

DESCRIPTION	ADA code	DHMO 500 COPAY
Preventive Services		
Periodic Oral Exam	D0120	\$0
Comprehensive Exam	D0150	\$0
Full Mouth Series (FMX)	D0210	\$0
Panoramic	D0330	\$0
Periapical X-rays	D0220	\$0
Bitewings- four films	D0274	\$0
Adult Cleanings	D1110	\$0
Child Cleanings	D1120	\$0
Adult/Child Fluoride Treatment	D1203/1204	\$0
Sealants 1st and 2nd Molars	D1351	\$10.00
Space Maintainers	D1525	\$25.00
Basic Services		
Restorations - Amalgam Fillings	D2161	\$0
Extractions - Erupted tooth	D7140	\$5.00
Surgical Removal - Erupted tooth	D7210	\$25.00
Root Canal Therapy - Anterior	D3310	\$55.00
Root Canal Therapy - Bi-cuspid	D3320	\$120.00
Root Canal Therapy - Molar	D3330	\$250.00
Scaling & Root Planing, per quadrant	D4341	\$25.00
Major Services		
Crowns	D2750	\$165.00
Bridges - per unit	D6210	\$165.00
Complete Denture - per arch	D5110	\$140.00
Partial Denture - per arch	D5211	\$120.00
Orthodontia (Child)	D8080	\$1975.00 †
(Adult)	D8090	\$2175.00 †

† based on 24 month treatment plan:
additional ortho co-pays may apply, see
Certificate of Insurance for full break down

Premier Access Dental and Vision provides you and your family with quality dental benefits at an affordable cost. The program is designed to encourage regular dentist visits to maintain oral health. When enrolling, you select a contracted dentist to provide services for you and your family. The size of a provider network is meaningless without the assurance of quality care. Our dental providers consist of dental facilities that have been carefully screened for quality.

Plan Benefit Highlights

- Posterior Composites
- Oral Cancer Screening
- Additional Cleanings
- Cosmetic Procedures such as Labial Veneers & External Bleaching
- Defined Fees for Metal Upgrades
- Unlimited Benefits*
- General Anesthesia and IV Sedation Covered

Why Choose Premier Access?

- A-Rated by AM Best
- Over 4000 Provider Access Points
- Over 20 years in the Managed Care Business

The Patient Charge Schedule is a summary of the covered services. Please check the Evidence of Coverage for full details. These services are covered only when covered dental services are performed by your Network Dentist, unless otherwise authorized by Premier Access Dental and Vision as described in your plan documents. The benefits shown are performed as deemed appropriate by the attending Primary Care Dentist (PCD) subject to the limitations and exclusions of the program. Enrollees should discuss all treatment options with their PCD prior to services being rendered.

Our Member Services Department is available Monday thru Friday 8 a.m. to 6 p.m. to answer questions and provide any help you may need at 866.650.3660



* refer to your Evidence of Coverage for details

Exclusions and Limitations

The following dental Benefits are excluded:

1. Treatment which: a) is not included in the list of Covered Services; b) is not Dentally Necessary; or c) is Experimental or Investigational Service.
2. Appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting.
3. Services, supplies and appliances related to the change of vertical dimension, restoration or maintenance of occlusion, splinting and stabilizing teeth for periodontic reasons, bite registration, bite analysis, attrition, erosion or abrasion, and treatment for temporomandibular joint dysfunction (TMJ), unless a TMJ benefit rider was included in the policy.
4. Replacement of a lost or stolen appliance including but not limited to, full or partial dentures, space maintainers and crowns and bridges.
5. Educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions, unless specifically listed as a covered procedure on Schedule A.
6. Missed dental appointments. A fee of \$25 may be charged by your Primary Care Dentist for failure to cancel an appointment without 24 hours prior notification.
7. Personal supplies or equipment, including but not limited to water piks, toothbrushes, or floss holders.
8. Treatment for a jaw fracture.
9. Services or supplies provided by a dentist, dental hygienist, denturist or doctor who is: a) a close relative or a person who ordinarily resides with You or an Eligible Dependent; b) an employee of the employer; c) the employer.
10. Hospital or facility charges for room, supplies or emergency room expenses, or routine chest x-rays and medical exams prior to oral surgery.
11. Services and supplies obtained while outside the United States, except for Emergency Care.
12. Services or supplies resulting from or in the course of your or your Eligible Dependent's regular occupation for pay or profit for which you or your Eligible Dependent are entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify Us of all such benefits.
13. Any Charges which are:
 - a. Payable or reimbursable by or through a plan or program of any governmental agency, except if the charge is related to a non-military service disability and treatment is provided by a governmental agency of the United States. However, We will always reimburse any state or local medical assistance (Medicaid) agency for Covered Services and supplies.
 - b. Not imposed against the person or for which the person is not liable.
 - c. Reimbursable by Medicare Part A and Part B. If an Eligible Person at any time was entitled to enroll in the Medicare program (including Part B) but did not do so, his or her Benefits under this policy will be reduced by an amount that would have been reimbursed by Medicare, where permitted by law. However, for Eligible Persons insured under employers who notify Us that they employ 20 or more employees during the previous business year, this exclusion will not apply to an actively at work employee and/or his or her spouse who is age 65 or older if the employee elects coverage under this policy instead of coverage under Medicare.
14. Services and supplies provided primarily for cosmetic purposes, except as specified in Schedule A.
15. Services and supplies which may not reasonably be expected to successfully correct the Member's dental condition for a period of at least three years, as determined by Us.
16. Orthodontic services, supplies, appliances and orthodontic-related services, unless an orthodontic rider was included in the policy.
17. Extraction of asymptomatic, pathology-free third molars (wisdom teeth).
18. Therapeutic drug injection.
19. Correction of congenital conditions or replacement of congenitally missing permanent teeth not covered, regardless of the length of time the deciduous tooth is retained.
20. General anesthesia or intravenous/conscious sedation, except as specified in Schedule A.
21. Excision of cysts and neoplasms, except as specified in Schedule A.
22. Osseous or muco-gingival surgery, except as specified in Schedule A.
23. Restorative procedures, root canals and appliances which are provided because of attrition, abrasion, erosion, wear, or for cosmetic purposes, except as specified in Schedule A.
24. Services and supplies provided as one dental procedure, and considered one procedure based on standard dental procedure codes, but separated into multiple procedure codes for billing purposes. The covered charge for the services is based on the single dental procedure code that accurately represents the treatment performed.
25. Replacement of stayplates.
26. Dispensing of drugs not normally supplied in a dental office.
27. Malignancies.
28. Additional treatment costs incurred because a dental procedure is unable to be performed in the dentist's office due to the general health and physical limitations of the Member.
29. The member will be responsible for the actual metal fees for any procedure involving the use of noble, high noble, or titanium metal.
30. Implant-supported dental appliances, implant placement, maintenance, removal and all other services associated with dental implants.
31. Dental services that are received in an Emergency Care setting for conditions which are not emergencies if the subscriber reasonably should have known that an Emergency Care situation did not exist.
32. Dental expenses incurred in connection with any dental procedures started after termination of coverage or prior to the date the Member became eligible for such services.

Limitations of Other Coverage:

1. This dental coverage is not designed to duplicate any Benefits to which Members are entitled under government programs, including CHAMPUS, Medi-Cal or Workers' Compensation. By executing an enrollment application, a Member agrees to complete and submit to the Plan such consents, releases, assignments, and other documents reasonably requested by the Plan or order to obtain or assure CHAMPUS or Medi-Cal reimbursement or reimbursement under the Workers' Compensation Law.
2. Benefits provided by a pediatric dentist are limited to children under six years of age following an attempt by the assigned Primary Care Dentist to treat the child and upon Prior Authorization by Premier Access Dental and Vision, less applicable Copayments.

Diagnostic and Preventive Benefits Limitations

- Bitewing x-rays are now limited to two series within any 12-month period.
- Full mouth and panoramic x-rays are now limited to once every 3 years, unless medically necessary.
- Prophylaxis services (cleanings) are now limited to two per 12-month period.
- Dental sealants are now limited to children through the age of 15 years.

Restorative Dentistry

- Covered services now include posterior composite fillings.

Periodontics

- Periodontal maintenance is now limited to 2 treatments per 12 months.

Crown and Fixed Bridge

- The plan now covers treatment plans in excess of 5 units. There is an additional copayment of \$125 per unit for any treatment for 7 or more units.
- The plan covers porcelain restorations on posterior teeth for an additional copayment of \$75 per unit.

Prosthodontics

- The new plans include an exception to the 5 year replacement limitation to situations where there has been additional loss of natural functioning teeth.



SCHEDULE A Description of Benefits and Copayments DHMO-500

The benefits shown below are performed as deemed appropriate by the attending Primary Care Dentist subject to the limitations and exclusions of the program. Enrollees should discuss all treatment options with their Primary Care Dentist prior to services being rendered.

The text that appears in italics below is specifically intended to clarify the delivery of benefits under the Access Dental Plan. Please refer to Benefit Plan Summary for frequency limitations and plan limitations.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>ENROLLEE PAYS</u>
	Office visit - per visit (including all fees for sterilization and/or infection control).....	\$5.00
D0100-D0999 I. DIAGNOSTIC		
D0120	Periodic oral evaluation	No Cost
D0140	Limited oral evaluation - problem focused.....	No Cost
D0150	Comprehensive oral evaluation - new or established patient.....	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report.....	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient.....	No Cost
D0210	Intraoral radiographs - complete series (including bitewings) <i>limited to 1 series every 36 months, unless medically necessary</i>	No Cost
D0220	Intraoral - periapical first film.....	No Cost
D0230	Intraoral - periapical each additional film.....	No Cost
D0240	Intraoral - occlusal film.....	No Cost
D0250	Extraoral - first film	No Cost
D0260	Extraoral - each additional film	No Cost
D0270	Bitewing radiograph - single film	No Cost
D0272	Bitewings radiographs - two films <i>limited to 2 series every 12 months</i>	No Cost
D0274	Bitewings radiographs-four films <i>limited to 2 series every 12 months</i>	No Cost
D0277	Vertical bitewings - 7 to 8 films	No Cost
D0330	Panoramic film <i>limited to 1 series every 36 months, unless medically necessary</i>	No Cost
D0415	Collection of microorganisms for culture and sensitivity.....	No Cost
D0425	Caries susceptibility tests.....	No Cost
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures.....	\$50.00
D0460	Pulp vitality tests.....	No Cost

D0470	Diagnostic casts	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report.....	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.....	No Cost

D1000-D1999 II. PREVENTIVE

D1110	Prophylaxis cleaning - adult - <i>2 per 12 month period</i>	No Cost
D1110	Prophylaxis cleaning - adult – Additional Prophylaxis Cleaning.....	\$45.00
D1120	Prophylaxis cleaning - child - <i>2 per 12 month period</i>	No Cost
D1120	Prophylaxis cleaning - child - Additional Prophylaxis Cleaning	\$ 35.00
D1201	Topical application of fluoride (including prophylaxis) - child - to age 14; <i>2 per 12 month period</i>	No Cost
D1203	Topical application of fluoride (prophylaxis not included) - child - to age14; <i>2 per 12 month period</i>	No Cost
D1206	Topical fluoride varnish: therapeutic application - child - <i>2 per 12 month period</i>	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - <i>limited to permanent molars through the age of 15 years</i>	\$10.00
D1510	Space maintainer - fixed – unilateral	\$25.00
D1515	Space maintainer - fixed – bilateral	\$25.00
D1520	Space maintainer – removable unilateral	\$25.00
D1525	Space maintainer - removable– bilateral.....	\$25.00
D1550	Re-cementation of space maintainer	\$5.00
D1555	Removal of fixed space maintainer.....	\$5.00

D2000-D2999 III. RESTORATIVE

Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.

- The Plan allows up to five units of crown or bridgework per arch. Upon the sixth unit, the treatment is considered full mouth reconstruction, which is optional treatment. There is an additional copayment of \$125 per unit for treatment plans with 7 or more units. There is an additional copayment of \$75 per unit for porcelain on molars. Actual metal fees will apply for any procedure involving noble, high noble, or titanium metals.

- Replacement of crowns requires the existing restoration to be 5+ years old.

D2140	Amalgam - one surface, primary or permanent	No Cost
D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior	No Cost
D2331	Resin-based composite - two surfaces, anterior.....	No Cost

D2332	Resin-based composite - three surfaces, anterior.....	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	No Cost
D2390	Resin-based composite crown, anterior	\$35.00
D2391	Resin-based composite- one surface, posterior.....	\$55.00
D2392	Resin-based composite- two surface, posterior	\$65.00
D2393	Resin-based composite- three surface, posterior	\$75.00
D2394	Resin-based composite- four or more surface, posterior	\$85.00
D2510	Inlay- metallic- one surface	\$165.00
D2520	Inlay- metallic- two surface	\$165.00
D2530	Inlay- metallic- three or more surfaces	\$165.00
D2542	Onlay- metallic-two surface.....	\$165.00
D2543	Onlay- metallic- three surface.....	\$165.00
D2544	Onlay- metallic- four or more	\$165.00
D2610	Inlay- porcelain/ ceramic- one surface.....	\$165.00
D2620	Inlay- porcelain/ ceramic- two surface	\$165.00
D2630	Inlay- porcelain/ ceramic- three or more surfaces	\$165.00
D2642	Onlay- porcelain/ ceramic- two surface	\$165.00
D2643	Onlay- porcelain/ ceramic- three surface	\$165.00
D2644	Onlay- porcelain/ ceramic- four or more surfaces	\$165.00
D2650	Inlay- resin based composite- one surface	\$165.00
D2651	Inlay- resin based composite-two surface.....	\$165.00
D2652	Inlay- resin based composite- three or more surfaces.....	\$165.00
D2662	Onlay- resin based composite-two surface	\$165.00
D2663	Onlay- resin based composite-three surface	\$165.00
D2664	Onlay- resin based composite- four or more surfaces	\$165.00
D2710	Crown – resin based composite (indirect)	\$50.00
D2712	Crown – $\frac{3}{4}$ resin based composite (indirect)	\$50.00
D2720	Crown – resin with high noble metal	\$165.00
D2721	Crown – resin with predominantly base metal	\$95.00
D2722	Crown – resin with noble metal	\$95.00
D2740	Crown – porcelain / ceramic substrate.....	\$240.00
D2750	Crown - porcelain fused to high noble metal.....	\$165.00
D2751	Crown - porcelain fused to predominantly base metal	\$165.00
D2752	Crown - porcelain fused to noble metal	\$165.00
D2780	Crown - $\frac{3}{4}$ cast high noble metal	\$165.00
D2781	Crown - $\frac{3}{4}$ cast predominantly base metal.....	\$165.00
D2782	Crown - $\frac{3}{4}$ cast noble metal	\$165.00
D2783	Crown - $\frac{3}{4}$ porcelain/ceramic.....	\$165.00
D2790	Crown - full cast high noble metal.....	\$165.00
D2791	Crown - full cast predominantly base metal	\$165.00
D2792	Crown - full cast noble metal.....	\$165.00
D2794	Crown - titanium.....	\$165.00
D2799	Provisional crown	No Cost
D2910	Recement inlay, onlay or partial coverage restoration.....	No Cost
D2915	Recement cast or prefabricated post and core.....	No Cost
D2920	Recement crown.....	No Cost
D2930	Prefabricated stainless steel crown - primary tooth	\$15.00

D2931	Prefabricated stainless steel crown - permanent tooth.....	\$15.00
D2932	Prefabricated resin crown	\$25.00
D2933	Prefabricated stainless steel crown with resin window.....	\$20.00
D2940	Sedative filling.....	\$5.00
D2950	Core buildup, including any pins.....	\$15.00
D2951	Pin retention - per tooth, in addition to restoration.....	\$10.00
D2952	Cast post and core in addition to crown - includes canal preparation	\$35.00
D2953	Each additional indirectly fabricated post-same tooth.....	\$25.00
D2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation.....	\$20.00
D2955	Post removal (not in conjunction with endodontic therapy).....	\$10.00
D2957	Each additional prefabricated post-same tooth.....	\$15.00
D2960	Labial veneer (resin laminate) chairside.....	\$250.00
D2970	Temporary crown (fractured tooth)	\$5.00
D2971	Additional procedure to construct new crown under existing denture framework	\$28.00
D2980	Crown repair, by report.....	\$15.00

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration).....	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.....	No Cost
D3221	Pulpal debridement, primary and permanent teeth	\$10.00
D3222	Partial pulpotomy for apexogenesis-permanent tooth with incomplete root development.....	\$15.00
D3230	Pulpal therapy, (restorable filling) - anterior, primary tooth (excluding final restoration).....	\$20.00
D3240	Pulp cap - indirect (excluding final restoration)	\$20.00
D3310	Root canal - anterior (excluding final restoration).....	\$55.00
D3320	Root canal - bicuspid (excluding final restoration).....	\$120.00
D3330	Root canal - molar (excluding final restoration).....	\$250.00
D3331	Treatment of root canal obstruction; non surgical	\$55.00
D3332	Incomplete endodontic therapy; inoperable.....	\$55.00
D3333	Internal root repair of perforation defects.....	\$55.00
D3346	Retreatment of previous root canal therapy - anterior	\$85.00
D3347	Retreatment of previous root canal therapy – bi-cuspid	\$150.00
D3348	Retreatment of previous root canal therapy - molar	\$380.00
D3351	Apexification/ recalcification –initial visit	\$75.00
D3352	Apexification/ recalcification –interim visit	\$50.00
D3353	Apexification/ recalcification –final visit	\$50.00
D3410	Apicoectomy/ periradicular surgery- anterior.....	\$60.00
D3421	Apicoectomy/ periradicular surgery- bi-cuspid	\$70.00
D3425	Apicoectomy/ periradicular surgery- molar (first root)	\$80.00
D3426	Apicoectomy/ periradicular surgery- each additional root	\$50.00
D3430	Retrograde filling- per tooth	\$60.00

D3450	Root amputation- per root.....	No Cost
D3920	Hemisection (inc any root removal)	\$30.00

D4000-D4999 V. PERIODONTICS

Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$130.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$80.00
D4240	Gingival flap procedure, including root planing.....	\$130.00
D4241	Gingival flap procedure, including root planing - one to three teeth.....	\$80.00
D4245	Apically positioned flap.....	\$125.00
D4249	Clinical crown lengthening - hard tissue	\$125.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth	\$285.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth	\$230.00
D4263	Bone replacement graft - first site in quadrant.....	\$210.00
D4264	Bone replacement graft - each additional site in quadrant.....	\$70.00
D4270	Pedicle soft tissue graft procedure	\$205.00
D4271	Free soft tissue graft procedure (including donor site surgery)	\$205.00
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area).....	\$45.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$25.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$20.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis.....	\$25.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.....	\$60.00
D4910	Periodontal maintenance - limited to 2 treatments each 12 month period	\$15.00
D4910	Periodontal maintenance - Additional Periodontal maintenance.....	\$55.00

D5000-D5899 VI. PROSTHODONTICS (removable)

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Primary Care Dentist's facility where the denture was originally delivered.

- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.
 - Replacement of a denture or a partial denture requires the existing denture to be 5+ years old unless due to loss of a natural functioning tooth. Replacement will be a benefit only if the existing denture is unsatisfactory and cannot be made satisfactory.

D5110	Complete denture – maxillary.....	\$140.00
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D5120	Complete denture – mandibular	\$140.00
D5130	Immediate denture – maxillary	\$165.00
D5140	Immediate denture – mandibular	\$165.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$120.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$120.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).....	\$160.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).....	\$160.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$210.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$210.00
D5410	Adjust complete denture – maxillary	\$10.00
D5411	Adjust complete denture – mandibular	\$10.00
D5421	Adjust partial denture – maxillary	\$10.00
D5422	Adjust partial denture – mandibular	\$10.00
D5510	Repair broken complete denture base	\$20.00
D5520	Replace missing or broken teeth - complete denture (each tooth).....	\$10.00
D5610	Repair resin denture base	\$20.00
D5620	Repair cast framework	\$20.00
D5630	Repair or replace broken clasp.....	\$20.00
D5640	Replace broken teeth - per tooth	\$10.00
D5650	Add tooth to existing partial denture	\$10.00
D5660	Add clasp to existing partial denture	\$10.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	\$135.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	\$115.00
D5710	Rebase complete maxillary denture	\$55.00
D5711	Rebase complete mandibular denture	\$55.00
D5720	Rebase maxillary partial denture	\$55.00
D5721	Rebase mandibular partial denture.....	\$55.00
D5730	Reline complete maxillary denture (chairside)	\$20.00
D5731	Reline complete mandibular denture (chairside)	\$20.00
D5740	Reline maxillary partial denture (chairside)	\$20.00
D5741	Reline mandibular partial denture (chairside).....	\$20.00
D5750	Reline complete maxillary denture (laboratory)	\$60.00
D5751	Reline complete mandibular denture (laboratory)	\$60.00
D5760	Reline maxillary partial denture (laboratory)	\$60.00
D5761	Reline mandibular partial denture (laboratory).....	\$60.00
D5820	Interim partial denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i>	\$75.00
D5821	Interim partial denture (mandibular) - <i>limited to 1 in any 12 consecutive months</i>	\$75.00
D5850	Tissue conditioning, maxillary	No Cost
D5851	Tissue conditioning, mandibular.....	No Cost

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

The Plan allows up to five units of crown or bridgework per arch. Upon the sixth unit, the treatment is considered full mouth reconstruction, which is optional treatment. There is an additional copayment of \$125 per unit for treatment plans with 7 or more units. There is an additional copayment of \$75 per unit for porcelain on molars. Actual metal fees will apply for any procedure involving noble, high noble, or titanium metals.

- Replacement of a crown, pontic, requires the existing bridge to be 5+ years old.

D6210	Pontic - cast high noble metal.....	\$165.00
D6211	Pontic - cast predominantly base metal	\$165.00
D6212	Pontic - cast noble metal	\$165.00
D6214	Pontic - titanium.....	\$165.00
D6240	Pontic - porcelain fused to high noble metal	\$165.00
D6241	Pontic - porcelain fused to predominantly base metal	\$165.00
D6242	Pontic - porcelain fused to noble metal.....	\$165.00
D6245	Pontic – porcelain/ ceramic.....	\$240.00
D6250	Pontic – resin with high noble	\$165.00
D6251	Pontic – resin with predominantly base metal	\$165.00
D6252	Pontic – resin with noble metal.....	\$165.00
D6253	Provisional pontic	No Cost
D6600	Inlay pontic / ceramic, two surface	\$165.00
D6601	Inlay pontic / ceramic, three or more surfaces.....	\$165.00
D6602	Inlay –cast high noble metal, two surfaces	\$165.00
D6603	Inlay –cast high noble metal, three or more surfaces.....	\$165.00
D6604	Inlay - cast predominantly base metal, two surfaces	\$40.00
D6605	Inlay - cast predominantly base metal, three or more surfaces.....	\$40.00
D6606	Inlay - cast noble metal, two surfaces.....	\$100.00
D6607	Inlay - cast noble metal, three or more surfaces	\$100.00
D6608	Onlay - porcelain/ceramic, two surfaces.....	\$165.00
D6609	Onlay - porcelain/ceramic, three or more surfaces	\$165.00
D6610	Onlay - cast high noble metal, two surfaces	\$165.00
D6611	Onlay - cast high noble metal, three or more surfaces.....	\$165.00
D6612	Onlay - cast predominantly base metal, two surfaces.....	\$40.00
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$40.00
D6614	Onlay - cast noble metal, two surfaces	\$100.00
D6615	Onlay - cast noble metal, three or more surfaces.....	\$100.00
D6710	Crown - indirect resin based composite.....	\$165.00
D6720	Crown - resin with high noble metal.....	\$165.00
D6721	Crown - resin with predominantly base metal	\$165.00
D6722	Crown - resin with noble metal.....	\$165.00
D6740	Crown - porcelain/ceramic.....	\$240.00
D6750	Crown - porcelain fused to high noble metal.....	\$165.00
D6751	Crown - porcelain fused to predominantly base metal	\$165.00
D6752	Crown - porcelain fused to noble metal.....	\$165.00
D6780	Crown - 3/4 cast high noble metal	\$165.00

D6781	Crown - 3/4 cast predominantly base metal.....	\$165.00
D6782	Crown - 3/4 cast noble metal.....	\$165.00
D6783	Crown - 3/4 cast porcelain/ceramic.....	\$165.00
D6790	Crown - full cast high noble metal.....	\$165.00
D6791	Crown - full cast predominantly base metal.....	\$165.00
D6792	Crown - full cast noble metal.....	\$165.00
D6794	Crown - titanium.....	\$165.00
D6930	Recement fixed partial denture.....	No Cost
D6940	Stress Breaker.....	No Cost
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated.....	\$35.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer - base metal post; includes canal preparation.....	\$20.00
D6973	Core buildup for retainer, including any pins.....	\$15.00
D6976	Each additional indirectly fabricated post - same tooth.....	\$25.00
D6977	Each additional prefabricated post - same tooth.....	\$15.00
D6980	Fixed partial denture repair, by report.....	\$15.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

Includes preoperative and postoperative evaluations and treatment under a local anesthetic. Removal of asymptomatic third molars is not covered unless pathology exists. Biopsy of oral tissue does not include pathology laboratory services.

D7111	Extraction, coronal remnants - deciduous tooth.....	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	\$5.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth.....	\$25.00
D7220	Removal of impacted tooth - soft tissue.....	\$50.00
D7230	Removal of impacted tooth - partially bony.....	\$70.00
D7240	Removal of impacted tooth - completely bony.....	\$90.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications.....	\$110.00
D7250	Surgical removal of residual tooth roots (cutting procedure).....	No Cost
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed/displaced tooth.....	\$85.00
D7280	Surgical access of an unerupted tooth.....	\$90.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption.....	\$90.00
D7283	Placement of device to facilitate eruption of impacted tooth.....	No Cost
D7286	Biopsy of oral tissue - soft - does not include pathology laboratory procedures.....	No Cost
D7287	Exfoliative cytological sample collection.....	\$50.00
D7288	Brush biopsy - transepithelial sample collection.....	\$50.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	\$50.00
D7311	Alveoloplasty in conjunction with extractions -one to three teeth or tooth spaces, per quadrant.....	\$50.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	\$70.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	\$70.00

D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.....	No Cost
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.....	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible)	No Cost
D7472	Removal of torus palatinus	No Cost
D7473	Removal of torus mandibularis.....	No Cost
D7510	Incision and drainage of abscess - intraoral soft tissue.....	\$10.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces).....	\$15.00
D7520	Incision and drainage of abscess - extraoral soft tissue.....	\$10.00
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces).....	\$15.00
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure.....	\$20.00
D7963	Frenuloplasty	\$20.00
D7970	Excision of hyperplastic tissue - per arch	\$55.00

D8000-D8999 XI. ORTHODONTICS

D8050	Interceptive orthodontic treatment of the primary dentition (Banding).....	\$950.00
D8060	Interceptive orthodontic treatment of the transitional dentition (Banding)	\$950.00
D8070	Comprehensive orthodontic treatment of the transitional dentition (Banding)	\$1975.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition (Banding)	\$1975.00
D8090	Comprehensive orthodontic treatment of the adult dentition (Banding)	\$2175.00
D8660	Pre-orthodontic treatment visit	\$25.00
D8670	Periodic orthodontic treatment visit Children: (Up to 19 th birthday) 24 month treatment Adults: 24 month treatment.....	\$1975.00
D8680	Orthodontic retention (Removal of appliances, construction and placement of retainers(s))..	\$275.00
D8999	Unspecified orthodontic procedure, by report (Orthodontic treatment plan and records)	\$370.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

Bleaching services are limited to one bleaching tray and gel for 2 weeks of self-treatment. General anesthesia or IV sedation is only a covered service when administered by the treating dentist in conjunction with a covered oral surgery or periodontal surgery.

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$5.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	No Cost
D9211	Regional block anesthesia.....	No Cost
D9212	Trigeminal division block anesthesia.....	No Cost
D9215	Local anesthesia.....	No Cost
D9220	Deep sedation/general anesthesia - first 30 minutes.....	\$165.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$80.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	\$15.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes.....	\$165.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$80.00
D9248	Non-intravenous conscious sedation- <i>limited to children under 6 years of age</i>	\$15.00
D9310	Consultation (diagnostic service provided by a dentist or physician other	

	than practitioner providing treatment)	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$5.00
D9440	Office visit - after regularly scheduled hours	\$25.00
D9450	Case presentation, detailed and extensive treatment planning.....	No Cost
D9910	Application of desensitizing medicament.....	\$15.00
D9940	Occlusal guard, by report.....	\$100.00
D9942	Repair and/or reline the occlusal guard	\$50.00
D9951	Occlusal adjustment, limited.....	\$35.00
D9952	Occlusal adjustment - complete	\$55.00
D9972	External bleaching - per arch	\$125.00
D9999	Broken appointment (less than 24 hour notice)	Not to exceed \$ 25.00

If services for a listed procedure are performed by the assigned Primary Care Dentist, the Enrollee pays the specified Co-payment.

Listed procedures which require a Dentist to provide specialized services, and are referred by the assigned Primary Care Dentist, must be preauthorized in writing by Access Dental Plan. The Enrollee pays the Co-payment specified for such services.

Procedures not listed above are not covered, however, may be available at the Primary Care Dentist's "contracted fees."

"Contracted fees" means the Primary Care Dentist's fees on file with Access Dental Plan. Questions regarding these fees should be directed to Access Dental Plan's Customer Service department at (866) 650-3660.