



Schedule of Benefits Access Dental Family DHMO

This Schedule of Benefits lists the services available to you under your Premier Access Individual & Family Plan, as well as the Copayments associated with each procedure. Please review the Limitations & Exclusions for additional information about how your Plan works.

The following Copayments apply when services are performed by your assigned Primary Care Dentist or a Contracted Specialist (with prior approval from Premier Access). If Specialist Services are recommended by your Primary Care Dentist, the treatment plan must be preauthorized in writing by Premier Access prior to treatment in order for the services to be eligible for coverage.

You may be charged a Copayment for missed appointments if you do not give the dental office at least 24 hours notice of cancellation.

The benefits shown below are performed as deemed appropriate by the attending Primary Care Dentist subject to the limitations and exclusions of the program. Enrollees should discuss all treatment options with their Primary Care Dentist prior to services being rendered.

The text that appears in italics below is specifically intended to clarify the delivery of benefits under the Premier Access program and is not to be interpreted as CDT procedure codes, descriptors or nomenclatures which are under copyright by the American Dental Association. The American Dental Association 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 regulations.

Copayments apply to covered services received from Primary Care Dentists and Contract Specialists. Preauthorization for Specialty Care is required.

CDT Code	CODE DESCRIPTION	Plan PA4
		ENROLLEE COPAYMENT
DIAGNOSTIC D0100-D0999		
· Full mouth and panoramic x-rays are limited <i>to 1 series every 3 years, unless medically necessary</i>		
· Bitewing x-rays are limited <i>to 2 series every 12 months</i>		
Office Visit	Per Office visit copay - per visit (including all fees for sterilization and/or infection control)	\$10
D0120	Periodic oral examination - established patient	\$0
D0140	Limited oral evaluation - problem focused	\$0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0
D0150	Comprehensive oral evaluation - new or established patient	\$0
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0
D0170	Re-evaluation - limited, problem focused (established patient: not post-operative visit)	\$0
D0180	Comprehensive periodontal evaluation - new or established patient	\$0
D0210	Intraoral - complete series (including bitewings) <i>Limited to 1 series every 3 years, unless medically necessary</i>	\$0
D0220	Intraoral - periapical first film	\$0
D0230	Intraoral – periapical each additional film	\$0
D0240	Intraoral - occlusal film	\$0
D0250	Extraoral - single film	\$0
D0260	Extraoral - each additional film	\$0
D0270	Bitewing - single film	\$0
D0272	Bitewings - two films <i>Limited to 2 series every 12 months</i>	\$0
D0273	Bitewings - three films <i>Limited to 2 series every 12 months</i>	\$0
D0274	Bitewings - four films <i>Limited to 2 series every 12 months</i>	\$0
D0277	Vertical bitewings - 7 to 8 films	\$0
D0330	Panoramic film <i>Limited to 1 series every 3 years, unless medically necessary</i>	\$0
D0350	Oral/facial photographic images	\$0

CDT Code	CODE DESCRIPTION	Plan PA4
		ENROLLEE COPAYMENT
D0415	Collection of microorganisms for culture and sensitivity	\$0
D0425	Caries susceptibility tests	\$0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$42
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0
PREVENTIVE D1000 - D1999		
<ul style="list-style-type: none"> Routine cleanings (prophylaxis) and fluoride are limited to 2 every 12 months. Additional routine cleanings beyond 2 per 12 months are covered at the specified higher Copayment. Sealants are limited to unrestored permanent molars thru age 15. 		
D1110	Prophylaxis - adult <i>Limited to 2 every 12 months</i>	\$20
D1110	Additional Prophylaxis cleaning - adult <i>Includes coverage for additional beyond 2 per 12 month period at higher copayment</i>	\$45
D1120	Prophylaxis - child <i>Limited to 2 series every 12 months</i>	\$20
D1120	Additional Prophylaxis cleaning - child <i>Includes coverage for additional beyond 2 per 12 month period at higher copayment</i>	\$35
D1203	Topical application of fluoride (prophylaxis not included) - child <i>Limited to 2 per 12 month period</i>	\$20
D1204	Topical application of fluoride (prophylaxis not included) - adult <i>Limited to 2 per 12 month period</i>	\$20
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients <i>Limited to 2 per 12 month period</i>	\$20
D1310	Nutritional counseling for control of dental disease	\$0
D1320	Tobacco counseling for the control and prevention of oral disease	\$0
D1330	Oral hygiene instructions	\$0
D1351	Sealant - per tooth <i>Limited to unrestored permanent molars thru age 15</i>	\$25
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth <i>Limited to unrestored permanent molars thru age 15</i>	\$25
D1510	Space maintainer - fixed - unilateral	\$85
D1515	Space maintainer - fixed - bilateral	\$85
D1520	Space maintainer - removable - unilateral	\$85
D1525	Space maintainer - removable - bilateral	\$85
D1550	Re-cementation of space maintainer	\$10
D1555	Removal of fixed space maintainer	\$10
RESTORATIVE D2000 - D2999		
<ul style="list-style-type: none"> <i>Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old</i> <i>Base metal is the benefit for inlays, onlays, or indirectly fabricated post and core. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal or noble metal, an additional fee up to \$100 per tooth will be charged for the upgrade.</i> <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150</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 in addition to the listed Copayment.</i> <i>For a covered porcelain-fused-to-metal crown, a porcelain margin is considered a material upgrade with a maximum additional charge to the Enrollee of \$75.</i> 		
D2140	Amalgam - one surface, primary or permanent	\$25
D2150	Amalgam - two surfaces, primary or permanent	\$40
D2160	Amalgam - three surfaces, primary or permanent	\$50
D2161	Amalgam - four or more surfaces, primary or permanent	\$55
D2330	Resin-based composite - one surface, anterior	\$65
D2331	Resin-based composite - two surfaces, anterior	\$75
D2332	Resin-based composite - three surfaces, anterior	\$85
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$115
D2390	Resin-based composite crown, anterior	\$115
D2391	Resin-based composite – one surface, posterior	\$70
D2392	Resin-based composite – two surfaces, posterior	\$80
D2393	Resin-based composite – three surfaces, posterior	\$115

CDT Code	CODE DESCRIPTION	Plan PA4
		ENROLLEE COPAYMENT
D2394	Resin-based composite – four or more surfaces, posterior	\$120
D2510	Inlay - metallic - one surface <i>Base metal is the benefit. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal or noble metal, an additional fee up to \$100 per tooth will be charged for the upgrade.</i>	\$260
D2520	Inlay - metallic - two surfaces <i>Base metal is the benefit. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal or noble metal, an additional fee up to \$100 per tooth will be charged for the upgrade.</i>	\$270
D2530	Inlay - metallic three or more surfaces <i>Base metal is the benefit. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal or noble metal, an additional fee up to \$100 per tooth will be charged for the upgrade.</i>	\$280
D2542	Onlay - metallic - two surfaces <i>Base metal is the benefit. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal or noble metal, an additional fee up to \$100 per tooth will be charged for the upgrade.</i>	\$270
D2543	Onlays - metallic - three surfaces <i>Base metal is the benefit. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal or noble metal, an additional fee up to \$100 per tooth will be charged for the upgrade.</i>	\$290
D2544	Onlays - metallic - four or more surfaces <i>Base metal is the benefit. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal or noble metal, an additional fee up to \$100 per tooth will be charged for the upgrade.</i>	\$325
D2610	Inlay - porcelain/ceramic - one surface <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150</i>	\$350
D2620	Inlay - porcelain/ceramic - two surfaces <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150</i>	\$385
D2630	Inlay - porcelain/ceramic - three or more surfaces <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150</i>	\$405
D2642	Onlay - porcelain/ceramic - two surfaces <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150</i>	\$415
D2643	Onlay - porcelain/ceramic - three surfaces <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150</i>	\$415
D2644	Onlay - porcelain/ceramic - four or more surfaces <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150</i>	\$425
D2650	Inlay - resin-based composite - one surface <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150</i>	\$250
D2651	Inlay - resin-based composite - two surfaces <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150</i>	\$275
D2652	Inlay - resin-based composite - three or more surfaces <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150</i>	\$310
D2662	Onlay - resin-based composite - two surfaces <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150</i>	\$315
D2663	Onlay - resin-based composite - three surfaces <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150</i>	\$330
D2664	Onlay - resin-based composite - four or more surfaces <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150</i>	\$375
D2710	Crown - resin-based composite (indirect) <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150</i>	\$125
D2712	Crown - 3/4 resin-based composite (indirect) <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150</i>	\$125
D2720	Crown - resin with high noble metal <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150</i>	\$425
D2721	Crown - resin with predominantly base metal <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150</i>	\$325
D2722	Crown - resin with noble metal <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150</i>	\$425
D2740	Crown - porcelain/ceramic substrate <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150. 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 in addition to the listed Copayment.</i>	\$495

CDT Code	CODE DESCRIPTION	Plan PA4
		ENROLLEE COPAYMENT
D2750	Crown - porcelain fused to high noble metal <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150. 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 in addition to the listed Copayment. For a covered porcelain-fused-to-metal crown, a porcelain margin is considered a material upgrade with a maximum additional charge to the Enrollee of \$75</i>	\$425
D2751	Crown - porcelain fused to predominantly base metal <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150. 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 in addition to the listed Copayment. For a covered porcelain-fused-to-metal crown, a porcelain margin is considered a material upgrade with a maximum additional charge to the Enrollee of \$75</i>	\$325
D2752	Crown - porcelain fused to noble metal <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150. 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 in addition to the listed Copayment. For a covered porcelain-fused-to-metal crown, a porcelain margin is considered a material upgrade with a maximum additional charge to the Enrollee of \$75</i>	\$425
D2780	Crown - 3/4 cast high noble metal	\$425
D2781	Crown - 3/4 cast predominantly base metal	\$325
D2782	Crown - 3/4 cast noble metal	\$425
D2783	Crown - 3/4 porcelain/ceramic <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150. 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 in addition to the listed Copayment.</i>	\$495
D2790	Crown - full cast high noble metal	\$425
D2791	Crown - full cast predominantly base metal	\$325
D2792	Crown - full cast noble metal	\$425
D2794	Crown - titanium	\$495
D2799	Provisional crown	\$0
D2910	Recent inlay, onlay, or partial coverage restoration	\$15
D2915	Recent cast or prefabricated post and core	\$15
D2920	Recent crown	\$15
D2930	Prefabricated stainless steel crown - primary tooth	\$55
D2931	Prefabricated stainless steel crown - permanent tooth	\$55
D2932	Prefabricated resin crown	\$95
D2933	Prefabricated stainless steel crown with resin window	\$95
D2940	Sedative filling	\$10
D2950	Core buildup, involving and including any pins	\$85
D2951	Pin retention - per tooth, in addition to restoration	\$30
D2952	Post and core in addition to crown, indirectly fabricated <i>Copayment includes canal preparation. Base metal is the benefit. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal or noble metal, an additional fee up to \$100 per tooth will be charged for the upgrade.</i>	\$85
D2953	Each additional indirectly fabricated post - same tooth <i>Copayment includes canal preparation. Base metal is the benefit. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal or noble metal, an additional fee up to \$100 per tooth will be charged for the upgrade.</i>	\$50
D2954	Prefabricated post and core in addition to crown <i>Limited to base metal post. Copayment includes canal preparation.</i>	\$75
D2955	Post removal (not in conjunction with endodontic therapy)	\$40
D2957	Each additional prefabricated post - same tooth <i>Limited to base metal post. Copayment includes canal preparation.</i>	\$45
D2970	Temporary crown (fractured tooth)	\$35
D2971	Additional procedures to construct new crown under existing partial denture framework	\$65
D2980	Crown repair, by report	\$50

CDT Code	CODE DESCRIPTION	Plan PA4
		ENROLLEE COPAYMENT
ENDODONTIC D3000 - D3999		
<ul style="list-style-type: none"> With the exception of pulp caps, pulpotomies, pulpal debridements, and pulpal therapies with resorbable fillings, all endodontic procedures listed below are benefits for permanent teeth only. 		
D3110	Pulp cap - direct (excluding final restoration)	\$10
D3120	Pulp cap - indirect (excluding final restoration)	\$10
D3220	Therapeutic pulpotomy (excluding final restoration)	\$50
D3221	Pulpal debridement, primary and permanent teeth	\$55
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$55
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final resotration)	\$50
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final resotration)	\$50
D3310	Root canal - endodontic therapy, anterior tooth (excluding final restoration) <i>Limited to permanent teeth.</i>	\$240
D3320	Root canal - endodontic therapy, bicuspid tooth (excluding final restoration) <i>Limited to permanent teeth.</i>	\$350
D3330	Root canal - endodontic therapy, molar tooth (excluding final restoration) <i>Limited to permanent teeth.</i>	\$400
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth <i>Limited to permanent teeth.</i>	\$240
D3346	Retreatment of previous root canal therapy – anterior <i>Limited to permanent teeth.</i>	\$500
D3347	Retreatment of previous root canal therapy – bicuspid <i>Limited to permanent teeth.</i>	\$600
D3348	Retreatment of previous root canal therapy – molar <i>Limited to permanent teeth</i>	\$725
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.) <i>Limited to permanent teeth.</i>	\$232
D3352	Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) <i>Limited to permanent teeth.</i>	\$104
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.) <i>Limited to permanent teeth.</i>	\$320
D3410	Apicoectomy/periradicular surgery – anterior <i>Limited to permanent teeth.</i>	\$470
D3421	Apicoectomy/periradicular surgery – bicuspid (first root) <i>Limited to permanent teeth.</i>	\$535
D3425	Apicoectomy/periradicular surgery – molar (first root) <i>Limited to permanent teeth.</i>	\$580
D3426	Apicoectomy/periradicular surgery (each additional root) <i>Limited to permanent teeth.</i>	\$125
D3430	Retrograde filling - per root <i>Limited to permanent teeth.</i>	\$75
D3450	Root amputation - including any root removal <i>Limited to permanent teeth.</i>	\$315
D3920	Hemisection (including any root removal), not including root canal therapy <i>Limited to permanent teeth.</i>	\$110
PERIODONTICS D4000 - D4999		
<ul style="list-style-type: none"> Includes postoperative evaluations and treatment under a local anesthetic Periodontal scaling and root planning is limited to 4 quadrants during any 12 consecutive months Full mouth debridement is limited to 1 treatment during any 12 consecutive months. Periodontal maintenance is limited to 2 per 12 months. Additional periodontal maintenance is beyond 2 per 12 months is covered 		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$260
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$161
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$350
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	\$280
D4249	Clinical crown lengthening - hard tissue	\$280
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant	\$650
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces per quadrant	\$520
D4270	Pedicle soft tissue graft procedure	\$300
D4271	Free soft tissue graft procedure (including donor site surgery)	\$300

CDT Code	CODE DESCRIPTION	Plan PA4
		ENROLLEE COPAYMENT
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$100
D4341	Periodontal scaling and root planing - four or more teeth per quadrant <i>Limited to 4 quadrants during any 12 consecutive months</i>	\$80
D4342	Periodontal scaling and root planing - one to three teeth per quadrant <i>Limited to 4 quadrants during any 12 consecutive months</i>	\$64
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis <i>Limited to 1 treatment in any 12 consecutive months</i>	\$80
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$75
D4910	Periodontal maintenance <i>Limited to 2 per 12 month period</i>	\$75
D4910	Additional periodontal maintenance - additional per 12 month period <i>Includes coverage for additional beyond 2 per 12 month period at higher copayment</i>	\$75
D4999	Unspecified periodontal procedure, by report <i>Perio Charting</i>	\$0
D4999	Unspecified periodontal procedure, by report <i>Perio oral hygiene instructions</i>	\$0
REMOVABLE PROSTHODONTICS D5000 - D5899		
<i>For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.</i>		
<i>Interim partial dentures are limited to 1 per 12 month period.</i>		
D5110	Complete denture - maxillary	\$495
D5120	Complete denture - mandibular	\$495
D5130	Immediate denture – maxillary	\$550
D5140	Immediate denture – mandibular	\$550
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$485
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$485
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$575
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$575
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$700
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$700
D5410	Adjust complete denture - maxillary	\$25
D5411	Adjust complete denture - mandibular	\$25
D5421	Adjust partial denture - maxillary	\$25
D5422	Adjust partial denture - mandibular	\$25
D5510	Repair broken complete denture base	\$55
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$40
D5610	Repair resin denture base	\$60
D5620	Repair cast framework	\$60
D5630	Repair or replace broken clasp	\$75
D5640	Replace broken teeth - per tooth	\$50
D5650	Add tooth to existing partial denture	\$70
D5660	Add clasp to existing partial denture	\$85
D5710	Rebase complete maxillary denture	\$180
D5711	Rebase complete mandibular denture	\$180
D5720	Rebase maxillary partial denture	\$180
D5721	Rebase mandibular partial denture	\$180
D5730	Reline complete maxillary denture (chairside)	\$75
D5731	Reline complete mandibular denture (chairside)	\$75
D5740	Reline maxillary partial denture (chairside)	\$75
D5741	Reline mandibular partial denture (chairside)	\$75
D5750	Reline complete maxillary denture (laboratory)	\$150
D5751	Reline complete mandibular denture (laboratory)	\$150
D5760	Reline maxillary partial denture (laboratory)	\$150
D5761	Reline mandibular partial denture (laboratory)	\$150
D5820	Interim partial denture (maxillary) <i>Limited to 1 in any 12 consecutive months</i>	\$175
D5821	Interim partial denture (mandibular) <i>Limited to 1 in any 12 consecutive months</i>	\$175
D5850	Tissue conditioning, maxillary	\$40
D5851	Tissue conditioning, mandibular	\$40

CDT Code	CODE DESCRIPTION	Plan PA4
		ENROLLEE COPAYMENT
FIXED PROSTHODONTICS D6200-D6299		
· Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old		
· Base metal is the benefit for inlays, onlays, or indirectly fabricated post and core. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal or noble metal, an additional fee up to \$100 per tooth will be charged for the upgrade.		
· Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150		
· 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 in addition to the listed Copayment.		
· For a covered porcelain-fused-to-metal crown, a porcelain margin is considered a material upgrade with a maximum additional charge to the Enrollee of \$75		
D6210	Pontic - cast high noble metal	\$425
D6211	Pontic - cast predominantly base metal	\$325
D6212	Pontic - cast noble metal	\$425
D6214	Pontic - titanium	\$425
D6240	Pontic - porcelain fused to high noble metal <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150. 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 in addition to the listed Copayment. Refer to Limitation of Benefits #4 for additional information.</i>	\$425
D6241	Pontic - porcelain fused to predominantly base metal <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.</i>	\$350
D6242	Pontic - porcelain fused to noble metal <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.</i>	\$425
D6245	Pontic - porcelain/ceramic <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150. 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 in addition to the listed Copayment.</i>	\$495
D6250	Pontic - resin with high noble metal <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.</i>	\$425
D6251	Pontic - resin with predominantly base metal <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.</i>	\$350
D6252	Pontic - resin with noble metal <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.</i>	\$425
D6253	Provisional pontic	\$0
D6600	Inlay - porcelain/ceramic - two surfaces <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.</i>	\$385
D6601	Inlay - porcelain/ceramic - three or more surfaces <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.</i>	\$405
D6602	Inlay - cast high noble metal, two surfaces	\$370
D6603	Inlay - cast high noble metal, three or more surfaces	\$380
D6604	Inlay - cast predominantly base metal, two surfaces	\$270
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$280
D6606	Inlay - cast noble metal, two surfaces	\$370
D6607	Inlay - cast noble metal, three or more surfaces	\$380
D6608	Onlay - porcelain/ceramic, two surfaces <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.</i>	\$395
D6609	Onlay - porcelain/ceramic, three or more surfaces <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.</i>	\$415
D6610	Onlay - cast high noble metal, two surfaces	\$370
D6611	Onlay - cast high noble metal, three or more surfaces	\$390
D6612	Onlay - cast predominantly base metal, two surfaces	\$270
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$290
D6614	Onlay - cast noble metal, two surfaces	\$370
D6615	Onlay - cast noble metal, three or more surfaces	\$390
D6720	Crown - resin with high noble metal <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.</i>	\$425
D6721	Crown - resin with predominantly base metal <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.</i>	\$325

CDT Code	CODE DESCRIPTION	Plan PA4
		ENROLLEE COPAYMENT
D6722	Crown - resin with noble metal <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.</i>	\$425
D6740	Crown - porcelain/ceramic	\$495
D6750	Crown - porcelain fused to high noble metal	\$425
D6751	Crown - porcelain fused to predominantly base metal	\$325
D6752	Crown - porcelain fused to noble metal	\$425
D6780	Crown - 3/4 cast high noble metal	\$425
D6781	Crown - 3/4 cast predominantly base metal	\$325
D6782	Crown - 3/4 cast noble metal	\$425
D6783	Crown - 3/4 porcelain/ceramic <i>Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150. 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 in addition to the listed Copayment.</i>	\$495
D6790	Crown - full cast high noble metal	\$425
D6791	Crown - full cast predominantly base metal	\$325
D6792	Crown - full cast noble metal	\$425
D6794	Crown - titanium	\$425
D6930	Recement fixed partial denture	\$35
D6940	Stress breaker Limited to simple stress breakers	\$50
D6970	Cast post and core, in addition to retainer <i>Copayment includes canal preparation. Base metal is the benefit. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal or noble metal, an additional fee up to \$100 per tooth will be charged for the upgrade.</i>	\$85
D6972	Prefabricated post and core in addition to fixed partial denture reatiner base metal post; includes canal preparation <i>Limited to base metal post. Copayment includes canal preparation.</i>	\$75
D6973	Core buildup for retainer, including any pins	\$70
D6976	Each additional indirectly fabricated post - same tooth <i>Copayment includes canal preparation. Base metal is the benefit. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal or noble metal, an additional fee up to \$100 per tooth will be charged for the upgrade.</i>	\$45
D6977	Each additional prefabricated post - same tooth <i>Limited to base metal post. Copayment includes canal preparation.</i>	\$25
D6980	Fixed partial denture repair, by report	\$75
ORAL SURGERY D7000 - D7999		
<i>Includes preoperative and postoperative evaluations and treatment under local anesthetic.</i>		
<i>Removal of asymptomatic third molars is not covered unless pathology exists. Orthodontic extractions are not covered. Biopsy of oral tissue does not include pathology laboratory services.</i>		
D7111	Extraction, coronal remnants – deciduous tooth	\$30
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$40
D7210	Surgical removal of erupted tooth requiring elevation of mucoperistal flap and removal of bone and/or section of tooth	\$70
D7220	Removal of impacted tooth - soft tissue	\$100
D7230	Removal of impacted tooth - partially bony	\$190
D7240	Removal of impacted tooth - completely bony	\$210
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$230
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$75
D7270	Tooth reimplantation and/or stabilization of accidentally evlused or displaced tooth	\$50
D7280	Surgical access of an unerupted tooth	\$200
D7285	Biopsy of oral tissue – hard	\$150
D7286	Biopsy of oral tissue - soft (all others) <i>Copayment does not include pathology laboratory procedures.</i>	\$150
D7287	Exfoliative cytological sample collection	\$50
D7288	Brush biopsy - transepithelial sample collection	\$50
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$150
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$150
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$200
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$200
D7471	Removal of lateral exostosis (maxilla or mandible)	\$150
D7472	Removal of torus palatinus	\$150
D7473	Removal of torus mandibularis	\$150
D7510	Incision and drainage of abscess - intraoral soft tissue	\$35
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$160

CDT Code	CODE DESCRIPTION	Plan PA4
		ENROLLEE COPAYMENT
D7963	Frenuloplasty	\$300
D7971	Excision of pericoronal gingiva	\$200
ORTHODONTICS D8000 - D8999		
<i>The listed Copayment for each phase of orthodontic treatment (limited, interceptive, or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee not to exceed \$125 may apply. The Retention Copayment includes removal of appliances, construction and placement of removable retainers, and up to 24 months of adjustments and/or office visits.</i>		
D8010	Limited orthodontic treatment of the primary dentition	\$1,400
D8020	Limited orthodontic treatment of the transitional dentition	\$1,400
D8030	Limited orthodontic treatment of the adolescent dentition	\$1,400
D8040	Limited orthodontic treatment of the adult dentition	\$1,600
D8050	Interceptive orthodontic treatment of the primary dentition	\$1,650
D8060	Interceptive orthodontic treatment of the transitional dentition	\$1,650
D8070	Comprehensive orthodontic treatment of the transitional dentition <i>Limited to child or adolescent to age 19</i>	\$2,700
D8080	Comprehensive orthodontic treatment of the adolescent dentition <i>Limited to adolescent to age 19</i>	\$2,700
D8090	Comprehensive orthodontic treatment of the adult dentition <i>Adults, including covered dependent adult children</i>	\$2,900
D8660	Pre-orthodontic treatment visit	
D8670	Periodic orthodontic treatment visit (as part of contract)	\$0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$250
D8999	Unspecified orthodontic procedure, by report (<i>Orthodontic treatment plan and records (pre/post x-rays (cephalometric, panoramic, etc.), photos, study models</i>))	\$200
ADJUNCTIVE SERVICES D9000 - D9999		
· <i>Bleaching services are limited to one bleaching tray and gel for 2 weeks of self-treatment.</i>		
· <i>General anesthesia or IV sedation is only a covered service when administered by the treating dentist in conjunction with a covered oral surgery or covered periodontal surgery.</i>		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$35
D9211	Regional block anesthesia	\$0
D9212	Trigeminal division block anesthesia	\$0
D9215	Local anesthesia	\$0
D9220	Deep sedation/general anesthesia – first 30 minutes	\$250
D9221	Deep sedation/general anesthesia – each additional 15 minutes	\$100
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$35
D9241	Intravenous conscious sedation/analgesia – first 30 minutes	\$185
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes	\$90
D9248	Non-intravenous conscious sedation	\$45
D9310	Consultation - (diagnostic service provided by dentist or physician other than requesting dentist or physician)	\$70
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	\$5
D9440	Office visit - after regularly scheduled hours	\$40
D9450	Case presentation, detailed and extensive treatment planning	\$0
D9940	Occlusal guard, by report	\$200
D9942	Repair and/or relines of occlusal guard	\$100
D9951	Occlusal adjustment, limited	\$40
D9952	Occlusal adjustment – complete	\$100
D9972	External bleaching - per arch <i>Limited to one bleaching tray and gel for two weeks of self-treatment</i>	\$125
D9999	Unspecified adjunctive procedure, by report <i>Includes broken appointment without 24 hour notice</i>	\$25 - broken appt

* DHMO benefit plans are underwritten by Access Dental Plan, Inc. of CA, a Premier Access company and a specialized health care service plan licensed in the State of California under the Knox-Keene Act of 1975.