

Southern California Drug Benefit Fund

2010 Indemnity Dental Schedule of Allowances for Dental Procedures Benefits, Limitations and Exclusions, including Miscellaneous Codes As Revised January 1, 2010

Gold and Platinum Plans

The Indemnity Dental Plan began using Delta Dental of California for administration effective January 1, 2010. This notice provides additional information on how the Dental Plan works. This notice also corrects the description of Covered Charges described in the Open Enrollment notice mailed in October 2009 and in the Summary of the Plans. Please read this notice carefully.

The Trustees establish a Schedule of Allowances that sets the maximum covered charge for each procedure. The Schedule is updated each year, and is attached to this notice.

In the past, claims were paid using the lower of the dentist's billed charge for the procedure or the amount in the Schedule of Allowances.

With the Delta Dental administration, claims incurred on or after January 1, 2010 will be paid using the lowest of the following amounts:

- The dentist's billed charge for the procedure, or
- The amount in the Schedule of Allowances, or
- The amount established between the dentist and Delta Dental. For Delta Dental PPO dentists, this amount is the contract rate. For Delta Dental Premier dentists, this amount is the dentist's filed fee.

These amounts are considered the "Covered Charges."

As in the past, you are still responsible for:

- Your annual deductible, currently \$75 per person; \$225 per family,
- Amounts over the calendar year maximum if you are in the Gold or Platinum plans,
- Amounts in excess of the Covered Charges.
- **IMPORTANT NOTE:** Predetermination for treatment plans in excess of \$500 is required and will be allowed only when patient need can be demonstrated. X-rays are required on all claims over \$500 and claims under \$500 when extractions, crowns, periodontal treatment, root canal therapy, or 3 or more restorations are involved. The annual maximum benefit per person is \$1,700. Please review the complete benefits, limitations and exclusions, including miscellaneous codes included in the attached Schedule.

To find a dentist in the Delta Dental network, go to www.deltadentalins.com or call 800.765.6003.

Beginning January 1, 2010 all dental claims are to be sent directly to Delta Dental, P.O. Box 997330, Sacramento, CA 95899-7330. Delta dentists will file the claims for you, so you will have less paperwork.

**Southern California Drug Benefit Fund
2010 Dental Table of Allowances
Delta Dental #5093**

| | | Allowance |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| D0100 – D0999 DIAGNOSTIC | | |
| Clinical oral evaluations | | |
| D0120 | Periodic oral evaluation – established patient | \$44.00 |
| D0140 | Limited oral evaluation — problem focused | \$57.00 |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | \$57.00 |
| D0150 | Comprehensive oral evaluation — new or established patient | \$57.00 |
| D0160 | Detailed and extensive oral evaluation — problem focused, by report | \$79.00 |
| D0170 | Re-evaluation — limited, problem focused (established patient; not post-operative visit) | \$44.00 |
| D0180 | Comprehensive periodontal evaluation — new or established patient | \$67.00 |
| Radiographs/diagnostic imaging (including interpretation) | | |
| D0210 | Intraoral — complete series (including bitewings) | \$93.00 |
| D0220 | Intraoral — periapical first film | \$25.00 |
| D0230 | Intraoral — periapical each additional film | \$24.00 |
| D0240 | Intraoral — occlusal film | \$44.00 |
| D0250 | Extraoral — first film | \$40.00 |
| D0260 | Extraoral — each additional film | \$35.00 |
| D0270 | Bitewing — single film | \$25.00 |
| D0272 | Bitewings — two films | \$35.00 |
| D0273 | Bitewings - three films | \$42.00 |
| D0274 | Bitewings — four films | \$47.00 |
| D0277 | Vertical bitewings — 7 to 8 films | \$70.00 |
| D0290 | Posterior — anterior or lateral skull and facial bone survey film | |
| D0330 | Panoramic film | \$77.00 |
| D0340 | Cephalometric film | |
| D0350 | Oral/facial photographic images | \$31.00 |
| Tests and examinations | | |
| D0415 | Collection of microorganisms for culture and sensitivity | \$26.00 |
| D0416 | Viral culture | \$26.00 |
| D0421 | Genetic test for susceptibility to oral diseases | \$26.00 |
| D0431 | Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures | \$26.00 |
| D0460 | Pulp vitality tests | |
| D0470 | Diagnostic casts | \$56.00 |
| Oral pathology laboratory | | |
| D0472 | Accession of tissue, gross examination, preparation and transmission of written report | \$144.00 |
| D0473 | Accession of tissue, gross and microscopic examination, preparation and transmission of written report | \$144.00 |
| D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report | \$144.00 |

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| D0475 | Decalcification procedure | |
| D0476 | Special stains for microorganisms | |
| D0477 | Special stains, not for microorganisms | |
| D0478 | Immunohistochemical stains | |
| D0479 | Tissue in-situ hybridization, including interpretation | |
| D0480 | Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report | \$144.00 |
| D0481 | Electron microscopy - diagnostic | |
| D0482 | Direct immunofluorescence | |
| D0483 | Indirect immunofluorescence | |
| D0484 | Consultation on slides prepared elsewhere | |
| D0485 | Consultation, including preparation of slides from biopsy material supplied by referring source | |
| D0502 | Other oral pathology procedures, by report | |
| D0999 | Unspecified diagnostic procedure, by report | |
| D1000 – D1999 PREVENTIVE | | |
| Dental prophylaxis | | |
| D1110 | Prophylaxis — adult | \$68.00 |
| D1120 | Prophylaxis — <i>child through age 13</i> | \$59.00 |
| Topical fluoride treatment (office procedure) | | |
| D1203 | Topical application of fluoride (prophylaxis not included) — <i>child through age 13</i> | \$30.00 |
| D1204 | Topical application of fluoride (prophylaxis not included) — adult | \$30.00 |
| D1206 | Topical fluoride varnish; therapeutic application for moderate to high caries risk patients | |
| Other preventive services | | |
| D1351 | Sealant — per tooth | |
| Space maintenance (passive appliances) | | |
| D1510 | Space maintainer — fixed — unilateral | \$235.00 |
| D1515 | Space maintainer — fixed — bilateral | \$290.00 |
| D1520 | Space maintainer — removable — unilateral | \$190.00 |
| D1525 | Space maintainer — removable — bilateral | \$210.00 |
| D1550 | Recementation of space maintainer | \$52.00 |
| D1555 | Removal of fixed space maintainer | |
| D2000 – D2999 RESTORATIVE | | |
| Amalgam restorations (including polishing) | | |
| D2140 | Amalgam — one surface, primary or permanent | \$86.00 |
| D2150 | Amalgam — two surfaces, primary or permanent | \$105.00 |
| D2160 | Amalgam — three surfaces, primary or permanent | \$123.00 |
| D2161 | Amalgam — four or more surfaces, primary or permanent | \$142.00 |
| Resin-based composite restorations-direct | | |
| D2330 | Resin-based composite — one surface, anterior | \$114.00 |
| D2331 | Resin-based composite — two surfaces, anterior | \$129.00 |
| D2332 | Resin-based composite — three surfaces, anterior | \$155.00 |

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| D2335 | Resin-based composite — four or more surfaces or involving incisal angle (anterior) | \$184.00 |
| D2390 | Resin-based composite crown, anterior | \$188.00 |
| D2391 | Resin-based composite — one surface, posterior | \$86.00 |
| D2392 | Resin-based composite — two surfaces, posterior | \$105.00 |
| D2393 | Resin-based composite — three surfaces, posterior | \$124.00 |
| D2394 | Resin-based composite — four or more surfaces, posterior | \$142.00 |
| Gold foil restorations | | |
| D2410 | Gold foil — one surface | |
| D2420 | Gold foil — two surfaces | |
| D2430 | Gold foil — three surfaces | |
| Inlay/onlay restorations | | |
| D2510 | Inlay — metallic — one surface | \$370.00 |
| D2520 | Inlay — metallic — two surfaces | \$537.00 |
| D2530 | Inlay — metallic — three or more surfaces | \$666.00 |
| D2542 | Onlay — metallic — two surfaces | \$537.00 |
| D2543 | Onlay — metallic — three surfaces | \$666.00 |
| D2544 | Onlay — metallic — four or more surfaces | \$666.00 |
| D2610 | Inlay — porcelain/ceramic — one surface | \$370.00 |
| D2620 | Inlay — porcelain/ceramic — two surfaces | \$537.00 |
| D2630 | Inlay — porcelain/ceramic — three or more surfaces | \$666.00 |
| D2642 | Onlay — porcelain/ceramic — two surfaces | \$537.00 |
| D2643 | Onlay — porcelain/ceramic — three surfaces | \$666.00 |
| D2644 | Onlay — porcelain/ceramic — four or more surfaces | \$666.00 |
| D2650 | Inlay — resin-based composite — one surface | \$370.00 |
| D2651 | Inlay — resin-based composite — two surfaces | \$537.00 |
| D2652 | Inlay — resin-based composite — three or more surfaces | \$666.00 |
| D2662 | Onlay — resin-based composite — two surfaces | \$537.00 |
| D2663 | Onlay — resin-based composite — three surfaces | \$660.00 |
| D2664 | Onlay — resin-based composite — four or more surfaces | \$666.00 |
| Crowns — single restorations only | | |
| D2710 | Crown — resin-based composite (indirect) | \$322.00 |
| D2712 | Crown — 3/4 resin-based composite (indirect) | \$344.00 |
| D2720 | Crown — resin with high noble metal | \$690.00 |
| D2721 | Crown — resin with predominantly base metal | \$690.00 |
| D2722 | Crown — resin with noble metal | \$690.00 |
| D2740 | Crown — porcelain/ceramic substrate | \$690.00 |
| D2750 | Crown — porcelain fused to high noble metal | \$690.00 |
| D2751 | Crown — porcelain fused to predominantly base metal | \$690.00 |
| D2752 | Crown — porcelain fused to noble metal | \$690.00 |
| D2780 | Crown — 3/4 cast high noble metal | \$690.00 |
| D2781 | Crown — 3/4 cast predominantly base metal | \$690.00 |
| D2782 | Crown — 3/4 cast noble metal | \$690.00 |
| D2783 | Crown — 3/4 porcelain/ceramic | \$690.00 |
| D2790 | Crown — full cast high noble metal | \$690.00 |
| D2791 | Crown — full cast predominantly base metal | \$690.00 |
| D2792 | Crown — full cast noble metal | \$690.00 |
| D2794 | Crown — titanium | \$690.00 |
| D2799 | Provisional crown | |

Other restorative services

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| D2910 | Recement inlay, onlay, or partial coverage restoration | \$76.00 |
| D2915 | Recement cast or prefabricated post and core | \$69.00 |
| D2920 | Recement crown | \$74.00 |
| D2930 | Prefabricated stainless steel crown — primary tooth | \$165.00 |
| D2931 | Prefabricated stainless steel crown — permanent tooth | \$206.00 |
| D2932 | Prefabricated resin crown | \$206.00 |
| D2933 | Prefabricated stainless steel crown with resin window | \$197.00 |
| D2934 | Prefabricated esthetic coated stainless steel crown — primary tooth | \$197.00 |
| D2940 | Sedative filling | |
| D2950 | Core buildup, including any pins | |
| D2951 | Pin retention — per tooth, in addition to restoration | |
| D2952 | Post and core in addition to crown, indirectly fabricated | \$223.00 |
| D2954 | Prefabricated post and core in addition to crown | \$196.00 |
| D2955 | Post removal (not in conjunction with endodontic therapy) | |
| D2957 | Each additional prefabricated post — same tooth | |
| D2960 | Labial veneer (resin laminate) — chairside | |
| D2961 | Labial veneer (resin laminate) — laboratory | |
| D2962 | Labial veneer (porcelain laminate) — laboratory | |
| D2970 | Temporary crown (fractured tooth) | |
| D2971 | Additional procedures to construct new crown under existing partial denture framework | |
| D2975 | Coping | |
| D2980 | Crown repair, by report | \$165.00 |
| D2999 | Unspecified restorative procedure, by report | |

D3000 – D3999 ENDODONTICS**Pulp capping**

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| D3110 | Pulp cap — direct (excluding final restoration) | |
| D3120 | Pulp cap — indirect (excluding final restoration) | |

Pulpotomy

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| D3220 | Therapeutic pulpotomy (excluding final restoration) — removal of pulp coronal to the dentinocemental junction and application of medicament | \$122.00 |
| D3221 | Pulpal debridement, primary and permanent teeth | \$81.00 |

Endodontic therapy on primary teeth

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|-------|----------------------------------------------------------------------------------------------|----------|
| D3230 | Pulpal therapy (resorbable filling) — anterior, primary tooth (excluding final restoration) | \$142.00 |
| D3240 | Pulpal therapy (resorbable filling) — posterior, primary tooth (excluding final restoration) | \$142.00 |

Endodontic therapy (including treatment plan, clinical procedures and follow-up care)

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|-------|----------------------------------------------------------|----------|
| D3310 | Anterior (excluding final restoration) | \$471.00 |
| D3320 | Bicuspid (excluding final restoration) | \$542.00 |
| D3330 | Molar (excluding final restoration) | \$670.00 |
| D3331 | Treatment of root canal obstruction; non-surgical access | |

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| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | |
| D3333 | Internal root repair of perforation defects | |
| Endodontic retreatment | | |
| D3346 | Retreatment of previous root canal therapy — anterior | \$540.00 |
| D3347 | Retreatment of previous root canal therapy — bicuspid | \$600.00 |
| D3348 | Retreatment of previous root canal therapy — molar | \$780.00 |
| Apexification/recalcification procedures | | |
| D3351 | Apexification/recalcification — initial visit (apical closure/calcific repair of perforations, root resorption, etc.) | \$195.00 |
| D3352 | Apexification/recalcification — interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) | \$195.00 |
| D3353 | Apexification/recalcification — final visit (includes completed root canal therapy — apical closure/calcific repair of perforations, root resorption, etc.) | \$195.00 |
| Apicoectomy/periradicular services | | |
| D3410 | Apicoectomy/periradicular surgery — anterior | \$470.00 |
| D3421 | Apicoectomy/periradicular surgery — bicuspid (first root) | \$577.00 |
| D3425 | Apicoectomy/periradicular surgery — molar (first root) | \$618.00 |
| D3426 | Apicoectomy/periradicular surgery (each additional root) | \$240.00 |
| D3430 | Retrograde filling — per root | \$177.00 |
| D3450 | Root amputation — per root | \$322.00 |
| Other endodontic procedures | | |
| D3910 | Surgical procedure for isolation of tooth with rubber dam | |
| D3920 | Hemisection (including any root removal), not including root canal therapy | \$280.00 |
| D3950 | Canal preparation and fitting of preformed dowel or post | |
| D3999 | Unspecified endodontic procedure, by report | |
| D4000 – D4999 PERIODONTICS | | |
| Surgical services (including usual post-operative care) | | |
| D4210 | Gingivectomy or gingivoplasty — four or more contiguous teeth or bounded teeth spaces per quadrant | \$522.00 |
| D4211 | Gingivectomy or gingivoplasty — one to three contiguous teeth or bounded teeth spaces per quadrant | \$366.00 |
| D4240 | Gingival flap procedure, including root planing — four or more contiguous teeth or bounded teeth spaces per quadrant | |
| D4241 | Gingival flap procedure, including root planing — one to three contiguous teeth or bounded teeth spaces per quadrant | |
| D4245 | Apically positioned flap | |
| D4249 | Clinical crown lengthening — hard tissue | \$445.00 |
| D4260 | Osseous surgery (including flap entry and closure) — four or more contiguous teeth or bounded teeth spaces per quadrant | \$875.00 |
| D4261 | Osseous surgery (including flap entry and closure) — one to three contiguous teeth or bounded teeth spaces per quadrant | \$670.00 |
| D4263 | Bone replacement graft — first site in quadrant | |

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| D4264 | Bone replacement graft — each additional site in quadrant | |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration | |
| D4266 | Guided tissue regeneration — resorbable barrier, per site | |
| D4267 | Guided tissue regeneration — nonresorbable barrier, per site (includes membrane removal) | |
| D4268 | Surgical revision procedure, per tooth | |
| D4270 | Pedicle soft tissue graft procedure | \$586.00 |
| D4271 | Free soft tissue graft procedure (including donor site surgery) | \$586.00 |
| D4273 | Subepithelial connective tissue graft procedures, per tooth | \$586.00 |
| D4274 | Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area) | \$400.00 |
| D4275 | Soft tissue allograft | \$545.00 |
| D4276 | Combined connective tissue and double pedicle graft, per tooth | \$545.00 |
| Non-surgical periodontal service | | |
| D4341 | Periodontal scaling and root planing — four or more teeth per quadrant | \$160.00 |
| D4342 | Periodontal scaling and root planing, — one to three teeth, per quadrant | \$116.00 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis | |
| Other periodontal services | | |
| D4910 | Periodontal maintenance | \$88.00 |
| D4920 | Unscheduled dressing change (by someone other than treating dentist) | |
| D4999 | Unspecified periodontal procedure, by report | |
| D5000 – D5899 PROSTHODONTICS (REMOVABLE) | | |
| Complete dentures (including routine post-delivery care) | | |
| D5110 | Complete denture — maxillary | \$1,010.00 |
| D5120 | Complete denture — mandibular | \$1,010.00 |
| D5130 | Immediate denture — maxillary | \$1,010.00 |
| D5140 | Immediate denture — mandibular | \$1,010.00 |
| Partial dentures (including routine post-delivery care) | | |
| D5211 | Maxillary partial denture — resin base (including any conventional clasps, rests and teeth) | \$805.00 |
| D5212 | Mandibular partial denture — resin base (including any conventional clasps, rests and teeth) | \$805.00 |
| D5213 | Maxillary partial denture — cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$1,085.00 |
| D5214 | Mandibular partial denture — cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$1,085.00 |
| D5225 | Maxillary partial denture — flexible base (including any clasps, rests and teeth) | \$963.00 |
| D5226 | Mandibular partial denture — flexible base (including any clasps, rests and teeth) | \$963.00 |

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| D5281 | Removable unilateral partial denture — one piece cast metal (including clasps and teeth) | \$530.00 |
| Adjustments to dentures | | |
| D5410 | Adjust complete denture — maxillary | \$67.00 |
| D5411 | Adjust complete denture — mandibular | \$67.00 |
| D5421 | Adjust partial denture — maxillary | \$67.00 |
| D5422 | Adjust partial denture — mandibular | \$67.00 |
| Repairs to complete dentures | | |
| D5510 | Repair broken complete denture base | \$125.00 |
| D5520 | Replace missing or broken teeth — complete denture (each tooth) | \$125.00 |
| Repairs to partial dentures | | |
| D5610 | Repair resin denture base | \$130.00 |
| D5620 | Repair cast framework | \$150.00 |
| D5630 | Repair or replace broken clasp | \$129.00 |
| D5640 | Replace broken teeth — per tooth | \$115.00 |
| D5650 | Add tooth to existing partial denture | \$123.00 |
| D5660 | Add clasp to existing partial denture | \$161.00 |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | \$950.00 |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | \$950.00 |
| Denture rebase procedures | | |
| D5710 | Rebase complete maxillary denture | \$340.00 |
| D5711 | Rebase complete mandibular denture | \$340.00 |
| D5720 | Rebase maxillary partial denture | \$340.00 |
| D5721 | Rebase mandibular partial denture | \$340.00 |
| Denture relining procedures | | |
| D5730 | Reline complete maxillary denture (chairside) | \$190.00 |
| D5731 | Reline complete mandibular denture (chairside) | \$190.00 |
| D5740 | Reline maxillary partial denture (chairside) | \$190.00 |
| D5741 | Reline mandibular partial denture (chairside) | \$190.00 |
| D5750 | Reline complete maxillary denture (laboratory) | \$306.00 |
| D5751 | Reline complete mandibular denture (laboratory) | \$306.00 |
| D5760 | Reline maxillary partial denture (laboratory) | \$306.00 |
| D5761 | Reline mandibular partial denture (laboratory) | \$306.00 |
| Interim prosthesis | | |
| D5820 | Interim partial denture (maxillary) | \$384.00 |
| D5821 | Interim partial denture (mandibular) | \$384.00 |
| Other removable prosthetic services | | |
| D5850 | Tissue conditioning — maxillary | \$126.00 |
| D5851 | Tissue conditioning — mandibular | \$126.00 |
| D5860 | Overdenture — complete, by report | \$925.00 |
| D5861 | Overdenture — partial, by report | \$925.00 |
| D5899 | Unspecified removable prosthodontic procedure, by report | |
| D6000 – D6199 IMPLANT SERVICES | | |

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| D6010 | Surgical placement of implant body: endosteal implant | |
| D6040 | Surgical placement: eposteal implant | |
| D6050 | Surgical placement: transosteal implant | |
| Implant supported prosthetics | | |
| D6053 | Implant/abutment supported removable denture for completely edentulous arch | |
| D6054 | Implant/abutment supported removable denture for partially edentulous arch | |
| D6055 | Dental implant supported connecting bar | |
| D6056 | Prefabricated abutment — includes placement | |
| D6057 | Custom abutment — includes placement | |
| D6058 | Abutment supported porcelain/ceramic crown | \$690.00 |
| D6059 | Abutment supported porcelain fused to metal crown (high noble metal) | \$690.00 |
| D6060 | Abutment supported porcelain fused to metal crown (predominantly base metal) | \$690.00 |
| D6061 | Abutment supported porcelain fused to metal crown (noble metal) | \$690.00 |
| D6062 | Abutment supported cast metal crown (high noble metal) | \$690.00 |
| D6063 | Abutment supported cast metal crown (predominantly base metal) | \$690.00 |
| D6064 | Abutment supported cast metal crown (noble metal) | \$690.00 |
| D6065 | Implant supported porcelain/ceramic crown | \$690.00 |
| D6066 | Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) | \$690.00 |
| D6067 | Implant supported metal crown (titanium, titanium alloy, high noble metal) | \$690.00 |
| D6068 | Abutment supported retainer for porcelain/ceramic FPD | |
| D6069 | Abutment supported retainer for porcelain fused to metal FPD (high noble metal) | |
| D6070 | Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) | |
| D6071 | Abutment supported retainer for porcelain fused to metal FPD (noble metal) | |
| D6072 | Abutment supported retainer for cast metal FPD (high noble metal) | |
| D6073 | Abutment supported retainer for cast metal FPD (predominantly base metal) | |
| D6074 | Abutment supported retainer for cast metal FPD (noble metal) | |
| D6075 | Implant supported retainer for ceramic FPD | |
| D6076 | Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) | |
| D6077 | Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal) | |
| D6078 | Implant/abutment supported fixed denture for completely edentulous arch | |
| D6079 | Implant/abutment supported fixed denture for partially edentulous arch | |
| Other implant services | | |
| D6090 | Repair implant supported prosthesis, by report | |
| D6092 | Recement implant/abutment supported crown | |

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| D6094 | Abutment supported crown — (titanium) | \$690.00 |
| D6095 | Repair implant abutment, by report | |
| D6100 | Implant removal, by report | |
| D6093 | Recement implant/abutment supported fixed partial denture | |
| D6194 | Abutment supported retainer crown for FPD — (titanium) | |
| D6199 | Unspecified implant procedure, by report | |
| D6200 – D6999 PROSTHODONTICS, FIXED | | |
| (Each retainer and each pontic constitutes a unit in a fixed partial denture) | | |
| Fixed partial denture pontics | | |
| D6205 | Pontic — indirect resin based composit | \$690.00 |
| D6210 | Pontic — cast high noble metal | \$690.00 |
| D6211 | Pontic — cast predominantly base metal | \$690.00 |
| D6212 | Pontic — cast noble metal | \$690.00 |
| D6214 | Pontic — titanium | \$690.00 |
| D6240 | Pontic — porcelain fused to high noble metal | \$690.00 |
| D6241 | Pontic — porcelain fused to predominantly base metal | \$690.00 |
| D6242 | Pontic — porcelain fused to noble metal | \$690.00 |
| D6245 | Pontic — porcelain/ceramic | \$690.00 |
| D6250 | Pontic — resin with high noble metal | \$690.00 |
| D6251 | Pontic — resin with predominantly base metal | \$690.00 |
| D6252 | Pontic — resin with noble metal | \$690.00 |
| D6253 | Provisional pontic | |
| Fixed partial denture retainers — inlays/ onlays | | |
| D6545 | Retainer — cast metal for resin bonded fixed prosthesis | \$376.00 |
| D6548 | Retainer — porcelain/ceramic for resin bonded fixed prosthesis | \$376.00 |
| D6600 | Inlay — porcelain/ceramic, two surfaces | \$537.00 |
| D6601 | Inlay — porcelain/ceramic, three or more surfaces | \$660.00 |
| D6602 | Inlay — cast high metal, two surfaces | \$537.00 |
| D6603 | Inlay — cast high metal, three or more surfaces | \$660.00 |
| D6604 | Inlay — cast predominantly base metal, two surfaces | \$537.00 |
| D6605 | Inlay — cast predominantly base metal, three or more surfaces | \$660.00 |
| D6606 | Inlay — cast noble metal, two surfaces | \$537.00 |
| D6607 | Inlay — cast noble metal, three or more surfaces | \$660.00 |
| D6608 | Onlay — porcelain/ceramic, two surfaces | \$537.00 |
| D6609 | Onlay — porcelain/ceramic, three or more surfaces | \$660.00 |
| D6610 | Onlay — cast high noble metal, two surfaces | \$537.00 |
| D6611 | Onlay — cast high noble metal, three or more surfaces | \$660.00 |
| D6612 | Onlay — cast predominantly base metal, two surfaces | \$537.00 |
| D6613 | Onlay — cast predominantly base metal, three or more surfaces | \$660.00 |
| D6614 | Onlay — cast noble metal, two surfaces | \$537.00 |
| D6615 | Onlay — cast noble metal, three or more surfaces | \$660.00 |
| D6624 | Inlay — titanium | \$660.00 |
| D6634 | Onlay — titanium | \$660.00 |
| Fixed partial denture retainers — crowns | | |
| D6710 | Crown — indirect resin based composite | |
| D6720 | Crown — resin with high noble metal | \$690.00 |
| D6721 | Crown — resin with predominantly base metal | \$690.00 |
| D6722 | Crown — resin with noble metal | \$690.00 |

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| D6740 | Crown — porcelain/ceramic | \$690.00 |
| D6750 | Crown — porcelain fused to high noble metal | \$690.00 |
| D6751 | Crown — porcelain fused to predominantly base metal | \$690.00 |
| D6752 | Crown — porcelain fused to noble metal | \$690.00 |
| D6780 | Crown — 3/4 cast high noble metal | \$690.00 |
| D6781 | Crown — 3/4 cast predominantly base metal | \$690.00 |
| D6782 | Crown — 3/4 cast noble metal | \$690.00 |
| D6783 | Crown — 3/4 porcelain/ceramic | \$690.00 |
| D6790 | Crown — full cast high noble metal | \$690.00 |
| D6791 | Crown — full cast predominantly base metal | \$690.00 |
| D6792 | Crown — full cast noble metal | \$690.00 |
| D6793 | Provisional retainer crown | |
| D6794 | Crown — titanium | \$690.00 |
| Other fixed partial denture services | | |
| D6930 | Recement fixed partial denture | \$99.00 |
| D6940 | Stress breaker | |
| D6970 | Post and core in addition to fixed partial denture retainer, indirectly fabricated | \$223.00 |
| D6972 | Prefabricated post and core in addition to fixed partial denture retainer | \$196.00 |
| D6973 | Core buildup for retainer, including any pins | |
| D6977 | Each additional prefabricated post — same tooth | |
| D6980 | Fixed partial denture repair, by report | \$205.00 |
| D6999 | Unspecified, fixed prosthodontic procedure, by report | |
| D7000 – D7999 ORAL AND MAXILLOFACIAL SURGERY | | |
| Extractions (includes local anesthesia, suturing, if needed, and routine postoperative care) | | |
| D7111 | Extraction, coronal remnants — deciduous tooth | \$86.00 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$105.00 |
| Surgical extractions (includes local anesthesia, suturing, if needed, and routine postoperative care) | | |
| D7210 | Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth | \$182.00 |
| D7220 | Removal of impacted tooth — soft tissue | \$226.00 |
| D7230 | Removal of impacted tooth — partially bony | \$270.00 |
| D7240 | Removal of impacted tooth — completely bony | \$307.00 |
| D7241 | Removal of impacted tooth — completely bony, with unusual surgical complications | \$370.00 |
| D7250 | Surgical removal of residual tooth roots (cutting procedure) | \$192.00 |
| Other surgical procedures | | |
| D7260 | Oroantral fistula closure | |
| D7261 | Primary closure of a sinus perforation | |
| D7270 | Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth | |
| D7280 | Surgical access of an unerupted tooth | \$332.00 |
| D7282 | Mobilization of erupted or malpositioned tooth to aid eruption | |
| D7283 | Placement of device to facilitate eruption of impacted tooth | \$320.00 |

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| D7285 | Biopsy of oral tissue — hard (bone, tooth) | \$225.00 |
| D7286 | Biopsy of oral tissue — soft | \$194.00 |
| D7287 | Exfoliative cytological sample collection | \$90.00 |
| D7288 | Brush biopsy — transepithelial sample collection | \$90.00 |
| D7290 | Surgical repositioning of teeth | |
| D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report | |
| Alveoloplasty — surgical preparation of ridge for dentures | | |
| D7310 | Alveoloplasty in conjunction with extractions — four or more teeth or tooth spaces, per quadrant | |
| D7311 | Alveoloplasty in conjunction with extractions — one to three teeth or tooth spaces, per quadrant | |
| D7320 | Alveoloplasty not in conjunction with extractions — four or more teeth or tooth spaces, per quadrant | \$190.00 |
| D7321 | Alveoloplasty not in conjunction with extractions — one to three teeth or tooth spaces, per quadrant | \$190.00 |
| Vestibuloplasty | | |
| D7340 | Vestibuloplasty — ridge extension (secondary epithelialization) | |
| D7350 | Vestibuloplasty — ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | |
| Surgical excision of soft tissue lesions | | |
| D7410 | Excision of benign lesion up to 1.25 cm | |
| D7411 | Excision of benign lesion greater than 1.25 cm | |
| D7412 | Excision of benign lesion, complicated | |
| D7413 | Excision of malignant lesion up to 1.25 cm | |
| D7414 | Excision of malignant lesion greater than 1.25 cm | |
| D7415 | Excision of malignant lesion complicated | |
| D7465 | Destruction of lesion(s) by physical or chemical method, by report | |
| Surgical excision of intra-osseous lesions | | |
| D7440 | Excision of malignant tumor — lesion diameter up to 1.25 cm | |
| D7441 | Excision of malignant tumor — lesion diameter greater than 1.25 cm | |
| D7450 | Removal of benign odontogenic cyst or tumor — lesion diameter up to 1.25 cm | \$400.00 |
| D7451 | Removal of benign odontogenic cyst or tumor — lesion diameter greater than 1.25 cm | \$400.00 |
| D7460 | Removal of benign nonodontogenic cyst or tumor — lesion diameter up to 1.25 cm | |
| D7461 | Removal of benign nonodontogenic cyst or tumor — lesion diameter greater than 1.25 cm | |
| Excision of bone tissue | | |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | \$400.00 |
| D7472 | Removal of torus palatinus | \$400.00 |
| D7473 | Removal of torus manibularis | \$400.00 |
| D7485 | Surgical reduction of osseous tuberosity | |
| D7490 | Radical resection of maxilla or mandible | |

Surgical incision

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|-------|-----------------------------------------------------------------------------------------------------------------------|----------|
| D7510 | Incision and drainage of abscess — intraoral soft tissue | \$150.00 |
| D7511 | Incision and drainage of abscess — intraoral soft tissue — complicated (includes drainage of multiple fascial spaces) | \$170.00 |
| D7520 | Incision and drainage of abscess — extraoral soft tissue | \$220.00 |
| D7521 | Incision and drainage of abscess — extraoral soft tissue — complicated (includes drainage of multiple fascial spaces) | \$250.00 |
| D7530 | Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue | |
| D7540 | Removal of reaction-producing foreign bodies, musculoskeletal system | |
| D7550 | Partial ostectomy/sequestrectomy for removal of non-vital bone | |
| D7560 | Maxillary sinusotomy for removal of tooth fragment or foreign body | |

Treatment of fractures — simple

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| D7610 | Maxilla — open reduction (teeth immobilized, if present) | |
| D7620 | Maxilla — closed reduction (teeth immobilized, if present) | |
| D7630 | Mandible — open reduction (teeth immobilized, if present) | |
| D7640 | Mandible — closed reduction (teeth immobilized, if present) | |
| D7650 | Malar and/or zygomatic arch — open reduction | |
| D7660 | Malar and/or zygomatic arch — closed reduction | |
| D7670 | Alveolus — closed reduction, may include stabilization of teeth | |
| D7671 | Alveolus — open reduction, may include stabilization of teeth | |
| D7680 | Facial bones — complicated reduction with fixation and multiple surgical approaches | |

Treatment of fractures — compound

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|-------|-------------------------------------------------------------------------------------|--|
| D7710 | Maxilla — open reduction | |
| D7720 | Maxilla — closed reduction | |
| D7730 | Mandible — open reduction | |
| D7740 | Mandible — closed reduction | |
| D7750 | Malar and/or zygomatic arch — open reduction | |
| D7760 | Malar and/or zygomatic arch — closed reduction | |
| D7770 | Alveolus — open reduction splinting stabilization of teeth | |
| D7771 | Alveolus — closed reduction stabilization of teeth | |
| D7780 | Facial bones — complicated reduction with fixation and multiple surgical approaches | |

Repair of traumatic wounds

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| D7910 | Suture of recent small wounds up to 5 cm | |
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Complicated suturing (reconstruction requiring delicate handling of tissues and wide undermining for meticulous closure)

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| D7911 | Complicated suture — up to 5 cm | |
| D7912 | Complicated suture — greater than 5 cm | |

Other repair procedures

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| D7920 | Skin graft (identify defect covered, location and type of graft) | |
| D7940 | Osteoplasty — for orthognathic deformities | |
| D7941 | Osteotomy — mandibular rami | |

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|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------|
| D7943 | Osteotomy — mandibular rami with bone graft; includes obtaining the graft | |
| D7944 | Osteotomy — segmented or subapical | |
| D7945 | Osteotomy — body of mandible | |
| D7946 | LeFort I (maxilla — total) | |
| D7947 | LeFort I (maxilla — segmented) | |
| D7948 | LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) — without bone graft | |
| D7949 | LeFort II or LeFort III — with bone graft | |
| D7960 | Frenulectomy (frenectomy or frenotomy) — separate procedure | \$280.00 |
| D7963 | Frenuloplasty | |
| D7970 | Excision of hyperplastic tissue — per arch | \$209.00 |
| D7971 | Excision of pericoronal gingiva | |
| D7972 | Surgical reduction of fibrous tuberosity | |
| D7980 | Sialolithotomy | |
| D7981 | Excision of salivary gland, by report | |
| D7982 | Sialodochoplasty | |
| D7983 | Closure of salivary fistula | |
| D7990 | Emergency tracheotomy | |
| D7991 | Coronoidectomy | |
| D7998 | Intraoral placement of a fixation device not in conjunction with a fracture | |
| D7999 | Unspecified oral surgery procedure, by report | |
| D9000 – D9999 ADJUNCTIVE GENERAL SERVICES | | |
| Unclassified treatment | | |
| D9110 | Palliative (emergency) treatment of dental pain — minor procedure | \$99.00 |
| D9120 | Fixed partial denture sectioning | |
| Anesthesia | | |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | |
| D9211 | Regional block anesthesia | |
| D9212 | Trigeminal division block anesthesia | |
| D9215 | Local anesthesia | |
| D9220 | Deep sedation/general anesthesia — first 30 minutes | \$288.00 |
| D9221 | Deep sedation/general anesthesia — each additional 15 minutes | |
| D9230 | Analgesia, anxiolysis, inhalation of nitrous oxide | \$55.00 |
| D9241 | Intravenous conscious sedation/ analgesia — first 30 minutes | \$123.00 |
| D9242 | Intravenous conscious sedation/ analgesia — each additional 15 minutes | |
| D9248 | Non-intravenous conscious sedation | |
| Professional consultation | | |
| D9310 | Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician) | \$83.00 |
| Professional visits | | |
| D9430 | Office visit for observation (during regularly scheduled hours) — no other services performed | |
| D9440 | Office visit — after regularly scheduled hours | |

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| D9450 | Case presentation, detailed and extensive treatment planning | |
| Drugs | | |
| D9610 | Therapeutic parenteral drug, single administration | \$31.00 |
| D9612 | Therapeutic parenteral drugs, two or more administrations, different medications | |
| Miscellaneous services | | |
| D9930 | Treatment of complications (post-surgical) — unusual circumstances, by report | |
| D9940 | Occlusal guard, by report | \$376.00 |
| D9942 | Repair and/or relines of occlusal guard | |
| D9951 | Occlusal adjustment — limited | |
| D9999 | Unspecified adjunctive procedure, by report | |

Gold and Platinum Plans

Benefits, Limitations and Exclusions, including Miscellaneous Codes as Revised January 1, 2010

IMPORTANT NOTICE: [1] The first \$75 of expenses per person covered under this schedule will be deducted for services per calendar year up to \$225 per family. This deductible will not apply to routine preventive and diagnostic care such as oral examinations, teeth cleanings and x-rays. [2] An annual benefit maximum of \$1,700 per person covered under this schedule will apply. The allowance for all covered services will be 100% of the benefit schedule.

I GENERAL INFORMATION

201. Covered dental benefits are those listed procedures necessary to prevent and eliminate oral disease and for services required to maintain and restore function. The Indemnity Schedule of Allowances for Dental Procedures indicates the dollar amount the Fund will contribute toward the dentist's fee for each listed procedure, but in no event will the Fund's allowance exceed the fee charged. The first \$75 of expenses per person under this schedule will be deducted for services per calendar year up to a maximum of \$225 per family. This deductible will not apply to routine preventive and diagnostic care such as oral examinations, teeth cleanings and x-rays. The annual maximum benefit per person is \$1,700.
202. Covered benefits are subject to review by the dental consultants for the Fund. Preauthorization for treatment plans in excess of \$500 is required and will be allowed only when patient need can be demonstrated. X-rays are required on all claims over \$500 and for claims under \$500 when extractions, crowns, periodontal treatment, root canal therapy, or 3 or more restorations are involved.
203. Eligibility on dental claim forms is subject to continued employment. Coverage terminates at the end of the month last worked in covered employment unless coverage is continued due to receipt of supplemental unemployment or disability benefits or Cobra Continuation Coverage.
204. Claims must be submitted within twelve months after completion of compensable dental procedures and must show procedure codes (adapted from the ADA recommended Current Dental Terminology CDT) and actual fee charge to the patient.
205. The Benefit Fund will not process requests for partial payment. Payment will be made only for services previously authorized and completed at the time of payment request.
206. Coordination of Benefit Provision will be applied in the payment of all claims. This Plan will coordinate with all other group plans.
207. Charge for completion of forms is not a covered benefit.
208. Payment will not be made for x-rays that are not diagnostically acceptable.

209. Orthodontics and related services are an exclusion. Effective September 1, 2004 the Fund no longer will cover this service.
210. Dental treatment performed for cosmetic or aesthetic reasons is not a covered benefit.
211. Full mouth reconstruction or treatment for congenital malformations is not a covered benefit.
212. Hospitalized dental treatment is not a covered benefit.
215. Charges made by (a) immediate relatives of the participant or dependent or (b) members of the participant's or dependent's households are not covered, except for covered charges, which constitute out-of-pocket expenses to such providers.

II DIAGNOSTIC

216. Examinations or oral evaluations are a covered benefit twice in a calendar year.
217. X-rays must be dated, properly mounted, and diagnostically acceptable.
218. Occlusal or panoramic x-rays are required for edentulous patients.
219. Full mouth or panoramic x-rays are covered benefits only once every five years.
220. A panoramic x-ray when accompanied by two or more bitewing and/or periapical anterior films is considered the same as a full mouth x-ray series and is paid as such.
221. Study models or intra-oral photographs are not a covered benefit, unless requested by Fund Consultant.
222. Bitewing and recall periapical x-rays are a covered benefit once in a calendar year for adults; twice in a calendar year for children.

III PREVENTIVE

225. Dental prophylaxis is a covered benefit twice in a calendar year.
226. Prophylaxis and subgingival scaling are not payable on same day/visit.
227. Fluoride treatment is a covered benefit twice in a calendar year .
228. Dietary planning for the control of dental caries is not covered.
229. Oral hygiene instructions, plaque control, sealants or preventive programs are not covered.
230. Where a fixed space maintainer can be placed, removable spacers are not a covered benefit, unless authorized by report.
231. Where bilateral space maintenance is required in the same arch, a bilateral space maintainer with molar bands connected by an arch wire is the covered benefit.
232. Space maintainers are not a covered benefit when spaces have closed or crowns of erupting teeth have penetrated alveolar bone.
233. A benefit is payable for a unilateral space maintainer when a bilateral space maintainer is not necessary.

IV RESTORATIVE

234. Maximum payment for anterior restorations is two surfaces in each course of treatment regardless of the number of combinations placed.

- 235. Amalgam or composite fillings are a covered benefit once every two years.
- 236. Proximal restorations in anterior teeth are payable as single surface restoration,
- 237. Payment is not covered for more than one restoration on a single tooth surface per treatment.
- 238. A benefit for a one surface restoration is allowed when a buccal and/or lingual surface restoration is placed in conjunction with occlusal surface restorations.
- 239. Placement of crowns/bridges following endodontic therapy will be delayed pending submission of radiographic evidence (pre and post treatment x-rays) of satisfactory root canal therapy.
- 240. Restoration will not be a covered benefit when carious penetration to or through the dento-enamel junction is not evident from the submitted x-rays or when primary teeth are exfoliating or about to exfoliate.
- 241. Where there appears to be a questionable long-term prognosis restorative or periodontal procedures and root canal therapy are not a covered benefit.
- 242. Posterior composites are only covered on the facial surfaces of bicuspid. An allowance is made toward the resin restorations based on the dentist's fee for the equivalent amalgam restoration.

V ENDODONTICS

- 243. The benefit allowed for endodontic therapy includes initial treatment, interim and final x-rays and temporary fillings.
- 244. Pulp caps and bases are not a benefit. The fee for the final restoration includes cement bases and/or pulp caps.
- 245. Benefits payable for endodontic therapy will be delayed pending submission of radiographic evidence (pre and post treatment x-rays) of satisfactory root canal therapy.
- 246. No payment is made where the need for root canal procedures are not evident radiographically or from the documentation submitted.
- 247. Re-treatment of root canal therapy is a covered benefit only if need is documented and no sooner than twelve months after initial treatment or by report.
- 248. Benefits have been reduced by a previous allowance for palliative, pulpal debridement or emergency treatment.

VI PERIODONTICS

- 249. Occlusal adjustments are not a covered benefit.
- 250. Periodontal splinting is not a covered benefit.
- 251. Periodontal scaling and root planing is a covered benefit only where x-rays demonstrate bone loss and root surface calculus.
- 252. Periodontal surgery is covered after scaling and root planing and when need is documented by pretreatment x-rays and pre and post periodontal scaling and root planing pocket charting.
- 253. Mouth preparation services in conjunction with mucogingival or osseous surgery are classified as subgingival scalings.

- 254. Periodontal scaling and root planing is limited to a maximum of two procedures per visit.
- 255. Benefits for periodontal scaling and root planing are payable once per quadrant in a two year period.
- 256. Periodontal surgery is a covered benefit once every three years.

VII PROSTHODONTICS, REMOVABLE

- 257. Full dentures are not a covered benefit when partial dentures can be placed.
- 259. The fee allowed for a partial denture includes all teeth and clasps.
- 260. Treatment involving the following is not a covered benefit:
 - a. Specialized techniques.
 - b. Precision attachments and stress breakers.
 - c. Personalization & Characterization.
 - d. Experimental procedures.
 - e. Surgical correction by grafts for denture retention purposes.
 - f. Appliances or restorations to increase vertical dimension.
 - g. Gnathologic recording.
 - h. Unusual diagnostic techniques.
 - i. Procedures associated with overdentures, implants and tissue bars.
- 261. Removable cast partial dentures are not a benefit for patients under age 16 unless need is substantiated by special report. Allowance will be made for an acrylic partial.
- 262. Fixed or removable prosthetic appliances are a covered benefit once in a five year period.
- 264. Interim partial dentures are covered for recently extracted anterior teeth only.

VIII PROSTHODONTICS, FIXED

- 266. Benefits for crowns, inlays and onlays are allowable only where extensive coronal destruction is radiographically demonstrated or can be demonstrated by study models or photographs.
- 267. Amalgam or composite resin buildups, including pins, are considered part of the preparation for the complete restoration. No additional benefit is payable.
- 268. Posts and cores are a benefit where insufficient coronal structure remains to retain a crown and can be documented by pre-root canal x-rays. When allowed, they are a covered benefit once in a five-year period.
- 270. Fixed bridges are not a benefit for patients under the age of 16.
- 271. Fixed bridges using implants as abutments is not a covered benefit.
- 272. Porcelain, cast metal, or laboratory-processed restorations are not a benefit for patients under 16 years of age.
- 273. Benefits are not payable for both a posterior bridge and a removable partial denture in the same arch within a five-year period.
- 274. Distal extension posterior cantilevered pontics are not a covered benefit.
- 275. Where the space is largely closed, fixed bridgework is not a covered benefit.

- 276. The replacement of second molars is not covered unless as part of a bridge replacing first molars.
- 277. Gnathologic recording is not a covered benefit.
- 278. Where a large number of teeth are missing in the same arch and/or moderate to advanced periodontal bone loss is evident radiographically, fixed prostheses is not a covered benefit.
- 280. Cast and indirect restorations or fixed bridges are a covered benefit once in a five-year period.
- 281. Where a filling requires replacement with a cast restoration within one year of placement, the allowance paid for the filling will be deducted from the cast restoration benefit.

IX ORAL SURGERY

- 285. The removal of teeth that can be retained to avoid the conversion of a patient to partial or complete edentulism is not a covered benefit.
- 286. Removal of unerupted, nonpathologic asymptomatic third molars is not a covered benefit.
- 287. Implants are not a covered benefit. (See Limitation #332)
- 288. Routine postoperative visits are considered part of, and included in the allowance for the total surgical procedure.
- 289. General anesthesia is a covered benefit for medically necessary and complex procedures only, if administered by a health care provider with a current general anesthesia permit number.

X ADJUNCTIVE

- 290. Pre-medication and/or relative analgesia is not covered except for documented handicapped or uncontrollable patients.

XI MISCELLANEOUS BENEFIT LIMITATIONS, EXCLUSIONS AND CODES

- 291. Where a crown and/or bridge repair can be done, allowance will be made for repairs in lieu of replacement.
- 292. Benefit applied to overpayment of previous claim for self or other family member.
- 293. Insufficient documentation of need submitted.
- 294. No allowance can be made for the service provided this tooth as our records show the tooth is missing.
- 295. Partial denture allowance has been made in lieu of fixed bridge benefits (see limitations #278). That allowance may be applied to the cost of the bridge if it is completed.
- 296. Allowance has been made for a filling in lieu of cast restoration (see limitation #266). That allowance may be applied to the cost of the cast or indirect restoration if it is completed.
- 297. The extraction of primary teeth that are about to exfoliate is not a covered benefit.
- 298. Amalgam benefit will be paid in lieu of composite.
- 299. Palliative treatment is not covered when other treatment is provided the same day.
- 300. Office visits are not a covered benefit.
- 301. This procedure is not a covered benefit.
- 302. Prophylaxis benefit will be paid in lieu of submitted service.

- 304. This procedure has been disallowed based on our consultant's report attached.
- 305. The classification of extractions have been benefited payable as 7140
- 307. The classification of extractions have been benefited payable as 7210
- 308. The classification of extractions have been benefited payable as 7220
- 309. The classification of extractions have been benefited payable as 7230
- 310. Member enrolled in pre-paid dental plan and is therefore not eligible for indemnity dental benefits.
- 311. The Fund has no record of a full time student certificate on file for services provided this date.
- 312. Primary Participant and Dependent(s) not eligible for benefits.
- 313. Dependent not eligible at time of service.
- 314. Benefits for this service limited to once every 3 mos.
- 315. Benefits for this service limited to once every 4 mos.
- 316. Benefits for this service limited to once every 6 mos.
- 317. Benefits for this service limited to once every 12 mos.
- 318. Benefits for this service limited to once every 24 months.
- 319. Periodontal maintenance is a covered benefit no less than once every three months and no sooner than three months after periodontal surgery.
- 320. Maximum benefits have been allowed for this service.
- 321. Re-submit with the correct CDT procedure code for the service date.
- 322. Requested information not received, claim review closed.
- 323. The need for periodontal scaling and root planing has not been documented by the x-rays and periodontal pocket charting.
- 324. Occlusal guards are a covered benefit only where need can be documented by x-rays, the patient's chief complaint and doctor's diagnosis. Submission of study models may be necessary at the consultant's request. When allowed, they are a covered benefit once in a two-year period.
- 325. Duplicate submission of previously processed service.
- 326. Repair and recementation of an inlay, onlay, crown, or fixed bridge is a covered benefit only after twelve months from initial placement.
- 327. Replacement of prefabricated acrylic or stainless steel crowns is a covered benefit once in a two-year period.
- 328. Replacement of space maintainers is a covered benefit once in a two-year period.
- 329. Restoration of tooth structure loss due to abrasion, erosion, or attrition is not a covered benefit.
- 332. The allowance for an implant supported crown is in lieu of a three unit fixed bridge where such a bridge would be a covered benefit of the Plan.