

Access ePPO C2

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| Implants (in lieu of a 3-unit bridge) | See Fee Schedule |
| Fixed bridges | See Fee Schedule |
| ORTHODONTICS | N/A |
| ORTHODONTICS AGE LIMIT | N/A |
| ORTHODONTICS LIFETIME MAXIMUM | N/A |
| CALENDAR YEAR DEDUCTIBLE (waived for Preventive) | |
| Individual | \$25 |
| Family | \$75 |
| CALENDAR YEAR MAXIMUM | \$2,000 |
| OUT OF POCKET MAXIMUM | N/A |
| MAXIMUM ROLLOVER | \$1,500 |
| DEPENDENT AGE LIMIT | Up to Age 26 |
| OUT OF NETWORK ALLOWANCE* | None |
| WAITING PERIODS | None |

Limitations and Exclusions

1. BENEFITS ARE PROVIDED ONLY FOR NECESSARY AND APPROPRIATE SERVICES

We will not provide benefits for a dental service that is not covered under the terms of the Subscriber Certificate. We will not provide benefits for a covered dental service that is not necessary and appropriate to diagnose or to treat your dental condition. We will not cover experimental care procedures that have not been sanctioned by the American Dental Association and for which no procedure codes have been established.

A. To be necessary and appropriate, a service must be consistent with the prevention of oral disease or with the diagnosis and treatment on (1) those teeth that are decayed or *fractured* or (2) those teeth where supporting periodontium is weakened by disease in accordance with standards of good dental practice not solely for your convenience or the convenience of your dentist.

B. Who determines what is necessary and appropriate under the terms of the Subscriber Certificate: That decision is made based on a review of dental records describing your condition and treatment. We may decide a service is not necessary and appropriate under the terms of the Subscriber Certificate even if your dentist has furnished, prescribed, ordered, recommended or approved the service.

2. WE DO NOT PROVIDE BENEFITS FOR:

- Experimental care procedures that have not been sanctioned by the American Dental Association, or for which no procedure codes have been established.
- A service or procedure that is not described as a benefit in this Subscriber Certificate.
- Services that are rendered due to the requirements of a third party, such as an employer or school.
- Travel time and related expenses.
- An illness or injury that we determine arose out of and in the course of your employment.
- A service for which you are not required to pay, or for which you would not be required to pay if you did not have coverage under this Subscriber Certificate.
- An illness, injury or dental condition for which benefits in one form or another are covered, in whole or in part, through a government program. A government program includes a local, state or national law or regulation that provides or pays for dental services. It does not include Medicaid or Medicare.
- A method of treatment more costly than is customarily provided. Benefits will be based on the least costly method of treatment.
- A separate fee for services rendered by interns, residents, fellows or dentists who are salaried employees of a hospital or other facility.
- Appointments with your dentist that you fail to keep.
- Dietary advice and instructions in dental hygiene including proper methods of tooth brushing, the use of dental floss, plaque control programs and caries susceptibility tests.
- A service rendered by someone other than a licensed dentist or a hygienist who is employed by a licensed dentist.
- Prescription drugs.
- A service to treat disorders of the joints of the jaw (temporomandibular joints).
- A service, supply or procedure to increase the height of teeth (increase vertical dimension) or restore occlusion.
- Restorations for reasons other than decay or fracture, such as erosion, abrasion, or attrition.
- Services that are meant primarily to change or to improve your appearance.
- Occlusal guards for the treatment of disorders of the joints of the jaw or for bruxism (grinding).
- Repair or relines of an occlusal guard.
- Implants, other than covered endosteal implants.
- Transplants.
- Replacement of dentures, bridges, space maintainers or periodontic appliances due to theft or loss.
- Services, supplies or appliances to stabilize teeth when required due to periodontal disease such as periodontal splinting.
- Lab exams.
- Photographs.
- Laminate veneers.
- Duplicate dentures and bridges.
- Temporary, complete dentures and temporary fixed bridges or crowns.
- Stainless steel crowns on permanent teeth.
- Cast restorations, copings and attachments for installing over dentures.
- Services related to congenital anomalies. However, this exclusion does not apply to orthodontic services that may be covered by your group's orthodontic rider.
- Tooth desensitization.
- Occlusal adjustment.

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| ADA CODE | PROCEDURE DESCRIPTION | MEMBER FEE** |
|--------------------|---|--------------|
| D0100-D0999 | DIAGNOSTIC | |
| | CLINICAL ORAL EXAMINATIONS | |
| D0120 | Periodic oral evaluation – established patient (once every 6 months) | \$0.00 |
| D0140 | Limited oral evaluation – problem focused (not to exceed 3 in 6 months) | \$0.00 |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver (once every 6 months for child age 3 or under) | \$0.00 |
| D0150 | Comprehensive oral evaluation – new or established patient for first encounter with the dentist/dental office (once per 60 months) | \$0.00 |
| D0160 | Detailed and extensive oral evaluation – problem focused, by report (once per 60 months) | \$0.00 |
| D0170 | Re-evaluation – limited problem focused (established patient; not a postop visit; not to exceed 3 in 6 months) | \$0.00 |
| D0180 | Comprehensive periodontal evaluation – new or established patient (once per 60 months) | \$0.00 |
| | RADIOGRAPHS | |
| D0210 | Intraoral – complete series including bitewings (once in 60 months) | \$0.00 |
| D0220 | Intraoral periapical – first film | \$0.00 |
| D0230 | Intraoral periapical – each additional film | \$0.00 |
| D0240 | Intraoral occlusal film (2 per 6 months) | \$0.00 |
| D0250 | Extraoral – first film (2 per 6 months) | \$0.00 |
| D0260 | Extraoral – each additional film (2 per 6 months) | \$0.00 |
| D0270 | Bitewing – single film (one series without duplication per 6 months) | \$0.00 |
| D0272 | Bitewings – two films (one series without duplication per 6 months) | \$0.00 |
| D0273 | Bitewings – three films (one series without duplication per 6 months) | \$0.00 |
| D0274 | Bitewings – four films (one series without duplication per 6 months) | \$0.00 |
| D0277 | Vertical bitewings – 7 to 8 films (one series without duplication per 6 months) | \$0.00 |
| D0290 | Posterior/anterior or lateral skull and facial bone survey film (when dentally necessary) | \$0.00 |
| D0330 | Panoramic film (once in 60 months) | \$0.00 |
| | TESTS AND EXAMINATIONS | |
| D0460 | Pulp vitality tests (per visit, not per tooth, for emergencies) | \$0.00 |
| | UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT | |
| D0999 | Chlorhexidine mouth rinse or fluoride toothpaste (twice per year for 2 years; covered only following scaling and root planing (a deep cleaning) and must be dispensed in the dentist's office.) | \$0.00 |
| D1000-D1999 | PREVENTIVE | |
| | DENTAL PROPHYLAXIS (ROUTINE CLEANING) | |
| D1110 | Prophylaxis – adult, age 14 and over (2 cleanings every 12 months) | \$0.00 |
| D1120 | Prophylaxis – child, under age 14 (2 cleanings every 12 months) | \$0.00 |
| | TOPICAL FLUORIDE TREATMENT (once per 6 months) | |
| D1203 | Topical application of fluoride (excluding prophylaxis), child up to 14th birthday | \$0.00 |
| D1204 | Topical application of fluoride (excluding prophylaxis), adult up to 19th birthday | \$0.00 |
| D1206 | Topical application of fluoride varnish up to 19th birthday | \$0.00 |
| | OTHER PREVENTIVE SERVICES | |
| D1351 | Sealant on unrestored permanent molars – per tooth (once per 4 years through age 15, or up to age 19 when decay in molar) | \$17.00 |
| | SPACE MAINTENANCE (passive appliances) | |
| D1510 | Space maintainer – fixed unilateral (once per quadrant per lifetime for children under age 14 for replacement of primary or permanent posterior teeth) | \$95.00 |
| D1515 | Space maintainer – fixed bilateral (once per arch per lifetime for children under age 14 for replacement of primary or permanent posterior teeth) | \$105.00 |
| D1520 | Space maintainer – removable unilateral (once per quadrant per lifetime for children under age 14 for replacement of primary or permanent posterior teeth) | \$95.00 |
| D1525 | Space maintainer – removable bilateral (once per arch per lifetime for children under age 14 for replacement of primary or permanent posterior teeth) | \$115.00 |
| D1550 | Recementation of space maintainer (once per arch or quadrant for children under age 14) | \$30.00 |
| D1555 | Removal of fixed space maintainer (once per arch or quadrant for children under age 14) | \$30.00 |

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|--------------------|---|--------------|
| D2000-D2999 | RESTORATIVE | |
| | AMALGAM RESTORATIONS (includes polishing; one filling per tooth per surface within 24 months) | |
| D2140 | Amalgam, one surface – primary or permanent | \$20.00 |
| D2150 | Amalgam, two surfaces – primary or permanent | \$30.00 |
| D2160 | Amalgam, three surfaces – primary or permanent | \$40.00 |
| D2161 | Amalgam, four or more surfaces – primary or permanent | \$55.00 |
| | RESIN-BASED COMPOSITE RESTORATIONS (includes acid-etch, light cure & resin bonding; one filling per tooth per surface once within 24 month period) | |
| D2330 | Resin-based composite – one surface, anterior | \$32.00 |
| D2331 | Resin-based composite – two surfaces, anterior | \$42.00 |
| D2332 | Resin-based composite – three surfaces, anterior | \$52.00 |
| D2335 | Resin-based composite – four or more surfaces or involving incisal angle, anterior | \$100.00 |
| D2390 | Resin-based composite crown – anterior | \$70.00 |
| D2391 | Resin-based composite, one surface, posterior | \$45.00 |
| D2392 | Resin-based composite, two surfaces, posterior | \$55.00 |
| D2393 | Resin-based composite, three surfaces, posterior | \$65.00 |
| D2394 | Resin-based composite, four or more surfaces, posterior | \$115.00 |
| | INLAY/ONLAY RESTORATIONS (cast/laboratory restorations once every 60 months) | |
| D2510 | Inlay – metallic – one surface | \$261.00 |
| D2520 | Inlay – metallic – two surfaces | \$336.00 |
| D2530 | Inlay – metallic – three or more surfaces | \$375.00 |
| D2542 | Onlay – metallic – two surfaces (must be 12 or older) | \$355.00 |
| D2543 | Onlay – metallic – three surfaces (must be 12 or older) | \$375.00 |
| D2544 | Onlay – metallic – four or more surfaces (must be 12 or older) | \$391.00 |
| D2610 | Inlay – porcelain/ceramic – one surface | \$317.00 |
| D2620 | Inlay – porcelain/ceramic – two surfaces | \$331.00 |
| D2630 | Inlay – porcelain/ceramic – three or more surfaces | \$374.00 |
| D2642 | Onlay – porcelain/ceramic – two surfaces (must be 12 or older) | \$375.00 |
| D2643 | Onlay – porcelain/ceramic – three surfaces (must be 12 or older) | \$391.00 |
| D2644 | Onlay – porcelain/ceramic four or more surfaces (must be 12 or older) | \$393.00 |
| D2650 | Inlay – composite/resin – one surface (laboratory processed) | \$317.00 |
| D2651 | Inlay – composite/resin – two surfaces (laboratory processed) | \$331.00 |
| D2652 | Inlay – composite/resin – three or more surfaces (laboratory processed) | \$374.00 |
| D2662 | Onlay – composite/resin – two surfaces (laboratory processed; must be 12 or older) | \$375.00 |
| D2663 | Onlay – composite/resin – three surfaces (laboratory processed; must be 12 or older) | \$391.00 |
| D2664 | Onlay – composite/resin – four or more surfaces (laboratory processed; must be 12 or older) | \$393.00 |
| | CROWNS – SINGLE RESTORATIONS (once every 60 months except children under age 12) | |
| D2710 | Crown – resin (indirect) | \$433.00 |
| D2712 | Crown – 3/4 resin based composite (indirect) does not include facial veneers | \$433.00 |
| D2720 | Crown – resin with high noble metal | \$465.00 |
| D2721 | Crown – resin with predominantly base metal | \$450.00 |
| D2722 | Crown – resin with noble metal | \$450.00 |
| D2740 | Crown – porcelain/ceramic substrate | \$545.00 |
| D2750 | Crown – porcelain fused to high noble metal | \$570.00 |
| D2751 | Crown – porcelain fused to predominantly base metal | \$520.00 |
| D2752 | Crown – porcelain fused to noble metal | \$520.00 |
| D2780 | Crown – 3/4 cast high noble metal | \$393.00 |
| D2781 | Crown – 3/4 cast predominately base metal | \$368.00 |
| D2782 | Crown – 3/4 cast noble metal | \$391.00 |
| D2783 | Crown – 3/4 porcelain/ceramic | \$400.00 |
| D2790 | Crown – full cast high noble metal | \$507.00 |
| D2791 | Crown – full cast predominantly base metal | \$455.00 |
| D2792 | Crown – full cast noble metal | \$473.00 |
| D2794 | Crown – titanium | \$530.00 |
| | OTHER RESTORATIVE SERVICES | |
| D2910 | Recement inlay (after 6 months of initial placement) | \$34.00 |
| D2915 | Recement cast or prefabricated post and core (once in lifetime) | \$34.00 |
| D2920 | Recement crown (once every 12 months per tooth after 6 months of initial placement) | \$27.00 |
| D2930 | Prefabricated stainless steel crown – primary tooth (once every 24 months) | \$90.00 |

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|--|---|--------------|
| D2000-D2999 RESTORATIVE – Continued | | |
| D2931 | Prefabricated stainless steel crown – permanent tooth (once every 24 months) | \$90.00 |
| D2932 | Prefabricated resin crown (once every 24 months on anterior primary tooth) | \$66.00 |
| D2933 | Prefabricated stainless steel crown with resin window. Open face stainless steel crown with aesthetic resin facing or veneer. (once every 24 months on anterior primary tooth) | \$84.00 |
| D2934 | Prefabricated esthetic coated stainless steel crown – primary tooth (once every 24 months on anterior primary tooth) | \$84.00 |
| D2940 | Sedative filling – once per tooth; excluded when definitive restoration is performed on tooth | \$30.00 |
| D2950 | Core build-up, including any pins (once per tooth per 60 months) | \$100.00 |
| D2951 | Pin retention – per tooth, in addition to restoration (once per permanent tooth during same appointment for restoration) | \$28.00 |
| D2952 | Post and core in addition to crown, indirectly fabricated (once per tooth, per 60 months) | \$141.00 |
| D2953 | Each additional indirectly fabricated post, same tooth, indirectly fabricated | \$77.00 |
| D2954 | Prefabricated post and core in addition to crown (once per tooth per 60 months) | \$105.00 |
| D2961 | Labial veneer (resin laminate) – laboratory (not covered if considered cosmetic; once per 60 months) | \$285.00 |
| D2962 | Labial veneer (porcelain laminate) – laboratory (not covered if considered cosmetic; once per 60 months) | \$436.00 |
| D2970 | Temporary crown – fractured tooth, by report (may be covered when treatment is definitive and no other restoration is planned) | \$104.00 |
| D2971 | Additional procedures to construct new crown under existing partial denture framework (once per tooth per 60 months) | \$54.00 |
| D2980 | Crown repair, by report (once per tooth per 12 months) after 6 months of initial placement | \$85.00 |
| D3000-D3999 ENDODONTICS | | |
| PULP CAPPING (excluding final restoration or sedative filling for same tooth) | | |
| D3110 | Pulp cap direct | \$13.00 |
| D3120 | Pulp cap indirect | \$13.00 |
| PULPOTOMY | | |
| D3220 | Therapeutic pulpotomy (only on primary teeth, excluding final restoration; once per tooth per lifetime) | \$100.00 |
| D3221 | Gross pulpal debridement primary and permanent teeth (once per tooth per lifetime) | \$100.00 |
| ENDODONTIC THERAPY | | |
| D3222 | Therapeutic pulpotomy (once per permanent tooth per lifetime for patients under 19 years) | \$100.00 |
| D3230 | Pulpal therapy (resorbable filling) anterior primary tooth (excluding final restoration and on primary molar without a permanent successor) | \$90.00 |
| D3240 | Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration and on primary molar without a permanent successor) | \$102.00 |
| ENDODONTIC THERAPY (includes treatment plan, clinical procedures, and follow-up care) | | |
| D3310 | Anterior (excluding final restoration) retreatment not before 24 months | \$550.00 |
| D3320 | Bicuspid (excluding final restoration) retreatment not before 24 months | \$640.00 |
| D3330 | Molar (excluding final restoration) retreatment not before 24 months | \$780.00 |
| D3331 | Treatment of root canal obstruction; non-surgical access | \$127.00 |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | \$234.00 |
| D3333 | Internal root repair of perforation defects | \$119.00 |
| ENDODONTIC RETREATMENT (includes complete root canal therapy) | | |
| D3346 | Retreatment of previous root canal therapy, anterior, by report (once per tooth after 24 months) | \$569.00 |
| D3347 | Retreatment of previous root canal therapy, bicuspid, by report (once per tooth after 24 months) | \$658.00 |
| D3348 | Retreatment of previous root canal therapy, molar, by report (once per tooth after 24 months) | \$776.00 |
| D3351 | Apexification/recalcification – initial visit. (apical closure/calific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4–6 months of healing or narrowing of canal | \$170.00 |
| D3352 | Apexification/recalcification – interim medication replacement (apical closure/calific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4–6 months of healing or narrowing of canal | \$83.00 |
| D3353 | Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calific repair of perforations, root resorption, etc.) | \$179.00 |
| D3410 | Apicoectomy/periradicular surgery – anterior (once per tooth) | \$414.00 |

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|--------------------|---|--------------|
| D3000-D3999 | ENDODONTICS – Continued | |
| D3421 | Apicoectomy/periradicular surgery – bicuspid (first root; once per tooth) | \$446.00 |
| D3425 | Apicoectomy/periradicular surgery – molar (first root; once per tooth) | \$543.00 |
| D3426 | Apicoectomy/periradicular surgery – (each additional root; must be submitted with D3421 or D3425 on same date of service) | \$145.00 |
| D3430 | Retrograde filling (one per root up to maximum of 2 retrogrades on a molar) | \$138.00 |
| D3450 | Root amputation – per root (once per posterior tooth) | \$258.00 |
| D3920 | Hemisection (including any root removal), not including root canal therapy (once per posterior tooth) | \$194.00 |
| D4000-D4999 | PERIODONTICS (Limited to 2 Quadrants per Date of Service) | |
| | SURGICAL SERVICES (includes usual post-operative care) | |
| D4210 | Gingivectomy or gingivoplasty – 4 or more contiguous teeth or tooth bounded spaces per quadrant for 5 mm or greater pocketing (once per quadrant per 36 months) | \$198.00 |
| D4211 | Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant for 5 mm or greater pocketing (once per tooth per 36 months) | \$100.00 |
| D4240 | Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant for 5mm or greater pocketing (once per quadrant per 36 months) | \$368.00 |
| D4241 | Gingival flap procedure, including root planing one to three contiguous teeth or tooth bounded spaces with 5mm or greater pocketing per quadrant (once per tooth per 36 months) | \$221.00 |
| D4249 | Clinical crown lengthening – hard tissue (covered when bone removed, once per tooth per 60 months) | \$379.00 |
| D4260 | Osseous surgery (including flap entry and closure) – four or more contiguous teeth or tooth bounded spaces with 5mm or greater pocketing, once per quadrant per 36 months | \$600.00 |
| D4261 | Osseous surgery (including flap and closure) – one to three contiguous teeth or tooth bounded spaces with 5mm or greater pocketing, once per quadrant per 36 months | \$360.00 |
| D4263 | Bone replacement graft – first site in quadrant (once per site per 36 months) | \$230.00 |
| D4264 | Bone replacement graft – each additional site in quadrant, not to exceed 2 sites in a quadrant (once per site per 36 months) | \$134.00 |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration (once per site per 36 months) | \$194.00 |
| D4266 | Guided tissue regeneration – resorbable barrier, per site (not to exceed 2 sites in a quadrant per 36 months) | \$341.00 |
| D4267 | Guided tissue regeneration – non-resorbable barrier, per site, (includes membrane removal; not to exceed 2 sites in a quadrant per 36 months) | \$358.00 |
| D4270 | Pedicle soft tissue graft procedure (once per tooth per 36 months, not to exceed 2 teeth per 36 months) | \$401.00 |
| D4271 | Free soft tissue graft procedure (including donor site surgery; once per tooth per 36 months, not to exceed 2 teeth per 36 months) | \$401.00 |
| D4273 | Subepithelial connective tissue graft procedures (including donor site surgery; once per tooth per 36 months, not to exceed 2 teeth per 36 months) | \$626.00 |
| D4274 | Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area; once per site per 36 months) | \$194.00 |
| D4275 | Soft tissue allograft, per site (once per tooth per 36 months, not to exceed 2 teeth per 36 months) | \$405.00 |
| D4276 | Combined connective tissue and double pedicle graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months) | \$544.00 |
| | NON-SURGICAL SERVICES (includes usual post-operative costs) | |
| D4341 | Periodontal scaling and root planing – four or more teeth per quadrant with 4 mm pocketing (once per quadrant per 24 months) | \$97.00 |
| D4342 | Periodontal scaling and root planing – (once per quad per 24 months; one to three teeth per quadrant) | \$52.00 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis (once) | \$60.00 |
| D4381 | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue (Once per tooth per 24 months 4 weeks after scaling and root planing) | \$42.00 |

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| D4000-D4999 | PERIODONTICS (Limited to 2 Quadrants per Date of Service) – Continued | |
| | OTHER PERIODONTAL SERVICES | |
| D4910 | Periodontal maintenance procedures (following active therapy) (once per 3 months following active periodontal therapy) | \$75.00 |
| D4920 | Unscheduled dressing change (by someone other than treating dentist) | \$49.00 |
| D5000-D5999 | PROSTHODONTICS (removable) | |
| | COMPLETE DENTURES (includes routine post-delivery care) | |
| D5110 | Complete denture – maxillary (once per 60 months) | \$560.00 |
| D5120 | Complete denture – mandibular (once per 60 months) | \$560.00 |
| D5130 | Immediate denture – maxillary (once per lifetime) | \$565.00 |
| D5140 | Immediate denture – mandibular (once per lifetime) | \$565.00 |
| | PARTIAL DENTURES (includes routine post-delivery care; once per arch per 60 months after 6 months from initial placement) | |
| D5211 | Maxillary partial denture – resin base (including any conventional clasps, rests, and teeth) | \$375.00 |
| D5212 | Mandibular partial denture – resin base (including any conventional clasps, rests, and teeth) | \$375.00 |
| D5213 | Maxillary partial denture – case metal framework with resin saddles (including any conventional clasps, rests, and teeth) | \$625.00 |
| D5214 | Mandibular partial denture – cast metal framework and resin saddles (including any conventional clasps, rests, and teeth) | \$625.00 |
| D5225 | Maxillary partial denture – flexible base (including any clasps, rests and teeth) | \$625.00 |
| D5226 | Mandibular partial denture – flexible base (including clasps, rests and teeth) | \$625.00 |
| D5281 | Removable unilateral partial denture – one piece cast metal (including clasps and arch) | \$318.00 |
| | ADJUSTMENTS TO DENTURES (2 adjustments per denture per 12 months after 6 months from initial placement) | |
| D5410 | Adjust complete denture – maxillary | \$20.00 |
| D5411 | Adjust complete denture – mandibular | \$20.00 |
| D5421 | Adjust partial denture – maxillary | \$20.00 |
| D5422 | Adjust partial denture – mandibular | \$20.00 |
| | REPAIRS TO COMPLETE DENTURES | |
| D5510 | Repair broken complete denture base (once per arch per 12 months) | \$59.00 |
| D5520 | Replace missing or broken teeth (once per tooth per 12 months) | \$65.00 |
| | REPAIRS TO PARTIAL DENTURES | |
| D5610 | Repair resin denture base (once per arch per 12 months) | \$59.00 |
| D5620 | Repair cast framework (once per arch per 12 months) | \$59.00 |
| D5630 | Repair or replace broken clasp (once per tooth per 12 months) | \$59.00 |
| D5640 | Repair broken teeth – per tooth (once per tooth per 12 months) | \$65.00 |
| D5650 | Add tooth to existing partial denture (once per tooth per 12 months) | \$65.00 |
| D5660 | Add clasp to existing partial denture (once per tooth per 12 months) | \$70.00 |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary; once in 60 months) | \$245.00 |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular; once in 60 months) | \$245.00 |
| | DENTURE REBASE PROCEDURES (once per arch per 36 months after 6 months from insertion) | |
| D5710 | Rebase complete maxillary denture | \$185.00 |
| D5711 | Rebase complete mandibular denture | \$185.00 |
| D5720 | Rebase maxillary partial denture | \$110.00 |
| D5721 | Rebase mandibular partial denture | \$110.00 |
| | DENTURE RELINE PROCEDURES (per arch per 36 months after 6 months from insertion) | |
| D5730 | Reline complete maxillary denture (chair side) | \$93.00 |
| D5731 | Reline complete mandibular denture (chair side) | \$93.00 |
| D5740 | Reline maxillary partial denture (chair side) | \$93.00 |
| D5741 | Reline mandibular partial denture (chair side) | \$93.00 |
| D5750 | Reline complete maxillary denture (laboratory) | \$134.00 |
| D5751 | Reline complete mandibular denture (laboratory) | \$134.00 |
| D5760 | Reline maxillary partial denture (laboratory) | \$134.00 |
| D5761 | Reline mandibular partial denture (laboratory) | \$134.00 |

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| ADA CODE | PROCEDURE DESCRIPTION | MEMBER FEE* |
|---|--|-------------|
| D5000-D5999 PROSTHODONTICS (removable) – Continued | | |
| INTERIM PROSTHESIS | | |
| D5820 | Interim partial denture – maxillary (for replacement of anterior teeth during healing; once in 60 months) | \$228.00 |
| D5821 | Interim partial denture – mandibular (for replacement of anterior teeth during healing; once in 60 months) | \$228.00 |
| D5850 | Tissue conditioning (maxillary; up to twice per denture unit per 36 months) | \$41.00 |
| D5851 | Tissue conditioning (mandibular; up to twice per denture unit per 36 months) | \$41.00 |
| D5860 | Overdenture – complete, by report (once per arch per 60 months) | \$600.00 |
| D5861 | Overdenture – partial, by report (once per arch per 60 months) | \$565.00 |
| D6000-D6199 IMPLANT SERVICES | | |
| D6010 | Surgical placement of implant body: endosteal implant (in lieu of 3 unit bridge; for age 16 and older; once per tooth per 60 months) | \$1,360.00 |
| IMPLANT SUPPORTED PROSTHETICS (Once per tooth per 60 months) | | |
| D6056 | Prefabricated abutment (includes placement) | \$468.00 |
| D6057 | Custom abutment (includes placement) | \$560.00 |
| D6058 | Abutment supported porcelain/ceramic crown | \$705.00 |
| D6059 | Abutment supported porcelain fused to metal crown (high noble) | \$665.00 |
| D6060 | Abutment supported porcelain fused to metal crown (base metal) | \$600.00 |
| D6061 | Abutment supported porcelain fused to metal crown (noble metal) | \$640.00 |
| D6062 | Abutment supported cast metal crown (high noble) | \$632.00 |
| D6063 | Abutment supported cast metal crown (base metal) | \$600.00 |
| D6064 | Abutment supported cast metal crown (noble metal) | \$620.00 |
| D6065 | Implant supported porcelain/ceramic crown | \$705.00 |
| D6066 | Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) | \$665.00 |
| D6067 | Implant supported metal crown (titanium, titanium alloy, high noble metal) | \$665.00 |
| D6094 | Abutment supported crown (titanium) | \$640.00 |
| REPAIRS, RECEMENT, OR REMOVAL | | |
| D6090 | Repair implant supported prosthesis, by report (once in 12 months per tooth) | \$76.00 |
| D6092 | Recement implant/abutment supported crown (once per tooth after 6 months from initial placement) | \$24.00 |
| D6093 | Recement implant/abutment supported fixed partial denture (once in 12 months after 6 months from initial placement) | \$35.00 |
| D6095 | Repair implant abutment, by report (once per year after 24 months of initial placement) | \$140.00 |
| D6100 | Implant removal, by report (once per tooth) | \$116.00 |
| D6200-D6999 PROSTHODONTICS, FIXED (Each retainer and each pontic constitutes a unit in a fixed partial denture. For age 16 and older. Once per tooth per 60 months, unless otherwise noted.) | | |
| FIXED PARTIAL DENTURE PONTICS | | |
| D6205 | Pontic – indirect resin based composite | \$520.00 |
| D6210 | Pontic – cast high noble | \$510.00 |
| D6211 | Pontic – cast predominantly base metal | \$463.00 |
| D6212 | Pontic – cast noble metal | \$473.00 |
| D6214 | Pontic – titanium | \$520.00 |
| D6240 | Pontic – porcelain fused to high noble metal | \$570.00 |
| D6241 | Pontic – porcelain fused to predominantly base metal | \$520.00 |
| D6242 | Pontic – porcelain fused to noble metal | \$520.00 |
| D6245 | Pontic – porcelain ceramic substrate | \$500.00 |
| D6250 | Pontic – resin with high noble metal | \$552.00 |
| D6251 | Pontic – resin with predominantly base metal | \$442.00 |
| D6252 | Pontic – resin with noble metal | \$508.00 |
| FIXED PARTIAL DENTURE RETAINERS – INLAYS/ONLAYS | | |
| D6545 | Retainer – cast metal for resin bonded fixed prosthesis | \$251.00 |
| D6602 | Inlay – cast high noble metal two surfaces | \$344.00 |
| D6603 | Inlay – cast high noble metal three or more surfaces | \$379.00 |
| D6604 | Inlay – cast predominantly base metal two surfaces | \$394.00 |

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|--------------------|---|--------------|
| D6200-D6999 | PROSTHODONTICS, FIXED (Each retainer and each pontic constitutes a unit in a fixed partial denture. For age 16 and older. Once per tooth per 60 months, unless otherwise noted.) – Continued | |
| D6605 | Inlay – cast predominantly base metal three or more surfaces | \$379.00 |
| D6606 | Inlay – cast noble metal two surfaces | \$394.00 |
| D6607 | Inlay – cast noble metal three or more surfaces | \$379.00 |
| D6610 | Onlay – cast high noble metal two surfaces | \$415.00 |
| D6611 | Onlay – cast high noble metal three or more surfaces | \$401.00 |
| D6612 | Onlay – cast predominantly base metal two surfaces | \$415.00 |
| D6613 | Onlay – cast predominantly base metal three or more surfaces | \$401.00 |
| D6614 | Onlay – cast noble metal two surfaces | \$415.00 |
| D6615 | Onlay – cast noble metal three or more surfaces | \$401.00 |
| D6624 | Inlay – titanium | \$401.00 |
| D6634 | Onlay – titanium | \$401.00 |
| | FIXED PARTIAL DENTURE RETAINERS – CROWNS | |
| D6710 | Crown – indirect resin based composite | \$502.00 |
| D6720 | Crown – resin with high noble metal | \$446.00 |
| D6721 | Crown – resin with predominantly base metal | \$425.00 |
| D6722 | Crown – resin with noble metal | \$425.00 |
| D6740 | Crown – porcelain/ceramic | \$506.00 |
| D6750 | Crown – porcelain fused to high noble | \$520.00 |
| D6751 | Crown – porcelain fused to predominantly base metal | \$475.00 |
| D6752 | Crown – porcelain fused to noble metal | \$475.00 |
| D6780 | Crown – 3/4 cast high noble metal | \$410.00 |
| D6781 | Crown – 3/4 cast predominately based metal | \$375.00 |
| D6782 | Crown – 3/4 cast noble metal | \$404.00 |
| D6790 | Crown – full cast high noble metal | \$512.00 |
| D6791 | Crown – full cast predominantly base metal | \$446.00 |
| D6792 | Crown – full cast noble metal | \$473.00 |
| D6793 | Provisional retainer crown (If used at least 6 months during multistage care) | \$156.00 |
| D6794 | Crown – titanium | \$502.00 |
| | OTHER FIXED PARTIAL DENTURE SERVICES | |
| D6930 | Recement fixed bridge (once every 12 months after 6 months from initial placement) | \$50.00 |
| D6970 | Post and core in addition to fixed partial denture retainer, indirectly fabricated | \$138.00 |
| D6972 | Prefabricated post and core in addition to bridge retainer | \$116.00 |
| D6973 | Core build-up for retainer, including any pins (not covered in conjunction with D6970 and D6972) | \$116.00 |
| D6977 | Each additional prefabricated post – same tooth | \$64.00 |
| D6980 | Bridge repair, by report (once every 12 months) | \$100.00 |
| D6985 | Pediatric partial denture – fixed (once per arch per 60 months) | \$375.00 |
| D7000-D7999 | ORAL AND MAXILLOFACIAL SURGERY | |
| D7111 | Extraction coronal remnants – deciduous tooth (once per tooth) | \$40.00 |
| D7140 | Extraction – erupted tooth or exposed roots (elevation and/or forceps removal; once per tooth) | \$50.00 |
| D7210 | Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth (once per tooth) | \$104.00 |
| D7220 | Removal of impacted tooth – soft tissue (once per tooth) | \$130.00 |
| D7230 | Removal of impacted tooth – partially bony (once per tooth) | \$190.00 |
| D7240 | Removal of impacted tooth – completely bony (once per tooth) | \$225.00 |
| D7241 | Removal of impacted tooth – completely bony, with unusual surgical complications (once per tooth) | \$235.00 |
| D7250 | Surgical removal of residual tooth roots (once per tooth) | \$120.00 |
| D7260 | Oroantral fistula closure | \$689.00 |
| D7261 | Primary closure of a sinus perforation | \$200.00 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus (once per tooth) | \$414.00 |
| D7285 | Biopsy of oral tissue – hard (bone, tooth) | \$253.00 |
| D7286 | Biopsy of oral tissue – soft | \$259.00 |
| D7287 | Exfoliative cytological sample collection | \$50.00 |
| D7288 | Brush biopsy – transepithelial sample collection | \$40.00 |
| D7310 | Alveoloplasty in conjunction with extractions – per quadrant (once per quadrant per lifetime) | \$201.00 |

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|---|--|--------------|
| D7000-D7999 ORAL AND MAXILLOFACIAL SURGERY – Continued | | |
| D7311 | Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces per quadrant (once per quadrant) | \$132.00 |
| D7320 | Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces per quadrant (no extractions performed in a quadrant; once per quadrant) | \$276.00 |
| D7321 | Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces per quadrant (once per quadrant) | \$228.00 |
| D7340 | Vestibuloplasty – ridge extension (secondary epithelialization) | \$690.00 |
| D7350 | Vestibuloplasty – ridge extension (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | \$1,322.00 |
| D7960 | Frenulectomy (frenectomy or frenotomy) – separate procedure (once per site) | \$322.00 |
| D7963 | Frenoplasty (once per site) | \$322.00 |
| D7970 | Excision of hyperplastic tissue – per arch | \$322.00 |
| D7971 | Excision of pericoronal gingiva | \$106.00 |
| D7980 | Sialolithotomy | \$644.00 |
| D7981 | Excision of salivary gland, by report | \$2,300.00 |
| D7982 | Sialodochoplasty | \$1,380.00 |
| D7983 | Closure of salivary fistula | \$1,196.00 |
| D9000-D9999 ADJUNCTIVE GENERAL SERVICES | | |
| UNCLASSIFIED TREATMENT | | |
| D9110 | Palliative (emergency) treatment of dental pain – minor procedure (per visit basis, once on same date; limit 3 times per 12 months) | \$35.00 |
| D9120 | Fixed partial denture sectioning (once per tooth) | \$35.00 |
| ANESTHESIA | | |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | \$14.00 |
| D9220 | Deep sedation/general anesthesia – up to 30 minutes (covered when administered with covered surgery) | \$160.00 |
| D9221 | Deep sedation/general anesthesia – each additional 15 minutes (covered when administered with covered surgery) | \$65.00 |
| D9241 | Intravenous conscious sedation/analgesia – up to 30 minutes (covered when administered with covered surgery) | \$115.00 |
| D9242 | Intravenous conscious sedation/analgesia – each additional 15 minutes (covered when administered with covered surgery by licensed dentist in a dental office) | \$55.00 |
| D9248 | Non-Intravenous conscious sedation | \$89.00 |
| D9310 | Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician (not covered in conjunction with an examination/evaluation) | \$40.00 |
| D9940 | Occlusal guard, by report (includes adjustments or repairs 6 months after delivery; once in 60 months when delivered within 36 months following active periodontal treatment) | \$220.00 |
| D9942 | Repair or reline of an occlusal guard (Only when D9940 has been benefited and after 6 months of initial placement) | \$82.00 |

PLAN PROVISIONS

- Referral Forms are not required to see Participating Specialists.
- Recognized and accepted ADA-CDT procedure codes must be used when reporting treatment and assessing member fees. Use of alternative or new materials must correspond to a recognized ADA-CDT procedure code.
- Procedures "Not Covered" by the Plan may be charged at the Participating Dentist's usual and customary fee(s).
- Dental procedures performed solely for esthetic or cosmetic reasons are not covered services under the Plan, and the patient may be charged the Participating Dentist's usual and customary fee(s).
- It is recommended that Participating Dentist's contact the Plan, or submit a pre-treatment estimate, prior to providing treatment for services of \$600.00 or more.
- Patient will be liable for all hospital costs in the event dental treatment is provided in a hospital.
- Fluoride Toothpaste is only covered following periodontal surgery and must be dispensed in the dentist's office.
- Recement or repair onlay falls under procedure codes D2920 (Recement crown) or D2980 (Crown repair).
- No benefits are provided for dental services rendered by a non-plan participating dentist, except in the case of an out-of-area emergency or when the Plan has given the member a referral to a non-plan participating dentist. For these exceptions, the member is responsible for filing claims forms for reimbursement.
- Plan benefits may be verified by contacting the Dominion USA Member Services Department at 800-334-6277.

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Access ePPO Member Fee Schedule C2 - additional fees

| ADA CODE | PROCEDURE DESCRIPTION | MEMBER FEE(S) |
|---------------------|---|--------------------------|
| D3950 | Canal prep/fitting of preformed dowel or post | 0 |
| D7510 | Incision/drainage of abscess - intraoral soft..... | 175 |
| D9215 | Local anesthesia | 0 |
| D9980 | Sterilization surcharge..... | 0 |

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