

## SCHEDULE A -DESCRIPTION OF DENTAL BENEFITS and COPAYMENTS

Subject to the terms of the **Contract** and the limitations, exclusions and **Covered Person** copayments listed below, the following services may be eligible for **Benefits** under the **Contract**. **Covered Persons should discuss all treatment options with their Dentist prior to services being rendered.**

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 legislation.

Delta Dental PPO – Fixed Copay Program		Enrollee Copayments NJ7
D0100-D0999	DIAGNOSTIC	
D0120	Periodic oral evaluation - 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
D0171	Re-evaluation - post-operative office visit	\$0
D0180	Comprehensive periodontal evaluation - new or established patient	\$0
D0210	Intraoral - complete series of radiographic images	\$0
D0220	Intraoral - periapical first radiographic image	\$0
D0230	Intraoral - periapical each additional radiographic image	\$0
D0240	Intraoral - occlusal radiographic image	\$0
D0250	Extraoral – 2D projection radiographic image created using a stationary radiation source and detector	\$0
D0251	Extraoral posterior dental radiographic image	\$0
D0270	Bitewing - single radiographic image	\$0
D0272	Bitewings - two radiographic images	\$0
D0273	Bitewings three radiographic images	\$0
D0274	Bitewings - four radiographic images	\$0
D0321	Other temporomandibular joint films, by report	\$0
D0330	Panoramic radiographic image	\$0
D0364	Cone beam CT capture and interpretation with limited field of view - less than whole jaw	\$120
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	\$180
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	\$180
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	\$180
D0368	Cone beam CT capture and interpretation for TMJ series including two	\$180

	or more exposures	
D0415	Collection of microorganisms for culture and sensitivity	\$0
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$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
D0601	Caries risk assessment and documentation, with a finding of low risk	\$0
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0
D0603	Caries risk assessment and documentation, with a finding of high risk	\$0

<b>D1000-D1999</b>	<b>PREVENTIVE</b>	
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D1110	Prophylaxis cleaning - adult	\$0
D1120	Prophylaxis cleaning - child	\$0
D1206	Topical application of fluoride varnish	\$0
D1208	Topical application of fluoride - excluding varnish	\$0
D1330	Oral hygiene instructions	\$0
D1351	Sealant - per tooth	\$30
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$15
D1353	Sealant repair - per tooth	\$10
D1354	Interim caries arresting medicament application	\$0
D1510	Space maintainer - fixed – unilateral	\$0
D1516	Space maintainer - fixed - bilateral, maxillary	\$0
D1517	Space maintainer - fixed - bilateral, mandibular	\$0
D1520	Space maintainer - removable – unilateral	\$0
D1526	Space maintainer - removable - bilateral, maxillary	\$0
D1527	Space maintainer - removable - bilateral, mandibular	\$0
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$0
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$0
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	\$0
D1556	Removal of fixed unilateral space maintainer - per quadrant	\$0
D1557	Removal of fixed bilateral space maintainer - maxillary	\$0
D1558	Removal of fixed bilateral space maintainer - mandibular	\$0
D1575	Distal shoe space maintainer - fixed – unilateral	\$0

<b>D2000-D2999</b>	<b>RESTORATIVE</b>	
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D2140	Amalgam - one surface, primary or permanent	\$0
D2150	Amalgam - two surfaces, primary or permanent	\$0
D2160	Amalgam - three surfaces, primary or permanent	\$0
D2161	Amalgam - four or more surfaces, primary or permanent	\$0
D2330	Resin-based composite - one surface, anterior	\$0

D2331	Resin-based composite - two surfaces, anterior	\$0
D2332	Resin-based composite - three surfaces, anterior	\$0
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$0
D2390	Resin-based composite crown, anterior	\$100
D2391	Resin-based composite - one surface, posterior	\$35
D2392	Resin-based composite - two surfaces, posterior	\$40
D2393	Resin-based composite - three surfaces, posterior	\$50
D2394	Resin-based composite - four or more surfaces, posterior	\$75
D2510	Inlay - metallic - one surface	\$186
D2520	Inlay - metallic - two surfaces	\$279
D2530	Inlay - metallic - three or more surfaces	\$348
D2542	Onlay - metallic - two surfaces	\$270
D2543	Onlay - metallic - three surfaces	\$270
D2544	Onlay - metallic - four or more surfaces	\$270
D2610	Inlay - porcelain/ceramic - one surface	\$323
D2620	Inlay - porcelain/ceramic - two surfaces	\$358
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$390
D2642	Onlay - porcelain/ceramic - two surfaces	\$433
D2643	Onlay - porcelain/ceramic - three surfaces	\$466
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$486
D2650	Inlay - resin-based composite - one surface	\$308
D2651	Inlay - resin-based composite - two surfaces	\$336
D2652	Inlay - resin-based composite - three or more surfaces	\$365
D2662	Onlay - resin-based composite - two surfaces	\$366
D2663	Onlay - resin-based composite - three surfaces	\$385
D2664	Onlay - resin-based composite - four or more surfaces	\$444
D2710	Crown - resin-based composite (indirect)	\$100
D2712	Crown - $\frac{3}{4}$ resin-based composite (indirect)	\$270
D2720	Crown - resin with high noble metal	\$290
D2721	Crown - resin with predominantly base metal	\$290
D2722	Crown - resin with noble metal	\$290
D2740	Crown - porcelain/ceramic substrate	\$290
D2750	Crown - porcelain fused to high noble metal	\$290
D2751	Crown - porcelain fused to predominantly base metal	\$290
D2752	Crown - porcelain fused to noble metal	\$290
D2780	Crown - $\frac{3}{4}$ cast high noble metal	\$270
D2781	Crown - $\frac{3}{4}$ cast predominantly base metal	\$270
D2782	Crown - $\frac{3}{4}$ cast noble metal	\$270
D2783	Crown - $\frac{3}{4}$ porcelain/ceramic	\$270
D2790	Crown - full cast high noble metal	\$290
D2791	Crown - full cast predominantly base metal	\$290
D2792	Crown - full cast noble metal	\$290
D2794	Crown - titanium	\$414

D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$0
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$0
D2920	Re-cement or re-bond crown	\$0
D2921	Reattachment of tooth fragment, incisal edge or cusp (anterior)	\$0
D2929	Prefabricated porcelain/ceramic crown - primary tooth - anterior	\$125
D2930	Prefabricated stainless steel crown - primary tooth	\$75
D2931	Prefabricated stainless steel crown - permanent tooth	\$75
D2932	Prefabricated resin crown - anterior primary tooth	\$100
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	\$100
D2934	Prefabricated esthetic coated stainless steel crown-primary tooth	\$100
D2940	Placement of interim direct restoration	\$0
D2941	Interim therapeutic restoration - primary dentition	\$15
D2949	Restorative foundation for an indirect restoration	\$75
D2950	Core buildup, including any pins when required	\$0
D2951	Pin retention - per tooth, in addition to restoration	\$27
D2952	Post and core in addition to crown, indirectly fabricated - includes canal preparation	\$200
D2953	Each additional indirectly fabricated post - same tooth - includes canal preparation	\$200
D2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	\$275
D2957	Each additional prefabricated post - same tooth - base metal post; includes canal preparation	\$200
D2971	Additional procedures to construct new crown under existing partial denture framework	\$70
D2980	Crown repair necessitated by restorative material failure	\$70
D2981	Inlay repair necessitated by restorative material failure	\$70
D2982	Onlay repair necessitated by restorative material failure	\$200
D2983	Veneer repair necessitated by restorative material failure	\$200
D2990	Resin infiltration of incipient smooth surface lesions	\$175

<b>D3000-D3999</b>	<b>ENDODONTICS</b>	
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D3110	Pulp cap - direct (excluding final restoration)	\$20
D3120	Pulp cap - indirect (excluding final restoration)	\$20
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$50
D3221	Pulpal debridement, primary and permanent teeth	\$50
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$55
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$50
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$50
D3310	Root canal - endodontic therapy, anterior tooth (excluding final restoration)	\$185

D3320	Root canal - endodontic therapy, bicuspid tooth (excluding final restoration)	\$225
D3330	Root canal - endodontic therapy, molar (excluding final restoration)	\$285
D3331	Treatment of root canal obstruction; non-surgical access	\$175
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$150
D3333	Internal root repair of perforation defects	\$150
D3346	Retreatment of previous root canal therapy - anterior	\$200
D3347	Retreatment of previous root canal therapy - bicuspid	\$260
D3348	Retreatment of previous root canal therapy - molar	\$300
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$150
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$150
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$150
D3410	Apicoectomy – anterior	\$150
D3421	Apicoectomy - bicuspid (first root)	\$150
D3425	Apicoectomy - molar (first root)	\$150
D3426	Apicoectomy (each additional root)	\$100
D3430	Retrograde filling - per root	\$70
D3450	Root amputation - per root	\$85
D3471	Surgical repair of root resorption - anterior	\$150
D3472	Surgical repair of root resorption – premolar	\$150
D3473	Surgical repair of root resorption – molar	\$150
D3920	Hemisection (including any root removal), not including root canal therapy	\$125

**D4000-D4999 PERIODONTICS**

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$125
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$50
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$25
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$135
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$80
D4245	Apically positioned flap	\$250
D4249	Clinical crown lengthening - hard tissue	\$125
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$275
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$180
D4263	Bone replacement graft - retained natural tooth –first site in quadrant	\$150

D4264	Bone replacement graft - retained natural tooth –each additional site in quadrant	\$150
D4270	Pedicle soft tissue graft procedure	\$170
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft	\$170
D4274	Mesial/distal, wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$250
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft	\$170
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$170
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$102
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$70
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$70
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$0
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$70
D4910	Periodontal maintenance	\$50
D4921	Gingival irrigation - per quadrant	\$15

<b>D5000-D5899</b>	<b>PROSTHODONTICS (removable)</b>	
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D5110	Complete denture – maxillary	\$300
D5120	Complete denture – mandibular	\$300
D5130	Immediate denture – maxillary	\$300
D5140	Immediate denture – mandibular	\$300
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$320
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$320
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$340
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$340
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$400
D5222	Immediate mandibular partial denture – resin base (including conventional clasps, rests and teeth)	\$400
D5223	Immediate maxillary partial denture – cast metal frameworks with resin denture bases (including any conventional clasps, rests and teeth)	\$60
D5224	Immediate mandibular partial denture – cast metal frameworks with resin denture bases (including any conventional clasps, rests and teeth)	\$600
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$450
D5226	Mandibular partial denture - flexible base (including any clasps, rests	\$450

	and teeth)	
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	\$300
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	\$300
D5410	Adjust complete denture – maxillary	\$0
D5411	Adjust complete denture – mandibular	\$0
D5421	Adjust partial denture – maxillary	\$0
D5422	Adjust partial denture – mandibular	\$0
D5511	Repair broken complete denture base, mandibular	\$40
D5512	Repair broken complete denture base, maxillary	\$40
D5520	Replace missing or broken teeth - complete denture - per tooth	\$60
D5611	Repair resin partial denture base, mandibular	\$45
D5612	Repair resin partial denture base, maxillary	\$45
D5621	Repair cast partial framework, mandibular	\$55
D5622	Repair cast partial framework, maxillary	\$55
D5630	Repair or replace broken clasp per tooth	\$60
D5640	Replace missing or broken teeth - partial denture - per tooth	\$60
D5650	Add tooth to existing partial denture - per tooth	\$70
D5660	Add clasp to existing partial denture per tooth	\$70
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$225
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$225
D5710	Rebase complete maxillary denture	\$225
D5711	Rebase complete mandibular denture	\$225
D5720	Rebase maxillary partial denture	\$225
D5721	Rebase mandibular partial denture	\$225
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)	\$110
D5751	Reline complete mandibular denture (laboratory)	\$110
D5760	Reline maxillary partial denture (laboratory)	\$110
D5761	Reline mandibular partial denture (laboratory)	\$110
D5820	Interim partial denture (maxillary)	\$275
D5821	Interim partial denture (mandibular)	\$275
D5850	Tissue conditioning, maxillary	\$50
D5851	Tissue conditioning, mandibular	\$50

<b>D6200-D6999</b>	<b>PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture (bridge))</b>	
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D6210	Pontic - cast high noble metal	\$290
D6211	Pontic - cast predominantly base metal	\$290
D6212	Pontic - cast noble metal	\$290
D6214	Pontic - titanium and titanium alloys	\$290

D6240	Pontic - porcelain fused to high noble metal	\$290
D6241	Pontic - porcelain fused to predominantly base metal	\$290
D6242	Pontic - porcelain fused to noble metal	\$290
D6245	Pontic - porcelain/ceramic	\$200
D6250	Pontic - resin with high noble metal	\$290
D6251	Pontic - resin with predominantly base metal	\$290
D6252	Pontic - resin with noble metal	\$290
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$290
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$290
D6549	Resin retainer - for resin bonded fixed prosthesis	\$290
D6600	Inlay - porcelain/ceramic, two surfaces	\$358
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	\$390
D6602	Retainer inlay - cast high noble metal, two surfaces	\$279
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$348
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$279
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$348
D6606	Retainer inlay - cast noble metal, two surfaces	\$279
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$348
D6608	Retainer onlay - porcelain/ceramic, two surfaces	\$433
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$466
D6610	Retainer onlay - cast high noble metal, two surfaces	\$270
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$270
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$270
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$270
D6614	Retainer onlay - cast noble metal, two surfaces	\$270
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$270
D6720	Retainer crown - resin with high noble metal	\$270
D6721	Retainer crown - resin with predominantly base metal	\$270
D6722	Retainer crown - resin with noble metal	\$270
D6740	Retainer crown - porcelain/ceramic	\$290
D6750	Retainer crown - porcelain fused to high noble metal	\$290
D6751	Retainer crown - porcelain fused to predominantly base metal	\$290
D6752	Retainer crown - porcelain fused to noble metal	\$290
D6780	Retainer crown - $\frac{3}{4}$ cast high noble metal	\$270
D6781	Retainer crown - $\frac{3}{4}$ cast predominantly base metal	\$270
D6782	Retainer crown - $\frac{3}{4}$ cast noble metal	\$270
D6783	Retainer crown - $\frac{3}{4}$ porcelain/ceramic	\$270
D6790	Retainer crown - full cast high noble metal	\$290
D6791	Retainer crown - full cast predominantly base metal	\$290
D6792	Retainer crown - full cast noble metal	\$290
D6794	Retainer crown - titanium and titanium alloys	\$290
D6930	Re-cement or re-bond fixed partial denture	\$0
D6940	Stress breaker	\$90
D6980	Fixed partial denture repair necessitated by restorative material failure	\$75



<b>D7000-D7999 ORAL AND MAXILLOFACIAL SURGERY</b>		
D7111	Extraction, coronal remnants - primary tooth	\$0
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$0
D7220	Removal of impacted tooth - soft tissue	\$0
D7230	Removal of impacted tooth - partially bony	\$0
D7240	Removal of impacted tooth - completely bony	\$0
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$0
D7250	Removal of residual tooth roots (cutting procedure)	\$0
D7251	Coronectomy - intentional partial tooth removal	\$375
D7260	Oroantral fistula closure	\$0
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$250
D7280	Exposure of an unerupted tooth	\$0
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$175
D7283	Placement of device to facilitate eruption of impacted tooth	\$0
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$0
D7286	Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures	\$0
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$0
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$0
D7340	Vestibuloplasty — ridge extension (secondary epithelialization)	\$0
D7350	Vestibuloplasty — ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$0
D7410	Excision of benign lesion up to 1.25 cm	\$0
D7411	Excision of benign lesion greater than 1.25 cm	\$0
D7440	Excision of malignant tumor up to 1.25	\$0
D7441	Excision of malignant tumor greater than 1.25 cm	\$0
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$0
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$0
D7460	Removal of nonodontogenic cyst or tumor lesion diameter up to 1.25 cm	\$0
D7461	Removal of nonodontogenic cyst or tumor lesion diameter greater than 1.25 cm	\$0
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$0
D7471	Removal of lateral exostosis (maxilla or mandible)	\$0

D7472	Removal of torus palatines	\$0
D7473	Removal of torus mandibularis	\$0
D7485	Surgical reduction of osseous tuberosity	\$0
D7510	Incision and drainage of abscess - intraoral soft tissue	\$0
D7511	Incision and drainage of abscess — intraoral soft tissue — complicated (includes drainage of multiple fascial spaces)	\$0
D7520	Incision and drainage of abscess extraoral soft tissue	\$0
D7521	Incision and drainage of abscess extraoral soft tissue — complicated (includes drainage of multiple fascial spaces)	\$0
D7530	Removal of foreign bodies	\$0
D7540	Removal of reaction bodies	\$0
D7550	Removal of non-vital bone partial ostectomy/sequestrectomy	\$0
D7961	Buccal/labial frenectomy (frenulectomy)	\$0
D7962	Lingual frenectomy (frenulectomy)	\$0
D7963	Frenuloplasty	\$0
D7970	Excision of hyperplastic tissue - per arch	\$0
D7971	Excision of pericoronal gingiva	\$0

#### **D9000-D9999 ADJUNCTIVE GENERAL SERVICES**

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$0
D9211	Regional block anesthesia	\$0
D9212	Trigeminal division block anesthesia	\$0
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0
D9219	Local anesthesia in conjunction with operative or surgical procedures	\$20
D9222	Deep sedation/general anesthesia — first 15 minutes	\$0
D9223	Deep sedation/general anesthesia — each subsequent 15-minute increment	\$0
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$20
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$0
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	\$55
D9248	Non-intravenous conscious sedation	\$0
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0
D9932	Cleaning and inspection of removable denture, maxillary	\$15
D9933	Cleaning and inspection of removable complete denture, mandibular	\$15
D9934	Cleaning and inspection of removable partial denture, maxillary	\$15
D9935	Cleaning and inspection of removable partial denture, mandibular	\$165
D9940	Occlusal guard, by report	\$25
D9941	Fabrication of athletic mouthguard	\$110
D9943	Occlusal guard adjustment	\$35
D9951	Occlusal adjustment, limited	\$100
D9952	Occlusal adjustment, complete	\$90
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$90

**SCHEDULE B -DESCRIPTION OF DENTAL BENEFITS and COPAYMENTS**

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<b>ADA CODE</b>	<b>PROCEDURE DESCRIPTION</b>	<b>Covered Person Copayments</b>
<b>D8000- D8999</b>	<b>ORTHODONTICS</b>	
D8070	Comprehensive Orthodontic Treatment- Transitional Dent	<u>\$2,900.00</u>
D8080	Comprehensive Orthodontic Treatment- Adolescent Dent	<u>\$2,900.00</u>
D8090	Comprehensive Orthodontic Treatment-- Adult Dentition	<u>\$2,900.00</u>
D8999	Unspecified Orthodontic Procedure, by report	<u>\$200.00</u>