

SCHEDULE A

Description of Benefits and Copayments

The Benefits shown below are performed as needed and deemed necessary by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DHMO Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2023 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

| <u>CODE</u> | <u>DESCRIPTION</u> | <u>ENROLLEE PAYS</u> |
|-------------|--|--------------------------|
| D0100-D0999 | I. DIAGNOSTIC | |
| D0120 | Periodic oral evaluation - established patient | No Cost |
| D0140 | Limited oral evaluation - problem focused | No Cost |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | No Cost |
| D0150 | Comprehensive oral evaluation - new or established patient | No Cost |
| D0160 | Detailed and extensive oral evaluation - problem focused, by report | No Cost |
| D0170 | Re-evaluation - limited, problem focused (established patient; not post-operative visit) | No Cost |
| D0171 | Re-evaluation - post-operative office visit | \$5.00 |
| D0180 | Comprehensive periodontal evaluation - new or established patient | No Cost |
| D0190 | Screening of a patient | No Cost |
| D0191 | Assessment of a patient | No Cost |
| D0210 | Intraoral - comprehensive series of radiographic images - <i>limited to 1 series every 24 months</i> | No Cost |
| D0220 | Intraoral - periapical first radiographic image | No Cost |
| D0230 | Intraoral - periapical each additional radiographic image | No Cost |
| D0240 | Intraoral - occlusal radiographic image | No Cost |
| D0270 | Bitewing - single radiographic image | No Cost |
| D0272 | Bitewings - two radiographic images | No Cost |
| D0273 | Bitewings three radiographic images | No Cost |
| D0274 | Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i> | No Cost |
| D0330 | Panoramic radiographic image | No Cost |
| D0419 | Assessment of salivary flow by measurement - <i>1 every 12 months</i> | No Cost |
| D0460 | Pulp vitality tests | No Cost |
| D0470 | Diagnostic casts | No Cost |
| D0472 | Accession of tissue, gross examination, preparation and transmission of written report | No Cost |
| D0473 | Accession of tissue, gross and microscopic examination, preparation and transmission of written report | No Cost |

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| D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report | No Cost |
| D0601 | Caries risk assessment and documentation, with a finding of low risk - <i>1 every 12 months</i> | No Cost |
| D0602 | Caries risk assessment and documentation, with a finding of moderate risk - <i>1 every 12 months</i> | No Cost |
| D0603 | Caries risk assessment and documentation, with a finding of high risk - <i>1 every 12 months</i> | No Cost |
| D0701 | Panoramic radiographic image - image capture only | No Cost |
| D0702 | 2-D cephalometric radiographic image - image capture only | No Cost |
| D0703 | 2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only | No Cost |
| D0705 | Extra-oral posterior dental radiographic image - image capture only | No Cost |
| D0706 | Intraoral - occlusal radiographic image - image capture only | No Cost |
| D0707 | Intraoral - periapical radiographic image - image capture only | No Cost |
| D0708 | Intraoral - bitewing radiographic image - image capture only | No Cost |
| D0709 | Intraoral -comprehensive series of radiographic images - image capture only | No Cost |
| D0999 | Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i> | \$5.00 |
| D1000-D1999 | II. PREVENTIVE | |
| D1110 | Prophylaxis <i>cleaning</i> - adult - <i>1 D1110, D1120 or D4346 per 6 month period</i> | \$15.00 |
| D1330 | Oral hygiene instructions | No Cost |
| D1510 | Space maintainer - fixed - unilateral - per quadrant | \$100.00 |
| D1516 | Space maintainer - fixed - bilateral, maxillary | \$150.00 |
| D1517 | Space maintainer - fixed - bilateral, mandibular | \$150.00 |
| D1520 | Space maintainer - removable - unilateral - per quadrant | \$100.00 |
| D1526 | Space maintainer - removable - bilateral, maxillary | \$150.00 |
| D1527 | Space maintainer - removable - bilateral, mandibular | \$150.00 |
| D1551 | Re-cement or re-bond bilateral space maintainer - maxillary | \$10.00 |
| D1552 | Re-cement or re-bond bilateral space maintainer - mandibular | \$10.00 |
| D1553 | Re-cement or re-bond unilateral space maintainer - per quadrant | \$10.00 |
| D1556 | Removal of fixed unilateral space maintainer - per quadrant | \$10.00 |
| D1557 | Removal of fixed bilateral space maintainer - maxillary | \$10.00 |
| D1558 | Removal of fixed bilateral space maintainer - mandibular | \$10.00 |
| D1575 | Distal shoe space maintainer - fixed, unilateral - per quadrant - <i>child to age 9</i> | \$100.00 |
| D2000-D2999 | III. RESTORATIVE | |
| | <i>- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.</i> | |
| | <i>*Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Refer to Limitations and Exclusions of Benefits for additional information.</i> | |
| D2140 | Amalgam - one surface, primary or permanent | \$27.00 |
| D2150 | Amalgam - two surfaces, primary or permanent | \$32.00 |

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| D2160 | Amalgam - three surfaces, primary or permanent | \$37.00 |
| D2161 | Amalgam - four or more surfaces, primary or permanent | \$50.00 |
| D2330 | Resin-based composite - one surface, anterior (<i>tooth colored</i>) | \$55.00 |
| D2331 | Resin-based composite - two surfaces, anterior (<i>tooth colored</i>) | \$65.00 |
| D2332 | Resin-based composite - three surfaces, anterior (<i>tooth colored</i>) | \$75.00 |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior) (<i>tooth colored</i>) | \$85.00 |
| D2390 | Resin-based composite crown, anterior | \$85.00 |
| D2391 | Resin-based composite - one surface, posterior (<i>tooth colored</i>) | \$75.00 |
| D2392 | Resin-based composite - two surfaces, posterior (<i>tooth colored</i>) | \$80.00 |
| D2393 | Resin-based composite - three surfaces, posterior (<i>tooth colored</i>) | \$85.00 |
| D2394 | Resin-based composite - four or more surfaces, posterior (<i>tooth colored</i>) | \$95.00 |
| D2510 | Inlay - metallic - one surface ^{1,2} | \$260.00 |
| D2520 | Inlay - metallic - two surfaces ^{1,2} | \$270.00 |
| D2530 | Inlay - metallic - three or more surfaces ^{1,2} | \$280.00 |
| D2542 | Onlay - metallic - two surfaces ^{1,2} | \$270.00 |
| D2543 | Onlay - metallic - three surfaces ^{1,2} | \$290.00 |
| D2544 | Onlay - metallic - four or more surfaces ^{1,2} | \$300.00 |
| D2610 | Inlay - porcelain/ceramic - one surface ^{2,4} | \$360.00 |
| D2620 | Inlay - porcelain/ceramic - two surfaces ^{2,4} | \$370.00 |
| D2630 | Inlay - porcelain/ceramic - three or more surfaces ^{2,4} | \$380.00 |
| D2642 | Onlay - porcelain/ceramic - two surfaces ^{2,4} | \$370.00 |
| D2643 | Onlay - porcelain/ceramic - three surfaces ^{2,4} | \$390.00 |
| D2644 | Onlay - porcelain/ceramic - four or more surfaces ^{2,4} | \$400.00 |
| D2650 | Inlay - resin-based composite - one surface (<i>tooth colored</i>) ^{2,4} | \$260.00 |
| D2651 | Inlay - resin-based composite - two surfaces (<i>tooth colored</i>) ^{2,4} | \$270.00 |
| D2652 | Inlay - resin-based composite - three or more surfaces (<i>tooth colored</i>) ^{2,4} | \$280.00 |
| D2662 | Onlay - resin-based composite - two surfaces (<i>tooth colored</i>) ^{2,4} | \$270.00 |
| D2663 | Onlay - resin-based composite - three surfaces (<i>tooth colored</i>) ^{2,4} | \$280.00 |
| D2664 | Onlay - resin-based composite - four or more surfaces (<i>tooth colored</i>) ^{2,4} | \$300.00 |
| D2710 | Crown - resin-based composite (indirect) ^{2,4} | \$125.00 |
| D2712 | Crown - 3/4 resin-based composite (indirect) ^{2,4} | \$125.00 |
| D2720 | Crown - resin with high noble metal ^{2,4} | \$425.00 |
| D2721 | Crown - resin with predominantly base metal ^{2,4} | \$325.00 |
| D2722 | Crown - resin with noble metal ^{2,4} | \$325.00 |
| D2740 | Crown - porcelain/ceramic ^{2,4} | \$425.00 |
| D2750 | Crown - porcelain fused to high noble metal ^{2,4} | \$425.00 |
| D2751 | Crown - porcelain fused to predominantly base metal ^{2,4} | \$325.00 |
| D2752 | Crown - porcelain fused to noble metal ^{2,4} | \$325.00 |
| D2753 | Crown - porcelain fused to titanium and titanium alloys | \$425.00 |
| D2780 | Crown - 3/4 cast high noble metal ² | \$425.00 |
| D2781 | Crown - 3/4 cast predominantly base metal ² | \$325.00 |
| D2782 | Crown - 3/4 cast noble metal ² | \$325.00 |
| D2790 | Crown - full cast high noble metal ² | \$425.00 |
| D2791 | Crown - full cast predominantly base metal ² | \$325.00 |
| D2792 | Crown - full cast noble metal ² | \$325.00 |

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| D2794 | Crown - titanium and titanium alloys ² | \$425.00 |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | \$20.00 |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | \$20.00 |
| D2920 | Re-cement or re-bond crown | \$20.00 |
| D2921 | Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>) (<i>tooth colored</i>) | \$85.00 |
| D2928 | Prefabricated porcelain/ceramic crown - permanent tooth | \$80.00 |
| D2931 | Prefabricated stainless steel crown - permanent tooth | \$80.00 |
| D2940 | Protective restoration | \$20.00 |
| D2949 | Restorative foundation for an indirect restoration | \$50.00 |
| D2950 | Core buildup, including any pins when required | \$50.00 |
| D2951 | Pin retention - per tooth, in addition to restoration | \$25.00 |
| D2952 | Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i> ¹ | \$95.00 |
| D2953 | Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> ¹ | \$50.00 |
| D2954 | Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i> | \$70.00 |
| D2957 | Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> | \$45.00 |
| D2971 | Additional procedures to customize a crown to fit under an existing partial denture framework. | \$65.00 |
| D2980 | Crown repair necessitated by restorative material failure | \$50.00 |
| D2981 | Inlay repair necessitated by restorative material failure | \$50.00 |
| D2982 | Onlay repair necessitated by restorative material failure | \$50.00 |
| D2983 | Veneer repair necessitated by restorative material failure | \$50.00 |
| D3000-D3999 | IV. ENDODONTICS | |
| D3110 | Pulp cap - direct (excluding final restoration) | \$25.00 |
| D3120 | Pulp cap - indirect (excluding final restoration) | \$25.00 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | No Cost |
| D3221 | Pulpal debridement, primary and permanent teeth | \$45.00 |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | No Cost |
| D3310 | <i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration) | \$180.00 |
| D3320 | <i>Root canal</i> - endodontic therapy, premolar tooth (excluding final restoration) | \$230.00 |
| D3330 | <i>Root canal</i> - endodontic therapy, molar tooth (excluding final restoration) | \$375.00 |
| D3331 | Treatment of root canal obstruction; non-surgical access | \$180.00 |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | \$180.00 |
| D3346 | Retreatment of previous root canal therapy - anterior | \$280.00 |
| D3347 | Retreatment of previous root canal therapy - premolar | \$330.00 |
| D3348 | Retreatment of previous root canal therapy - molar | \$475.00 |
| D3410 | Apicoectomy - anterior | \$270.00 |
| D3421 | Apicoectomy - premolar (first root) | \$335.00 |
| D3425 | Apicoectomy - molar (first root) | \$380.00 |
| D3426 | Apicoectomy (each additional root) | \$105.00 |

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| D3430 | Retrograde filling - per root | \$50.00 |
| D3450 | Root amputation, per root - <i>not covered in conjunction with a hemisection</i> | \$75.00 |
| D3471 | Surgical repair of root resorption - anterior | \$270.00 |
| D3472 | Surgical repair of root resorption - premolar | \$270.00 |
| D3473 | Surgical repair of root resorption - molar | \$270.00 |
| D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior | \$270.00 |
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar | \$270.00 |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption - molar | \$270.00 |
| D4000-D4999 | V. PERIODONTICS | |
| | <i>- Includes pre-operative and post-operative evaluations and treatment under a local anesthetic.</i> | |
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | \$260.00 |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | \$50.00 |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | \$50.00 |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | \$300.00 |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | \$300.00 |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | \$450.00 |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | \$450.00 |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant <i>- limited to 4 quadrants during any 12 consecutive months</i> | \$60.00 |
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant <i>- limited to 4 quadrants during any 12 consecutive months</i> | \$60.00 |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation <i>- full mouth, after oral evaluation - 1 D1110, D1120 or D4346 per 6 month period</i> | \$20.00 |
| D4355 | Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit <i>- limited to 1 treatment in any 12 consecutive months</i> | \$60.00 |
| D4910 | Periodontal maintenance <i>- limited to 1 treatment each 6 month period</i> | \$45.00 |
| D4921 | Gingival irrigation with a medicinal agent - per quadrant | No Cost |
| D5000-D5899 | VI. PROSTHODONTICS (removable) | |
| D5110 | Complete denture - maxillary ^{3,5} | \$395.00 |
| D5120 | Complete denture - mandibular ^{3,5} | \$395.00 |
| D5130 | Immediate denture - maxillary ^{3,5} | \$495.00 |
| D5140 | Immediate denture - mandibular ^{3,5} | \$495.00 |
| D5211 | Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) ^{3,5} | \$300.00 |

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| D5212 | Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) ^{3,5} | \$300.00 |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) ^{3,5} | \$425.00 |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) ^{3,5} | \$425.00 |
| D5221 | Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) | \$300.00 |
| D5222 | Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) | \$300.00 |
| D5223 | Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$425.00 |
| D5224 | Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$425.00 |
| D5225 | Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth) - prosthetic appliances will be replaced only after five years have elapsed from the time of delivery ^{3,5} | \$475.00 |
| D5226 | Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth) ^{3,5} | \$475.00 |
| D5227 | Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) | \$300.00 |
| D5228 | Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) | \$300.00 |
| D5410 | Adjust complete denture - maxillary ⁵ | \$20.00 |
| D5411 | Adjust complete denture - mandibular ⁵ | \$20.00 |
| D5421 | Adjust partial denture - maxillary ⁵ | \$20.00 |
| D5422 | Adjust partial denture - mandibular ⁵ | \$20.00 |
| D5511 | Repair broken complete denture base, mandibular | \$50.00 |
| D5512 | Repair broken complete denture base, maxillary | \$50.00 |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) | \$25.00 |
| D5611 | Repair resin partial denture base, mandibular | \$50.00 |
| D5612 | Repair resin partial denture base, maxillary | \$50.00 |
| D5621 | Repair cast partial framework, mandibular | \$90.00 |
| D5622 | Repair cast partial framework, maxillary | \$90.00 |
| D5630 | Repair or replace broken retentive/clasping materials - per tooth | \$45.00 |
| D5640 | Replace broken teeth - per tooth | \$25.00 |
| D5650 | Add tooth to existing partial denture | \$45.00 |
| D5660 | Add clasp to existing partial denture - per tooth | \$45.00 |
| D5710 | Rebase complete maxillary denture ⁶ | \$130.00 |
| D5711 | Rebase complete mandibular denture ⁶ | \$130.00 |
| D5720 | Rebase maxillary partial denture ⁶ | \$130.00 |
| D5721 | Rebase mandibular partial denture ⁶ | \$130.00 |
| D5725 | Rebase hybrid prosthesis | \$130.00 |
| D5730 | Reline complete maxillary denture (chairside) ⁶ | \$50.00 |
| D5731 | Reline complete mandibular denture (chairside) ⁶ | \$50.00 |
| D5740 | Reline maxillary partial denture (chairside) ⁶ | \$45.00 |

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| D5741 | Reline mandibular partial denture (chairside) ⁶ | \$45.00 |
| D5750 | Reline complete maxillary denture (laboratory) ⁶ | \$150.00 |
| D5751 | Reline complete mandibular denture (laboratory) ⁶ | \$150.00 |
| D5760 | Reline maxillary partial denture (laboratory) ⁶ | \$150.00 |
| D5761 | Reline mandibular partial denture (laboratory) ⁶ | \$150.00 |
| D5765 | Soft liner for complete or partial removable denture - indirect | \$150.00 |
| D5820 | Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary - <i>limited to initial placement of interim partial denture/stayplate to replace extracted anterior teeth during healing</i> ⁵ | \$55.00 |
| D5821 | Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular - <i>limited to initial placement of interim partial denture/stayplate to replace extracted anterior teeth during healing</i> ⁵ | \$55.00 |
| D5850 | Tissue conditioning, maxillary ⁵ | \$30.00 |
| D5851 | Tissue conditioning, mandibular ⁵ | \$30.00 |
| D5900-D5999 | VII. MAXILLOFACIAL PROSTHETICS - Not Covered | |
| D6000-D6199 | VIII. IMPLANT SERVICES - Not Covered | |
| D6200-D6999 | IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge]) | |
| D6210 | Pontic - cast high noble metal ⁷ | \$425.00 |
| D6211 | Pontic - cast predominantly base metal ⁷ | \$325.00 |
| D6212 | Pontic - cast noble metal ⁷ | \$325.00 |
| D6240 | Pontic - porcelain fused to high noble metal ^{4,7} | \$425.00 |
| D6241 | Pontic - porcelain fused to predominantly base metal ^{4,7} | \$325.00 |
| D6242 | Pontic - porcelain fused to noble metal ^{4,7} | \$325.00 |
| D6243 | Pontic - porcelain fused to titanium and titanium alloys | \$325.00 |
| D6245 | Pontic - porcelain/ceramic ^{4,7} | \$425.00 |
| D6250 | Pontic - resin with high noble metal ^{4,7} | \$425.00 |
| D6251 | Pontic - resin with predominantly base metal ^{4,7} | \$325.00 |
| D6252 | Pontic - resin with noble metal ^{4,7} | \$325.00 |
| D6600 | Retainer inlay - porcelain/ceramic, two surfaces ^{4,7} | \$425.00 |
| D6601 | Retainer inlay - porcelain/ceramic, three or more surfaces ^{4,7} | \$425.00 |
| D6602 | Retainer inlay - cast high noble metal, two surfaces ^{1,7} | \$270.00 |
| D6603 | Retainer inlay - cast high noble metal, three or more surfaces ^{1,7} | \$280.00 |
| D6604 | Retainer inlay - cast predominantly base metal, two surfaces ⁷ | \$270.00 |
| D6605 | Retainer inlay - cast predominantly base metal, three or more surfaces ⁷ | \$280.00 |
| D6606 | Retainer inlay - cast noble metal, two surfaces ^{1,7} | \$270.00 |
| D6607 | Retainer inlay - cast noble metal, three or more surfaces ^{1,7} | \$280.00 |
| D6608 | Retainer onlay - porcelain/ceramic, two surfaces ^{4,7} | \$425.00 |
| D6609 | Retainer onlay - porcelain/ceramic, three or more surfaces ^{4,7} | \$425.00 |
| D6610 | Retainer onlay - cast high noble metal, two surfaces ^{1,7} | \$270.00 |
| D6611 | Retainer onlay - cast high noble metal, three or more surfaces ^{1,7} | \$290.00 |
| D6612 | Retainer onlay - cast predominantly base metal, two surfaces ⁷ | \$270.00 |
| D6613 | Retainer onlay - cast predominantly base metal, three or more surfaces ⁷ | \$290.00 |
| D6614 | Retainer onlay - cast noble metal, two surfaces ⁷ | \$270.00 |
| D6615 | Retainer onlay - cast noble metal, three or more surfaces ⁷ | \$290.00 |
| D6720 | Retainer crown - resin with high noble metal ^{4,7} | \$425.00 |

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| D6721 | Retainer crown - resin with predominantly base metal ^{4,7} | \$325.00 |
| D6722 | Retainer crown - resin with noble metal ^{4,7} | \$325.00 |
| D6740 | Retainer crown - porcelain/ceramic ^{4,7} | \$425.00 |
| D6750 | Retainer crown - porcelain fused to high noble metal ^{4,7} | \$425.00 |
| D6751 | Retainer crown - porcelain fused to predominantly base metal ^{4,7} | \$325.00 |
| D6752 | Retainer crown - porcelain fused to noble metal ^{4,7} | \$325.00 |
| D6753 | Retainer crown - porcelain fused to titanium and titanium alloys | \$425.00 |
| D6780 | Retainer crown - 3/4 cast high noble metal ⁷ | \$425.00 |
| D6781 | Retainer crown - 3/4 cast predominantly base metal ⁷ | \$325.00 |
| D6782 | Retainer crown - 3/4 cast noble metal ⁷ | \$325.00 |
| D6784 | Retainer crown 3/4 - titanium and titanium alloys | \$425.00 |
| D6790 | Retainer crown - full cast high noble metal ⁷ | \$425.00 |
| D6791 | Retainer crown - full cast predominantly base metal ⁷ | \$325.00 |
| D6792 | Retainer crown - full cast noble metal ⁷ | \$325.00 |
| D6930 | Re-cement or re-bond fixed partial denture | \$30.00 |
| D6940 | Stress breaker | \$50.00 |
| D6980 | Fixed partial denture repair necessitated by restorative material failure | \$50.00 |
| D7000-D7999 | X. ORAL AND MAXILLOFACIAL SURGERY | |
| | <i>- Includes pre-operative and post-operative evaluations and treatment under a local anesthetic.</i> | |
| D7111 | Extraction, coronal remnants - primary tooth | \$35.00 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$35.00 |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | \$65.00 |
| D7220 | Removal of impacted tooth - soft tissue | \$65.00 |
| D7230 | Removal of impacted tooth - partially bony | \$65.00 |
| D7240 | Removal of impacted tooth - completely bony | \$65.00 |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | \$65.00 |
| D7250 | Removal of residual tooth roots (cutting procedure) | \$65.00 |
| D7251 | Coronectomy - intentional partial tooth removal, impacted teeth only | \$65.00 |
| D7286 | Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i> | \$65.00 |
| D7310 | Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$50.00 |
| D7311 | Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | \$50.00 |
| D7320 | Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$65.00 |
| D7321 | Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | \$65.00 |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | \$65.00 |
| D7510 | Incision and drainage of abscess - intraoral soft tissue | \$35.00 |
| D7922 | Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site | No Cost |
| D7961 | Buccal/labial frenectomy (frenulectomy) | No Cost |
| D7962 | Lingual frenectomy (frenulectomy) | No Cost |

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|-------------|---|---------|
| D8000-D8999 | XI. ORTHODONTICS - Not Covered | |
| D9000-D9999 | XII. ADJUNCTIVE GENERAL SERVICES | |
| D9110 | Palliative treatment of dental pain - per visit | \$35.00 |
| D9211 | Regional block anesthesia | No Cost |
| D9212 | Trigeminal division block anesthesia | No Cost |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | No Cost |
| D9219 | Evaluation for moderate sedation, deep sedation or general anesthesia | No Cost |
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | \$35.00 |
| D9311 | Consultation with a medical health care professional | No Cost |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | \$5.00 |
| D9440 | Office visit - after regularly scheduled hours | \$50.00 |
| D9912 | Pre-visit patient screening | \$0.00 |
| D9932 | Cleaning and inspection of removable complete denture, maxillary | No Cost |
| D9933 | Cleaning and inspection of removable complete denture, mandibular | No Cost |
| D9934 | Cleaning and inspection of removable partial denture, maxillary | No Cost |
| D9935 | Cleaning and inspection of removable partial denture, mandibular | No Cost |
| D9986 | Missed appointment - <i>without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</i> | \$15.00 |
| D9987 | Canceled appointment - <i>without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</i> | \$15.00 |
| D9990 | Certified translation or sign-language services - per visit | No Cost |
| D9991 | Dental case management - addressing appointment compliance barriers | No Cost |
| D9992 | Dental case management - care coordination | No Cost |
| D9995 | Teledentistry - synchronous; real-time encounter | No Cost |
| D9996 | Teledentistry - asynchronous; information stored and forwarded to Dentist for subsequent review | No Cost |
| D9997 | Dental case management - Patients with special Health Care Needs | No Cost |

FOOTNOTES

- ¹ *Base or noble metal is the Benefit. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal, an additional fee up to \$100.00 per tooth will be charged for the upgrade.*
- ² *Replacement is subject to a limitation requiring the existing restoration to be 5+ years old.*
- ³ *Replacement is subject to a limitation requiring the existing denture to be 5+ years old.*
- ⁴ *Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.00.*
- ⁵ *Includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement, if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.*
- ⁶ *Limited to 1 per denture during any 12 consecutive months.*
- ⁷ *Replacement is subject to a limitation requiring the existing bridge to be 5+ years old.*

SCHEDULE B **Limitations of Benefits**

1. A full mouth x-ray series (including any combination of periapicals or bitewings with a panoramic film) or a series of seven or more vertical bitewings is limited to one series every 24 months.
2. Bitewing x-rays are limited to not more than one series of four films in any six month period.
3. Diagnostic casts are limited to aid in diagnosis by the Contract Dentist for covered Benefits.
4. Prophylaxis or periodontal maintenance is limited to one procedure each six month period.
5. Amalgams and composites are benefits for the removal of decay, for minor repairs of tooth structure or to replace a lost or failing restoration.
6. The placement of a crown, inlay or onlay is a Benefit when there is insufficient tooth structure to support a filling. Replacement of an existing crown, inlay or onlay that is non-functional or non-restorable is a Benefit when the existing restoration is five+ years old.
7. A covered metallic inlay, onlay, and indirectly fabricated post and core using base or noble metal is available for listed Copayment(s). If You elect to have high noble metal used instead, the maximum additional cost of this material upgrade is \$100.00 per tooth.
8. For molars, a covered inlay, onlay, crown, or unit of a fixed partial denture (bridge) is metallic without porcelain or other tooth-colored material. If You elect to have porcelain, porcelain-fused-to-metal, resin or resin-with-metal used instead, the maximum additional cost for this tooth-colored material upgrade is \$150.00 per molar.
9. If You also choose a porcelain margin for a covered porcelain-fused to metal crown, the maximum additional cost for this laboratory upgrade is \$75.00.
10. Coverage for the placement of a fixed partial denture ("bridge") is limited to:
 - a. The initial placement of a bridge when all the following conditions are present:
 - a single permanent tooth requires prosthetic replacement.
 - the abutment teeth can adequately support and retain a new bridge.
 - the missing tooth cannot be replaced by adding a prosthetic tooth to a serviceable existing removable partial denture.
 - no other missing teeth in the same arch require prosthetic replacement with a new removable partial denture; and *(for a bridge replacing a posterior tooth)* one or more of the abutment teeth meet Limitation #6.
 - b. The replacement of an existing bridge that is not serviceable due to decay, fracture or other non-cosmetic defect, if:
 - the existing bridge is at least five years old; **and**
 - the same abutment teeth can adequately support and retain a new bridge; **and**
 - no other missing teeth in the same arch require prosthetic replacement.
11. Coverage for a new removable partial or complete denture is limited to:
 - a. The initial placement of removable partial or complete denture in an arch when:
 - one or more permanent teeth require prosthetic replacement; **and**
 - the missing tooth/teeth cannot be replaced by adding a prosthetic tooth to a serviceable existing removable partial denture; **and**
 - (for partial dentures only) there are suitable abutment teeth to retain and support a removable partial denture.
 - b. The replacement of an existing removable partial or complete denture with non-cosmetic defect(s) that cause the denture to be non-serviceable if:
 - the existing removable denture is at least five years old; **and**
 - the existing removable denture cannot be made serviceable by adjustment, repair, relining or rebasing.

12. A direct or indirect pulp cap is a Benefit only on a vital permanent tooth with an open apex or a vital primary tooth.
 13. A therapeutic pulpotomy on a permanent tooth is limited to palliative treatment when the Contract Dentist is not performing root canal therapy.
 14. Periodontal scaling and root planing are limited to four quadrants during any 12 month period.
 15. Full mouth debridement (gross scale) is limited to one treatment in any 12 month period.
 16. Relines, tissue conditioning and rebases are limited to one per denture during any 12 consecutive months.
 17. Interim partial dentures (stayplates), in conjunction with fixed or removable appliances, are limited to the replacement of extracted anterior teeth for adults during a healing period when the teeth cannot be added to an existing partial denture.
 18. Excision of the frenum is a Benefit only when it results in limited mobility of the tongue, a large diastema between teeth or it interferes with a prosthetic appliance.
 19. Benefits for a soft tissue management program are limited to those parts, which are listed covered services listed on Schedule A. If an Enrollee declines non-covered services within a soft tissue management program, it does not eliminate or alter other covered benefits.
 20. A new removable partial, complete or immediate denture includes after delivery adjustments, tissue conditioning, if needed, at no additional cost for the first six (6) months after placement if You continue to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered. Immediate dentures and immediate removable partial dentures include after delivery adjustments and tissue conditioning at no additional cost for the first three (3) months after placement.
 21. An optional procedure is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by You, and is subject to the limitations and exclusions of this Plan. The applicable charge to You is the difference between the Contract Dentist's "filed fee" for the optional procedure and the covered procedure. Optional treatment does not apply when alternative choices are Benefits.
- "Filed fees" means the Contract Dentist's fees on file with Delta Dental. Questions regarding these fees should be directed to the Customer Service department at 800-422-4234.

Exclusions of Benefits

1. All procedures not shown in *Schedule A*.
2. Dental conditions arising out of and due to Your employment for which workers' compensation is paid. Services that are provided to You by state government or agency thereof, or are provided without cost by any municipality, county or other subdivision, except as provided in Section 1373(a) of the California Health and Safety Code.
3. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
4. Loss or theft of full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
5. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage.
6. Dental expenses incurred in connection with any dental procedure started before your eligibility with the DHMO Program. Examples include: teeth prepared for crowns, root canals in progress.
7. Congenital malformations.
8. Dispensing of drugs not normally supplied in a dental facility.
9. Any procedure that in the professional opinion of the Contract Dentist or Our dental consultant:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry.
10. Dental services received from any dental facility other than the assigned Contract Dentist, including the services of a Contract Specialist, unless expressly preauthorized in writing by Us or as cited under Emergency Dental Services and Urgent Dental Services as described in the Policy. To obtain written Authorization, You should call Our Customer Care at 888-282-9501.
11. Consultations for non-covered Benefits.
12. Implant placement or removal of appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment.
13. Restorations placed solely due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth.
14. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ).
15. An initial treatment plan which involves the removal and reestablishment of the occlusal contacts of 10 or more teeth with crowns, onlays, fixed partial dentures (bridges), or any combination of these is considered to be full mouth reconstruction under the DHMO Program. Crowns, onlays and fixed partial dentures associated with such a treatment plan are not covered Benefits. This exclusion does not affect any other Benefits.
16. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
17. Extraction of teeth, when teeth are asymptomatic/non-pathologic (no signs or symptoms of pathology or infection), including but not limited to the removal of third molars and orthodontic extractions.

18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services;
19. Accidental injury. Accidental injury is defined as damage to the hard and soft tissue of the oral cavity resulting from forces external to the mouth. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function will be covered at the normal schedule of benefits.
20. Treatment of retained primary teeth.
21. Specialist Services received from an orthodontist or pediatric Dentist.
22. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.
23. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.