

MASTER PLAN

Schedule of Benefits



The Co-payments contained in this Schedule are valid only when treatment is provided by a Participating General Dentist. If the services of a Participating Specialist are recommended and available, then the co-payments DO NOT apply and the member's charge will be the Participating Specialist's usual and customary fee, less a discount of 25%. If a service is not listed below, it may be available at the Participating Dental Provider's usual and customary fee, less a discount of 25%.

| Procedure Code | Description | Co-Payment |
|--------------------------|--|------------|
| <u>DIAGNOSTIC</u> | | |
| D0120 | Periodic Oral Evaluation - Established Patient | 0 |
| D0140 | Limited Oral Evaluation - Problem Focused | 40 |
| D0145 | Oral Evaluation for a Patient Under Three Years of Age and Counseling with Primary Caregiver | 40 |
| D0150 | Comprehensive Oral Exam | 0 |
| D0160 | Detailed and Extensive Oral Evaluation - Problem Focused, by Report | 70 |
| D0180 | Comprehensive Periodontal Evaluation | 55 |
| D0210 | X-rays Intraoral - Complete Series, Including Bitewings (Once Per 3 Years) | 0 |
| D0220 | X-rays Intraoral - Periapical - First Film | 0 |
| D0230 | X-rays Intraoral - Periapical - Each Additional Film | 12 |
| D0240 | X-rays Intraoral - Occlusal Film | 18 |
| D0250 | Extraoral - First Film | 23 |
| D0260 | Extraoral - Each Additional Film | 22 |
| D0270 | X-rays Bitewing - Single Film (Once Per Year) | 0 |
| D0272 | X-rays Bitewings - Two Films (Once Per Year) | 0 |
| D0272 | X-rays Bitewings - Two Films (Additional Pair Per Year) | 14 |
| D0273 | X-rays Bitewings - Three Films (Once Per Year) | 0 |
| D0273 | X-rays Bitewings - Three Films (Additional Set Per Year) | 22 |
| D0274 | X-rays Bitewings - Four Films (Once Per Year) | 0 |
| D0274 | X-rays Bitewings - Four Films (Additional Set Per Year) | 25 |
| D0277 | Vertical Bitewings - 7 to 8 Films | 44 |
| D0290 | Posterior - Anterior or Lateral Skull and Facial Bone Survey Film | 86 |
| D0321 | Temporomandibular Joint Film | 240 |
| D0322 | Tomographic Survey | 376 |
| D0330 | X-rays Panoramic Film (Once Per Three Years) | 0 |
| D0330 | X-rays Panoramic Film (Each Additional) | 60 |
| D0340 | Cephalometric Film | 57 |
| D0350 | Oral/Facial Photographic Images | 32 |
| D0415 | Collection of Microorganisms for Culture and Sensitivity | 0 |
| D0425 | Caries Susceptibility Tests | 0 |
| D0460 | Pulp Vitality Testing | 35 |
| D0470 | Diagnostic Casts | 53 |
| D9491 | Office Visit - Per Visit (Including All Fees for Sterilization and/or Infection Control) | 0 |
| <u>PREVENTIVE</u> | | |
| D1110 | Prophylaxis - Adult (Twice Per Year, Once Per Six Months) | 0 |
| D1110 | Prophylaxis - Adult (Each Additional) Note: Routine Cleaning Does Not Apply to Patients Diagnosed with Periodontal Disease | 45 |
| D1120 | Prophylaxis - Child (Twice a Year, Once Per Six Months) | 0 |
| D1120 | Prophylaxis - Child (Each Additional) | 35 |
| D1203 | Topical Application of Fluoride (Excluding Prophylaxis) - Child | 0 |

| Procedure Code | Description | Co-Payment |
|----------------|---|------------|
| D1204 | Topical Application of Fluoride (Excluding Prophylaxis) - Adult | 0 |
| D1206 | Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients | 0 |
| D1310 | Nutritional Counseling for Control of Dental Disease | 0 |
| D1320 | Tobacco Counseling | 0 |
| D1330 | Oral Hygiene Instruction | 0 |
| D1351 | Sealant - Per Tooth | 25 |
| D1510 | Space Maintainer - Fixed - Unilateral** | 165 |
| D1515 | Space Maintainer - Fixed - Bilateral** | 215 |
| D1520 | Space Maintainer - Removable - Unilateral** | 185 |
| D1525 | Space Maintainer - Removable - Bilateral** | 255 |
| D1550 | Recementation of Space Maintainer | 35 |
| D1555 | Removal of Fixed Space Maintainer | 35 |

RESTORATIVE

| | | |
|-------|--|-----|
| D2140 | Amalgam - One Surface, Primary or Permanent | 70 |
| D2150 | Amalgam - Two Surfaces, Primary or Permanent | 80 |
| D2160 | Amalgam - Three Surfaces, Primary or Permanent | 95 |
| D2161 | Amalgam - Four or More Surfaces, Primary or Permanent | 105 |
| D2330 | Resin - One Surface, Anterior | 80 |
| D2331 | Resin - Two Surfaces, Anterior | 100 |
| D2332 | Resin - Three Surfaces, Anterior | 110 |
| D2335 | Resin - Four or More Surfaces, Anterior or Involving Incisal Angle | 135 |
| D2390 | Resin-Based Composite Crown, Anterior | 165 |
| D2391 | Resin-Based Composite, One Surface, Posterior | 88 |
| D2392 | Resin-Based Composite, Two Surfaces, Posterior | 112 |
| D2393 | Resin-Based Composite, Three Surfaces, Posterior | 140 |
| D2394 | Resin-Based Composite, Four Surfaces, Posterior | 165 |
| D2410 | Gold Foil - One Surface | 164 |
| D2420 | Gold Foil - Two Surfaces | 274 |
| D2430 | Gold Foil - Three Surfaces | 475 |
| D2510 | Inlay - Metallic - One Surface | 435 |
| D2520 | Inlay - Metallic - Two Surfaces | 496 |
| D2530 | Inlay - Metallic - Three or More Surfaces | 572 |
| D2543 | Onlay - Metallic - Three Surfaces | 565 |
| D2544 | Onlay - Metallic - Four or More Surfaces | 562 |
| D2610 | Inlay - Porcelain/Ceramic - One Surface | 507 |
| D2620 | Inlay - Porcelain/Ceramic - Two Surfaces | 512 |
| D2630 | Inlay - Porcelain/Ceramic - Three or More Surface | 518 |
| D2642 | Onlay - Porcelain/Ceramic - Two Surfaces | 579 |
| D2643 | Onlay - Porcelain/Ceramic - Three Surfaces | 587 |
| D2644 | Onlay - Porcelain/Ceramic - Four or More Surfaces | 583 |
| D2650 | Inlay - Resin-Based Composite - One Surface | 309 |
| D2651 | Inlay - Resin-Based Composite - Two Surfaces | 391 |
| D2652 | Inlay - Resin-Based Composite - Three or More Surfaces | 414 |
| D2662 | Onlay - Resin-Based Composite - Two Surfaces | 366 |
| D2663 | Onlay - Resin-Based Composite - Three Surfaces | 403 |
| D2664 | Onlay - Resin-Based Composite - Four or More Surfaces | 445 |
| D2710 | Crown - Resin-Based Composite (Indirect)** | 247 |
| D2720 | Crown - Resin with High Noble Metal** | 490 |
| D2721 | Crown - Resin with Predominantly Base Metal** | 440 |
| D2722 | Crown - Resin with Noble Metal** | 460 |
| D2740 | Crown Porcelain/Ceramic Substrate** | 500 |

| Procedure Code | Description | Co-Payment |
|----------------|---|------------|
| D2750 | Crown Porcelain Fused to High Noble Metal** | 490 |
| D2751 | Crown Porcelain Fused to Predominately Base Metal** | 440 |
| D2752 | Crown Porcelain Fused to Noble Metal** | 460 |
| D2780 | Crown - 3/4 Cast High Noble Metal** | 490 |
| D2781 | Crown - 3/4 Cast Predominantly Base Metal** | 440 |
| D2782 | Crown - 3/4 Cast Noble Metal** | 460 |
| D2783 | Crown - 3/4 Porcelain/Ceramic** | 490 |
| D2790 | Crown - Full Cast High Noble Metal** | 490 |
| D2791 | Crown - Full Cast Predominately Base Metal** | 440 |
| D2792 | Crown - Full Cast Noble Metal** | 460 |
| D2910 | Recement Inlay, Onlay, or Partial Coverage Restoration | 50 |
| D2915 | Recement Cast or Prefabricated Post and Core | 48 |
| D2920 | Recement Crown | 52 |
| D2930 | Prefabricated Stainless Steel Crown - Primary | 110 |
| D2931 | Prefabricated Stainless Steel Crown - Permanent | 150 |
| D2932 | Prefabricated Resin Crown | 174 |
| D2933 | Prefabricated Stainless Steel Crown with Resin Window | 190 |
| D2940 | Protective Restoration (Sedative Filling) | 57 |
| D2950 | Core Buildup, Including Any Pins | 137 |
| D2951 | Pin Retention - Per Tooth, in Addition to Restoration | 0 |
| D2952 | Post and Core in Addition to Crown, Indirectly Fabricated | 188 |
| D2953 | Each Additional Indirectly Fabricated Post - Same Tooth | 106 |
| D2954 | Prefabricated Post and Core in Addition to Crown | 165 |
| D2955 | Post Removal (Not in Conjunction with Endodontic Therapy) | 152 |
| D2957 | Each Additional Prefabricated Post - Same Tooth | 94 |
| D2960 | Labial Veneer (Resin Laminate) - Chairside | 288 |
| D2961 | Labial Veneer (Resin Laminate) - Laboratory** | 425 |
| D2962 | Labial Veneer (Porcelain Laminate) - Laboratory** | 570 |
| D2970 | Temporary Crown (Fractured Tooth, if Separate from Crown) | 45 |

ENDODONTICS

| | | |
|-------|---|-----|
| D3110 | Pulp Cap, Direct (Excluding Final Restoration) | 30 |
| D3120 | Pulp Cap, Indirect (Excluding Final Restoration) | 30 |
| D3220 | Therapeutic Pulpotomy | 105 |
| D3221 | Pulpal Debridement, Primary and Permanent Teeth | 110 |
| D3230 | Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration) | 110 |
| D3240 | Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration) | 136 |
| D3310 | Root Canal - Anterior - Per Tooth | 425 |
| D3320 | Root Canal - Bicuspid - Per Tooth | 515 |
| D3330 | Root Canal - Molar - Per Tooth | 675 |
| D3332 | Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth | 410 |
| D3346 | Retreatment of Previous Root Canal Therapy - Anterior | 548 |
| D3347 | Retreatment of Previous Root Canal Therapy - Bicuspid | 582 |
| D3348 | Retreatment of Previous Root Canal Therapy - Molar | 675 |
| D3351 | Apexification/Recalcification - Initial Visit | 210 |
| D3352 | Apexification/Recalcification - Interim Medication Replacement (Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.) | 175 |
| D3353 | Apexification/Recalcification - Final Visit (Includes Completed Root Canal Therapy - Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.) | 310 |
| D3410 | Apicoectomy/Periradicular Surgery - Anterior | 400 |
| D3421 | Apicoectomy/Periradicular Surgery - Bicuspid, First Root | 510 |

| Procedure Code | Description | Co-Payment |
|-----------------------|---|-------------------|
| D3425 | Apicoectomy/Periradicular Surgery - Molar, First Root | 610 |
| D3426 | Apicoectomy/Periradicular Surgery - Additional Roots | 295 |
| D3430 | Retrograde Filling | 137 |
| D3450 | Root Amputation - Per Root | 309 |
| D3460 | Endodontic Endosseous Implant | 1373 |
| D3470 | Intentional Reimplantation (Including Necessary Splinting) | 572 |
| D3910 | Surgical Procedure for Isolation of Tooth with Rubber Dam | 82 |
| D3920 | Hemisection - Including Root Removal (Excluding Root Canal Therapy) | 226 |
| D3950 | Canal Preparation and Fitting of Preformed Post | 86 |

PERIODONTICS

| | | |
|-------|---|-----|
| D4210 | Gingivectomy or Gingivoplasty, Per Quadrant (4 or More Teeth) | 275 |
| D4211 | Gingivectomy or Gingivoplasty, Per Quadrant (1 to 3 Teeth) | 140 |
| D4240 | Gingival Flap Procedure, Including Root Planing - (4 or More Teeth) Per Quadrant | 371 |
| D4241 | Gingival Flap Procedure, Including Root Planing - (1 to 3 Teeth) Per Quadrant | 271 |
| D4245 | Apically Positioned Flap | 270 |
| D4249 | Clinical Crown Lengthening - Hard Tissue | 225 |
| D4260 | Osseous Surgery (Including Flap Entry and Closure) - Per Quadrant (4 or More Teeth) | 675 |
| D4261 | Osseous Surgery (Including Flap Entry and Closure) - Per Quadrant (1 to 3 Teeth) | 560 |
| D4263 | Bone Replacement Graft - First Site in Quadrant | 280 |
| D4264 | Bone Replacement Graft - Each Additional Site in Quadrant | 111 |
| D4266 | Guided Tissue Regeneration - Resorbable Barrier, Per Site | 307 |
| D4267 | Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal) | 296 |
| D4270 | Pedicle Soft Tissue Graft Procedure | 454 |
| D4271 | Free Soft Tissue Graft Procedure (Including Donor Site Surgery) | 516 |
| D4274 | Distal or Proximal Wedge Procedure (When Not Performed in Conjunction with Surgical Procedures in the Same Anatomical Area) | 173 |
| D4320 | Provisional Splinting - Intracoronal | 175 |
| D4321 | Provisional Splinting - Extracoronal | 200 |
| D4341 | Periodontal Scaling and Root Planing - Per Quadrant (4 or More Teeth) | 140 |
| D4342 | Periodontal Scaling and Root Planing - Per Quadrant (1 to 3 Teeth) | 85 |
| D4355 | Full Mouth Debridement to Enable Comprehensive Evaluation & Diagnosis | 85 |
| D4910 | Periodontal Maintenance Procedures - Following Active Surgery (2 in a 12 Month Period) | 65 |
| D4920 | Unscheduled Dressing Change (by Someone Other than Treating Dentist) | 65 |

PROSTHODONTICS

| | | |
|-------|--|-----|
| D5110 | Complete Upper Denture** | 625 |
| D5120 | Complete Lower Denture** | 625 |
| D5130 | Immediate Upper Denture** | 695 |
| D5140 | Immediate Lower Denture** | 695 |
| D5211 | Partial Upper - Resin Base (with Clasps/Rests & Teeth)** | 575 |
| D5212 | Partial Lower - Resin Base (with Clasps/Rests & Teeth)** | 575 |
| D5213 | Upper Partial - Cast Metal Base with Resin Saddles (with Clasps/Rests & Teeth)** | 655 |
| D5214 | Lower Partial - Cast Metal Base with Resin Saddles (with Clasps/Rests & Teeth)** | 655 |
| D5281 | Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth)** | 395 |
| D5410 | Adjust Complete Denture - Upper | 0 |
| D5411 | Adjust Complete Denture - Lower | 0 |
| D5421 | Adjust Partial Denture - Upper | 0 |
| D5422 | Adjust Partial Denture - Lower | 0 |
| D5510 | Repair Broken Complete Denture Base** | 85 |

| Procedure Code | Description | Co-Payment |
|----------------|--|------------|
| D5520 | Replace Missing or Broken Teeth** | 65 |
| D5610 | Repair Resin Denture Base** | 65 |
| D5620 | Repair Cast Framework** | 85 |
| D5630 | Repair or Replace Broken Clasp** | 85 |
| D5640 | Replace Broken Teeth - Per Tooth** | 65 |
| D5650 | Add Tooth to Existing Partial Denture** | 65 |
| D5660 | Add Clasp to Existing Partial Denture** | 95 |
| D5710 | Rebase Complete Maxillary Denture** | 175 |
| D5711 | Rebase Complete Mandibular Denture** | 175 |
| D5720 | Rebase Maxillary Partial Denture** | 150 |
| D5721 | Rebase Mandibular Partial Denture** | 150 |
| D5730 | Chairside Reline Complete Upper Denture | 95 |
| D5731 | Chairside Reline Complete Lower Denture | 95 |
| D5740 | Chairside Reline Upper Partial | 95 |
| D5741 | Chairside Reline Lower Partial | 95 |
| D5750 | Laboratory Reline Complete Upper Denture** | 95 |
| D5751 | Laboratory Reline Complete Lower Denture** | 95 |
| D5760 | Laboratory Reline Upper Partial** | 105 |
| D5761 | Laboratory Reline Lower Partial** | 105 |
| D5810 | Interim Complete Denture (Maxillary) | 365 |
| D5811 | Interim Complete Denture (Mandibular) | 365 |
| D5820 | Interim Partial Denture (Maxillary) | 320 |
| D5821 | Interim Partial Denture (Mandibular) | 320 |
| D5850 | Tissue Conditioning (Maxillary) | 80 |
| D5851 | Tissue Conditioning (Mandibular) | 80 |
| D5860 | Overdenture complete** | 750 |
| D5861 | Overdenture partial** | 700 |
| D5986 | Fluoride Gel Carrier | 77 |
| D5987 | Commissure Splint | 1,360 |

PROSTHODONTICS, FIXED

| | | |
|-------|--|-------|
| D6010 | Surgical Placement of Implant Body: Endosteal Implant | 1,110 |
| D6040 | Surgical Placement: Eposteal Implant | 5,926 |
| D6050 | Surgical Placement: Transosteal Implant | 4,140 |
| D6055 | Dental Implant Supported Connecting Bar | 368 |
| D6080 | Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments and Reinsertion of Prosthesis | 73 |
| D6210 | Pontic - Cast High Noble Metal ** | 490 |
| D6211 | Pontic - Cast Predominantly Base Metal** | 440 |
| D6212 | Pontic - Cast Noble Metal** | 460 |
| D6214 | Pontic - Titanium** | 495 |
| D6240 | Pontic - Porcelain Fused to High Noble Metal** | 490 |
| D6241 | Pontic - Porcelain Fused to Predominantly Base Metal** | 440 |
| D6242 | Pontic - Porcelain Fused to Noble Metal** | 460 |
| D6250 | Pontic - Resin with High Noble Metal** | 490 |
| D6251 | Pontic - Resin with Predominantly Base Metal** | 440 |
| D6252 | Pontic - Resin with Noble Metal** | 460 |
| D6545 | Cast Metal Retainer for Acid Etch Bridge** | 200 |
| D6720 | Crown - Resin with High Noble Metal ** | 490 |
| D6721 | Crown - Resin with Predominantly Base Metal** | 440 |
| D6722 | Crown - Resin with Noble Metal** | 460 |
| D6750 | Crown - Porcelain Fused to High Noble Metal** | 490 |
| D6751 | Crown - Porcelain Fused to Base Metal** | 440 |

| Procedure Code | Description | Co-Payment |
|----------------|--|------------|
| D6752 | Crown - Porcelain Fused to Noble Metal** | 460 |
| D6780 | Crown - 3/4 Cast High Noble Metal** | 490 |
| D6781 | Crown - 3/4 Cast Predominantly Base Metal** | 440 |
| D6782 | Crown - 3/4 Cast Fused to Noble Metal** | 460 |
| D6783 | Crown - 3/4 Porcelain/Ceramic** | 490 |
| D6790 | Crown - Full Cast High Noble Metal** | 490 |
| D6791 | Crown - Full Cast Predominately Base Metal** | 440 |
| D6792 | Crown - Full Cast Noble Metal** | 460 |
| D6920 | Connector Bar | 101 |
| D6930 | Recement Bridge | 65 |
| D6940 | Stress Breaker** | 165 |
| D6950 | Precision Attachment** | 295 |
| D6970 | Post and Core in Addition to Fixed Partial Denture Retainer, Indirectly Fabricated | 193 |
| D6972 | Prefabricated Post and Core in Addition to Fixed Partial Denture Retainer | 160 |
| D6973 | Core Build Up for Retainer, Including Any Pins | 130 |
| D6975 | Coping - Metal | 355 |
| D6976 | Each Additional Indirectly Fabricated Post - Same Tooth | 83 |
| D6977 | Each Additional Prefabricated Post - Same Tooth | 80 |

ORAL SURGERY

| | | |
|-------|---|-------|
| D7111 | Extraction, Coronal Remnants - Deciduous Tooth | 60 |
| D7140 | Extraction - Erupted Tooth or Exposed Root (Evaluation &/or Forceps Removal) | 85 |
| D7210 | Surgical Removal of Erupted Teeth | 140 |
| D7220 | Removal of Impacted Tooth - Soft Tissue | 170 |
| D7230 | Removal of Impacted Tooth - Partially Bony | 195 |
| D7240 | Removal of Impacted Tooth - Completely Bony | 220 |
| D7241 | Removal of Impacted Tooth - Completely Bony, with Unusual Surgical Complications | 295 |
| D7250 | Surgical Removal of Residual Tooth Roots | 120 |
| D7260 | Orantral Fistula Closure | 1200 |
| D7270 | Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth | 293 |
| D7272 | Tooth Transplantation (Includes Reimplantation from One Site to Another and Splinting and/or Stabilization) | 434 |
| D7280 | Surgical Access of an Unerupted Tooth | 180 |
| D7285 | Biopsy of Oral Tissue - Hard | 225 |
| D7286 | Biopsy of Oral Tissue - Soft | 140 |
| D7290 | Surgical Repositioning of Teeth | 275 |
| D7310 | Alveoplasty in Conjunction with Extractions - Four or More Teeth or Tooth Spaces Per Quadrant | 85 |
| D7311 | Alveoloplasty in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant | 50 |
| D7320 | Alveoplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces Per Quadrant | 185 |
| D7321 | Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces Per Quadrant | 125 |
| D7340 | Vestibuloplasty - Ridge Extension (Secondary Epithelial) | 625 |
| D7350 | Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision of Soft | 4,136 |
| D7410 | Excision of Benign Lesion up to 1.25 cm | 275 |
| D7411 | Excision of Benign Lesion Greater than 1.25 cm | 325 |
| D7412 | Excision of Benign Lesion, Complicated | 425 |
| D7440 | Excision of Malignant Tumor - Lesion Diameter up to 1.25 cm | 931 |

| Procedure Code | Description | Co-Payment |
|-----------------------|---|-------------------|
| D7441 | Excision of Malignant Tumor - Lesion Diameter Greater than 1.25 cm | 1,447 |
| D7450 | Removal of Benign Odontogenic Cyst or Tumor-Lesion Diameter up to 1.25 cm | 275 |
| D7451 | Removal of Benign Odontogenic Cyst or Tumor-Lesion Diameter Greater than 1.25 cm | 425 |
| D7460 | Removal of Benign Nonodontogenic Cyst or Tumor-Lesion Diameter up to 1.25 cm | 275 |
| D7461 | Removal of Benign Nonodontogenic Cyst or Tumor-Lesion Diameter Greater than 1.25 cm | 325 |
| D7465 | Destruction of Lesion(s) by Physical or Chemical Method, by Report | 205 |
| D7471 | Removal of Lateral Exostosis (Maxilla or Mandible) | 250 |
| D7472 | Removal of Torus Palatinus | 325 |
| D7473 | Removal of Torus Mandibularis | 275 |
| D7510 | Incision and Drainage of Abscess-Intraoral Soft Tissue | 95 |
| D7511 | Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces) | 175 |
| D7520 | Incision and Drainage of Abscess-Extraoral Soft Tissue | 225 |
| D7521 | Incision and Drainage of Abscess-Extraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces) | 250 |
| D7530 | Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar Tissue | 271 |
| D7540 | Removal of Reaction-Producing Foreign Bodies, Musculoskeletal System | 300 |
| D7550 | Partial Osteotomy/Sequestrectomy of Removal of Non-Vital Bone | 187 |
| D7560 | Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body | 1,489 |
| D7670 | Alveolus-Closed Reduction, May Include Stabilization of Teeth | 595 |
| D7880 | Occlusal Orthotic Device, by Report | 375 |
| D7940 | Osteoplasty - For Orthognathic Deformities | 2300 |
| D7950 | Osseous, Osteoperiosteal, or Cartilage Graft of the Mandible or Maxilla - Autogenous or Nonautogenous, by Report | 1199 |
| D7960 | Frenulectomy | 185 |
| D7963 | Frenuloplasty | 185 |
| D7970 | Excision of Hyperplastic Tissue (Per Arch) | 185 |
| D7971 | Excision of Pericoronal Gingiva | 80 |
| D7983 | Closure of Salivary Fistula | 1,312 |

ORTHODONTICS

| | | |
|-------|--|------|
| D8010 | Limited Orthodontic Treatment of the Primary Dentition | 1500 |
| D8020 | Limited Orthodontic Treatment of the Transitional Dentition | 1500 |
| D8030 | Limited Orthodontic Treatment of the Adolescent Dentition | 1500 |
| D8040 | Limited Orthodontic Treatment of the Adult Dentition | 1500 |
| D8070 | Comprehensive Orthodontic Treatment of the Transitional Dentition | 2950 |
| D8080 | Comprehensive Orthodontic Treatment of the Adolescent Dentition | 2950 |
| D8090 | Comprehensive Orthodontic Treatment of the Adult Dentition | 2950 |
| D8660 | Pre-Orthodontic Treatment Visit | 45 |
| D8670 | Periodic Orthodontic Treatment Visit (As Part of Contract) | 45 |
| D8680 | Orthodontic Retention (Removal of Appliances, Construction and Placement of Retainer(s)) | 400 |

ADJUNCTIVE GENERAL SERVICES

| | | |
|-------|---|-----|
| D9110 | Palliative (Emergency) Treatment of Dental Pain Minor Procedure | 40 |
| D9120 | Fixed Partial Denture Sectioning | 0 |
| D9210 | Local Anesthesia Not in Conjunction with Operative or Surgical Procedures | 25 |
| D9211 | Regional Block Anesthesia | 28 |
| D9212 | Trigeminal Division Block Anesthesia | 54 |
| D9215 | Local Anesthesia | 0 |
| D9220 | Deep Sedation/General Anesthesia - First 30 Minutes | 210 |
| D9221 | Deep Sedation/General Anesthesia - Each Additional 15 Minutes | 80 |

| Procedure Code | Description | Co-Payment |
|----------------|---|------------|
| D9230 | Analgesia - Anxiolysis, Inhalation of Nitrous Oxide | 50 |
| D9241 | Intravenous Conscious Sedation/Analgesia - First 30 Minutes | 185 |
| D9242 | Intravenous Conscious Sedation/Analgesia - Each Additional 15 Minutes | 70 |
| D9248 | Non-Intravenous Conscious Sedation | 54 |
| D9310 | Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician | 0 |
| D9410 | House/Extended Care Facility Call | 175 |
| D9420 | Hospital Call | 175 |
| D9430 | Office Visit for Observation (During Regularly Scheduled Hours) | 0 |
| D9440 | Office Visit - After Regularly Scheduled Hours | 75 |
| D9450 | Case Presentation, Detailed and Extensive Treatment Planning | 0 |
| D9610 | Therapeutic Parenteral Drug, Single Administration | 35 |
| D9612 | Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications | 50 |
| D9630 | Medicinal Application/Irrigation Per Visit | 25 |
| D9910 | Application of Desensitizing Medicaments | 25 |
| D9941 | Fabrication of Athletic Mouthguard | 100 |
| D9950 | Occlusion Analysis - Mounted Case | 95 |
| D9951 | Occlusion Adjustment - Limited | 50 |
| D9952 | Occlusion Adjustment - Complete | 295 |
| D9970 | Enamel Microabrasion | 32 |
| D9972 | External Bleaching - Per Arch | 200 |
| D9973 | External Bleaching - Per Tooth | 22 |
| D9974 | Internal Bleaching - Per Arch | 148 |
| D9999 | Broken Appointment (Less Than 24 Hour Notice) - Per 15 Minute Unit - Max \$40 | 25 |

****Members are responsible for additional lab fees for these services. Lab fees shall not exceed \$150.00 per procedure code, excluding precious and semi-precious metal.**

LIMITATIONS AND EXCLUSIONS

Argus does not provide coverage for the following services:

1. Services which, in the opinion of the participating General Dentist or Specialist, are not necessary for the patient's dental health.
2. Cost of hospitalization, pharmaceuticals and general anesthesia.
3. Any services performed by a non-participating General Dentist or non-participating Specialist.
4. Services that cannot be performed because of the general health of the patient.
5. Treatment which, in the opinion of the participating General Dentist, must be performed by a non-participating Specialist.
6. Services which are not consistent with the usual and customary services provided by the Participating General Dentist or Specialist.
7. Any dental treatment started prior to the member's effective date.
8. Services for injuries and/or conditions that are paid by Workers' Compensation or Employers' Liability Laws.
9. Treatment for cysts, neoplasms and malignancies.

If any contribution or co-payment is delinquent, member will not be entitled to receive benefits or transfer dental facilities. The above Co-payments contained in this Fee Schedule are valid only when treatment is provided by a Participating General Dentist. If the services of a Participating Specialist are recommended and available, then the above co-payments DO NOT apply and the member's charge will be the Participating Specialist's usual and customary fee, less a discount of 25%. If a service is not listed above, it may be available at the Participating Dental Provider's usual and customary fee, less a discount of 25%.

Dentist Signature _____ Date _____