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-2027 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.

CODE	DESCRIPTION	ENROLLEE PAYS
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 - *limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted.*	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 - *limited to 1 series every 6 months*	No Cost
D0330	Panoramic radiographic image - *limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted*	No Cost
D0396	3D printing of a 3D dental surface scan	No Cost
D0419	Assessment of salivary flow by measurement - *1 every 12 months*	No Cost
D0460	Pulp vitality tests	No Cost
D0461	Testing for cracked tooth	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
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 - *1 every 12 months*	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *1 every 12 months*	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - *1 every 12 months*	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 - *includes office visit, per visit (in addition to other services)*	$5.00
D1000-D1999	II. PREVENTIVE	
D1110	Prophylaxis *cleaning* - adult - *1 D1110, D1120 or D4346 per 6 month period*	$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 - *child to age 9*	$100.00
D2000-D2999	III. RESTORATIVE	

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.
**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.*

D2140	Amalgam - one surface, primary or permanent	$27.00
D2150	Amalgam - two surfaces, primary or permanent	$32.00
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 (*tooth colored*)	$55.00
D2331	Resin-based composite - two surfaces, anterior (*tooth colored*)	$65.00
D2332	Resin-based composite - three surfaces, anterior (*tooth colored*)	$75.00
D2335	Resin-based composite - four or more surfaces (anterior) (*tooth colored*)	$85.00
D2390	Resin-based composite crown, direct	$85.00
D2391	Resin-based composite - one surface, posterior (*tooth colored*)	$75.00
D2392	Resin-based composite - two surfaces, posterior (*tooth colored*)	$80.00
D2393	Resin-based composite - three surfaces, posterior (*tooth colored*)	$85.00
D2394	Resin-based composite - four or more surfaces, posterior (*tooth colored*)	$95.00
D2510	Inlay - metallic - one surface [3, 4]	$260.00
D2520	Inlay - metallic - two surfaces [3, 4]	$270.00
D2530	Inlay - metallic - three or more surfaces [3, 4]	$280.00
D2542	Onlay - metallic - two surfaces [3, 4]	$270.00
D2543	Onlay - metallic - three surfaces [3, 4]	$290.00
D2544	Onlay - metallic - four or more surfaces [3, 4]	$300.00
D2610	Inlay - porcelain/ceramic - one surface [3, 5]	$360.00
D2620	Inlay - porcelain/ceramic - two surfaces [3, 5]	$370.00
D2630	Inlay - porcelain/ceramic - three or more surfaces [3, 5]	$380.00
D2642	Onlay - porcelain/ceramic - two surfaces [3, 5]	$370.00
D2643	Onlay - porcelain/ceramic - three surfaces [3, 5]	$390.00
D2644	Onlay - porcelain/ceramic - four or more surfaces [3, 5]	$400.00
D2650	Inlay - resin-based composite - one surface (*tooth colored*) [3, 5]	$260.00
D2651	Inlay - resin-based composite - two surfaces (*tooth colored*) [3, 5]	$270.00

D2652	Inlay - resin-based composite - three or more surfaces (*tooth colored*) [3, 5]	$280.00
D2662	Onlay - resin-based composite - two surfaces (*tooth colored*) [3, 5]	$270.00
D2663	Onlay - resin-based composite - three surfaces (*tooth colored*) [3, 5]	$280.00
D2664	Onlay - resin-based composite - four or more surfaces (*tooth colored*) [3, 5]	$300.00
D2710	Crown - resin-based composite (indirect) [3, 5]	$125.00
D2712	Crown - 3/4 resin-based composite (indirect) [3, 5]	$125.00
D2720	Crown - resin with high noble metal [3, 5]	$425.00
D2721	Crown - resin with predominantly base metal [3, 5]	$325.00
D2722	Crown - resin with noble metal [3, 5]	$325.00
D2740	Crown - porcelain/ceramic [3, 5]	$425.00
D2750	Crown - porcelain fused to high noble metal [3, 5]	$425.00
D2751	Crown - porcelain fused to predominantly base metal [3, 5]	$325.00
D2752	Crown - porcelain fused to noble metal [3, 5]	$325.00
D2753	Crown - porcelain fused to titanium and titanium alloys	$425.00
D2780	Crown - 3/4 cast high noble metal [3]	$425.00
D2781	Crown - 3/4 cast predominantly base metal [3]	$325.00
D2782	Crown - 3/4 cast noble metal [3]	$325.00
D2790	Crown - full cast high noble metal [3]	$425.00
D2791	Crown - full cast predominantly base metal [3]	$325.00
D2792	Crown - full cast noble metal [3]	$325.00
D2794	Crown - titanium and titanium alloys [3]	$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 *(anterior) (tooth colored)*	$85.00
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	$80.00
D2931	Prefabricated stainless steel crown - permanent tooth	$80.00
D2940	Placement of interim direct 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 - *includes canal preparation* [4]	$95.00
D2953	Each additional indirectly fabricated post - same tooth - *includes canal preparation* [4]	$50.00
D2954	Prefabricated post and core in addition to crown - *base metal post; includes canal preparation*	$70.00
D2956	Removal of an indirect restoration on a natural tooth	No Cost
D2957	Each additional prefabricated post - same tooth - *base metal post; includes canal preparation*	$45.00
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework.	$65.00
D2976	Band stabilization - per tooth - *limited to once in a lifetime per tooth*	$37.00
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
D2989	Excavation of a tooth resulting in the determination of non-restorability	No Cost
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	*Root canal* - endodontic therapy, anterior tooth (excluding final restoration)	$180.00
D3320	*Root canal* - endodontic therapy, premolar tooth (excluding final restoration)	$230.00
D3330	*Root canal* - 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
D3430	Retrograde filling - per root	$50.00
D3450	Root amputation, per root - *not covered in conjunction with a hemisection*	$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	
- Includes pre-operative and post-operative evaluations and treatment under a local anesthetic.		
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	No Cost
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 - *limited to 4 quadrants during any 12 consecutive months*	$60.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	$60.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *1 D1110, D1120 or D4346 per 6 month period*	$20.00
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months*	$60.00
D4910	Periodontal maintenance - *limited to 1 treatment each 6 month period*	$45.00
D4921	Gingival irrigation with a medicinal agent - per quadrant	No Cost
D5000-D5899	VI. PROSTHODONTICS (removable)	
D5110	Complete denture - maxillary [1, 6]	$395.00
D5120	Complete denture - mandibular [1, 6]	$395.00
D5130	Immediate denture - maxillary [1, 6]	$495.00
D5140	Immediate denture - mandibular [1, 6]	$495.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) [1, 6]	$300.00

D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) [1, 6]	$300.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) [1, 6]	$425.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) [1, 6]	$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 [1, 6]	$475.00
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth) [1, 6]	$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 [1]	$20.00
D5411	Adjust complete denture - mandibular [1]	$20.00
D5421	Adjust partial denture - maxillary [1]	$20.00
D5422	Adjust partial denture - mandibular [1]	$20.00
D5511	Repair complete denture base, mandibular	$50.00
D5512	Repair complete denture base, maxillary	$50.00
D5520	Replace missing or broken teeth - complete denture - per tooth	$25.00
D5521	Replace all teeth on complete denture - maxillary	$395.00
D5522	Replace all teeth on complete denture - mandibular	$395.00
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 missing or broken teeth - partial denture - per tooth	$25.00
D5650	Add tooth to existing partial denture - per tooth	$45.00
D5660	Add clasp to existing partial denture - per tooth	$45.00
D5710	Rebase complete maxillary denture [7]	$130.00
D5711	Rebase complete mandibular denture [7]	$130.00
D5720	Rebase maxillary partial denture [7]	$130.00
D5721	Rebase mandibular partial denture [7]	$130.00
D5725	Rebase hybrid prosthesis	$130.00
D5730	Reline complete maxillary denture (chairside) [7]	$50.00
D5731	Reline complete mandibular denture (chairside) [7]	$50.00
D5740	Reline maxillary partial denture (chairside) [7]	$45.00
D5741	Reline mandibular partial denture (chairside) [7]	$45.00
D5750	Reline complete maxillary denture (laboratory) [7]	$150.00
D5751	Reline complete mandibular denture (laboratory) [7]	$150.00
D5760	Reline maxillary partial denture (laboratory) [7]	$150.00
D5761	Reline mandibular partial denture (laboratory) [7]	$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 - *limited to initial placement of interim partial denture/stayplate to replace extracted anterior teeth during healing* [1]	$55.00
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular - *limited to initial placement of interim partial denture/stayplate to replace extracted anterior teeth during healing* [1]	$55.00
D5850	Tissue conditioning, maxillary [1]	$30.00
D5851	Tissue conditioning, mandibular [1]	$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 [2]	$425.00
D6211	Pontic - cast predominantly base metal [2]	$325.00
D6212	Pontic - cast noble metal [2]	$325.00
D6240	Pontic - porcelain fused to high noble metal [2, 5]	$425.00
D6241	Pontic - porcelain fused to predominantly base metal [2, 5]	$325.00
D6242	Pontic - porcelain fused to noble metal [2, 5]	$325.00
D6243	Pontic - porcelain fused to titanium and titanium alloys	$325.00
D6245	Pontic - porcelain/ceramic [2, 5]	$425.00
D6250	Pontic - resin with high noble metal [2, 5]	$425.00
D6251	Pontic - resin with predominantly base metal [2, 5]	$325.00
D6252	Pontic - resin with noble metal [2, 5]	$325.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces [2, 5]	$425.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces [2, 5]	$425.00
D6602	Retainer inlay - cast high noble metal, two surfaces [2, 4]	$270.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces [2, 4]	$280.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces [2]	$270.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces [2]	$280.00
D6606	Retainer inlay - cast noble metal, two surfaces [2, 4]	$270.00
D6607	Retainer inlay - cast noble metal, three or more surfaces [2, 4]	$280.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces [2, 5]	$425.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces [2, 5]	$425.00
D6610	Retainer onlay - cast high noble metal, two surfaces [2, 4]	$270.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces [2, 4]	$290.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces [2]	$270.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces [2]	$290.00
D6614	Retainer onlay - cast noble metal, two surfaces [2]	$270.00
D6615	Retainer onlay - cast noble metal, three or more surfaces [2]	$290.00
D6720	Retainer crown - resin with high noble metal [2, 5]	$425.00
D6721	Retainer crown - resin with predominantly base metal [2, 5]	$325.00
D6722	Retainer crown - resin with noble metal [2, 5]	$325.00
D6740	Retainer crown - porcelain/ceramic [2, 5]	$425.00
D6750	Retainer crown - porcelain fused to high noble metal [2, 5]	$425.00
D6751	Retainer crown - porcelain fused to predominantly base metal [2, 5]	$325.00
D6752	Retainer crown - porcelain fused to noble metal [2, 5]	$325.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	$425.00
D6780	Retainer crown - 3/4 cast high noble metal [2]	$425.00
D6781	Retainer crown - 3/4 cast predominantly base metal [2]	$325.00
D6782	Retainer crown - 3/4 cast noble metal [2]	$325.00
D6784	Retainer crown - 3/4 titanium and titanium alloys	$425.00
D6790	Retainer crown - full cast high noble metal [2]	$425.00
D6791	Retainer crown - full cast predominantly base metal [2]	$325.00

D6792	Retainer crown - full cast noble metal [2]	$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	
- Includes pre-operative and post-operative evaluations and treatment under a local anesthetic.		
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
D7252	Partial extraction for immediate implant placement - *Once in a lifetime*	$65.00
D7284	Excisional biopsy of minor salivary glands - *does not include pathology laboratory procedures*	$65.00
D7286	Incisional biopsy of oral tissue - soft - *does not include pathology laboratory procedures*	$65.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$50.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$50.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$65.00
D7321	Alveoloplasty 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
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	No Cost
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 - *without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of $40.00*	$15.00

D9987	Canceled appointment - *without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of $40.00*	$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] *Includes after delivery adjustments and tissue conditioning, if needed, for the first six (6) months after placement. For all listed immediate dentures and immediate removable partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for three (3) months following installation if You continue to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.*

[2] *Replacement is subject to a limitation requiring the existing bridge to be 5+ years old.*

[3] *Replacement is subject to a limitation requiring the existing restoration to be 5+ years old.*

[4] *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.*

[5] *Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to You of $150.00.*

[6] *Replacement is subject to a limitation requiring the existing denture to be 5+ years old.*

[7] *Limited to 1 per denture during any 12 consecutive months.*

SCHEDULE B

Limitations and Exclusions 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. Cleaning of a denture is a benefit only when the patient is fully edentulous. If partially edentulous, this service is included in the fee for procedure D1110, D1120, D4346 or D4910.
4. Diagnostic casts are limited to aid in diagnosis by the Contract Dentist for covered Benefits.
5. Prophylaxis or periodontal maintenance is limited to one procedure each six month period.
6. Amalgams and composites are benefits for the removal of decay, for minor repairs of tooth structure or to replace a lost or failing restoration.
7. Benefits are limited to either an intraoral comprehensive series radiographic images (D0210) or panoramic radiographic image (D0330) in the frequency limitation period specified by the plan. Comprehensive intraoral images may include any combination of periapicals and bitewings. Panoramic images are not considered part of a comprehensive intraoral series. Bitewings of any type are disallowed within 6 months of an intraoral comprehensive intraoral series unless warranted by special circumstances.
8. 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.
9. 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.
10. 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.
11. 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.
12. 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.
13. 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.

14. A direct or indirect pulp cap is a Benefit only on a vital permanent tooth with an open apex or a vital primary tooth.
15. A therapeutic pulpotomy on a permanent tooth is limited to palliative treatment when the Contract Dentist is not performing root canal therapy.
16. Periodontal scaling and root planing are limited to four quadrants during any 12 month period.
17. Full mouth debridement (gross scale) is limited to one treatment in any 12 month period.
18. Relines, tissue conditioning and rebases are limited to one per denture during any 12 consecutive months.
19. 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.
20. 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.
21. Benefits for a soft tissue management program are limited to those parts, which are listed covered services listed on Schedule A. If You decline non-covered services within a soft tissue management program, it does not eliminate or alter other covered Benefits.
22. 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.
23. 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:
    * has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
    * 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.