# DeltaCare USA Family Plan

In an age of rising health care costs, DeltaCare USA offers an alternative way to provide for you and your family's dental care needs economically and conveniently.

With DeltaCare, you select one conveniently located network dentist to provide dental care for you and your family. You pay a small copayment or, for some services, no copayment. There are no deductibles or maximums and virtually no claim forms to worry about.

Delta Dental offers a dental HMO program, DeltaCare, to take care of the dental care needs for you and your family. The DeltaCare program focuses on preventing dental problems and assuring the delivery of quality dental care.

Delta Care has contracted with a network of dental offices. Please go to www.deltadental.com. Make sure you select ONLY the DeltaCare USA Network for your search. As an enrollee in the DeltaCare program, you select one office for your entire family's needs. DeltaCare's network of dental offices is composed of established dental practices.

#### Who Can Join

As a California resident, you are eligible to join the Small Business Benefit Plan Trust, Wolfpack Insurance Services DeltaCare program.

Your eligible dependents include your lawful spouse and unmarried children under 26 years old, including stepchildren and children placed with you for adoption or foster care. An unmarried child 26 years of age or older may continue to be eligible as a dependent if incapable of self-support because of physical handicap or mental retardation that commenced prior to age 26, provided that the person is legally residing with and dependent upon the eligible member, and DeltaCare received notice of the disability.

#### **No Claim Forms**

The dental location you choose provides all primary dental services. There are no claim forms to complete or percentage of usual charges for you to pay.

#### No Deductibles

With the DeltaCare program, there are no required deductibles so pay, so your benefits begin immediately.

#### No Dollar Limit of Dental Benefits

No annual maximum

#### No Pre-Existing Condition Restrictions

Pre-existing conditions are not excluded in the DeltaCare program. Exception: work in progress.

# **Prepaid Program Saves on Dental Costs**

Your out-of-pocket savings could be substantial. You know the exact cost prior to treatment, allowing you to predict future dental expenses.

When you enroll in this program, you are enrolling for a period of one year.

# **Emergency Services**

Out-of-area dental emergencies are covered up to a maximum of \$100.00.

#### **Quality Review of Dental Providers**

On-site audits of participating dental locations ensure that established standards of quality are maintained.

#### Specialty Services

The DeltaCare program offers services in dental specialty areas. These include periodontics (treatment of diseased gums and bone), endodontics (root canal therapy) and oral surgery procedures. If an enrollee is assigned to a dental school clinic for specialist services, those services may be provided by a dentist, a dental instructor a clinician or a dental student under the supervision of a dentist.

The DeltaCare program provides all reasonable and customary dental care (subject to the provisions, limitations and exclusions and governing administrative policies shown in the Combined Evidence of Coverage and Disclosure Form) if care is provided by your assigned DeltaCare network dentist.

When you enroll in DeltaCare, you select a DeltaCare Provider to take care of the dental needs for you and your family. After you have enrolled, you will receive a Combined Evidence of Coverage and Disclosure Form that fully describes the benefits of your dental program, and a DeltaCare membership card. This card will have the address and telephone number of your participating network dentist. To receive all necessary dental care covered by the program, simply call your selected dental office to make an appointment.

### We offer three methods for premium payment.

Rates shown are valid through December 31, 2024, and will renew 01-01-2025.

#### 1. Individual Enrollment with Monthly payment via automatic deduction.

Monthly Rates; One person: \$34.20, Two persons: \$60.70, Three persons or more: \$89.10.

A one time enrollment fee of \$5.00 is charged to with all new applications.

Enroll on line and make the initial premium payment via credit card or check. Starting with your second month, the dues will be deducted from the

#### 2. Individual Enrollment with Calendar Year Quarterly payment via check.

Quarterly Rate; One person: \$102.60, Two persons: \$182.10, Three persons or more: \$267.30.

Quarterly clients are also charged a \$3.00 administration fee with each invoice.

A one time enrollment fee of \$5.00 is charged to with all new applications.

Enroll on line and make the initial premium payment via credit card or check.

Once enrolled, you will be billed on a calendar year quarterly basis. Dues must be paid in full by the 15th of the month prior to the coverage month or

#### 3. Enroll as a member of a Voluntary List Bill.

We will send out a monthly invoice to an employer group with two or more voluntary enrollees. Premium payment must come on one check from the Monthly Rates; One person: \$34.20, Two persons: \$60.70, Three persons or more: \$89.10.

A one time enrollment fee of \$5.00 is charged to with all new applications.

Voluntary List Bill Groups are invoiced monthly and are charged a \$5.00 administration fee with each monthly invoice.

- 1. Submit the first payment with your enrollment form. Once enrolled, the employer group will be billed on a monthly basis.
  - To Print a List Bill Enrollment Form: Wolfpack DeltaCare Program go to www.DVIns.com/family.htm
- 2. Return the enrollment form and the first monthly payment along with the enrollment fee and administration fee to: Fax: 650-591-4022 of mail to: Wolfpack Insurance Services, Inc. PO Box 156 Belmont CA 94002

# Enroll at www.DVIns.com\family.htm

Remember to always contact your network dentist. Dental services which are not performed by this dentist or are The following pages show a listing of all dental procedures and what you would pay for services.

Diagnostic  Periodic oral evaluation, Limited oral evaluation, Comprehensive oral evaluation, Detailed and extensive oral evaluation, Re-evaluation - limited, Comprehensive periodontal evaluation  Intraoral radiographs - complete series (including bitewings limited to 1 series every 24 months), Intraoral periapical film, Intraoral occlusal film  Soc. 280  Extraoral - first film, each additional film  No Cos  Bitewing radiographs, single file, two films, four films - limited to 1 series every 6 months, vertical bitewings - 7 to 8 films  No Cos  Collection of microorganisms for culture and sensitivity, Caries susceptibility tests  No Cos  Pulp vitality tests  No Cos  472, 473, 474  Accession of tissue, gross examination (microscopic and including assessment of surgical margins for presence of disease), preparation and transmission of written report  Preventive  Prophylaxis child, 1 per 6 month period, additional cleaning will be charged a \$45.00 copayment  No Cos  Pophylaxis child, 1 per 6 month period, additional cleaning will be charged a \$35.00 copayment  No Cos  Topical application of fluoride including/excluding prophylaxis to age 19, one per 6 month period, additional application will be charged a \$35.00 copayment  Topical application of fluoride including/excluding prophylaxis to age 19, one per 6 month period, additional application will be charged a \$35.00 copayment  Topical application of fluoride including/excluding prophylaxis to age 19, one per 6 month period, additional application will be charged a \$35.00 copayment  Topical application or Removal of space maintainer  No Cos  Sealant, per tooth - limited to permanent molars through age 15  Recementation or Removal of space maintainer  No Cos  Restorative Dentistry,  when there is more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.  Resin-based composite - 1 to 4 anterior surfaces (four or more surfaces or involving incisal angle(anterior)		DeltaCare Program	
120, 140, 145, 150, 160, 170, 100 extensive oral evaluation, Limited oral evaluation, Comprehensive oral evaluation, Detailed and extensive oral evaluation, Re-evaluation - limited, Comprehensive periodontal evaluation   No Cos extensive oral evaluation, Re-evaluation - limited, Comprehensive periodontal evaluation   No Cos 120, 220, 240	CODE	Procedure	Enrollee Pays
145, 150, 160, 170, 180 extensive oral evaluation, Re-evaluation - limited, Comprehensive periodontal evaluation 210, 220. Intraoral radiographs - complete series (including bitewings limited to 1 series every 24 months), Intraoral periapical film, Intraoral occlusal film 250, 260 Intraoral - first film, each additional film 250, 260 Extraoral - first film, each additional film 270, 272, 273 274, 277 274, 277 375 376 377 377 377 378 379 379 379 379 370 370 370 370 370 371 371 371 371 372 372 372 372 373 374 375 375 377 377 377 377 377 377 377 377		Diagnostic	
Intraoral periapical film, Intraoral occlusal film   No Cos	145, 150,	·	No Cost
270, 272, 273 274, 277 274 275 276 277 274, 277 277 274, 277 278 280 280 280 280 280 280 280 280 280 28		Intraoral periapical film, Intraoral occlusal film	No Cost
bitewings - 7 to 8 films  330 Panoramic film  No Cos  415, 425 Collection of microorganisms for culture and sensitivity, Caries susceptibility tests  No Cos  460 Pulp vitality tests  No Cos  470 Diagnostic casts  Accession of tissue, gross examination (microscopic and including assessment of surgical margins for presence of disease), preparation and transmission of written report  999 Unspecified diagnostic procedure, by report  Preventive  1110 Prophylaxis adult, 1 per 6 month period, additional cleaning will be charged a \$45.00 copayment  No Cos  1203, 1206  Topical application of fluoride including/excluding prophylaxis to age 19, one per 6 month period, additional application will be charged a \$35.00 copayment  No Cos  1310, 1330 Oral hygiene instructions, Nutritional counseling for control of dental disease  No Cos  1310, 1352 Sealant, per tooth - limited to permanent molars through age 15  Space maintainers - removable and fixed, unilateral and bilateral  \$25.00  Restorative Dentistry,  when there is more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.  Amalgam - 1 to 4 anterior surfaces, primary or permanent  Resin-based composite - 1 to 4 anterior surfaces (four or more surfaces or involving incisal angle(anterior)  No Cos	250, 260	Extraoral - first film, each additional film	No Cost
415, 425   Collection of microorganisms for culture and sensitivity, Caries susceptibility tests   No Cos			No Cost
Pulp vitality tests	330	Panoramic film	No Cost
Diagnostic casts  Accession of tissue, gross examination (microscopic and including assessment of surgical margins for presence of disease), preparation and transmission of written report  Unspecified diagnostic procedure, by report  Preventive  Prophylaxis adult, 1 per 6 month period, additional cleaning will be charged a \$45.00 copayment  No Cos  Prophylaxis child, 1 per 6 month period, additional cleaning will be charged a \$35.00 copayment  No Cos  Topical application of fluoride including/excluding prophylaxis to age 19, one per 6 month period, additional application will be charged a \$35.00 copayment  Topical application will be charged a \$35.00 copayment  No Cos  Topical application will be charged a \$35.00 copayment  No Cos  Sealant, per tooth - limited to permanent molars through age 15  Space maintainers - removable and fixed, unilateral and bilateral  \$25.00  Restorative Dentistry,  when there is more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.  No Cos  Restorative Dentistry,  when there is more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.  Resin-based composite - 1 to 4 anterior surfaces (four or more surfaces or involving incisal angle (anterior)  No Cos	415, 425		No Cost
Accession of tissue, gross examination (microscopic and including assessment of surgical margins for presence of disease), preparation and transmission of written report  999 Unspecified diagnostic procedure, by report  Preventive  1110 Prophylaxis adult, 1 per 6 month period, additional cleaning will be charged a \$45.00 copayment No Cos  1120 Prophylaxis child, 1 per 6 month period, additional cleaning will be charged a \$35.00 copayment No Cos  1120 Topical application of fluoride including/excluding prophylaxis to age 19, one per 6 month period, additional application will be charged a \$35.00 copayment  1310, 1330 Oral hygiene instructions, Nutritional counseling for control of dental disease No Cos  1351, 1352 Sealant, per tooth - limited to permanent molars through age 15  Space maintainers - removable and fixed, unilateral and bilateral  \$25.00  Restorative Dentistry,  when there is more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.  Prophylaxis child, 1 per 6 month period, additional cleaning will be charged a \$35.00 copayment  No Cos  Restorative Dentistry,  when there is more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.  Resin-based composite - 1 to 4 anterior surfaces (four or more surfaces or involving incisal angle(anterior)	460		No Cost
for presence of disease), preparation and transmission of written report    110   Prophylaxis adult, 1 per 6 month period, additional cleaning will be charged a \$45.00 copayment   No Cos	470	<u> </u>	No Cost
Prophylaxis adult, 1 per 6 month period, additional cleaning will be charged a \$45.00 copayment No Cos  Prophylaxis child, 1 per 6 month period, additional cleaning will be charged a \$35.00 copayment No Cos  Topical application of fluoride including/excluding prophylaxis to age 19, one per 6 month period, additional application will be charged a \$35.00 copayment No Cos  Topical application of fluoride including/excluding prophylaxis to age 19, one per 6 month period, additional application will be charged a \$35.00 copayment  No Cos  Topical application of fluoride including/excluding prophylaxis to age 19, one per 6 month period, No Cos  1310, 1330 Oral hygiene instructions, Nutritional counseling for control of dental disease No Cos  1351, 1352 Sealant, per tooth - limited to permanent molars through age 15  Space maintainers - removable and fixed, unilateral and bilateral  \$25.00  1550, 1555 Re-Cementation or Removal of space maintainer  Restorative Dentistry,  when there is more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.  2140, 2150, 2161 Amalgam - 1 to 4 anterior surfaces, primary or permanent  No Cos  Resin-based composite - 1 to 4 anterior surfaces (four or more surfaces or involving incisal angle(anterior)	472, 473, 474		No Cost
Prophylaxis adult, 1 per 6 month period, additional cleaning will be charged a \$45.00 copayment  Prophylaxis child, 1 per 6 month period, additional cleaning will be charged a \$35.00 copayment  No Cos  Topical application of fluoride including/excluding prophylaxis to age 19, one per 6 month period, additional application will be charged a \$35.00 copayment  Oral hygiene instructions, Nutritional counseling for control of dental disease  No Cos  Sealant, per tooth - limited to permanent molars through age 15  Space maintainers - removable and fixed, unilateral and bilateral  Space maintainers - removable and fixed, unilateral and bilateral  ResCementation or Removal of space maintainer  Restorative Dentistry,  when there is more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.  Amalgam - 1 to 4 anterior surfaces, primary or permanent  No Cos  Resin-based composite - 1 to 4 anterior surfaces (four or more surfaces or involving incisal angle (anterior)	999		\$5
Prophylaxis child, 1 per 6 month period, additional cleaning will be charged a \$35.00 copayment  Topical application of fluoride including/excluding prophylaxis to age 19, one per 6 month period, additional application will be charged a \$35.00 copayment  Oral hygiene instructions, Nutritional counseling for control of dental disease  No Cos  Sealant, per tooth - limited to permanent molars through age 15  Space maintainers - removable and fixed, unilateral and bilateral  \$25.00  Restorative Dentistry,  when there is more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.  Amalgam - 1 to 4 anterior surfaces, primary or permanent  Resin-based composite - 1 to 4 anterior surfaces (four or more surfaces or involving incisal angle(anterior)		Preventive	
Topical application of fluoride including/excluding prophylaxis to age 19, one per 6 month period, additional application will be charged a \$35.00 copayment  Oral hygiene instructions, Nutritional counseling for control of dental disease  No Cos  Sealant, per tooth - limited to permanent molars through age 15  Space maintainers - removable and fixed, unilateral and bilateral  \$25.00  Restorative Dentistry,  when there is more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.  Amalgam - 1 to 4 anterior surfaces, primary or permanent  Resin-based composite - 1 to 4 anterior surfaces (four or more surfaces or involving incisal angle(anterior)	1110	Prophylaxis adult, 1 per 6 month period, additional cleaning will be charged a \$45.00 copayment	No Cost
additional application will be charged a \$35.00 copayment  1310, 1330 Oral hygiene instructions, Nutritional counseling for control of dental disease  1351, 1352 Sealant, per tooth - limited to permanent molars through age 15  1510, 1515, 1520, 1525 Space maintainers - removable and fixed, unilateral and bilateral  1550, 1555 Re-Cementation or Removal of space maintainer  1550, 1555 Re-Cementation or Removal of space maintainer  1560, 1575 Restorative Dentistry,  1570 When there is more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.  1570 Amalgam - 1 to 4 anterior surfaces, primary or permanent  1570 Resin-based composite - 1 to 4 anterior surfaces (four or more surfaces or involving incisal angle(anterior)	1120	Prophylaxis child, 1 per 6 month period, additional cleaning will be charged a \$35.00 copayment	No Cost
1351, 1352   Sealant, per tooth - limited to permanent molars through age 15   \$10.00	1203, 1206		No Cost
Space maintainers - removable and fixed, unilateral and bilateral   \$25.00	1310, 1330	Oral hygiene instructions, Nutritional counseling for control of dental disease	No Cost
Space maintainers - removable and fixed, unifateral and bilateral   \$25.00		Sealant, per tooth - limited to permanent molars through age 15	\$10.00
Restorative Dentistry, when there is more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.    2140, 2150, 2161	1520, 1525	•	\$25.00
when there is more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.    2140, 2150, 2161	1550, 1555		No Cost
2140, 2150, 2160, 2161 Amalgam - 1 to 4 anterior surfaces, primary or permanent No Cos 2330,2331 Resin-based composite - 1 to 4 anterior surfaces (four or more surfaces or involving incisal angle(anterior)		•••	
2160, 2161 Amagam - 1 to 4 anterior surfaces, primary or permanent No Cos 2330,2331 Resin-based composite - 1 to 4 anterior surfaces (four or more surfaces or involving incisal angle(anterior)		here is more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the	6th unit.
2332, 2335 angle(anterior)		Amalgam - 1 to 4 anterior surfaces, primary or permanent	No Cost
2332, 2335   angle(anterior)		Resin-based composite - 1 to 4 anterior surfaces (four or more surfaces or involving incisal	No Cost
2390 Resin-based composite crown, anterior L \$35.00			
	2390	Resin-based composite crown, anterior	\$35.00
			\$55.00
	-		\$65.00
			\$75.00
		Resin-based composite - four or more surfaces, posterior	\$85.00
2510, 2520, 2530, 2542, 2543, 2544 Inlay & Onlay, metallic, 1 to 4 or more surfaces No Cos	2530, 2542,	Inlay & Onlay, metallic, 1 to 4 or more surfaces	No Cost
		Inlay-porcelain/ceramic - 1 surface	\$165.00

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2620	Inlay-porcelain/ceramic - 2 surfaces	\$190.00
2630	Inlay-porcelain/ceramic - 3 surfaces	\$200.00
2642	Onlay-porcelain/ceramic - 2 surfaces	\$185.00
2643	Onlay-porcelain/ceramic - 3 surfaces	\$205.00
2644	Onlay-porcelain/ceramic - 4 or more surfaces	\$220.00
2650	Inlay - resin-based composite - 1 surface	\$105.00
2651	Inlay - resin-based composite - 2 surfaces	\$120.00
2652	· ·	
	Inlay - resin-based composite - 3 surfaces	\$145.00
2662	Onlay - resin-based composite - 2 surfaces	\$140.00
2663	Onlay - resin-based composite - 3 surfaces	\$155.00
2664	Onlay - resin-based composite - 4 or more surfaces	\$185.00
2710	Crown - resin based composite	\$50.00
2712	Crown - 3/4 resin-based composite	\$50.00
2720	Crown - resin with high noble metal	\$195.00
2721	Crown - resin with predominantly base metal	\$95.00
2722	Crown - resin with noble metal	\$135.00
		<del> </del>
2740	Crown - porcelain/ceramic substrate	\$240.00
2750	Crown - porcelain fused to high noble metal	\$240.00
2751	Crown - porcelain fused to predominantly base metal	\$140.00
2752	Crown - porcelain fused to noble metal	\$180.00
2780	Crown - 3/4 cast high noble metal	\$210.00
2781	Crown - 3/4 cast predominantly base metal	\$110.00
2782	Crown - 3/4 cast noble metal	\$150.00
2783	Crown - 3/4 porcelain/ceramic	\$240.00
2790	Crown - full cast high noble metal	\$210.00
2791	Crown - full cast predominantly base metal	\$110.00
2792	Crown - full cast predominantly base metal	\$150.00
2794	Crown - titanium	
		\$240.00
2910, 2915, 2920	Recement inlay, onlay or partial coverage restoration. Recement Cast or prefabricated post and	No Cost
	core. Recement Crown	
2930, 2931	Prefabricated stainless steel crown - primary or permanent tooth	\$15.00
2932	Prefabricated resin crown - anterior primary tooth	\$25.00
2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	\$20.00
2940	Sedative filling	\$5.00
2950	Core buildup, including any pins	\$15.00
2951	Pin retention - per tooth in addition to restoration	\$10.00
2952	Cast post and core in addition to crown - includes canal preparation	\$35.00
2953	Each additional cast post - same tooth- includes canal preparation	\$25.00
2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	\$20.00
2957	Each additional prefabricated post - same tooth - base metal post includes; canal preparation	\$15.00
2970		\$5.00
	Temporary Crown (fractured tooth) - palliative treatment only	+
2971	Additional procedures to construct new crown under existing partial denture framework	\$28.00
2980	Crown repair, by report	\$15.00
	Endodontics	
3110, 3120	Pulp capping (indirect or direct)	No Cost
3220	Therapeutic Pulpotomy (excluding final restoraton) - removal of pulp coronal to the	No Cost
3220	dentinocemental junction and application	INO COST
3221	Pulpal debridement, primary and permanent teeth	\$10.00
3222	Partial pulpotomy for apexogenesis	No Cost
3230, 3240	Pupal therapy (resorbabla filling) - anterior or posterior, primary tooth (excluding final restoration	\$20.00
3310	Root canal - anterior (excluding final restoration)	\$55.00
3320	Root canal - bicuspid (excluding final restoration)	\$120.00
3330	Root Canal - molar (excluding final restoration)	\$250.00
3331	, ,	
	Treatment of root canal obstruction; non-surgical access	\$55.00
3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$55.00
3333	Internal root repair of perforation defects	\$55.00
3346	Retreatment of previous root canal therapy - anterior	\$85.00
3347	Retreatment of previous root canal therapy - bicuspid	\$150.00
3348	Retreatment of previous root canal therapy - molar	\$280.00
3351	Apexification/recalcification - initial visit	\$75.00

Apicoectomy/petriadicular surgery - anterior 321 Apicoectomy/petriadicular surgery - picuspid 322 Apicoectomy/petriadicular surgery - molar 323 Aptoectomy/petriadicular surgery - molar 324 Apicoectomy/petriadicular surgery - molar 325 Apicoectomy/petriadicular surgery - each additional root 326 Root amputation, per root 327 Root amputation, per root 328 Root amputation, per root 328 Petriagetal filing - per root 328 Petriagetal filing - per root 329 Hemisection not including root canal therapy 320 Hemisection not including root canal therapy 320 Hemisection not including root canal therapy 320 Hemisection not including root canal therapy 321 Agriculture and root amputation and root amputation and root amputation and root and advantant and root amputation and root amputation and root and advantant and root amputation and root planing - one to three teeth per quadrant  225 Department and root amputation and root planing - one to three teeth per quadrant	3352	Apexification/recalcification - interim medication replacement	\$50.00
Apicoectomyperitacitual surgery - bicuspid \$70.00 Apicoectomyperitacitual surgery - molar \$80.00 Apicoectomyperitacitual surgery - each additional root \$50.00 Apicoectomyperitacitual surgery - each additional root \$50.00 Root amputation, per root \$50.00 Root amputation, per root \$50.00 Apicoectomyperitacitual surgery - each additional root planting - four or more contiguous teeth spaces per quadrant gliquizariant apicoectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant apicoectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant apicoectomy apicoectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant apicoectomy apico	3353		
Apicoectomyperitacitual surgery - bicuspid \$70.00 Apicoectomyperitacitual surgery - molar \$80.00 Apicoectomyperitacitual surgery - each additional root \$50.00 Apicoectomyperitacitual surgery - each additional root \$50.00 Root amputation, per root \$50.00 Root amputation, per root \$50.00 Apicoectomyperitacitual surgery - each additional root planting - four or more contiguous teeth spaces per quadrant gliquizariant apicoectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant apicoectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant apicoectomy apicoectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant apicoectomy apico	3410		
Apicoectomy/periradicular surgery - each additional root  \$500.00  Root amputation, per root  \$500.00  Root amputation, per root  \$500.00  Root amputation, per root  #20  Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant  guadrant  #31  Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant  #32  Gingivel procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant  #32  Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant  #32  Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant  #33  Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant  #34  #35  Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant  #36  #37  Goseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant  #36  #37  #38  #38  #38  #38  #38  #38  #38	3421		
Retrograde filting - per root   S60,00	3425		
Root amputation, per root  Hemisection not including root canal therapy  ### Periodontics    Comparison	3426		
Hemisection not including root canal therapy   Fordontics	3430		
Periodontics   Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant   Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant   Gingivel file procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant   Gingivel file procedure, including root planing - four or more contiguous teeth or bounded teeth   \$130,00   \$125,00	3450		
4216 Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant dingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant spa	3920		\$30.00
4211 quadrant 4211 quadrant 4211 quadrant 4221 quadrant 4230 Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant 4240 Gingival filap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant 4241 Gingival filap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant 4245 Apically positioned flap 4246 Clinical crown lengthening - hard tissue 4250 Gincial crown lengthening - hard tissue 4260 Gincial crown lengthening - hard tissue 4261 Goseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant 4261 Goseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant 4271 Goseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant 4282 Bone replacement graft - frest site in quadrant 4293 Bone replacement graft - sech additional site in quadrant 4294 Bone replacement graft - each additional site in quadrant 4294 Free soft tissue graft procedure (when not performed in conjunction with surgical procedures in he same anatomical area 4294 Bone replacement graft - sech dadditional site in quadrant 4297 Periodontal scaling and root planing - one to three teeth per quadrant 4298 Full mouth debridement to enable comprehensive evaluation and diagnosis 525 00 4390 Periodontal scaling and root planing - one to three teeth per quadrant 4391 Periodontal scaling and root planing - one to three teeth per quadrant 4391 Full mouth debridement to enable comprehensive evaluation and diagnosis 525 00 5310, 5410 5411, 5412 5410 Maxillary or Mandibular partial denture - resib hase 5410, 5411 5412 Maxillary or Mandibular partial denture - resib hase 5410, 5411 5412 Maxillary or Mandibular partial denture - cast metal framework with resin denture bases 5410, 5411 5410, 5410 5410, 5411 5410 Complete denture - maxillary & mandibular 54			
4210 Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant 4214 Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant 4215 Apically positioned flap 4216 Apically positioned flap 4217 Apically positioned flap 4217 Apically positioned flap 4218 Apically positioned flap 42	4210		\$130.00
A241 Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant  4245 Apically positioned flap  4246 Apically positioned flap  4247 Ginicial crown lengthening - hard tissue  4248 Apically positioned flap  4249 Cinicial crown lengthening - hard tissue  4250 Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant  4261 Seseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant  4271 Seseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant  4281 Seno replacement graft - first site in quadrant  4292 Seno replacement graft - first site in quadrant  4293 Bene replacement graft - first site in quadrant  4294 Bene replacement graft - first site in quadrant  4297 Pedicle soft tissue graft procedure  4297 Feriodonal scaling and root planing - four or more teeth per quadrant  4298 Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area  4391 Periodonal scaling and root planing - four or more teeth per quadrant  4392 Full mouth debridement to enable comprehensive evaluation and diagnosis  4395 Full mouth debridement to enable comprehensive evaluation and diagnosis  4300 Periodonal scaling and root planing - four or more teeth per quadrant  4300 Periodonal scaling and root planing - four or more teeth per quadrant  4300 Periodonal scaling and root planing - four or more teeth per quadrant  4301 Periodonal scaling and root planing - four or more teeth per quadrant  4301 Periodonal scaling and root planing - four or more teeth per quadrant  4302 Periodonal scaling and root planing - four or more teeth per quadrant  4303 Full mouth debridement to enable comprehensive evaluation and diagnosis  4304 Periodonal scaling and root planing - four or more teeth per quadrant  4305 Full mouth debridement to enable comprehensive e	4211		\$80.00
428 Spaces per quadrant 428 Apically positioned flap 428 Clinical crown lengthening - hard tissue  428 Bose per quadrant  428 Bose per quadrant  428 Bose replacement graft - first site in quadrant  429 Pedicle soft tissue graft procedure  427 Pedicle soft tissue graft procedure (when not performed in conjunction with surgical procedures in the same anatomical area  428 Bose replacement graft - first site in quadrant  429 Periodonal scaling and root planing - four or more teeth per quadrant  427 The same anatomical area  428 Periodonal scaling and root planing - four or more teeth per quadrant  429 Periodonal scaling and root planing - nou to three teeth per quadrant  420 Periodonal periodonal scaling and root planing - nou to three teeth per quadrant  430 Periodonal periodonal scaling and root planing - nou to three teeth per quadrant  430 Periodonal periodonal scaling and root planing - four or more teeth per quadrant  430 Periodonal periodonal scaling and root planing - nou to three teeth per quadrant  430 Periodonal periodonal scaling and root planing - four or more teeth per quadrant  430 Periodonal amintenance - limited to 1 treatment each 6 month period  431 Periodonal periodonal maintenance (within 6 month period)  431 Periodonal periodonal maintenance (within 6 month period)  531 Stale  531 Sta	4240		\$130.00
4245   Apically positioned flap 4246   Clinical crown lengthening - hard tissue 4260   Cosseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant 4261   Cosseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant 4262   Cosseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant 4263   Bone replacement graft - each additional site in quadrant 4274   Cosseous surgery (including donor site surgery) 4275   Pedicle soft tissue graft procedure 4276   Pedicle soft tissue graft procedure (including donor site surgery) 4277   Free soft tissue graft procedure (when not performed in conjunction with surgical procedures in the same anatomical area 427   Periodonal scaling and root planing - four or more teeth per quadrant 428   Periodonal scaling and root planing - one to three teeth per quadrant 438   Periodonal scaling and root planing - one to three teeth per quadrant 439   Periodonal maintenance - limited to 1 treatment each 6 month period 4310   Additional periodonal maintenance - limited to 1 treatment each 6 month period 4310   Complete denture - maxillary & mandibular 4310   Prosthodontics (removable) 4310   Complete denture - maxillary & mandibular 4314   Proceder   State	4241		\$80.00
4249   Clinical crown lengthening - hard tissue   \$280.00	4245		\$125.00
deeth spaces per quadrant  225.00  225.00  226.00  227.00  228.00  229.00  229.00  220  220  220  220			
teeth spaces per quadrant  2238 Bone replacement graft - first site in quadrant  238 Bone replacement graft - each additional site in quadrant  239 Pedicle soft tissue graft procedure  240 Pedicle soft tissue graft procedure  2505.00  247 Free soft tissue graft procedure (including donor site surgery)  2505.00  247 bits a sme anatomical area  247 beriodontal scaling and root planing - four or more teeth per quadrant  2505.00  248 Periodontal scaling and root planing - four or more teeth per quadrant  2509 Periodontal scaling and root planing - one to three teeth per quadrant  2509 Periodontal maintenance - limited to 1 treatment each 6 month period  2509 Periodontal maintenance - limited to 1 treatment each 6 month period  2510 Additional periodontal maintenance (within 6 month period)  2510 State  2511 S212 Complete denture - maxillary & mandibular  2511 S212 Maxillary or Mandibular partial denture - resin base  2513 S140 Immediate denture - maxillary & mandibular  2514 S225 Maxillary or Mandibular partial denture - cast metal framework with resin denture bases  2510 S225 S226 Maxillary or Mandibular partial denture - flexible base  2510 S209 Replace missing or broken teeth (each tooth)  2510 S600 Repair resin denture base or cast framework  2510 S600 Repair resin denture base or cast framework  2510 S600 Repair ersin denture base or cast framework  2510 S600 Repair ersin denture base or cast framework  2510 S600 Repair ersin denture base or cast framework  2510 S600 Repair ersin denture base or cast framework  2510 S600 Repair ersin denture base or cast framework  2510 S600 Repair ersin denture base or cast framework  2510 S600 Repair ersin denture base or cast framework  2510 S600 Repair ersin denture base or cast framework  2510 S600 Repair ersin denture base or cast framework  2510 S600 Repair ersin denture or partial denture resin base  2510 S600 Repair ersin denture base or cast framework  2510 S600 Repair ersin denture base or cast framework  2510 S600 Repair ersin denture denture denture denture dentur		Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded	
4274   Pedicle soft itssue graft procedure   \$205.00   4277   Free soft tissue graft procedure   \$205.00   4274   Free soft tissue graft procedure (including donor site surgery)   \$205.00   4274   Free soft tissue graft procedure (when not performed in conjunction with surgical procedures in the same anatomical area   \$45.00   4274   Periodontal scaling and root planing - four or more teeth per quadrant   \$25.00   4342   Periodontal scaling and root planing - one to three teeth per quadrant   \$20.00   4343   Periodontal scaling and root planing - one to three teeth per quadrant   \$20.00   4343   Periodontal scaling and root planing - one to three teeth per quadrant   \$20.00   4343   Periodontal maintenance - limited to 1 treatment each 6 month period   \$15.00   4340   Additional periodontal maintenance (within 6 month period)   \$55.00    **Prosthodontal maintenance (within 6 month period)   \$55.00   **Soft	4261		\$225.00
4270 Pedicle soft tissue graft procedure (including donor site surgery)  4271 Free soft tissue graft procedure (including donor site surgery)  4272 Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area  4374 Periodontal scaling and root planing - four or more teeth per quadrant \$25.00  4372 Periodontal scaling and root planing - one to three teeth per quadrant \$25.00  4375 Full mouth debridement to enable comprehensive evaluation and diagnosis \$25.00  4370 Periodontal maintenance - limited to 1 treatment each 6 month period \$15.00  4370 Periodontal maintenance (within 6 month period) \$55.00  **Prosthodontics (removable)**  **Prosthodontics (removable)**  **Complete denture - maxillary & mandibular \$165.00  **Stali, 5212 Maxillary or Mandibular partial denture - resin base \$120.00  **Stali, 5214 Maxillary or Mandibular partial denture - flexible base \$120.00  **Stali, 5214 Adjust complete or partial denture - flexible base \$210.00  **Stali, 5410, 5411, 5422 Maxillary or mandibular partial denture - flexible base \$210.00  **Stali, 5410, 5411, 5421 Maxillary or mandibular partial denture - flexible base \$210.00  **Stali, 5410, 5411, 5421 Maxillary or mandibular partial denture - flexible base \$210.00  **Stali, 5410, 5411, 5421 Maxillary or mandibular partial denture - flexible base \$210.00  **Stali, 5410, 5411, 5421 Maxillary or mandibular partial denture - flexible base \$210.00  **Stali, 5421, 5422 Maxillary or mandibular partial denture - flexible base \$210.00  **Stali, 5421, 5422 Maxillary or mandibular partial denture - flexible base \$210.00  **Stali, 5421, 5422 Maxillary or mandibular partial denture - flexible base \$210.00  **Stali, 5421, 5422 Maxillary or mandibular partial denture - flexible base \$210.00  **Stali, 5421, 5422 Maxillary or mandibular partial denture - flexible base \$20.00  **Stali, 5421, 5422 Maxillary or mandibular partial denture - flexible base \$20.00  **Stali, 5421, 5422 Maxillary or mandibular partial denture - flexibl	4263	Bone replacement graft - first site in quadrant	\$205.00
Free soft tissue graft procedure (including donor site surgery)  4274  4294  4294  4294  4294  4294  4294  4294  4294  4294  4294  4294  4	4264	Bone replacement graft - each additional site in quadrant	\$70.00
4274 4274 4274 4274 4274 4274 4274 4274	4270	Pedicle soft tissue graft procedure	\$205.00
the same anatomical area  4341 Periodontal scaling and root planing - four or more teeth per quadrant  4342 Periodontal scaling and root planing - one to three teeth per quadrant  4345 Full mouth debridement to enable comprehensive evaluation and diagnosis  525.00  4910 Periodontal maintenance - limited to 1 treatment each 6 month period  4910 Additional periodontal maintenance (within 6 month period)  555.00  Frosthodontics (removable)  5110, 5120 Complete denture - maxillary & mandibular  5130, 5140 Immediate denture - maxillary & mandibular  5130, 5140 Immediate denture - maxillary & mandibular  5131, 5212 Maxillary or Mandibular partial denture - resin base  5213, 5214 Maxillary or Mandibular partial denture - cast metal framework with resin denture bases  5225, 5226 Maxillary or Mandibular partial denture - flexible base  5216, 5215 Adjust complete or partial denture  510, 5610, 5620, 5620, 5620, 5620, 5620, 5620, 5671 Repair broken complete denture base or cast framework  520, 5671, 5710, 5711, 5720, 5721, 5720, 5721, 5730, 5731	4271	Free soft tissue graft procedure (including donor site surgery)	\$205.00
Periodontal scaling and root planing - one to three teeth per quadrant   \$20.00	4274		\$45.00
Periodontal scaling and root planing - one to three teeth per quadrant   \$20.00	4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$25.00
4910 Periodontal maintenance - limited to 1 treatment each 6 month period \$15.00 4910 Additional periodontal maintenance (within 6 month period) \$55.00  Prosthodontics (removable)  5110, 5120 Complete denture - maxillary & mandibular \$145.00 5130, 5140 Immediate denture - maxillary & mandibular \$165.00 5211, 5212 Maxillary or Mandibular partial denture - cast metal framework with resin denture bases \$160.00 5213, 5214 Maxillary or Mandibular partial denture - cast metal framework with resin denture bases \$160.00 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5410, 5411, 5421, 5422 5410, 5411, 5421, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 5421, 5422 5410, 5411, 542			\$20.00
Prosthodontics (removable)  S145.00  Prosthodontics (removable)  S145.00  S10, S120  Complete denture - maxillary & mandibular (s165.00 kaxillary or Mandibular partial denture - resin base (s120.00 kaxillary or Mandibular partial denture - cast metal framework with resin denture bases (s100.00 kaxillary or Mandibular partial denture - flexible base (s210.00 kaxillary or Mandibular partial denture - flexible base (s210.00 kaxillary or Mandibular partial denture - flexible base (s210.00 kaxillary or Mandibular partial denture - flexible base (s210.00 kaxillary or Mandibular partial denture - flexible base (s210.00 kaxillary or Mandibular partial denture - flexible base (s210.00 kaxillary or Mandibular partial denture - flexible base (s210.00 kaxillary or Mandibular partial denture - flexible base (s210.00 kaxillary or Mandibular partial denture - flexible base (s210.00 kaxillary or Mandibular partial denture - flexible base (s210.00 kaxillary or Mandibular partial denture (s			\$25.00
Prosthodontics (removable)   \$145.00	4910	Periodontal maintenance - limited to 1 treatment each 6 month period	\$15.00
Since   Complete denture - maxillary & mandibular   \$145.00	4910	Additional periodontal maintenance (within 6 month period)	\$55.00
Immediate denture - maxillary & mandibular   \$165.00		Prosthodontics (removable)	•
Maxillary or Mandibular partial denture - resin base   \$120.00	5110, 5120	Complete denture - maxillary & mandibular	\$145.00
Maxillary or Mandibular partial denture - cast metal framework with resin denture bases \$160.00  Maxillary or Mandibular partial denture - flexible base \$210.00  Maxillary or Mandibular partial denture - flexible base \$210.00  Maxillary or Mandibular partial denture - flexible base \$210.00  Maxillary or Mandibular partial denture - flexible base \$210.00  Maxillary or Mandibular partial denture - flexible base \$210.00  Maxillary or Mandibular partial denture - flexible base \$210.00  Maxillary or Mandibular partial denture - flexible base \$210.00  Maxillary or Mandibular partial denture - flexible base \$210.00  Maxillary or Mandibular partial denture - flexible base \$210.00  Maxillary or Mandibular partial denture - flexible base \$210.00  Maxillary or Mandibular partial denture - flexible base \$210.00  Maxillary or Mandibular partial denture - flexible base \$210.00  Maxillary or Mandibular partial denture - flexible base \$210.00  Maxillary or Mandibular partial denture - flexible base \$210.00  Maxillary or Mandibular partial denture - cast metal framework flexible base \$20.00  Maxillary or Mandibular partial denture - flexible base \$20.00  Maxillary or Mandibular partial denture - cast metal framework flexible base \$20.00  Maxillary or Mandibular partial denture - flexible base \$210.00  Maxillary or Mandibular partial denture - cast metal framework flexible base \$210.00  Maxillary or Mandibular partial denture - cast metal framework flexible base fle	5130, 5140	Immediate denture - maxillary & mandibular	\$165.00
5225, 5226         Maxillary or Mandibular partial denture - flexible base         \$210.00           5410, 5411, 5421, 5421, 5421, 5422         Adjust complete or partial denture         \$10.00           5510         Repair broken complete denture base         \$20.00           5520         Replace missing or broken teeth (each tooth)         \$10.00           5610, 5620, 5630         Repair resin denture base or cast framework         \$20.00           5660, 5650, 5660, 5660         Add tooth or clasp to existing structure         \$10.00           5670, 5671         Replace all teeth and acrylic on cast metal framework         \$135.00           5770, 5711, 5710, 5711, 5720, 5721, 5730, 5731, 5740, 5741         Rebase complete or partial denture         \$55.00           5750, 5751, 5760, 5761         Reline complete or partial denture (laboratory)         \$60.00           5820, 5821         Interim partial denture - limited to 1 in any 12 consecutive months         \$75.00           5820, 5851         Tissue conditioning         No Cost           Prosthodontics,           Fixed each retainer and each pontic constitutes a unit in a fixed partial denture (bridge) When a crown and /or pontic           6210         Pontic - cast high noble metal         \$210.00	5211, 5212	Maxillary or Mandibular partial denture - resin base	\$120.00
5410, 5411, 5421, 5422  5510 Repair broken complete denture base  5520 Replace missing or broken teeth (each tooth)  5520 Repair resin denture base or cast framework  5630 Replace all teeth and acrylic on cast metal framework  5670, 5671, 5721, 5720, 5721  5730, 5731, 5740, 5741, 5740, 5741  5750, 5751, 5760, 5761  5750, 5751, 5750, 5751, 5750, 5750, 5750, 5750, 5750, 5750, 5750, 5750, 5751  5750, 5	5213, 5214	Maxillary or Mandibular partial denture - cast metal framework with resin denture bases	\$160.00
5421, 5422 Adjust complete or partial denture  5510 Repair broken complete denture base 5520 Replace missing or broken teeth (each tooth)  5520 Repair resin denture base or cast framework 5530 Add tooth or clasp to existing structure 5540, 5650, 5660 5660 Replace all teeth and acrylic on cast metal framework 55710, 5711, 5720, 5721 5730, 5731, 5740, 5741 5750, 5751, 5750, 5751, 5750, 5751 5760, 5761 5760, 5761 5760, 5761 5760, 5761 5760, 5761 5760, 5761 5760, 5761 5760, 5761 5760, 5761 5760, 5761 5760, 5761 5760, 5761 5760, 5761 5760, 5761 5760, 5761 5760, 5761 5760, 5761 5760, 5761 5770, 5761 5770, 5761 5770, 5761 5770, 5771 5770	5225, 5226	Maxillary or Mandibular partial denture - flexible base	\$210.00
5510 Repair broken complete denture base \$20.00  5520 Replace missing or broken teeth (each tooth) \$10.00  5610, 5620, 5630  Repair resin denture base or cast framework \$20.00  5640, 5650, 5661  Replace all teeth and acrylic on cast metal framework \$10.00  5670, 5671  Replace all teeth and acrylic on cast metal framework \$135.00  5710, 5711, 5720, 5721  Rebase complete or partial denture \$55.00  Reline complete or partial denture (chairside) \$20.00  5670, 5661  Reline complete or partial denture (laboratory) \$60.00  5820, 5821 Interim partial denture - limited to 1 in any 12 consecutive months \$75.00  5850, 5851 Tissue conditioning No Cost  Prosthodontics,  Fixed each retainer and each pontic constitutes a unit in a fixed partial denture (bridge) When a crown and /or pontic \$210.00  \$210.00		Adjust complete or partial denture	\$10.00
S520   Replace missing or broken teeth (each tooth)   \$10.00			
Repair resin denture base or cast framework \$20.00    Section 5650   Section 5660   Add tooth or clasp to existing structure \$10.00			
5640, 5650, 5660Add tooth or clasp to existing structure\$10.005670, 5671Replace all teeth and acrylic on cast metal framework\$135.005710, 5711, 5720, 5721Rebase complete or partial denture\$55.005730, 5731, 5740, 5741, 5760, 5761, 5760, 5761, 5760, 5761Reline complete or partial denture (chairside)\$20.005820, 5821Interim partial denture - limited to 1 in any 12 consecutive months\$75.005850, 5851Tissue conditioningNo CostProsthodontics,Fixed each retainer and each pontic constitutes a unit in a fixed partial denture (bridge) When a crown and /or pontic6210Pontic - cast high noble metal\$210.00	5610, 5620, 5630	. , ,	
Rebase complete or partial denture \$55.00  Reline complete or partial denture (chairside) \$20.00  Reline complete or partial denture (laboratory) \$60.00  Reline complete or partial denture (laborato	5640, 5650, 5660		
Rebase complete or partial denture   \$55.00	5670, 5671	Replace all teeth and acrylic on cast metal framework	\$135.00
Reline complete of partial denture (chairside)   \$20.00	5720, 5721		
Refine complete or partial denture (laboratory) \$60.00    5820, 5821   Interim partial denture - limited to 1 in any 12 consecutive months \$75.00    Tissue conditioning   No Cost	5730, 5731, 5740, 5741 5750, 5751,		
Fixed each retainer and each pontic constitutes a unit in a fixed partial denture (bridge) When a crown and /or pontic fixed Pontic - cast high noble metal \$210.00	5760, 5761		
Prosthodontics,  Fixed each retainer and each pontic constitutes a unit in a fixed partial denture (bridge) When a crown and /or pontic  6210 Pontic - cast high noble metal \$210.00	5820, 5821	· · · · · · · · · · · · · · · · · · ·	
Fixed each retainer and each pontic constitutes a unit in a fixed partial denture (bridge) When a crown and /or pontic 6210 Pontic - cast high noble metal \$210.00	5850, 5851		No Cost
9		ach retainer and each pontic constitutes a unit in a fixed partial denture (bridge) When a crown and	
6211 Pontic - cast predominantly base metal \$110.00			
	6211	Pontic - cast predominantly base metal	\$110.00

6212	Pontic - cast noble metal	\$150.00
	Pontic - porcelain fused to high noble metal	\$240.00
	Pontic - porcelain fused to predominantly base metal	\$140.00
	Pontic - porcelain fused to noble metal	\$180.00
	Pontic - porcelain/ceramic	\$240.00
	Pontic - resin with high noble metal	\$195.00
	Pontic - resin with predominantly base metal	\$95.00
	Pontic - resin with noble metal	\$135.00
	Inlay - porcelain/ceramic, two surfaces	\$190.00
	Inlay - porcelain/ceramic, three or more surfaces	\$200.00
6602, 6603	Inlay - Cast high noble metal	\$100.00
6604, 6605	Inlay - cast predominantly base metal	No Cost
6606, 6607	Inlay cast noble metal	\$40.00
	Onlay - porcelain/ceramic, two surfaces	\$185.00
	Onlay - porcelain/ceramic, three or more surfaces	\$205.00
6610, 6611	Onlay - Cast high noble metal	\$100.00
6612, 6613	Onlay - cast predominantly base metal	No Cost
6614, 6615	Onlay cast noble metal	\$40.00
	Crown - resin with high noble metal	\$195.00
	Crown - resin with predominantly base metal	\$95.00
	Crown - resin with noble metal	\$135.00
	Crown - porcelain/ceramic	\$240.00
	Crown - Porcelain/cerainic	\$240.00
	Crown - porcelain fused to high hobic metal	\$140.00
	Crown - porcelain rused to predominantly base medal  Crown - porcelain fused to noble metal	\$180.00
	Crown - 3/4 cast high noble metal	\$210.00
	Crown - 3/4 cast predominantly base metal	\$110.00
	Crown - 3/4 cast predominantly base metal	\$150.00
	Crown 3/4 porcelain/ceramic	\$240.00
	Crown - full cast high noble metal	\$240.00
	Crown - full cast predominantly base metal	\$110.00
	Crown - full cast predominantly base metal	\$150.00
	Recement fixed partial denture	No Cost
	Stress Breaker	No Cost
	Cast post and core in addition to fixed partial denture retainer	\$35.00
	Prefabricated post and core in addition to fixed partial denture retainer	\$20.00
	Core buildup for retainer, including any pins	\$15.00
	Each additional cast post - same tooth	\$25.00
	Each additional prefabricated post - same tooth - base metal post	\$15.00
0980	Fixed partial denture repair, by report  Oral and Maxillofacial Surgery	\$15.00
7111	Extraction, coronal remnants - deciduous tooth	No Cost
	,	No Cost
/140	Extraction, erupted tooth or exposed root  Surgical removal of crunted tooth requiring elevation of mucopariested flan and removal of bone	\$5.00
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$25.00
7000		<b>\$50.00</b>
	Removal of impacted tooth - soft tissue	\$50.00
	Removal of impacted tooth - partially bony	\$70.00
	Removal of impacted tooth - completely bony	\$90.00
	Removal of impacted tooth - completely bony with unusual surgical complications	\$110.00
	Surgical removal of residual tooth roots (cutting procedure)	No cost
	Coronectomy - Intentional partial tooth removal	\$110.00
	Tooth reimplantation and/or stabilization of accidently evulsed or displaced tooth	\$85.00
	Surgical access of an unerupted tooth  Mobilization of crupted or malessitioned tooth to aid cruption	\$90.00
	Mobilization of erupted or malpositioned tooth to aid eruption	\$90.00
	Placement of device to facilitate eruption of impacted tooth	No Cost
	Biopsy of oral tissue - soft	No Cost
7310, 7311	Alveoloplasty in conjunction with extractions	\$50.00
7320, 7321	Alveoloplasty not in conjunction with extractions	\$70.00
7450, 7451	Removal of benign odontogenic cyst or tumor	No Cost
	Removal of lateral exostosis	No Cost
7472, 7473	Removal of torus	No Cost

	Incision and drainage of abscess	No Cost
	Frenulectomy - separate procedure	No Cost
	Excision hyperplastic tissue - per arch	\$55.00
7971	Excision of pericoronal gingiva	\$55.00
	Orthodontics	
ncludes: 210,	The benefit for pre-treatment records and diagnostic services includes: Intraoral - complete series	
22, 330,	(including bitewings), Tomographic survay, Panoramic film, Celhalometic film, Oral/facial	\$200.00
40, 350, 470	photographic images. diagnostic casts	
cludes: 210, 70	The benefit for post-treatment records includes: Intraoral - complete series, diagnostic casts	\$70.00
	Limited orthodontic treatment of the primary dentition	\$950.00
020, 8030	Limited orthodontic treatment of the transitional or adolescent (to age 19) dentition	\$950.00
8040	Limited orthodontic treatment of the adult dentition	\$1,150.00
050, 8060	Interceptive orthodontic treatment of the primary or transitional dentition	\$950.00
070, 8080	Comprehensive orthodontic treatment of the transitional or adolescent (to age 19) dentition	\$1,700.00
8090	Comprehensive orthodontic treatment of the adult dentition	\$1,900.00
	Pre-orthodontic treatment visit	\$25.00
8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers)	\$275.00
8999	Unspecified orthodontic procedure, by report - includes treatment planning session	\$100.00
	Adjunctive General Services	
9110	Palliative (emergency) treatment of dental pain	\$5.00
	Regional block anesthesia	No Cost
	Trigeminal division block anesthesia	No Cost
	Local anesthesia	No Cost
9220	Deep sedation/general anesthesia - first 30 minutes	\$165.00
	Deep sedation/general anesthesia - each additional 15 minutes	\$80.00
9241	Intravenous conscious sedation analgesia - first 30 minutes	\$165.00
9242	Intravenous conscious sedation analgesia - each additional 15 minutes	\$80.00
9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$10.00
9430	Office visit for observation	\$5.00
9440	Office visit - after regularly scheduled hours	\$25.00
9450	Case Presentation, detailed and extensive treatment planning	No Cost
	Occlusal guard by report - limited to 1 in 3 years	\$100.00
9940		\$35.00
	Occlusal adjustment, limited	ψ55.00
9951	Occlusal adjustment, limited Occlusal adjustment, complete	\$55.00
9951 9952		

limitations, exclusions and governing administrative policies of the program

This brochure constitutes only a summary of the plan and is not a full list of the Limitations and Exclusions. The plan contract must be consulted to determine the exact terms and conditions of coverage. The full evidence of coverage may be reviewed and downloaded on our website: www.DVIns.com/family.htm