CODE	PROCEDURE	PATIENT PAYS
	Office Visit Copay	$5
D0120	Periodic oral evaluation - established patient	No Charge
D0140	Limited oral evaluation - problem focused	No Charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary care giver	No Charge
D0150	Comprehensive oral evaluation - new or established patient	No Charge
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Charge
D0170	Re-evaluation- limited, problem focused (established patient; not post-operative visit)	No Charge
D0180	Comprehensive periodontal evaluation - new or established patient	No Charge
D0210	Intraoral - complete series of radiographic images	No Charge
D0220	Intraoral - periapical first radiographic image	No Charge
D0230	Intraoral - periapical each additional radiographic image	No Charge
D0240	Intraoral, Occlusal Image	No Charge
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and dectector	No Charge
D0251	Extra-oral - dental radiographic image	No Charge
D0270	Bitewing - single radiographic image	No Charge
D0272	Bitewing - two radiographic images	No Charge
D0273	Bitewing - three radiographic images	No Charge
D0274	Bitewing - four radiographic images	No Charge
D0277	Vertical Bitewings - 7 to 8 images	No Charge
D0330	Panoramic Image	No Charge
D0391	Interpretation of Diagnostic Image	No Charge
D0470	Diagnostic Casts	No Charge
D0472	Accession of tissue, gross examination, prepration and transmission of written report	No Charge

D0473	Accession of tissue, gross and microscopic examination, prepration and transmission of written report	No Charge
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, prepration and transmission of written report	No Charge
D1110	Prophy - Adult	$8
D1120	Prophy - Child	$7
D1206	Application of Topical Fluoride Varnish (child)	No Charge
D1208	Topical application of fluoride - excluding varnish (child)	No Charge
D1330	Oral Hygiene Instruction	No Charge
D1351	Sealant - per tooth	$8
D1352	Preventive Resin Restoration	$8
D1353	Sealant Repair - Per Tooth	$4
D1354	Interim caries arresting medicament application, per tooth	$8
D1355	Caries preventive medicament application, per tooth	$6
D1510	Space Maintainer - Fixed Unilateral	$80
D1516	Space maintainer - fixed - bilateral, maxillary	$80
D1517	Space maintainer - fixed - bilateral, mandibular	$80
D1520	Space Maintainer - Removable Unilateral	$80
D1526	Space maintainer - removable - bilateral, maxillary	$80
D1527	Space maintainer - removable - bilateral, mandibular	$80
D1551	Recement or rebond bilateral space maintainer - maxillary	$15
D1552	Recement or rebond bilateral space maintainer - mandibular	$15
D1553	Recement or re-bond unilateral space maintainer - per quad	$8
D1556	Removal of fixed unilateral space maintainer - per quad	$8
D1557	Removal of fixed bilateral space maintainer - maxillary	$15
D1558	Removal of fixed bilateral space maintainer - mandibular	$15
D1575	Distal shoe space maintainer - fixed - unilateral	$88
D2140	Amalgam - 1 Surf Primary or Permanent	$16
D2150	Amalgam - 2 Surf Primary or Permanent	$24

D2160	Amalgam - 3 Surf Primary or Permanent	$32
D2161	Amalgam - 4+ Surf Primary or Permanent	$40
D2330	Resin-Based Composite 1 Surf, Anterior	$25
D2331	Resin-Based Composite 2 Surf, Anterior	$35
D2332	Resin-Based Composite 3 Surf, Anterior	$35
D2335	Resin-Based Composite 4+ Surf; Anterior (or involving Incisal angle)	$60
D2390	Resin-Based Composite Crown, Anterior	$60
D2391	Resin-Based Composite 1 Surf, Posterior	$45
D2392	Resin-Based Composite 2 Surf, Posterior	$60
D2393	Resin-Based Composite 3 Surf, Posterior	$85
D2394	Resin-Based Composite 4+ Surf, Posterior	$90
D2510	Inlay - Metallic 1 Surf	$225
D2520	Inlay - Metallic 2 Surf	$225
D2530	Inlay - Metallic 3 Surf	$225
D2542	Onlay - Metallic 2 Surf	$240
D2543	Onlay - Metallic 3 Surf	$240
D2544	Onlay, Metallic - 4 or More Surf	$240
D2610	Inlay, Porcelain/Ceramic - 1 Surf	$225
D2620	Inlay, Porcelain/Ceramic - 2 Surf	$225
D2630	Inlay, Porcelain/Ceramic - 3 or More Surf	$225
D2642	Onlay, Porcelain/Ceramic - 2 Surf	$240
D2643	Onlay, Porcelain/Ceramic - 3 Surf	$240
D2644	Onlay, Porcelain/Ceramic - 4 or More Surf	$240
D2650	Inlay, Composite/Resin - 1 Surf	$225
D2651	Inlay, Composite/Resin - 2 Surf	$225
D2652	Inlay, Composite/Resin - 3 Surf	$225
D2662	Onlay, Composite/Resin - 2 Surf	$240
D2663	Onlay, Composite/Resin - 3 Surf	$240
D2664	Onlay, Composite/Resin - 4 or More Surf	$240

D2710	Crown - Resin-Based Composite, Indirect	$315
D2712	Crown - 3/4 Resin-Based Composite, Indirect	$252
D2720	Crown - Resin With High Noble Metal	$315
D2721	Crown - Resin With Predominantly Base Metal	$315
D2722	Crown - Resin With Noble Metal	$315
D2740	Crown - Porcelain/Ceramic Substrate	$315
D2750	Crown - Porcelain Fused to High Noble Metal	$315
D2751	Crown - Porcelain Fused to Predominantly Base Metal	$315
D2752	Crown - Porcelain Fused to Noble Metal	$315
D2753	Crown - Porcelain fused to titanium and titanium alloys	$315
D2780	Crown - 3/4 Cast High Noble Metal	$315
D2781	Crown - 3/4 Cast Predominantly Based Metal	$315
D2782	Crown - 3/4 Cast Noble Metal	$315
D2783	Crown - 3/4 Porcelain/Ceramic	$315
D2790	Crown - Full Cast High Noble Metal	$315
D2791	Crown - Full Cast Predominantly Base Metal	$315
D2792	Crown - Full Cast Noble Metal	$315
D2794	Crown - Titanium	$315
D2910	Recement Inlay, Onlay or Partial Coverage Restoration	$15
D2915	Recement Cast or Prefab Post and Core	$8
D2920	Recement Crown	$15
D2921	Reattachment of tooth fragment, incisal edge or dusp	$6
D2929	Prefab Porcelain/Ceramic Crown - Primary Tooth	$50
D2930	Prefab, Stainless Steel Crown - Primary Tooth	$50
D2931	Prefab, Stainless Steel Crown - Permanent Tooth	$60
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	$50
D2940	Placement of interim direct restoration	$8
D2950	Core Buildup, Including Any Pins	$90
D2951	Pin Retention - In Addition to Restoration	$10

D2952	Post & Core in Addition to Crown	$128
D2989	Excavation of a tooth resulting in the determination of non-restorability	$8
D2990	Resin Infiltration of Lesion	$8
D3110	Pulp Cap - Direct (excluding final restoration)	$6
D3120	Pulp Cap - Indirect (excluding final restoration)	$6
D3220	Therapeutic Pulpotomy (excluding final restoration)	$55
D3221	Pulpal Debridement, Primary and Permanent Teeth	$10
D3222	Partial Pulpotomy	$50
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	$55
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	$55
D3310	Root Canal Therapy - Anterior (excluding final restoration)	$120
D3320	Root Canal Therapy - Bicuspid (excluding final restoration)	$180
D3330	Root Canal Therapy - Molar (excluding final restoration)	$303
D3331	Treatment of Root Canal Obstruction, Nonsurgical Access	$120
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	$90
D3333	Internal Root Repair of Perforation Defects	$90
D3346	Retreatment of Previous Root Canal Therapy - Anterior	$220
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	$280
D3348	Retreatment of Previous Root Canal Therapy - Molar	$403
D3410 (1)	Apicoectomy/Periradicular Surgery - Anterior	$141
D3421 (1)	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	$141
D3425 (1)	Apicoectomy/Periradicular Surgery - Molar (First Root)	$150
D3426 (1)	Apicoectomy/Periradicular Surgery- Each Additional Root	$90
D3430 (1)	Retrograde Filling - Per Root	$65
D3450 (1)	Root Amputation - Per Root	$80
D3471 (1)	Surgical repair of root resorption, anterior	$64
D3472 (1)	Surgical repair of root resorption, premolar	$85
D3473 (1)	Surgical repair of root resorption, molar	$106

D3501 (1)	Surgical exposure of root surface without apicoectomy or repair of root resorption, anterior	$84
D3502 (1)	Surgical exposure of root surface without apicoectomy or repair of root resorption, premolar	$112
D3503 (1)	Surgical exposure of root surface without apicoectomy or repair of root resorption, molar	$140
D4210 (1)	Gingivectomy or Gingivoplasty - 4 or More Teeth - Per Quadrant	$160
D4211 (1)	Gingivectomy or Gingivoplasty - 1-3 Teeth - Per Quadrant	$60
D4212 (1)	Gingivectomy to allow access, per tooth	$24
D4240 (1)	Gingival Flap Procedure, Including Root Planing - 4 or More Teeth - Per Quadrant	$171
D4241 (1)	Gingival Flap Procedure, Including Root Planing - 1-3 Teeth - Per Quadrant	$103
D4245 (1)	Apically Positioned Flap	$140
D4249	Clinical Crown Lengthening, Hard Tissue	$195
D4260 (1)	Osseous Surgery (Including Flap Entry and Closure) - 4 or More Teeth - Per Quadrant	$325
D4261 (1)	Osseous Surgery (Including Flap Entry and Closure) - 1-3 Teeth - Per Quadrant	$195
D4268 (1)	Surgical Revision Procedure, Per Tooth	$130
D4270 (1)	Pedicle Soft Tissue Graft Procedure	$250
D4273 (1)	Subepithelial Connective Tissue Graft, Per Tooth	$150
D4275 (1)	Soft Tissue Allograft	$300
D4276 (1)	Connective Tissue/Pedicle Graft, Per Tooth	$248
D4277 (1)	Free soft tissue graft - first tooth	$106
D4278 (1)	Free soft tissue graft - each additional tooth	$53
D4283 (1)	Autogenous connective tissue graft	$83
D4285 (1)	Non-autogenous connective tissue graft	$165
D4341	Periodontal Scaling and Root Planing - 4 or More Teeth - Per Quadrant	$56
D4342	Periodontal Scaling and Root Planing - 1-3 Teeth - Per Quadrant	$34
D4346	Scaling in presence of generalized moderate/severe gingival inflammation - full mouth, after oral evaluation	$30
D4355	Debridement	$60

D4910	Periodontal Maintenance	$60
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist)	$10
D5110 (2)	Complete Denture - Maxillary	$300
D5120 (2)	Complete Denture - Mandibular	$300
D5130	Immediate Denture - Maxillary	$330
D5140	Immediate Denture - Mandibular	$330
D5211 (2)	Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	$300
D5212 (2)	Mandibular Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	$300
D5213 (2)	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	$400
D5214 (2)	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	$400
D5221	Immediate max partial dental - resin base (including any conventional clasps, rests and teeth)	$345
D5222	Immediate mand partial dental - resin base (including any conventional clasps, rests and teeth)	$345
D5223	Immediate max partial denture - cast base framework w/resin denture base (including any conventional clasps, rests and teeth)	$460
D5224	Immediate mand partial denture - cast base framework w/resin denture base (including any conventional clasps, rests and teeth)	$460
D5225 (2)	Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth)	$360
D5226 (2)	Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth)	$360
D5227 (2)	Immediate Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth).	$360
D5228 (2)	Immediate Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth).	$360
D5282 (2)	Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth) - maxillary	$300
D5283 (2)	Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth) - mandibular	$300

D5284 (2)	Removable Unilateral Partial Denture - one piece flex base (including clasps and teeth) - per quad	$180
D5286 (2)	Removable Unilateral Partial Denture - one piece resin (including clasps and teeth) - per quad	$150
D5410	Adjust Complete Denture - Maxillary	$10
D5411	Adjust Complete Denture - Mandibular	$10
D5421	Adjust Partial Denture - Maxillary	$10
D5422	Adjust Partial Denture - Mandibular	$10
D5511	Repair Broken Complete Denture Base - mandibular	$36
D5512	Repair Broken Complete Denture Base - maxillary	$36
D5520	Replace Missing or Broken Teeth - Complete Denture (each tooth)	$25
D5611	Repair Resin Partial Denture Base - mandibular	$35
D5612	Repair Resin Partial Denture Base - maxillary	$35
D5621	Repair Cast Partial Framework - mandibular	$35
D5622	Repair Cast Partial Framework - maxillary	$35
D5630	Repair or Replace Broken Clasp	$35
D5640	Replace Broken Teeth - Per Tooth	$35
D5650	Add Tooth to Existing Partial Denture	$35
D5660	Add Clasp to Existing Partial Denture	$45
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)	$100
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	$100
D5710	Rebase Complete Maxillary Denture	$100
D5711	Rebase Complete Mandibular Denture	$100
D5720	Rebase Maxillary Partial Denture	$100
D5721	Rebase Mandibular Partial Denture	$100
D5725	Rebase Hybrid Prosthesis	$100
D5730	Reline Complete Maxillary Denture (Chairside)	$50
D5731	Reline Complete Mandibular Denture (Chairside)	$50
D5740	Reline Maxillary Partial Denture (Chairside)	$50

D5741	Reline Mandibular Partial Denture (Chairside)	$50
D5750	Reline Complete Maxillary Denture (Lab)	$114
D5751	Reline Complete Mandibular Denture (Lab)	$114
D5760	Reline Maxillary Partial Denture (Lab)	$114
D5761	Reline Mandibular Partial Denture (Lab)	$114
D5765	Soft Liner for Complete or Partial Removable Denture - indirect	$114
D5820 (3)	Interim Partial Denture (Maxillary)	$143
D5821 (3)	Interim Partial Denture (Mandibular)	$143
D5850	Tissue Conditioning, Maxillary	$50
D5851	Tissue Conditioning, Mandibular	$50
D5876	Add metal substructure to acrylic full denture (per arch)	$36
D6010	Endosteal implant - surgical placement	$1215
D6013	Surgical placement of mini implant	$756
D6056	Prefabricated abutment - includes placement	$440
D6058	Abutment Supported Porcelain/Ceramic Crown	$315
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	$315
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	$315
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	$315
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	$315
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	$315
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	$315
D6065	Implant Supported Porcelain/Ceramic Crown	$315
D6066	Implant Supported Porcelain Fused to Metal Crown (Titanium, Titanium Alloy or High Noble Metal)	$315
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy or High Noble Metal)	$315
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	$315
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal)	$315

D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Predominantly Base Metal)	$315
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal)	$315
D6072	Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)	$315
D6073	Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal)	$315
D6074	Abutment Supported Retainer for Cast Metal FPD (Noble Metal)	$315
D6075	Implant Supported Retainer for Ceramic FPD	$315
D6076	Implant Supported Retainer for FPD - porcelain fused to high noble alloys	$315
D6077	Implant Supported Retainer for FPD - high noble alloys	$315
D6080	Implant Maintenance Procedures	$88
D6081	Scaling/debridement in presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	$17
D6082	Implant Sup Crown - porcelain/predominantly base alloys	$315
D6083	Implant Sup Crown - porcelain fused to noble alloys	$315
D6084	Implant Sup Crown - porcelain/titanium and titanium alloys	$315
D6086	Implant Sup Crown - predominantly base alloys	$315
D6087	Implant Sup Crown - noble alloys	$315
D6088	Implant Sup Crown - titanium and titanium alloys	$315
D6094	Abutment Supported Crown - (Titanium)	$315
D6097	Abutment Sup Crown - porcelain/titanium and titanium alloys	$315
D6098	Implant Sup retainer - porcelain/predominantly base alloys	$315
D6099	Implant Sup retainer for FPD - porcelain / noble alloys	$315
D6110	Implant Abut Sup Removable Dent-Max	$300
D6111	Implant Abut Sup Removable Dent-Mand	$300
D6112	Implant Abut Sup Removable Dent-Max	$300
D6113	Implant Abut Sup Removable Dent-Mand	$300
D6114	Implant Abut Sup Fixed Dent-Max	$300
D6115	Implant Abut Sup Fixed Dent-Mand	$300
D6116	Implant Abut Sup Fixed Dent-Max	$300

D6117	Implant Abut Sup Fixed Dent-Mand	$300
D6120	Abutment Sup Retainer - porcelain/titanium and titanium alloys	$315
D6121	Implant Sup Retainer for metal FPD- predominantly base alloys	$315
D6122	Implant Sup Retainer for metal FPD- noble alloys	$315
D6123	Abutment Sup Retainer for metal FPD- titanium and titanium alloys	$315
D6195	Abutment Sup Retainer - porcelain /titanium and titanium alloys	$315
D6197	Replacement of Restorative Material used to close an access opening of a screw-retained implant supported prosthesis, per implant	$45
D6205	Pontic - Indirect Resin Based Composite	$315
D6210	Pontic - Cast High Noble Metal	$315
D6211	Pontic - Cast Predominantly Base Metal	$315
D6212	Pontic - Cast Noble Metal	$315
D6214	Pontic - Titanium	$315
D6240	Pontic - Porcelain Fused to High Noble Metal	$315
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	$315
D6242	Pontic - Porcelain Fused to Noble Metal	$315
D6243	Pontic - Porcelain fused to titanium and titanium alloys	$315
D6245	Pontic - Porcelain/Ceramic	$315
D6250	Pontic - Resin With High Noble Metal	$315
D6251	Pontic - Resin With Predominantly Base Metal	$315
D6252	Pontic - Resin With Noble Metal	$315
D6545	Retainer - Cast Metal for Resin-Bonded Fixed Prosthesis	$225
D6548	Retainer - Porcelain/Ceramic for Resin-Bonded Fixed Prosthesis	$225
D6549	Resin Retainer - Resin Bonded Prosthesis	$158
D6600	Inlay - Porcelain/Ceramic, 2 Surf	$225
D6601	Inlay - Porcelain/Ceramic, 3+ Surf	$225
D6602	Inlay - Cast High Noble Metal, 2 Surf	$245
D6603	Inlay - Cast High Noble Metal, 3+ Surf	$245
D6604	Inlay - Cast Predominantly Base Metal, 2 Surf	$225

D6605	Inlay - Cast Predominantly Base Metal, 3+ Surf	$225
D6606	Inlay - Cast Noble Metal, 2 Surf	$245
D6607	Inlay - Cast Noble Metal, 3+ Surf	$245
D6608	Onlay - Porcelain/Ceramic, 2 Surf	$240
D6609	Onlay - Porcelain/Ceramic, 3+ Surf	$240
D6610	Onlay - Cast High Noble Metal, 2 Surf	$260
D6611	Onlay - Cast High Noble Metal, 3+ Surf	$260
D6612	Onlay - Cast Predominantly Base Metal, 2 Surf	$240
D6613	Onlay - Cast Predominantly Base Metal, 3+ Surf	$240
D6614	Onlay - Cast Noble Metal, 2 Surf	$260
D6615	Onlay - Cast Noble Metal, 3+ Surf	$260
D6624	Inlay - Titanium	$245
D6634	Onlay - Titanium	$260
D6710	Crown - Indirect Resin Based Composite	$315
D6720	Crown - Resin With High Noble Metal	$315
D6721	Crown - Resin With Predominantly Base Metal	$315
D6722	Crown - Resin With Noble Metal	$315
D6740	Crown - Porcelain/Ceramic	$315
D6750	Crown - Porcelain Fused to High Noble Metal	$315
D6751	Crown - Porcelain Fused to Predominantly Base Metal	$315
D6752	Crown - Porcelain Fused to Noble Metal	$315
D6753	Crown - porcelain fused to titanium and titanium alloys	$315
D6780	Crown - 3/4 Cast High Noble Metal	$315
D6781	Crown - 3/4 Cast Predominantly Base Metal	$315
D6782	Crown - 3/4 Cast Noble Metal	$315
D6783	Crown - 3/4 Porcelain/Ceramic	$315
D6784	Crown 3/4 - titanium and titanium alloys	$315
D6790	Crown - Full Cast High Noble Metal	$315
D6791	Crown - Full Cast Predominantly Base Metal	$315

D6792	Crown - Full Cast Noble Metal	$315
D6794	Crown - Titanium	$315
D6930	Recement Fixed Partial Denture	$20
D7111	Extraction, Coronal Remnants - Deciduous Tooth	$6
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	$15
D7210 (1)	Surgical Removal of Erupted Tooth	$36
D7220 (1)	Removal of Impacted Tooth - Soft Tissue	$60
D7230 (1)	Removal of Impacted Tooth - Partially Bony	$72
D7240 (1)	Removal of Impacted Tooth - Completely Bony	$128
D7241 (1)	Removal of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	$128
D7250 (1)	Surgical Removal of Residual Tooth Roots	$35
D7251	Coronectomy - intentional partial tooth removal	$64
D7280 (1)	Surgical Access of Unerupted Tooth	$60
D7282 (1)	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	$70
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	$14
D7284 (1)	Excisional biopsy of minor salivary glands	$300
D7285 (1)	Biopsy of Oral Tissue - Hard (Bone, Tooth)	$100
D7286 (1)	Biopsy of Oral Tissue - Soft	$100
D7287 (1)	Cytological Sample Collection	$100
D7310 (1)	Alveoloplasty in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant	$35
D7311 (1)	Alveoloplasty in Conjunction With Extractions - 1 to 3 Teeth or Tooth Spaces - Per Quadrant	$18
D7320 (1)	Alveoloplasty Not in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant	$60
D7321 (1)	Alveoloplasty Not in Conjunction With Extractions - 1-3 Teeth or Tooth Spaces - Per Quadrant	$30
D7510 (1)	Incision and Drainage of Abcess - Intraoral Soft Tissue	$30
D7511 (1)	Incision and Drainage of Abcess - Intraoral Soft Tissue - Complicated	$33

D7961 (1)	Buccal / labial frenectomy (frenulectomy)	$90
D7962 (1)	Lingual frenectomy (frenulectomy)	$90
D7963 (1)	Frenuloplasty	$95
D9110	Palliative (Emergency) Treatment of Dental Pain - minor procedure	$10
D9222	Deep sedation/general anesthesia - 1st 15 min	$104
D9223	Deep sedation/general anesthesia - each 15 minute increment	$83
D9224	Administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereof	$120
D9225	Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof	$95
D9239	Intravenous conscious sedation/analgesia - 1st 15 min	$104
D9243	Intravenous conscious sedation/analgesia - each 15 minute increment	$83
D9246	Administration of moderate sedation - non-intravenous parenteral - first 15 minute increment, or any portion thereof	$62
D9247	Administration of moderate sedation - non-intravenous parenteral - each subsequent 15 minute increment, or any portion thereof	$50
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	No Charge
D9311	Consultation with a medical health care professional	No Charge
D9932	Denture cleaning and inspection of removable complete denture, maxillary	$25
D9933	Denture cleaning and inspection of removable complete denture, mandibular	$25
D9934	Denture cleaning and inspection of removable partial denture, maxillary	$25
D9935	Denture cleaning and inspection of removable partial denture, mandibular	$25
D9936	Cleaning and inspection of occlusal guard - per appliance	$15
D9942	Repair and/or Reline of Occlusal Guard	$18
D9943	Occlusal guard adjustment	$16
D9944	Occlusal guard - hard appliance, full arch	$150
D9945	Occlusal guard - soft appliance, full arch	$130
D9946	Occlusal guard - hard appliance, partial arch	$78
D9951	Occlusal Adjustment - limited	$30

D9952	Occlusal Adjustment - complete	$100
	Additional Charge per Unit for Full Mouth Rehabilitation.	$125
(1) Certain services may be covered under the Medical Plan. Contact Member Services for more details.		
(2) Includes relines, adjustments, rebases within the 1st six months.		
(3) Eligible on Anterior Teeth only.		
Services may be subject to age and frequency limitations. See your booklet for details.		
Charges for crowns and bridgework are per unit. There will be additional charges for the actual cost for gold/high noble metal.		
Full mouth rehabilitation is defined as 6 or more units of covered crowns and/or pontics under one treatment plan.		
ORTHODONTICS		
	Comprehensive Orthodontic Treatment - Includes exam, records, retention and appliance	
	Adolescent - excludes transitional dentition	$500
	Adult - excludes transitional dentition	$500

Other Important Information

This Benefit summary of the Aetna Dental Maintenance Organization (DMO®) provides information on benefits provided when services are rendered by a participating dentist. In order for a covered person to be eligible for benefits, dental services must be provided by a primary care dentist selected from the network of participating DMO dentists. Out of network benefits may apply. Please refer to your Schedule of Benefits.

This policy DOES NOT include coverage of pediatric dental services as required under federal law. Coverage of pediatric dental services is available for purchase in the State of Colorado, and can be purchased as a stand-alone plan, or as a covered benefit in another health plan. Please contact your insurance carrier, agent, or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an Exchange-qualified stand-alone dental plan that includes pediatric dental coverage.

Employees residing in AZ, CA, GA, MA, MD, MO, NC, NJ and TX must either live or work within the approved DMO® service area to be eligible to enroll in the DMO®.
The DMO® plan is not available for employees that reside in the following states: AK, AL, AR, LA, ME, MS, MT, ND, NH, PR, SC, SD, WY and VT.

Due to state law, limited (varying by state) DMO® benefits for non-emergency services rendered by non-participating providers are available for plan contracts written in: CT, IL, KY and OH and for members residing in OK (regardless of

contract situs state).

Attention Massachusetts residents: Before enrolling, you should be aware that our network of preferred providers in Massachusetts has providers mainly in the following counties: Barnstable, Berkshire, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester. Your out-of-pocket expenses will be higher if you do not see an in-network provider and, in some plans, benefits may not be available at all for out-of-network providers

ed. 2026 "Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

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PLAN EXCLUSIONS AND LIMITATIONS (apply unless otherwise noted in the member booklet):*

Some Services Not Covered Under the Plan Are*:

1. Charges for services or supplies
   - Provided by a network provider in excess of the negotiated charge.
   - Provided by an out-of-network provider in excess of the recognized charge.
   - Provided for your personal comfort or convenience, or the convenience of any other person, including dental provider
   - Provided in connection with treatment or care that is not covered under the plan
   - Cancelled or missed appointment charges or charges to complete claim forms
   - Charges for which you have no legal obligation to pay
   - Charges that would not be made if you did not have coverage, including:
     - Care in charitable institutions
     - Care for conditions related to current or previous military service
     - Care while in the custody of a governmental authority

2. Any charge in excess of any benefit, dollar, visit, or frequency limit stated in the schedule of benefits.

3. Cosmetic services and supplies including:
- Plastic surgery
- Reconstructive surgery
- Cosmetic surgery
- Personalization or characterization of dentures or other services and supplies which improve, alter or enhance appearance
- Augmentation and vestibuloplasty and other services to protect, clean, whiten, bleach or alter the appearance of teeth whether or not for psychological or emotional reasons

• Facings on molar crowns and pontics will always be considered cosmetic.
4. Court-ordered services and supplies - Includes those court-ordered services and supplies, or those required as a condition of parole, probation, release or as a result of any legal proceeding.
5. Acupuncture, acupressure and acupuncture therapy
6. Crown, inlays and onlays, and veneers unless for one of the following: • It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material • The tooth is an abutment to a covered partial denture or fixed bridge.
7. Dental implants, false teeth, prosthetic restoration of dental implants, plates, dentures, braces, mouth guards, and other devices to protect, replace or reposition teeth and removal of implants.
8. Dentures, crowns, inlays, onlays, bridges, or other prosthetic appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or correcting attrition, abrasion, or erosion. (Does not apply to California residents covered under the DMO plan)
9. Dental work that began before you were covered by the plan. This means that the following dental work is not covered (Does not apply to California and Texas residents covered under the DMO plan): · An appliance, or modification of an appliance, if an impression for it was made before you were covered by the plan · A crown, bridge, or cast or processed restoration, if a tooth was prepared for it before you were covered by the plan · Root canal therapy, if the pulp chamber for it was opened before you were covered by the plan
10. General anesthesia and intravenous sedation, unless specifically covered and done in connection with another eligible dental service. Medically necessary services, such as anesthesia, may be covered for neurodiverse patients as needed.
11. Instruction for diet, tobacco counseling and oral hygiene.
12. Orthodontic treatment except as covered in the Eligible Dental Services section of the schedule of benefits.
13. Dental services and supplies made with high noble metals (gold or titanium) except as covered in the Eligible Dental Services section of the schedule of benefits.
14. Services and supplies provided in connection with treatment or care that is not covered under the plan.

15. Replacement of a device or appliance that is lost, missing or stolen, and for the replacement of appliances that have been damaged due to abuse, misuse or neglect and for an extra set of dentures.
16. Replacement of teeth beyond the normal complement of 32.
17. Services and supplies provided where there is no evidence of pathology, dysfunction or disease, other than covered preventive services. (Does not apply to California residents covered under the DMO plan)
18. Space maintainers except when needed to preserve space resulting from the premature loss of deciduous teeth.
19. Surgical removal of impacted wisdom teeth when removed only for orthodontic reasons.
20. Temporomandibular joint dysfunction/disorder
21. Dental services and supplies that are covered in whole or in part: • Under any other part of this plan • Under any other plan of group benefits provided by the policyholder
22. Experimental or investigational drugs, devices, treatments or procedures. (Does not apply toTexas residents covered under the DMO plan)
23. Services, including but not limited to, those treatments, services, prescription drugs and supplies which are not medically necessary (as determined by Aetna) for the diagnosis and treatment of illness, injury, restoration of physiological functions, or covered preventive services. This applies even if they are prescribed, recommended or approved by your physician or dentist.
24. Payment for a portion of the charge that another party is responsible for as the primary payer.
25. Prescribed drugs, pre-medication or analgesia.
26. Treatment by other than a dentist. However, the plan will cover some services provided by a licensed dental hygienist under the supervision and guidance of a dentist. These are: • Scaling of teeth • Cleaning of teeth • Topical application of fluoride.

27. Work related illness or injuries.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.

Specialty Referrals

1. Under the DMO dental plan, services performed by specialists are eligible for coverage only when prescribed by the primary care dentist and authorized by Aetna Dental. If Aetna's payment to the specialty dentist is based on a negotiated fee, then the member's copayment for the service will be based on the same negotiated fee.

2. DMO members may visit an orthodontist without first obtaining a referral from their primary care dentist. In an effort to ease
the administrative burden on both participating Aetna dentists and members, Dental has opened direct access for DMO members to orthodontic services.

Emergency Dental Care

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week. You should contact your Primary Care Dentist to receive treatment. If you are unable to contact your PCD, contact Member Services for assistance in locating a dentist. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

Your Dental Care Plan Coverage Is Subject to the Following Rules:

Alternate treatment rule: Sometimes there are several ways to treat a dental problem, all of which provide acceptable results.

- If a charge is made for a non-eligible dental service or supply and an eligible dental service that would provide an acceptable result, then your plan will pay a benefit for the eligible dental service or supply.
- If a charge is made for an eligible dental service but another eligible dental service that would provide an acceptable result is less expensive, the benefit will be for the least expensive eligible dental service.

- You should review the differences in the cost of alternate treatment with your dental provider. Of course, you and your dental provider can still choose the more costly treatment method. You are responsible for any charges in excess of what your plan will cover.

Replacement rule: Some eligible dental services are subject to your plan's replacement rule. The replacement rule applies to replacements of, or additions to existing:

- Crowns
- Inlays
- Onlays
- Veneers
- Complete dentures
- Removable partial dentures
- Fixed partial dentures (bridges)
- Other prosthetic services

These eligible dental services are covered only when you give us proof that:

- You had a tooth (or teeth) extracted after the existing denture or bridge was installed.
- As a result, you need to replace or add teeth to your denture or bridge.
- The present item cannot be made serviceable, and is:

- A crown installed at least 5 years before its replacement.
- An inlay, onlay, veneer, complete denture, removable partial denture, fixed partial denture (bridge), or other prosthetic item installed at least 5 years before its replacement.

- While you were covered by the plan:

- Your present denture is an immediate temporary one that replaces that tooth (or teeth).
- A permanent denture is needed, and the temporary denture cannot be used as a permanent denture. Replacement must occur within 12 months from the date that the temporary denture was installed.

Late entrant rule (May not apply in certain states and group sizes. Refer to plan document for details): The plan does not cover services and supplies given to a person age 5 or older if that person did not enroll in the plan during one of the following:

- The first 31 days the person is eligible for this coverage or
- Any period of open enrollment agreed to by the employer and us

This does not apply to charges incurred for any of the following:

- After the person has been covered by the plan for 12 months
- As a result of injuries sustained while covered by the plan
- Diagnostic and preventive services such as exams, cleanings, fluoride, and images (excludes services related to orthodontia).

Finding Participating Providers
Consult Aetna Dental's online provider search for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. Not every provider listed in the directory will be accepting new patients. Although Aetna Dental has identified providers who were not accepting patients in our DMO plan as known to Aetna Dental at the time the provider directory was created, the status of a provider's practice may have changed. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your online ID card, or use our Internet-based provider search available at www.aetna.com.
Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern. In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate. All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.
Telehealth Services: the plan will reimburse the treating or consulting provider for the diagnosis, consultation, or treatment of an enrollee via telehealth on the same basis and to the same extent that the plan would reimburse the same covered in-person service. Members have access to virtual dental care. Log in to www.aetna.com to access virtual dental providers.
Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc. In Arizona, DMO Dental Plans are provided or administered by Aetna Health Inc.
This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. Aetna does not provide dental services and, therefore, cannot guarantee any results or outcomes. The availability of a plan or program may vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan.
Aetna Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with 45 CFR § 92.101(a)(2)). Aetna Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aetna Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 1-800-872-3862 (TTY: 711) or the number on the back of your ID card.

If you believe that Aetna Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator
Attn: 1557 Coordinator
CVS Pharmacy, Inc.
1 CVS Drive, MC 2332,
Woonsocket, RI 02895

Phone: 1-800-648-7817, TTY: 711
Email: CRCoordinator@aetna.com

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html
This notice is available at Aetna Inc.'s website:https://www.aetna.com/

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY: **711**

English	**To access language services at no cost to you, call the number on your ID card.**
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ።፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավելճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով հէրախոսահամարով
Carolinian (Kapasal Falawasch)	Ngir mëna am sarwis lakk yi te doo fay, woo nimero bi am ci sa kàrt.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Cushitic-Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf, lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ તના ખર્ચ ના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇ કાડપર રહેલ નંબર પર કોલ કરવો.
Hindi	बना कसी कमत के भाषा सेवाआ का उपयोग करने के लए, अपने आइड काडर् पर दए नंबर पर कॉल कर।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢကမၤန့ၣ် ကျိာ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိာ်လာ်ဘူာ်လာ်စ့ၢ် လၢနဂီၢ်အဂီၢ်, ကိးနိာ်ဂံၢ် လၢအအိာ် ဖဲန ID အဖီခိာ်နှာ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Laotian	ເພື່ເຂົ້າເຖິງບໍລິການພາສາທີ່ບເສຍຄ່າ, ໃຫ້ໂທຫາເບີ້ໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Mon-Khmer, Cambodian	ដើម្បីទទួលបនសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមទូរសព្ទកាន់លេខដែលមាននលើបណ្ណសម្គាល់ខ្លនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bą́ą́h líníígóó naaltsoos bee atah nílíígo nanitinígíí bee néého'dólzinígíí béésh bee hane'i bikáʼíɣíí áajíʼ hólneʼ.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian-Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆ ਪੰਜਾਬੀ ਸੇਵਾਵਾ ਦੀ ਵਰਤੋ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Syriac-Assyrian	ܠܡܚܘܝܐ ܫܘܬܦܘܬܐ ܕܠܫܢܐ ܒܠܚܘܕ ܠܐ ܡܫܠܡ ܐܢ ܐܝܬ ܠܟ ܟܪܛܝܣ ܕܗܘܝܬܐ ܕܝܠܟ ܐܝܬ ܠܟ ܠܡܨܠ ܠܡܣܦܪܐ ܕܛܠܦܘܢ ܕܒܟܪܛܝܣ ܕܗܘܝܬܐ ܕܝܠܟ.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Thai	**หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน**
Ukrainian	Щоб безкоштовнj отримати мовні послуги, задзвоніть за номером, вказаним на вашій iдентифiкайній картцi.
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.