

## HD205 Prepaid Plan People First Plan Code #4044

The **HD205 Prepaid Plan** focuses on maintaining oral health, prevention and cost containment. Members may see a participating primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. The HD plan copayments for listed procedures are applicable only at a participating general dentist. For procedures not listed on the summary of services, members may be eligible to receive up to a 25 percent discount.

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

### Selecting a participating primary care general dentist

For participating dentist information, you may visit our website [Humanadental.com/custom/fl/](http://Humanadental.com/custom/fl/) or call our dedicated Customer Care number at 1-866-879-3630 (TTY: 711). Once you become enrolled in the HD205 prepaid plan, you will need to select a participating primary care general dentist by registering at [www.mycompbenefits.com](http://www.mycompbenefits.com) or by calling our dedicated Customer Care number at 1-866-879-3630 (TTY: 711).

**Specialists :** Should members need a specialist (i.e., endodontist, orthodontist, oral surgeon, periodontist, prosthodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. Members may be eligible to receive up to a 25% discount by visiting a participating specialist. Specialist services are available only in areas where the dental plan has a participating specialist.

### Summary of services

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

Appointments	Member pays	Diagnostic (Cont.)	Member pays
D9310 Consultation (diagnostic service provided by dentist other than practitioner providing treatment) . . . . .	\$5.00	D0160 Detailed and extensive oral evaluation—problem focused, by report . . . . .	no charge
D9430 Office visit (normal hours) . . . . .	no charge	D0170 Re-evaluation—problem focused (not post-operative visit) . . . . .	no charge
D9440 Office visit (after regularly scheduled hours) . . . . .	\$35.00	D0180 Comprehensive periodontal evaluation (limited to twice in any 12 calendar months) . . . . .	\$15.00
D9986 Missed appointment . . . . .	\$10.00	D0210 X-ray intraoral—complete series including bitewings (once per three calendar years) . . . . .	no charge
D9987 Cancelled appointment . . . . .	\$10.00	D0220 X-ray intraoral—periapical, first radiographic image . . . . .	no charge
D9999 Emergency visit during regularly scheduled hours, by report . . . . .	\$20.00	D0230 X-ray intraoral—periapical, each additional radiographic image . . . . .	no charge
		D0240 X-rays intraoral—occlusal radiographic image(s) . . . . .	no charge
Diagnostic	Member pays	D0250 Extra-oral—2D projection radiographic image created using a stationary radiation source, and detector . . . . .	no charge
D0120 Periodic oral examination (limited to twice in any 12 calendar months) . . . . .	no charge	D0270 X-ray bitewing—single radiographic image (limited to twice in any 12 calendar months) . . . . .	no charge
D0140 Limited oral evaluation—problem focused . . . . .	no charge	D0272 X-ray bitewings—two radiographic images (limited to twice in any 12 calendar months) . . . . .	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 (limited to twice in any 12 calendar months) . . . . .	no charge		

**Diagnostic (Cont.)****Member pays**

D0273 X-ray bitewings—three radiographic images (limited to twice in any 12 calendar months) . . . . .	no charge
D0274 Bitewings—four radiographic images (limited to twice in any 12 calendar months) . .	no charge
D0277 X-ray bitewings, vertical—seven to eight radiographic images (limited to twice in any 12 calendar months) . . . . .	no charge
D0330 Panoramic radiographic image (once per three calendar years) . . . . .	no charge
D0350 Oral/facial photography images . . . . .	no charge
D0415 Collect microorganisms culture & sensitivity . .	no charge
D0425 Caries susceptibility tests . . . . .	no charge
D0431 Oral cancer screening using a special light source . . . . .	\$50.00
D0460 Pulp vitality tests (not covered if a root canal is performed) . . . . .	no charge
D0470 Diagnostic casts . . . . .	no charge
D0472 Pathology report - gross examination of lesion . . . . .	no charge
D0473 Pathology report—microscopic examination of lesion . . . . .	no charge
D0474 Pathology report—microscopic examination of lesion and area . . . . .	no charge

**Preventive****Member pays**

D1110 Prophylaxis—adult, routine (limited to twice in any 12 calendar months, by primary care dentist) . . . . .	no charge
D1120 Prophylaxis—child (limited to twice in any 12 calendar months) . . . . .	no charge
D1206 Topical application of fluoride varnish (for child <16) (limited to twice in any 12 calendar months) . . . . .	no charge
D1208 Topical application of fluoride - excluding varnish (limited to twice in any 12 calendar months) . . . . .	no charge
D1310 Nutrition counseling for the control of dental disease . . . . .	no charge
D1320 Tobacco counseling services for the control or prevention of oral disease . . . . .	no charge
D1330 Oral hygiene instruction . . . . .	no charge
D1351 Sealant—per tooth (permanent teeth only to age 16) . . . . .	\$10.00
D1510*Space maintainer—fixed, unilateral (through age 14) . . . . .	\$50.00
D1516*Space maintainer - fixed - bilateral, maxillary (through age 14) . . . . .	\$70.00
D1517*Space maintainer - fixed - bilateral, mandibular (through age 14) . . . . .	\$70.00

**Preventive (Cont.)****Member pays**

D1520*Space maintainer—removable, unilateral (through age 14) . . . . .	\$85.00
D1526*Space maintainer - removable - bilateral, maxillary (through age 14) . . . . .	\$90.00
D1527*Space maintainer - removable - bilateral, mandibular (through age 14) . . . . .	\$90.00
D1550 Re-cement or re-bond space maintainer . . . . .	\$10.00
D1575 Distal shoe space maintainer - fixed unilateral (through age 14; primary teeth only) . . . . .	\$130.00

**Restorative****Member pays**

D2140 Amalgam-one surface, primary or permanent . . . . .	\$5.00
D2150 Amalgam-two surfaces, primary or permanent . . . . .	\$5.00
D2160 Amalgam-three surfaces, primary or permanent . . . . .	\$5.00
D2161 Amalgam-four or more surfaces, primary or permanent . . . . .	\$5.00
D2940 Protective restoration . . . . .	\$10.00

**Resin restorative****(inlays and onlays limited to one per tooth every five years)****Member pays**

D2330 Resin based composite—one surface, anterior . .	\$30.00
D2331 Resin based composite—two surfaces, anterior . .	\$40.00
D2332 Resin based composite—three surfaces, anterior . .	\$45.00
D2335 Resin based composite—four or more surfaces or involving incisal angle (anterior) . . . .	\$65.00
D2390 Resin based composite crown, anterior . . . . .	\$70.00
D2391 Resin based composite—one surface, posterior . .	\$45.00
D2392 Resin based composite—two surfaces, posterior . .	\$55.00
D2393 Resin based composite—three surfaces, posterior . . . . .	\$80.00
D2394 Resin based composite—four or more surfaces, posterior . . . . .	\$90.00
D2510*Inlay—metallic, one surface . . . . .	\$225.00
D2520*Inlay—metallic, two surfaces . . . . .	\$235.00
D2530*Inlay—metallic, three or more surfaces . . . . .	\$245.00
D2542*Onlay—metallic, two surfaces . . . . .	\$250.00
D2543*Onlay—metallic, three surfaces . . . . .	\$260.00
D2544*Onlay—metallic, four or more surfaces . . . . .	\$270.00
D2610*Inlay—porcelain/ceramic, one surface . . . . .	\$250.00
D2620*Inlay—porcelain/ceramic, two surfaces . . . . .	\$260.00
D2630*Inlay—porcelain/ceramic, three or more surfaces . . . . .	\$270.00
D2642*Onlay—porcelain/ceramic, two surfaces . . . . .	\$275.00
D2643*Onlay—porcelain/ceramic, three surfaces . . . . .	\$285.00

### Resin restorative (Cont.)

(inlays and onlays limited to one per tooth every five years)

#### Member pays

D2644*	Onlay—porcelain/ceramic, four or more surfaces. . . . .	\$295.00
D2650*	Inlay—resin based composite, one surface. . . . .	\$225.00
D2651*	Inlay—resin based composite, two surfaces. . . . .	\$235.00
D2652*	Inlay—resin based composite, three or more surfaces. . . . .	\$245.00
D2662*	Onlay—resin based composite, two surfaces. . . . .	\$250.00
D2663*	Onlay—resin based composite, three surfaces. . . . .	\$260.00
D2664*	Onlay—resin based composite, four or more surfaces. . . . .	\$270.00

### Crown and bridge

(limited to one per tooth every five years)

#### Member Pays

D2710*	Crown—resin based composite, indirect . . . . .	\$270.00
D2712*	Crown—3/4 resin based composite, indirect. . . . .	\$270.00
D2720*	Crown—resin with high noble metal. . . . .	\$270.00
D2721	Crown—resin with predominantly base metal. . . . .	\$270.00
D2722*	Crown—resin with noble metal . . . . .	\$270.00
D2740*	Crown—porcelain/ceramic . . . . .	\$270.00
D2750*	Crown—porcelain fused to high noble metal . . . . .	\$270.00
D2751	Crown—porcelain fused to predominantly base metal . . . . .	\$270.00
D2752*	Crown—porcelain fused to noble metal. . . . .	\$270.00
D2780*	Crown—3/4 cast high noble metal . . . . .	\$270.00
D2781	Crown—3/4 cast predominantly base metal. . . . .	\$270.00
D2782*	Crown—3/4 cast noble metal . . . . .	\$270.00
D2783*	Crown—3/4 porcelain/ceramic. . . . .	\$270.00
D2790*	Crown—full cast high noble metal . . . . .	\$270.00
D2791	Crown—full cast predominantly base metal. . . . .	\$270.00
D2792*	Crown—full cast noble metal . . . . .	\$270.00
D2794*	Crown—titanium . . . . .	\$270.00
D2799	Provisional crown. . . . .	no charge
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration. . . . .	\$15.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core. . . . .	no charge
D2920	Re-cement or re-bond crown . . . . .	\$15.00
D2929	Crown—Prefabricated porcelain/ceramic crown—primary tooth . . . . .	\$75.00
D2930	Prefabricated stainless steel crown—primary tooth . . . . .	\$75.00
D2931	Prefabricated stainless steel crown—permanent tooth. . . . .	\$25.00

### Crown and bridge (Cont.)

(limited to one per tooth every five years)

#### Member Pays

D2932	Prefabricated resin crown . . . . .	\$50.00
D2933	Prefabricated stainless steel crown with resin window . . . . .	\$50.00
D2934	Prefabricated esthetic coated stainless steel crown—primary tooth . . . . .	\$50.00
D2950	Core buildup, including any pins. . . . .	\$50.00
D2951	Pin retention—per tooth, in addition to restoration . . . . .	\$15.00
D2952*	Cast post and core in addition to crown. . . . .	\$95.00
D2953*	Each additional cast post—same tooth. . . . .	\$100.00
D2954	Prefabricated post and core in addition to crown. . . . .	\$85.00
D2955	Post removal (not in conjunction with endodontic therapy). . . . .	\$10.00
D2957	Each additional prefabricated post—same tooth, base metal post. . . . .	\$35.00
D2960	Labial veneer (resin laminate)—chairside . . . . .	\$250.00
D2961*	Labial veneer (resin laminate)—laboratory . . . . .	\$300.00
D2962*	Labial veneer (porcelain laminate)—laboratory. . . . .	\$350.00
D2971	Additional procedure—new crown existing partial denture . . . . .	\$50.00
D2980	Crown repair, necessitated by restorative material failure. . . . .	no charge
D2981	Inlay repair, necessitated by restorative material failure . . . . .	no charge
D2982	Onlay repair, necessitated by restorative material failure. . . . .	no charge
D2983	Veneer repair, necessitated by restorative material failure. . . . .	no charge
D6940	Stress breaker. . . . .	\$150.00
D6950	Precision attachment, separate from prosthesis . . . . .	\$195.00

### Prosthodontics-fixed

(replacement limited to every five years, adjustments once per year)

#### Member Pays

D6210*	Pontic—cast high noble metal. . . . .	\$270.00
D6211	Pontic—cast predominantly base metal . . . . .	\$270.00
D6212*	Pontic—cast noble metal . . . . .	\$270.00
D6240*	Pontic—porcelain fused to high noble metal. . . . .	\$270.00
D6241	Pontic—porcelain fused to predominantly base metal . . . . .	\$270.00
D6242*	Pontic—porcelain fused to noble metal. . . . .	\$270.00
D6750*	Crown—porcelain fused to high noble metal . . . . .	\$270.00

## Prosthodontics—fixed (Cont.)

(replacement limited to every five years,  
adjustments once per year)

### Member Pays

D6751 Crown—porcelain fused to predominantly base metal . . . . .	\$270.00
D6752* Crown—porcelain fused to noble metal . . . . .	\$270.00
D6790* Retainer crown—full cast high noble metal. . . . .	\$270.00
D6791 Retainer crown—full cast predominantly base metal . . . . .	\$270.00
D6792* Retainer crown—full cast noble metal . . . . .	\$270.00
D6794* Retainer crown—titanium . . . . .	\$270.00
D6930 Re-cement or re-bond fixed partial denture (per unit). . . . .	\$15.00

## Prosthodontics

(replacement limited to every five years)

### Member Pays

D5110* Complete denture—maxillary. . . . .	\$375.00
D5120* Complete denture—mandibular . . . . .	\$375.00
D5130* Immediate denture—maxillary . . . . .	\$375.00
D5140* Immediate denture—mandibular . . . . .	\$375.00
D5211* Maxillary partial denture-resin base (including retentive/clasping materials, rests and teeth) . . . . .	\$400.00
D5212* Mandibular partial denture-resin base (including retentive/clasping materials, rests and teeth) . . . . .	\$400.00
D5213* Maxillary partial denture—cast metal framework, resin denture bases (including any conventional clasps, rests and teeth) . . . . .	\$425.00
D5214* Mandibular partial denture—cast metal framework, resin denture bases (including any conventional clasps, rests and teeth) . . . . .	\$425.00
D5221 Immediate maxillary partial denture-resin base (including any conventional clasps, rests and teeth) . . . . .	\$263.00
D5222 Immediate mandibular partial denture-resin base (including any conventional clasps, rests and teeth) . . . . .	\$263.00
D5223 Immediate maxillary partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) . . . . .	\$413.00
D5224 Immediate mandibular partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) . . . . .	\$413.00
D5225* Maxillary partial denture—flexible (including clasps, rests and teeth) . . . . .	\$425.00

## Prosthodontics (Cont.)

(replacement limited to every five years)

### Member Pays

D5226* Mandibular partial denture—flexible (including clasps, rests and teeth) . . . . .	\$425.00
D5282* Removable unilateral partial denture - one piece metal (including clasps and teeth), maxillary . . . . .	\$350.00
D5283* Removable unilateral partial denture - one piece metal (including clasps and teeth), mandibular . . . . .	\$350.00
D5410 Adjust complete denture—maxillary . . . . .	\$15.00
D5411 Adjust complete denture—mandibular . . . . .	\$15.00
D5421 Adjust partial denture—maxillary . . . . .	\$15.00
D5422 Adjust partial denture—mandibular . . . . .	\$15.00
D5660* Add clasp to existing partial denture—per tooth . . . . .	\$90.00

## Endodontics

(each procedure limited to  
once per tooth per life)

### Member Pays

D3110 Pulp cap—direct (excluding final restoration) . . . . .	\$15.00
D3120 Pulp cap—indirect (excluding final restoration) . . . . .	\$10.00
D3220 Therapeutic pulpotomy (excluding final restoration) . . . . .	\$40.00
D3221 Pulpal debridement, primary and permanent teeth (not to be used when root canal is done on the same day). . . . .	\$85.00
D3230 Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration) . . . . .	\$45.00
D3240 Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration) . . . . .	\$50.00
D3310 Root canal therapy—anterior tooth (excluding final restoration) . . . . .	\$110.00
D3320 Endodontic therapy, premolar tooth (excluding final restorations) . . . . .	\$195.00
D3330 Endodontic therapy, molar tooth (excluding final restorations) . . . . .	\$250.00
D3331 Treatment of root canal obstruction—non-surgical access . . . . .	\$80.00
D3332 Incomplete endodontic therapy—inoperable or fractured tooth . . . . .	\$80.00
D3333 Internal root repair of perforation defects. . . . .	\$90.00
D3351 Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.) . . . . .	\$90.00

## Endodontics (Cont.)

(each procedure limited to once per tooth per life)

### Member Pays

D3352	Apexification/recalcification—interim medication replacement (includes any necessary radiographs) . . . . .	\$80.00
D3353	Apexification/recalcification—final visit (includes any necessary radiographs) . . . . .	\$90.00
D3410	Apicoectomy—anterior . . . . .	\$135.00
D3421	Apicoectomy—premolar (first root) . . . . .	\$120.00
D3425	Apicoectomy—molar (first root) . . . . .	\$120.00
D3426	Apicoectomy—(each additional root) . . . . .	\$60.00
D3430	Retrograde filling—per root . . . . .	\$40.00
D3450	Root amputation—per root (not covered in conjunction with procedure D3920) . . . . .	\$95.00
D3910	Surgical procedure to isolate tooth with rubber dam . . . . .	\$20.00
D3920	Hemisection not included in root canal therapy . . . . .	\$90.00
D3950	Canal preparation and fitting of preformed dowel or post . . . . .	\$15.00

## Periodontics-gum treatment

### Member pays

D4210	Gingivectomy/gingivoplasty—four or more contiguous teeth or tooth bounded spaces per quadrant . . . . .	\$120.00
D4211	Gingivectomy/gingivoplasty—one to three contiguous teeth or tooth bounded spaces per quadrant . . . . .	\$55.00
D4240	Gingival flap, including root planing—four or more teeth, per quadrant . . . . .	\$150.00
D4241	Gingival flap, including root planing—one to three teeth, per quadrant . . . . .	\$120.00
D4245	Apically positioned flap . . . . .	\$175.00
D4249	Clinical crown lengthening—hard tissue . . . . .	\$150.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant . . . . .	\$350.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) one to three contiguous teeth or tooth bounded spaces per quadrant . . . . .	\$325.00
D4263	Bone replacement graft—retained natural tooth—first site in quadrant . . . . .	\$180.00
D4264	Bone replacement graft—retained natural tooth—each additional site in quadrant . . . . .	\$95.00
D4265	Biological materials which can aid soft and osseous tissue regeneration . . . . .	\$95.00

## Periodontics-gum treatment (Cont.) Member pays

D4266	Guided tissue regeneration—resorbable barrier, per site . . . . .	\$230.00
D4267	Guided tissue regeneration—non resorbable barrier, per site (includes membrane removal) . . . . .	\$275.00
D4270	Pedicle soft tissue graft procedure . . . . .	\$260.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft . . . . .	\$350.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) . . . . .	\$90.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft . . . . .	\$380.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft . . . . .	\$265.00
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 . . . . .	\$130.00
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 . . . . .	\$210.00
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 . . . . .	\$228.00
D4320	Provisional splinting—intracoronal . . . . .	\$95.00
D4321	Provisional splinting—extracoronal . . . . .	\$85.00
D4341	Periodontal scaling and root planing – four or more teeth per quadrant (limited to a maximum of four (4) quadrants will be paid in any combination per 24 calendar months) . . . . .	\$55.00
D4342	Periodontal scaling and root planing one to three teeth per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months) . . . . .	\$50.00

**Periodontics-gum treatment (Cont.) Member pays**

D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation (this service will reduce the number of cleanings available under D1110 and/or D1120) . . . . .	\$55.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit (once per five years) . . . . .	\$50.00
D4381	Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy) . . . . .	\$60.00
D4910	Periodontal maintenance (covered only after active periodontal therapy) . . . . .	\$45.00

**Repairs to prosthetics Member Pays**

D5511*	Repair broken complete denture base, mandibular . . . . .	\$35.00
D5512*	Repair broken complete denture base, maxillary . . . . .	\$35.00
D5520*	Replace missing or broken teeth—complete denture (each tooth) . . . . .	\$35.00
D5611*	Repair resin partial denture base, mandibular . . . . .	\$35.00
D5612*	Repair resin partial denture base, maxillary . . . . .	\$35.00
D5621*	Repair cast partial framework, mandibular . . . . .	\$35.00
D5622*	Repair cast partial framework, maxillary . . . . .	\$35.00
D5630*	Repair or replace broken retentive clasping materials—per tooth . . . . .	\$35.00
D5640*	Replace broken teeth—per tooth . . . . .	\$35.00
D5650*	Add tooth to existing partial denture . . . . .	\$35.00
D5670*	Replace all teeth and acrylic on cast metal framework—maxillary . . . . .	\$210.00
D5671*	Replace all teeth and acrylic on cast metal framework—mandibular . . . . .	\$225.00
D5710*	Rebase complete maxillary denture . . . . .	\$200.00
D5711*	Rebase complete mandibular denture . . . . .	\$200.00
D5720*	Rebase maxillary partial denture . . . . .	\$200.00
D5721*	Rebase mandibular partial denture . . . . .	\$200.00
D5730	Reline complete maxillary denture (chairside) . . . . .	\$60.00
D5731	Reline complete mandibular denture (chairside) . . . . .	\$60.00
D5740	Reline maxillary partial denture (chairside) . . . . .	\$60.00
D5741	Reline mandibular partial denture (chairside) . . . . .	\$60.00
D5750*	Reline complete maxillary denture (laboratory) . . . . .	\$95.00

**Repairs to prosthetics (Cont.) Member Pays**

D5751*	Reline complete mandibular denture (laboratory) . . . . .	\$95.00
D5760*	Reline maxillary partial denture (laboratory) . . . . .	\$95.00
D5761*	Reline mandibular partial denture (laboratory) . . . . .	\$95.00
D5810*	Interim complete denture (maxillary) . . . . .	\$250.00
D5811*	Interim complete denture (mandibular) . . . . .	\$250.00
D5820*	Interim partial denture (maxillary) . . . . .	\$80.00
D5821*	Interim partial denture (mandibular) . . . . .	\$80.00
D5850	Tissue conditioning, maxillary . . . . .	\$30.00
D5851	Tissue conditioning, mandibular . . . . .	\$30.00
D6214*	Pontic titanium . . . . .	\$270.00
D6245*	Pontic—porcelain/ceramic . . . . .	\$270.00
D6250*	Pontic—resin with high noble metal . . . . .	\$270.00
D6251	Pontic—resin with predominantly base metal . . . . .	\$270.00
D6252*	Pontic—resin with noble metal . . . . .	\$270.00
D6253*	Provisional pontic . . . . .	no charge
D6545*	Retainer—cast metal, resin bonded fixed prosthesis . . . . .	\$250.00
D6548*	Retainer —porcelain/ceramic, resin bonded fixed prosthesis . . . . .	\$250.00
D6549	Resin retainer – for resin bonded fixed prosthesis . . . . .	\$250.00
D6600*	Retainer inlay—porcelain/ceramic, two surfaces . . . . .	\$270.00
D6601*	Retainer inlay—porcelain/ceramic, three or more surfaces . . . . .	\$270.00
D6602*	Retainer inlay—cast high noble metal, two surfaces . . . . .	\$270.00
D6603*	Retainer inlay—cast high noble metal, three or more surfaces . . . . .	\$270.00
D6604	Retainer inlay—cast predominantly base metal, two surfaces . . . . .	\$270.00
D6605	Retainer inlay—cast predominantly base metal, three or more surfaces . . . . .	\$270.00
D6606*	Retainer inlay—cast noble metal, two surfaces . . . . .	\$270.00
D6607*	Retainer inlay—cast noble metal, three or more surfaces . . . . .	\$270.00
D6608*	Retainer onlay—porcelain/ceramic, two surfaces . . . . .	\$270.00
D6609*	Retainer onlay—porcelain/ceramic, three or more surfaces . . . . .	\$270.00
D6610*	Retainer onlay—cast high noble metal, two surfaces . . . . .	\$270.00
D6611*	Retainer onlay—cast high noble metal, three or more surfaces . . . . .	\$270.00
D6612	Retainer onlay—cast predominantly base metal, two surfaces . . . . .	\$270.00

**Repairs to prosthetics (Cont.)****Member Pays**

D6613 Retainer onlay—cast predominantly base metal, three or more surfaces . . . . .	\$270.00
D6614*Retainer onlay—cast noble metal, two surfaces . . . . .	\$270.00
D6615*Retainer onlay—cast noble metal, three or more surfaces. . . . .	\$270.00
D6624*Retainer inlay titanium . . . . .	\$270.00
D6634*Retainer onlay titanium . . . . .	\$270.00
D6710*Retainer crown—indirect resin based composition . . . . .	\$270.00
D6720*Retainer crown—resin with high noble metal . .	\$270.00
D6721 Retainer crown—resin with predominantly base metal . . . . .	\$270.00
D6722*Retainer crown—resin with noble metal . . . . .	\$270.00
D6740*Retainer crown—porcelain/ceramic . . . . .	\$280.00
D6780*Retainer crown—3/4 cast high noble metal . .	\$270.00
D6781 Retainer crown—3/4 cast predominantly base metal . . . . .	\$270.00
D6782*Retainer crown—3/4 cast noble metal . . . . .	\$270.00
D6783*Retainer crown—3/4 porcelain ceramic, denture . . . . .	\$270.00

**Extractions/oral and maxillofacial surgery****Member pays**

D7111 Extraction, coronal remnants – primary tooth . . . . .	no charge
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal) . . . . .	no charge
D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated . . . . .	\$40.00
D7220 Removal of impacted tooth—soft tissue . . . . .	\$55.00
D7230 Removal of impacted tooth—partially bony . .	\$70.00
D7240 Removal of impacted tooth—completely bony..	\$85.00
D7241 Removal of impacted tooth—completely bony, unusual complications by report. . . . .	\$110.00
D7250 Surgical removal of residual tooth roots. . . . .	\$40.00
D7260 Oroantral fistula closure . . . . .	\$350.00
D7261 Primary closure of a sinus perforation. . . . .	\$225.00
D7270 Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth . . . . .	\$55.00
D7280 Exposure of an unerupted tooth (excluding wisdom teeth) . . . . .	\$100.00
D7282 Mobilization of erupted or malposed tooth to aid eruption . . . . .	\$90.00
D7285 Incisional biopsy of oral tissue—hard bone, tooth) . . . . .	\$350.00

**Extractions/oral and maxillofacial surgery (Cont.)****Member pays**

D7286 Incisional biopsy of oral tissue—soft (all others)..	\$120.00
D7287 Exfoliative cytological sample collection . . . . .	\$50.00
D7288 Brush biopsy—transepithelial sample collection. . . . .	\$55.00
D7310 Alveoloplasty in conjunction with extractions—per quadrant . . . . .	\$40.00
D7311 Alveoloplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant . . . . .	\$15.00
D7320 Alveoloplasty not in conjunction with extractions—per quadrant . . . . .	\$75.00
D7321 Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant . . . . .	\$30.00
D7450 Removal of benign odontogenic cyst or tumor—up to 1.25 cm . . . . .	\$160.00
D7451 Removal of benign odontogenic cyst or tumor—greater than 1.25 cm. . . . .	\$235.00
D7471 Removal of lateral exostosis (maxilla or mandible) . . . . .	\$90.00
D7472 Removal of torus palatinus . . . . .	\$65.00
D7473 Removal of torus mandibularis. . . . .	\$65.00
D7485 Reduction of osseous tuberosity . . . . .	\$60.00
D7510 Incision and drainage of abscess—intraoral soft tissue . . . . .	\$35.00
D7970 Excision hyperplastic tissue—per arch . . . . .	\$85.00
D7971 Excision of pericoronal gingival . . . . .	\$55.00

**Adjunctive general service****Member pays**

D9110 Palliative (emergency) treatment of dental pain—minor procedure . . . . .	\$20.00
D9215 Local anesthesia in conjunction with operative or surgical procedures . . . . .	no charge
D9222 Deep sedation/general anesthesia – first 15 minutes . . . . .	\$83.00
D9223 Deep sedation/general anesthesia – each subsequent 15 minute increment . . . . .	\$71.00
D9230 Inhalation of nitrous oxide analgesia, anxiolysis. . . . .	\$15.00
D9239 Intravenous moderate (conscious) sedation/analgesia – first 15 minutes. . . . .	\$83.00
D9243 Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment . . . . .	\$71.00
D9450 Case presentation, detailed and extensive treatment planning. . . . .	no charge
D9951 Occlusal adjustment—limited . . . . .	\$35.00
D9952 Occlusal adjustment—complete . . . . .	\$165.00

## Bleaching

## Member pays

D9972 External bleaching in office—per arch . . . . . \$175.00

D9975 External bleaching in home—per arch . . . . . \$175.00

## Orthodontics

NOTE: Members may receive up to a 25 percent discount by visiting a participating orthodontist.

### NOTE:

- No service of any dentist other than a Participating General Dentist or Participating Specialist will be covered except out-of-area emergency care as provided in the certificate of benefits.
- No coverage for any dental treatment started prior to the Member's effective date.
- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures may be eligible for up to a 25% discount. Members may contact their participating provider to determine if any discounts apply.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$75 per unit.
- Some covered services are typically only offered by a specialist (like many oral surgery procedures)
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits.