FS305

Florida Combined Life
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Schedule of Benefits and Subscriber Copayments

Copayment amounts for listed procedures are applicable at the Participating General Dentist or Participating Specialist.

ADACode	Procedure	Patient Pays
Appointments		
D9310	Consultation (Normally Not The Same Dentist Who Provides The Treatment)	$5
D9430	Office Visit for Observation - No Other Services Performed	$0
D9440	Office Visit - After Regularly Scheduled Hours	$35
D9986	Missed appointments No charge will be made due to emergencies	$10
D9987	Cancelled appointments (without 24 hour notice, per 15 min)	$10
D9999	Emergency visit during regularly scheduled hours, by report	$20
Diagnostic		
D0120	Periodic Oral Evaluation (limited to twice in any 12 calendar months)	$0
D0140	Limited Oral Evaluation - Problem Focused	$0
D0145	Oral Evaluation for a Patient Under Three Years of Age and Counseling with Primary Caregiver	$0
D0150	Comprehensive Oral Evaluation - New or Established Patient (limited to twice in any 12 calendar months)	$0
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, By Report	$0
D0170	Re-evaluation - Problem Focused (Not Post-Operative Visit)	$0
D0180	Comprehensive Periodontal Evaluation - New or Established Patient (limited to twice in any 12 calendar months)	$15
D0210	X-Rays - Complete Series of Radiographic Images (limited to once in any 3 calendar years)	$0
D0220	X-Rays Intraoral Periapical, First Radiographic Image	$0
D0230	X-Rays Intraoral Periapical, Each Additional Radiographic Image	$0
D0240	X-Rays Intraoral - Occlusal Radiographic Image	$0
D0250	Extraoral - 2D Projection Radiographic Image Created Using a Stationary Radiation Source and Detector	$0
D0270	X-Rays (Bitewing) - Single Radiographic Image (limited to twice in any 12 calendar months)	$0
D0272	X-Rays (Bitewings) - Two Radiographic Images (limited to twice in any 12 calendar months)	$0
D0273	X-Rays (Bitewings) - Three Radiographic Images (limited to twice in any 12 calendar months)	$0
D0274	X-Rays (Bitewings) - Four Radiographic Images (limited to twice in any 12 calendar months)	$0
D0277	X-Rays (Bitewings, Vertical) - 7 to 8 Radiographic Images (limited to twice in any 12 calendar months)	$0
D0330	X-Rays Panoramic Radiographic Images (limited to once in any 3 calendar years)	$0
D0350	Oral/facial photographic images obtained intraorally or extraorally	$0
D0415	Collection of microorganisms for culture and sensitivity	$0
D0425	Caries susceptibility tests	$0
D0431	Oral Cancer Screening Using a Special Light Source	$50

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D0460	Pulp Vitality Tests (not covered if a root canal is performed)	$0
D0470	Diagnostic Casts	$0
D0472	Pathology Report - Gross Examination of Lesion	$0
D0473	Pathology Report - Microscopic Examination of Lesion	$0
D0474	Pathology Report - Microscopic Examination of Lesion and Area	$0

Preventive

D1110	Cleaning - Adult (limited to twice in any 12 calendar months, by primary care dentist)	$0
D1120	Cleaning – Child (limited to twice in any 12 calendar months)	$0
D1206	Topical Application of Fluoride Varnish (for child under 16 years of age) (limited to twice in any 12 calendar months)	$0
D1208	Topical application of fluoride –excluding varnish (limited to twice in any 12 calendar months)	$0
D1310	Nutritional counseling for control of dental disease	$0
D1320	Tobacco counseling for the control and prevention of oral disease	$0
D1330	Oral Hygiene Instructions	$0
D1351	Sealant - Per Tooth (limited to permanent teeth only to age 16)	$10
D1510*	Space Maintainer - Fixed Unilateral (through age 14) (excludes distal shoe space maintainer)	$50
D1515*	Space Maintainer - Fixed Bilateral (through age 14)	$70
D1520*	Space Maintainer - Removable - Unilateral (through age 14)	$85
D1525*	Space Maintainer - Removable - Bilateral (through age 14)	$90
D1550	Recementation or rebonding of Space Maintainer	$10
D1575	Distal Shoe Space Maintainer –fixed unilateral (through age 14) on primary teeth only	$130

Restorative

D2140	Amalgam - One Surface, Primary or Permanent	$5
D2150	Amalgam - Two Surfaces, Primary or Permanent	$5
D2160	Amalgam - Three Surfaces, Primary or Permanent	$5
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	$5
D2940	Protective Restoration	$10

Resin restorative – Inlays and onlays limited to one per tooth every 5 (five) years

D2330	Resin-Based Composite - One Surface, Anterior	$30
D2331	Resin-Based Composite - Two Surfaces, Anterior	$40
D2332	Resin-Based Composite - Three Surfaces, Anterior	$45
D2335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle (Anterior)	$65
D2390	Resin-Based Composite Crown, Anterior	$70
D2391	Resin-Based Composite - One Surface, Posterior	$45
D2392	Resin-Based Composite - Two Surfaces, Posterior	$55
D2393	Resin-Based Composite - Three Surfaces, Posterior	$80
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	$90
D2510*	Inlay - Metallic - One Surface	$225
D2520*	Inlay - Metallic - Two Surfaces	$235
D2530*	Inlay - Metallic - Three or More Surfaces	$245
D2542*	Onlay - Metallic - Two Surfaces	$250
D2543*	Onlay - Metallic - Three Surfaces	$260
D2544*	Onlay - Metallic - Four or More Surfaces	$270
D2610*	Inlay - porcelain/ceramic - one surface	$250
D2620*	Inlay - porcelain/ceramic - two surfaces	$260
D2630*	Inlay - porcelain/ceramic - three or more surfaces	$270
D2642*	Onlay - porcelain/ceramic - two surfaces	$275
D2643*	Onlay - porcelain/ceramic - three surfaces	$285
D2644*	Onlay - porcelain/ceramic - four or more surfaces	$295
D2650*	Inlay - resin-based composite - one surface	$225
D2651*	Inlay - resin-based composite - two surfaces	$235
D2652*	Inlay - resin-based composite - three or more surfaces	$245
D2662*	Onlay - resin-based composite - two surfaces	$250

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D2663*	Onlay - resin-based composite - three surfaces	$260
D2664*	Onlay - resin-based composite - four or more surfaces	$270

Crown and bridge – Crowns limited to one per tooth every 5 (five) years

D2710*	Crown - resin based composite (indirect)	$270
D2712*	Crown - 3/4 resin-based composite (indirect)	$270
D2720*	Crown - Resin with High Noble Metal	$270
D2721	Crown - Resin with Predominantly Base Metal	$270
D2722*	Crown - Resin with Noble Metal	$270
D2740*	Crown - Porcelain/Ceramic	$270
D2750*	Crown - Porcelain Fused to High Noble Metal	$270
D2751	Crown - Porcelain Fused to Predominantly Base Metal	$270
D2752*	Crown - Porcelain Fused to Noble Metal	$270
D2780*	Crown - 3/4 Cast High Noble Metal	$270
D2781	Crown - 3/4 Cast Predominantly Base Metal	$270
D2782*	Crown - 3/4 Cast Noble Metal	$270
D2783*	Crown - 3/4 Porcelain/Ceramic	$270
D2790*	Crown - Full Cast High Noble Metal	$270
D2791	Crown - Full Cast Predominantly Base Metal	$270
D2792*	Crown - Full Cast Noble Metal	$270
D2794*	Crown - Titanium	$270
D2799	Provisional crown	$0
D2910	Recement or rebond Inlay, Onlay, Veneer or partial coverage restoration	$15
D2915	Recement or rebond indirectly fabricated or Prefabricated Post and Core	$0
D2920	Recement or rebond Crown	$15
D2929	Prefabricated porcelain/ceramic crown - primary tooth.	$75
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	$75
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	$25
D2932	Prefabricated Resin Crown	$50
D2933	Prefabricated Stainless Steel Crown with Resin Window	$50
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	$50
D2950	Core Buildup, Including Any Pins	$50
D2951	Pin Retention - Per Tooth, In Addition to Restoration	$15
D2952*	Cast Post and Core, In Addition to Crown	$95
D2953*	Each Additional Cast Post - Same Tooth	$100
D2954	Prefabricated Post and Core In Addition to Crown	$85
D2955	Post removal (not in conjunction with endodontic therapy)	$10
D2957	Each Additional Prefabricated Post - Same Tooth -Base Metal Post	$35
D2960	Labial Veneer (Resin Laminate) - Chairside	$250
D2961*	Labial veneer (resin laminate) - laboratory	$300
D2962*	Labial veneer (porcelain laminate) - laboratory	$350
D2971	Additional procedures to construct new crown under existing partial denture framework	$50
D2980	Crown Repair necessitated by restorative material failure	$0
D2981	Inlay repair necessitate by restorative material failure	$0
D2982	Onlay repair necessitate by restorative material failure	$0
D2983	Veneer repair necessitated by restorative material failure	$0
D6940	Stress Breaker	$150
D6950	Precision attachment (separate from prosthesis)	$195

Prosthodontics (fixed) – Replacement limited to every 5 (five) years, adjustments once per year

D6210*	Pontic - Cast High Noble Metal	$270
D6211	Pontic - Cast Predominantly Base Metal	$270
D6212*	Pontic - Cast Noble Metal	$270
D6240*	Pontic - Porcelain Fused to High Noble Metal	$270
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	$270
D6242*	Pontic - Porcelain Fused to Noble Metal	$270
D6750*	Retainer Crown - Porcelain Fused to High Noble Metal	$270
D6751	Retainer Crown - Porcelain Fused to Predominantly Base Metal	$270
D6752*	Retainer Crown - Porcelain Fused to Noble Metal	$270

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D6790*	Retainer Crown - Full Cast High Noble Metal	$270
D6791	Retainer Crown - Full Cast Predominantly Base Metal	$270
D6792*	Retainer Crown - Full Cast Noble Metal	$270
D6794*	Retainer Crown Titanium	$270
D6930	Recement or Rebond Fixed Partial Denture	$15

Prosthodontics – Replacement limited to every 5 (five) years

D5110*	Full Upper Denture	$375
D5120*	Full Lower Denture	$375
D5130*	Immediate Denture- Maxillary	$375
D5140*	Immediate Denture- Mandibular	$375
D5211*	Upper Partial Denture - Resin Base (Including Clasps, Rests and Teeth)	$400
D5212*	Lower Partial Denture - Resin Base (Including Clasps, Rests and Teeth)	$400
D5213*	Upper Partial Denture - Metal (Including Clasps, Rests and Teeth)	$425
D5214*	Lower Partial Denture - Metal (Including Clasps, Rests and Teeth)	$425
D5221	Immediate Maxillary Partial Denture – Resin Base (including any conventional clasps, rests and teeth)	$263
D5222	Immediate Mandibular Partial Denture – Resin Base (including any conventional clasps, rests and teeth)	$263
D5223	Immediate Maxillary Partial Denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$413
D5224	Immediate Mandibular Partial Denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$413
D5225*	Upper Partial Denture - Flexible (Including Clasps, Rests and Teeth)	$425
D5226*	Lower Partial Denture - Flexible (Including Clasps, Rests and Teeth)	$425
D5281*	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	$350
D5410	Adjust Complete Denture Upper	$15
D5411	Adjust Complete Denture Lower	$15
D5421	Adjust Partial Denture Upper	$15
D5422	Adjust Partial Denture Lower	$15
D5660*	Add Clasp to Existing Partial Denture – Per Tooth	$90

Endodontics (each procedure limited to once per tooth per life)

D3110	Pulp Cap - Direct (Excluding Final Restoration)	$15
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	$10
D3220	Pulpotomy - Removal of Pulp, Not Part of a Root Canal	$40
D3221	Pulpal Debridement (Not to be used when root canal is done on the same day)	$85
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	$45
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	$50
D3310	Anterior Root Canal (Permanent Tooth) (Excluding Final Restoration)	$110
D3320	Endodontic Therapy, Premolar Tooth (Permanent Tooth) (Excluding Final Restoration)	$195
D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	$250
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	$80
D3332	Incomplete Endodontic Therapy; Inoperable or Fractured Tooth	$80
D3333	Internal Root Repair of Perforation Defects	$90
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption)	$90
D3352	Apexification/recalcification - interim medication replacement	$80
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption)	$90
D3410	Apicoectomy - Anterior	$135
D3421	Apicoectomy - Premolar (First Root)	$120
D3425	Apicoectomy - Molar (First Root)	$120
D3426	Apicoectomy- (Each Additional Root)	$60
D3430	Retrograde Filling - Per Root	$40

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D3450	Root Amputation - Per Root (Not Covered in Conjunction with Procedure D3920)	$95
D3910	Surgical procedure for isolation of tooth with rubber dam	$20
D3920	Hemisection (including any root removal), not including root canal therapy	$90
D3950	Canal preparation and fitting of preformed dowel or post	$15

Periodontics

D4210	Gingivectomy or Gingivoplasty - 4 or More Teeth, Per Quadrant	$120
D4211	Gingivectomy or Gingivoplasty - 1 to 3 Teeth, Per Quadrant	$55
D4240	Gingival Flap, Including Root Planing - 4 or More Teeth, Per Quadrant	$150
D4241	Gingival Flap, Including Root Planing - 1 to 3 Teeth, Per Quadrant	$120
D4245	Apically Positioned Flap	$175
D4249	Clinical Crown Lengthening - Hard Tissue	$150
D4260	Osseous Surgery - (including elevation of a full thickness flap and closure) 4 or More Teeth or Bounded Spaces, Per Quadrant	$350
D4261	Osseous Surgery (including elevation of a full thickness flap and closure) - 1 to 3 Teeth, Per Quadrant	$325
D4263	Bone Replacement Graft - Retained Natural Tooth First Site in Quadrant	$180
D4264	Bone Replacement Graft - Retained Natural Tooth Each Additional Site in Quadrant	$95
D4265	Biologic materials to aid in soft and osseous tissue regeneration	$95
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	$230
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)	$275
D4270	Pedicle Soft Tissue Graft Procedure	$260
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites), first tooth, implant, or edentulous tooth position in graft	$350
D4274	Mesial/Distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	$90
D4275	Non-autogenous-connective tissue graft (including recipient site and donor Material) first tooth, implant, or edentulous tooth position in graft	$380
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft	$265
D4278	Free soft tissue graft procedure (including recipient and donor surgicalsites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	$130
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	$210
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	$228
D4320	Provisional splinting - intracoronal	$95
D4321	Provisional splinting - extracoronal	$85
D4341	Periodontal Scaling and Root Planing, Four or More Teeth or Bounded Teeth Spaces Per Quadrant (limited to a maximum of four (4) quadrants will be paid in any combination per 24 calendar months.)	$55
D4342	Periodontal Scaling and Root Planing- One to Three Teeth, Per Quadrant (limited to a maximum of four (4) quadrants will be paid in any combination per 24 calendar months.)	$50
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation – Full Mouth, after Oral Evaluation (limited to one per year). This service will reduce the number of cleanings available under 1110 and/or 1120 so the total number of cleanings does not exceed two in a calendar year per person.	$55
D4355	Full Mouth Debridement to Enable a Comprehensive Oral Evaluation and Diagnosis on a Subsequent Visit (limited to once every 5 calendar years)	$50
D4381	Localized Delivery of Chemotherapeutic Agents, Per Tooth (limited to once per tooth per (12) months to a maximum of three (3) tooth sites per quadrant, and performed no less than three (3) months following active periodontal therapy.)	$60
D4910	Periodontal Maintenance (covered only after active periodontal therapy)	$45

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Extractions/oral and maxillofacial surgery

D7111	Extraction of Coronal Remnants - Primary Tooth	$0
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	$0
D7210	Extraction of Erupted Tooth - Removal of Bone and/or Sectioning of Tooth And including elevation of mucoperiosteal flap if indicated	$40
D7220	Removal of Impacted Tooth - Soft Tissue	$55
D7230	Removal of Impacted Tooth - Partially Bony	$70
D7240	Removal of Impacted Tooth - Completely Bony	$85
D7241	Removal of Impacted Tooth - Completely Bony, Unusual Complications by Report	$110
D7250	Removal of Residual Tooth Roots (Cutting Procedure)	$40
D7260	Oroantral Fistula Closure	$350
D7261	Primary Closure of a Sinus Perforation	$225
D7270	Tooth Stabilization of Accidentally Evulsed or Displaced Tooth	$55
D7280	Exposure of an Unerupted Tooth (Excluding Wisdom Teeth)	$100
D7282	Mobilization of erupted or malpositioned tooth to air eruption	$90
D7285	Incisional Biopsy of Oral Tissue - Hard (Bone, Tooth)	$350
D7286	Incisional Biopsy of Oral Tissue - Soft (All Others)	$120
D7287	Exfoliative Cytological Sample Collection	$50
D7288	Brush Biopsy - Transepithelial Sample Collection	$55
D7310	Alveoloplasty with Extractions - Per Quadrant	$40
D7311	Alveoloplasty with Extractions - Localized, Per Quadrant	$15
D7320	Alveoloplasty not in Conjunction with Extractions -Per Quadrant	$75
D7321	Alveoloplasty not in Conjunction with Extractions -Localized, Per Quadrant	$30
D7450	Removal of Benign Odontogenic Cyst or Tumor -Up to 1.25cm	$160
D7451	Removal of Benign Odontogenic Cyst or Tumor -Greater Than 1.25cm	$235
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	$90
D7472	Removal of Torus Palatinus	$65
D7473	Removal of Torus Mandibularis	$65
D7485	Reduction of Osseous Tuberosity	$60
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	$35
D7970	Excision of hyperplastic tissue - per arch	$85
D7971	Excision of pericoronal gingiva	$55

Repair to prosthetics

D5511*	Repair Broken Complete Denture Base, Mandibular	$35
D5512*	Repair Broken Complete Denture Base, Maxillary	$35
D5520*	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	$35
D5611*	Repair Resin Partial Denture Base, Mandibular	$35
D5612*	Repair Resin Partial Denture Base, Maxillary	$35
D5621*	Repair Cast Partial Framework, Mandibular	$35
D5622*	Repair Cast Partial Framework, Maxillary	$35
D5630*	Repair or Replace Broken Clasp - Per Tooth	$35
D5640*	Replace Broken Teeth - Per Tooth	$35
D5650*	Add Tooth to Existing Partial Denture	$35
D5670*	Replace all teeth and acrylic on cast metal framework (maxillary)	$210
D5671*	Replace all teeth and acrylic on cast metal framework (mandibular)	$225
D5710*	Rebase Complete Upper Denture	$200
D5711*	Rebase Complete Lower Denture	$200
D5720*	Rebase Upper Partial Denture	$200
D5721*	Rebase Lower Partial Denture	$200
D5730	Reline Complete Upper Denture (Chairside)	$60
D5731	Reline Complete Lower Denture (Chairside)	$60
D5740	Reline Upper Partial Denture (Chairside)	$60
D5741	Reline Lower Partial Denture (Chairside)	$60
D5750*	Reline Complete Upper Denture (Laboratory)	$95
D5751*	Reline Complete Lower Denture (Laboratory)	$95
D5760*	Reline Upper Partial Denture (Laboratory)	$95
D5761*	Reline Lower Partial Denture (Laboratory)	$95
D5810*	Interim Complete Denture (Upper)	$250
D5811*	Interim Complete Denture (Lower)	$250

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D5820*	Interim Partial Denture (Upper)	$80
D5821*	Interim Partial Denture (Lower)	$80
D5850	Tissue Conditioning, Upper	$30
D5851	Tissue Conditioning, Lower	$30
D6214*	Pontic Titanium	$270
D6245*	Pontic - Porcelain/Ceramic	$270
D6250*	Pontic - Resin with High Noble Metal	$270
D6251	Pontic - Resin with Predominantly Base Metal	$270
D6252*	Pontic - Resin with Noble Metal	$270
D6253*	Provisional pontic	$0
D6545*	Retainer - cast metal for resin bonded fixed prosthesis	$250
D6548*	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	$250
D6549	Retainer - resin for resin bonded fixed prosthesis	$250
D6600*	Retainer Inlay - porcelain/ceramic, two surfaces	$270
D6601*	Retainer Inlay - porcelain/ceramic, three or more surfaces	$270
D6602*	Retainer Inlay - Cast High Noble Metal, Two Surfaces	$270
D6603*	Retainer Inlay - Cast High Noble Metal, Three or More Surfaces	$270
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	$270
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three or More Surfaces	$270
D6606*	Retainer Inlay - Cast Noble Metal, Two Surfaces	$270
D6607*	Retainer Inlay - Cast Noble Metal, Three or More Surfaces	$270
D6608*	Retainer Onlay - porcelain/ceramic, two surfaces	$270
D6609*	Retainer Onlay - porcelain/ceramic, three or more surfaces	$270
D6610*	Retainer Onlay - Cast High Noble Metal, Two Surfaces	$270
D6611*	Retainer Onlay - Cast High Noble Metal, Three or More Surfaces	$270
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	$270
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three or More Surfaces	$270
D6614*	Retainer Onlay - Cast Noble Metal, Two Surfaces	$270
D6615*	Retainer Onlay - Cast Noble Metal, Three or More Surfaces	$270
D6624*	Retainer Inlay Titanium	$270
D6634*	Retainer Onlay Titanium	$270
D6710*	Retainer Crown - indirect resin based composite	$270
D6720*	Retainer Crown - Resin with High Noble Metal	$270
D6721	Retainer Crown - Resin with Predominantly Base Metal	$270
D6722*	Retainer Crown - Resin with Noble Metal	$270
D6740*	Retainer Crown - Porcelain/Ceramic	$280
D6780*	Retainer Crown - 3/4 Cast High Noble Metal	$270
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	$270
D6782*	Retainer Crown - 3/4 Cast Noble Metal	$270
D6783*	Retainer Crown - 3/4 porcelain/ceramic	$270

Adjunctive General Service

D9110	Palliative (emergency treatment of dental pain – minor procedure)	$20
D9215	Local Anesthesia in conjunction with operative or surgical procedures	$0
D9222	Deep Sedation/General Anesthesia – First 15 Minutes	$83
D9223	Deep sedation/general anesthesia – each Subsequent 15 minute increment	$71
D9230	Administration of nitrous oxide/anxiolysis, analgesia (per 15 minutes)	$15
D9239	I.V. Moderate (Conscious) Sedation/Analgesia – First 15 Minute Increment	$83
D9243	I.V. Moderate (Conscious) Sedation/Analgesia – Each Subsequent 15 Minute Increment	$71
D9450	Case Presentation, Detailed and Extensive Treatment Planning	$0
D9951	Occlusal Adjustment Limited	$35
D9952	Occlusal Adjustment Complete	$165

Bleaching

D9972	External Bleaching - Per Arch - performed in the office.	$175
D9975	External Bleaching for home application, per arch, includes materials and fabrication of custom trays.	$175

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* Services marked with a single asterisk (*) also require separate payment of laboratory charges (not to exceed $200). The laboratory charges must be paid to the Participating Dentist in addition to any applicable copayment for the service.

Orthodontic Services

D8070 / D8080

Comprehensive Orthodontic treatment of the transitional/adolescent dentition. Children up to 19 years of age up to 24 months of routine orthodontic treatment for Class I and Class II cases.
Consultation..... $0
Evaluation..... $45
Records/Treatment Planning…..... $250
Orthodontic treatment..... $1,900

D8090 Comprehensive Orthodontic treatment of the transitional/adult dentition. Adults 19 years of age and older up to 24 months of routine orthodontic treatment for Class I and Class II cases.
Consultation..... $0
Evaluation..... $45
Records/Treatment Planning..... $250
Orthodontic treatment..... $1,900

D8680 Retention $455

6081, for scaling and debridement in the presence of inflammation of mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, will be limited to once per calendar year.

NOTE:

1. Not all Participating Dentists perform all listed procedures, including amalgams. Please consult Your dentist prior to treatment for availability of services.
2. Some Covered Dental Care Services are typically only offered by a specialist (like many oral surgery procedures).
3. When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged and additional $75 per unit.
4. Additional exclusions and limitations are listed along with full plan information in your Certificate of Dental Benefits.
5. Copayment amounts for listed procedures are applicable at either the Participating General Dentist or Participating Specialist. Specialist services are only available in areas where the dental plan has a Participating Specialist.

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