

# 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
<b><u>DIAGNOSTIC</u></b>		
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
<b><u>PREVENTIVE</u></b>		
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
D1204	Topical Application of Fluoride (Excluding Prophylaxis) - Adult	0

Procedure Code	Description	Co-Payment
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	512
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	507
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
D2750	Crown Porcelain Fused to High Noble Metal**	490
D2751	Crown Porcelain Fused to Predominately Base Metal**	440

Procedure Code	Description	Co-Payment
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	Recent Inlay, Onlay, or Partial Coverage Restoration	50
D2915	Recent Cast or Prefabricated Post and Core	48
D2920	Recent 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
D3425	Apicoectomy/Periradicular Surgery - Molar, First Root	610
D3426	Apicoectomy/Periradicular Surgery - Additional Roots	295
D3430	Retrograde Filling	137

Procedure Code	Description	Co-Payment
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
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

Procedure Code	Description	Co-Payment
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
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

Procedure Code	Description	Co-Payment
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	Alveoplasty 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	Alveoplasty 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
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

<b>Procedure Code</b>	<b>Description</b>	<b>Co-Payment</b>
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
<b><u>ORTHODONTICS</u></b>		
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
<b><u>ADJUNCTIVE GENERAL SERVICES</u></b>		
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
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

Procedure Code	Description	Co-Payment
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%.**