

Dental Insurance

Coverage that can help make it easier to visit a dentist and can help lower your dental costs.

Loyola University Maryland
Low Cost Co-pay Plan

Network: PDP Plus

	In-Network ¹	Out-of-Network ¹ % of Maximum Allowable Charge*
Coverage Type		
Type A: Preventive (cleanings, exams, X-rays)	See Schedule	80%
Type B: Basic Restorative (fillings, extractions)	See Schedule	50%
Type C: Major Restorative (bridges, dentures)	See Schedule	30%
Type D: Orthodontia	40%	40%
Deductible[†]		
Individual	N/A	\$75
Family	N/A	\$225
Annual Maximum Benefit		
Per Person	\$1250	\$750
Orthodontia Lifetime Maximum		
Per Person***	\$1250	\$750

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

¹ "In-Network Benefits" refers to benefits provided to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

*Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.

[†]Applies only to Type B & C Services.

*** Orthodontia excluded for adults. Available for dependent children up to age 26.

List of Primary Covered Services & Limitations*

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category but is not a complete description of the Plan.

Plan Type	How Many/How Often
Type A — Preventive	
Prophylaxis (cleanings)	Two per fiscal year
Oral Examinations	Two exams per fiscal year
Topical Fluoride Applications	One fluoride treatment per fiscal year for dependent children up to his/her 14th birthday
X-rays	<ul style="list-style-type: none"> Full mouth X-rays; one per 60 months Bitewings X-rays; one set per fiscal year for adults; two sets per fiscal year separated by 6 months for children"
Space Maintainers	Space maintainers for dependent children up to his/her 19th birthday.
Type B — Basic Restorative	
Fillings	
Endodontics	Root canal treatment limited to once per tooth per 24 months
Periodontics	Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year
Sealants	One application of sealant material every 60 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 19th birthday

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Type C — Major Restorative	
Simple Extractions	
Crown, Denture and Bridge Repair/ Recementations	
Oral Surgery	
Implants	Replacement once every 60 months
Bridges and Dentures	<ul style="list-style-type: none"> Initial placement to replace one or more natural teeth, which are lost while covered by the plan Dentures and bridgework replacement; one every 5 fiscal years Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Crowns, Inlays and Onlays	Replacement once every 36 months
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Periodontics	<ul style="list-style-type: none"> Periodontal scaling and root planing once per quadrant, every 24 months Periodontal surgery once per quadrant, every 36 months
Type D — Orthodontia	
	<ul style="list-style-type: none"> Your children, up to age 26, are covered while Dental insurance is in effect. All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary Orthodontic benefits end at cancellation of coverage

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

Exclusions

This plan does not cover the following services, treatments and supplies:

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
 - Scaling and polishing of teeth; or
 - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;

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- Services:
 - Covered under any workers' compensation or occupational disease law;
 - Covered under any employer liability law;
 - For which the employer of the person receiving such services is not required to pay; or
 - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
 - Claim form completion;
 - Infection control such as gloves, masks, and sterilization of supplies; or
 - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Fixed and removable appliances for correction of harmful habits;
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders.;
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture;

Limitations

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, payment is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's payment for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP99) issued by Metropolitan Life Insurance Company (MetLife). Coverage terminates when your participation ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any



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obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 90 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166.

Like most group benefits programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife group representative for costs and complete details.

Questions & Answers

Q. Who is a participating dentist?

- A. A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 30% – 45% below the average fees charged in a dentist's community for the same or substantially similar services.[†]

Q. How do I find a participating dentist?

- A. There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/mybenefits or call 1-800-942-0854 to have a list faxed or mailed to you.

Q. What services are covered under this plan?

- A. The Plan documents set forth the services covered by your plan. The List of Primary Covered Services & Limitations herein contains a **summary of covered services. In the event of a conflict between the Plan documents and this summary, the terms of the Plan documents shall govern. Please review the enclosed plan benefits to learn more.**

Q. May I choose a non-participating dentist?

- A. Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist your out-of-pocket costs may be higher.

Q. Can my dentist apply for participation in the network?

- A. Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application.^{††} The website and phone number are for use by dental professionals only/

Q. How are claims processed?

- A. Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits or request one by calling 1-800-942-0854

Q. Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

- A. Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

Q. Can MetLife help me find a dentist outside of the U.S. if I am traveling?

- A. Yes. Through international dental travel assistance services* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.^{**} Please remember to hold on to all receipts to submit a dental claim.

Q. How does MetLife coordinate benefits with other insurance plans?

- A. Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan,



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subject to applicable law. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan, subject to applicable law.

Q. Do I need an ID card?

- A. No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

†Based on internal analysis by MetLife. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

††Due to contractual requirements, MetLife is prevented from soliciting certain providers.

*AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations. Exclusions: The AXA Travel Assistance Program is available for participants in traveling status. Whenever a trip exceeds 120 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US\$500,000. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

**Refer to your dental benefits plan summary for your out-of-network dental coverage.

Group dental plans featuring the Preferred Dentist Program are provided by Metropolitan Life Insurance Company, New York, NY.

METLIFE PREFERRED DENTIST PROGRAM
2022-2023 Procedure Charge Schedule - \$15 Plan
How to use this chart

- 1) If you participate in a MetLife Preferred Dentist Program plan that uses procedure charge schedules to determine your out-of-pocket expense for covered services rendered by a participating dentist, please refer to the chart below to determine which schedule applies to you. Please remember that the schedule you should refer to relates to the area in which you receive services (i.e. the first three digits of your dentist's office zip code). This chart contains some of the most common dental procedures. Please see your benefit booklet or refer to www.metlife.com/mybenefits for services covered under your dental plan.
- 2) When your dentist suggests treatment, refer to the appropriate ADA Procedure Codes beginning on page 6 to find your out-of-pocket expense for those services.
- 3) Please note that procedure charges listed may not represent the full extent of your out-of-pocket expense. Some services may be subject to your dental benefits plan's alternate benefit provisions. It is strongly suggested that you obtain a pretreatment estimate of benefits before the services are rendered in order to better understand what services are covered by your plan and an estimate of what your plan will pay.

State	Zip	Area
Alabama	350	1
Alabama	355	1
Alabama	359	1
Alabama	363	1
Alabama	367	1
Alaska	996	4
Arizona	850	2
Arizona	855	2
Arizona	860	2
Arkansas	716	1
Arkansas	720	1
Arkansas	724	1
Arkansas	728	1
California	902	3
California	906	2
California	911	3
California	915	2
California	919	2
California	923	2
California	927	2
California	932	3
California	936	2
California	940	4
California	944	4
California	948	3
California	952	3
California	956	3
California	960	3
Colorado	802	2
Colorado	806	2
Colorado	810	2
Colorado	814	2
Connecticut	061	3
Connecticut	065	4
Connecticut	069	4
D.C.	204	2
Delaware	199	4
Florida	323	1
Florida	327	1
Florida	331	2

State	Zip	Area
Alabama	351	1
Alabama	356	1
Alabama	360	1
Alabama	364	1
Alabama	368	1
Alaska	997	4
Arizona	851	2
Arizona	856	2
Arizona	863	2
Arkansas	717	1
Arkansas	721	2
Arkansas	725	1
Arkansas	729	1
California	903	3
California	907	2
California	912	2
California	916	2
California	920	2
California	924	2
California	928	2
California	933	3
California	937	3
California	941	4
California	945	3
California	949	4
California	953	2
California	957	3
California	961	3
Colorado	803	3
Colorado	807	2
Colorado	811	2
Colorado	815	2
Connecticut	062	4
Connecticut	066	3
D.C.	200	3
D.C.	205	2
Florida	320	2
Florida	324	1
Florida	328	2
Florida	332	2

State	Zip	Area
Alabama	352	1
Alabama	357	1
Alabama	361	1
Alabama	365	1
Alabama	369	1
Alaska	998	4
Arizona	852	2
Arizona	857	1
Arizona	864	2
Arkansas	718	2
Arkansas	722	2
Arkansas	726	1
California	900	2
California	904	3
California	908	2
California	913	2
California	917	2
California	921	2
California	925	2
California	930	3
California	934	3
California	938	2
California	942	4
California	946	3
California	950	3
California	954	3
California	958	3
Colorado	800	2
Colorado	804	2
Colorado	808	2
Colorado	812	2
Colorado	816	4
Connecticut	063	3
Connecticut	067	3
D.C.	202	2
Delaware	197	4
Florida	321	2
Florida	325	1
Florida	329	2
Florida	333	1

State	Zip	Area
Alabama	354	1
Alabama	358	1
Alabama	362	1
Alabama	366	1
Alaska	995	4
Alaska	999	4
Arizona	853	2
Arizona	859	2
Arizona	865	2
Arkansas	719	1
Arkansas	723	1
Arkansas	727	2
California	901	2
California	905	2
California	910	3
California	914	2
California	918	2
California	922	2
California	926	2
California	931	4
California	935	3
California	939	3
California	943	4
California	947	4
California	951	4
California	955	4
California	959	3
Colorado	801	2
Colorado	805	2
Colorado	809	2
Colorado	813	2
Connecticut	060	3
Connecticut	064	4
Connecticut	068	3
D.C.	203	2
Delaware	198	4
Florida	322	1
Florida	326	2
Florida	330	2
Florida	334	2

Florida	335	1
Florida	339	2
Florida	346	1
Georgia	301	2
Georgia	305	2
Georgia	309	1
Georgia	313	2
Georgia	317	2
Guam	969	4
Idaho	833	2
Idaho	837	2
Illinois	602	2
Illinois	606	2
Illinois	610	1
Illinois	614	1
Illinois	618	1
Illinois	623	2
Illinois	627	1
Indiana	461	1
Indiana	465	1
Indiana	469	1
Indiana	473	1
Indiana	477	1
Iowa	501	1
Iowa	505	2
Iowa	509	1
Iowa	513	1
Iowa	520	1
Iowa	524	1
Iowa	528	1
Kansas	664	2
Kansas	668	1
Kansas	672	2
Kansas	676	1
Kentucky	400	1
Kentucky	404	1
Kentucky	408	1
Kentucky	412	1
Kentucky	416	1
Kentucky	421	1
Kentucky	425	1
Louisiana	701	1
Louisiana	706	1
Louisiana	711	1
Maine	039	4
Maine	043	4
Maine	047	3
Maryland	207	2
Maryland	211	2
Maryland	216	1
Massachusetts	010	2
Massachusetts	014	3
Massachusetts	018	3
Massachusetts	022	3
Massachusetts	026	2

Florida	336	1
Florida	341	2
Florida	347	2
Georgia	302	2
Georgia	306	2
Georgia	310	2
Georgia	314	2
Georgia	318	2
Hawaii	967	2
Idaho	834	2
Idaho	838	2
Illinois	603	2
Illinois	607	2
Illinois	611	1
Illinois	615	1
Illinois	619	1
Illinois	624	1
Illinois	628	1
Indiana	462	1
Indiana	466	2
Indiana	470	2
Indiana	474	1
Indiana	478	1
Iowa	502	2
Iowa	506	1
Iowa	510	3
Iowa	514	1
Iowa	521	1
Iowa	525	1
Kansas	660	2
Kansas	665	2
Kansas	669	1
Kansas	673	1
Kansas	677	1
Kentucky	401	1
Kentucky	405	1
Kentucky	409	1
Kentucky	413	1
Kentucky	417	1
Kentucky	422	1
Kentucky	426	1
Louisiana	703	1
Louisiana	707	1
Louisiana	712	1
Maine	040	4
Maine	044	3
Maine	048	4
Maryland	208	2
Maryland	212	1
Maryland	217	1
Massachusetts	011	3
Massachusetts	015	3
Massachusetts	019	3
Massachusetts	023	3
Massachusetts	027	2

Florida	337	1
Florida	342	2
Florida	349	2
Georgia	303	2
Georgia	307	1
Georgia	311	2
Georgia	315	2
Georgia	319	2
Hawaii	968	2
Idaho	835	2
Illinois	600	2
Illinois	604	2
Illinois	608	2
Illinois	612	1
Illinois	616	1
Illinois	620	1
Illinois	625	1
Illinois	629	1
Indiana	463	1
Indiana	467	2
Indiana	471	1
Indiana	475	1
Indiana	479	2
Iowa	503	2
Iowa	507	1
Iowa	511	3
Iowa	515	1
Iowa	522	2
Iowa	526	1
Kansas	661	1
Kansas	666	2
Kansas	670	2
Kansas	674	1
Kansas	678	2
Kentucky	402	1
Kentucky	406	1
Kentucky	410	1
Kentucky	414	1
Kentucky	418	1
Kentucky	423	1
Kentucky	427	1
Louisiana	704	1
Louisiana	708	1
Louisiana	713	1
Maine	041	4
Maine	045	4
Maine	049	4
Maryland	209	2
Maryland	214	2
Maryland	218	1
Massachusetts	012	2
Massachusetts	016	3
Massachusetts	020	3
Massachusetts	024	3
Michigan	480	2

Florida	338	2
Florida	344	2
Georgia	300	2
Georgia	304	2
Georgia	308	1
Georgia	312	1
Georgia	316	2
Georgia	398	2
Idaho	832	2
Idaho	836	2
Illinois	601	2
Illinois	605	2
Illinois	609	1
Illinois	613	1
Illinois	617	1
Illinois	622	1
Illinois	626	1
Indiana	460	1
Indiana	464	1
Indiana	468	2
Indiana	472	1
Indiana	476	1
Iowa	500	1
Iowa	504	2
Iowa	508	1
Iowa	512	1
Iowa	516	2
Iowa	523	1
Iowa	527	1
Kansas	662	2
Kansas	667	1
Kansas	671	1
Kansas	675	1
Kansas	679	1
Kentucky	403	1
Kentucky	407	1
Kentucky	411	1
Kentucky	415	2
Kentucky	420	2
Kentucky	424	1
Louisiana	700	1
Louisiana	705	1
Louisiana	710	1
Louisiana	714	1
Maine	042	4
Maine	046	3
Maryland	206	1
Maryland	210	2
Maryland	215	1
Maryland	219	2
Massachusetts	013	2
Massachusetts	017	3
Massachusetts	021	3
Massachusetts	025	3
Michigan	481	2

Michigan	482	2
Michigan	486	1
Michigan	490	2
Michigan	494	2
Michigan	498	3
Minnesota	553	3
Minnesota	557	2
Minnesota	561	1
Minnesota	565	2
Mississippi	387	1
Mississippi	391	2
Mississippi	395	1
Missouri	631	2
Missouri	635	1
Missouri	639	1
Missouri	645	1
Missouri	649	1
Missouri	653	1
Missouri	657	1
Montana	592	2
Montana	596	3
Nebraska	680	1
Nebraska	685	1
Nebraska	689	1
Nebraska	693	1
Nevada	893	3
Nevada	898	4
New Hampshire	033	4
New Hampshire	037	4
New Jersey	072	2
New Jersey	076	3
New Jersey	080	2
New Jersey	084	2
New Jersey	088	3
New Mexico	872	2
New Mexico	877	2
New Mexico	881	2
New York	100	3
New York	104	1
New York	108	3
New York	112	2
New York	116	2
New York	120	1
New York	124	1
New York	128	2
New York	132	2
New York	136	2
New York	140	1
New York	144	2
New York	148	1
North Carolina	272	3
North Carolina	276	3
North Carolina	280	3
North Carolina	284	3
North Carolina	288	4

Michigan	483	2
Michigan	487	1
Michigan	491	2
Michigan	495	2
Michigan	499	2
Minnesota	554	3
Minnesota	558	2
Minnesota	562	1
Minnesota	566	1
Mississippi	388	1
Mississippi	392	1
Mississippi	396	2
Missouri	632	1
Missouri	636	1
Missouri	640	1
Missouri	646	1
Missouri	650	1
Missouri	654	1
Missouri	658	2
Montana	593	2
Montana	597	3
Nebraska	681	1
Nebraska	686	1
Nebraska	690	1
Nevada	889	2
Nevada	894	4
New Hampshire	030	4
New Hampshire	034	4
New Hampshire	038	4
New Jersey	073	2
New Jersey	077	2
New Jersey	081	2
New Jersey	085	2
New Jersey	089	3
New Mexico	873	3
New Mexico	878	3
New Mexico	882	2
New York	101	3
New York	105	3
New York	109	2
New York	113	2
New York	117	2
New York	121	1
New York	125	1
New York	129	2
New York	133	2
New York	137	2
New York	141	1
New York	145	2
New York	149	1
North Carolina	273	3
North Carolina	277	3
North Carolina	281	3
North Carolina	285	2
North Carolina	289	4

Michigan	484	2
Michigan	488	2
Michigan	492	2
Michigan	496	2
Minnesota	550	3
Minnesota	555	2
Minnesota	559	2
Minnesota	563	2
Minnesota	567	1
Mississippi	389	1
Mississippi	393	1
Mississippi	397	2
Missouri	633	1
Missouri	637	1
Missouri	641	1
Missouri	647	1
Missouri	651	1
Missouri	655	1
Montana	590	2
Montana	594	2
Montana	598	3
Nebraska	683	1
Nebraska	687	1
Nebraska	691	1
Nevada	890	2
Nevada	895	4
New Hampshire	031	4
New Hampshire	035	4
New Jersey	070	2
New Jersey	074	3
New Jersey	078	3
New Jersey	082	2
New Jersey	086	2
New Mexico	870	3
New Mexico	874	3
New Mexico	879	2
New Mexico	883	2
New York	102	3
New York	106	3
New York	110	2
New York	114	2
New York	118	2
New York	122	1
New York	126	1
New York	130	2
New York	134	2
New York	138	2
New York	142	1
New York	146	2
North Carolina	270	2
North Carolina	274	3
North Carolina	278	3
North Carolina	282	3
North Carolina	286	2
North Dakota	580	3

Michigan	485	2
Michigan	489	2
Michigan	493	2
Michigan	497	2
Minnesota	551	3
Minnesota	556	2
Minnesota	560	2
Minnesota	564	2
Mississippi	386	1
Mississippi	390	1
Mississippi	394	1
Missouri	630	2
Missouri	634	2
Missouri	638	1
Missouri	644	1
Missouri	648	1
Missouri	652	2
Missouri	656	1
Montana	591	2
Montana	595	3
Montana	599	2
Nebraska	684	1
Nebraska	688	1
Nebraska	692	1
Nevada	891	2
Nevada	897	4
New Hampshire	032	4
New Hampshire	036	4
New Jersey	071	2
New Jersey	075	3
New Jersey	079	3
New Jersey	083	2
New Jersey	087	2
New Mexico	871	2
New Mexico	875	2
New Mexico	880	2
New Mexico	884	2
New York	103	2
New York	107	3
New York	111	2
New York	115	2
New York	119	2
New York	123	1
New York	127	2
New York	131	2
New York	135	2
New York	139	2
New York	143	1
New York	147	1
North Carolina	271	3
North Carolina	275	3
North Carolina	279	3
North Carolina	283	2
North Carolina	287	4
North Dakota	581	3

North Dakota	582	2
North Dakota	586	2
Ohio	431	1
Ohio	435	1
Ohio	439	1
Ohio	443	1
Ohio	447	1
Ohio	451	2
Ohio	455	1
Ohio	459	1
Oklahoma	734	1
Oklahoma	738	1
Oklahoma	743	1
Oklahoma	747	1
Oregon	971	3
Oregon	975	3
Oregon	979	3
Pennsylvania	153	1
Pennsylvania	157	1
Pennsylvania	161	1
Pennsylvania	165	1
Pennsylvania	169	2
Pennsylvania	173	1
Pennsylvania	177	2
Pennsylvania	181	2
Pennsylvania	185	1
Pennsylvania	189	2
Pennsylvania	193	2
Puerto Rico	006	1
Rhode Island	029	3
South Carolina	293	2
South Carolina	297	2
South Dakota	571	3
South Dakota	575	2
Tennessee	371	1
Tennessee	375	1
Tennessee	379	1
Tennessee	383	1
Texas	751	1
Texas	755	1
Texas	759	1
Texas	763	1
Texas	767	1
Texas	771	1
Texas	775	1
Texas	779	1
Texas	783	2
Texas	787	1
Texas	791	1
Texas	795	1
Texas	799	1
Utah	842	1
Utah	846	1
Vermont	052	3
Vermont	057	3

North Dakota	583	2
North Dakota	587	2
Ohio	432	1
Ohio	436	1
Ohio	440	1
Ohio	444	1
Ohio	448	1
Ohio	452	1
Ohio	456	1
Oklahoma	730	1
Oklahoma	735	2
Oklahoma	739	1
Oklahoma	744	1
Oklahoma	748	1
Oregon	972	3
Oregon	976	3
Pennsylvania	150	1
Pennsylvania	154	1
Pennsylvania	158	1
Pennsylvania	162	1
Pennsylvania	166	1
Pennsylvania	170	1
Pennsylvania	174	1
Pennsylvania	178	2
Pennsylvania	182	1
Pennsylvania	186	1
Pennsylvania	190	1
Pennsylvania	194	2
Puerto Rico	007	1
South Carolina	290	2
South Carolina	294	2
South Carolina	298	2
South Dakota	572	3
South Dakota	576	2
Tennessee	372	1
Tennessee	376	2
Tennessee	380	1
Tennessee	384	1
Texas	752	1
Texas	756	1
Texas	760	1
Texas	764	1
Texas	768	1
Texas	772	1
Texas	776	1
Texas	780	1
Texas	784	2
Texas	788	1
Texas	792	1
Texas	796	1
Texas	885	2
Utah	843	1
Utah	847	1
Vermont	053	3
Vermont	058	3

North Dakota	584	3
North Dakota	588	2
Ohio	433	1
Ohio	437	1
Ohio	441	1
Ohio	445	1
Ohio	449	1
Ohio	453	1
Ohio	457	2
Oklahoma	731	1
Oklahoma	736	1
Oklahoma	740	1
Oklahoma	745	1
Oklahoma	749	1
Oregon	973	3
Oregon	977	3
Pennsylvania	151	1
Pennsylvania	155	1
Pennsylvania	159	1
Pennsylvania	163	1
Pennsylvania	167	1
Pennsylvania	171	1
Pennsylvania	175	2
Pennsylvania	179	2
Pennsylvania	183	1
Pennsylvania	187	1
Pennsylvania	191	1
Pennsylvania	195	2
Puerto Rico	009	1
South Carolina	291	2
South Carolina	295	2
South Carolina	299	2
South Dakota	573	2
South Dakota	577	2
Tennessee	373	2
Tennessee	377	2
Tennessee	381	1
Tennessee	385	1
Texas	753	1
Texas	757	1
Texas	761	1
Texas	765	1
Texas	769	1
Texas	773	1
Texas	777	1
Texas	781	1
Texas	785	1
Texas	789	1
Texas	793	1
Texas	797	1
Utah	840	1
Utah	844	1
Vermont	050	4
Vermont	054	3
Vermont	059	3

North Dakota	585	2
Ohio	430	1
Ohio	434	1
Ohio	438	1
Ohio	442	1
Ohio	446	1
Ohio	450	1
Ohio	454	1
Ohio	458	2
Oklahoma	733	1
Oklahoma	737	1
Oklahoma	741	1
Oklahoma	746	1
Oregon	970	3
Oregon	974	3
Oregon	978	3
Pennsylvania	152	1
Pennsylvania	156	1
Pennsylvania	160	1
Pennsylvania	164	1
Pennsylvania	168	1
Pennsylvania	172	1
Pennsylvania	176	2
Pennsylvania	180	1
Pennsylvania	184	1
Pennsylvania	188	1
Pennsylvania	192	1
Pennsylvania	196	2
Rhode Island	028	3
South Carolina	292	2
South Carolina	296	2
South Dakota	570	2
South Dakota	574	2
Tennessee	370	1
Tennessee	374	1
Tennessee	378	1
Tennessee	382	1
Texas	750	1
Texas	754	2
Texas	758	1
Texas	762	1
Texas	766	1
Texas	770	1
Texas	774	1
Texas	778	1
Texas	782	1
Texas	786	1
Texas	790	1
Texas	794	1
Texas	798	1
Utah	841	1
Utah	845	1
Vermont	051	4
Vermont	056	3
Virgin Islands	008	2

Virginia	201	2
Virginia	223	2
Virginia	227	1
Virginia	231	1
Virginia	235	2
Virginia	239	1
Virginia	243	1
Washington	980	4
Washington	984	4
Washington	989	3
Washington	993	4
West Virginia	249	2
West Virginia	253	1
West Virginia	257	1
West Virginia	261	2
West Virginia	265	1
Wisconsin	530	2
Wisconsin	535	3
Wisconsin	540	1
Wisconsin	544	2
Wisconsin	548	1
Wyoming	822	1
Wyoming	826	2
Wyoming	830	1

Virginia	220	2
Virginia	224	1
Virginia	228	2
Virginia	232	1
Virginia	236	2
Virginia	240	2
Virginia	244	1
Washington	981	4
Washington	985	3
Washington	990	3
Washington	994	3
West Virginia	250	1
West Virginia	254	3
West Virginia	258	2
West Virginia	262	1
West Virginia	266	1
Wisconsin	531	3
Wisconsin	537	4
Wisconsin	541	2
Wisconsin	545	2
Wisconsin	549	2
Wyoming	823	1
Wyoming	827	1
Wyoming	831	1

Virginia	221	2
Virginia	225	1
Virginia	229	2
Virginia	233	1
Virginia	237	2
Virginia	241	1
Virginia	245	2
Washington	982	4
Washington	986	3
Washington	991	3
West Virginia	247	1
West Virginia	251	1
West Virginia	255	1
West Virginia	259	2
West Virginia	263	1
West Virginia	267	1
Wisconsin	532	3
Wisconsin	538	1
Wisconsin	542	2
Wisconsin	546	2
Wyoming	820	2
Wyoming	824	1
Wyoming	828	1

Virginia	222	2
Virginia	226	2
Virginia	230	1
Virginia	234	2
Virginia	238	1
Virginia	242	1
Virginia	246	1
Washington	983	3
Washington	988	3
Washington	992	3
West Virginia	248	1
West Virginia	252	1
West Virginia	256	1
West Virginia	260	1
West Virginia	264	1
West Virginia	268	1
Wisconsin	534	2
Wisconsin	539	1
Wisconsin	543	4
Wisconsin	547	2
Wyoming	821	1
Wyoming	825	2
Wyoming	829	2

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120	PERIODIC ORAL EVALUATION	\$0	\$0	\$0	\$0
140	LIMITED ORAL EVALUATION	\$5	\$5	\$5	\$10
145	ORAL EVALUATION UNDER AGE OF 3	\$5	\$5	\$5	\$5
150	COMPREHENSIVE ORAL EVALUATION	\$5	\$5	\$5	\$10
160	EXTENSIVE ORAL EVALUATION	\$10	\$10	\$10	\$15
170	LIMITED ORAL RE-EVALUATION	\$5	\$5	\$5	\$10
180	COMPREHENSIVE PERIO EVALUATION	\$5	\$5	\$10	\$10
190	SCREENING OF A PATIENT	\$0	\$0	\$0	\$0
191	ASSESSMENT OF A PATIENT	\$0	\$0	\$0	\$0
210	COMPLETE SET RADIOGRAPHIC IMAGES	\$10	\$15	\$15	\$15
220	PERIAPICAL RADIOGRAPHIC IMAGE	\$5	\$10	\$10	\$10
230	ADD'L PERIAPICAL IMAGES	\$5	\$5	\$5	\$5
240	OCCLUSAL RADIOGRAPHIC IMAGE	\$10	\$15	\$15	\$20
250	EXTRAORAL 2D RADIOGRAPHIC IMAGE	\$20	\$25	\$30	\$30
251	EXTRAORAL POSTERIOR IMAGE	\$20	\$25	\$30	\$30
270	BITEWING - SINGLE IMAGE	\$0	\$0	\$5	\$5
272	BITEWINGS - TWO IMAGES	\$5	\$5	\$5	\$5
273	BITEWINGS - THREE IMAGES	\$5	\$5	\$5	\$5
274	BITEWINGS - FOUR IMAGES	\$5	\$5	\$5	\$5
277	VERTICAL BITEWINGS 7-8 IMAGES	\$5	\$5	\$5	\$10
290	SKULL/FACIAL BONE IMAGE	\$30	\$35	\$35	\$40
330	PANORAMIC RADIOGRAPHIC IMAGE	\$10	\$10	\$10	\$15
340	2D CEPHALOMETRIC IMAGE	\$35	\$40	\$45	\$45
364	CONE BEAM LESS THAN WHOLE JAW	\$220	\$255	\$285	\$315
365	CONE BEAM FULL ARCH MANDIBLE	\$220	\$255	\$285	\$315
366	CONE BEAM FULL ARCH MAXILLA	\$220	\$255	\$285	\$315
367	CONE BEAM BOTH JAWS	\$220	\$255	\$285	\$315
368	CONE BEAM - TMJ	\$220	\$255	\$285	\$315
380	CONE BEAM CAPT LESS THAN ONE JAW	\$220	\$255	\$285	\$315
381	CONE BEAM CAPTURE - MANDIBLE	\$220	\$255	\$285	\$315
382	CONE BEAM CAPTURE - MAXILLA	\$220	\$255	\$285	\$315
383	CONE BEAM CAPTURE - BOTH JAWS	\$220	\$255	\$285	\$315
384	CONE BEAM CAPTURE - TMJ SERIES	\$220	\$255	\$285	\$315
391	INTERPRETATION-DIAGNOSTIC IMAGE	\$10	\$15	\$15	\$20
415	LAB TEST	\$15	\$20	\$25	\$30
417	SALIVA SAMPLE COLLECTION	\$15	\$15	\$20	\$25
422	COLLECT & PREP GENETIC SAMPL	\$10	\$10	\$10	\$15
460	PULP VITALITY TEST	\$15	\$15	\$20	\$20
470	DIAGNOSTIC CASTS	\$30	\$35	\$40	\$45
1110	CLEANING - ADULT	\$15	\$15	\$15	\$15
1120	CLEANING - CHILD	\$15	\$15	\$15	\$15
1206	TOPICAL FLUORIDE-VARNISH	\$5	\$5	\$5	\$10
1208	TOPICAL APPLICATION-FLUORIDE	\$5	\$5	\$5	\$5
1351	SEALANT - PER TOOTH	\$15	\$15	\$20	\$20
1352	PREVENTIVE RESIN RESTORATION	\$15	\$15	\$20	\$20
1353	SEALANT REPAIR-PER TOOTH	\$5	\$5	\$5	\$5
1354	INTERIM CARIES MEDICAMENT	\$5	\$10	\$10	\$10
1355	CARIES PREV MEDIC APPL PER TOOTH	\$5	\$10	\$10	\$10
1510	SPACE MAINTAINER FIXED-UNILATER	\$115	\$130	\$150	\$160
1516	SPACE MAINTAINER FIXED MAXILLARY	\$155	\$180	\$200	\$220
1517	SPACE MAINTAINER FIXED MAND	\$155	\$180	\$200	\$220
1520	SPACE MAINTAINER REM-UNILATERAL	\$115	\$130	\$145	\$160
1526	SPACE MAINTAINER REMOVABLE MAX	\$195	\$225	\$250	\$275
1527	SPACE MAINTAINER REMOVABLE MAND	\$195	\$225	\$250	\$275
1551	RECEMENT OR RE-BOND BILATERAL SPACE MAINTAINER MAXILLARY	\$15	\$20	\$20	\$25
1552	RECEMENT OR RE-BOND BILATERAL SPACE MAINTAINER MANDIBULAR	\$15	\$20	\$20	\$25
1553	RECEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER PER QUADRANT	\$15	\$20	\$20	\$25
1575	DISTAL SPACE MAINTAINER FIXED	\$115	\$130	\$150	\$160
2140	ONE SURFACE AMALGAM	\$35	\$40	\$45	\$55
2150	TWO SURFACE AMALGAM	\$40	\$50	\$55	\$65
2160	THREE SURFACE AMALGAM	\$50	\$60	\$70	\$80
2161	FOUR OR MORE SURFACE AMALGAM	\$60	\$75	\$80	\$95
2330	ONE SURFACE COMPOSITE ANTERIOR	\$40	\$45	\$50	\$60
2331	TWO SURFACE COMPOSITE ANTERIOR	\$50	\$55	\$65	\$75
2332	THREE SURFACE COMPOSITE ANTERIOR	\$60	\$70	\$80	\$95
2335	4 OR MORE SURF COMPOSITE ANT	\$70	\$80	\$90	\$110
2390	RESIN CROWN	\$105	\$125	\$135	\$170
2391	ONE SURFACE COMPOSITE POSTERIOR	\$40	\$50	\$55	\$65

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2392	TWO SURFACE COMPOSITE POSTERIOR	\$55	\$65	\$70	\$85
2393	3 SURFACE COMPOSITE POSTERIOR	\$65	\$75	\$90	\$105
2394	4 OR MORE SURF COMPOSITE POST	\$70	\$85	\$95	\$120
2410	1 SURFACE GOLD FOIL	\$125	\$145	\$165	\$185
2420	2 SURFACE GOLD FOIL	\$180	\$205	\$230	\$255
2430	3 SURFACE GOLD FOIL	\$215	\$245	\$275	\$305
2510	ONE SURFACE METALLIC INLAY	\$260	\$295	\$335	\$385
2520	TWO SURFACE METALLIC INLAY	\$320	\$370	\$415	\$470
2530	THREE SURFACE METALLIC INLAY	\$335	\$390	\$440	\$495
2542	TWO SURFACE METALLIC ONLAY	\$395	\$460	\$510	\$580
2543	THREE SURFACE METALLIC ONLAY	\$405	\$470	\$525	\$590
2544	4 OR MORE SURF. METALLIC ONLAY	\$425	\$500	\$560	\$625
2610	ONE SURFACE PORCELAIN INLAY	\$310	\$350	\$395	\$455
2620	2 SURFACE PORCELAIN INLAY	\$340	\$385	\$435	\$500
2630	3 OR MORE SURF. PORCELAIN INLAY	\$395	\$450	\$510	\$570
2642	2 SURFACES - PORCELAIN ONLAY	\$470	\$540	\$605	\$670
2643	3 SURFACES - PORCELAIN ONLAY	\$480	\$555	\$625	\$685
2644	4 OR MORE SURF. PORCELAIN ONLAY	\$495	\$565	\$635	\$700
2650	1 SURFACE COMPOSITE/RESIN INLAY	\$235	\$265	\$300	\$330
2651	2 SURFACE COMPOSITE/RESIN INLAY	\$275	\$310	\$350	\$395
2652	3 OR MORE SURF COMP/RESIN INLAY	\$300	\$350	\$390	\$430
2662	2 SURFACE COMPOSITE/RESIN ONLAY	\$370	\$420	\$485	\$540
2663	3 SURFACE COMPOSITE/RESIN ONLAY	\$375	\$430	\$485	\$550
2664	4 OR MORE SURF COMP/RESIN ONLAY	\$385	\$445	\$495	\$560
2710	RESIN CROWN (INDIRECT)	\$170	\$215	\$230	\$265
2712	CROWN 3/4 RESIN BASED INDIRECT	\$165	\$195	\$215	\$250
2720	CROWN RESIN W/HIGH NOBLE METAL	\$430	\$495	\$555	\$630
2721	CROWN RESIN W/BASE METAL	\$335	\$385	\$435	\$480
2722	CROWN RESIN W/NOBLE METAL	\$375	\$425	\$485	\$540
2740	CROWN PORCELAIN/CERAMIC	\$465	\$540	\$605	\$670
2750	CROWN PORCELAIN-HIGH NOBLE METAL	\$455	\$530	\$595	\$665
2751	CROWN PORCELAIN-BASE METAL	\$415	\$480	\$540	\$595
2752	CROWN PORCELAIN-NOBLE METAL	\$435	\$505	\$565	\$625
2753	CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOY	\$455	\$530	\$595	\$665
2780	CROWN 3/4 HIGH NOBLE	\$440	\$505	\$575	\$640
2781	CROWN 3/4 BASE METAL	\$405	\$460	\$525	\$585
2782	CROWN 3/4 CAST NOBLE METAL	\$410	\$470	\$540	\$585
2783	CROWN 3/4 PORCELAIN/CERAMIC	\$455	\$530	\$600	\$655
2790	CROWN HIGH NOBLE	\$430	\$500	\$555	\$635
2791	CROWN FULL CAST/BASE METAL	\$380	\$435	\$495	\$550
2792	CROWN FULL CAST NOBLE METAL	\$390	\$455	\$510	\$575
2794	TITANIUM CROWN	\$405	\$465	\$530	\$580
2910	RECEMENT INLAY; ONLAY	\$30	\$35	\$40	\$50
2915	RECEMENT CAST - POST CORE	\$30	\$35	\$40	\$50
2920	RECEMENT CROWN	\$30	\$35	\$40	\$50
2928	PREFAB PORC CERAM CRN - PERM TOOTH	\$235	\$270	\$300	\$335
2929	PREFAB POR/CER CROWN-PRIMARY	\$100	\$115	\$135	\$155
2930	STAINLESS STEEL CROWN - CHILD	\$90	\$105	\$115	\$135
2931	STAINLESS STEEL CROWN - ADULT	\$95	\$110	\$120	\$150
2932	RESIN CROWN	\$95	\$110	\$125	\$150
2933	STAINLESS STEEL CROWN/RESIN	\$120	\$140	\$155	\$180
2934	SS CROWN PRIMARY TOOTH	\$90	\$105	\$120	\$140
2940	SEDATIVE FILLING	\$20	\$25	\$30	\$35
2950	CORE BUILDUP	\$80	\$95	\$105	\$130
2951	PIN RETENTION PER TOOTH	\$20	\$25	\$25	\$30
2952	POST AND CORE	\$155	\$180	\$205	\$220
2953	CAST POST - EACH ADDL SAME TOOTH	\$20	\$25	\$25	\$40
2954	PREFAB POST AND CORE	\$110	\$130	\$150	\$170
2957	STEEL POST - EACH ADDL SAME TH	\$15	\$15	\$15	\$30
2960	RESIN LABIAL VENEER-CHAIRSIDE	\$185	\$215	\$240	\$300
2961	RESIN LABIAL VENEER-LABORATORY	\$295	\$335	\$375	\$455
2962	PORCELAIN LABIAL VENEER	\$380	\$450	\$490	\$580
2971	ADDLT CROWN PROCEDURE	\$75	\$85	\$95	\$110
2980	CROWN REPAIR	\$75	\$90	\$100	\$120
2981	INLAY REPAIR	\$75	\$90	\$100	\$120
2982	ONLAY REPAIR	\$75	\$90	\$100	\$120
2983	VENEER REPAIR	\$75	\$90	\$95	\$120
2990	RESIN INFILTRATION/SMOOTH SURF	\$15	\$15	\$20	\$20

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Proc Code	Description	Area 1	Area 2	Area 3	Area 4
3110	PULP CAP-DIRECT	\$20	\$20	\$25	\$30
3120	PULP CAP-INDIRECT	\$15	\$20	\$25	\$25
3220	THERAPEUTIC PULPOTOMY	\$40	\$45	\$50	\$60
3221	PULPAL DEBRIDEMENT	\$25	\$30	\$35	\$55
3222	PARTIAL PULPOTOMY - APEXOGENESIS	\$40	\$45	\$50	\$60
3230	PULPAL THERAPY ANT/PRIMARY TOOTH	\$110	\$125	\$145	\$155
3240	PULPAL THERAPY POST/PRIMARY TH	\$140	\$160	\$175	\$190
3310	ENDODONTIC THERAPY - ANTERIOR	\$275	\$315	\$355	\$415
3320	ENDODONTIC THERAPY BICUSPID	\$325	\$375	\$430	\$495
3330	ENDODONTIC THERAPY MOLAR	\$435	\$495	\$570	\$625
3331	TREATMENT OF ROOT CANAL OBSTRUCT	\$80	\$95	\$105	\$125
3332	INCOMPLETE ROOT CANAL THERAPY	\$125	\$145	\$165	\$205
3333	ROOT PERFORATION REPAIR	\$70	\$80	\$90	\$115
3346	ROOT CANAL RETREAT/ANTERIOR	\$335	\$385	\$435	\$500
3347	ROOT CANAL RETREAT/BICUSPID	\$380	\$440	\$495	\$575
3348	ROOT CANAL RETREATMENT - MOLAR	\$490	\$560	\$650	\$720
3351	APEXIFICATION - INITIAL VISIT	\$115	\$130	\$150	\$170
3352	APEXIFICATION/RECALCIFICATION	\$65	\$70	\$80	\$100
3353	APEXIFICATION - FINAL VISIT	\$170	\$190	\$215	\$255
3355	PULPAL REGENERATION - INITIAL VISIT	\$65	\$70	\$80	\$100
3356	PULPAL REGENERATION - INTERIM MEDICATION REPLACEMENT	\$30	\$35	\$40	\$50
3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	\$65	\$70	\$80	\$100
3410	APICOECTOMY - ANTERIOR	\$255	\$285	\$320	\$390
3421	APICOECTOMY - BICUSPID	\$285	\$325	\$370	\$430
3425	APICOECTOMY - MOLAR	\$320	\$370	\$415	\$480
3426	APICOECTOMY - ADDITIONAL ROOT	\$125	\$135	\$155	\$180
3428	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY	\$155	\$195	\$200	\$255
3429	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY	\$110	\$130	\$135	\$150
3430	RETROGRADE FILLING - PER ROOT	\$80	\$90	\$100	\$125
3431	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	\$115	\$130	\$145	\$180
3432	GUIDED TISSUE REGENERATION; RESORBABLE BARRIER	\$165	\$195	\$215	\$265
3450	ROOT AMPUTATION - PER ROOT	\$185	\$210	\$235	\$270
3471	SURG REPAIR OF ROOT RESORP-ANT	\$190	\$215	\$240	\$295
3472	SURG RPR OF ROOT RESORP-PREMLR	\$215	\$245	\$275	\$325
3473	SURG RPR OF ROOT RESORP- MOLAR	\$240	\$280	\$310	\$360
3501	SURG EXP OF ROOT-ANTERIOR	\$180	\$210	\$230	\$270
3502	SURG EXP OF ROOT-PREMOLAR	\$180	\$210	\$230	\$270
3503	SURG EXP OF ROOT-MOLAR	\$180	\$210	\$230	\$270
3920	HEMISECTION	\$150	\$175	\$200	\$220
3921	DECORONATION SUBM ERUP TOOTH	\$135	\$155	\$175	\$205
4210	GINGIVECTOMY/PLASTY FULL QUAD	\$205	\$240	\$270	\$300
4211	GINGIVECTOMY/PLASTY - 1-3 TEETH	\$115	\$135	\$150	\$165
4212	GINGIVECTOMY/PLASTY W/REST-TOOTH	\$35	\$40	\$45	\$50
4240	GINGIVAL FLAP PROC FULL QUAD	\$225	\$260	\$290	\$340
4241	GINGIVAL FLAP 1 - 3 TEETH	\$140	\$170	\$180	\$220
4245	APICALLY POSITIONED FLAP	\$120	\$135	\$155	\$185
4249	CROWN LENGTHENING	\$335	\$375	\$440	\$470
4260	OSSEOUS SURGERY - 4 OR MORE TH	\$460	\$520	\$595	\$670
4261	OSSEOUS SURGERY 1 - 3 TEETH	\$290	\$335	\$390	\$445
4263	BONE GRAFT - FIRST SITE	\$160	\$195	\$200	\$255
4264	BONE GRAFT - ADDITIONAL SITE	\$110	\$130	\$135	\$150
4265	BIOLOGIC MATERIALS	\$115	\$130	\$145	\$180
4266	GTR - RESORBABLE BARRIER	\$170	\$200	\$215	\$270
4267	GTR - NONRESORBABLE BARRIER	\$205	\$235	\$275	\$320
4268	SURGICAL REVISION PROCEDURE	\$60	\$65	\$75	\$105
4270	PEDICLE SOFT TISSUE GRAFT	\$255	\$290	\$325	\$410
4273	AUTOGENOUS TISSUE GRAFT	\$400	\$470	\$535	\$595
4274	DISTAL/PROXIML WEDGE	\$150	\$165	\$185	\$225
4275	NON AUTOGENOUS TISSUE GRAFT	\$385	\$440	\$500	\$560
4276	COMBINED TISSUE GRAFTING/TOOTH	\$415	\$480	\$540	\$620
4277	FREE SOFT TISSUE GRAFT 1ST TOOTH	\$335	\$380	\$435	\$495
4278	FREE SOFT TISSUE GRAFT-ADDL TOOTH	\$170	\$190	\$220	\$250
4283	SUBEPITHELIAL TISSUE GRAFT/ADD'L	\$200	\$235	\$265	\$295
4285	SOFT TISSUE ALLOGRAFT ADDITIONAL	\$190	\$220	\$250	\$275
4341	SCALING/ROOT PLANING - PER QUAD.	\$85	\$100	\$110	\$130
4342	SCALING & ROOT PLANING 1-3 TEETH	\$55	\$65	\$70	\$85
4346	SCALING GINGIVAL INFLAMMATION	\$15	\$15	\$15	\$15
4355	FULL MOUTH DEBRIDEMENT	\$45	\$55	\$60	\$75

Dental Services Covered Under \$15 Copay Plan

Proc Code	Description	Area 1	Area 2	Area 3	Area 4
4381	DELIVERY OF ANTIMICROBIAL AGENTS	\$40	\$45	\$50	\$60
4910	PERIODONTAL MAINTENANCE	\$35	\$40	\$50	\$55
4920	DRESSING CHANGE	\$25	\$25	\$30	\$35
5110	COMPLETE UPPER DENTURE	\$560	\$635	\$730	\$830
5120	COMPLETE LOWER DENTURE	\$560	\$635	\$730	\$830
5130	IMMEDIATE DENTURE MAXILLARY	\$600	\$690	\$795	\$900
5140	IMMEDIATE DENTURE MANDIBULAR	\$600	\$690	\$795	\$900
5211	UPPER PARTIAL DENTURE - RESIN	\$415	\$480	\$540	\$605
5212	LOWER PARTIAL DENTURE - RESIN	\$415	\$480	\$540	\$605
5213	UPPER PARTIAL DENTURE - CAST	\$680	\$765	\$860	\$965
5214	LOWER PARTIAL DENTURE - CAST	\$680	\$765	\$860	\$965
5221	IMMEDIATE MAX PARTIAL RESIN	\$415	\$480	\$540	\$605
5222	IMMEDIATE MAND PARTIAL RESIN	\$415	\$480	\$540	\$605
5223	IMMEDIATE MAX PARTIAL METAL	\$680	\$765	\$860	\$965
5224	IMMEDIATE MAND PARTIAL METAL	\$680	\$765	\$860	\$965
5225	UPPER PARTIAL DENTURE - FLEXIBLE	\$500	\$580	\$640	\$700
5226	LOWER PARTIAL DENTURE - FLEXIBLE	\$500	\$580	\$640	\$700
5227	IMMEDIATE MAXILLARY PART DENT	\$415	\$480	\$540	\$605
5228	IMMEDIATE MANDIBULAR PART DENT	\$415	\$480	\$540	\$605
5282	REMOV UNILATERAL PART DENT MAX	\$255	\$290	\$335	\$405
5283	REMOV UNILATERAL PART DENT MAND	\$255	\$290	\$335	\$405
5284	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE, PER QUADRANT	\$130	\$145	\$170	\$200
5286	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE RESIN, PER QUADRANT	\$130	\$145	\$170	\$200
5410	ADJUST UPPER COMPLETE DENTURE	\$25	\$30	\$35	\$40
5411	ADJUST LOWER COMPLETE DENTURE	\$25	\$30	\$35	\$40
5421	ADJUST UPPER PARTIAL DENTURE	\$25	\$30	\$35	\$40
5422	ADJUST LOWER PARTIAL DENTURE	\$25	\$30	\$35	\$40
5511	REPAIR DENTURE BASE MANDIBULAR	\$80	\$90	\$105	\$115
5512	REPAIR DENTURE BASE MAXILLARY	\$80	\$90	\$105	\$115
5520	REPLACE TH ON DENTURE-PER TH	\$65	\$75	\$90	\$100
5611	REPAIR RESIN PARTIAL MANDIBULAR	\$60	\$70	\$80	\$95
5612	REPAIR RESIN PARTIAL MAXILLARY	\$60	\$70	\$80	\$95
5621	REPAIR CAST PARTIAL MANDIBULAR	\$70	\$85	\$95	\$115
5622	REPAIR CAST PARTIAL MAXILLARY	\$70	\$85	\$95	\$115
5630	REPAIR/REPLACE BROKEN CLASP	\$65	\$75	\$85	\$105
5640	REPLACE TOOTH ON DENTURE	\$70	\$75	\$85	\$100
5650	ADD TOOTH TO DENTURE	\$70	\$85	\$95	\$110
5660	ADD CLASP PARTIAL DENTURE	\$90	\$105	\$120	\$135
5670	REPLACE MAX TEETH & FRAMEWORK	\$180	\$205	\$230	\$260
5671	REPLACE MAND. TEETH & FRAMEWORK	\$185	\$205	\$240	\$265
5710	REBASE COMPLETE UPPER DENTURE	\$205	\$235	\$265	\$300
5711	REBASE COMPLETE LOWER DENTURE	\$200	\$230	\$260	\$295
5720	REBASE UPPER PARTIAL DENTURE	\$180	\$205	\$235	\$275
5721	REBASE LOWER PARTIAL DENTURE	\$180	\$205	\$235	\$270
5725	REBASE HYBRID PROSTHESIS	\$205	\$235	\$265	\$300
5730	RELIN UPPER DENTURE - CHAIRSIDE	\$115	\$135	\$155	\$175
5731	RELIN LOWER DENTURE - CHAIRSIDE	\$115	\$130	\$150	\$180
5740	RELIN UPPER DENTURE - CHAIRSIDE	\$95	\$110	\$125	\$155
5741	RELIN LOWER DENTURE - CHAIRSIDE	\$95	\$110	\$125	\$155
5750	RELIN UPPER DENTURE - LAB	\$175	\$195	\$230	\$250
5751	RELIN LOWER DENTURE - LAB	\$170	\$195	\$225	\$250
5760	RELIN UPPER DENTURE - LAB	\$150	\$175	\$195	\$230
5761	RELIN LOWER DENTURE - LAB	\$150	\$170	\$200	\$230
5765	SFT LINER COMPL/PART REMOV DENT	\$175	\$195	\$230	\$250
5850	TISSUE CONDITIONING - UPPER	\$55	\$65	\$75	\$85
5851	TISSUE CONDITIONING - LOWER	\$55	\$65	\$75	\$85
5863	OVERDENTURE - COMPLETE MAXILLARY	\$730	\$820	\$935	\$1,075
5864	OVERDENTURE - PARTIAL MAXILLARY	\$655	\$745	\$855	\$955
5865	OVERDENTURE - COMPLETE MANDIBULAR	\$730	\$820	\$940	\$1,080
5866	OVERDENTURE - PARTIAL MANDIBULAR	\$655	\$745	\$855	\$955
5876	METL SUBSC TO ACR DENT PER ARCH	\$140	\$160	\$185	\$210
6010	ENDOSTEAL IMPLANT	\$860	\$985	\$1,115	\$1,225
6012	PLACEMENT OF INTERIM IMPLANT	\$830	\$960	\$1,085	\$1,190
6013	SURGICAL PLACEMENT OF MINI IMPLANT	\$850	\$975	\$1,105	\$1,210
6040	EPOSTEAL IMPLANT	\$1,585	\$1,805	\$2,055	\$2,315
6050	TRANSOSTEAL IMPLANT	\$1,935	\$2,205	\$2,510	\$2,735
6055	IMPLANT CONNECTING BAR	\$385	\$425	\$505	\$630
6056	PREFAB IMPLANT ABUTMENT	\$300	\$335	\$380	\$395

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Proc Code	Description	Area 1	Area 2	Area 3	Area 4
6057	CUSTOM IMPLANT ABUTMENT	\$385	\$435	\$495	\$510
6058	IMPLANT CROWN - PORCELAIN	\$570	\$640	\$735	\$780
6059	IMPLANT CROWN - PORCEL-HIGH NOBLE	\$535	\$605	\$700	\$760
6060	IMPLANT CROWN- PORCEL BASE METAL	\$485	\$550	\$630	\$675
6061	IMPLANT CROWN-PORCEL NOBLE METAL	\$515	\$585	\$675	\$710
6062	IMPLANT CROWN - CAST HIGH NOBLE	\$515	\$585	\$665	\$740
6063	IMPLANT CROWN - CAST BASE METAL	\$445	\$505	\$570	\$615
6064	IMPLANT CROWN - CAST NOBLE METAL	\$475	\$540	\$620	\$665
6065	IMPLANT CROWN - PORCELAIN	\$560	\$630	\$730	\$790
6066	IMPLANT CROWN - PORCELAIN-METAL	\$540	\$610	\$705	\$785
6067	IMPLANT CROWN - METAL	\$520	\$585	\$670	\$735
6068	IMPLANT RETAINER - PORCELAIN	\$545	\$620	\$705	\$750
6069	IMPLANT RETAINER - PORCEL-METAL	\$525	\$600	\$685	\$725
6070	IMPLANT RETAINER - BASE METAL	\$480	\$540	\$620	\$655
6071	IMPLANT RETAINER - NOBLE METAL	\$505	\$575	\$660	\$695
6072	IMPLANT RETAINER - HIGH NOBLE	\$500	\$565	\$650	\$690
6073	IMPLANT RETAINER - BASE METAL	\$415	\$470	\$535	\$580
6074	IMPLANT RETAINER - NOBLE METAL	\$455	\$515	\$590	\$635
6075	IMPLANT RETAINER - CERAMIC	\$525	\$590	\$675	\$715
6076	IMPLANT RETAINER - HIGH NOBLE	\$520	\$590	\$680	\$725
6077	IMPLANT RETAINER-CAST-HIGH NOBLE	\$490	\$555	\$635	\$685
6080	IMPLANT MAINTENANCE PROCEDURES	\$45	\$45	\$55	\$70
6081	SCALING AND DEBRIDEMENT IMPLANT	\$20	\$25	\$25	\$35
6082	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO BASE ALLOYS	\$485	\$550	\$630	\$675
6083	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO NOBLE ALLOYS	\$515	\$585	\$675	\$710
6084	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO TITANIUM	\$485	\$550	\$630	\$670
6086	IMPLANT SUPPORTED CROWN - PREDOMINANTLY BASE ALLOYS	\$445	\$505	\$570	\$615
6087	IMPLANT SUPPORTED CROWN - NOBLE ALLOYS	\$475	\$540	\$620	\$665
6088	IMPLANT SUPPORTED CROWN - TITANIUM AND TITANIUM ALLOYS	\$485	\$550	\$630	\$670
6090	REPAIR IMPLANT PROSTHESIS	\$105	\$115	\$130	\$155
6091	PRECISION ATTACHMENT REPLACEMENT	\$175	\$200	\$225	\$270
6092	RECEMENT IMPLANT CROWN	\$30	\$35	\$40	\$50
6093	RECEMENT IMPLANT FIXED DENTURE	\$50	\$55	\$65	\$80
6094	IMPLANT CROWN - TITANIUM	\$485	\$550	\$630	\$670
6095	REPAIR IMPLANT ABUTMENT;REPORT	\$110	\$130	\$145	\$175
6096	REMOVE BROKEN IMPLANT SCREW	\$15	\$15	\$20	\$25
6097	ABUTMENT SUPPORTED CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$540	\$610	\$705	\$785
6098	IMPLANT SUPPORTED RETAINER - PORCELAIN FUSED TO BASE ALLOYS	\$480	\$540	\$620	\$655
6099	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN TO NOBLE ALLOYS	\$505	\$575	\$660	\$695
6100	IMPLANT REMOVAL; BY REPORT	\$145	\$160	\$185	\$250
6101	DEBRIDEMENT PERIIMPLANT DEFECT	\$45	\$50	\$55	\$65
6102	DEBRIDE/OSS PERIIMPLANT DEFECT	\$85	\$100	\$115	\$130
6103	BONE GRAFT/PERIIMPLANT DEFECT	\$190	\$225	\$250	\$300
6104	BONE GRAFT IMPLANT PLACEMENT	\$190	\$225	\$250	\$305
6110	IMPLANT OVERDENTURE-MAXILLARY	\$1,210	\$1,365	\$1,505	\$1,685
6111	IMPLANT OVERDENTURE-MANDIBULAR	\$1,210	\$1,365	\$1,505	\$1,685
6112	IMPLANT OVERDENTURE PARTIAL-MAX	\$1,060	\$1,235	\$1,370	\$1,550
6113	IMPLANT OVERDENTURE PARTIAL-MAND	\$1,060	\$1,235	\$1,370	\$1,550
6114	IMPLANT SUPP FIXED DENTURE MAX	\$1,775	\$2,020	\$2,295	\$2,350
6115	IMPLANT SUPP FIXED DENTUREMAND	\$1,775	\$2,020	\$2,295	\$2,350
6116	IMPLANT SUPP FIXED PARTIAL MAX	\$1,835	\$2,070	\$2,395	\$2,485
6117	IMPLANT SUPP FIXED PARTIAL MAND	\$1,835	\$2,070	\$2,395	\$2,485
6120	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN TO TITANIUM AND TITANIUM ALLOYS	\$470	\$530	\$610	\$640
6121	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN TO BASE ALLOYS	\$415	\$470	\$535	\$580
6122	IMPLANT SUPPORTED RETAINER FOR FPD - NOBLE ALLOYS	\$455	\$515	\$590	\$635
6123	IMPLANT SUPPORTED RETAINER FOR FPD - TITANIUM AND TITANIUM ALLOYS	\$470	\$530	\$610	\$640
6190	IMPLANT INDEX	\$105	\$115	\$130	\$145
6191	SEMI-PRECISION ABUT - PLACEMENT	\$385	\$435	\$495	\$510
6192	SEMI-PRECISION ATTACH-PLACEM	\$290	\$325	\$370	\$385
6194	IMPLANT RETAINER - TITANIUM	\$470	\$530	\$610	\$640
6195	ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$490	\$555	\$635	\$685
6205	PONTIC - INDIRECT COMPOSITE	\$310	\$360	\$405	\$455
6210	PONTIC - CAST HIGH NOBLE	\$410	\$475	\$535	\$610
6211	PONTIC - CAST BASE METAL	\$365	\$420	\$475	\$535
6212	PONTIC - CAST NOBLE METAL	\$385	\$440	\$500	\$565
6214	PONTIC - TITANIUM	\$385	\$445	\$500	\$570
6240	PONTIC - PORCELAIN - HIGH NOBLE	\$440	\$495	\$565	\$630
6241	PONTIC - PORCELAIN - BASE METAL	\$400	\$455	\$525	\$565

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Proc Code	Description	Area 1	Area 2	Area 3	Area 4
6242	PONTIC - PORCELAIN NOBLE METAL	\$420	\$480	\$545	\$600
6243	PONTIC - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$420	\$480	\$545	\$600
6245	PONTIC - PORCELAIN	\$450	\$515	\$585	\$660
6250	PONTIC-RESIN W/HIGH NOBLE METAL	\$425	\$490	\$555	\$625
6251	PONTIC - RESIN W/BASE METAL	\$325	\$370	\$420	\$465
6252	PONTIC - RESIN W/NOBLE METAL	\$350	\$400	\$455	\$510
6545	CAST METAL RETAINER	\$175	\$205	\$230	\$270
6548	RETAINER - PORCELAIN/CERAMIC	\$200	\$225	\$260	\$350
6549	RESIN RETAINER-FIXED PROSTHESIS	\$150	\$170	\$195	\$265
6600	RETAINER INLAY CERAMIC 2 SURFACE	\$400	\$455	\$520	\$570
6601	RETAINER INLAY CERAMIC 3 OR MORE	\$410	\$465	\$530	\$585
6602	RETAINER INLAY HIGH NOBLE 2 SURF	\$300	\$340	\$385	\$435
6603	RETAINER INLAY HIGH NOBLE 3-MORE	\$325	\$370	\$425	\$475
6604	RETAINER INLAY METAL 2 SURF	\$285	\$325	\$370	\$410
6605	RETAINER INLAY METAL 3-MORE	\$305	\$345	\$395	\$440
6606	RETAINER INLAY CAST METAL 2 SURF	\$290	\$325	\$375	\$420
6607	RETAINER INLAY CAST METAL 3-MORE	\$320	\$360	\$415	\$455
6608	RETAINER ONLAY CERAMIC 2 SURF	\$410	\$465	\$535	\$580
6609	RETAINER ONLAY CERAMIC 3 OR MORE	\$420	\$485	\$550	\$595
6610	RETAINER ONLAY HIGH NOBLE 2 SURF	\$345	\$390	\$440	\$480
6611	RETAINER ONLAY HIGH NOBLE 3 OR MORE	\$385	\$440	\$500	\$550
6612	RETAINER ONLAY BASE METAL 2 SURF	\$330	\$370	\$420	\$455
6613	RETAINER ONLAY BASE METAL 3 OR MORE	\$375	\$425	\$485	\$530
6614	RETAINER ONLAY CAST NOBLE 2 SURF	\$335	\$380	\$430	\$465
6615	RETAINER ONLAY CAST NOBLE 3 OR MORE	\$380	\$430	\$490	\$530
6624	RETAINER INLAY - TITANIUM	\$280	\$315	\$365	\$400
6634	RETAINER ONLAY - TITANIUM	\$330	\$375	\$425	\$460
6710	RETAINER CROWN INDIRECT RESIN	\$315	\$360	\$410	\$440
6720	RETAINER CROWN-RESIN HIGH NOBLE	\$425	\$490	\$555	\$625
6721	RETAINER CROWN-RESIN BASE METAL	\$340	\$385	\$435	\$475
6722	RETAINER CROWN-RESIN NOBLE METAL	\$365	\$420	\$475	\$525
6740	RETAINER CROWN-PORCELAIN/CERAMIC	\$465	\$535	\$610	\$685
6750	RETAINER CROWN-PORC-HIGH NOBLE	\$455	\$530	\$595	\$665
6751	RETAINER CROWN-PORC-BASE METAL	\$415	\$475	\$540	\$590
6752	RETAINER CROWN-PORC-NOBLE METAL	\$435	\$505	\$565	\$625
6753	RETAINER CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	\$435	\$505	\$565	\$625
6780	RETAINER CROWN 3/4 CAST HIGH NOBLE	\$430	\$490	\$555	\$630
6781	RETAINER CROWN 3/4 BASE METAL	\$375	\$425	\$480	\$535
6782	RETAINER CROWN-3/4 NOBLE METAL	\$395	\$450	\$510	\$565
6783	RETAINER CROWN-3/4 PORCELAIN	\$440	\$505	\$575	\$635
6784	RETAINER CROWN - 3/4 - TITANIUM AND TITANIUM ALLOYS	\$395	\$450	\$510	\$565
6790	RETAINER CROWN FULL CAST HIGH	\$425	\$485	\$550	\$615
6791	RETAINER CROWN-FULL CAST BASE	\$375	\$425	\$480	\$540
6792	RETAINER CROWN-FULL CAST NOBLE	\$390	\$450	\$505	\$585
6794	RETAINER CROWN - TITANIUM	\$395	\$455	\$515	\$580
6920	CONNECTOR BAR	\$280	\$320	\$365	\$400
6930	RECEMENT BRIDGE	\$50	\$60	\$65	\$80
6980	BRIDGE REPAIR; BY REPORT	\$75	\$90	\$95	\$125
7111	EXTRACT CORONAL REMNANTS	\$45	\$50	\$60	\$70
7140	EXTRACT ERUPT TOOTH/EXPOSED ROOT	\$50	\$60	\$65	\$80
7210	EXTRACT ERUPTED TOOTH - SURGICAL	\$90	\$105	\$120	\$140
7220	EXTRACT IMPACTED TOOTH SOFT TISS	\$115	\$130	\$150	\$175
7230	EXTRACT IMPACTED TOOTH PART BONY	\$145	\$165	\$185	\$215
7240	EXTRACT IMPACTED TOOTH COMP BONY	\$180	\$210	\$240	\$260
7241	EXT IMPACTED TOOTH BONY W/COMPL	\$200	\$235	\$265	\$295
7250	REMOVE RESIDUAL ROOT	\$95	\$110	\$130	\$150
7251	CORONECTOMY	\$180	\$210	\$235	\$260
7260	OROANTRAL FISTULA SURGERY	\$300	\$345	\$390	\$430
7261	PRIM. SINUS PERFORATION CLOSURE	\$315	\$360	\$410	\$440
7270	TOOTH REPLANTATION	\$160	\$180	\$210	\$245
7272	TOOTH TRANSPLANTATION	\$160	\$180	\$205	\$235
7280	UNERUPTED TOOTH ACCESS	\$175	\$210	\$235	\$285
7282	MOBILIZE TO AID ERUPTION	\$155	\$180	\$205	\$230
7287	CYTOLOGY SAMPLE	\$35	\$40	\$45	\$55
7288	BRUSH BIOPSY	\$35	\$40	\$45	\$65
7290	REPOSITION TEETH - SURGICAL	\$165	\$190	\$215	\$245
7291	TRANSEPTAL/SUPRA FIBEROTOMY	\$45	\$55	\$60	\$75
7310	ALVEOPLASTY - WITH EXTRACTIONS	\$85	\$95	\$110	\$130

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Proc Code	Description	Area 1	Area 2	Area 3	Area 4
7311	ALVEOPLASTY W/EXTRACTIONS 1-3	\$50	\$60	\$65	\$75
7320	ALVEOPLASTY W/O EXTRACTION	\$130	\$145	\$165	\$195
7321	ALVEOPLASTY W/O EXTRACTION	\$80	\$90	\$100	\$115
7340	VESTIBULOPLASTY	\$420	\$475	\$540	\$585
7350	VESTIBULOPLASTY	\$1,120	\$1,275	\$1,445	\$1,570
7450	REMOVE ODONTOGENIC CYST/TUMOR	\$160	\$175	\$205	\$240
7451	REMOVE ODONTOGENIC CYST/TUMOR	\$375	\$425	\$490	\$515
7471	REMOVAL OF EXOSTOSIS	\$230	\$265	\$305	\$335
7472	REMOVE TORUS PALATINUS	\$225	\$260	\$295	\$325
7473	REMOVE TORUS MANDIBULARIS	\$235	\$265	\$305	\$330
7485	REDUCE OSSEOUS TUBEROSITY	\$125	\$140	\$165	\$190
7510	ABSCCESS - INTRAORAL INCISION	\$65	\$75	\$85	\$105
7511	ABSCCESS - INTRAORAL INCISION	\$65	\$75	\$85	\$95
7520	ABSCCESS - EXTRAORAL INCISION	\$105	\$120	\$140	\$160
7521	ABSCCESS - EXTRAORAL INCISION	\$100	\$115	\$135	\$160
7921	COLLECT - APPLY AUTOLOGOUS PRODUCT	\$110	\$130	\$140	\$175
7950	BONE GRAFTS- MANDIBLE OR MAXILLA	\$840	\$845	\$840	\$855
7951	SINUS AUGMENTATION-LATERAL	\$1,190	\$1,185	\$1,190	\$1,195
7952	SINUS AUGMENTATION - VERTICAL	\$1,190	\$1,185	\$1,190	\$1,195
7953	BONE GRAFT	\$190	\$225	\$250	\$300
7961	BUCCAL / LABIAL FRENECTOMY	\$135	\$150	\$175	\$215
7962	LINGUAL FRENECTOMY	\$135	\$150	\$175	\$215
7963	FRENULOPLASTY	\$125	\$140	\$165	\$190
7970	EXCISION HYPERPLASTIC TISSUE	\$145	\$165	\$185	\$215
7971	EXCISE PERICORONAL GINGIVA	\$65	\$75	\$85	\$105
7972	REDUCE FIBROUS TUBEROSITY	\$140	\$160	\$180	\$215
8210	REMOVABLE APPLIANCE THERAPY	\$260	\$295	\$335	\$355
8220	FIXED APPLIANCE THERAPY	\$260	\$295	\$335	\$355
9110	EMERGENCY RELIEF OF PAIN	\$25	\$25	\$30	\$40
9120	BRIDGE SECTIONING	\$50	\$55	\$65	\$70
9222	DEEP SEDATION/GEN ANES 1ST 15	\$75	\$85	\$100	\$105
9223	DEEP SEDATION/GENERAL ANES	\$75	\$85	\$100	\$105
9239	INTRAVENOUS SEDATION 1ST 15	\$65	\$75	\$85	\$95
9243	INTRAVENOUS SEDATION	\$65	\$75	\$85	\$95
9310	CONSULTATION	\$45	\$55	\$60	\$70
9311	CONSULT W/MEDICAL PROFESSIONAL	\$25	\$25	\$30	\$35
9610	INJECT DRUG - THERAPEUTIC	\$25	\$25	\$30	\$35
9612	MULTIPLE THERAPEUTIC DRUGS	\$40	\$45	\$55	\$60
9613	INFL SUSTAINED THERAPEUTIC DRUG	\$25	\$25	\$30	\$35
9910	APPLY DESENSITIZING MEDICINE	\$20	\$25	\$25	\$30
9911	DESENSITIZING RESIN	\$20	\$25	\$25	\$30
9930	POST-SURGICAL COMPLICATIONS	\$35	\$40	\$45	\$55
9932	CLEAN INSPECT COMPLETE UPPER	\$45	\$45	\$55	\$70
9933	CLEAN INSPECT COMPLETE LOWER	\$45	\$45	\$55	\$70
9934	CLEAN INSPECT PARTIAL UPPER	\$45	\$45	\$55	\$70
9935	CLEAN INSPECT PARTIAL LOWER	\$45	\$45	\$55	\$70
9951	ADJUST OCCLUSION - LIMITED	\$35	\$45	\$55	\$60
9952	ADJUST OCCLUSION - COMPLETE	\$165	\$200	\$215	\$280

Orthodontics If your plan covers orthodontics, payments will be based on a percentage of the total benefit available. A lifetime orthodontic benefit maximum applies. Please refer to your plan overview for more details.

Like most group insurance policies, MetLife group dental policies contain certain exclusions, waiting periods, reductions of benefits, limitations and terms for keeping them in force. For information about costs and complete details, contact your Human Resources department or MetLife benefits representative.

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

Copay plans are not available for **insured** cases in Texas, including plans situated in Texas or covering Texas residents. Copay plans are also not available for **insured** cases in Connecticut, Illinois, Louisiana, Montana, and Nevada.

Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166.



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