

Dental benefits and fee schedule*

General terms and conditions

Subject to the terms, conditions, limitations, and exclusions specified in this **Evidence of Coverage** including Chapter 12, "Definitions of Important Words," you may receive covered dental services from participating dental providers.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. has entered into an agreement with Dominion National to provide covered dental services through participating dental providers.

Only the dental procedures listed in the dental fee schedule below are covered dental services. When you receive any of the listed procedures from a participating dental provider, you will pay the fee listed for that service. The participating dental provider has agreed to accept that fee as payment in full for that procedure. Neither Kaiser Permanente nor Dominion National is liable for payment of these fees or for any fees incurred as the result of receipt of a noncovered dental service.

You may request a list of participating dental providers from Dominion National, or locate one online at www.DominionNational.com/KaiserDentists. You should utilize a participating general dentist from whom you and your family members will receive covered preventive dental services. Family members may use different participating dental providers. Specialty care is also available for certain services should that be required; however, you must be referred to a participating dental provider specialist by your general dentist. Your fees are usually higher for care received by a specialist and not all services are covered. Please refer to the attached dental fee schedule to determine which services are covered when performed by a specialist and the associated fees.

- You may obtain a list of participating dental providers by contacting Dominion National at the numbers listed below or Kaiser Permanente's Member Services Department at **1-888-777-5536 (TTY 711)** 7 days a week, 8 a.m. to 8 p.m.
- Dominion National: We have entered into an agreement with Dominion National to provide covered dental services as described in this section. For assistance concerning dental coverage questions, or for help finding a participating dental provider, Dominion Customer Service Associates are available Monday through Friday from 7:30 a.m. to 6 p.m. by calling **1-855-733-7524 (TTY users call 711)**.
- Dominion's Integrated Voice Response System is available 24 hours a day for information about participating dental providers in your area, or to help you select a participating dental provider. The most up-to-date list of participating dental providers can be found at the following website: www.DominionNational.com/KaiserDentists.
- Dominion also provides many other secure features online at www.DominionNational.com.

Dental emergencies outside the service area

† Your provider must obtain prior authorization from our plan.

* Your cost-sharing for these services or items doesn't apply toward the out-of-pocket maximum.

Dental benefits and fee schedule*

When a dental emergency occurs outside the service area, Dominion National will reimburse you for the reasonable charges for covered dental services that may be provided, less any discounted fee, upon proof of payment, not to exceed \$50 per incident. Coverage is provided for emergency dental treatment as may be required to alleviate pain, bleeding, or swelling. You must receive all post-emergency care from a participating dental provider.

Discounted schedule of fees \$30 Preventive Plan

Procedures not shown in this list are not covered. Refer to the description of your dental benefit for a complete description of the terms and conditions of your covered benefit.

Fees quoted in the "What you must pay Dentist" column apply only when performed by a participating general dentist. If specialty care is required, your general dentist must refer you to a participating specialist.

FC \$30: You pay a combined fixed copayment of \$30 for any visit during which one or more of the following procedures are performed: (a) an oral exam (D0120, D0140, D0150, D0170 or D0180); (b) X-rays (D0220, D0230, D0240, D0250, D0270, D0272, D0273, D0274, D0277, D0340, D0350 or D0351); (c) a pulp vitality test (D0460); (d) a diagnostic cast (D0470); (e) image capture procedures (D0701, D0702, D0703, D0704, D0705, D0706, D0707, D0708, D0709); (f) a routine cleaning (D1110); (g) fluoride application (D1206 or D1208); or (h) you are given oral hygiene instructions (D1310, D1320, D1321 or D1330). You pay a separate fee for any other procedure performed.

Coverage for periodic oral exams and prophylaxes (cleanings) is limited to two times per calendar year. Fluoride applications is limited to once a calendar year.

† Your provider must obtain prior authorization from our plan.

* Your cost-sharing for these services or items doesn't apply toward the out-of-pocket maximum.

ADA Code	Description of Services	*What you must pay Dentist	*What you must pay Specialist
<i>Dignostic Services</i>			
D0120	Periodic oral evaluation (two per calendar year)	FC \$30	Not covered
D0140	Limited oral evaluation - problem focused	FC \$30	Not covered
D0150	Comprehensive oral evaluation - new or established patient	FC \$30	Not covered
D0170	Re-evaluation - limited, problem focused	FC \$30	Not covered
D0180	Comprehensive periodontal evaluation - new or established patient - not in conjunction with D0150 and limited to once per 18 months	FC \$30	Not covered
D0210	Intraoral - complete series of radiographic images	\$54	\$69
D0220	Intraoral - periapical first radiographic image	FC \$30	\$14
D0230	Intraoral - periapical each additional radiographic image	FC \$30	\$11
D0240	Intraoral - occlusal radiographic image	FC \$30	\$21
D0250	Extraoral - 2D projection radiographic image	FC \$30	\$26
D0270	Bitewing - single radiographic image	FC \$30	\$14
D0272	Bitewings - two radiographic images	FC \$30	\$21
D0273	Bitewings - three radiographic images	FC \$30	\$28
D0274	Bitewings - four radiographic images	FC \$30	\$31
D0277	Vertical bitewings - 7 to 8 radiographic images	FC \$30	\$47
D0330	Panoramic radiographic image	\$43	\$55
D0340	2D cephalometric radiographic image	FC \$30	\$55
D0350	2D oral/facial photographic images	FC \$30	\$29
D0351	3D photographic image	FC \$30	\$32
D0460	Pulp vitality tests	FC \$30	\$35
D0470	Diagnostic casts (not in conjunction with Orthodontics)	FC \$30	Not covered
D0701	Panoramic radiographic image – image capture only	FC \$30	Not covered
D0702	2-D cephalometric radiographic image – image capture only	FC \$30	Not covered
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	FC \$30	Not covered
D0704	3-D photographic image – image capture only	FC \$30	Not covered
D0705	Extra-oral posterior dental radiographic image – image capture only	FC \$30	Not covered
D0706	Intraoral – occlusal radiographic image – image capture only	FC \$30	Not covered
D0707	Intraoral – periapical radiographic image – image capture only	FC \$30	Not covered

† Your provider must obtain prior authorization from our plan.

* Your cost-sharing for these services or items doesn't apply toward the out-of-pocket maximum.

ADA Code	Description of Services	*What you must pay Dentist	*What you must pay Specialist
D0708	Intraoral – bitewing radiographic image – image capture only	FC \$30	Not covered
D0709	Intraoral – complete series of radiographic images – image capture only	FC \$30	Not covered
	<i>Preventive Services</i>		
D1110	Prophylaxis (cleaning) - adult	FC \$30	Not covered
D1110	Additional cleaning – beyond benefit limitation	\$40	\$40
D1206	Topical fluoride varnish for moderate/high risk caries patients	FC \$30	Not covered
D1208	Topical application of fluoride – excluding varnish	FC \$30	Not covered
D1310	Nutritional counseling for control of dental disease	FC \$30	Not covered
D1320	Tobacco counseling for control and prev. of oral disease	FC \$30	Not covered
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	FC \$30	Not covered
D1330	Oral hygiene instructions	FC \$30	Not covered
D1352	Prev resin rest. mod/high caries risk – perm. tooth	\$30	Not covered
	<i>Restorative Services†</i>		
D2140	Amalgam - one surface, primary or permanent	\$68	Not covered
D2150	Amalgam - two surfaces, primary or permanent	\$88	Not covered
D2160	Amalgam - three surfaces, primary or permanent	\$105	Not covered
D2161	Amalgam - four or more surfaces, primary or permanent	\$126	Not covered
D2330	Resin-based composite - one surface, anterior	\$83	Not covered
D2331	Resin-based composite - two surfaces, anterior	\$105	Not covered
D2332	Resin-based composite - three surfaces, anterior	\$129	Not covered
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$163	Not covered
D2390	Resin-based composite crown, anterior	\$216	Not covered
D2391	Resin-based composite - one surface, posterior	\$108	Not covered
D2392	Resin-based composite - two surfaces, posterior	\$143	Not covered
D2393	Resin-based composite - three surfaces, posterior	\$179	Not covered
D2394	Resin-based composite - four or more surfaces, posterior	\$204	Not covered
D2510	Inlay - metallic - one surface	\$493	Not covered
D2520	Inlay - metallic - two surfaces	\$556	Not covered
D2530	Inlay - metallic - three or more surfaces	\$604	Not covered

† Your provider must obtain prior authorization from our plan.

* Your cost-sharing for these services or items doesn't apply toward the out-of-pocket maximum.

ADA Code	Description of Services	*What you must pay Dentist	*What you must pay Specialist
D2542	Onlay – metallic - two surfaces	\$641	Not covered
D2543	Onlay – metallic - three surfaces	\$653	Not covered
D2544	Onlay – metallic – 4 or more surfaces	\$657	Not covered
D2610	Inlay - porcelain/ceramic - one surface	\$541	Not covered
D2620	Inlay - porcelain/ceramic - two surfaces	\$576	Not covered
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$665	Not covered
D2642	Onlay - porcelain/ceramic - two surfaces	\$616	Not covered
D2643	Onlay - porcelain/ceramic - three surfaces	\$666	Not covered
D2644	Onlay – porcelain/ceramic - 4 or more surfaces	\$710	Not covered
D2650	Inlay - resin-based composite - one surface	\$498	Not covered
D2651	Inlay - resin-based composite - two surfaces	\$538	Not covered
D2652	Inlay - resin-based composite - three or more surfaces	\$699	Not covered
D2662	Onlay - resin-based composite - two surfaces	\$568	Not covered
D2663	Onlay - resin-based composite - three surfaces	\$699	Not covered
D2664	Onlay - resin-based composite - ≥ 4 surfaces	\$662	Not covered
D2710	Crown - resin (indirect)	\$277	Not covered
D2712	Crown 3/4 resin-based composite (exclusive of veneers)	\$450	Not covered
D2720	Crown - resin with high noble metal	\$675	Not covered
D2721	Crown - resin with predominantly base metal	\$601	Not covered
D2722	Crown - resin with noble metal	\$628	Not covered
D2740	Crown - porcelain/ceramic	\$741	Not covered
D2750	Crown - porcelain fused to high noble metal	\$755	Not covered
D2751	Crown - porcelain fused to predominantly base metal	\$653	Not covered
D2752	Crown - porcelain fused to noble metal	\$679	Not covered
D2753	Crown - porcelain fused to titanium and titanium alloys	\$755	Not covered
D2780	Crown - 3/4 cast high noble metal	\$724	Not covered
D2781	Crown - 3/4 cast predominantly base metal	\$566	Not covered
D2782	Crown - 3/4 cast noble metal	\$611	Not covered
D2783	Crown - 3/4 porcelain/ceramic	\$628	Not covered
D2790	Crown - full cast high noble metal	\$675	Not covered
D2791	Crown - full cast predominantly base metal	\$601	Not covered
D2792	Crown - full cast noble metal	\$628	Not covered
D2794	Crown - titanium and titanium alloys	\$679	Not covered

† Your provider must obtain prior authorization from our plan.

* Your cost-sharing for these services or items doesn't apply toward the out-of-pocket maximum.

ADA Code	Description of Services	*What you must pay Dentist	*What you must pay Specialist
D2910	Recement inlay	\$68	Not covered
D2920	Recement crown	\$68	Not covered
D2932	Prefabricated resin crown	\$254	Not covered
D2940	Protective restoration	\$77	Not covered
D2950	Core buildup, including any pins	\$172	Not covered
D2951	Pin retention - per tooth, in addition to restoration	\$40	Not covered
D2952	Cast post and core in addition to crown	\$252	Not covered
D2954	Prefabricated post and core in addition to crown	\$224	Not covered
D2955	Post removal (not in conj. with endo. therapy)	\$194	Not covered
D2980	Crown repair necessitated by restorative material failure	\$138	Not covered
D2981	Inlay repair necessitated by restorative material failure	\$138	Not covered
D2982	Onlay repair necessitated by restorative material failure	\$138	Not covered
	<i>Endodontic Services†</i>		
D3110	Pulp cap - direct (excluding final restoration)	\$47	Not covered
D3120	Pulp cap - indirect (excluding final restoration)	\$47	Not covered
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$104	\$122
D3221	Pulpal debridement, prim. and perm. teeth	\$126	Not covered
D3230	Pulpal therapy - resorbable filling, anterior, primary tooth	\$123	Not covered
D3240	Pulpal therapy - resorbable filling, anterior, primary tooth	\$211	Not covered
D3310	Endodontic therapy, anterior (excluding final restoration)	\$521	\$598
D3320	Endodontic therapy, premolar (excluding final restoration)	\$576	\$663
D3330	Endodontic therapy, molar (excluding final restoration)	\$755	\$867
D3333	Internal root repair of perforation defects	Not covered	\$225
D3346	Retreatment of previous root canal therapy - anterior	Not covered	\$609
D3347	Retreatment of previous root canal therapy - premolar	Not covered	\$812
D3348	Retreatment of previous root canal therapy - molar	Not covered	\$1,047
D3410	Apicoectomy - anterior	\$422	\$524
D3421	Apicoectomy- premolar (first root)	\$471	\$655
D3425	Apicoectomy - molar (first root)	\$518	\$687
D3426	Apicoectomy (each additional root)	\$314	\$371
D3427	Periradicular surg. w/o apicoectomy	\$402	\$504
D3430	Retrograde filling - per root	\$118	\$295

† Your provider must obtain prior authorization from our plan.

* Your cost-sharing for these services or items doesn't apply toward the out-of-pocket maximum.

ADA Code	Description of Services	*What you must pay Dentist	*What you must pay Specialist
D3450	Root amputation - per root	\$205	\$330
D3471	Surgical repair of root resorption - anterior	\$422	\$524
D3472	Surgical repair of root resorption – premolar	\$471	\$655
D3473	Surgical repair of root resorption – molar	\$518	\$687
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	\$422	\$524
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	\$471	\$655
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	\$518	\$687
D3920	Hemisection (including any root removal), not including root canal therapy	\$258	\$305
D3921	Decoronation or submergence of an erupted tooth	\$100	\$125
D3950	Canal prep/fitting of preformed dowel or post	\$154	\$216
	<i>Periodontic Services†</i>		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth per quadrant	\$372	\$439
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	\$161	\$190
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth	\$479	\$566
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	\$121	\$239
D4260	Osseous surgery (including flap entry and closure) - four or more per quadrant	\$709	\$836
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	\$452	\$534
D4268	Surgical revision procedure, per tooth	\$389	\$562
D4274	Mesial/distal wedge procedure, single tooth	\$329	\$466
D4341	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$137	\$194
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	\$99	\$117
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$76	\$103

†Your provider must obtain prior authorization from our plan.

* Your cost-sharing for these services or items doesn't apply toward the out-of-pocket maximum.

ADA Code	Description of Services	*What you must pay Dentist	*What you must pay Specialist
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$121	\$175
D4381	Localized delivery of antimicrobial agents	\$90	\$101
D4910	Periodontal maintenance	\$83	\$110
	<i>Prosthetics - Removable†</i>		
D5110	Complete denture - maxillary	\$845	Not covered
D5120	Complete denture - mandibular	\$845	Not covered
D5130	Immediate denture - maxillary	\$910	Not covered
D5140	Immediate denture - mandibular	\$910	Not covered
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$653	Not covered
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$653	Not covered
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$906	Not covered
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$906	Not covered
D5221	Immediate maxillary partial denture	\$653	Not covered
D5222	Immediate mandibular partial denture	\$653	Not covered
D5223	Immediate maxillary partial denture	\$906	Not covered
D5224	Immediate mandibular partial denture	\$906	Not covered
D5225	Maxillary partial denture	\$904	Not covered
D5226	Mandibular partial denture	\$1,004	Not covered
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$904	Not covered
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$1,004	Not covered
D5282	Removable unilateral partial denture - one piece cast metal, maxillary	\$510	Not covered
D5283	Removable unilateral partial denture - one piece cast metal, mandibular	\$510	Not covered
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	\$510	Not covered

†Your provider must obtain prior authorization from our plan.

* Your cost-sharing for these services or items doesn't apply toward the out-of-pocket maximum.

ADA Code	Description of Services	*What you must pay Dentist	*What you must pay Specialist
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	\$510	Not covered
D5410	Adjust complete denture - maxillary	\$79	Not covered
D5411	Adjust complete denture - mandibular	\$79	Not covered
D5421	Adjust partial denture - maxillary	\$79	Not covered
D5422	Adjust partial denture - mandibular	\$79	Not covered
D5511	Repair broken complete denture base - mandibular	\$101	Not covered
D5512	Repair broken complete denture base - maxillary	\$101	Not covered
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$84	Not covered
D5611	Repair resin denture base - mandibular	\$102	Not covered
D5612	Repair resin denture base - maxillary	\$102	Not covered
D5621	Repair cast partial framework - mandibular	\$147	Not covered
D5622	Repair cast partial framework - maxillary	\$147	Not covered
D5630	Repair or replace broken retentive/clasping material – per tooth	\$139	Not covered
D5640	Replace broken teeth - per tooth	\$88	Not covered
D5650	Add tooth to existing partial denture	\$131	Not covered
D5660	Add clasp to existing partial denture – per tooth	\$160	Not covered
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$559	Not covered
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$559	Not covered
D5710	Rebase complete maxillary denture	\$344	Not covered
D5711	Rebase complete mandibular denture	\$331	Not covered
D5720	Rebase maxillary partial denture	\$265	Not covered
D5721	Rebase mandibular partial denture	\$265	Not covered
D5725	Rebase hybrid prosthesis	\$344	Not covered
D5730	Reline complete maxillary denture (direct)	\$214	Not covered
D5731	Reline complete mandibular denture (direct)	\$215	Not covered
D5740	Reline maxillary partial denture (direct)	\$212	Not covered
D5741	Reline mandibular partial denture (direct)	\$212	Not covered
D5750	Reline complete maxillary denture (indirect)	\$260	Not covered
D5751	Reline complete mandibular denture (indirect)	\$258	Not covered

†Your provider must obtain prior authorization from our plan.

* Your cost-sharing for these services or items doesn't apply toward the out-of-pocket maximum.

ADA Code	Description of Services	*What you must pay Dentist	*What you must pay Specialist
D5760	Reline maxillary partial denture (indirect)	\$250	Not covered
D5761	Reline mandibular partial denture (indirect)	\$249	Not covered
D5765	Soft liner for complete or partial removable denture – indirect	\$50	Not covered
D5810	Interim complete denture (maxillary)	\$549	Not covered
D5811	Interim complete denture (mandibular)	\$400	Not covered
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), - (maxillary)	\$424	Not covered
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), - (mandibular)	\$429	Not covered
D5850	Tissue conditioning, maxillary	\$120	Not covered
D5851	Tissue conditioning, mandibular	\$121	Not covered
	<i>Prosthetics - Fixed†</i>		
D6000- D6199	ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)		
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$99	\$117
D6210	Pontic - cast high noble metal	\$610	Not covered
D6211	Pontic - cast predominantly base metal	\$624	Not covered
D6212	Pontic - cast noble metal	\$586	Not covered
D6214	Pontic - titanium and titanium alloys	\$571	Not covered
D6240	Pontic - porcelain fused to high noble metal	\$755	Not covered
D6241	Pontic - porcelain fused to predominantly base metal	\$653	Not covered
D6242	Pontic - porcelain fused to noble metal	\$679	Not covered
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$571	Not covered
D6245	Pontic – porcelain/ceramic	\$741	Not covered
D6250	Pontic - resin with high noble metal	\$745	Not covered
D6251	Pontic - resin with predominantly base metal	\$707	Not covered
D6252	Pontic - resin with noble metal	\$717	Not covered
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$270	Not covered
D6548	Retainer. - porcelain/ceramic for resin bonded fixed prosthesis	\$481	Not covered
D6549	Resin retainer – for resin bonded fixed prosthesis	\$270	Not covered
D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$410	Not covered

†Your provider must obtain prior authorization from our plan.

* Your cost-sharing for these services or items doesn't apply toward the out-of-pocket maximum.

ADA Code	Description of Services	*What you must pay Dentist	*What you must pay Specialist
D6601	Retainer inlay - porcelain/ceramic, >=3 surfaces	\$426	Not covered
D6602	Retainer inlay - cast high noble metal, two surfaces	\$422	Not covered
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$468	Not covered
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$422	Not covered
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$407	Not covered
D6606	Retainer inlay - cast noble metal, two surfaces	\$390	Not covered
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$426	Not covered
D6608	Retainer onlay -porcelain./ceramic, two surfaces	\$439	Not covered
D6609	Retainer onlay - porcelain./ceramic, three or more surfaces	\$459	Not covered
D6610	Retainer onlay - cast high noble metal, two surfaces	\$501	Not covered
D6611	Retainer onlay cast high noble metal >=3 surfaces	\$548	Not covered
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$431	Not covered
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$511	Not covered
D6614	Retainer onlay - cast noble metal, two surfaces	\$454	Not covered
D6615	Retainer onlay cast noble metal >=3 surfaces	\$511	Not covered
D6624	Retainer inlay - titanium	\$468	Not covered
D6634	Retainer onlay - titanium	\$548	Not covered
D6720	Retainer crown - resin with high noble metal	\$747	Not covered
D6721	Retainer crown - resin with predominantly base metal	\$666	Not covered
D6722	Retainer crown - resin with noble metal	\$696	Not covered
D6740	Retainer crown – Porcelain/ceramic	\$741	Not covered
D6750	Retainer crown - porcelain fused to high noble metal	\$639	Not covered
D6751	Retainer crown - porcelain fused to predominantly base metal	\$571	Not covered
D6752	Retainer crown - porcelain fused to noble metal	\$599	Not covered
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	\$679	Not covered
D6780	Retainer crown - 3/4 cast high noble metal	\$724	Not covered
D6781	Retainer crown - 3/4 cast predominantly base metal	\$566	Not covered
D6782	Retainer crown - 3/4 cast noble metal	\$578	Not covered

†Your provider must obtain prior authorization from our plan.

* Your cost-sharing for these services or items doesn't apply toward the out-of-pocket maximum.

ADA Code	Description of Services	*What you must pay Dentist	*What you must pay Specialist
D6783	Retainer crown - 3/4 porc./ceramic	\$808	Not covered
D6784	Retainer crown - 3/4 titanium and titanium alloys	\$679	Not covered
D6790	Retainer crown - full cast high noble metal	\$675	Not covered
D6791	Retainer crown - full cast predominantly base metal	\$601	Not covered
D6792	Retainer crown - full cast noble metal	\$628	Not covered
D6794	Retainer crown - titanium and titanium alloys	\$679	Not covered
D6930	Recement or rebond fixed partial denture	\$88	Not covered
D6940	Stress breaker	\$205	Not covered
D6980	Fixed partial denture repair, by report	\$206	Not covered
	<i>Oral Surgery†</i>		
D7111	Extraction, coronal remnants - primary tooth	\$72	\$85
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$83	\$97
D7210	Extraction of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$149	\$176
D7220	Removal of impacted tooth - soft tissue	\$183	\$216
D7230	Removal of impacted tooth - partially bony	\$250	\$295
D7240	Removal of impacted tooth - completely bony	\$295	\$347
D7241	Removal of impacted tooth - completely bony, with unusual surg. complications	\$363	\$429
D7250	Removal of residual tooth roots (cutting procedure)	\$167	\$199
D7251	Coronectomy - intentional partial tooth removal	\$363	\$429
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$279	\$330
D7280	Exposure of an unerupted tooth	\$312	\$369
D7282	Mobiliz. of erupted or malpos. tooth-aid erup	\$96	\$210
D7285	Biopsy of oral tissue - hard (bone, tooth)	\$196	\$231
D7286	Biopsy of oral tissue - soft (all others)	\$184	\$216
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$142	\$169
D7310	Alveoloplasty in conjunction with extractions - per quadrant	\$150	\$177
D7311	Alveoloplasty in conjunction with extractions	\$130	\$154
D7320	Alveoloplasty not in conjunction with extractions – per quadrant	\$193	\$227

†Your provider must obtain prior authorization from our plan.

* Your cost-sharing for these services or items doesn't apply toward the out-of-pocket maximum.

ADA Code	Description of Services	*What you must pay Dentist	*What you must pay Specialist
D7321	Alveoloplasty not in conjunction with extractions	\$40	\$84
D7471	Removal of lateral exostosis	\$314	\$370
D7472	Removal of torus palatinus	\$263	\$311
D7473	Removal of torus mandibularis	\$271	\$320
D7485	Reduction of osseous tuberosity	\$297	\$351
D7510	Incision and drainage of abscess - intraoral soft tissue	\$108	\$127
D7511	Incision and drainage of abscess - intraoral	\$226	\$260
D7910	Suture of recent small wounds up to 5 cm	\$246	\$290
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	\$25	\$25
D7961	Buccal/labial frenectomy (frenulectomy)	\$226	\$314
D7962	Lingual frenectomy (frenulectomy)	\$226	\$314
D7963	Frenuloplasty	\$99	\$245
D7970	Excision of hyperplastic tissue - per arch	\$456	\$539
D7971	Excision of pericoronal gingiva	\$225	\$265
D7972	Surgical reduction of fibrous tuberosity	\$78	\$185
D7979	Non-surgical sialolithotomy	\$43	\$88
	<i>Orthodontics†</i>		
D8090	Comprehensive orthodontic treatment of the adult dentition	Not covered	\$3,658
D8660	Pre-orthodontic treatment visit	Not covered	\$413
D8670	Periodic orthodontic treatment visit (as part of contract)	Not covered	\$118
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Not covered	\$516
	<i>Additional Procedures†</i>		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$43	\$88
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0	Not covered
D9211	Regional block anesthesia	\$0	Not covered
D9212	Trigeminal division block anesthesia	\$0	Not covered
D9215	Local anesthesia	\$0	Not covered
D9219	Evaluation for deep sedation or general anesthesia	\$0	Not covered
D9222	Deep sedation/general anesth – first 15 minute increment	\$103	\$178

†Your provider must obtain prior authorization from our plan.

* Your cost-sharing for these services or items doesn't apply toward the out-of-pocket maximum.

ADA Code	Description of Services	*What you must pay Dentist	*What you must pay Specialist
D9223	Deep sedation/general anesth – each subsequent 15 minute increment	\$103	\$178
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$37	\$42
D9239	Intrav moderate sedation/analgesia – first 15 minute increment	\$103	\$178
D9243	Intrav moderate sedation/analgesia – each subsequent 15 minute increment	\$103	\$178
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$59	\$96
D9439	Office visit - Not including an FC30 visit	\$10	\$10
D9440	Office visit - after regularly scheduled hours	\$27	\$111
D9613	Infiltration of sustained release therapeutic drug, per quadrant	\$190	\$190
D9910	Application of desensitizing medicament	\$31	\$61
D9930	Treatment of complications (post-surgical)	\$48	\$48
D9944	Occlusal guard – hard appliance, full arch	\$338	\$519
D9945	Occlusal guard – soft appliance, full arch	\$338	\$519
D9946	Occlusal guard – hard appliance, partial arch	\$338	\$519
D9950	Occlusion analysis - mounted case	\$169	\$169
D9951	Occlusal adjustment - limited	\$88	\$115
D9952	Occlusal adjustment - complete	\$372	\$597
D9986	Missed appointment	\$50	\$50
D9995	Teledentistry – synchronous; real-time encounter	\$0	\$0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	\$0	\$0
D9997	Dental case management – patients with special health care needs	\$50	\$50

†Your provider must obtain prior authorization from our plan.

* Your cost-sharing for these services or items doesn't apply toward the out-of-pocket maximum.