



Monthly Premium Rate Guide

Region II

(754-759, 764, 766-767, 765, 778, 768-769, 788, 797-798, 776-777, 779, 781, 780, 782, 783-785, 790-792, 793-796)

Longview, Tyler, Lufkin, Stephenville, Hillsboro, Waco, Killeen, Bryan, College Station, San Angelo, Odessa, Del Rio, Midland, Beaumont, Port Arthur, Victoria, Beeville, Karnes City, San Antonio, Laredo, Kerrville, Corpus Christi, Brownsville, McAllen, Amarillo, Plainview, Dumas, Abilene, Lubbock

COVERAGE

GOLD

Individual	\$29.00
Individual + Spouse	\$58.00
Individual + Child or Children	\$60.20
Individual + Family	\$100.80

Region IV

(750-751, 752-753, 760-761, 762-763, 770, 772, 773-775, 786-787, 789, 799, 885)

Garland, Irving, Sherman, Denison, Dallas, Arlington, Fort Worth, Wichita Falls, Denton, Houston, Conroe, Pasadena, Galveston, Austin, San Marcos, La Grange, El Paso

COVERAGE

GOLD

Individual	\$34.70
Individual + Spouse	\$69.40
Individual + Child or Children	\$70.90
Individual + Family	\$119.50

Scheduled Benefit Plan - Region II

GOLD COVERAGE SCHEDULE

For the procedures listed below, we will pay the benefit amounts shown, not to exceed the provider's actual charges.

Some procedures and services are limited as to frequency and/or age. Please carefully review the Limitations Section below.

Maximum Benefit Amount:

Each Calendar Year, other than for Orthodontic Procedures	\$1,000.00
Each Lifetime for Orthodontic Procedures	\$1,000.00

Deductible Amount For Eligible Expenses:*

Each Insured Person for each calendar year	\$50.00
Each Family Unit for each calendar year	\$150.00
(Deductible does not apply to Class I Eligible Expenses or Orthodontics)	

Probationary Period for:*

Eligible Expenses in Class I, II, IV, VII and VIII	None
Eligible Expenses in Class III, V, VI	12 months
Eligible Expenses in Class IX	12 months

*Exception: 04910 is not subject to the Deductible or the Probationary Period.

*Exception: 09110 is not subject to the Deductible.

Code	<u>I. Diagnostic & Preventive</u>	<u>Insurance Allowance</u>
00120	Periodic Oral Evaluation	\$23
00140	Limited Oral Evaluation-Problem Focused	\$35
00150	Comprehensive Oral Evaluation	\$34
00160	Detailed Exten Oral Eval-Problem Focused	\$34
00180	Comp Perio Evaluation	\$34
00210	Intraoral-Complete Series Including Bitewings	\$72
00220	Intraoral-Periapical-First Film	\$13
00230	Intraoral-Periapical-Each Additional Film	\$10
00240	Intraoral-Occlusal Film	\$20
00270	Bitewings-Single Film	\$14
00272	Bitewings-Two Films	\$22
00274	Bitewings-Four Films	\$32
00277	Vertical Bitewings-7 To 8 Films	\$42
00330	Panoramic Film	\$61
01110	Prophylaxis-Adult	\$47
01120	Prophylaxis-Child	\$34
01201	Topical Application Of Fluoride Includ/Pxs Child	\$45
01203	Topical Applic Fluoride Pxs Not Incl-Child	\$18
01351	Sealant-Per Tooth	\$27

Code	<u>II. Minor Restorative</u>	
01510	Space Maintainer-Fixed-Unilateral	\$88
01515	Space Maintainer-Fixed-Bilateral	\$116
01520	Space Maintainer-Removable-Unilateral	\$109
01525	Space Maintainer-Removable-Bilateral	\$150
01550	Recementation Of Space Maintainer	\$19
02140	Amalgam - 1 Surface	\$50
02150	Amalgam - 2 Surfaces	\$62
02160	Amalgam - 3 Surfaces	\$74
02161	Amalgam - 4+ Surfaces	\$93
02330	Resin-One Surface, Anterior	\$58
02331	Resin-Two Surfaces, Anterior	\$73
02332	Resin-Three Surfaces, Anterior	\$88
02335	Resin-Four+ Surf Or Invl Incisal Angle(Anterior)	\$104

II. Minor Restorative (continued)

02390	Resin Comp Crwn, Ant	\$124
02391	Resin Comp - 1 Surf Posterior	\$66
02392	Resin Comp - 2 Surf Posterior	\$86
02393	Resin Comp - 3 Surf Posterior	\$109
02394	Resin Comp - 4+ Surf Posterior	\$130
02910	Recement Inlay	\$38
02920	Recement Crown	\$39
02930	Prefabricated Stainless Steel Crown-Primary	\$67
02931	Prefab Stainless Steel Crown-Primary	\$76
02932	Prefab Resin Crown	\$83
02933	Prefab Stainless Steel Crown W/Resin Window	\$93
02940	Sedative Filling	\$41
06930	Recement Fixed Partial Denture	\$37

Code**III. Major Restorative**

02510	Inlay-Metallic-One Surface	\$209
02520	Inlay-Metallic-Two Surfaces	\$237
02530	Inlay-Metallic-Three Or More Surfaces	\$273
02542	Onlay-Metallic-Two Surfaces	\$268
02543	Onlay-Metallic-Three Surfaces	\$280
02544	Onlay-Metallic-Four Or More Surfaces	\$291
02610	Inlay-Porcelain/Ceramic-One Surface	\$246
02620	Inlay-Porcelain/Ceramic-Two Surfaces	\$259
02630	Inlay-Porcelain/Ceramic-Three Or More Surfaces	\$276
02642	Onlay Porcelain/Ceramic-Two Surfaces	\$268
02643	Onlay Porcelain/Ceramic-Three Surfaces	\$289
02644	Onlay Porcelain/Ceramic-Four Or More Surfaces	\$307
02650	Inlay-Comp/Resin-One Surface (Lab Processed)	\$161
02651	Inlay-Comp/Resin-Two Surfaces (Lab Processed)	\$192
02652	Inlay-Comp/Resin-Three/More Surf (Lab Processed)	\$202
02662	Onlay-Comp/Resin-Two Surfaces (Lab Processed)	\$175
02663	Onlay-Comp/Resin-Three Surfaces (Lab Processed)	\$206
02664	Onlay-Comp/Resin-Four/More Surf (Lab Processed)	\$221
02710	Crown-Resin (Indirect)	\$125
02720	Crown-Resin W/High Noble Metal	\$307
02721	Crown-Resin W/Predominately Base Metal	\$288
02722	Crown-Resin W/Noble Metal	\$294
02740	Crown-Porcelain/Ceramic Substrate	\$315
02750	Crown-Porcelain Fused To High Noble Metal	\$307
02751	Crown-Porc Fused To Predominantly Base Metal	\$289
02752	Crown-Porcelain Fused To Noble Metal	\$296
02780	Crown-3/4 Cast W/High Noble Metal	\$298
02781	Crown-3/4 Cast W/Predominately Base Metal	\$281
02782	Crown-3/4 Cast W/Noble Metal	\$290
02783	Crown-3/4 Cast Porcelain/Ceramic	\$306
02790	Crown-Full Cast High Noble Metal	\$300
02791	Crown-Full Cast Predominantly Base Metal	\$284
02792	Crown-Full Cast Noble Metal	\$289
02950	Core Build-Up, Including Any Pins	\$102
02951	Pin Retention/Tooth, In Addition To Restoration	\$14
02952	Cast Post And Core In Addition To Crown	\$98
02953	Each Addl Cast Post-Same Tooth	\$49
02954	Prefabricated Post And Core In Addition To Crown	\$81
02957	Each Addl Prefabricated Post-Same Tooth	\$41
02980	Crown Repair	\$56

Code**IV. Endodontics**

03110	Pulp Cap-Direct (Excluding Final Restoration)	\$29
-------	---	------

<u>Code</u>	<u>IV. Endodontics (continued)</u>	
03120	Pulp Cap-Indirect (Excluding Final Restoration)	\$23
03220	Therapeutic Pulpotomy (Excluding Final Rest)	\$69
03221	Pulpal Debridement	\$75
03230	Pulpal Ther (Resorbable Fill)-Ant Prim Tooth	\$73
03240	Pulpal Ther (Resorbable Fill)-Post Prim Tooth	\$78
03310	Root Canal-Anterior(Excluding Final Restoration)	\$290
03320	Root Canal-Bicuspid(Excluding Final Restoration)	\$354
03330	Root Canal-Molar (Excluding Final Restoration)	\$458
03346	Retreatment Previous Root Canal Therapy-Anterior	\$290
03347	Retreatment Previous Root Canal Therapy-Bicuspid	\$354
03348	Retreatment Previous Root Canal Therapy-Molar	\$458
03351	Apex./Recal.-Initial Visit(Ap.Clos./Cal.Rep.Etc)	\$165
03352	Apex./Recal.-Interim Medication Replacement	\$72
03353	Apexification/Recalcification-Final Visit	\$242
03410	Apicoectomy/Periradicular Surgery- Anterior	\$332
03421	Apicoectomy/Periradicular Surg-Bicusp (First Rt)	\$362
03425	Apicoectomy/Periradicular Surg-Molar(First Root)	\$410
03426	Apicoectomy/Periradicular Surg (Ea. Addt'l Root)	\$137
03430	Retrograde Filling-Per Root	\$100
03450	Root Amputation-Per Root	\$203
03920	Hemisection (Inc Root Removal) Not Inc Endo	\$159

<u>Code</u>	<u>V. Periodontics</u>	
04210	Gingivectomy/Gingivoplasty - 4+ Cont Tth Per Quad	\$257
04211	Gingivectomy/Gingivoplasty - 1 to 3 Tth Per Quad	\$69
04240	Gingival Flap, w/ Rt Pln - 4+ Cont Tth Per Quad	\$302
04241	Gingival Flap, W/ Rt Pln - 1 to 3 Tth Per Quad	\$151
04249	Clinical Crown Lengthening-Hard Tissue	\$345
04260	Oss Surg, w/Flap Entry & Closure - 4+ Cont Tth/Quad	\$488
04261	Oss Surg, w/Flap Entry & Closure - 1 To 3 Tth/Quad	\$244
04263	Bone Replac Gft-First Site In Quadrant	\$147
04264	Bone Replac Gft-Ea Add Site In Quadrant	\$74
04270	Pedicle Soft Tissue Graft Procedure	\$361
04271	Free Soft Tiss Graft Proc(Incl Donor Site Surg)	\$371
04273	Subepithelial Connective Tiss Gft (Incl Donor)	\$396
04274	Dist/Prox Wedge Proc (Not W/Proc In Same Area)	\$112
04276	Combo Connect Tissue & Dbl Ped Graft	\$396
04341	Perio Scal & Rt Pln - 4+ Cont Tth Per Quad	\$106
04342	Perio Scal & Rt Pln - 1 To 3 Tth Per Quad	\$53
04355	Full Mouth Debride-Enable Periodontal Eval & Dx	\$70
04910	Periodontal Maintenance	\$62

<u>Code</u>	<u>VI. Prosthetics</u>	
05110	Complete Denture-Maxillary	\$346
05120	Complete Denture-Mandibular	\$346
05130	Immediate Denture-Maxillary	\$377
05140	Immediate Denture-Mandibular	\$377
05211	Maxillary Part Denture-Resin Base(Clasp/Rests)	\$292
05212	Mandibular Part Denture-Resin Base(Clasp/Rests)	\$339
05213	Maxillary Part Denture-Metal Frame W/Resin Base	\$382
05214	Mandibular Part Denture-Metal Frame W/Resin Base	\$382
05281	Remov Unilat Part Denture-1 Piece Metal(W/Teeth)	\$223
05410	Adjust Complete Denture-Maxillary	\$19
05411	Adjust Complete Denture-Mandibular	\$19
05421	Adjust Partial Denture-Maxillary	\$19
05422	Adjust Partial Denture-Mandibular	\$19
05510	Repair Broken Complete Denture Base	\$38
05520	Replace Miss/Brkn Teeth-Complete Denture/Tooth	\$32

<u>Code</u>	<u>VI. Prosthetics (continued)</u>	
05610	Repair Resin Denture Base	\$41
05620	Repair Cast Framework, Partial Denture	\$44
05630	Repair Or Replace Broken Clasp, Partial Denture	\$54
05640	Replace Broken Teeth-Per Tooth, Partial Denture	\$35
05650	Add Tooth To Existing Partial Denture	\$48
05660	Add Clasp To Existing Partial Denture	\$57
05670	All Teeth/Acrylic On Cast Frame-Maxil	\$133
05671	All Teeth/Acrylic On Cast Frame-Mand	\$133
05710	Rebase Complete Maxillary Denture	\$141
05711	Rebase Complete Mandibular Denture	\$134
05720	Rebase Maxillary Partial Denture	\$133
05721	Rebase Mandibular Partial Denture	\$133
05730	Reline Complete Maxillary Denture (Chairside)	\$79
05731	Reline Complete Mandibular Denture (Chairside)	\$79
05740	Reline Maxillary Partial Denture (Chairside)	\$73
05741	Reline Mandibular Partial Denture (Chairside)	\$73
05750	Reline Complete Maxillary Denture (Laboratory)	\$106
05751	Reline Complete Mandibular Denture (Laboratory)	\$106
05760	Reline Maxillary Partial Denture (Laboratory)	\$104
05761	Reline Mandibular Partial Denture (Laboratory)	\$104
05860	Overdenture-Complete, By Report	\$346
05861	Overdenture-Partial, By Report	\$292
06210	Pontic-Cast High Noble Metal	\$279
06211	Pontic-Cast Predominantly Base Metal	\$262
06212	Pontic-Cast Noble Metal	\$272
06240	Pontic-Porcelain Fused To High Noble Metal	\$276
06241	Pontic-Porcelain Fused To Predom. Base Metal	\$255
06242	Pontic-Porcelain Fused To Noble Metal	\$269
06245	Pontic-Porcelain/Ceramic	\$285
06250	Pontic-Resin W/High Noble Metal	\$272
06251	Pontic-Resin W/Predominately Base Metal	\$251
06252	Pontic-Resin W/Noble Metal	\$259
06545	Retainer-Cast Metal-Resin Bonded Fixed Prosthesis	\$116
06548	Retainer-Porc/Ceram For Resin Bonded Fx Prosth	\$128
06600	Inlay-Porc/Ceramic, 2 Surf	\$258
06601	Inlay-Porc/Ceramic, 3+ Surf	\$258
06602	Inlay-Cast Hi Noble, 2 Surf	\$241
06603	Inlay-Cast Hi Noble, 3+ Surf	\$276
06604	Inlay-Cast Predom Base Metal, 2 Surf	\$241
06605	Inlay-Cast Predom Base Metal, 3+ Surf	\$276
06606	Inlay-Cast Noble, 2 Surf	\$241
06607	Inlay-Cast Noble, 3+ Surf	\$276
06608	Onlay-Porc/Ceramic, 2 Surf	\$258
06609	Onlay-Porc/Ceramic, 3+ Surf	\$258
06610	Onlay-Cast Hi Noble, 2 Surf	\$283
06611	Onlay-Cast Hi Noble, 3+ Surf	\$295
06612	Onlay-Cast Predom Base Metal, 2 Surf	\$283
06613	Onlay-Cast Predom Base Metal, 3+ Surf	\$295
06614	Onlay-Cast Noble, 2 Surf	\$283
06615	Onlay-Cast Noble, 3+ Surf	\$295
06720	Crown-Resin W/High Noble Metal	\$308
06721	Crown-Resin W/Predominately Base Metal	\$292
06722	Crown-Resin W/Noble Metal	\$297
06740	Crown-Porcelain/Ceramic	\$323
06750	Crown-Retainer-Porcelain Fused High Noble Metal	\$315
06751	Crown-Retainer-Porcelain Fused Pred. Base Metal	\$294
06752	Crown-Retainer-Porcelain Fused To Noble Metal	\$301
06780	Crown-3/4 Cast High Noble Metal	\$297

<u>Code</u>	<u>VI. Prosthetics (continued)</u>	
06781	Crown-3/4 Cast Predominately Base Metal	\$297
06782	Crown-3/4 Cast Noble Metal	\$276
06783	Crown-3/4 Cast Porcelain/Ceramic	\$306
06790	Crown-Retainer-Full Cast High Noble Metal	\$304
06791	Crown-Retainer-Full Cast Predom. Base Metal	\$288
06792	Crown-Retainer-Full Cast Noble Metal	\$299
06970	Cast Post And Core/Addition To Bridge Retainer	\$102
06971	Cast Post As Part Of Bridge Retainer	\$90
06972	Prefab Post And Core In Addition To Bridge Ret	\$83
06973	Core Build-Up For Retainer Incl Any Pins	\$67
06976	Each Addl Cast Post-Same Tooth	\$43
06977	Each Addl Prefabricated Post-Same Tooth	\$42
06980	Fixed Partial Denture Repair	\$56
06985	Pediatric Partial Denture - Fixed	\$292

<u>Code</u>	<u>VII. Oral Surgery</u>	
07111	Coronal Remnants - Deciduous Tooth	\$57
07140	Extrct, Erupt Tth Or Exposed Root	\$57
07210	Surg Rem Erup Tooth Req Flap/Bone Rem/Sec Tooth	\$105
07220	Removal Of Impacted Tooth-Soft Tissue	\$131
07230	Removal Of Impacted Tooth-Partial Bony	\$174
07240	Removal Of Impacted Tooth-Complete Bony	\$205
07241	Rem Impac. Tooth-Comp Bony/Unusual Complications	\$258
07250	Surg Rem Of Residual Tooth Roots (Cutting Proc)	\$110
07310	Alveoloplasty In Conjunc With Exts-Per Quad	\$122
07320	Alveoloplasty Not In Conjunc With Exts-Per Quad	\$545
07450	Remv Benign Odonto Cyst/Tumor Up To 1.25 cm	\$389
07451	Remv Benign Odonto Cyst/Tumor Over 1.25 cm	\$610
07510	I & D Abscess Intraoral-Soft Tissue	\$117
07960	Frenulectomy (Frenectomy/Frenotomy) Sep. Proc.	\$256
07970	Excision Of Hyperplastic Tissue/ Per Arch	\$264
07971	Exc Pericoronal Gingiva	\$84
07972	Surg Reduction Of Fibrous Tuberosity	\$84

<u>Code</u>	<u>VIII. Adjunctive Services</u>	
09110	Palliative (Er) Tx-Dental Pain-Minor Procedure	\$36
09220	Deep Sedation/Gen Anesth - First 30 Min	\$144
09221	Deep Sedation/Gen Anesth - Each Addl 15 Min	\$61
09241	Intraven Conscious Sedat/Analg - First 30 Min	\$114
09242	Intraven Conscious Sedat/Analg - Each Addl 15 Min	\$47
09248	Non-Intravenous Conscious Sedation	\$24

Code **IX. Orthodontics**

Orthodontia diagnostic procedures and treatment are for eligible dependent children only under the age of 19. Benefits will be paid at 50% of provider's charges, not to exceed the lifetime maximum of \$1,000. Payments will be divided into equal quarterly payments for the total months of active treatment, not to exceed 24 months.

Limitations:

- Exams (00120, 00150, 00160, 00180) - 2 per calendar year
- Intraoral Radiographs/Complete Series (00210) - 1 every 36 months
- Panoramic Film (00330) - 1 every 36 months
- Bitewings (00270, 00272, 00274, 00277) - 2 per calendar year
- Cleanings (01110, 01120, 01201) - 2 per calendar year
- Fluoride (01203) - 1 per calendar year; up to age 19
- Sealants (01351) - 1st & 2nd molars; up to age 19
- Periodontal maintenance (04910) - 2 per calendar year

Scheduled Benefit Plan - Region IV

GOLD COVERAGE SCHEDULE

For the procedures listed below, we will pay the benefit amounts shown, not to exceed the provider's actual charges.

Some procedures and services are limited as to frequency and/or age. Please carefully review the Limitations Section below.

Maximum Benefit Amount:

Each Calendar Year, other than for Orthodontic Procedures	\$1,000.00
Each Lifetime for Orthodontic Procedures	\$1,000.00

Deductible Amount For Eligible Expenses:*

Each Insured Person for each calendar year	\$50.00
Each Family Unit for each calendar year	\$150.00
(Deductible does not apply to Class I Eligible Expenses or Orthodontics)	

Probationary Period for:*

Eligible Expenses in Class I, II, IV, VII and VIII	None
Eligible Expenses in Class III, V, VI	12 months
Eligible Expenses in Class IX	12 months

*Exception: 04910 is not subject to the Deductible or the Probationary Period.

*Exception: 09110 is not subject to the Deductible.

<u>Code</u>	<u>I. Diagnostic & Preventive</u>	<u>Insurance Allowance</u>
00120	Periodic Oral Evaluation	\$28
00140	Limited Oral Evaluation-Problem Focused	\$43
00150	Comprehensive Oral Evaluation	\$43
00160	Detailed Exten Oral Eval-Problem Focused	\$43
00180	Comp Perio Evaluation	\$43
00210	Intraoral-Complete Series Including Bitewings	\$82
00220	Intraoral-Periapical-First Film	\$16
00230	Intraoral-Periapical-Each Additional Film	\$12
00240	Intraoral-Occlusal Film	\$23
00270	Bitewings-Single Film	\$17
00272	Bitewings-Two Films	\$26
00274	Bitewings-Four Films	\$38
00277	Vertical Bitewings-7 To 8 Films	\$50
00330	Panoramic Film	\$72
01110	Prophylaxis-Adult	\$58
01120	Prophylaxis-Child	\$41
01201	Topical Application Of Fluoride Includ/Pxs Child	\$55
01203	Topical Applic Fluoride Pxs Not Incl-Child	\$22
01351	Sealant-Per Tooth	\$32

<u>Code</u>	<u>II. Minor Restorative</u>	
01510	Space Maintainer-Fixed-Unilateral	\$102
01515	Space Maintainer-Fixed-Bilateral	\$134
01520	Space Maintainer-Removable-Unilateral	\$126
01525	Space Maintainer-Removable-Bilateral	\$172
01550	Recementation Of Space Maintainer	\$22
02140	Amalgam - 1 Surface	\$61
02150	Amalgam - 2 Surfaces	\$74
02160	Amalgam - 3 Surfaces	\$90
02161	Amalgam - 4+ Surfaces	\$111
02330	Resin-One Surface, Anterior	\$70
02331	Resin-Two Surfaces, Anterior	\$88
02332	Resin-Three Surfaces, Anterior	\$106
02335	Resin-Four+ Surf Or Invl Incisal Angle(Anterior)	\$126

<u>Code</u>	<u>II. Minor Restorative (continued)</u>	
02390	Resin Comp Crwn, Ant	\$150
02391	Resin Comp - 1 Surf Posterior	\$78
02392	Resin Comp - 2 Surf Posterior	\$106
02393	Resin Comp - 3 Surf Posterior	\$132
02394	Resin Comp - 4+ Surf Posterior	\$158
02910	Recement Inlay	\$46
02920	Recement Crown	\$48
02930	Prefabricated Stainless Steel Crown-Primary	\$82
02931	Prefabricated Stainless Steel Crown-Permanent	\$93
02932	Prefab Resin Crown	\$101
02933	Prefab Stainless Steel Crown W/Resin Window	\$113
02940	Sedative Filling	\$50
06930	Recement Fixed Partial Denture	\$43

<u>Code</u>	<u>III. Major Restorative</u>	
02510	Inlay-Metallic-One Surface	\$241
02520	Inlay-Metallic-Two Surfaces	\$273
02530	Inlay-Metallic-Three Or More Surfaces	\$315
02542	Onlay-Metallic-Two Surfaces	\$309
02543	Onlay-Metallic-Three Surfaces	\$323
02544	Onlay-Metallic-Four Or More Surfaces	\$336
02610	Inlay-Porcelain/Ceramic-One Surface	\$284
02620	Inlay-Porcelain/Ceramic-Two Surfaces	\$299
02630	Inlay-Porcelain/Ceramic-Three Or More Surfaces	\$319
02642	Onlay Porcelain/Ceramic-Two Surfaces	\$310
02643	Onlay Porcelain/Ceramic-Three Surfaces	\$334
02644	Onlay Porcelain/Ceramic-Four Or More Surfaces	\$354
02650	Inlay-Comp/Resin-One Surface (Lab Processed)	\$186
02651	Inlay-Comp/Resin-Two Surfaces (Lab Processed)	\$222
02652	Inlay-Comp/Resin-Three/More Surf (Lab Processed)	\$233
02662	Onlay-Comp/Resin-Two Surfaces (Lab Processed)	\$203
02663	Onlay-Comp/Resin-Three Surfaces (Lab Processed)	\$238
02664	Onlay-Comp/Resin-Four/More Surf (Lab Processed)	\$255
02710	Crown-Resin (Indirect)	\$144
02720	Crown-Resin W/High Noble Metal	\$354
02721	Crown-Resin W/Predominately Base Metal	\$332
02722	Crown-Resin W/Noble Metal	\$339
02740	Crown-Porcelain/Ceramic Substrate	\$364
02750	Crown-Porcelain Fused To High Noble Metal	\$354
02751	Crown-Porc Fused To Predominantly Base Metal	\$334
02752	Crown-Porcelain Fused To Noble Metal	\$342
02780	Crown-3/4 Cast W/High Noble Metal	\$344
02781	Crown-3/4 Cast W/Predominately Base Metal	\$324
02782	Crown-3/4 Cast W/Noble Metal	\$335
02783	Crown-3/4 Cast Porcelain/Ceramic	\$354
02790	Crown-Full Cast High Noble Metal	\$346
02791	Crown-Full Cast Predominantly Base Metal	\$328
02792	Crown-Full Cast Noble Metal	\$334
02950	Core Build-Up, Including Any Pins	\$125
02951	Pin Retention/Tooth, In Addition To Restoration	\$17
02952	Cast Post And Core In Addition To Crown	\$120
02953	Each Addl Cast Post-Same Tooth	\$60
02954	Prefabricated Post And Core In Addition To Crown	\$99
02957	Each Addl Prefabricated Post-Same Tooth	\$50
02980	Crown Repair	\$73

<u>Code</u>	<u>IV. Endodontics</u>	
03110	Pulp Cap-Direct (Excluding Final Restoration)	\$35

<u>Code</u>	<u>IV. Endodontics (continued)</u>	
03120	Pulp Cap-Indirect (Excluding Final Restoration)	\$28
03220	Therapeutic Pulpotomy (Excluding Final Rest)	\$83
03221	Pulpal Debridement	\$91
03230	Pulpal Ther (Resorbable Fill)-Ant Prim Tooth	\$88
03240	Pulpal Ther (Resorbable Fill)-Post Prim Tooth	\$94
03310	Root Canal-Anterior(Excluding Final Restoration)	\$351
03320	Root Canal-Bicuspid(Excluding Final Restoration)	\$429
03330	Root Canal-Molar (Excluding Final Restoration)	\$554
03346	Retreatment Previous Root Canal Therapy-Anterior	\$351
03347	Retreatment Previous Root Canal Therapy-Bicuspid	\$429
03348	Retreatment Previous Root Canal Therapy-Molar	\$554
03351	Apex./Recal.-Initial Visit(Ap.Clos./Cal.Rep.Etc)	\$199
03352	Apex./Recal.-Interim Medication Replacement	\$87
03353	Apexification/Recalcification-Final Visit	\$294
03410	Apicoectomy/Periradicular Surgery- Anterior	\$402
03421	Apicoectomy/Periradicular Surg-Bicusp (First Rt)	\$439
03425	Apicoectomy/Periradicular Surg-Molar(First Root)	\$497
03426	Apicoectomy/Periradicular Surg (Ea. Addt'l Root)	\$166
03430	Retrograde Filling-Per Root	\$122
03450	Root Amputation-Per Root	\$246
03920	Hemisection (Inc Root Removal) Not Inc Endo	\$193

<u>Code</u>	<u>V. Periodontics</u>	
04210	Gingivectomy/Gingivoplasty - 4+ Cont Tth Per Quad	\$312
04211	Gingivectomy/Gingivoplasty - 1 to 3 Tth Per Quad	\$83
04240	Gingival Flap, w/ Rt Pln - 4+ Cont Tth Per Quad	\$367
04241	Gingival Flap, W/ Rt Pln - 1 to 3 Tth Per Quad	\$184
04249	Clinical Crown Lengthening-Hard Tissue	\$419
04260	Oss Surg, w/Flap Entry & Closure - 4+ Cont Tth/Quad	\$593
04261	Oss Surg, w/Flap Entry & Closure - 1 To 3 Tth/Quad	\$297
04263	Bone Replac Gft-First Site In Quadrant	\$179
04264	Bone Replac Gft-Ea Add Site In Quadrant	\$90
04270	Pedicle Soft Tissue Graft Procedure	\$438
04271	Free Soft Tiss Graft Proc(Incl Donor Site Surg)	\$451
04273	Subepithelial Connective Tiss Gft (Incl Donor)	\$481
04274	Dist/Prox Wedge Proc (Not W/Proc In Same Area)	\$136
04276	Combo Connect Tissue & Dbl Ped Graft	\$481
04341	Perio Scal & Rt Pln - 4+ Cont Tth Per Quad	\$121
04342	Perio Scal & Rt Pln - 1 To 3 Tth Per Quad	\$61
04355	Full Mouth Debride-Enable Periodontal Eval & Dx	\$80
04910	Periodontal Maintenance	\$72

<u>Code</u>	<u>VI. Prosthetics</u>	
05110	Complete Denture-Maxillary	\$412
05120	Complete Denture-Mandibular	\$412
05130	Immediate Denture-Maxillary	\$449
05140	Immediate Denture-Mandibular	\$449
05211	Maxillary Part Denture-Resin Base(Clasp/Rests)	\$348
05212	Mandibular Part Denture-Resin Base(Clasp/Rests)	\$404
05213	Maxillary Part Denture-Metal Frame W/Resin Base	\$455
05214	Mandibular Part Denture-Metal Frame W/Resin Base	\$455
05281	Remov Unilat Part Denture-1 Piece Metal(W/Teeth)	\$265
05410	Adjust Complete Denture-Maxillary	\$23
05411	Adjust Complete Denture-Mandibular	\$23
05421	Adjust Partial Denture-Maxillary	\$23
05422	Adjust Partial Denture-Mandibular	\$23
05510	Repair Broken Complete Denture Base	\$45
05520	Replace Miss/Brkn Teeth-Complete Denture/Tooth	\$38

<u>Code</u>	<u>VI. Prosthetics (continued)</u>	
05610	Repair Resin Denture Base	\$49
05620	Repair Cast Framework, Partial Denture	\$53
05630	Repair Or Replace Broken Clasp, Partial Denture	\$64
05640	Replace Broken Teeth-Per Tooth, Partial Denture	\$42
05650	Add Tooth To Existing Partial Denture	\$57
05660	Add Clasp To Existing Partial Denture	\$68
05670	All Teeth/Acrylic On Cast Frame-Maxil	\$158
05671	All Teeth/Acrylic On Cast Frame-Mand	\$158
05710	Rebase Complete Maxillary Denture	\$167
05711	Rebase Complete Mandibular Denture	\$160
05720	Rebase Maxillary Partial Denture	\$158
05721	Rebase Mandibular Partial Denture	\$158
05730	Reline Complete Maxillary Denture (Chairside)	\$94
05731	Reline Complete Mandibular Denture (Chairside)	\$94
05740	Reline Maxillary Partial Denture (Chairside)	\$87
05741	Reline Mandibular Partial Denture (Chairside)	\$87
05750	Reline Complete Maxillary Denture (Laboratory)	\$126
05751	Reline Complete Mandibular Denture (Laboratory)	\$126
05760	Reline Maxillary Partial Denture (Laboratory)	\$124
05761	Reline Mandibular Partial Denture (Laboratory)	\$124
05860	Overdenture-Complete, By Report	\$412
05861	Overdenture-Partial, By Report	\$348
06210	Pontic-Cast High Noble Metal	\$325
06211	Pontic-Cast Predominantly Base Metal	\$304
06212	Pontic-Cast Noble Metal	\$316
06240	Pontic-Porcelain Fused To High Noble Metal	\$321
06241	Pontic-Porcelain Fused To Predom. Base Metal	\$296
06242	Pontic-Porcelain Fused To Noble Metal	\$312
06245	Pontic-Porcelain/Ceramic	\$331
06250	Pontic-Resin W/High Noble Metal	\$316
06251	Pontic-Resin W/Predominately Base Metal	\$292
06252	Pontic-Resin W/Noble Metal	\$301
06545	Retainer-Cast Metal-Resin Bonded Fixed Prosthesis	\$135
06548	Retainer-Porc/Ceram For Resin Bonded Fx Prosth	\$148
06600	Inlay-Porc/Ceramic, 2 Surf	\$300
06601	Inlay-Porc/Ceramic, 3+ Surf	\$300
06602	Inlay-Cast Hi Noble, 2 Surf	\$280
06603	Inlay-Cast Hi Noble, 3+ Surf	\$321
06604	Inlay-Cast Predom Base Metal, 2 Surf	\$280
06605	Inlay-Cast Predom Base Metal, 3+ Surf	\$321
06606	Inlay-Cast Noble, 2 Surf	\$280
06607	Inlay-Cast Noble, 3+ Surf	\$321
06608	Onlay-Porc/Ceramic, 2 Surf	\$300
06609	Onlay-Porc/Ceramic, 3+ Surf	\$300
06610	Onlay-Cast Hi Noble, 2 Surf	\$329
06611	Onlay-Cast Hi Noble, 3+ Surf	\$343
06612	Onlay-Cast Predom Base Metal, 2 Surf	\$329
06613	Onlay-Cast Predom Base Metal, 3+ Surf	\$343
06614	Onlay-Cast Noble, 2 Surf	\$329
06615	Onlay-Cast Noble, 3+ Surf	\$343
06720	Crown-Resin W/High Noble Metal	\$357
06721	Crown-Resin W/Predominately Base Metal	\$339
06722	Crown-Resin W/Noble Metal	\$345
06740	Crown-Porcelain/Ceramic	\$376
06750	Crown-Retainer-Porcelain Fused High Noble Metal	\$366
06751	Crown-Retainer-Porcelain Fused Pred. Base Metal	\$341
06752	Crown-Retainer-Porcelain Fused To Noble Metal	\$350
06780	Crown-3/4 Cast High Noble Metal	\$345

<u>Code</u>	<u>VI. Prosthetics (continued)</u>	
06781	Crown-3/4 Cast Predominately Base Metal	\$345
06782	Crown-3/4 Cast Noble Metal	\$321
06783	Crown-3/4 Cast Porcelain/Ceramic	\$355
06790	Crown-Retainer-Full Cast High Noble Metal	\$353
06791	Crown-Retainer-Full Cast Predom. Base Metal	\$335
06792	Crown-Retainer-Full Cast Noble Metal	\$347
06970	Cast Post And Core/Addition To Bridge Retainer	\$119
06971	Cast Post As Part Of Bridge Retainer	\$104
06972	Prefab Post And Core In Addition To Bridge Ret	\$97
06973	Core Build-Up For Retainer Incl Any Pins	\$78
06976	Each Addl Cast Post-Same Tooth	\$50
06977	Each Addl Prefabricated Post-Same Tooth	\$48
06980	Fixed Partial Denture Repair	\$73
06985	Pediatric Partial Denture - Fixed	\$348

<u>Code</u>	<u>VII. Oral Surgery</u>	
07111	Coronal Remnants - Deciduous Tooth	\$70
07140	Extrct, Erupt Tth Or Exposed Root	\$70
07210	Surg Rem Erup Tooth Req Flap/Bone Rem/Sec Tooth	\$124
07220	Removal Of Impacted Tooth-Soft Tissue	\$156
07230	Removal Of Impacted Tooth-Partial Bony	\$207
07240	Removal Of Impacted Tooth-Complete Bony	\$243
07241	Rem Impac. Tooth-Comp Bony/Unusual Complications	\$306
07250	Surg Rem Of Residual Tooth Roots (Cutting Proc)	\$131
07310	Alveoloplasty In Conjunc With Exts-Per Quad	\$145
07320	Alveoloplasty Not In Conjunc With Exts-Per Quad	\$647
07450	Remv Benign Odonto Cyst/Tumor Up To 1.25 cm	\$462
07451	Remv Benign Odonto Cyst/Tumor Over 1.25 cm	\$725
07510	I & D Abscess Intraoral-Soft Tissue	\$138
07960	Frenulectomy (Frenectomy/Frenotomy) Sep. Proc.	\$305
07970	Excision Of Hyperplastic Tissue/ Per Arch	\$314
07971	Exc Pericoronal Gingiva	\$100
07972	Surg Reduction Of Fibrous Tuberosity	\$100

<u>Code</u>	<u>VIII. Adjunctive Services</u>	
09110	Palliative (Er) Tx-Dental Pain-Minor Procedure	\$43
09220	Deep Sedation/Gen Anesth - First 30 Min	\$174
09221	Deep Sedation/Gen Anesth - Each Addl 15 Min	\$73
09241	Intraven Conscious Sedat/Analg - First 30 Min	\$137
09242	Intraven Conscious Sedat/Analg - Each Addl 15 Min	\$58
09248	Non-Intravenous Conscious Sedation	\$29

Code **IX. Orthodontics**

Orthodontia diagnostic procedures and treatment are for eligible dependent children only under the age of 19. Benefits will be paid at 50% of provider's charges, not to exceed the lifetime maximum of \$1,000. Payments will be divided into equal quarterly payments for the total months of active treatment, not to exceed 24 months.

Limitations:

- Exams (00120, 00150, 00160, 00180) - 2 per calendar year
- Intraoral Radiographs/Complete Series (00210) - 1 every 36 months
- Panoramic Film (00330) - 1 every 36 months
- Bitewings (00270, 00272, 00274, 00277) - 2 per calendar year
- Cleanings (01110, 01120, 01201) - 2 per calendar year
- Fluoride (01203) - 1 per calendar year; up to age 19
- Sealants (01351) - 1st & 2nd molars; up to age 19
- Periodontal maintenance (04910) - 2 per calendar year