

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

Platinum Plus Plan

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 \$50 per person; \$150 per family,
- 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. 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

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

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

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	

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

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		

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	

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

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

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

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

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

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

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)

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

Other repair procedures

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

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	

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	

Platinum Plus Plan

Benefits, Limitations and Exclusions, including Miscellaneous Codes

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 \$50 of expenses per person under this schedule will be deducted for services per calendar year up to a maximum of \$150 per family. This deductible will not apply to routine preventive and diagnostic care such as oral examinations, teeth cleanings and x-rays.
202. Covered benefits are subject to review by the dental consultants for the Fund. Preauthorization for claims 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. They are covered under a separate program.
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, except in emergency situations.
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 in a five-year period.
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 and 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.

- 235a. Amalgam or composite fillings are a covered benefit once every twelve months.
- 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 or 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.
- 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.

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.
- 262a. 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.
- 267. Amalgam or composite resin buildups, including pins, are considered part of the preparation for the complete restoration. No additional benefit is payable.
- 268a. Posts and cores are a benefit where insufficient coronal structure remains and can be documented by pre-root canal x-rays. When allowed, they are a covered benefit once in a two-year period.
- 270. Fixed bridges are not a benefit for patients under age 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.
- 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 and third molars is not covered unless as part of a bridge restoring other adjacent missing teeth.
- 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.
- 280a. 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. Where our records show a tooth is missing, no allowance will be made for the service provided that tooth.
- 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.
- 325. Duplicate submission of previously processed service.
- 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.