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).	\$240	\$385	\$530	70%
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth).	\$180	\$290	\$400	70%
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth).	\$180	\$290	\$400	70%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).	\$240	\$385	\$530	70%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).	\$240	\$385	\$530	70%
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth).	\$180	\$290	\$400	70%
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth).	\$180	\$290	\$400	70%
D5227	Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth).	\$180	\$290	\$400	70%
D5228	Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth).	\$180	\$290	\$400	70%
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary.	\$125	\$200	\$275	70%
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular.	\$125	\$200	\$275	70%
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant.	\$125	\$200	\$275	70%
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant.	\$125	\$200	\$275	70%
D5110 – D5140, D5221 – D5286: Allowances for partial and complete dentures include adjustments within 6 months after installation. Precision attachments, implants, specialized techniques and characterizations are considered optional and the additional expense for these shall be borne by the patient. All partial allowances include conventional clasps, rests and teeth.					
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).	\$180	\$290	\$400	70%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).	\$180	\$290	\$400	70%
D5110 – D5286, D5670 – D5671: Coverage for an initial placement of an appliance is provided only when the extraction of the tooth or teeth occurred during the period of plan coverage. Coverage of a replacement appliance is limited to 1 of any of these procedures per 5 years. Benefits for replacement will be based on the prior placement date.					
D5670 – D5671: Prosthetic replacement limitation applies. See limitations section.					
D5410	Adjust complete denture – maxillary.	\$11	\$18	\$25	70%
D5411	Adjust complete denture – mandibular.	\$11	\$18	\$25	70%
D5421	Adjust partial denture – maxillary.	\$11	\$18	\$25	70%

* The frequency is measured forward from the last covered date of service for the procedure.

** 70% of the maximum allowable charge

Procedure Code	TYPE III – MAJOR (PROSTHODONTICS – REMOVABLE)	Maximum Covered Expense			
		Economy Option Schedule 1	Standard Option Schedule 2	Preferred Option Schedule 3	Premier Option Schedule 4**
D5422	Adjust partial denture – mandibular.	\$11	\$18	\$25	70%
D5410 – D5422: Coverage is limited to an adjustment with a date of service more than 6 months after installation.					
D5650	Add tooth to existing partial denture – per tooth.	\$23	\$36	\$49	70%
D5660	Add clasp to existing partial denture – per tooth.	\$38	\$61	\$84	70%
D5710	Rebase complete maxillary denture.	\$75	\$125	\$175	70%
D5711	Rebase complete mandibular denture.	\$75	\$125	\$175	70%
D5720	Rebase maxillary partial denture.	\$75	\$125	\$175	70%
D5721	Rebase mandibular partial denture.	\$75	\$125	\$175	70%
D5725	Rebase hybrid prosthesis.	\$75	\$125	\$175	70%
D5765	Soft liner for complete or partial removable denture – direct.	\$125	\$200	\$275	70%
D5810	Interim complete denture (maxillary).	\$125	\$200	\$275	70%
D5811	Interim complete denture (mandibular).	\$125	\$200	\$275	70%
D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary.	\$75	\$125	\$175	70%
D5821	Interim partial denture (including retentive/clasping materials, rests and teeth), mandibular.	\$75	\$125	\$175	70%
D5850	Tissue conditioning, maxillary.	\$23	\$36	\$49	70%
D5851	Tissue conditioning, mandibular.	\$23	\$36	\$49	70%
D5863	Overdenture – complete maxillary – natural tooth borne.	\$240	\$385	\$530	70%
D5864	Overdenture – partial maxillary – natural tooth borne.	\$240	\$385	\$530	70%
D5865	Overdenture – complete mandibular – natural tooth borne.	\$240	\$385	\$530	70%
D5866	Overdenture – partial mandibular – natural tooth borne.	\$240	\$385	\$530	70%
D5876	Add metal substructure to acrylic complete denture – per arch.	\$75	\$125	\$175	70%
D5810 – D5876: Coverage for an initial placement of an appliance is provided only when the extraction of the tooth or teeth occurred during the period of plan coverage. Coverage of a replacement appliance is limited to 1 of any of these procedures per 5 years. Benefits for replacement will be based on the prior placement date.					

