



Over 400 Covered Dental Procedures

A complete list of all covered procedures provided by our dental insurance and the Participating Providers and Preventive Benefit Rider

The chart below shows the covered dental procedures Physicians Mutual Insurance Company, Inc. pays benefits for, as well as the maximum expense paid for each. Customers with this coverage have access to discounts through the Ameritas Classic PPO Network. The amounts shown are the same regardless of provider participation. There are no penalties for seeing a Non-Participating Provider. Only the procedures listed receive benefits for the schedule (A, D or E) for the plan option selected. For Participating Providers, the amount paid will not exceed the Maximum Allowable Charge. For Non-Participating Providers, the amount paid will not exceed the amount of the actual charge for the procedure. Covered procedures may vary by state and are subject to change. No benefits are payable for a procedure that is not listed. If you have any questions, give us a call us at 1-800-228-9100.

		Maximum Covered Expense		
Procedure Code	TYPE I – PREVENTIVE	Economy Plus Option Schedule A	Standard Plus Option Schedule D	Preferred Plus Option Schedule E
D0120	Periodic oral evaluation – established patient.	\$34	\$39	\$44
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver.	\$31	\$34	\$38
D0150	Comprehensive oral evaluation – new or established patient.	\$41	\$49	\$57
D0180	Comprehensive periodontal evaluation – new or established patient.	\$41	\$49	\$57
Two evaluations will be allowed in a 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 – comprehensive series of radiographic images.	\$44	\$60	\$77
D0330	Panoramic radiographic image.	\$45	\$59	\$72
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.	\$17	\$19	\$22
D0272	Bitewings – two radiographic images.	\$22	\$27	\$33
D0273	Bitewings – three radiographic images.	\$24	\$30	\$38
D0274	Bitewings – four radiographic images.	\$29	\$36	\$44
D0277	Vertical Bitewings – 7 to 8 radiographic images.	\$29	\$36	\$44
Bitewing radiographic images are limited to 2 allowances in a Policy Year. A D0270 – D0277 counts toward this maximum allowance. In addition, D0277 will be limited to once in a 5-year period.				
D1110	Prophylaxis – adult.	\$49	\$60	\$71
D1120	Prophylaxis – child.	\$40	\$48	\$56
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation.	\$31	\$41	\$52
D4910	Periodontal maintenance.	\$51	\$61	\$72
D1110, D1120, D4346, and D4910: Coverage is limited to a total of two of any of these procedures in a Policy 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.				

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

D9932	Cleaning and inspection of removable complete denture, maxillary.	\$49	\$60	\$71	
D9933	Cleaning and inspection of removable complete denture, mandibular.	\$49	\$60	\$71	
D9934	Cleaning and inspection of removable partial denture, maxillary.	\$49	\$60	\$71	
D9935	Cleaning and inspection of removable partial denture, mandibular.	\$49	\$60	\$71	
Cleaning and inspection of removable partial or complete denture will be allowed twice in a 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 periodontal evaluation and Diagnosis on a subsequent visit.	\$49	\$60	\$71	
D4355: One of these procedures will be allowed in a 3-year period.*					
D1206	Topical application of fluoride varnish.	\$21	\$25	\$30	
D1208	Topical application of fluoride – excluding varnish.	\$21	\$25	\$30	
D1206 or D1208: Coverage for fluoride treatment is limited to persons age 18 and under and to one treatment in a Policy Year.					
D1510	Space maintainer – fixed – unilateral – per quadrant.	\$102	\$141	\$181	
D1516	Space maintainer – fixed – bilateral, maxillary.	\$168	\$231	\$297	
D1517	Space maintainer – fixed – bilateral, mandibular.	\$168	\$231	\$297	
D1520	Space maintainer – removable – unilateral – per quadrant.	\$160	\$221	\$284	
D1526	Space maintainer – removable – bilateral, maxillary.	\$196	\$270	\$347	
D1527	Space maintainer – removable – bilateral, mandibular.	\$196	\$270	\$347	
D1575	Distal shoe space maintainer – fixed – unilateral – per quadrant.	\$102	\$141	\$181	
D1510 – D1527, D1575: Coverage is limited to space maintenance for unerupted teeth, following extraction or primary teeth. Allowance includes all adjustments within 6 months after installation.					
D1551	Re-cement or re-bond bilateral space maintainer – maxillary.	\$21	\$29	\$37	
D1552	Re-cement or re-bond bilateral space maintainer – mandibular.	\$21	\$29	\$37	
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant.	\$21	\$29	\$37	
D1556	Removal of fixed unilateral space maintainer – per quadrant.	\$25	\$34	\$44	
D1557	Removal of fixed bilateral space maintainer – maxillary.	\$25	\$34	\$44	
D1558	Removal of fixed bilateral space maintainer – mandibular.	\$25	\$34	\$44	
D8210	Removable appliance therapy.	\$154	\$213	\$273	
D8220	Fixed appliance therapy.	\$154	\$213	\$273	
D8210 – D8220: Coverage is limited to correction of thumb-sucking.					
Procedure Code		TYPE II – BASIC (MISCELLANEOUS PROCEDURES)	Economy Plus Option Schedule A	Standard Plus Option Schedule D	Preferred Plus Option Schedule E
D0140	Limited oral evaluation – problem focused.	\$19	\$25	\$32	
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit).	\$19	\$25	\$32	
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.					
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	
D0472 – D0474: Coverage is limited to one examination per biopsy/excision.*					
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	

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D1353	Sealant repair – per tooth.	\$14	\$19	\$25
D1354	Interim caries arresting medicament application – per tooth.	\$14	\$19	\$25
D1355	Caries preventive medicament application – per tooth.	\$14	\$19	\$25
D1351, D1353 – D1355: Coverage is limited to once per tooth during a 3-year period. D1351 and D1353: Coverage limited to treatment of the occlusal surface or permanent molar teeth for persons age 16 and under.*				
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.	\$26	\$34	\$44
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core.	\$25	\$34	\$44
D2920	Re-cement or re-bond crown.	\$25	\$34	\$44
D2921	Reattachment of tooth fragment, incisal edge or cusp.	\$61	\$82	\$105
D2940	Placement of interim direct restoration.	\$25	\$34	\$44
D2991	Application of hydroxyapatite regeneration medicament – per tooth.	\$14	\$19	\$25
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 – per 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 retentive/clasping materials – per tooth.	\$50	\$67	\$84
D5640	Replace missing or broken teeth – partial denture – per tooth.	\$36	\$48	\$62
D5730	Reline complete maxillary denture (direct).	\$75	\$100	\$128
D5731	Reline complete mandibular denture (direct).	\$74	\$100	\$127
D5740	Reline maxillary partial denture (direct).	\$67	\$90	\$114
D5741	Reline mandibular partial denture (direct).	\$67	\$90	\$115
D5750	Reline complete maxillary denture (indirect).	\$111	\$149	\$190
D5751	Reline complete mandibular denture (indirect).	\$109	\$146	\$187
D5760	Reline maxillary partial denture (indirect).	\$111	\$149	\$190
D5761	Reline mandibular partial denture (indirect).	\$111	\$150	\$191
D5730 – D5761: Coverage for relines is limited to service dates more than 6 months after installation.				
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
D6930	Re-cement or re-bond fixed partial denture.	\$35	\$47	\$60
D9110	Palliative treatment of dental pain – per visit.	\$27	\$36	\$46
D9110: Not covered in conjunction with other procedures, except diagnostic radiographic images.				
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician.	\$25	\$33	\$43
D9310: Coverage is limited to 1 of these procedures per 1 Provider.				
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed.	\$17	\$23	\$29
D9430: Coverage is allowed for accidental injury only.				
D9440	Office visit – after regularly scheduled hours.	\$33	\$44	\$57
D9440: Payment will be made based on services rendered or visit, whichever is greater.				
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

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Procedure Code	TYPE II – BASIC (RESTORATIVE, EXCLUDING INLAYS, CROWNS)	Economy Plus Option Schedule A	Standard Plus Option Schedule D	Preferred Plus Option Schedule E
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 (anterior).	\$68	\$91	\$116
D2390	Resin-based composite crown, anterior.	\$49	\$66	\$83
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
D2928	Prefabricated porcelain/ceramic crown – permanent tooth.	\$76	\$102	\$131
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
D2933	Prefabricated stainless steel crown with resin window.	\$83	\$111	\$141
D2140 – D2394, D2928 – D2933: Porcelain and resin benefits are considered for anterior and bicuspid teeth only. Alternative Procedure limitation applies.				
D2390, D2928 – D2933: Coverage is limited to persons age 18 and under.				
D2951	Pin retention – per tooth, in addition to restoration.	\$12	\$16	\$21
D2990	Resin infiltration of incipient smooth surface lesions.	\$39	\$52	\$66
Procedure Code	TYPE II – BASIC (SIMPLE EXTRACTIONS AND ORAL SURGERY)	Economy Plus Option Schedule A	Standard Plus Option Schedule D	Preferred Plus Option Schedule E
D7111	Extraction, coronal remnants – primary tooth.	\$35	\$47	\$60
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).	\$35	\$47	\$60
D7252	Partial extraction for immediate implant placement.	\$52	\$69	\$84
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 avulsed 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	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant.	\$59	\$80	\$101
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant.	\$20	\$40	\$51

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D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant.	\$75	\$101	\$129
D7321	Alveoloplasty 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
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
D7471 – D7473: A maximum of 5 sites will be considered.				
D7485	Reduction of osseous tuberosity.	\$105	\$143	\$143
D7490	Radical resection of maxilla or mandible.	\$146	\$196	\$249
D7509	Marsupialization of odontogenic cyst.	\$48	\$65	\$82
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
D7961	Buccal/labial frenectomy (frenulectomy).	\$116	\$156	\$197
D7962	Lingual frenectomy (frenulectomy).	\$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

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

D7983	Closure of salivary fistula.	\$43	\$57	\$73
Procedure Code	TYPE II – BASIC (ANESTHESIA)	Economy Plus Option Schedule A	Standard Plus Option Schedule D	Preferred Plus Option Schedule E
D9219	Evaluation for moderate sedation, 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
D9224	General anesthesia with advanced airway – first 15 minutes.	\$51	\$69	\$88
D9225	General anesthesia with advanced airway – each subsequent 15 minute increment.	\$51	\$69	\$88
D9239	Intravenous moderate sedation – first 15 minutes.	\$34	\$46	\$58
D9243	Intravenous moderate sedation – each subsequent 15 minute increment.	\$34	\$46	\$58
D9222 – D9243: Coverage is not available without a cutting procedure. A maximum of four units will be considered.				
Procedure Code	TYPE III – MAJOR (ENDODONTICS)	Economy Plus Option Schedule A	Standard Plus Option Schedule D	Preferred Plus Option Schedule E
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament.	\$29	\$40	\$49
Limited to treatment of primary teeth:				
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
D3331	Treatment of root canal obstruction; non-surgical access.	\$51	\$70	\$85
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.	\$78	\$106	\$129
D3333	Internal root repair of perforation defects.	\$48	\$65	\$79
D3310 – D3333: Coverage is limited to permanent teeth. Allowance includes intra-operative radiographs and cultures but excludes final restoration.				
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
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.				
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

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D3421	Apicoectomy – premolar (first root).	\$157	\$214	\$261
D3425	Apicoectomy – molar (first root).	\$170	\$231	\$282
D3426	Apicoectomy – (each additional root).	\$60	\$83	\$101
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
D3471	Surgical repair of root resorption – anterior.	\$104	\$142	\$173
D3472	Surgical repair of root resorption – premolar.	\$122	\$167	\$204
D3473	Surgical repair of root resorption – molar.	\$140	\$192	\$235
D3501	Surgical exposure of root surface without apicoectomy or repair of root for resorption – anterior.	\$52	\$71	\$87
D3502	Surgical exposure of root surface without apicoectomy or repair of root for resorption – premolar.	\$61	\$84	\$102
D3503	Surgical exposure of root surface without apicoectomy or repair of root for resorption – molar.	\$70	\$96	\$117
D3920	Hemisection (including any root removal) not including root canal therapy.	\$75	\$102	\$124
D3921	Decoronation or submergence of an erupted tooth.	\$35	\$47	\$60

Procedure Code	TYPE III – MAJOR (PERIODONTICS)	Economy Plus Option Schedule A	Standard Plus Option Schedule D	Preferred Plus Option Schedule E
Surgical Procedures (including postoperative visits):				
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, per site.	\$36	\$48	\$59
D4210 – D4265: Coverage is limited to treatment of periodontal disease. Each procedure is eligible for consideration once in a 3-year period.*				
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

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

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
D4270 – D4273, D4275 – D4285: Coverage is limited to treatment of periodontal disease. A maximum of two sites per quadrant will be considered in a 3-year period.*				
D4274	Mesial/distal or proximal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area).	\$95	\$130	\$159
Non-surgical Periodontal Procedures:				
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
D4341 – D4342: Each procedure is eligible for consideration once in a 2-year period, per quadrant.*				
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth.	\$32	\$45	\$55
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.				
Procedure Code	TYPE III – MAJOR (SURGICAL EXTRACTIONS)	Economy Plus Option Schedule A	Standard Plus Option Schedule D	Preferred Plus Option Schedule E
D7210	Extraction, 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, impacted teeth only.	\$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 Plus Option Schedule A	Standard Plus Option Schedule D	Preferred Plus 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

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

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
D2712	Crown – $\frac{3}{4}$ 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
D2753	Crown – porcelain fused to titanium and titanium alloys.	\$302	\$401	\$501
D2780	Crown – $\frac{3}{4}$ cast high noble metal.	\$302	\$401	\$501
D2781	Crown – $\frac{3}{4}$ cast predominantly base metal.	\$302	\$401	\$501
D2782	Crown – $\frac{3}{4}$ cast noble metal.	\$302	\$401	\$501
D2783	Crown – $\frac{3}{4}$ porcelain/ceramic.	\$302	\$401	\$501
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 and titanium alloys.	\$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
D2510 – D2794: Porcelain and resin benefits are considered for anterior and bicuspid teeth only. Alternative Procedure limitation applies.				
D2510 – D2794, D2950, D2952 – D2954, D2980 – D2983: A pretreatment estimate is strongly suggested for these services. Damage from normal wear and tear (attrition) is not covered. Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury. Coverage of a replacement appliance is limited to 1 of any of these procedures per 5 years. Benefits for replacement will be based on the prior placement date.				
D2950: This is reviewed by our dental consultants and benefits are allowed when diagnostic data indicates significant tooth structure loss.				

Procedure Code	TYPE III – MAJOR (PROSTHODONTICS – FIXED)	Economy Plus Option Schedule A	Standard Plus Option Schedule D	Preferred Plus Option Schedule E
	Pontics:			
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 and titanium alloys.	\$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

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

D6242	Pontic – porcelain fused to noble metal.	\$302	\$401	\$501
D6243	Pontic – porcelain fused to titanium and titanium alloys.	\$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
D6205 – D6252: Replacement is limited to 1 of any of these procedures per 5 year(s). Benefits for replacement will be based on the prior placement date. Porcelain and resin benefits are considered for anterior and bicuspid teeth only. Coverage for an initial placement of an appliance is provided only when the extraction of the tooth or teeth occurred during the period of plan coverage.				
	Implant Supported:			
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 crown – porcelain fused to high noble alloys.	\$302	\$401	\$501
D6067	Implant supported crown – high noble alloys.	\$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
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 FPD – porcelain fused to high noble alloys.	\$302	\$401	\$501
D6077	Implant supported retainer for metal FPD - high noble alloys.	\$302	\$401	\$501
D6082	Implant supported crown – porcelain fused to predominantly base alloys.	\$302	\$401	\$501
D6083	Implant supported crown – porcelain fused to noble alloys.	\$302	\$401	\$501
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys.	\$302	\$401	\$501
D6086	Implant supported crown – predominantly base alloys.	\$302	\$401	\$501
D6087	Implant supported crown – noble alloys.	\$302	\$401	\$501
D6088	Implant supported crown – titanium and titanium alloys.	\$302	\$401	\$501
D6094	Abutment supported crown – titanium and titanium alloys.	\$302	\$401	\$501
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys.	\$302	\$401	\$501
D6098	Implant supported retainer – porcelain fused to predominantly base alloys.	\$302	\$401	\$501
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys.	\$302	\$401	\$501
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

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

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
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys.	\$302	\$401	\$501
D6121	Implant supported retainer for metal FPD – predominantly base alloys.	\$302	\$401	\$501
D6122	Implant supported retainer for metal FPD – noble alloys.	\$302	\$401	\$501
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys.	\$302	\$401	\$501
D6194	Abutment supported retainer crown for FPD – titanium and titanium alloys.	\$302	\$401	\$501
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys.	\$302	\$401	\$501
D6058 – D6077, D6082 – D6088, D6094, D6097 – D6123, and D6194 – D6195: Although implants are not a covered benefit, these procedures may qualify for benefits. Coverage is subject to the replacement and extraction provisions as defined under the Limitations section of this contract.				

Procedure Code	TYPE III – MAJOR (RETAINERS – ABUTMENTS)	Economy Plus Option Schedule A	Standard Plus Option Schedule D	Preferred Plus Option Schedule E
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

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

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
D6753	Retainer crown – porcelain fused to titanium and titanium alloys.	\$302	\$401	\$501
D6780	Retainer crown – $\frac{3}{4}$ cast high noble metal.	\$302	\$401	\$501
D6781	Retainer crown – $\frac{3}{4}$ cast predominantly base metal.	\$302	\$401	\$501
D6782	Retainer crown – $\frac{3}{4}$ cast noble metal.	\$302	\$401	\$501
D6783	Retainer crown – $\frac{3}{4}$ porcelain/ceramic.	\$302	\$401	\$501
D6784	Retainer crown – $\frac{3}{4}$ titanium and titanium alloys.	\$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 and titanium alloys.	\$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
D6545 – D6794, D6940 – D6980, D9120: Porcelain and resin benefits are considered for anterior and bicuspid teeth only. Coverage for an initial placement of an appliance is provided only when the extraction of the tooth or teeth occurred during the period of plan coverage. Coverage of a replacement appliance is limited to 1 of any of these procedures per 5 years. Benefits for replacement will be based on the prior placement date.				
Procedure Code	TYPE III – MAJOR (PROSTHODONTICS – REMOVABLE)	Economy Plus Option Schedule A	Standard Plus Option Schedule D	Preferred Plus Option Schedule E
D5110	Complete denture – maxillary.	\$236	\$321	\$392
D5120	Complete denture – mandibular.	\$229	\$312	\$381
D5130	Immediate denture – maxillary.	\$256	\$348	\$425
D5140	Immediate denture – mandibular.	\$248	\$337	\$411
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth).	\$170	\$231	\$282
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth).	\$197	\$267	\$326
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).	\$274	\$373	\$455
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).	\$274	\$373	\$455
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth).	\$170	\$231	\$282
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth).	\$170	\$231	\$282
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).	\$274	\$373	\$455
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).	\$274	\$373	\$455
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth).	\$170	\$231	\$282
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth).	\$197	\$267	\$326
D5227	Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth).	\$170	\$231	\$282

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

D5228	Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth).	\$197	\$267	\$326
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	\$146	\$199	\$243
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular.	\$146	\$199	\$243
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant.	\$146	\$199	\$243
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant.	\$146	\$199	\$243
D5110 – D5140, D5221 – D5286: 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.				
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
D5110 – D5286, D5670 – D5671: Coverage for an initial placement of an appliance is provided only when the extraction of the tooth or teeth occurred during the period of plan coverage. Coverage of a replacement appliance is limited to 1 of any of these procedures per 5 years. Benefits for replacement will be based on the prior placement date.				
D5670 – D5671: Prosthetic replacement limitation applies. See Limitations section.				
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
D5410 – D5422: Coverage is limited to an adjustment with a date of service more than 6 months after installation.				
D5650	Add tooth to existing partial denture – per tooth.	\$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
D5720	Rebase maxillary partial denture.	\$82	\$112	\$137
D5721	Rebase mandibular partial denture.	\$87	\$118	\$144
D5725	Rebase hybrid prosthesis.	\$69	\$94	\$114
D5765	Soft liner for complete or partial removable denture – direct.	\$111	\$149	\$190
D5810	Interim complete denture (maxillary).	\$104	\$142	\$173
D5811	Interim complete denture (mandibular).	\$110	\$150	\$183
D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary.	\$92	\$125	\$153
D5821	Interim partial denture (including retentive/clasping materials, rests and teeth), mandibular.	\$96	\$131	\$160
D5850	Tissue conditioning, maxillary.	\$23	\$32	\$39
D5851	Tissue conditioning, mandibular.	\$26	\$35	\$43
D5863	Overdenture – complete maxillary – natural tooth borne.	\$236	\$321	\$392
D5864	Overdenture – partial maxillary – natural tooth borne.	\$274	\$373	\$455
D5865	Overdenture – complete mandibular – natural tooth borne.	\$229	\$312	\$381
D5866	Overdenture – partial mandibular – natural tooth borne.	\$274	\$373	\$455
D5876	Add metal substructure to acrylic complete denture – per arch.	\$78	\$106	\$129
D5810 – D5876: Coverage for an initial placement of an appliance is provided only when the extraction of the tooth or teeth occurred during the period of plan coverage. Coverage of a replacement appliance is limited to 1 of any of these procedures per 5 years. Benefits for replacement will be based on the prior placement date.				

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