

# PLUS PLAN

## Copayment Schedule

### 1. Plan Dentist Services

The dental services listed in the following schedule are covered only when provided by the Member's selected Plan Dentist. The Member will be responsible for paying the amount listed in the "Member Copayment" column (plus any applicable lab fees\*) at the time the service is received, or in accordance with the selected Plan Dentist's billing procedures. Dental services that do not appear on this list are not covered by the Plan.

\*Services marked with a single asterisk (\*) below also require separate payment of laboratory charges. The laboratory charges must be paid to the Plan Dentist in addition to any applicable copayment for the service.

*Payment for each service of a Non-Plan Dentist (at that dentist's normal retail charge) is the responsibility of the Member, except for limited Plan Benefits for covered dental Emergency Services for temporary pain relief.*

### 2. Plan Specialist Services

Should the Member require dental services that his or her selected Plan Dentist is unable to provide, he or she may obtain those services from a Plan Specialist at a reduced rate. No referral is needed from the selected Plan Dentist in order for the Member to obtain services from a Plan Specialist.

There is no applicable copayment schedule for Plan Specialist services. Instead, the following reductions in that Plan Specialist's normal retail charges apply to all services received from a Plan Specialist. A 15% reduction applies if the Plan Specialist is an endodontist. A 25% reduction applies if the Plan Specialist is any other type of specialist, including but not limited to an orthodontist. The Member is responsible for paying the entire reduced charge at the time the service is received, or in accordance with the Plan Specialist's billing procedures.

*Payment for each service of a Non-Plan Specialist (at that specialist's normal retail charge) is the responsibility of the Member, except for limited Plan Benefits for covered dental Emergency Services for temporary pain relief.*

ADA Code**	Service Description**	Member Copayment
<b>Appointments</b>		
None	Office visit - during regularly scheduled hours***	10.00
120	Periodic oral evaluation (once in any 6 calendar months) ....	No Charge
140	Limited oral evaluation - problem focused .....	20.00
150	Comprehensive oral evaluation - new or established patient (once in any 6 calendar months) .....	No Charge
160	Detailed and extensive oral evaluation - problem focused .....	15.00
170	Re-evaluation - limited, problem focused (established patient; not post-operative visit) .....	15.00
180	Comprehensive periodontal evaluation - new or established patient.....	15.00
None	Missed appointment without 24-hour notice*** .....	20.00
9310	Consultation (diagnostic service by dentist other than practitioner providing treatment) .....	60.00
9440	Office visit - after regularly scheduled hours.....	40.00
<b>Diagnostic Dentistry</b>		
210	X-ray: intraoral - complete series (including bitewings) (once in any 3 calendar years).....	No Charge
220	X-ray: intraoral - periapical first film.....	No Charge
230	X-ray: intraoral - periapical each additional film.....	No Charge
240	X-ray: intraoral - occlusal film.....	No Charge
250	X-ray: extraoral - first film.....	No Charge
260	X-ray: extraoral - each additional film.....	No Charge

ADA Code**	Service Description**	Member Copayment
270	X-ray: bitewing - single film .....	No Charge
272	X-ray: bitewing - two films (once in any 6 calendar months) .....	No Charge
274	X-ray: bitewing - four films (once in any 6 calendar months) .....	No Charge
277	X-ray: vertical bitewings - 7 to 8 films .....	No Charge
330	X-ray: panoramic film (once in any 3 calendar years).....	No Charge
415	Bacteriologic studies for determination of pathologic agents .....	No Charge
425	Caries susceptibility tests.....	No Charge
460	Pulp vitality tests .....	No Charge
<b>Preventive Dentistry</b>		
1110	Prophylaxis - adult (once in any 6 calendar months) .....	No Charge
1120	Prophylaxis - child (once in any 6 calendar months).....	No Charge
1203	Topical application of fluoride (prophylaxis not included) - child .....	No Charge
1310	Nutritional counseling for control of dental disease.....	No Charge
1330	Oral hygiene instructions .....	No Charge
1351	Sealant - per tooth .....	10.00
1510*	Space maintainer - fixed - unilateral.....	60.00
1515*	Space maintainer - fixed - bilateral.....	60.00
1520*	Space maintainer - removable - unilateral.....	85.00
1525*	Space maintainer - removable - bilateral.....	105.00
1550	Recementation of space maintainer .....	15.00
None	Additional prophylaxis*** .....	25.00
9940*	Occlusal guard.....	70.00
9951	Occlusal adjustment - limited .....	30.00
9952	Occlusal adjustment - complete .....	150.00
<b>Restorative Dentistry</b>		
2140	Amalgam - one surface, primary or permanent.....	10.00
2150	Amalgam - two surfaces, primary or permanent.....	15.00
2160	Amalgam - three surfaces, primary or permanent.....	35.00
2161	Amalgam - four or more surfaces, primary or permanent.....	45.00
2330	Resin-based composite - one surface, anterior.....	35.00
2331	Resin-based composite - two surfaces, anterior.....	45.00
2332	Resin-based composite - three surfaces, anterior.....	55.00
2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior) .....	65.00
2391	Resin-based composite - one surface, posterior .....	60.00
2392	Resin-based composite - two surfaces, posterior.....	70.00
2393	Resin-based composite - three surfaces, posterior .....	80.00
2394	Resin-based composite - four or more surfaces, posterior .....	110.00
2510*	Inlay - metallic - one surface.....	102.00
2520*	Inlay - metallic - two surfaces.....	125.00
2530*	Inlay - metallic - three or more surfaces .....	150.00
2542*	Onlay - metallic - two surfaces.....	215.00
2543*	Onlay - metallic - three surfaces .....	220.00
2544*	Onlay - metallic - four or more surfaces .....	220.00
2610*	Inlay - porcelain/ceramic, one surface.....	200.00
2620*	Inlay - porcelain/ceramic, two surfaces.....	210.00
2630*	Inlay - porcelain/ceramic, three or more surfaces.....	220.00
2740*	Crown - porcelain/ceramic substrate .....	265.00
2750*	Crown - porcelain fused to high noble metal.....	265.00
2751*	Crown - porcelain fused to predominantly base metal .....	265.00
2752*	Crown - porcelain fused to noble metal .....	265.00
2790*	Crown - full cast high noble metal .....	265.00
2791*	Crown - full cast predominantly base metal .....	265.00
2792*	Crown - full cast noble metal.....	265.00
2910	Recement inlay .....	15.00

Code**	Service Description**	member Copayment
2920	Recement crown .....	15.00
2930	Prefabricated stainless steel crown - primary tooth .....	80.00
2940	Sedative filling.....	15.00
2950	Core buildup, including any pins .....	75.00
2951	Pin retention - per tooth, in addition to restoration.....	15.00
2952*	Cast post and core, in addition to crown.....	90.00
2954	Prefabricated post and core, in addition to crown .....	80.00
2962*	Labial veneer (porcelain laminate) - laboratory .....	315.00
2980	Crown repair .....	25.00
None	Temporary filling*** .....	15.00

**Endodontics**

3110	Pulp cap - direct (excluding final restoration).....	15.00
3120	Pulp cap - indirect (excluding final restoration) .....	10.00
3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.....	40.00
3310	Root canal therapy: anterior (excluding final restoration) .....	135.00
3320	Root canal therapy: bicuspid (excluding final restoration) .....	195.00
3330	Root canal therapy: molar (excluding final restoration) .....	245.00
3346	Retreatment of previous root canal therapy - anterior .....	325.00
3347	Retreatment of previous root canal therapy - bicuspid.....	385.00
3348	Retreatment of previous root canal therapy - molar.....	460.00
3410	Apicoectomy/periradicular surgery - anterior.....	125.00
3421	Apicoectomy/periradicular surgery - bicuspid (first root).....	170.00
3425	Apicoectomy/periradicular surgery - molar (first root).....	220.00
3426	Apicoectomy/periradicular surgery (each additional root).....	100.00
3430	Retrograde filling - per root .....	40.00
3450	Root amputation - per root.....	70.00
3920	Hemisection (including any root removal), not including root canal therapy .....	80.00

**Periodontics**

4210	Gingivectomy or gingivoplasty, four or more contiguous teeth or bounded teeth spaces per quadrant.....	120.00
4211	Gingivectomy or gingivoplasty, one to three teeth, per quadrant.....	65.00
4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant.....	140.00
4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant.....	100.00
4260	Osseous surgery, (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant.....	350.00
4261	Osseous surgery, (including flap entry and closure) - one to three teeth, per quadrant.....	203.00
4320	Provisional splinting - intracoronal.....	80.00
4321	Provisional splinting - extracoronal.....	75.00
4341	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant.....	50.00
4342	Periodontal scaling and root planing - one to three teeth, per quadrant.....	30.00
4355	Full mouth debridement to enable comprehensive evaluation and diagnosis .....	70.00
4910	Periodontal maintenance .....	45.00
None	Periodontal hygiene instructions****.....	No Charge

**Removable Prosthodontics (Removable Dentures)**

5110*	Complete denture - maxillary.....	295.00
5120*	Complete denture - mandibular.....	375.00
5130*	Immediate denture - maxillary.....	400.00
5140*	Immediate denture - mandibular .....	400.00
5211*	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth).....	350.00
5212*	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth) .....	350.00

Code**	Service Description**	member Copayment
5213*	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth).....	380.00
5214*	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth).....	380.00
5410	Adjust complete denture - maxillary .....	15.00
5411	Adjust complete denture - mandibular .....	15.00
5421	Adjust partial denture - maxillary.....	15.00
5422	Adjust partial denture - mandibular .....	15.00
5510*	Repair broken complete denture base.....	30.00
5610*	Repair resin denture base.....	35.00
5620*	Repair cast framework.....	35.00
5630*	Repair or replace broken clasp.....	35.00
5640*	Replace broken teeth - per tooth.....	35.00
5650*	Add tooth to existing partial denture.....	35.00
5730	Reline complete maxillary denture (chairside).....	60.00
5731	Reline complete mandibular denture (chairside) .....	60.00
5740	Reline maxillary partial denture (chairside) .....	60.00
5741	Reline mandibular partial denture (chairside) .....	60.00
5750*	Reline complete maxillary denture (laboratory).....	95.00
5751*	Reline complete mandibular denture (laboratory) .....	95.00
5760*	Reline maxillary partial denture (laboratory).....	95.00
5761*	Reline mandibular partial denture (laboratory) .....	95.00
5850	Tissue conditioning, maxillary.....	25.00
5851	Tissue conditioning, mandibular .....	25.00
5862	Precision attachment.....	150.00

**Fixed Prosthodontics (Bridges or Fixed Partial Dentures)**

6210*	Pontic - cast high noble metal .....	265.00
6211*	Pontic - cast predominantly base metal.....	265.00
6212*	Pontic - cast noble metal.....	265.00
6240*	Pontic - porcelain fused to high noble metal.....	265.00
6241*	Pontic - porcelain fused to predominantly base metal.....	265.00
6242*	Pontic - porcelain fused to noble metal.....	265.00
6251*	Pontic - resin with predominantly base metal.....	265.00
6545*	Retainer - cast metal for resin bonded fixed prosthesis .....	140.00
6721*	Crown - resin with predominantly base metal.....	265.00
6750*	Crown - porcelain fused to high noble metal.....	265.00
6751*	Crown - porcelain fused to predominantly base metal .....	265.00
6752*	Crown - porcelain fused to noble metal .....	265.00
6780*	Crown - 3/4 cast high noble metal .....	265.00
6790*	Crown - full cast high noble metal .....	265.00
6791*	Crown - full cast predominantly base metal .....	265.00
6792*	Crown - full cast noble metal.....	265.00
6930	Recement fixed partial denture .....	15.00
6940	Stress breaker .....	150.00
6950	Precision attachment.....	195.00
6980*	Fixed partial denture repair .....	45.00
None*	Resin bonded bridge pontic, per unit*** .....	235.00

**Oral Surgery**

7111	Extraction, coronal remnants - deciduous tooth.....	20.00
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) .....	15.00
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth .....	50.00
7220	Removal of impacted tooth - soft tissue.....	65.00
7230	Removal of impacted tooth - partially bony .....	75.00
7240	Removal of impacted tooth - completely bony.....	100.00
7241	Removal of impacted tooth - completely bony, with unusual surgical complications.....	135.00
7250	Surgical removal of residual tooth roots (cutting procedure) .....	40.00

ADA Code**	Service Description**	Member Copayment
7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth .....	100.00
7281	Surgical exposure of impacted or unerupted tooth to aid eruption.....	85.00
7310	Alveoloplasty in conjunction with extractions - per quadrant.....	60.00
7320	Alveoloplasty not in conjunction with extractions - per quadrant...	90.00
7510	Incision and drainage of abscess - intraoral soft tissue .....	35.00
7960	Frenulectomy (frenectomy or frenotomy) - separate procedure .	125.00

ADA Code**	Service Description**	Member Copayment
<b>Anesthesia, Analgesia, and Sedation</b>		
9220	Deep sedation/general anesthesia - first 30 minutes.....	180.00
9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	15.00
9241	Intravenous conscious sedation/analgesia - first 30 minutes.....	165.00
9242	Intravenous conscious sedation/analgesia - each additional 15 minutes .....	30.00
<b>Bleaching</b>		
9972	External bleaching per arch.....	155.00

This is a sample Member Copayment Schedule only. It is not an Evidence of Coverage. Please see the Group Dental Service Agreement, Evidence of Coverage, and Copayment Schedule, which determine all rights, benefits, and applicable limitations and exclusions.

Listed copayments apply only to Plan Dentists who perform the corresponding listed services. The Plan Dentist selected by the Member may not perform all listed services. Availability of Plan Dentists is subject to change.

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\*\*\*Service does not have an ADA Current Dental Terminology code or descriptor.