

FY07 Dental Schedule of Benefits (July 1, 2006 through June 30, 2007)

Diagnostic Services	Maximum Benefit	Code
Periodic Oral Examination	\$ 31	D0120
Limited Oral Evaluation (specific oral health problem)	\$ 52	D0140
Comprehensive Oral Examination- new or established patient	\$ 54	D0150
Radiographs/Diagnostic Imaging		
Intraoral Complete Series (once in a period of three plan years, including bitewings)	\$ 97	D0210
Intraoral - Periapical First Film	\$ 18	D0220
Intraoral - Periapical Each Additional Film	\$ 15	D0230
Bitewing Single Film	\$ 20	D0270
Bitewing Two Films	\$ 30	D0272
Bitewing Four Films	\$ 42	D0274
Panoramic Film, (once in a period of three plan years)	\$ 84	D0330
Preventive Services	Maximum Benefit	Code
Prophylaxis Adult - Twice each plan year	\$ 66	D1110
Prophylaxis Child - Twice each plan year	\$ 45	D1120
Topical Application of Fluoride - Child (including prophylaxis) (once each plan year, covered through age 18 only)	\$ 67	D1201
Topical Application of Fluoride - Child (not including prophylaxis) (once each plan year, covered through age 18 only)	\$ 27	D1203
Sealant - per tooth, covered through age 18 only	\$ 39	D1351
Space Maintainers (Passive Appliances)		
Fixed Unilateral	\$248	D1510
Fixed Bilateral	\$327	D1515
Removable Unilateral	\$307	D1520
Removable Bilateral	\$421	D1525
Restorative Services	Maximum Benefit	Code
Amalgam Restorations		
Amalgam One Surface, Primary or Permanent	\$ 86	D2140
Amalgam Two Surfaces, Primary or Permanent	\$112	D2150
Amalgam Three Surfaces, Primary or Permanent	\$135	D2160
Amalgam Four or More Surfaces, Primary or Permanent	\$165	D2161
Resin-Based Composite Restorations		
One Surface, Anterior	\$102	D2330
Two Surfaces, Anterior	\$130	D2331
Three Surfaces, Anterior	\$159	D2332
Four or More Surfaces or involving incisal angle (anterior)	\$188	D2335
One Surface Posterior	\$119	D2391
Two Surface Posterior	\$156	D2392
Three Surface Posterior	\$193	D2393
Four or More Surfaces, Posterior	\$237	D2394
Crowns/Single Restorations Only		
Crown-Resin (indirect)	\$268	D2710
Crown-Resin with high noble metal	\$660	D2720
Crown-Resin predominantly base metal	\$618	D2721
Crown-Resin with noble metal	\$632	D2722
Crown-Porcelain/Ceramic Substrate	\$677	D2740
Crown-Porcelain fused to high noble metal	\$668	D2750
Crown-Porcelain fused to predominantly base metal	\$622	D2751
Crown-Porcelain fused to noble metal	\$637	D2752
Crown-3/4 cast predominately base metal	\$603	D2781
Crown-Full cast high noble metal	\$645	D2790
Crown-Full cast predominantly base metal	\$611	D2791
Crown-Full cast noble metal	\$622	D2792
Other Restorative Services		
Recement Inlay	\$ 71	D2910
Recement Crown	\$ 74	D2920
Prefabricated stainless steel Crown (primary tooth)	\$201	D2930
Prefabricated stainless steel Crown (permanent tooth)	\$227	D2931
Prefabricated Resin Crown	\$247	D2932

FY07 Dental Schedule of Benefits (July 1, 2006 through June 30, 2007)

Endodontics	Maximum Benefit	Code
Pulp Capping		
Pulp Cap - Direct (excluding final restoration)	\$ 51	D3110
Pulp Cap - Indirect (excluding final restoration)	\$ 40	D3120
Pulpotomy - Therapeutic (excluding final restoration)	\$120	D3220
Root Canal Therapy (include intra-operative radiographs)		
Anterior (excludes final restoration)	\$509	D3310
Bicuspid (excludes final restoration)	\$621	D3320
Molar (excludes final restoration)	\$802	D3330
Retreatment of Previous Root Canal Therapy		
Anterior	\$685	D3346
Bicuspid	\$807	D3347
Molar	\$970	D3348
Periodontics	Maximum Benefit	Code
Gingivectomy/Gingivoplasty		
Per quadrant	\$315	D4210
1 - 3 Teeth per quadrant	\$135	D4211
Gingival Flap Procedure		
Per quadrant - includes root planing	\$371	D4240
Gingival Flap - including root planing, 1-3 teeth per quadrant	\$191	D4241
Osseous Surgery (including flap entry and closure)		
4 or More contiguous teeth or bounded teeth spaces per quadrant	\$598	D4260
1-3 contiguous teeth or bounded teeth spaces per quadrant	\$312	D4261
Bone Replacement Graft		
First site in quadrant	\$181	D4263
Each additional site in quadrant	\$ 90	D4264
Pedicle Soft Tissue Graft	\$442	D4270
Free Soft Tissue Graft	\$455	D4271
Provisional Splinting		
Intracoronary	\$168	D4320
Extracoronary	\$147	D4321
Periodontal Scaling and Root Planing		
4 or More contiguous teeth or bounded teeth spaces per quadrant	\$ 91	D4341
1-3 contiguous teeth or bounded teeth spaces per quadrant	\$ 46	D4342
Full Mouth Debridement to Enable Comprehensive Periodontal Evaluation and Diagnosis	\$ 61	D4355
Periodontal Maintenance Procedure		
Following active therapy	\$ 55	D4910
Unscheduled Dressing Change	\$ 47	D4920
Prosthodontics	Maximum Benefit	Code
Removable Prosthetics		
Complete Denture - Maxillary	\$789	D5110
Complete Denture - Mandibular	\$789	D5120
Immediate Denture - Maxillary	\$860	D5130
Immediate Denture - Mandibular	\$860	D5140
Partial Dentures (removable)		
Maxillary Partial Denture - resin base (conventional clasps, rests and teeth)	\$666	D5211
Mandibular Partial Denture - resin base (conventional clasps, rests and teeth)	\$774	D5212
Maxillary Partial Denture - cast metal framework, resin base (conventional clasps, rests and teeth)	\$872	D5213
Mandibular Partial Denture - cast metal framework, resin base (convention clasps, rests and teeth)	\$872	D5214
Unilateral, Partial Denture, Removable - one piece cast metal (includes clasps and teeth)	\$508	D5281
Adjustments to Dentures		
Adjust complete denture - Maxillary	\$ 43	D5410
Adjust complete denture - Mandibular	\$ 43	D5411
Adjust partial denture - Maxillary	\$ 43	D5421
Adjust partial denture - Mandibular	\$ 43	D5422
Repairs to Complete Dentures		
Repair broken complete denture base	\$ 86	D5510
Replace missing or broken teeth - complete denture (each tooth)	\$ 72	D5520

FY07 Dental Schedule of Benefits (July 1, 2006 through June 30, 2007)

Repairs to Partial Dentures		
Repair resin denture base	\$ 94	D5610
Repair cast framework	\$101	D5620
Repair or replace broken clasp	\$122	D5630
Replace broken teeth - per tooth	\$ 79	D5640
Add tooth to existing partial denture	\$108	D5650
Add clasp to existing partial denture	\$130	D5660
Denture Rebase Procedure		
Rebase complete maxillary denture	\$320	D5710
Rebase complete mandibular denture	\$306	D5711
Rebase maxillary partial denture	\$302	D5720
Rebase mandibular partial denture	\$302	D5721
Denture Reline Procedure		
Reline complete maxillary denture (chairside)	\$181	D5730
Reline complete mandibular denture (chairside)	\$181	D5731
Reline maxillary partial denture (chairside)	\$166	D5740
Reline mandibular partial denture (chairside)	\$166	D5741
Reline complete maxillary denture (laboratory)	\$241	D5750
Reline complete mandibular denture (laboratory)	\$241	D5751
Reline maxillary partial denture (laboratory)	\$238	D5760
Reline mandibular partial denture (laboratory)	\$238	D5761
Prosthodontics (continued)	Maximum Benefit	Code
Fixed Partial Denture Pontics		
(Each retainer and each pontic constitutes a unit in a fixed partial denture)		
Pontic-Cast high noble metal	\$441	D6210
Pontic-Cast predominantly base metal	\$414	D6211
Pontic-Cast noble metal	\$430	D6212
Pontic-Porcelain fused to high noble metal	\$436	D6240
Pontic-Porcelain fused to predominantly base metal	\$402	D6241
Pontic-Porcelain fused to noble metal	\$425	D6242
Pontic-Resin with high noble metal	\$430	D6250
Pontic-Resin with predominantly base metal	\$397	D6251
Pontic-Resin with noble metal	\$410	D6252
Fixed Partial Denture Retainers - Crowns		
Crown-Resin with high noble metal	\$486	D6720
Crown-Resin with predominantly base metal	\$461	D6721
Crown-Resin with noble metal	\$469	D6722
Crown-Porcelain fused to high noble metal	\$497	D6750
Crown-Porcelain fused to predominantly base metals	\$464	D6751
Crown-Porcelain fused to noble metal	\$475	D6752
Crown-3/4 cast high noble metal	\$469	D6780
Crown-Full cast high noble metal	\$480	D6790
Crown-Full cast predominantly base metal	\$455	D6791
Crown-Full cast noble metal	\$472	D6792
Other Fixed Partial Denture Services		
Recement Fixed Partial Denture	\$ 58	D6930
Fixed Partial Denture Repair, by report	\$ 49	D6980
Oral Surgery	Maximum Benefit	Code
Extractions		
Coronal Remnants - Deciduous Tooth	\$ 83	D7111
Extraction, Erupted Tooth or Exposed Root (elevation and/ or forceps removal)	\$110	D7140
Surgical Extraction		
(Includes local anesthesia, suturing if needed, and routine postoperative care)		
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$109	D7210
Removal of impacted tooth - soft tissue	\$136	D7220
Removal of impacted tooth - partially bony	\$181	D7230
Removal of impacted tooth - completely bony	\$213	D7240
Removal of impacted tooth - completely bony with unusual surgical complications	\$267	D7241
Surgical removal of residual tooth roots (cutting procedure)	\$115	D7250

FY07 Dental Schedule of Benefits
(July 1, 2006 through June 30, 2007)

Other Surgical Procedures		
Biopsy of oral tissue - hard (bone/tooth)	\$453	D7285
Biopsy of soft tissue - soft (all others)	\$186	D7286
Alveoloplasty in conjunction with extractions, per quadrant	\$127	D7310
Alveoloplasty in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant	\$127	D7311
Alveoloplasty not in conjunction with extractions, per quadrant	\$565	D7320
Alveoloplasty not in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant	\$565	D7321
Frenulectomy - separate procedure	\$266	D7960
Adjunctive General Services	Maximum Benefit	Code
Surgical Incision		
Palliative (emergency) treatment of dental pain (minor procedure)	\$ 88	D9110
Anesthesia		
General Anesthesia and Intravenous Sedation will be covered only if a qualified medical condition exists with supporting documentation from the patient's medical provider.		
General anesthesia - first 30 minutes	\$365	D9220
General anesthesia - each additional 15 minutes	\$149	D9221
Intravenous sedation/analgesia - first 30 minutes	\$280	D9241
Intravenous sedation/analgesia - each additional 15 minutes	\$117	D9242
Miscellaneous Services		
Occlusal guards, by report	\$230	D9940
Occlusal adjustment, limited	\$112	D9951
Occlusal adjustment, complete	\$634	D9952

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Orthodontic Services

The lifetime maximum benefit for child orthodontics is \$1,500. The benefit is based on the length of treatment. This lifetime maximum applies to each plan participant regardless of the number of courses of treatment.

Orthodontic Limitations

- The course of treatment (initial banding) must begin before age 19.
- The \$100 plan year deductible will apply to the orthodontic benefit if it is the initial claim processed in a plan year except for preventive or diagnostic procedures.
- For covered orthodontic services contact the CompBenefits.

Reimbursement of Benefit: 25% of the applicable maximum benefit, based on the length of treatment, is reimbursed after the initial banding. The remaining benefit is prorated over the remaining length of treatment.

Length of Treatment	Maximum Benefit
0 – 36 months	\$1500
0 – 18 months	\$1364
0 – 12 months	\$780

Orthodontic Services	Code
Limited Orthodontic Treatment	
Primary Dentition	D8010
Transitional Dentition	D8020
Adolescent Dentition	D8030
Interceptive Orthodontic Treatment	
Primary Dentition	D8050
Transitional Dentition	D8060
Comprehensive Orthodontic Treatment	
Transitional Dentition	D8070
Adolescent Dentition	D8080
Removable Appliance Therapy	D8210
Fixed Appliance Therapy	D8220