

DENTAL HMO PLAN 4000 SCHEDULE OF MEMBERS' PAYMENT RESPONSIBILITY

Effective 1-1-08 to 12-31-08



DIAGNOSTIC

D0999	Office Visit Copy	\$5
D0120	Periodic Oral Evaluation	\$0
D0140	Limited Oral Evaluation - Problem Focused	\$0
D0145	Oral Eval For Patient Under 3 & Counseling With Primary Caregiver	\$0
D0150	Comprehensive Oral Evaluation - New Or Established Patient	\$0
D0160	Detailed & Extensive Evaluation, Problem Focused	\$0
D0170	Re-Eval - Limited, Problem Focused (Est. Patient, Not Post-Operative)	\$0
D0180	Comprehensive Periodontal Examination, New Or Established Patient	\$0
D0210	Intraoral - Complete Series (Including Bitewings)	\$0
D0220	Intraoral - Periapical First Film	\$0
D0230	Intraoral - Periapical Each Additional Film	\$0
D0240	Intraoral - Occlusal Film	\$0
D0270	Bitewing - Single Film	\$0
D0272	Bitewing X-Rays - 2 Films	\$0
D0273	Bitewing X-Rays - 3 Films	\$0
D0274	Bitewing X-Rays - 4 Films	\$0
D0277	Vertical Bitewings - 7 To 8 Films	\$0
D0330	Panoramic Film	\$0
D0415	Bacteriological Studies	\$0
D0460	Pulp Vitality Tests	\$0
D0470	Diagnostic Casts	\$0

PREVENTIVE

D1110	Prophylaxis - Adult	\$0
D1120	Prophylaxis - Child	\$0
D1203	Topical Application Of Fluoride (Prophylaxis Not Included) - Child	\$0
D1204	Topical Application Of Fluoride (Prophylaxis Not Included) - Adult	\$0
D1206	Topical Fluoride Varnish, Therapeutic Application For Mod To High Caries Risk	\$12
D1310	Nutritional Counseling For Control Of Dental Disease	\$0
D1330	Oral Hygiene Instructions	\$0
D1351	Sealant - Per Tooth	\$0
D1510	Space Maintainer - Fixed - Unilateral	\$53
D1515	Space Maintainer - Fixed - Bilateral	\$71
D1520	Space Maint-Removable - Unilateral	\$66
D1525	Space Maint-Removable - Bilateral	\$91
D1550	Re-Cementation Of Space Maintainer	\$12
D1555	Removal Of A Space Maintainer, By Dentist Who Did Not Originally Place	\$21

MINOR RESTORATIVE

D2140	Amalgam - 1 Surface, Primary Or Permanent	\$21
D2150	Amalgam - 2 Surfaces, Primary Or Permanent	\$24
D2160	Amalgam - 3 Surfaces, Primary Or Permanent	\$28
D2161	Amalgam - 4 Or More Surfaces, Primary Or Permanent	\$34
D2330	Resin-Based Composite - 1 Surface, Anterior	\$23
D2331	Resin-Based Composite - 2 Surfaces, Anterior	\$28
D2332	Resin-Based Composite - 3 Surfaces, Anterior	\$35
D2335	Resin-Based Comp - 4 Or More Surfaces Or Involving Incisal Angle (Anterior)	\$45
D2390	Resin-Based Composite Crown, Anterior	\$43
D2391	Resin-Based Composite - 1 Surface, Posterior	\$25
D2392	Resin-Based Composite - 2 Surfaces, Posterior	\$34
D2393	Resin-Based Composite - 3 Surfaces, Posterior	\$41
D2394	Resin-Based Composite - 4 Or More Surfaces, Posterior	\$46

ENDODONTICS

D3110	Pulp Cap - Direct (Excluding Final Restoration)	\$11
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	\$10
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$28
D3221	Pulpal Debridement, Primary & Permanent Teeth	\$28
D3230	Pulp Therapy, Anterior Primary	\$30
D3240	Pulp Therapy, Posterior Primary	\$32
D3310	Anterior (Excluding Final Restoration)	\$109
D3320	Bicuspid (Excluding Final Restoration)	\$135
D3330	Molar (Excluding Final Restoration)	\$171
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	\$225
D3347	Retreatment Of Previous Root Canal Therapy - Bicuspid	\$275
D3348	Retreatment Of Previous Root Canal Therapy - Molar	\$335
D3351	Apexification/Recalcification First Visit	\$68
D3352	Apexification/Recalcification Interim Visit	\$42
D3353	Apexification/Recalcification Final Visit	\$98
D3410	Apicoectomy/Periradicular Surgery - Anterior	\$147
D3421	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	\$155
D3425	Apicoectomy/Periradicular Surgery - Molar (First Root)	\$174
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	\$60
D3430	Retrograde Filling - Per Root	\$36
D3450	Root Amputation Per Root	\$76

D3920	Hemisection (Incl. Root Removal/Excludes Rct)	\$61
D3950	Canal Prep & Fit Of Preformed Post (By Other Than Dentist Who Placed Post)	\$28

PERIODONTICS

D4210	Gingivectomy Or Gingivoplasty - 4 Or More Teeth Per Quadrant	\$95
D4211	Gingivectomy Or Gingivoplasty - 1 To 3 Teeth, Per Quadrant	\$30
D4240	Gingival Flap Procedure, W/Root Planing - 4 Or More Teeth Per Quadrant	\$125
D4241	Gingival Flap Procedure, W/Root Planing - 1 To 3 Teeth, Per Quadrant	\$82
D4245	Apically Positioned Flap	\$91
D4249	Clinical Crown Lengthening - Hard Tissue	\$124
D4260	Osseous Surgery (Incl. Flap Entry & Closure) - 4 Or More Teeth Per Quad	\$181
D4261	Osseous Surgery (Incl. Flap Entry & Closure) - 1 To 3 Teeth, Per Quad	\$109
D4263	Bone Replacement Graft, First Site In Quadrant	\$78
D4264	Bone Replacement Graft, Each Additional Site In Quadrant	\$52
D4268	Surgical Revision Procedure, Per Tooth, Inclusive In Surgery	\$0
D4270	Pedicle Soft Tissue Graft Procedure	\$133
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	\$140
D4273	Subepithelial Connective Tissue Graft	\$150
D4274	Distal Or Proximal Wedge	\$39
D4275	Soft Tissue Allograft	\$98
D4276	Combined Connective Tissue & Pedicle Graft	\$98
D4341	Scaling & Root Planing - 4 Or More Teeth Per Quadrant	\$47
D4342	Scaling & Root Planing - 1 To 3 Teeth, Per Quadrant	\$29
D4355	Full Mouth Debridement To Enable Comprehensive Evaluation & Diagnosis	\$33
D4381	Loc. Deliv. Chemo Agent, Controlled Release Into Crevice, Per Tooth	\$51
D4910	Periodontal Maintenance	\$32

ORAL SURGERY

D7111	Coronal Remnants - Deciduous Tooth	\$16
D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	\$22
D7210	Surg Removal Of Erupted Tooth Inc. Flap, Rem Of Bone Or Section Of Tooth	\$45
D7220	Removal Of Impacted Tooth - Soft Tissue	\$52
D7230	Removal Of Impacted Tooth - Partially Bony	\$64
D7240	Removal Of Impacted Tooth - Completely Bony	\$76
D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surg Comp	\$100
D7250	Surgical Removal Of Residual Tooth Roots (Cutting Procedure)	\$53
D7280	Surgical Access Of An Unerrupted Tooth (Non-Orthodontic)	\$81
D7310	Alveoloplasty W/Extractions - Per Quadrant	\$46
D7311	Alveoloplasty W/Ext - 1 To 3 Teeth Or Spaces, Per Quadrant	\$23
D7320	Alveoloplasty Not W/Extractions - Per Quadrant	\$90
D7321	Alveoloplasty Not W/Extractions - 1 To 3 Teeth Or Spaces Per Quadrant	\$63
D7450	Removal Of Benign Odontogenic Cyst Or Tumor (Diameter <= 1.25 Cm)	\$163
D7451	Removal Of Benign Odontogenic Cyst Or Tumor (Diameter >1.25 Cm)	\$250
D7510	Incision & Drainage Of Abscess - Intraoral Soft Tissue	\$45
D7511	Incision & Drainage Of Abscess - Intraoral Soft Tissue - Complicated	\$49
D7960	Frenulectomy (Frenectomy Or Frenotomy) - Separate Procedure	\$103
D7963	Frenuloplasty	\$165
D7972	Surgical Reduction Of Fibrous Tuberosity	\$92

CROWNS

D2510	Inlay - Metallic - 1 Surface*	\$278
D2520	Inlay - Metallic - 2 Surfaces*	\$316
D2530	Inlay - Metallic - 3 or More Surfaces*	\$354
D2542	Onlay - Metallic - 2 Surfaces*	\$363
D2543	Onlay - Metallic - 3 Surfaces*	\$370
D2544	Onlay - Metallic - 4 or More Surfaces*	\$381
D2610	Inlay - Porcelain Ceramic 1 Surf	\$288
D2620	Inlay - Porcelain Ceramic 2 Surf	\$332
D2630	Inlay - Porcelain Ceramic 3 Surf	\$354
D2642	Onlay - Porcelain Ceramic 2 Surf	\$363
D2643	Onlay - Porcelain Ceramic 3 Surf	\$370
D2644	Onlay - Porcelain Ceramic 4+ Surf	\$381
D2650	Inlay - Resin 1 Surf	\$223
D2651	Inlay - Resin 2 Surf	\$261
D2652	Inlay - Resin 3 Surf	\$272
D2662	Onlay - Resin 2 Surf	\$280
D2663	Onlay - Resin 3 Surf	\$291
D2664	Onlay - Resin 4+ Surf	\$313
D2710	Crown - Resin-Lab	\$168
D2720	Crown - Resin, High Noble Metal*	\$397
D2721	Crown - Resin, Base Metal	\$397
D2722	Crown - Resin, Noble Metal	\$408
D2740	Crown - Porcelain/Ceramic Substrate	\$419
D2750	Crown - Porcelain Fused To High Noble Metal*	\$397
D2751	Crown - Porcelain Fused To Predominantly Base Metal	\$397
D2752	Crown - Porcelain Fused To Noble Metal	\$408
D2780	Crown - 3/4 Cast High Noble Metal*	\$397

CROWNS (cont.)

D2781	Crown - 3/4 Cast Predominantly Base Metal	\$397
D2782	Crown - 3/4 Cast Noble Metal	\$408
D2783	Crown - 3/4 Porcelain/Ceramic	\$397
D2790	Crown - Full Cast High Noble Metal*	\$397
D2791	Crown - Full Cast Predominantly Base Metal	\$397
D2792	Crown - Full Cast Noble Metal	\$408
D2794	Crown - Titanium	\$397
D2910	Recement Inlay	\$19
D2915	Recement Cast or Prefabricated Post & Core	\$19
D2920	Recement Crown	\$19
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$126
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$150
D2932	Prefabricated Resin Crown	\$163
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$180
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$180
D2940	Sedative Filling	\$21
D2950	Core Buildup, Including Any Pins	\$141
D2951	Pin Retention - Per Tooth, In Addition To Restoration	\$29
D2952	Cast Post & Core In Addition To Crown*	\$172
D2953	Each Additional Cast Post - Same Tooth*	\$71
D2954	Prefabricated Post & Core In Addition To Crown	\$152
D2957	Each Additional Prefabricated Post - Same Tooth	\$60
D2970	Temp Crown, Fractured Tooth - Immediate (not as temp during crown fabrication)	\$104
D2971	Additional Procedures to Construct New Crown Under Existing Partial	\$136
D2980	Crown Repair	\$60

FIXED BRIDGES

D6205	Pontic - Indirect Resin Based Composite	\$174
D6210	Pontic - Cast High Noble Metal*	\$381
D6211	Pontic - Cast Predominantly Base Metal	\$381
D6212	Pontic - Cast Noble Metal	\$392
D6214	Pontic - Titanium	\$381
D6240	Pontic - Porcelain Fused To High Noble Metal*	\$381
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	\$381
D6242	Pontic - Porcelain Fused To Noble Metal	\$392
D6245	Pontic - Porcelain/Ceramic	\$381
D6250	Pontic - Resin, High Noble Metal*	\$381
D6251	Pontic - Resin, Base Metal	\$381
D6252	Pontic - Resin, Noble Metal	\$392
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis*	\$158
D6548	Retainer - Porcelain for Resin Bonded Prosthesis	\$190
D6600	Inlay - Porcelain Ceramic-2 Surfaces	\$332
D6601	Inlay - Porcelain Ceramic, 3 or More Surfaces	\$354
D6602	Inlay - Cast High Noble Metal, 2 Surfaces*	\$316
D6603	Inlay - Cast High Noble Metal, 3 or More Surfaces*	\$354
D6604	Inlay - Cast Predominantly Base Metal, 2 Surfaces	\$316
D6605	Inlay - Cast Predominantly Base Metal, 3 or More Surfaces	\$354
D6606	Inlay - Cast Noble Metal, 2 Surfaces	\$316
D6607	Inlay - Cast Noble Metal, 3 or More Surfaces	\$354
D6608	Onlay - Porcelain Ceramic, 2 Surface	\$363
D6609	Onlay - Porcelain Ceramic, 3 or More Surfaces	\$381
D6610	Onlay - Cast High Noble Metal, 2 Surfaces*	\$363
D6611	Onlay - Cast High Noble Metal, 3 or More Surfaces*	\$381
D6612	Onlay - Cast Predominantly Base Metal, 2 Surfaces	\$363
D6613	Onlay - Cast Predominantly Base Metal, 3 or More Surfaces	\$381
D6614	Onlay - Cast Noble Metal, 2 Surfaces	\$363
D6615	Onlay - Cast Noble Metal, 3 or More Surfaces	\$381
D6624	Inlay - Titanium	\$354
D6634	Onlay - Titanium	\$381
D6710	Crown - Indirect Resin Based Composite	\$174
D6720	Crown - Resin, High Noble Metal*	\$397
D6721	Crown - Resin, Base Metal	\$397
D6722	Crown - Resin, Noble Metal	\$408
D6740	Crown - Porcelain/Ceramic	\$419
D6750	Crown - Porcelain Fused To High Noble Metal*	\$397
D6751	Crown - Porcelain Fused To Predominantly Base Metal	\$397
D6752	Crown - Porcelain Fused To Noble Metal	\$408
D6780	Crown - 3/4 Cast High Noble Metal*	\$397
D6781	Crown - 3/4 Cast Predominantly Base Metal	\$397
D6782	Crown - 3/4 Cast Noble Metal	\$408
D6783	Crown - 3/4 Porcelain/Ceramic	\$397
D6790	Crown - Full Cast High Noble Metal*	\$397
D6791	Crown - Full Cast Predominantly Base Metal	\$397
D6792	Crown - Full Cast Noble Metal	\$408
D6794	Crown - Titanium	\$397
D6930	Recement Fixed Partial Denture	\$21
D6970	Cast Post & Core In Addition To Crown*	\$172
D6972	Prefabricated Post & Core In Addition To Crown	\$152

D6973	Core Buildup, Including Any Pins	\$141
D6976	Each Additional Cast Post - Same Tooth*	\$71
D6977	Each Additional Prefabricated Post - Same Tooth	\$60
D6980	Fixed Partial Denture Repair, By report	\$63

LABIAL VENEERS

D2960	Labial Veneer (Resin Laminate) - Chairside	\$403
D2961	Labial Veneer, Resin Laminate - Lab	\$435
D2962	Labial Veneer, Porcelain Laminate	\$457

DENTURES

D5110	Complete Denture - Maxillary	\$560
D5120	Complete Denture - Mandibular	\$560
D5130	Immediate Denture - Maxillary	\$596
D5140	Immediate Denture - Mandibular	\$596
D5211	Maxillary Partial - Resin Base (Includes Conventional Clasps, Rests & Teeth) ..	\$482
D5212	Mandibular Partial - Resin Base (Includes Conventional Clasps, Rests & Teeth)	\$482
D5213	Maxillary Partial - Cast Metal Framework W/Resin Bases (Includes Conventional Clasps, Rests & Teeth)	\$596
D5214	Mandibular Partial - Cast Metal Framework W/Resin Bases (Includes Conventional Clasps, Rests & Teeth)	\$596
D5225	Maxillary Partial - Flexible Base (Includes Clasps, Rests, & Teeth)	\$650
D5226	Mandibular Partial - Flexible Base (Includes Clasps, Rests, & Teeth)	\$650
D5281	Removable Unilateral Partial Denture	\$352
D5410	Adjust Complete Denture - Maxillary	\$35
D5411	Adjust Complete Denture - Mandibular	\$35
D5421	Adjust Partial Denture - Maxillary	\$35
D5422	Adjust Partial Denture - Mandibular	\$35
D5510	Repair Broken Complete Denture Base	\$75
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	\$58
D5610	Repair Resin Denture Base	\$78
D5620	Repair Cast Framework	\$92
D5630	Repair Or Replace Broken Clasp	\$98
D5640	Replace Broken Teeth - Per Tooth	\$65
D5650	Add Tooth To Existing Partial Denture	\$90
D5660	Add Clasp To Existing Partial Denture	\$98
D5670	Replace All Teeth & Acrylic On Cast Metal Framework - Maxillary	\$234
D5671	Replace All Teeth & Acrylic On Cast Metal Framework - Mandibular	\$234
D5710	Rebase Complete Maxillary Denture	\$236
D5711	Rebase Complete Mandibular Denture	\$236
D5720	Rebase Maxillary Partial Denture	\$247
D5721	Rebase Mandibular Partial Denture	\$247
D5730	Reline Complete Maxillary Denture (Chairside)	\$156
D5731	Reline Complete Mandibular Denture (Chairside)	\$156
D5740	Reline Maxillary Partial Denture (Chairside)	\$133
D5741	Reline Mandibular Partial Denture (Chairside)	\$133
D5750	Reline Complete Maxillary Denture (Laboratory)	\$185
D5751	Reline Complete Mandibular Denture (Laboratory)	\$185
D5760	Reline Maxillary Partial Denture (Laboratory)	\$185
D5761	Reline Mandibular Partial Denture (Laboratory)	\$185
D5850	Tissue Conditioning, Maxillary	\$60
D5851	Tissue Conditioning, Mandibular	\$60

ORTHODONTICS

D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	\$2,850
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	\$3,110
D8660	Pre-Orthodontic Treatment Visit	\$200
D8680	Orthodontic Retention (Removal Of Appliances, Construction & Placement Of Retainer(s))	\$275

MISCELLANEOUS

D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure	\$17
D9210	Local Anesthetic, Not In Conjunction With Operative Procs.	\$0
D9215	Local Anesthesia (Inclusive In All Procedures)	\$0
D9220	Deep Sedation/General Anesthesia-First 30 Minutes	\$145
D9221	Deep Sedation/General Anesthesia-Each Additional 15 Minutes	\$60
D9230	Analgesia, Nitrous Oxide	\$9
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Physician	\$28
D9430	Office Visit For Observation (During Or After Regularly Scheduled Hours)No Other Services Performed	\$5
D9440	Office Visit For Observation (During Or After Regularly Scheduled Hours)No Other Services Performed	\$5
D9450	Case Presentation, Detailed & Extensive Treatment Planning	\$0
D9910	Application Of Desensitizing Medicament, Per Visit	\$7
D9911	Application Of Desensitizing Resin For Cervical And/Or Root Surface-Per Tooth ..	\$7
D9951	Occlusal Adjustment - Limited	\$22
D9952	Occlusal Adjustment - Complete	\$101

*Designated restorations include high noble metal (gold). The actual cost of this metal may be added to the patient's responsibility at the time of service. The payment responsibilities listed above are valid for the period of January 1, 2008 through December 31, 2008. They are subject to revision on January 1 of each year. A complete description of benefits, limitations and exclusions is included in your subscription certificate.