



# Over 350 Covered Services

## A Complete List of All Covered Services

The following is a complete list of the covered dental procedures for which Physicians Mutual Insurance Company pays benefits, as well as the maximum expense paid. Only those procedures listed receive benefits. The amount paid will not exceed the amount of the actual charge of the procedure. Covered services may vary by state and are subject to change. No benefits are payable for a procedure that is not listed.

Procedure Code	TYPE I - PREVENTIVE	Maximum Covered Expense		
		Economy Option Schedule A	Standard Option Schedule D	Preferred Option Schedule E
D0120	Periodic oral evaluation - established patient.	\$14	\$19	\$24
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver.	\$11	\$14	\$18
D0150	Comprehensive oral evaluation - new or established patient.	\$21	\$29	\$37
D0180	Comprehensive periodontal evaluation - new or established patient.	\$21	\$29	\$37
Two evaluations will be allowed in a Certificate/Policy Year. A D0120, D0145, D0150 or D0180 counts toward this maximum allowance. D0150 and D0180 will be limited to once per provider.				
D0210	Intraoral - complete series of radiographic images.	\$44	\$60	\$77
D0330	Panoramic radiographic image.	\$35	\$49	\$62
D0210 or D0330: One of these procedures will be allowed in a 5-year period.*				
D0220	Intraoral - periapical first radiographic image.	\$8	\$11	\$14
D0230	Intraoral - periapical each additional radiographic image.	\$6	\$9	\$11
D0240	Intraoral - occlusal radiographic image.	\$11	\$15	\$20
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector.	\$14	\$20	\$25
D0251	Extra-oral posterior dental radiographic image	\$14	\$20	\$25
D0270	Bitewing - single radiographic image.	\$7	\$9	\$12
D0272	Bitewings - two radiographic images.	\$12	\$17	\$23
D0273	Bitewings - three radiographic images.	\$14	\$20	\$28
D0274	Bitewings - four radiographic images.	\$19	\$26	\$34
D0277	Vertical Bitewings - 7 to 8 radiographic images.	\$19	\$26	\$34
Bitewing radiographic images are limited to 2 allowances in a Certificate/Policy Year. A D0270, D0272, D0273, D0274 or D0277 counts toward this maximum allowance. In addition, D0277 will be limited to once in a 5-year period.				
D1110	Prophylaxis - adult.	\$29	\$40	\$51
D1120	Prophylaxis - child.	\$20	\$28	\$36
D4346	Scaling in presence of generalize moderate or severe gingival inflammation-full mouth, after oral evaluation.	\$31	\$41	\$52
D4910	Periodontal maintenance.	\$31	\$41	\$52
D1110, D1120, D4346, and D4910: Coverage is limited to a total of two of any of these procedures in a Certificate Year. Benefits will not be available if performed on the same date as other periodontal services. D1110 and D4346 are only considered for individuals age 14 and over. D1120 is only considered for individuals age 13 and under.				
D9932	Cleaning and inspection of removable complete denture, maxillary.	\$29	\$40	\$51
D9933	Cleaning and inspection of removable complete denture, mandibular.	\$29	\$40	\$51

\* The frequency is measured forward from the last covered date of service for the procedure.

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D9934	Cleaning and inspection of removable partial denture, maxillary.	\$29	\$40	\$51
D9935	Cleaning and inspection of removable partial denture, mandibular.	\$29	\$40	\$51
Cleaning and inspection of removable partial or complete denture will be allowed twice in a Certificate/Policy Year. D9932-D9935 count toward this maximum allowance. Benefits will not be available if performed on the same date as prophylaxis (cleaning D1110, D1120 or D4346) or periodontal maintenance (D4910).				
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit.	\$29	\$40	\$51
<b>D4355: One of these procedures will be allowed in a 3-year period.*</b>				
D1206	Topical application of fluoride varnish.	\$11	\$15	\$20
D1208	Topical application of fluoride - excluding varnish.	\$11	\$15	\$20
<b>D1206 or D1208: Coverage for fluoride treatment is limited to persons age 18 and under and to one treatment in a Certificate/Policy Year.</b>				
D1510	Space maintainer - fixed - unilateral.	\$102	\$141	\$181
D1515	Space maintainer - fixed - bilateral.	\$168	\$231	\$297
D1520	Space maintainer - removable - unilateral.	\$160	\$221	\$284
D1525	Space maintainer - removable - bilateral.	\$196	\$270	\$347
D1575	Distal shoe space maintainer-fixed-unilateral	\$102	\$141	\$181
<b>D1510 - D1525, D1575: Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowance includes all adjustments within 6 months after installation.</b>				
D1550	Re-cement or re-bond space maintainer.	\$21	\$29	\$37
D1555	Removal of fixed space maintainer.	\$25	\$34	\$44
D8210	Removable appliance therapy.	\$154	\$213	\$273
D8220	Fixed appliance therapy.	\$154	\$213	\$273
<b>D8210 - D8220: Coverage is limited to correction of thumb-sucking.</b>				
<b>Procedure Code</b>	<b>TYPE II - BASIC (Miscellaneous Procedures)</b>	<b>Economy Option Schedule A</b>	<b>Standard Option Schedule D</b>	<b>Preferred Option Schedule E</b>
D0140	Limited oral evaluation - problem focused.	\$19	\$25	\$32
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit).	\$19	\$25	\$32
<b>D0140 and D0170: Coverage is limited to accidental injury only. If not due to accident, will be considered as a D0120 and count toward this maximum allowance.</b>				
D0472	Accession of tissue, gross examination, preparation and transmission of written report.	\$22	\$30	\$38
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report.	\$44	\$59	\$76
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.	\$44	\$59	\$76
<b>D0472 - D0474: Coverage is limited to one examination per biopsy/excision.*</b>				
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report.	\$22	\$30	\$38
D1351	Sealant - per tooth.	\$14	\$19	\$25
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth.	\$15	\$20	\$26
D1353	Sealant repair - per tooth.	\$14	\$19	\$25
<b>D1351, D1352 and D1353: Coverage is limited to treatment of the occlusal surface of permanent molar teeth once during a 3-year period for persons age 16 and under.*</b>				
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.	\$26	\$34	\$44
D2920	Re-cement or re-bond crown.	\$25	\$34	\$44
D2921	Reattachment of tooth fragment, incisal edge or cusp.	\$61	\$82	\$105

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D2940	Protective restoration.	\$25	\$34	\$44
D2941	Interim therapeutic restoration - primary dentition.	\$19	\$26	\$33
D6930	Re-cement or re-bond fixed partial denture.	\$35	\$47	\$60
D6092	Re-cement or re-bond implant/abutment supported crown.	\$25	\$34	\$44
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture.	\$25	\$34	\$44
D5511	Repair broken complete denture base, mandibular.	\$41	\$54	\$69
D5512	Repair broken complete denture base, maxillary	\$41	\$54	\$69
D5520	Replace missing or broken teeth - complete denture (each tooth).	\$34	\$45	\$58
D5611	Repair resin partial denture base, mandibular.	\$40	\$54	\$68
D5612	Repair resin partial denture base, maxillary.	\$40	\$54	\$68
D5621	Repair cast partial framework, mandibular.	\$47	\$64	\$82
D5622	Repair cast partial framework, maxillary.	\$47	\$64	\$82
D5630	Repair or replace broken clasp - per tooth.	\$50	\$67	\$84
D5640	Replace broken teeth - per tooth.	\$36	\$48	\$62
D5730	Reline complete maxillary denture (chairside).	\$75	\$100	\$128
D5731	Reline complete mandibular denture (chairside).	\$74	\$100	\$127
D5740	Reline maxillary partial denture (chairside).	\$67	\$90	\$114
D5741	Reline mandibular partial denture (chairside).	\$67	\$90	\$115
D5750	Reline complete maxillary denture (laboratory).	\$111	\$149	\$190
D5751	Reline complete mandibular denture (laboratory).	\$109	\$146	\$187
D5760	Reline maxillary partial denture (laboratory).	\$111	\$149	\$190
D5761	Reline mandibular partial denture (laboratory).	\$111	\$150	\$191
<b>D5730 - D5761: Coverage for relines is limited to service dates more than 6 months after installation.</b>				
D9110	Palliative (emergency) treatment of dental pain - minor procedure.	\$27	\$36	\$46
<b>D9110: Not covered in conjunction with other procedures, except diagnostic radiographic images.</b>				
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician.	\$25	\$33	\$43
<b>D9310: Coverage is limited to 1 of these procedures per 1 provider.</b>				
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed.	\$17	\$23	\$29
<b>D9430: Coverage is allowed for accidental injury only.</b>				
D9440	Office visit - after regularly scheduled hours.	\$33	\$44	\$57
<b>D9440: Payment will be made based on services rendered or visit, whichever is greater.</b>				
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth.	\$39	\$52	\$66
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report.	\$20	\$27	\$34
<b>Procedure Code</b>				
<b>TYPE II - BASIC</b> (Restorative, Excluding Inlays and Crowns)		<b>Economy Option Schedule A</b>	<b>Standard Option Schedule D</b>	<b>Preferred Option Schedule E</b>
D2140	Amalgam - one surface, primary or permanent.	\$32	\$43	\$54
D2150	Amalgam - two surfaces, primary or permanent.	\$41	\$54	\$69
D2160	Amalgam - three surfaces, primary or permanent.	\$49	\$66	\$83
D2161	Amalgam - four or more surfaces, primary or permanent.	\$61	\$79	\$101
D2330	Resin-based composite - one surface, anterior.	\$39	\$52	\$66
D2331	Resin-based composite - two surfaces, anterior.	\$49	\$66	\$83
D2332	Resin-based composite - three surfaces, anterior.	\$61	\$82	\$105
D2335	Resin-based composite - four or more surfaces or involving incisal angle, (anterior).	\$68	\$91	\$116

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D2391	Resin-based composite - one surface, posterior.	\$32	\$43	\$54
D2392	Resin-based composite - two surfaces, posterior.	\$41	\$54	\$69
D2393	Resin-based composite - three surfaces, posterior.	\$49	\$66	\$83
D2394	Resin-based composite - four or more surfaces, posterior.	\$61	\$79	\$101
D2390	Resin-based composite crown, anterior.	\$49	\$66	\$83
D2929	Prefabricated porcelain/ceramic crown - primary tooth.	\$76	\$102	\$131
D2930	Prefabricated stainless steel crown - primary tooth.	\$69	\$93	\$119
D2931	Prefabricated stainless steel crown - permanent tooth.	\$74	\$99	\$126
D2932	Prefabricated resin crown.	\$83	\$111	\$141
<b>D2390, D2929 - D2932: Coverage is limited to persons age 18 and under.</b>				
D2951	Pin retention - per tooth, in addition to restoration.	\$12	\$16	\$21
D2990	Resin infiltration of incipient smooth surface lesions.	\$39	\$52	\$66

<b>Procedure Code</b>	<b>TYPE II - BASIC (Simple Extractions and Oral Surgery)</b>	<b>Economy Option Schedule A</b>	<b>Standard Option Schedule D</b>	<b>Preferred Option Schedule E</b>
D7111	Extraction, coronal remnants - primary tooth.	\$35	\$47	\$60
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).	\$35	\$47	\$60
D7260	Oroantral fistula closure.	\$169	\$226	\$288
D7261	Primary closure of a sinus perforation.	\$169	\$226	\$288
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.	\$102	\$137	\$174
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization).	\$102	\$137	\$174
D7280	Exposure of an unerupted tooth.	\$158	\$212	\$270
D7282	Mobilization of erupted or malpositioned tooth to aid eruption.	\$114	\$153	\$194
D7283	Placement of device to facilitate eruption of impacted tooth.	\$47	\$64	\$81
D7285	Incisional biopsy of oral tissue - hard (bone, tooth).	\$145	\$194	\$246
D7286	Incisional biopsy of oral tissue - soft.	\$78	\$105	\$133
D7287	Exfoliative cytological sample collection.	\$39	\$53	\$67
D7288	Brush biopsy - transepithelial sample collection.	\$39	\$53	\$67
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.	\$59	\$80	\$101
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.	\$30	\$40	\$51
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.	\$75	\$101	\$129
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.	\$38	\$51	\$65
D7340	Vestibuloplasty - ridge extension (secondary epithelialization).	\$109	\$146	\$187
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).	\$270	\$363	\$463
D7410	Excision of benign lesion to 1.25 cm.	\$108	\$145	\$185
D7411	Excision of benign lesion greater than 1.25 cm.	\$138	\$186	\$236
D7412	Excision of benign lesion, complicated.	\$152	\$205	\$259
D7413	Excision of malignant lesion up to 1.25 cm.	\$146	\$196	\$249
D7414	Excision of malignant lesion greater than 1.25 cm.	\$107	\$143	\$182
D7415	Excision of malignant lesion, complicated.	\$118	\$157	\$201

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D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm.	\$146	\$196	\$249
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm.	\$107	\$143	\$182
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.	\$108	\$145	\$185
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.	\$138	\$186	\$236
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm.	\$108	\$145	\$185
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm.	\$138	\$186	\$236
D7465	Destruction of lesion(s) by physical or chemical method, by report.	\$33	\$44	\$55
D7471	Removal of lateral exostosis (maxilla or mandible).	\$96	\$129	\$164
D7472	Removal of torus palatinus.	\$96	\$129	\$164
D7473	Removal of torus mandibularis.	\$107	\$143	\$182
<b>D7471 - D7473: A maximum of 5 sites will be considered.</b>				
D7485	Reduction of osseous tuberosity.	\$105	\$143	\$143
D7490	Radical resection of maxilla or mandible.	\$146	\$196	\$249
D7510	Incision and drainage of abscess - intraoral soft tissue.	\$48	\$65	\$82
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces).	\$48	\$65	\$82
D7520	Incision and drainage of abscess - extraoral soft tissue.	\$55	\$75	\$95
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces).	\$55	\$75	\$95
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.	\$44	\$59	\$76
D7540	Removal of reaction producing foreign bodies, musculoskeletal system.	\$122	\$163	\$208
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone.	\$122	\$163	\$208
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body.	\$160	\$215	\$274
D7910	Suture of recent small wounds up to 5 cm.	\$21	\$29	\$36
D7911	Complicated suture - up to 5 cm.	\$24	\$32	\$42
D7912	Complicated suture - greater than 5 cm.	\$35	\$47	\$60
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure.	\$116	\$156	\$197
D7963	Frenuloplasty.	\$122	\$163	\$208
D7970	Excision of hyperplastic tissue - per arch.	\$89	\$120	\$153
D7972	Surgical reduction of fibrous tuberosity.	\$95	\$130	\$153
D7979	Non-surgical sialolithotomy.	\$67	\$90	\$114
D7980	Surgical sialolithotomy.	\$133	\$179	\$228
D7983	Closure of salivary fistula.	\$43	\$57	\$73
<b>TYPE II - BASIC (Anesthesia)</b>				
<b>Procedure Code</b>		<b>Economy Option Schedule A</b>	<b>Standard Option Schedule D</b>	<b>Preferred Option Schedule E</b>
D9219	Evaluation for deep sedation or general anesthesia.	\$20	\$28	\$35
D9222	Deep sedation/general anesthesia - first 15 minutes.	\$41	\$55	\$70
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.	\$41	\$55	\$70
D9239	Intravenous moderate (conscious) sedation/anesthesia - first 15 minutes.	\$34	\$46	\$58
D9243	Intravenous moderate (conscious) sedation/anesthesia - each subsequent 15 minute increment.	\$34	\$46	\$58
<b>D9222, D9223, D9239, D9243: Coverage is not available without a cutting procedure. Verification of the dentist's anesthesia permit and a copy of the anesthesia report is required. A maximum of four units will be considered.</b>				

\* The frequency is measured forward from the last covered date of service for the procedure.

Procedure Code	TYPE III - MAJOR (Endodontics)	Economy Option Schedule A	Standard Option Schedule D	Preferred Option Schedule E
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.	\$29	\$40	\$49
	<b>Limited to treatment of primary teeth.</b>			
D3221	Pulpal debridement, primary and permanent teeth.	\$29	\$40	\$49
D3222	Partial Pulpotomy for apexogenesis - permanent tooth with incomplete root development.	\$44	\$60	\$73
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).	\$39	\$53	\$65
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration).	\$34	\$46	\$56
D3310	Endodontic therapy, anterior tooth (excluding final restoration).	\$132	\$181	\$221
D3320	Endodontic therapy, premolar tooth (excluding final restoration).	\$156	\$212	\$259
D3330	Endodontic therapy, molar tooth (excluding final restoration).	\$204	\$279	\$340
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.	\$78	\$106	\$129
D3333	Internal root repair of perforation defects.	\$48	\$65	\$79
<b>D3310 - D3333: Coverage is limited to permanent teeth. Allowance includes intra-operative radiographs and cultures but excludes final restoration.</b>				
D3346	Retreatment of previous root canal therapy - anterior.	\$166	\$224	\$273
D3347	Retreatment of previous root canal therapy - premolar.	\$190	\$259	\$316
D3348	Retreatment of previous root canal therapy - molar.	\$236	\$321	\$392
<b>D3346 - D3348: Coverage is limited to permanent teeth and to service dates more than 12 months after root canal therapy or a previous retreatment. Allowance includes intra-operative radiographs and cultures but excludes final restoration.</b>				
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.).	\$48	\$65	\$79
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.).	\$32	\$44	\$54
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.).	\$94	\$128	\$156
D3355	Pulpal regeneration - initial visit.	\$48	\$65	\$79
D3356	Pulpal regeneration - interim medication replacement.	\$32	\$44	\$54
D3357	Pulpal regeneration - completion of treatment.	\$94	\$128	\$156
D3410	Apicoectomy - anterior.	\$136	\$185	\$226
D3421	Apicoectomy - premolar (first root).	\$157	\$214	\$261
D3425	Apicoectomy - molar (first root).	\$170	\$231	\$282
D3426	Apicoectomy - (each additional root).	\$60	\$83	\$101
D3427	Periradicular surgery without apicoectomy.	\$122	\$167	\$204
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site.	\$71	\$96	\$117
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site.	\$53	\$73	\$89
D3430	Retrograde filling - per root.	\$37	\$51	\$62
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery.	\$36	\$48	\$59
D3450	Root amputation - per root.	\$88	\$121	\$148
D3920	Hemisection (including any root removal) not including root canal therapy.	\$75	\$102	\$124

\* The frequency is measured forward from the last covered date of service for the procedure.

Procedure Code	TYPE III - MAJOR (Periodontics)	Economy Option Schedule A	Standard Option Schedule D	Preferred Option Schedule E
	<b>Surgical Procedures (including postoperative visits):</b>			
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.	\$86	\$118	\$144
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.	\$43	\$59	\$72
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.	\$119	\$161	\$196
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.	\$60	\$81	\$99
D4249	Clinical crown lengthening - hard tissue.	\$131	\$178	\$217
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.	\$218	\$296	\$361
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.	\$109	\$148	\$181
D4263	Bone replacement graft - retained natural tooth - first site in quadrant.	\$71	\$96	\$117
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant.	\$53	\$73	\$89
D4265	Biologic materials to aid in soft and osseous tissue regeneration.	\$36	\$48	\$59
<b>D4210 - D4265: Coverage is limited to treatment of periodontal disease. Each procedure is eligible for consideration once in a 3-year period.*</b>				
D4270	Pedicle soft tissue graft procedure.	\$160	\$218	\$266
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft.	\$198	\$269	\$328
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft.	\$169	\$231	\$282
D4276	Combined connective tissue and double pedicle graft, per tooth.	\$198	\$269	\$328
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft.	\$101	\$139	\$170
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.	\$68	\$92	\$112
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.	\$198	\$269	\$328
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.	\$76	\$104	\$127
<b>D4270 - D4285: Coverage is limited to treatment of periodontal disease. A maximum of two sites per quadrant will be considered in a 3-year period.*</b>				
D4274	Mesial/distal wedge procedure - single tooth (when not performed in conjunction with surgical procedures in the same anatomical area).	\$95	\$130	\$159
	<b>Non-surgical Periodontal Procedures:</b>			
D4341	Periodontal scaling and root planing - four or more teeth per quadrant.	\$45	\$61	\$74
D4342	Periodontal scaling and root planing - one to three teeth per quadrant.	\$23	\$31	\$38
<b>D4341 - D4342: Each procedure is eligible for consideration once in a 2-year period.*</b>				
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth.	\$32	\$45	\$55
<b>D4381: A scaling and planing (D4341, D4342) must be performed within 6 weeks prior to treatment. A maximum of 2 sites per quadrant will be considered and the frequency is limited to once in any 2-year period.</b>				

\* The frequency is measured forward from the last covered date of service for the procedure.



Procedure Code	TYPE III - MAJOR (Surgical Extractions)	Economy Option Schedule A	Standard Option Schedule D	Preferred Option Schedule E
D7210	Extraction of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.	\$52	\$69	\$84
D7220	Removal of impacted tooth - soft tissue.	\$65	\$86	\$105
D7230	Removal of impacted tooth - partially bony.	\$86	\$114	\$139
D7240	Removal of impacted tooth - completely bony.	\$101	\$134	\$163
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications.	\$115	\$153	\$187
D7250	Removal of residual tooth roots (cutting procedure).	\$54	\$71	\$87
D7251	Coronectomy - intentional partial tooth removal.	\$101	\$134	\$163
D7210 - D7251: Allowance includes local anesthesia, suturing, if needed, and routine postoperative care.				
Procedure Code	TYPE III - MAJOR (Restorative – Inlays and Crowns)	Economy Option Schedule A	Standard Option Schedule D	Preferred Option Schedule E
D2510	Inlay - metallic - one surface.	\$146	\$199	\$243
D2520	Inlay - metallic - two surfaces.	\$174	\$238	\$290
D2530	Inlay - metallic - three or more surfaces.	\$187	\$256	\$312
D2542	Onlay - metallic - two surfaces.	\$189	\$257	\$314
D2543	Onlay - metallic - three surfaces.	\$212	\$288	\$351
D2544	Onlay - metallic - four or more surfaces.	\$220	\$300	\$366
D2610	Inlay - porcelain/ceramic - one surface.	\$161	\$220	\$268
D2620	Inlay - porcelain/ceramic - two surfaces.	\$176	\$239	\$292
D2630	Inlay - porcelain/ceramic - three or more surfaces.	\$192	\$262	\$320
D2642	Onlay - porcelain/ceramic - two surfaces.	\$189	\$257	\$314
D2643	Onlay - porcelain/ceramic - three surfaces.	\$212	\$288	\$351
D2644	Onlay - porcelain/ceramic - four or more surfaces.	\$219	\$297	\$362
D2650	Inlay - resin-based composite - one surface.	\$167	\$228	\$278
D2651	Inlay - resin-based composite - two surfaces.	\$166	\$224	\$273
D2652	Inlay - resin-based composite - three or more surfaces.	\$171	\$232	\$283
D2662	Onlay - resin-based composite - two surfaces.	\$177	\$242	\$295
D2663	Onlay - resin-based composite - three surfaces.	\$183	\$249	\$304
D2664	Onlay - resin-based composite - four or more surfaces.	\$194	\$265	\$323
D2710	Crown - resin-based composite (indirect).	\$83	\$113	\$138
D2720	Crown - resin with high noble metal.	\$302	\$401	\$501
D2721	Crown - resin with predominantly base metal.	\$302	\$401	\$501
D2722	Crown - resin with noble metal.	\$302	\$401	\$501
D2740	Crown - porcelain/ceramic.	\$302	\$401	\$501
D2750	Crown - porcelain fused to high noble metal.	\$302	\$401	\$501
D2751	Crown - porcelain fused to predominantly base metal.	\$302	\$401	\$501
D2752	Crown - porcelain fused to noble metal.	\$302	\$401	\$501
D2780	Crown - ¾ cast high noble metal.	\$302	\$401	\$501
D2781	Crown - ¾ cast predominantly base metal.	\$302	\$401	\$501
D2782	Crown - ¾ cast noble metal.	\$302	\$401	\$501
D2783	Crown - ¾ porcelain/ceramic.	\$302	\$401	\$501

\* The frequency is measured forward from the last covered date of service for the procedure.



D2790	Crown - full cast high noble metal.	\$302	\$401	\$501
D2791	Crown - full cast predominantly base metal.	\$302	\$401	\$501
D2792	Crown - full cast noble metal.	\$302	\$401	\$501
D2794	Crown - titanium.	\$302	\$401	\$501
D2950	Core build-up, including any pins when required.	\$46	\$62	\$78
D2952	Post and core in addition to crown, indirectly fabricated.	\$73	\$100	\$126
D2954	Prefabricated post and core in addition to crown.	\$60	\$83	\$104
D2980	Crown repair necessitated by restorative material failure.	\$37	\$50	\$61
D2981	Inlay repair necessitated by restorative material failure.	\$30	\$40	\$49
D2982	Onlay repair necessitated by restorative material failure.	\$30	\$40	\$49
D2983	Veneer repair necessitated by restorative material failure.	\$30	\$40	\$49
D4249	Clinical crown lengthening - hard tissue.	\$131	\$178	\$217
<b>Procedure Code</b>	<b>TYPE III - MAJOR (Prosthodontics - Fixed)</b>	<b>Economy Option Schedule A</b>	<b>Standard Option Schedule D</b>	<b>Preferred Option Schedule E</b>
	<b>Pontics:</b>			
D6205	Pontic - indirect resin based composite.	\$302	\$401	\$501
D6210	Pontic - cast high noble metal.	\$302	\$401	\$501
D6211	Pontic - cast predominantly base metal.	\$302	\$401	\$501
D6212	Pontic - cast noble metal.	\$302	\$401	\$501
D6214	Pontic - titanium.	\$302	\$401	\$501
D6240	Pontic - porcelain fused to high noble metal.	\$302	\$401	\$501
D6241	Pontic - porcelain fused to predominantly base metal.	\$302	\$401	\$501
D6242	Pontic - porcelain fused to noble metal.	\$302	\$401	\$501
D6245	Pontic - porcelain/ceramic.	\$302	\$401	\$501
D6250	Pontic - resin with high noble metal.	\$302	\$401	\$501
D6251	Pontic - resin with predominantly base metal.	\$302	\$401	\$501
D6252	Pontic - resin with noble metal.	\$302	\$401	\$501
	<b>Implant Supported:</b>			
D6058	Abutment supported porcelain/ceramic crown.	\$302	\$401	\$501
D6059	Abutment supported porcelain fused to metal crown (high noble metal).	\$302	\$401	\$501
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal).	\$302	\$401	\$501
D6061	Abutment supported porcelain fused to metal crown (noble metal).	\$302	\$401	\$501
D6062	Abutment supported cast metal crown (high noble metal).	\$302	\$401	\$501
D6063	Abutment supported cast metal crown (predominantly base metal).	\$302	\$401	\$501
D6064	Abutment supported cast metal crown (noble metal).	\$302	\$401	\$501
D6065	Implant supported porcelain/ceramic crown.	\$302	\$401	\$501
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal).	\$302	\$401	\$501
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal).	\$302	\$401	\$501
D6068	Abutment supported retainer for porcelain/ceramic FPD.	\$302	\$401	\$501
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal).	\$302	\$401	\$501
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).	\$302	\$401	\$501
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal).	\$302	\$401	\$501

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D6072	Abutment supported retainer for cast metal FPD (high noble metal).	\$302	\$401	\$501
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal).	\$302	\$401	\$501
D6074	Abutment supported retainer for cast metal FPD (noble metal).	\$302	\$401	\$501
D6075	Implant supported retainer for ceramic FPD.	\$302	\$401	\$501
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal).	\$302	\$401	\$501
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal).	\$302	\$401	\$501
<b>D6058 - D6077: Although implants are not a covered benefit, these procedures can qualify for benefits. Coverage is subject to the replacement and extraction provisions as defined under the Limitations section of this contract.</b>				
D6094	Abutment supported crown - (titanium).	\$302	\$401	\$501
D6194	Abutment supported retainer crown for FPD - (titanium).	\$302	\$401	\$501
<b>Procedure Code</b>	<b>TYPE III - MAJOR (Retainers - Abutments)</b>	<b>Economy Option Schedule A</b>	<b>Standard Option Schedule D</b>	<b>Preferred Option Schedule E</b>
D6545	Retainer - cast metal for resin bonded fixed prosthesis.	\$71	\$97	\$118
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis.	\$71	\$97	\$118
D6549	Resin retainer - for resin bonded fixed prosthesis.	\$71	\$97	\$118
D6600	Retainer inlay - porcelain/ceramic, two surfaces.	\$129	\$176	\$215
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces.	\$143	\$195	\$238
D6602	Retainer inlay - cast high noble metal, two surfaces.	\$157	\$215	\$262
D6603	Retainer inlay - cast high noble metal, three or more surfaces.	\$173	\$237	\$289
D6604	Retainer inlay - cast predominantly base metal, two surfaces.	\$136	\$185	\$226
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces.	\$150	\$204	\$249
D6606	Retainer inlay - cast noble metal, two surfaces.	\$143	\$195	\$238
D6607	Retainer inlay - cast noble metal, three or more surfaces.	\$157	\$215	\$262
D6608	Retainer onlay - porcelain/ceramic, two surfaces.	\$143	\$195	\$238
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces.	\$157	\$215	\$262
D6610	Retainer onlay - cast high noble metal, two surfaces.	\$173	\$237	\$289
D6611	Retainer onlay - cast high noble metal, three or more surfaces.	\$190	\$261	\$318
D6612	Retainer onlay - cast predominantly base metal, two surfaces.	\$150	\$204	\$249
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces.	\$165	\$224	\$273
D6614	Retainer onlay - cast noble metal, two surfaces.	\$157	\$215	\$262
D6615	Retainer onlay - cast noble metal, three or more surfaces.	\$173	\$237	\$289
D6624	Retainer inlay - titanium.	\$157	\$215	\$262
D6634	Retainer onlay - titanium.	\$173	\$237	\$289
D6710	Retainer crown - indirect resin based composite.	\$302	\$401	\$501
D6720	Retainer crown - resin with high noble metal.	\$302	\$401	\$501
D6721	Retainer crown - resin with predominantly base metal.	\$302	\$401	\$501
D6722	Retainer crown - resin with noble metal.	\$302	\$401	\$501
D6740	Retainer crown - porcelain/ceramic.	\$302	\$401	\$501
D6750	Retainer crown - porcelain fused to high noble metal.	\$302	\$401	\$501
D6751	Retainer crown - porcelain fused to predominantly base metal.	\$302	\$401	\$501
D6752	Retainer crown - porcelain fused to noble metal.	\$302	\$401	\$501
D6780	Retainer crown - ¾ cast high noble metal.	\$302	\$401	\$501
D6781	Retainer crown - ¾ cast predominantly base metal.	\$302	\$401	\$501
D6782	Retainer crown - ¾ cast noble metal.	\$302	\$401	\$501

\* The frequency is measured forward from the last covered date of service for the procedure.

D6783	Retainer crown - ¾ porcelain/ceramic.	\$302	\$401	\$501
D6790	Retainer crown - full cast high noble metal.	\$302	\$401	\$501
D6791	Retainer crown - full cast predominantly base metal.	\$302	\$401	\$501
D6792	Retainer crown - full cast noble metal.	\$302	\$401	\$501
D6794	Retainer crown - titanium.	\$302	\$401	\$501
D6940	Stress breaker.	\$59	\$81	\$99
D6980	Fixed partial denture repair, necessitated by restorative material failure.	\$41	\$56	\$68
D9120	Fixed partial denture sectioning.	\$41	\$56	\$68
<b>Procedure Code</b>	<b>TYPE III - MAJOR (Prosthodontics - Removable)</b>	<b>Economy Option Schedule A</b>	<b>Standard Option Schedule D</b>	<b>Preferred Option Schedule E</b>
D5110	Complete denture - maxillary.	\$236	\$321	\$392
D5120	Complete denture - mandibular.	\$229	\$312	\$381
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).	\$170	\$231	\$282
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).	\$197	\$267	\$326
<b>D5670 - D5671: Prosthetic replacement limitation applies. See limitations section.</b>				
D5130	Immediate denture - maxillary.	\$256	\$348	\$425
D5140	Immediate denture - mandibular.	\$248	\$337	\$411
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth).	\$170	\$231	\$282
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth).	\$170	\$231	\$282
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth.)	\$274	\$373	\$455
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth.)	\$274	\$373	\$455
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth).	\$170	\$231	\$282
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth).	\$197	\$267	\$326
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).	\$274	\$373	\$455
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).	\$274	\$373	\$455
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth).	\$170	\$231	\$282
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth).	\$197	\$267	\$326
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth).	\$146	\$199	\$243
<b>D5110 - D5281: Allowances for partial and complete dentures include adjustments within 6 months after installation. Precision attachments, implants, specialized techniques and characterizations are considered optional, and the additional expense for these shall be borne by the patient. All partial allowances include conventional clasps, rests and teeth.</b>				
D5410	Adjust complete denture - maxillary.	\$14	\$18	\$22
D5411	Adjust complete denture - mandibular.	\$13	\$17	\$21
D5421	Adjust partial denture - maxillary.	\$14	\$19	\$23
D5422	Adjust partial denture - mandibular.	\$14	\$18	\$22
<b>D5410 - D5422: Coverage is limited to an adjustment with a date of service more than 6 months after installation.</b>				
D5650	Add tooth to existing partial denture.	\$31	\$41	\$50
D5660	Add clasp to existing partial denture - per tooth	\$35	\$49	\$60
D5710	Rebase complete maxillary denture.	\$86	\$117	\$143
D5711	Rebase complete mandibular denture.	\$91	\$124	\$151

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D5720	Rebase maxillary partial denture.	\$82	\$112	\$137
D5721	Rebase mandibular partial denture.	\$87	\$118	\$144
D5810	Interim complete denture (maxillary).	\$104	\$142	\$173
D5811	Interim complete denture (mandibular).	\$110	\$150	\$183
D5820	Interim partial denture (maxillary).	\$92	\$125	\$153
D5821	Interim partial denture (mandibular).	\$96	\$131	\$160
D5850	Tissue conditioning, maxillary.	\$23	\$32	\$39
D5851	Tissue conditioning, mandibular.	\$26	\$35	\$43
D5863	Overdenture - complete maxillary.	\$236	\$321	\$392
D5864	Overdenture - partial maxillary.	\$274	\$373	\$455
D5865	Overdenture - complete mandibular.	\$229	\$312	\$381
D5866	Overdenture - partial mandibular.	\$274	\$373	\$455
D6110	Implant /abutment supported removable denture for edentulous arch - maxillary.	\$236	\$321	\$392
D6111	Implant /abutment supported removable denture for edentulous arch - mandibular.	\$229	\$312	\$381
D6112	Implant /abutment supported removable denture for partially edentulous arch - maxillary.	\$274	\$373	\$455
D6113	Implant /abutment supported removable denture for partially edentulous arch - mandibular	\$274	\$373	\$455
D6114	Implant /abutment supported fixed denture for edentulous arch - maxillary.	\$236	\$321	\$392
D6115	Implant /abutment supported fixed denture for edentulous arch - mandibular.	\$229	\$312	\$381
D6116	Implant /abutment supported fixed denture for partially edentulous arch - maxillary.	\$274	\$373	\$455
D6117	Implant /abutment supported fixed denture for partially edentulous arch - mandibular.	\$274	\$373	\$455
D6118	Implant/abutment supported interim fixed denture for edentulous arch - mandibular.	\$110	\$150	\$183
D6119	Implant/abutment supported interim fixed denture for edentulous arch - maxillary.	\$104	\$142	\$173

\* The frequency is measured forward from the last covered date of service for the procedure.

## New York Exclusions and Limitations: Dental Coverage

Any change in coverage will apply to all policies of this form and class in your state of residence. Your renewal premium can change if the same change is made by us on all policies of this form and class issued in New York and subject to approval by the New York Department of Financial Services. We will not increase your renewal premium unless you request a change in your policy benefits or riders or there is a change in dependent status.

We can terminate your coverage for non-payment of premiums, fraud or misrepresentation of material fact or if we stop offering policies of this form and class.

This policy provides dental insurance only. The expected benefit ratio for this policy is 55%. This ratio is the portion of future premiums that the company expects to return as benefits, when averaged over all people with this policy.

Services covered in this policy must be medically necessary. We will not pay more than the amount of the actual charge for a procedure. No benefits under the Policy are payable (or considered a Covered Expense) for any of the following:

### Exclusions:

- 1) Cosmetic services or surgery, except that cosmetic surgery does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.
- 2) Services provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.
- 3) Services for which no charge is normally made.
- 4) Illness, treatment or medical condition due to war, declared or undeclared.

### Limitations:

- 1) Any procedure started before coverage takes effect.
- 2) Any procedure started after the Policy terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Policy terminates.
- 3) Facings on crowns or pontics beyond the second bicuspid.
- 4) Replacement of any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within five years of the date of the last placement of these items; unless: replacement is required due to an accidental Injury sustained while coverage is in force; and replacement occurs while such coverage is in force.
- 5) Initial placement of any prosthetic appliance or fixed partial denture unless placement is needed due to tooth extraction. The extraction of a wisdom tooth will not qualify. The appliance or fixed partial denture includes the replacement of the extracted tooth or teeth.
- 6) Replacement of lost or stolen appliances.
- 7) Appliances, restorations, or procedures to: alter vertical dimension; restore or maintain occlusion; or splint or replace tooth structure lost as a result of abrasion or attrition.
- 8) Orthodontic treatment.
- 9) Sealants which are: not applied to a permanent molar; applied as of age 17; or reapplied to a molar within three years.
- 10) Periodontal scaling or root planing unless periodontal disease is confirmed by both x-ray films and pocket depth summaries of each tooth involved.