

Feel good about choosing a Beta Health dental plan offered by Humana

The Beta Health Alpha Dental Plan¹ has you covered for any circumstance. Whether you need routine dental care or unexpected dental treatment, you know what to expect with Beta Health.

- No waiting periods
- No claims to file
- No annual maximums

Use your Alpha Dental Plan benefits

- You have the freedom to select any participating general dentist as your primary care dentist. To select a dental provider from the Beta Health network, visit [Humana.com](https://www.humana.com). For benefit information, contact Beta Health 1-800-807-0706.
- Life without claim forms! With the Beta Health Alpha Dental Plan you pay your dentist directly, when applicable.
- Your primary dentist will provide all of your routine dental care and any discounted charges will be paid at the time of service.
- If you need a specialty dentist, you'll receive up to a 20 percent discount by using one of the participating specialty dentists from our network. Visit [Humana.com](https://www.humana.com) to find a participating specialist.

Good health starts with a healthy mouth

Make dental visits a priority

One of the first lines of defense in overall health is dental care. Regular dental cleanings can help manage problems throughout the body, such as heart disease, diabetes, and stroke. The Beta Health Alpha Dental Plan enables you to take better care of your teeth, and you'll pay less for your dental care doing so.

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

¹ This is not insurance. Discounts are only available at participating providers.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings



Questions?

Email support@Betadental.com

Call **1-800-807-0706** from 7:30 a.m. to 5 p.m. for a Customer Care Specialist.

The Beta Health Alpha Dental Plan focuses on maintaining oral health, prevention and cost-containment. Members may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. Beta Health Alpha plan copayments for listed procedures are applicable only at a participating general dentist.

Member costs listed here are for services provided by a chosen participating primary care dentist (PCD) only. A PCD may decide that a member needs to see a contracted dental specialist. No referral is necessary to see a network specialist.

Specialists services: Members may receive up to a 20 percent discount by visiting a participating specialist. Visit Humana.com to find a participating specialist.

Summary of services

Diagnostic Services	Member pays		
D0120	Periodic Oral Evaluation - Established Patient . . .	no charge	
D0140	Limited Oral Evaluation - Problem Focused	no charge	
D0145	Oral Evaluation For A Patient Under Three Years Of Age And Counseling With Primary Caregiver . .	no charge	
D0150	Comprehensive Oral Evaluation - New Or Established Patient	no charge	
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	no charge	
D0170	Re-Evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit) . .	no charge	
D0171	Re-Evaluation - Post-Operative Office Visit	no charge	
D0180	Comprehensive Periodontal Evaluation - New Or Established Patient	no charge	
D0190	Screening Of A Patient	no charge	
D0191	Assessment Of A Patient	no charge	
D0210	Intraoral - Complete Series Of Radiographic Images	\$ 83.00	
D0220	Intraoral - Periapical First Radiographic Image . .	\$ 18.00	
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$ 14.00	
D0240	Intraoral - Occlusal Radiographic Image	\$ 23.00	
D0250	Extra-Oral - 2D Projection Radiographic Image Created Using A Stationary Radiation Source, And Detector	\$ 28.00	
D0251	Extra-Oral Posterior Dental Radiographic Image .	\$ 28.00	
D0270	Bitewing - Single Radiographic Image	\$ 16.00	
D0272	Bitewings - Two Radiographic Images	\$ 24.00	
D0273	Bitewings - Three Radiographic Images	\$ 29.00	
D0274	Bitewings - Four Radiographic Images	\$ 39.00	
D0277	Vertical Bitewings - 7 To 8 Radiographic Images .	\$ 46.00	
D0310	Sialography	\$ 140.00	
D0320	Temporomandibular Joint Arthrogram, Including Injection	\$ 435.00	
D0321	Other Temporomandibular Joint Radiographic Images, By Report	\$ 97.00	
D0322	Tomographic Survey	\$ 222.00	
D0330	Panoramic Radiographic Image	\$ 62.00	
D0340	2D Cephalometric Radiographic Image - Acquisition, Measurement And Analysis	\$ 63.00	
D0350	2D Oral/Facial Photographic Image Obtained Intra-Orally Or Extra-Orally	\$ 34.00	
D0351	3D Photographic Image	\$ 108.00	
D0364	Cone Beam Ct Capture And Interpretation With Limited Field Of View - Less Than One Whole Jaw	\$ 329.00	
D0365	Cone Beam Ct Capture And Interpretation With Field Of View Of One Full Dental Arch - Mandible	\$ 359.00	
D0366	Cranium	\$ 360.00	
D0367	Cone Beam Ct Capture And Interpretation With Field Of View Of Both Jaws; With Or Without Cranium	\$ 473.00	
D0368	Cone Beam Ct Capture And Interpretation For Tmj Series Including Two Or More Exposures . . .	\$ 450.00	
D0369	Maxillofacial Mri Capture And Interpretation . . .	no charge	
D0370	Maxillofacial Ultrasound Capture And Interpretation	\$ 100.00	
D0371	Sialoendoscopy Capture And Interpretation	no charge	
D0380	Cone Beam Ct Image Capture With Limited Field Of View - Less Than One Whole Jaw	\$ 270.00	
D0381	Cone Beam Ct Image Capture With Field Of View Of One Full Dental Arch - Mandible	\$ 338.00	
D0382	Cone Beam Ct Image Capture With Field Of View Of One Full Dental Arch - Maxilla, With Or Without Cranium	\$ 351.00	
D0383	Cone Beam Ct Image Capture With Field Of View Of Both Jaws; With Or Without Cranium . .	\$ 418.00	
D0384	Cone Beam Ct Image Capture For Tmj Series Including Two Or More Exposures	\$ 360.00	
D0385	Maxillofacial Mri Image Capture	\$ 330.00	
D0386	Maxillofacial Ultrasound Image Capture	no charge	
D0391	Interpretation Of Diagnostic Image By A Practitioner Not Associated With Capture Of The Image, Including Report	\$ 215.00	
D0393	Treatment Simulation Using 3D Image Volume . .	\$ 125.00	
D0394	Digital Subtraction Of Two Or More Images Or Image Volumes Of The Same Modality	\$ 207.00	
D0395	Fusion Of Two Or More 3D Image Volumes Of One Or More Modalities	\$ 118.00	
D0411	Hba1C In-Office Point Of Service Testing	\$ 211.00	
D0412	Blood Glucose Level Test - In-Office Using A Glucose Meter	\$ 106.00	
D0414	Laboratory Processing Of Microbial Specimen To Include Culture And Sensitivity Studies, Preparation And Transmission Of Written Report	\$ 180.00	
D0415	Collection Of Microorganisms For Culture And Sensitivity	\$ 258.00	
D0416	Viral Culture	no charge	
D0417	Collection And Preparation Of Saliva Sample For Laboratory Diagnostic Testing	\$ 211.00	

D0418	Analysis Of Saliva Sample	\$ 180.00	D0702	2-D Cephalometric Radiographic Image – Image Capture Only	\$ 32.00
D0419	Assessment Of Salivary Flow By Measurement ..	\$ 7.00	D0703	2D Oral/Facial Photographic Image Obtained Intra-Orally Or Extra-Orally – Image Capture Only	\$ 18.00
D0422	Collection And Preparation Of Genetic Sample Material For Laboratory Analysis And Report	\$ 18.00	D0704	3D Photographic Image – Image Capture Only ..	\$ 54.00
D0423	Genetic Test For Susceptibility To Diseases – Specimen Analysis	\$ 180.00	D0705	Extra-Oral Posterior Dental Radiographic Image – Image Capture Only	\$ 15.00
D0425	Caries Susceptibility Tests	\$ 72.00	D0706	Intraoral – Occlusal Radiographic Image – Image Capture Only	\$ 11.00
D0431	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities Including Premalignant And Malignant Lesions, Not To Include Cytology Or Biopsy Procedures	\$ 70.00	D0707	Intraoral – Periapical Radiographic Image – Image Capture Only	\$ 9.00
D0460	Pulp Vitality Tests	\$ 32.00	D0708	Intraoral – Bitewing Radiographic Image – Image Capture Only	\$ 9.00
D0470	Diagnostic Casts	\$ 63.00	D0709	Intraoral – Complete Series Of Radiographic Images – Image Capture Only	\$ 39.00
D0472	Accession Of Tissue, Gross Examination, Preparation And Transmission Of Written Report	\$ 225.00	D0999	Unspecified Diagnostic Procedure, By Report	no charge
D0473	Accession Of Tissue, Gross And Microscopic Examination, Preparation And Transmission Of Written Report	\$ 279.00	Preventive Services		Member pays
D0474	Disease, Preparation And Transmission Of Written Report	\$ 360.00	D1110	Prophylaxis - Adult	\$ 50.00
D0475	Decalcification Procedure	\$ 73.00	D1120	Prophylaxis - Child	\$ 40.00
D0476	Special Stains For Microorganisms	no charge	D1206	Topical Application Of Fluoride Varnish	\$ 31.00
D0477	Special Stains, Not For Microorganisms	no charge	D1208	Topical Application Of Fluoride – Excluding Varnish	\$ 26.00
D0478	Immunohistochemical Stains	no charge	D1310	Nutritional Counseling For Control Of Dental Disease	\$ 19.00
D0479	Tissue In-Situ Hybridization, Including Interpretation	no charge	D1320	Tobacco Counseling For The Control And Prevention Of Oral Disease	\$ 11.00
D0480	Accession Of Exfoliative Cytologic Smears, Microscopic Examination, Preparation And Transmission Of Written Report	\$ 180.00	D1321	Counseling For The Control And Prevention Of Adverse Oral, Behavioral, And Systemic Health Effects Associated With High-Risk Substance Use	\$ 11.00
D0481	Electron Microscopy	no charge	D1330	Oral Hygiene Instructions	\$ 21.00
D0482	Direct Immunofluorescence	\$ 32.00	D1351	Sealant - Per Tooth	\$ 36.00
D0483	Indirect Immunofluorescence	no charge	D1352	Preventive Resin Restoration In A Moderate To High Caries Risk Patient – Permanent Tooth	\$ 35.00
D0484	Consultation On Slides Prepared Elsewhere	no charge	D1353	Sealant Repair – Per Tooth	\$ 35.00
D0485	Consultation, Including Preparation Of Slides From Biopsy Material Supplied By Referring Source	no charge	D1354	Interim Caries Arresting Medicament Application – Per Tooth	\$ 29.00
D0486	Laboratory Accession Of Transepithelial Cytologic Sample, Microscopic Examination, Preparation And Transmission Of Written Report	\$ 788.00	D1355	Caries Preventive Medicament Application – Per Tooth	\$ 29.00
D0502	Other Oral Pathology Procedures, By Report	no charge	D1510	Space Maintainer - Fixed, Unilateral – Per Quadrant	\$ 225.00
D0600	Non-Ionizing Diagnostic Procedure Capable Of Quantifying, Monitoring, And Recording Changes In Structure Of Enamel, Dentin, And Cementum	\$ 22.00	D1516	Space Maintainer - Fixed - Bilateral, Maxillary ..	\$ 314.00
D0601	Caries Risk Assessment And Documentation, With A Finding Of Low Risk	\$ 14.00	D1517	Space Maintainer - Fixed - Bilateral, Mandibular ..	\$ 314.00
D0602	Caries Risk Assessment And Documentation, With A Finding Of Moderate Risk	\$ 14.00	D1520	Space Maintainer - Removable, Unilateral - Per Quadrant	\$ 180.00
D0603	Caries Risk Assessment And Documentation, With A Finding Of High Risk	\$ 14.00	D1526	Space Maintainer - Removable - Bilateral, Maxillary	\$ 288.00
D0604	Antigen Testing For A Public Health Related Pathogen Including Coronavirus	\$ 106.00	D1527	Space Maintainer - Removable - Bilateral, Mandibular	\$ 288.00
D0605	Antibody Testing For A Public Health Related Pathogen Including Coronavirus	\$ 106.00	D1551	Re-Cement Or Re-Bond Bilateral Space Maintainer - Maxillary	\$ 43.00
D0701	Panoramic Radiographic Image – Image Capture Only	\$ 31.00	D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer - Mandibular	\$ 43.00
			D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer - Per Quadrant	\$ 43.00
			D1556	Removal Of Fixed Unilateral Space Maintainer - Per Quadrant	\$ 45.00

D1557	Removal Of Fixed Bilateral Space Maintainer - Maxillary	\$ 45.00	D2722	Crown - Resin With Noble Metal	\$ 625.00
D1558	Removal Of Fixed Bilateral Space Maintainer - Mandibular	\$ 45.00	D2740	Crown - Porcelain/Ceramic	\$ 725.00
D1575	Distal Shoe Space Maintainer - Fixed, Unilateral - Per Quadrant	\$ 225.00	D2750	Crown - Porcelain Fused To High Noble Metal	\$ 831.00
D1999	Unspecified Preventive Procedure, By Report	no charge	D2751	Crown - Porcelain Fused To Predominantly Base Metal	\$ 812.00
Restorative Services		Member pays	D2752	Crown - Porcelain Fused To Noble Metal	\$ 817.00
D2140	Amalgam - One Surface, Primary Or Permanent	\$ 103.00	D2753	Crown - Porcelain Fused To Titanium And Titanium Alloys	\$ 817.00
D2150	Amalgam - Two Surfaces, Primary Or Permanent	\$ 132.00	D2780	Crown - 3/4 Cast High Noble Metal	\$ 677.00
D2160	Amalgam - Three Surfaces, Primary Or Permanent	\$ 161.00	D2781	Crown - 3/4 Cast Predominantly Base Metal	\$ 616.00
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	\$ 195.00	D2782	Crown - 3/4 Cast Noble Metal	\$ 653.00
D2330	Resin-Based Composite - One Surface, Anterior	\$ 100.00	D2783	Crown - 3/4 Porcelain/Ceramic	\$ 693.00
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$ 124.00	D2790	Crown - Full Cast High Noble Metal	\$ 792.00
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$ 152.00	D2791	Crown - Full Cast Predominantly Base Metal	\$ 765.00
D2335	Resin-Based Composite - Four Or More Surfaces (Anterior)	\$ 183.00	D2792	Crown - Full Cast Noble Metal	\$ 774.00
D2390	Resin-Based Composite Crown, Anterior	\$ 240.00	D2794	Crown - Titanium And Titanium Alloys	\$ 792.00
D2391	Resin-Based Composite - One Surface, Posterior	\$ 107.00	D2799	Provisional Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	\$ 207.00
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$ 135.00	D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	\$ 63.00
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$ 166.00	D2915	Re-Cement Or Re-Bond Indirectly Fabricated Or Prefabricated Post And Core	\$ 63.00
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	\$ 195.00	D2920	Re-Cement Or Re-Bond Crown	\$ 63.00
D2510	Inlay - Metallic - One Surface	\$ 370.00	D2921	Reattachment Of Tooth Fragment, Incisal Edge Or Cusp	\$ 140.00
D2520	Inlay - Metallic - Two Surfaces	\$ 433.00	D2928	Prefabricated Porcelain/Ceramic Crown - Permanent Tooth	\$ 161.00
D2530	Inlay - Metallic - Three Or More Surfaces	\$ 502.00	D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	\$ 172.00
D2542	Onlay - Metallic - Two Surfaces	\$ 567.00	D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$ 156.00
D2543	Onlay - Metallic - Three Surfaces	\$ 611.00	D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$ 166.00
D2544	Onlay - Metallic - Four Or More Surfaces	\$ 648.00	D2932	Prefabricated Resin Crown	\$ 157.00
D2610	Inlay - Porcelain/Ceramic - One Surface	\$ 461.00	D2933	Prefabricated Stainless Steel Crown With Resin Window	\$ 193.00
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	\$ 519.00	D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$ 172.00
D2630	Inlay - Porcelain/Ceramic - Three Or More Surfaces	\$ 581.00	D2940	Protective Restoration	\$ 52.00
D2642	Onlay - Porcelain/Ceramic - Two Surfaces	\$ 586.00	D2941	Interim Therapeutic Restoration - Primary Dentition	\$ 52.00
D2643	Onlay - Porcelain/Ceramic - Three Surfaces	\$ 670.00	D2949	Restorative Foundation For An Indirect Restoration	\$ 124.00
D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	\$ 723.00	D2950	Core Buildup, Including Any Pins When Required	\$ 138.00
D2650	Inlay - Resin-Based Composite - One Surface	\$ 386.00	D2951	Pin Retention - Per Tooth, In Addition To Restoration	\$ 34.00
D2651	Inlay - Resin-Based Composite - Two Surfaces	\$ 434.00	D2952	Post And Core In Addition To Crown, Indirectly Fabricated	\$ 260.00
D2652	Inlay - Resin-Based Composite - Three Or More Surfaces	\$ 519.00	D2953	Each Additional Indirectly Fabricated Post - Same Tooth	\$ 133.00
D2662	Onlay - Resin-Based Composite - Two Surfaces	\$ 494.00	D2954	Prefabricated Post And Core In Addition To Crown	\$ 170.00
D2663	Onlay - Resin-Based Composite - Three Surfaces	\$ 547.00	D2955	Post Removal	\$ 133.00
D2664	Onlay - Resin-Based Composite - Four Or More Surfaces	\$ 559.00	D2957	Each Additional Prefabricated Post - Same Tooth	\$ 75.00
D2710	Crown - Resin-Based Composite (Indirect)	\$ 315.00	D2960	Labial Veneer (Resin Laminate) - Chairside	\$ 282.00
D2712	Crown - 3/4 Resin-Based Composite (Indirect)	\$ 305.00			
D2720	Crown - Resin With High Noble Metal	\$ 648.00			
D2721	Crown - Resin With Predominantly Base Metal	\$ 561.00			

D2961 Labial Veneer (Resin Laminate) - Laboratory.....	\$ 447.00	D3356 Pulpal Regeneration - Interim Medication Replacement	\$ 115.00
D2962 Labial Veneer (Porcelain Laminate) - Laboratory..	\$ 554.00	D3357 Pulpal Regeneration - Completion Of Treatment..	\$ 255.00
D2971 Additional Procedures To Construct New Crown Under Existing Partial Denture Framework	\$ 165.00	D3410 Apicoectomy - Anterior.....	\$ 484.00
D2975 Coping.....	\$ 253.00	D3421 Apicoectomy - Premolar (First Root)	\$ 491.00
D2980 Crown Repair Necessitated By Restorative Material Failure	\$ 130.00	D3425 Apicoectomy - Molar (First Root).....	\$ 573.00
D2981 Inlay Repair Necessitated By Restorative Material Failure	\$ 130.00	D3426 Apicoectomy (Each Additional Root)	\$ 198.00
D2982 Onlay Repair Necessitated By Restorative Material Failure	\$ 130.00	D3428 Bone Graft In Conjunction With Periradicular Surgery - Per Tooth, Single Site	\$ 295.00
D2983 Veneer Repair Necessitated By Restorative Material Failure	\$ 130.00	D3429 Bone Graft In Conjunction With Periradicular Surgery - Each Additional Contiguous Tooth In The Same Surgical Site	\$ 279.00
D2990 Resin Infiltration Of Incipient Smooth Surface Lesions	\$ 270.00	D3430 Retrograde Filling - Per Root	\$ 124.00
Endodontic Services	Member pays	D3431 Biologic Materials To Aid In Soft And Osseous Tissue Regeneration In Conjunction With Periradicular Surgery	\$ 383.00
D3110 Pulp Cap - Direct (Excluding Final Restoration) ...	\$ 43.00	D3432 Guided Tissue Regeneration, Resorbable Barrier, Per Site, In Conjunction With Periradicular Surgery	\$ 321.00
D3120 Pulp Cap - Indirect (Excluding Final Restoration) ..	\$ 39.00	D3450 Root Amputation - Per Root.....	\$ 285.00
D3220 Therapeutic Pulpotomy (Excluding Final Restoration) - Removal Of Pulp Coronal To The Dentinocemental Junction And Application Of Medicament	\$ 87.00	D3460 Endodontic Endosseous Implant	\$ 715.00
D3221 Pulpal Debridement, Primary And Permanent Teeth	\$ 106.00	D3470 Intentional Reimplantation (Including Necessary Splinting)	\$ 509.00
D3222 Partial Pulpotomy For Apexogenesis - Permanent Tooth With Incomplete Root Development	\$ 87.00	D3471 Surgical Repair Of Root Resorption - Anterior	\$ 124.00
D3230 Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	\$ 153.00	D3472 Surgical Repair Of Root Resorption - Premolar ...	\$ 124.00
D3240 Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	\$ 194.00	D3473 Surgical Repair Of Root Resorption - Molar.....	\$ 124.00
D3310 Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$ 504.00	D3501 Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption - Anterior.....	\$ 93.00
D3320 Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	\$ 572.00	D3502 Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption - Premolar.....	\$ 93.00
D3330 Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	\$ 769.00	D3503 Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption - Molar	\$ 93.00
D3331 Treatment Of Root Canal Obstruction; Non-Surgical Access.....	\$ 162.00	D3910 Surgical Procedure For Isolation Of Tooth With Rubber Dam	\$ 278.00
D3332 Incomplete Endodontic Therapy; Inoperable, Unrestorable Or Fractured Tooth	\$ 214.00	D3920 Hemisection (Including Any Root Removal), Not Including Root Canal Therapy.....	\$ 236.00
D3333 Internal Root Repair Of Perforation Defects.....	\$ 148.00	D3950 Canal Preparation And Fitting Of Preformed Dowel Or Post.....	\$ 150.00
D3346 Retreatment Of Previous Root Canal Therapy - Anterior.....	\$ 622.00	Periodontic Services	Member pays
D3347 Retreatment Of Previous Root Canal Therapy - Premolar.....	\$ 711.00	D4210 Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	\$ 333.00
D3348 Retreatment Of Previous Root Canal Therapy - Molar	\$ 846.00	D4211 Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	\$ 149.00
D3351 Apexification/Recalcification - Initial Visit (Apical Closure / Calcific Repair Of Perforations, Root Resorption, Etc.)	\$ 186.00	D4212 Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	\$ 149.00
D3352 Apexification/Recalcification - Interim Medication Replacement.....	\$ 115.00	D4230 Anatomical Crown Exposure - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	\$ 495.00
D3353 Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair Of Perforations, Root Resorption, Etc.)	\$1,001.00	D4231 Anatomical Crown Exposure - One To Three Teeth Or Tooth Bounded Spaces Per Quadrant	\$ 346.00
D3355 Pulpal Regeneration - Initial Visit	\$ 186.00	D4240 Quadrant	\$ 405.00

D4241	Quadrant	\$ 294.00	D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	\$ 158.00
D4245	Apically Positioned Flap	\$ 388.00	D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	\$ 110.00
D4249	Clinical Crown Lengthening - Hard Tissue	\$ 558.00	D4346	Scaling In Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	\$ 76.00
D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	\$ 746.00	D4355	Full Mouth Debridement To Enable A Comprehensive Oral Evaluation And Diagnosis On A Subsequent Visit	\$ 85.00
D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	\$ 538.00	D4381	Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle Into Diseased Crevicular Tissue, Per Tooth	\$ 79.00
D4263	Bone Replacement Graft - Retained Natural Tooth - First Site In Quadrant	\$ 299.00	D4910	Periodontal Maintenance	\$ 86.00
D4264	Bone Replacement Graft - Retained Natural Tooth - Each Additional Site In Quadrant	\$ 284.00	D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Their Staff)	\$ 141.00
D4265	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration	\$ 383.00	D4921	Gingival Irrigation - Per Quadrant	\$ 14.00
D4266	Guided Tissue Regeneration - Resorbable Barrier, Per Site	\$ 392.00	Prosthodontic Services - Removable Member pays		
D4267	Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal)	\$ 458.00	D5110	Complete Denture - Maxillary	\$ 935.00
D4268	Surgical Revision Procedure, Per Tooth	\$ 374.00	D5120	Complete Denture - Mandibular	\$ 935.00
D4270	Pedicle Soft Tissue Graft Procedure	\$ 536.00	D5130	Immediate Denture - Maxillary	\$1,025.00
D4273	Autogenous Connective Tissue Graft Procedure (Including Donor And Recipient Surgical Sites) First Tooth, Implant, Or Edentulous Tooth Position In Graft	\$ 632.00	D5140	Immediate Denture - Mandibular	\$1,025.00
D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed In Conjunction With Surgical Procedures In The Same Anatomical Area)	\$ 311.00	D5211	Maxillary Partial Denture - Resin Base (Including, Retentive/Clasping Materials, Rests, And Teeth)	\$ 637.00
D4275	Non-Autogenous Connective Tissue Graft (Including Recipient Site And Donor Material) First Tooth, Implant, Or Edentulous Tooth Position In Graft	\$ 603.00	D5212	Mandibular Partial Denture - Resin Base (Including, Retentive/Clasping Materials, Rests, And Teeth)	\$ 637.00
D4276	Combined Connective Tissue And Double Pedicle Graft, Per Tooth	\$2,128.00	D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests And Teeth)	\$1,058.00
D4277	Free Soft Tissue Graft Procedure (Including Recipient And Donor Surgical Sites) First Tooth, Implant Or Edentulous Tooth Position In Graft	\$ 584.00	D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests And Teeth)	\$1,058.00
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	\$ 283.00	D5221	Immediate Maxillary Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	\$ 632.00
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	\$ 477.00	D5222	Immediate Mandibular Partial Denture - Resin Base (Including Retentive/Clasping Materials, Rests And Teeth)	\$ 632.00
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	\$ 477.00	D5223	Immediate Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests And Teeth)	\$ 972.00
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	\$ 229.00	D5224	Immediate Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases (Including Retentive/Clasping Materials, Rests And Teeth)	\$ 972.00
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	\$ 208.00	D5225	Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	\$ 739.00
			D5226	Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)	\$ 739.00
			D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps And Teeth), Maxillary	\$ 460.00

D5283	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps And Teeth), Mandibular	\$ 460.00	D5867	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment (Male Or Female Component).....	\$ 306.00
D5284	Removable Unilateral Partial Denture – One Piece Flexible Base (Including Clasps And Teeth) – Per Quadrant	\$ 460.00	D5875	Modification Of Removable Prosthesis Following Implant Surgery.....	\$ 628.00
D5286	Removable Unilateral Partial Denture – One Piece Resin (Including Clasps And Teeth) – Per Quadrant	\$ 460.00	D5876	Add Metal Substructure To Acrylic Full Denture (Per Arch)	\$ 207.00
D5410	Adjust Complete Denture - Maxillary.....	\$ 42.00	D5982	Surgical Stent	\$ 191.00
D5411	Adjust Complete Denture - Mandibular.....	\$ 42.00	D5986	Fluoride Gel Carrier	\$ 269.00
D5421	Adjust Partial Denture - Maxillary	\$ 42.00	D5988	Surgical Splint.....	\$ 713.00
D5422	Adjust Partial Denture - Mandibular.....	\$ 42.00	D5991	Vesiculobullous Disease Medicament Carrier	\$ 522.00
D5511	Repair Broken Complete Denture Base, Mandibular	\$ 144.00	D5995	Periodontal Medicament Carrier With Peripheral Seal – Laboratory Processed, Maxillary	\$ 179.00
D5512	Repair Broken Complete Denture Base, Maxillary.....	\$ 144.00	D5996	Periodontal Medicament Carrier With Peripheral Seal – Laboratory Processed, Mandibular.....	\$ 179.00
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth).....	\$ 135.00	Implant Services		Member pays
D5611	Repair Resin Partial Denture Base, Mandibular....	\$ 117.00	D6010	Surgical Placement Of Implant Body: Endosteal Implant	\$1,441.00
D5612	Repair Resin Partial Denture Base, Maxillary....	\$ 117.00	D6011	Second Stage Implant Surgery	\$ 149.00
D5621	Repair Cast Partial Framework, Mandibular.....	\$ 197.00	D6012	Surgical Placement Of Interim Implant Body For Transitional Prosthesis: Endosteal Implant	\$1,441.00
D5622	Repair Cast Partial Framework, Maxillary	\$ 197.00	D6013	Surgical Placement Of Mini Implant.....	\$ 721.00
D5630	Repair Or Replace Broken Retentive Clasping Materials – Per Tooth	\$ 131.00	D6040	Surgical Placement: Epostal Implant	\$3,204.00
D5640	Replace Broken Teeth - Per Tooth	\$ 135.00	D6050	Surgical Placement: Transosteal Implant.....	\$2,745.00
D5650	Add Tooth To Existing Partial Denture	\$ 135.00	D6051	Interim Abutment	\$ 369.00
D5660	Add Clasp To Existing Partial Denture - Per Tooth	\$ 149.00	D6055	Connecting Bar – Implant Supported Or Abutment Supported.....	\$1,259.00
D5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary).....	\$ 380.00	D6056	Prefabricated Abutment – Includes Modification And Placement	\$ 419.00
D5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)	\$ 380.00	D6057	Custom Fabricated Abutment – Includes Placement	\$ 609.00
D5710	Rebase Complete Maxillary Denture	\$ 310.00	D6058	Abutment Supported Porcelain/Ceramic Crown ..	\$ 973.00
D5711	Rebase Complete Mandibular Denture	\$ 310.00	D6059	Abutment Supported Porcelain Fused To Metal Crown (High Noble Metal)	\$ 968.00
D5720	Rebase Maxillary Partial Denture.....	\$ 272.00	D6060	Abutment Supported Porcelain Fused To Metal Crown (Predominantly Base Metal)	\$ 833.00
D5721	Rebase Mandibular Partial Denture	\$ 272.00	D6061	Abutment Supported Porcelain Fused To Metal Crown (Noble Metal)	\$ 900.00
D5730	Reline Complete Maxillary Denture (Chairside) ..	\$ 179.00	D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$ 990.00
D5731	Reline Complete Mandibular Denture (Chairside)	\$ 179.00	D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$ 855.00
D5740	Reline Maxillary Partial Denture (Chairside).....	\$ 166.00	D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$ 981.00
D5741	Reline Mandibular Partial Denture (Chairside) ...	\$ 168.00	D6065	Implant Supported Porcelain/Ceramic Crown....	\$ 957.00
D5750	Reline Complete Maxillary Denture (Laboratory) ..	\$ 269.00	D6066	Implant Supported Crown - Porcelain Fused To High Noble Alloys	\$ 968.00
D5751	Reline Complete Mandibular Denture (Laboratory)	\$ 269.00	D6067	Implant Supported Crown - High Noble Alloys...\$	990.00
D5760	Reline Maxillary Partial Denture (Laboratory) ...	\$ 252.00	D6068	Abutment Supported Retainer For Porcelain/Ceramic Fpd.....	\$ 957.00
D5761	Reline Mandibular Partial Denture (Laboratory) ..	\$ 252.00	D6069	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (High Noble Metal)	\$ 968.00
D5810	Interim Complete Denture (Maxillary).....	\$ 415.00	D6070	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Predominantly Base Metal) ..	\$ 833.00
D5811	Interim Complete Denture (Mandibular)	\$ 415.00	D6071	Abutment Supported Retainer For Porcelain Fused To Metal Fpd (Noble Metal)	\$ 900.00
D5820	Interim Partial Denture (Maxillary).....	\$ 322.00	D6072	Abutment Supported Retainer For Cast Metal Fpd (High Noble Metal)	\$ 990.00
D5821	Interim Partial Denture (Mandibular).....	\$ 322.00			
D5850	Tissue Conditioning, Maxillary	\$ 92.00			
D5851	Tissue Conditioning, Mandibular	\$ 92.00			
D5862	Precision Attachment, By Report.....	\$ 796.00			
D5863	Overdenture – Complete Maxillary	\$1,170.00			
D5864	Overdenture – Partial Maxillary	\$ 999.00			
D5865	Overdenture – Complete Mandibular.....	\$1,170.00			
D5866	Overdenture – Partial Mandibular	\$ 999.00			

D6073	Abutment Supported Retainer For Cast Metal Fpd (Predominantly Base Metal)	\$ 855.00	D6103	Bone Graft For Repair Of Peri-Implant Defect – Does Not Include Flap Entry And Closure	\$ 295.00
D6074	Abutment Supported Retainer For Cast Metal Fpd (Noble Metal)	\$ 981.00	D6104	Bone Graft At Time Of Implant Placement.	\$ 295.00
D6075	Implant Supported Retainer For Ceramic Fpd.	\$ 957.00	D6110	Implant /Abutment Supported Removable Denture For Edentulous Arch – Maxillary	\$1,755.00
D6076	Implant Supported Retainer For Fpd - Porcelain Fused To High Noble Alloys	\$ 968.00	D6111	Implant /Abutment Supported Removable Denture For Edentulous Arch – Mandibular	\$1,755.00
D6077	Implant Supported Retainer For Metal Fpd - High Noble Alloys	\$ 990.00	D6112	Implant /Abutment Supported Removable Denture For Partially Edentulous Arch – Maxillary	\$1,499.00
D6080	Implant Maintenance Procedures When Prostheses Are Removed And Reinserted, Including Cleansing Of Prostheses And Abutments	\$ 127.00	D6113	Implant /Abutment Supported Removable Denture For Partially Edentulous Arch – Mandibular	\$1,499.00
D6081	Scaling And Debridement In The Presence Of Inflammation Or Mucositis Of A Single Implant, Including Cleaning Of The Implant Surfaces, Without Flap Entry And Closure	\$ 107.00	D6114	Implant /Abutment Supported Fixed Denture For Edentulous Arch – Maxillary	\$3,375.00
D6082	Implant Supported Crown - Porcelain Fused To Predominantly Base Alloys	\$ 968.00	D6115	Implant /Abutment Supported Fixed Denture For Edentulous Arch – Mandibular	\$3,375.00
D6083	Implant Supported Crown - Porcelain Fused To Noble Alloys	\$ 968.00	D6116	Implant /Abutment Supported Fixed Denture For Partially Edentulous Arch – Maxillary	\$2,700.00
D6084	Implant Supported Crown - Porcelain Fused To Titanium And Titanium Alloys	\$ 968.00	D6117	Implant /Abutment Supported Fixed Denture For Partially Edentulous Arch – Mandibular	\$2,700.00
D6085	Provisional Implant Crown.	\$ 207.00	D6118	Implant/Abutment Supported Interim Fixed Denture For Edentulous Arch – Mandibular	\$1,511.00
D6086	Implant Supported Crown - Predominantly Base Alloys	\$ 990.00	D6119	Implant/Abutment Supported Interim Fixed Denture For Edentulous Arch – Maxillary	\$1,511.00
D6087	Implant Supported Crown - Noble Alloys	\$ 990.00	D6120	Implant Supported Retainer – Porcelain Fused To Titanium And Titanium Alloys	\$ 968.00
D6088	Implant Supported Crown - Titanium And Titanium Alloys	\$ 990.00	D6121	Implant Supported Retainer For Metal Fpd – Predominantly Base Alloys	\$ 990.00
D6090	Repair Implant Supported Prosthesis, By Report ..	\$ 337.00	D6122	Implant Supported Retainer For Metal Fpd – Noble Alloys	\$ 990.00
D6091	Replacement Of Semi-Precision Or Precision Attachment (Male Or Female Component) Of Implant/Abutment Supported Prosthesis, Per Attachment	\$ 279.00	D6123	Implant Supported Retainer For Metal Fpd – Titanium And Titanium Alloys	\$ 990.00
D6092	Re-Cement Or Re-Bond Implant/Abutment Supported Crown	\$ 73.00	D6190	Radiographic/Surgical Implant Index, By Report ..	\$ 151.00
D6093	Re-Cement Or Re-Bond Implant/Abutment Supported Fixed Partial Denture	\$ 80.00	D6191	Semi-Precision Abutment - Placement	\$ 419.00
D6094	Abutment Supported Crown - Titanium And Titanium Alloys	\$ 796.00	D6192	Semi-Precision Attachment - Placement	\$ 106.00
D6095	Repair Implant Abutment, By Report	\$ 335.00	D6194	Abutment Supported Retainer Crown For Fpd – Titanium And Titanium Alloys	\$ 791.00
D6096	Remove Broken Implant Retaining Screw	\$ 304.00	D6195	Abutment Supported Retainer - Porcelain Fused To Titanium And Titanium Alloys	\$ 900.00
D6097	Abutment Supported Crown - Porcelain Fused To Titanium And Titanium Alloys	\$ 900.00	Prosthodontic Services - Fixed		Member pays
D6098	Implant Supported Retainer - Porcelain Fused To Predominantly Base Alloys	\$ 968.00	D6205	Pontic - Indirect Resin Based Composite	\$ 491.00
D6099	Implant Supported Retainer For Fpd - Porcelain Fused To Noble Alloys	\$ 968.00	D6210	Pontic - Cast High Noble Metal	\$ 792.00
D6100	Implant Removal, By Report	\$ 353.00	D6211	Pontic - Cast Predominantly Base Metal	\$ 765.00
D6101	Debridement Of A Peri-Implant Defect Or Defects Surrounding A Single Implant, And Surface Cleaning Of The Exposed Implant Surfaces, Including Flap Entry And Closure	\$ 294.00	D6212	Pontic - Cast Noble Metal	\$ 774.00
D6102	Debridement And Osseous Contouring Of A Peri-Implant Defect Or Defects Surrounding A Single Implant And Includes Surface Cleaning Of The Exposed Implant Surfaces, Including Flap Entry And Closure	\$ 529.00	D6214	Pontic - Titanium And Titanium Alloys	\$ 792.00
			D6240	Pontic - Porcelain Fused To High Noble Metal	\$ 779.00
			D6241	Pontic - Porcelain Fused To Predominantly Base Metal	\$ 761.00
			D6242	Pontic - Porcelain Fused To Noble Metal	\$ 765.00
			D6243	Pontic - Porcelain Fused To Titanium And Titanium Alloys	\$ 765.00
			D6245	Pontic - Porcelain/Ceramic	\$ 765.00
			D6250	Pontic - Resin With High Noble Metal	\$ 669.00
			D6251	Pontic - Resin With Predominantly Base Metal ..	\$ 578.00
			D6252	Pontic - Resin With Noble Metal	\$ 614.00

D6253	Provisional Pontic - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	\$ 198.00	D6782	Retainer Crown - 3/4 Cast Noble Metal	\$ 673.00
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	\$ 348.00	D6783	Retainer Crown - 3/4 Porcelain/Ceramic	\$ 696.00
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	\$ 317.00	D6784	Retainer Crown 3/4 - Titanium And Titanium Alloys	\$ 673.00
D6549	Retainer - For Resin Bonded Fixed Prosthesis	\$ 413.00	D6790	Retainer Crown - Full Cast High Noble Metal	\$ 792.00
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	\$ 655.00	D6791	Retainer Crown - Full Cast Predominantly Base Metal	\$ 765.00
D6601	Retainer Inlay - Porcelain/Ceramic, Three Or More Surfaces	\$ 670.00	D6792	Retainer Crown - Full Cast Noble Metal	\$ 774.00
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	\$ 479.00	D6793	Provisional Retainer Crown - Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	\$ 203.00
D6603	Retainer Inlay - Cast High Noble Metal, Three Or More Surfaces	\$ 531.00	D6794	Retainer Crown - Titanium And Titanium Alloys	\$ 630.00
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	\$ 457.00	D6920	Connector Bar	\$1,064.00
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	\$ 504.00	D6930	Re-Cement Or Re-Bond Fixed Partial Denture	\$ 76.00
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	\$ 479.00	D6940	Stress Breaker	\$ 473.00
D6607	Retainer Inlay - Cast Noble Metal, Three Or More Surfaces	\$ 535.00	D6950	Precision Attachment	\$ 720.00
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	\$ 663.00	D6980	Fixed Partial Denture Repair Necessitated By Restorative Material Failure	\$ 174.00
D6609	Retainer Onlay - Porcelain/Ceramic, Three Or More Surfaces	\$ 675.00	D6985	Pediatric Partial Denture, Fixed	\$1,148.00
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	\$ 601.00	Oral & Maxillofacial Surgery Services		Member pays
D6611	Retainer Onlay - Cast High Noble Metal, Three Or More Surfaces	\$ 647.00	D7111	Extraction, Coronal Remnants - Primary Tooth	\$ 198.00
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	\$ 539.00	D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	\$ 102.00
D6613	Retainer Onlay - Cast Predominantly Base Metal, Three Or More Surfaces	\$ 590.00	D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	\$ 163.00
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	\$ 574.00	D7220	Removal Of Impacted Tooth - Soft Tissue	\$ 188.00
D6615	Retainer Onlay - Cast Noble Metal, Three Or More Surfaces	\$ 630.00	D7230	Removal Of Impacted Tooth - Partially Bony	\$ 236.00
D6624	Retainer Inlay - Titanium	\$ 477.00	D7240	Removal Of Impacted Tooth - Completely Bony	\$ 296.00
D6634	Retainer Onlay - Titanium	\$ 523.00	D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	\$ 370.00
D6710	Retainer Crown - Indirect Resin Based Composite	\$ 509.00	D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	\$ 178.00
D6720	Retainer Crown - Resin With High Noble Metal	\$ 673.00	D7251	Coronectomy - Intentional Partial Tooth Removal	\$ 355.00
D6721	Retainer Crown - Resin With Predominantly Base Metal	\$ 594.00	D7260	Oroantral Fistula Closure	\$ 540.00
D6722	Retainer Crown - Resin With Noble Metal	\$ 650.00	D7261	Primary Closure Of A Sinus Perforation	\$ 444.00
D6740	Retainer Crown - Porcelain/Ceramic	\$ 765.00	D7270	Tooth Reimplantation And/Or Stabilization Of Accidentally Evulsed Or Displaced Tooth	\$ 246.00
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	\$ 779.00	D7280	Exposure Of An Unerupted Tooth	\$ 280.00
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	\$ 761.00	D7282	Mobilization Of Erupted Or Malpositioned Tooth To Aid Eruption	\$ 251.00
D6752	Retainer Crown - Porcelain Fused To Noble Metal	\$ 765.00	D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	\$ 242.00
D6753	Retainer Crown - Porcelain Fused To Titanium And Titanium Alloys	\$ 765.00	D7285	Incisional Biopsy Of Oral Tissue-Hard (Bone, Tooth)	\$ 207.00
D6780	Retainer Crown - 3/4 Cast High Noble Metal	\$ 691.00	D7286	Incisional Biopsy Of Oral Tissue-Soft	\$ 193.00
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	\$ 617.00	D7287	Exfoliative Cytological Sample Collection	\$ 105.00
			D7288	Brush Biopsy - Transepithelial Sample Collection	\$ 65.00
			D7290	Surgical Repositioning Of Teeth	\$ 267.00
			D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	\$ 137.00
			D7292	Placement Of Temporary Anchorage Device [Screw Retained Plate] Requiring Flap; Includes Device Removal	\$1,103.00

D7293	Placement Of Temporary Anchorage Device Requiring Flap; Includes Device Removal	\$ 411.00	D7530	Removal Of Foreign Body From Mucosa, Skin, Or Subcutaneous Alveolar Tissue	\$ 159.00
D7294	Placement Of Temporary Anchorage Device Without Flap; Includes Device Removal	\$ 270.00	D7540	Removal Of Reaction Producing Foreign Bodies, Musculoskeletal System	\$ 325.00
D7295	Harvest Of Bone For Use In Autogenous Grafting Procedure	\$2,012.00	D7550	Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone	\$ 232.00
D7296	Corticotomy – One To Three Teeth Or Tooth Spaces, Per Quadrant	\$ 229.00	D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body	\$2,407.00
D7297	Corticotomy – Four Or More Teeth Or Tooth Spaces, Per Quadrant	\$ 270.00	D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	\$4,028.00
D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	\$ 142.00	D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	\$1,530.00
D7311	Alveoplasty In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	\$ 130.00	D7710	Maxilla - Open Reduction	\$1,990.00
D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	\$ 198.00	D7720	Maxilla - Closed Reduction	\$1,487.00
D7321	Alveoplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	\$ 191.00	D7730	Mandible - Open Reduction	\$2,264.00
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	\$1,350.00	D7740	Mandible - Closed Reduction	\$1,588.00
D7350	Attachment And Management Of Hypertrophied And Hyperplastic Tissue)	\$3,833.00	D7820	Closed Reduction Of Dislocation	\$ 253.00
D7410	Excision Of Benign Lesion Up To 1.25 Cm	\$ 179.00	D7870	Arthrocentesis	\$ 316.00
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm.	\$ 264.00	D7871	Non-Arthroscopic Lysis And Lavage	\$ 496.00
D7412	Excision Of Benign Lesion, Complicated	\$ 662.00	D7880	Occlusal Orthotic Device, By Report	\$ 455.00
D7413	Excision Of Malignant Lesion Up To 1.25 Cm	\$1,080.00	D7881	Occlusal Orthotic Device Adjustment	\$ 38.00
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm	\$ 446.00	D7910	Suture Of Recent Small Wounds Up To 5 Cm	\$ 133.00
D7415	Excision Of Malignant Lesion, Complicated	\$ 973.00	D7911	Complicated Suture - Up To 5 Cm	\$ 269.00
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm	\$1,188.00	D7912	Complicated Suture - Greater Than 5 Cm	\$ 398.00
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm	\$2,250.00	D7921	Collection And Application Of Autologous Blood Concentrate Product	\$ 710.00
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	\$ 990.00	D7922	Placement Of Intra-Socket Biological Dressing To Aid In Hemostasis Or Clot Stabilization, Per Site	\$ 36.00
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm	\$1,800.00	D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla - Autogenous Or Nonautogenous, By Report	\$1,409.00
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	\$ 228.00	D7951	Sinus Augmentation With Bone Or Bone Substitutes Via A Lateral Open Approach	\$2,835.00
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm	\$ 474.00	D7952	Sinus Augmentation Via A Vertical Approach	\$2,250.00
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	\$ 366.00	D7953	Bone Replacement Graft For Ridge Preservation - Per Site	\$ 267.00
D7472	Removal Of Torus Palatinus	\$ 366.00	D7955	Repair Of Maxillofacial Soft And/Or Hard Tissue Defect	\$2,385.00
D7473	Removal Of Torus Mandibularis	\$ 366.00	D7961	Buccal/Labial Frenectomy (Frenulectomy)	\$ 237.00
D7485	Reduction Of Osseous Tuberosity	\$ 900.00	D7962	Lingual Frenectomy (Frenulectomy)	\$ 237.00
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	\$ 102.00	D7963	Frenuloplasty	\$ 284.00
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	\$ 296.00	D7970	Excision Of Hyperplastic Tissue - Per Arch	\$ 236.00
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	\$ 175.00	D7971	Excision Of Pericoronary Gingiva	\$ 105.00
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	\$ 248.00	D7972	Surgical Reduction Of Fibrous Tuberosity	\$ 863.00
			D7979	Non - Surgical Sialolithotomy	\$1,334.00
			D7980	Surgical Sialolithotomy	\$1,334.00
			D7993	Surgical Placement Of Craniofacial Implant - Extra Oral	\$2,835.00
			D7994	Surgical Placement: Zygomatic Implant	\$2,835.00
			D7997	Appliance Removal (Not By Dentist Who Placed Appliance), Includes Removal Of Archbar	\$ 540.00
			Orthodontic Services	Member pays	
			D8010	Limited Orthodontic Treatment Of The Primary Dentition	\$1,295.00
			D8020	Limited Orthodontic Treatment Of The Transitional Dentition	\$1,617.00

D8030	Limited Orthodontic Treatment Of The Adolescent Dentition.....	\$1,801.00	D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	\$ 66.00
D8040	Limited Orthodontic Treatment Of The Adult Dentition.....	\$2,011.00	D9311	Consultation With A Medical Health Care Professional.....	\$ 66.00
D8050	Interceptive Orthodontic Treatment Of The Primary Dentition	20% Discount	D9410	House/Extended Care Facility Call	\$ 99.00
D8060	Interceptive Orthodontic Treatment Of The Transitional Dentition	20% Discount	D9420	Hospital Or Ambulatory Surgical Center Call	\$ 189.00
D8070	Comprehensive Orthodontic Treatment Of The Comprehensive Dentition	\$3,659.00	D9430	Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed	\$ 38.00
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition.....	\$4,142.00	D9440	Office Visit - After Regularly Scheduled Hours ...	\$ 248.00
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition.....	\$4,302.00	D9450	Case Presentation, Detailed And Extensive Treatment Planning	\$ 180.00
D8210	Removable Appliance Therapy.....	\$ 410.00	D9610	Therapeutic Parenteral Drug, Single Administration	\$ 36.00
D8220	Fixed Appliance Therapy.....	\$ 526.00	D9612	Therapeutic Parenteral Drugs, Two Or More Administrations, Different Medications.	\$ 51.00
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development.....	\$ 141.00	D9613	Infiltration Of Sustained Release Therapeutic Drug - Single Or Multiple Sites	\$ 135.00
D8670	Periodic Orthodontic Treatment Visit.....	\$ 200.00	D9630	Drugs Or Medicaments Dispensed In The Office For Home Use.....	\$ 24.00
D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(S))	\$ 461.00	D9910	Application Of Desensitizing Medicament	\$ 31.00
D8681	Removable Orthodontic Retainer Adjustment	\$ 40.00	D9911	Application Of Desensitizing Resin For Cervical And/Or Root Surface, Per Tooth	\$ 35.00
D8695	Removal Of Fixed Orthodontic Appliances For Reasons Other Than Completion Of Treatment ..	\$ 161.00	D9920	Behavior Management, By Report.....	\$ 184.00
D8696	Repair Of Orthodontic Appliance - Maxillary.....	\$ 173.00	D9930	Treatment Of Complications (Post-Surgical) - Unusual Circumstances, By Report.....	\$ 62.00
D8702	Repair Of Fixed Retainer, Includes Reattachment - Mandibular.....	\$ 161.00	D9932	Cleaning And Inspection Of Removable Complete Denture, Maxillary.....	\$ 42.00
D8703	Replacement Of Lost Or Broken Retainer - Maxillary.....	\$ 180.00	D9933	Cleaning And Inspection Of Removable Complete Denture, Mandibular	\$ 29.00
D8704	Replacement Of Lost Or Broken Retainer - Mandibular	\$ 180.00	D9934	Cleaning And Inspection Of Removable Partial Denture, Maxillary.....	\$ 37.00
General Miscellaneous Services		Member pays	D9935	Cleaning And Inspection Of Removable Partial Denture, Mandibular	\$ 36.00
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure.....	\$ 63.00	D9941	Fabrication Of Athletic Mouthguard	\$ 135.00
D9120	Fixed Partial Denture Sectioning	\$ 63.00	D9942	Repair And/Or Reline Of Occlusal Guard	\$ 93.00
D9130	Temporomandibular Joint Dysfunction - Non-Invasive Physical Therapies.....	\$ 90.00	D9943	Occlusal Guard Adjustment.....	\$ 42.00
D9210	Local Anesthesia Not In Conjunction With Operative Or Surgical Procedures.....	\$ 21.00	D9944	Occlusal Guard - Hard Appliance, Full Arch	\$ 383.00
D9211	Regional Block Anesthesia.....	\$ 20.00	D9945	Occlusal Guard - Soft Appliance, Full Arch	\$ 264.00
D9212	Trigeminal Division Block Anesthesia.....	\$ 20.00	D9946	Occlusal Guard - Hard Appliance, Partial Arch ...	\$ 269.00
D9215	Local Anesthesia In Conjunction With Operative Or Surgical Procedures.....	\$ 19.00	D9950	Occlusion Analysis - Mounted Case	\$ 119.00
D9219	Evaluation For Moderate Sedation, Deep Sedation Or General Anesthesia	\$ 41.00	D9951	Occlusal Adjustment - Limited.....	\$ 78.00
D9222	Deep Sedation/General Anesthesia - First 15 Minutes.....	\$ 108.00	D9952	Occlusal Adjustment - Complete.....	\$ 296.00
D9223	Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment	\$ 108.00	D9961	Duplicate/Copy Patient'S Records	\$ 26.00
D9230	Inhalation Of Nitrous Oxide/Analgesia, Anxiolysis.....	\$ 34.00	D9970	Enamel Microabrasion.....	\$ 201.00
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia- First 15 Minutes	\$ 108.00	D9971	Odontoplasty 1 - 2 Teeth; Includes Removal Of Enamel Projections.....	\$ 179.00
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment.....	\$ 103.00	D9972	External Bleaching - Per Arch - Performed In Office.....	\$ 360.00
D9248	Non-Intravenous Conscious Sedation.....	\$ 152.00	D9973	External Bleaching - Per Tooth	\$ 270.00
			D9974	Internal Bleaching - Per Tooth	\$ 347.00
			D9975	External Bleaching For Home Application, Per Arch; Includes Materials And Fabrication Of Custom Trays	\$ 74.00
			D9986	Missed Appointment	\$ 27.00
			D9987	Cancelled Appointment	\$ 27.00

D9990	Certified Translation Or Sign-Language Services – Per Visit.....	\$ 19.00
D9991	Dental Case Management - Addressing Appointment Compliance Barriers	\$ 19.00
D9992	Dental Case Management - Care Coordination ..	\$ 19.00
D9993	Dental Case Management - Motivational Interviewing	\$ 19.00
D9994	Dental Case Management - Patient Education To Improve Oral Health Literacy.....	\$ 19.00
D9995	Teledentistry – Synchronous; Real-Time Encounter	\$ 50.00
D9996	Teledentistry – Asynchronous; Information Stored And Forwarded To Dentist For Subsequent Review	\$ 50.00
D9997	Dental Case Management - Patients With Special Health Care Needs.....	\$ 31.00

Additional Information, Stipulations, Exclusions

1. This plan is **NOT INSURANCE** as does not meet the minimum creditable coverage requirements under the Affordable Care Act (ACA).
2. The AlphaCO Dental Plan Fee Schedule is only valid through Beta Health’s AlphaCO Dental Plan participating General Dentists and payments are made directly to the provider when services are rendered unless mutually agreed upon by all parties.
3. All procedures performed by a General Dentist that are not listed on the Fee Schedule shall receive a 20% reduction from the General Dentist’s customary or standard fee.
4. This Fee Schedule applies to General Dentists only. Dental Specialists are contracted to reduce their standard rates by 20%.
5. Not all General Dentists perform all services listed above. Consult with your participating Dentist prior to beginning any treatment.
6. Beta Health does not guarantee the continued participation of any dentist. If your dentist leaves the plan, you will need to select a new Provider.
7. Some procedures listed may require additional charges that are not included in listed price and do not have a discount. All prices are exclusive of gold or other precious metals.
8. Medical costs associated with any dental procedure are the member’s responsibility and are not subject to discount.
9. Member will not hold Beta Health liable for negligence of a participating provider.
10. Cancellation of appointment without 24 hours notice is subject to a fee of \$25.
11. Find a participating provider at <https://alphadentalplan.com/dental-providers/>. Specify Colorado Alpha Plan in the Plan dropdown menu. Or call customer service 1-800-807-0706 for assistance in locating a provider.
12. Fees and services are subject to charge without prior notification to members.

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