Plan Benefit Summary

Network of Dentists:
The Fidelio 360 Plus Plan has a network of dentists who have agreed to provide services to plan members at predetermined rates. Patients enrolled in the Fidelio 360 Plus Plan must receive their dental care from dentists within this network. There is no need to choose a primary provider and you may change providers within this network at any time.

No Out-of-Pocket Costs for Covered Services:
The Fidelio 360 Plus Plan mirrors the Union's existing plan in that there are NO Out-of-Pocket COSTS for ALL covered dental services, as outlined in the "Patient Schedule – Fidelio 360 Plus Plan".

A Pre-Determination is **required** for dental work when charges exceed $300.

No Deductibles or Annual Maximums:
Unlike some other types of dental insurance plans, the Fidelio 360 Plus Plan does not have deductibles (the amount you pay before your insurance kicks in) or annual maximums (the maximum amount your plan will pay in a year).

Choosing Providers:
It is the patient's responsibility to verify their eligibility and the participation status of the selected provider with Fidelio prior to receiving any treatment. The Fidelio 360 Plus Plan operates within a limited provider network, and care provided by a dentist outside this network will not be covered by the plan. Patients who choose to receive services from an out-of-network provider will be fully responsible for the costs associated with such care. Fidelio strongly advises that members contact Fidelio or check the online provider directory to confirm the provider's participation in the Fidelio 360 Plus Network before scheduling any dental services.

Emphasis on Preventive Care:
The Fidelio 360 Plus Plan emphasizes preventive dental care, encouraging regular check-ups and cleanings to prevent more serious and costly dental issues down the line.

The "Patient Schedule – Fidelio 360 Plus Plan" listed below is applicable exclusively for the Fidelio 360 Plus Plan Dentist that contracts with Fidelio Dental. It's important to note that not all Network Dentists provide every service listed here, so we recommend checking with your Network Dentist before receiving services. Procedures that are NOT listed on this Patient Schedule are NOT covered and are the patient's responsibility at the full dentist's charge. The "Patient Schedule – Fidelio 360 Plus Plan" is subject to annual change in accordance with the terms of the agreement.

Procedures listed are subject to plan limitations and exclusions.

Patient Schedule – Fidelio 360 Plus Plan

Patient Schedule - Fidelio 360 Plus Plan		
Code	**Code Description**	**Patient Charge**
	Office visit fee	$0.00
Routine Exams: Limited to any four in a 12-month period. (ADA 0120, 0145, 0150, 0180) Emergency Exams: Limited to one per 12-month period. (ADA 0140, 0160, 0170, 0171, 9310). If any of these codes are utilized, it will apply toward the routine exam frequency for the period it was used. Extraoral Dental Radiographic Image: Limited to 1 per calendar year (ADA 0250, 0251) Bitewing(s): Limited to 2 per 6-month period. (ADA 0270, 0272, 0273, 0274, 0277) Full Mouth Series/Panoramic: Limited to one per 36-month period. (ADA 0210, 0330) Cone Beam CT Capture for TMJ (ADA 0368) Prophylaxis (Cleanings): Limited to two per calendar year. (ADA 1110, 1120, 4346) Fluoride: Limited to two per 12-month period. (ADA 1206, 1208) Sealants: Limited to one per tooth per 36-month period, only on unrestored molars for patients under age 14. (ADA 1351, 1352, 1353) Fillings: Limited to one per tooth per six-month period. (ADA 2140, 2150, 2160, 2161, 2330, 2331, 2332, 2335, 2390, 2391, 2392, 2393, 2394)		
D0120	Periodic oral evaluation -- Established patient	$0.00
D0140	Limited oral evaluation - Problem focused	$0.00
D0145	Oral evaluation for a patient under 3 years and counseling with primary caregiver	$0.00
D0150	Comprehensive oral evaluation -- New or established patient	$0.00
D0160	Detailed and extensive oral evaluation - Problem focused, by report	$0.00

D0170	Re-evaluation -- Limited, problem focused (not post-operative visit)	$0.00
D0171	Re-evaluation -- Post-operative office visit	$0.00
D0180	Comprehensive periodontal evaluation -- New or established patient	$0.00
D0210	X-rays intraoral -- Complete series (limit 1 every 3 years)	$0.00
D0220	X-rays intraoral -- Periapical -- First radiographic image	$0.00
D0230	X-rays intraoral--Periapical -- Each additional radiographic image	$0.00
D0240	X-rays intraoral - Occlusal radiographic image	$0.00
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	$0.00
D0251	Extraoral posterior dental radiographic image	$0.00
D0270	Bitewing - single radiographic image	$0.00
D0272	Bitewings - two radiographic images	$0.00
D0273	Bitewings - three radiographic images	$0.00
D0274	Bitewings - four radiographic images	$0.00
D0277	Vertical bitewings - 7 to 8 radiographic images	$0.00
D0330	Panoramic radiographic image	$0.00
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	$0.00
D0351	3D photographic image	$0.00
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	$0.00
D0415	Collection of microorganisms for culture and sensitivity	$0.00
D0425	Caries susceptibility tests	$0.00
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	$0.00
D0460	Pulp vitality tests	$0.00
D0470	Diagnostic casts	$0.00
D0472	Accession of tissue, gross examination, preparation and transmission of written report	$0.00
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	$0.00
D0431	Labial veneer (resin laminate) - indirect	$0.00
D0474	Pathology report - Microscopic examination of lesion and area (tooth-related)	$0.00
D0486	Laboratory accession of brush biopsy sample, microscopic exam, report preparation and transmission	$0.00
D1110	Prophylaxis (cleaning) - Adult (limit 2 per calendar year)	$0.00
D1120	Prophylaxis (cleaning) -- Child (limit 2 per calendar year) Additional prophylaxis (cleaning) - In addition to the 2 prophylaxes (cleanings) allowed per calendar year	$0.00

D1206	Topical application of fluoride varnish (limit 2 per year, combined limit of 2 D1206s and/or D1208s per year) Additional topical application of fluoride varnish in addition to any combination of two (2) D1206s (topical application of fluoride varnish) and/or D12085 (topical application of fluoride - excluding varnish) per calendar year	$0.00
D1208	Topical application of fluoride - Excluding varnish (limit 2 per year, combined limit of 2 D1208s and/or D1206s/year) Additional topical application of fluoride - Excluding varnish -In addition to any combination of two (2) D1206s (topical applications of fluoride varnish) and/or D12085 (topical application of fluoride - excluding varnish) per calendar year.	$0.00
D1310	Nutritional counseling for control of dental disease	$0.00
D1320	Tobacco counseling for the control and prevention of oral disease	$0.00
D1330	Oral hygiene instructions	$0.00
D1351	Sealant - Per tooth	$0.00
D1352	Preventive resin restoration in a moderate to high caries risk patient -- Permanent tooth	$0.00
D1353	Sealant repair -- Per tooth	$0.00
D1354	Interim caries arresting medicament application	$0.00
D1510	Space maintainer -- Fixed - Unilateral	$0.00
D1515	Space maintainer - Fixed -- Bilateral	$0.00
D1516	Space maintainer - fixed - bilateral, maxillary	$0.00
D1517	Space maintainer - fixed - bilateral, mandibular	$0.00
D1520	Space maintainer- Removable -- Unilateral	$0.00
D1525	Space maintainer - Removable -- Bilateral	$0.00
D1526	Space maintainer - removable - bilateral, maxillary	$0.00
D1527	Space maintainer - removable - bilateral, mandibular	$0.00
D1550	Re-cement or re-bond space maintainer	$0.00
D1555	Removal of fixed space maintainer	$0.00
D1556	Removal of fixed unilateral space maintainer – per quadrant	$0.00
D1557	Removal of fixed bilateral space maintainer – maxillary	$0.00
D1558	Removal of fixed bilateral space maintainer – mandibular	$0.00
D1575	Distal shoe space maintainer - Fixed - Unilateral	$0.00
D2140	Amalgam -- 1 surface, primary or permanent	$0.00
D2150	Amalgam - 2 surfaces, primary or permanent	$0.00
D2160	Amalgam - 3 surfaces, primary or permanent	$0.00
D2161	Amalgam -- 4 or more surfaces, primary or permanent	$0.00
D2330	Resin-based composite -- 1 surface, anterior	$0.00
D2331	Resin-based composite - 2 surfaces, anterior	$0.00

D2332	Resin-based composite - 3 surfaces, anterior	$0.00
D2335	Resin-based composite -- 4 or more surfaces or involving incisal angle, anterior	$0.00
D2390	Resin-based composite crown, anterior	$0.00
D2391	Resin-based composite -- 1 surface, posterior	$0.00
D2392	Resin-based composite - 2 surfaces, posterior	$0.00
D2393	Resin-based composite - 3 surfaces, posterior	$0.00
D2394	Resin-based composite - 4 surfaces, posterior	$0.00

Major Restorations: Limited to no more than one per tooth or unit per 60-month period.

Crowns: (ADA 2710, 2712, 2720, 2721, 2722, 2740, 2750, 2751, 2752, 2780, 2781, 2782, 2783, 2790, 2791, 2792, 2794, 2799, 2929, 2930, 2931, 2932, 2933, 2934, 2960, 2961)

Abutment and Implant-Supported Crowns: (ADA 6058, 6059, 6060, 6061, 6062, 6063, 6064, 6065, 6066, 6067, 6094, 6194)

Bridges (Retainer Crowns): (ADA 6710, 6720, 6721, 6722, 6740, 6750, 6751, 6752, 6780, 6781, 6782, 6783, 6790, 6791, 6792, 6794)

Inlay/Onlay: (ADA 2510, 2520, 2530, 2542, 2543, 2544, 2610, 2620, 2630, 2642, 2643, 2644, 2650, 2651, 2652, 2662, 2663, 2664)

Retainer Inlay/Onlay: (ADA 6545, 6600, 6601, 6602, 6603, 6604, 6605, 6606, 6607, 6608, 6609, 6610, 6611, 6612, 6613, 6614, 6615, 6624, 6634)

Abutment and Implant-Supported Retainers: (ADA 6068, 6069, 6070, 6071, 6072, 6073, 6074, 6075, 6076, 6077)

Dentures (Prosthetics): (ADA 5110, 5120, 5130, 5140, 5211, 5212, 5213, 5214, 5221, 5222, 5223, 5224, 5225, 5226, 5281, 5282, 5283)

Implant Dentures (Prosthetics): (ADA 6110, 6111, 6112, 6113, 6114, 6115, 6116, 6117)

Pontics: (ADA 6210, 6211, 6212, 6214, 6240, 6241, 6242, 6245, 6250, 6251, 6252)

Post & Core Buildup: Limited to no more than one per tooth per 60-month period.
(ADA 2950, 2951, 2952, 2953, 2954, 2957)

Pulpotomy and Pulpal Therapy: Limited to no more than one per tooth per lifetime.
(ADA 3222, 3230, 3240)

Crown and bridge - All charges for crown and bridge (fixed partial denture) are per unit (each replacement or supporting tooth equals 1 unit).

No more than an additional $150 per tooth/unit charge for crowns, inlays, on lays, post and cores, and veneers if your dentist uses same day in-office CAD/CAM (ceramic) services. Same day in-office CAD/CAM (ceramic) services refer to dental restorations that are created in the dental office by the use of a digital impression and

an in-office CAD/CAM milling machine. ***Complex rehabilitation - An additional $125 charge per unit for multiple crown units/ complex rehabilitation (6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit - ask your dentist for the guidelines)***		
D2510	Inlay - Metallic -- 1 surface	$0.00
D2520	Inlay - Metallic - 2 surfaces	$0.00
D2530	Inlay - Metallic -- 3 or more surfaces	$0.00
D2542	Onlay - Metallic - 2 surfaces	$0.00
D2543	Onlay - Metallic - 3 surfaces	$0.00
D2544	Onlay - Metallic -- 4 or more surfaces	$0.00
D2610	Inlay - Porcelain/ceramic, 1 surface	$0.00
D2620	Inlay -- Porcelain/ceramic, 2 surfaces	$0.00
D2630	Inlay -- Porcelain/ceramic, 3 or more surfaces	$0.00
D2642	Onlay - Porcelain/ceramic, 2 surfaces	$0.00
D2643	Onlay -- Porcelain/ceramic, 3 surfaces	$0.00
D2644	Onlay - Porcelain/ceramic, 4 or more surfaces	$0.00
D2650	Inlay - Resin-based composite, 1 surface	$0.00
D2651	Inlay - Resin-based composite, 2 surfaces	$0.00
D2652	Inlay - Resin-based composite, 3 or more surfaces	$0.00
D2662	Onlay - Resin-based composite, 2 surfaces	$0.00
D2663	Onlay - Resin-based composite, 3 surfaces	$0.00
D2664	Onlay - Resin-based composite, 4 or more surfaces	$0.00
D2710	Crown -- Resin-based composite, indirect	$0.00
D2712	Crown - 3/4 resin-based composite, indirect	$0.00
D2720	Crown - Resin with high noble metal	$0.00
D2721	Crown -- Resin with predominantly base metal	$0.00
D2722	Crown -- Resin with noble metal	$0.00
D2740	Crown -- Porcelain/ceramic substrate	$0.00
D2750	Crown -- Porcelain fused to high noble metal	$0.00
D2751	Crown -- Porcelain fused to predominantly base metal	$0.00
D2752	Crown -- Porcelain fused to noble metal	$0.00
D2780	Crown - 3/4 cast high noble metal	$0.00
D2781	Crown -- 3/4 cast predominantly base metal	$0.00
D2782	Crown -- 3/4 cast noble metal	$0.00
D2783	Crown -- 3/4 porcelain/ceramic	$0.00
D2790	Crown -- Full cast high noble metal	$0.00
D2791	Crown -- Full cast predominantly base metal	$0.00
D2792	Crown - Full cast noble metal	$0.00
D2794	Crown -- Titanium	$0.00

D2799	Provisional crown	$0.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$0.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	$0.00
D2920	Re-cement or re-bond crown	$0.00
D2929	Prefabricated porcelain/ceramic crown - Primary tooth	$0.00
D2930	Prefabricated stainless steel crown - Primary tooth	$0.00
D2931	Prefabricated stainless steel crown - Permanent tooth	$0.00
D2932	Prefabricated resin crown	$0.00
D2933	Prefabricated stainless steel crown with resin window	$0.00
D2934	Prefabricated esthetic coated stainless steel crown - Primary tooth	$0.00
D2940	Protective restoration (1 per visit)	$0.00
D2941	Interim therapeutic restoration - Primary dentition	$0.00
D2950	Core buildup - Including any pins	$0.00
D2951	Pin retention - Per tooth - In addition to restoration	$0.00
D2952	Post and core - Indirectly fabricated - In addition to crown	$0.00
D2953	Each additional indirectly prefabricated post - Same tooth	$0.00
D2954	Prefabricated post and core - In addition to crown	$0.00
D2957	Each additional prefabricated post - Same tooth	$0.00
D2960	Labial veneer (resin laminate) - Chair side	$0.00
D2961	Labial veneer (resin laminate) – indirect	$0.00
D2971	Additional procedures for new crown under existing partial denture framework	$0.00
D2980	Crown repair, necessitated by restorative material failure	$0.00
Root Canal: Limited to no more than one per tooth per lifetime. (ADA 3310, 3320, 3330, 3332) Endodontic Retreatment & Repair: Limited to no more than one per tooth per lifetime. (ADA 3333, 3346, 3347, 3348) Apicoectomy/Periradicular Surgery: Limited to no more than one per tooth per lifetime. (ADA 3410, 3421, 3425, 3426, 3427, 3501, 3502, 3503)		
D3110	Pulp cap - Direct (excluding final restoration)	$0.00
D3120	Pulp cap - Indirect (excluding final restoration)	$0.00
D3220	Pulpotomy -- Removal of pulp, not part of a root canal	$0.00
D3221	Pulpal debridement (not used when root canal done same day)	$0.00
D3222	Partial pulpotomy for apexogenesis - Permanent tooth with incomplete root development	$0.00
D3230	Pulpal therapy (resorbable filling) - Anterior, primary tooth (excluding final restoration)	$0.00
D3240	Pulpal therapy (resorbable filling) - Posterior, primary tooth (excluding final restoration)	$0.00

D3310	Anterior root canal - Permanent tooth (excluding final restoration)	$0.00
D3320	Bicuspid root canal - Permanent tooth (excluding final restoration)	$0.00
D3330	Molar root canal - Permanent tooth (excluding final restoration)	$0.00
D3331	Treatment of root canal obstruction - Nonsurgical access	$0.00
D3332	Incomplete endodontic therapy - Inoperable, unrestorable, or fractured tooth	$0.00
D3333	Internal root repair of perforation defects	$0.00
D3346	Retreatment of previous root canal therapy - Anterior	$0.00
D3347	Retreatment of previous root canal therapy - Bicuspid	$0.00
D3348	Retreatment of previous root canal therapy - Molar	$0.00
D3351	Apexification/recalcification - Initial visit (apical closure/calcific repair)	$0.00
D3352	Apexification/recalcification - Interim medication replacement	$0.00
D3353	Apexification/recalcification - Final visit (includes completed root canal therapy)	$0.00
D3410	Apicoectomy/periradicular surgery - Anterior	$0.00
D3421	Apicoectomy/periradicular surgery -- Bicuspid (first root)	$0.00
D3425	Apicoectomy/periradicular surgery - Molar (first root)	$0.00
D3426	Apicoectomy/periradicular surgery (each additional root)	$0.00
D3427	Periradicular surgery without apicoectomy	$0.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	$0.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption –premolar	$0.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption –molar	$0.00
D3430	Retrograde filling per root	$0.00
D3450	Root amputation -- Per root	$0.00
D3920	Hemisection (including any root removal), not including root canal therapy	$0.00

Periodontal Scaling and Root Planing: Limited to one per quadrant per 12-month period.
(ADA 4240, 4241, 4341, 4342)

Periodontics (Regenerative Procedures): Limited to one regenerative procedure per site (or per tooth, if applicable), when covered on the Patient Charge Schedule.
(ADA 4263, 4264, 4266, 4267)

Full Mouth Debridement: Limited to one per lifetime. If utilized, this code will apply to the Prophylaxis frequency for the period it was used.
(ADA 4355)

Localized Delivery of Antimicrobial Agents: Limited to eight teeth or sites per 12-month period for covered procedures.
(ADA 4381)

Periodontal Maintenance: Limited to four per calendar year only after active therapy. If utilized, this code will apply to the Prophylaxis frequency limitation for the period it was used. (ADA 4910)		
D4210	Gingivectomy or gingivoplasty - 4 or more teeth per quadrant	$0.00
D4211	Gingivectomy or gingivoplasty - 1 to 3 teeth per quadrant	$0.00
D4212	Gingivectomy or gingivoplasty for restorative procedure access, per tooth	$0.00
D4240	Gingival flap (including root planing) - 4 or more teeth per quadrant	$0.00
D4241	Gingival flap (including root planing) - 1 to 3 teeth per quadrant	$0.00
D4245	Apically positioned flap	$0.00
D4249	Clinical crown lengthening - Hard tissue	$0.00
D4260	Osseous surgery - 4 or more teeth per quadrant	$0.00
D4261	Osseous surgery - 1 to 3 teeth per quadrant	$0.00
D4263	Bone replacement graft - Retained natural tooth - First site in quadrant	$0.00
D4264	Bone replacement graft - Retained natural tooth - Each additional site in quadrant	$0.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration	$0.00
D4266	Guided tissue regeneration - Resorbable barrier per site	$0.00
D4267	Guided tissue regeneration - Nonresorbable barrier per site (includes membrane removal)	$0.00
D4270	Pedicle soft tissue graft procedure	$0.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient sites) first tooth/implant/position	$0.00
D4274	Mesial/distal wedge procedure single tooth (not with surgical procedures in same area)	$0.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth/implant/position	$0.00
D4277	Free soft tissue graft procedure (including recipient and donor sites), first tooth/implant/position	$0.00
D4278	Free soft tissue graft procedure (including recipient and donor sites), additional contiguous tooth/implant/position	$0.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient sites) - Additional contiguous tooth/implant/position	$0.00
D4285	Non-autogenous connective tissue graft procedure (including recipient site and donor materials) - Additional contiguous tooth/implant/position	$0.00
D4341	Periodontal scaling and root planing - 4 or more teeth per quadrant (limit 4 quadrants per 12 months)	$0.00
D4342	Periodontal scaling and root planing - 1 to 3 teeth per quadrant (limit 4 quadrants per 12 months)	$0.00

D4346	Scaling in presence of generalized moderate or severe gingival inflammation - Full mouth, after oral evaluation (limit 1 per year) Additional scaling in presence of generalized moderate or severe gingival inflammation -- Full mouth, after oral evaluation (limit 2 per calendar year)	$0.00
D4355	Full mouth debridement to allow evaluation and diagnosis (1 per lifetime)	$0.00
D4381	Localized delivery of antimicrobial agents per tooth	$0.00
D4910	Periodontal maintenance (limit 4 per calendar year) (only after active therapy) Additional periodontal maintenance procedures (beyond 4 per calendar year) Periodontal charting for planning treatment of periodontal disease Periodontal hygiene instruction	$0.00
Prosthetics (Removable Tooth Replacement - Dentures): Includes up to four adjustments within the first six months after insertion. Replacement limit is one every five years. (See coverage details for Major Restorations.) Prosthetic Adjustments: Limited to four within the first six months of insertion. (ADA 5410, 5411, 5421, 5422) Denture Rebasing: Limited to one per 36-month period. (ADA 5710, 5711, 5720, 5721) Denture Relining: Limited to one per 36-month period. (ADA 5730, 5731, 5740, 5741, 5750, 5751, 5760, 5761)		
D5110	Full upper denture	$0.00
D5120	Full lower denture	$0.00
D5130	Immediate full upper denture	$0.00
D5140	Immediate full lower denture	$0.00
D5211	Upper partial denture -- Resin base (including clasps, rests, and teeth)	$0.00
D5212	Lower partial denture -- Resin base (including clasps, rests, and teeth)	$0.00
D5213	Upper partial denture - Cast metal framework (including clasps, rests, and teeth)	$0.00
D5214	Lower partial denture - Cast metal framework (including clasps, rests, and teeth)	$0.00
D5221	Immediate maxillary partial denture - Resin base (including any conventional clasps, rests, and teeth)	$0.00
D5222	Immediate mandibular partial denture - Resin base (including conventional clasps, rests, and teeth)	$0.00

D5223	Immediate maxillary partial denture - Cast metal framework with resin denture base (including any conventional clasps, rests, and teeth)	$0.00
D5224	Immediate mandibular partial denture - Cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	$0.00
D5225	Upper partial denture - Flexible base (including clasps, rests, and teeth)	$0.00
D5226	Lower partial denture - Flexible base (including clasps, rests, and teeth)	$0.00
D5281	Removable unilateral partial denture - One-piece cast metal (including clasps and teeth)	$0.00
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials and teeth), maxillary	$0.00
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials and teeth), mandibular	$0.00
D5410	Adjust complete denture - Upper	$0.00
D5411	Adjust complete denture - Lower	$0.00
D5421	Adjust partial denture - Upper	$0.00
D5422	Adjust partial denture - Lower	$0.00
D5510	Repair broken complete denture base	$0.00
D5520	Replace missing or broken teeth - Complete denture (each tooth)	$0.00
D5610	Repair resin denture base	$0.00
D5620	Repair cast framework	$0.00
D5621	Repair resin partial denture base, mandibular	$0.00
D5622	Repair resin partial denture base, maxillary	$0.00
D5630	Repair or replace broken clasp - Per tooth	$0.00
D5640	Replace broken teeth - Per tooth	$0.00
D5650	Add tooth to existing partial denture	$0.00
D5660	Add clasp to existing partial denture - Per tooth	$0.00
D5670	Replace all teeth and acrylic on cast metal framework - Upper	$0.00
D5671	Replace all teeth and acrylic on cast metal framework - Lower	$0.00
D5710	Rebase complete upper denture	$0.00
D5711	Rebase complete lower denture	$0.00
D5720	Rebase upper partial denture	$0.00
D5721	Rebase lower partial denture	$0.00
D5730	Reline complete upper denture - Chairside	$0.00
D5731	Reline complete lower denture - Chairside	$0.00
D5740	Reline upper partial denture - Chairside	$0.00
D5741	Reline lower partial denture - Chairside	$0.00
D5750	Reline complete upper denture - Laboratory	$0.00
D5751	Reline complete lower denture - Laboratory	$0.00
D5760	Reline upper partial denture - Laboratory	$0.00

D5761	Reline lower partial denture - Laboratory	$0.00
D5810	Interim complete denture - Upper	$0.00
D5811	Interim complete denture - Lower	$0.00
D5820	Interim partial denture - Upper	$0.00
D5821	Interim partial denture - Lower	$0.00

Implant/Abutment-Supported Prosthetics: All charges for crowns and bridges (fixed partial dentures) are per unit (each replacement on a supporting implant equals one unit). Coverage for replacement of crowns, bridges, and implant-supported dentures is limited to one every five years. (See coverage details for Major Restorations.)

No more than an additional $150 per tooth/unit charge for crowns, inlays, onlays, post and cores, if your dentist uses same day in-office CAD/CAM (ceramic) services. Same day in-office CAD/CAM (ceramic) services refer to dental restorations that are created in the dental office by the use of a digital impression and an in-office CAD/CAM milling machine.

Complex rehabilitation on implant/abutment supported prosthetic procedures - An additional $125 charge per unit for multiple crown units/complex rehabilitation (6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit - ask your dentist for the guidelines)

D5850	Tissue conditioning - Upper	$0.00
D5851	Tissue conditioning - Lower	$0.00
D5862	Precision attachment - By report	$0.00
D6058	Abutment supported porcelain/ceramic crown	$0.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	$0.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	$0.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	$0.00
D6062	Abutment supported cast metal crown (high noble metal)	$0.00
D6063	Abutment supported cast metal crown (predominantly base metal)	$0.00
D6064	Abutment supported cast metal crown (noble metal)	$0.00
D6065	Implant supported porcelain/ceramic crown	$0.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	$0.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	$0.00
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture	$0.00
D6069	Abutment supported retainer for porcelain fused to metal fixed partial denture (high noble metal)	$0.00
D6070	Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal)	$0.00
D6071	Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal)	$0.00

D6072	Abutment supported retainer for cast metal fixed partial denture (high noble metal)	$0.00
D6073	Abutment supported retainer for cast metal fixed partial denture (predominantly base metal)	$0.00
D6074	Abutment supported retainer for cast metal fixed partial denture (noble metal)	$0.00
D6075	Implant supported retainer for ceramic fixed partial denture	$0.00
D6076	Implant supported retainer for porcelain fused to metal fixed partial denture (titanium, titanium alloy, high noble metal)	$0.00
D6077	Implant supported retainer for cast metal fixed partial denture (titanium, titanium alloy, high noble metal)	$0.00
D6085	Provisional implant crown	$0.00
D6092	Re-cement implant/abutment supported crown	$0.00
D6093	Re-cement implant/abutment supported fixed partial denture	$0.00
D6094	Abutment supported crown (titanium)	$0.00
D6110	Implant/abutment supported removable denture for edentulous arch - Maxillary	$0.00
D6111	Implant/abutment supported removable denture for edentulous arch - Mandibular	$0.00
D6112	Implant/abutment supported removable denture for partially edentulous arch - Maxillary	$0.00
D6113	Implant/abutment supported removable denture for partially edentulous arch - Mandibular	$0.00
D6114	Implant/abutment supported fixed denture for edentulous arch - Maxillary	$0.00
D6115	Implant/abutment supported fixed denture for edentulous arch - Mandibular	$0.00
D6116	Implant/abutment supported fixed denture for partially edentulous arch - Maxillary	$0.00
D6117	Implant/abutment supported fixed denture for partially edentulous arch - Mandibular	$0.00
D6194	Abutment supported retainer crown for fixed partial denture (titanium)	$0.00
D6210	Pontic - Cast high noble metal	$0.00
D6211	Pontic - Cast predominantly base metal	$0.00
D6212	Pontic - Cast noble metal	$0.00
D6214	Pontic - Titanium	$0.00
D6240	Pontic - Porcelain fused to high noble metal	$0.00
D6241	Pontic - Porcelain fused to predominantly base metal	$0.00
D6242	Pontic -- Porcelain fused to noble metal	$0.00
D6245	Pontic -- Porcelain/ceramic	$0.00
D6250	Pontic -- Resin with high noble metal	$0.00
D6251	Pontic -- Resin with predominantly base metal	$0.00
D6252	Pontic - Resin with noble metal	$0.00
D6253	Provisional pontic	$0.00

D6545	Retainer - Cast metal for resin bonded fixed prosthesis	$0.00
D6600	Retainer inlay -- Porcelain/ceramic, 2 surfaces	$0.00
D6601	Retainer inlay -- Porcelain/ceramic, 3 or more surfaces	$0.00
D6602	Retainer inlay - Cast high noble metal, 2 surfaces	$0.00
D6603	Retainer inlay - Cast high noble metal, 3 or more surfaces	$0.00
D6604	Retainer inlay - Cast predominantly base metal, 2 surfaces	$0.00
D6605	Retainer inlay - Cast predominantly base metal, 3 or more surfaces	$0.00
D6606	Retainer inlay - Cast noble metal, 2 surfaces	$0.00
D6607	Retainer inlay -- Cast noble metal, 3 or more surfaces	$0.00
D6608	Retainer onlay -- Porcelain/ceramic, 2 surfaces	$0.00
D6609	Retainer onlay -- Porcelain/ceramic, 3 or more surfaces	$0.00
D6610	Retainer onlay - Cast high noble metal, 2 surfaces	$0.00
D6611	Retainer onlay -- Cast high noble metal, 3 or more surfaces	$0.00
D6612	Retainer onlay - Cast predominantly base metal, 2 surfaces	$0.00
D6613	Retainer onlay -- Cast predominantly base metal, 3 or more surfaces	$0.00
D6614	Retainer onlay - Cast noble metal, 2 surfaces	$0.00
D6615	Retainer onlay -- Cast noble metal, 3 or more surfaces	$0.00
D6624	Retainer inlay -- Titanium	$0.00
D6634	Retainer onlay -- Titanium	$0.00
D6710	Retainer crown- Indirect resin based composite	$0.00
D6720	Retainer crown- Resin with high noble metal	$0.00
D6721	Retainer crown -- Resin with predominantly base metal	$0.00
D6722	Retainer Crown - Resin with noble metal	$0.00
D6740	Retainer crown -- Porcelain/ceramic	$0.00
D6750	Retainer crown -- Porcelain fused to high noble metal	$0.00
D6751	Retainer crown -- Porcelain fused to predominantly base metal	$0.00
D6752	Retainer crown - Porcelain fused to noble metal	$0.00
D6780	Retainer crown -- 3/4 cast high noble metal	$0.00
D6781	Retainer crown -- 3/4 cast predominantly base metal	$0.00
D6782	Retainer crown -- 3/4 cast noble metal	$0.00
D6783	Retainer crown - 3/4 porcelain/ceramic	$0.00
D6790	Retainer crown -- Full cast high noble metal	$0.00
D6791	Retainer crown -- Full cast predominantly base metal	$0.00
D6792	Retainer crown -- Full cast noble metal	$0.00
D6794	Retainer crown - Titanium	$0.00
D6930	Re-cement or re-bond fixed partial denture	$0.00
D6950	Precision attachment	$0.00

Oral Surgery (Including Routine Postoperative Treatment): Surgical removal of impacted teeth is not covered for ages below 15 unless pathology (disease) is present.

Extractions: Limited to no more than one per lifetime per tooth.

- (ADA 7111, 7140, 7210, 7220, 7230, 7240, 7241)

Occlusal Orthotic Device: Limited to one per 24-month period, but only if used for TMJ treatment.

- (ADA 7880)

D7111	Extraction of coronal remnants - Deciduous tooth	$0.00
D7140	Extraction, erupted tooth or exposed root - Elevation and/or forceps removal	$0.00
D7210	Extraction, erupted tooth - Removal of bone and/or section of tooth	$0.00
D7220	Removal of impacted tooth - Soft tissue	$0.00
D7230	Removal of impacted tooth - Partially bony	$0.00
D7240	Removal of impacted tooth - Completely bony	$0.00
D7241	Removal of impacted tooth - Completely bony, unusual complications (narrative required)	$0.00
D7250	Removal of residual tooth roots - Cutting procedure	$0.00
D7251	Coronectomy - Intentional partial tooth removal	$0.00
D7260	Oroantral fistula closure	$0.00
D7261	Primary closure of a sinus perforation	$0.00
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	$0.00
D7280	Exposure of an unerupted tooth (excluding wisdom teeth)	$0.00
D7283	Placement of device to facilitate eruption of impacted tooth	$0.00
D7285	Incisional biopsy of oral tissue - Hard (bone, tooth)	$0.00
D7286	Incisional biopsy of oral tissue - Soft (all others)	$0.00
D7287	Exfoliative cytological sample collection	$0.00
D7288	Brush biopsy - Transepithelial sample collection	$0.00
D7310	Alveoloplasty in conjunction with extractions - 4 or more teeth or tooth spaces per quadrant	$0.00
D7311	Alveoloplasty in conjunction with extractions - 1 to 3 teeth or tooth spaces per quadrant	$0.00
D7320	Alveoloplasty not in conjunction with extractions - 4 or more teeth or tooth spaces per quadrant	$0.00
D7321	Alveoloplasty not in conjunction with extractions - 1 to 3 teeth or tooth spaces per quadrant	$0.00
D7450	Removal of benign odontogenic cyst or tumor - Up to 1.25 cm	$0.00
D7451	Removal of benign odontogenic cyst or tumor - Greater than 1.25 cm	$0.00
D7471	Removal of lateral exostosis - Maxilla or mandible	$0.00
D7472	Removal of torus palatinus	$0.00
D7473	Removal of torus mandibularis	$0.00

D7485	Reduction of osseous tuberosity	$0.00
D7510	Incision and drainage of abscess - Intraoral soft tissue	$0.00
D7511	Incision and drainage of abscess - Intraoral soft tissue complicated	$0.00
D7520	Incision and drainage of abscess - Extraoral soft tissue	$0.00
D7521	Incision and drainage of abscess - Extraoral soft tissue complicated (includes multiple fascial spaces)	$0.00
D7880	Occlusal orthotic device, by report (limit 1 per 24 months; only with TMJ treatment)	$0.00
D7881	Occlusal orthotic device adjustment	$0.00
D7910	Suture of recent small wounds up to 5cm	$0.00
D7960	Frenulectomy (also known as frenectomy or frenotomy) - Separate procedure	$0.00
D7961	Buccal/labial frenectomy (frenulectomy)	$0.00
D7962	Lingual frenectomy (frenulectomy)	$0.00
D7963	Frenuloplasty	$0.00
Orthodontics (tooth movement) - Orthodontic treatment (Maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient.) Orthodontic Treatment (Braces) is limited to up to a maximum benefit of 24 months of treatment up to the age of 19. *Invisalign is not a covered benefit.		
D8050	Interceptive orthodontic treatment of the primary dentition - Banding	$0.00
D8060	Interceptive orthodontic treatment of the transitional dentition - Banding	$0.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - Banding	$0.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - Banding	$0.00
D8090	Comprehensive orthodontic treatment of the adult dentition - Banding	$0.00
D8210	Removable appliance therapy	$0.00
D8220	Fixed appliance therapy	$0.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	$0.00
D8670	Periodic orthodontic treatment visit Children - Up to 19th birthday: 24-month treatment fee; Charge per month for 24 months. Adults: 24-month treatment fee; Charge per month for 24 months.	$0.00
D8680	Orthodontic retention - Removal of appliances, construction and placement of retainer(s)	$0.00
D8681	Removable orthodontic retainer adjustment	$0.00
D8693	Re-cement or re-bond fixed retainer	$0.00
D8698	Re-cement or re-bond fixed retainer – maxillary	$0.00
D8699	Re-cement or re-bond fixed retainer – mandibular	$0.00
D8694	Repair of fixed retainers, includes reattachment	$0.00
D8701	Repair of fixed retainer, includes reattachment – maxillary	$0.00

D8702	Repair of fixed retainer, includes reattachment – mandibular	$0.00
D8999	Unspecified orthodontic procedure - By report (orthodontic treatment plan and records)	$0.00

Deep Sedation/General Anesthesia: Each 15-minute increment is covered only when performed by an oral surgeon and medically necessary for a covered procedure listed under this contract, limited to one hour per appointment.
(ADA 9223)

Intravenous Moderate (Conscious) Sedation/Analgesia: Each 15-minute increment (9243) is covered only when performed by an oral surgeon or periodontist when medically necessary for a covered procedure, limited to one hour per appointment.
(ADA 9243)

Occlusal Guard (By Report): Limited to one per 24-month period (not for athletic protective equipment).
(ADA 9940, 9944, 9946)

Bleaching: Limited to one per lifetime.
(ADA 9975)

D9110	Palliative (emergency) treatment of dental pain - Minor procedure	$0.00
D9120	Fixed partial denture sectioning	$0.00
D9211	Regional block anesthesia	$0.00
D9212	Trigeminal division block anesthesia	$0.00
D9215	Local anesthesia	$0.00
D9223	Deep sedation/general anesthesia - Each 15-minute increment	$0.00
D9243	Intravenous moderate (conscious) sedation/analgesia - Each 15-minute increment	$0.00
D9310	Consultation (diagnostic service by dentist/physician other than requesting one)	$0.00
D9430	Office visit for observation -- No other services performed	$0.00
D9440	Office visit - After regularly scheduled hours	$0.00
D9450	Case presentation -- Detailed and extensive treatment planning	$0.00
D9610	Therapeutic parenteral drug, single administration	$0.00
D9612	Therapeutic parenteral drugs, 2 or more administrations, different medications	$0.00
D9630	Drugs or medicaments dispensed in the office for home use	$0.00
D9910	Application of desensitizing medicament	$0.00
D9940	Occlusal guard - By report (limit 1 per 24 months)	$0.00
D9944	Occlusal guard - hard appliance, full arch	$0.00
D9946	Occlusal guard - hard appliance, partial arch	$0.00
D9942	Repair and/or reline of occlusal guard	$0.00
D9943	Occlusal guard adjustment	$0.00
D9951	Occlusal adjustment - Limited	$0.00

D9952	Occlusal adjustment - Complete	$0.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	$0.00