

I. DESCRIPTION OF BENEFITS AND COPAYMENTS

The benefits shown below are performed as deemed appropriate by the attending Primary Care Dentist (PCD) subject to the limitations and exclusions of the program. Enrollees should discuss all treatment options with their PCD prior to services being rendered.

The text that appears in italics below is specifically intended to clarify the delivery of benefits under Access Dental Plan. Please refer to the Benefit Plan Summary for frequency limitations and plan limitations.

If services for a listed procedure are performed by the assigned PCD, the member pays the specified copayment.

Specialist Referrals

Listed procedures that require a dentist to provide specialized services and are referred by the assigned PCD must be preauthorized in writing by Access Dental Plan. The member pays the copayment specified for such services, except for pedodontist services.

Pediatric Services

Children under six years of age who are unable to be treated by the assigned PCD may be referred to a pedodontist. The enrollee will be responsible for a copayment equal to 50% of the pedodontist fee.

Code	Description	Standard Plan Enrollee Pays
D0100 –	I. DIAGNOSTIC	
D0999		
D0120	Periodic oral evaluation — established patient	No Cost
D0140	Limited oral evaluation — problem focused	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation — new or established patient	No Cost
D0160	Detailed and extensive oral evaluation — problem focused, by report	No Cost
D0170	Re-evaluation — limited, problem focused (established patient; not post-operative visit)	No Cost
D0180	Comprehensive periodontal evaluation — new or established patient	No Cost
D0210	Intraoral radiographs — complete series (including bitewings) — limited to 1 series every 24 months	No Cost
D0220	Intraoral — periapical first film	No Cost
D0230	Intraoral — periapical each additional film (up to and including 13 films)	No Cost
D0240	Intraoral — occlusal film	No Cost
D0250	Extraoral — first film	No Cost
D0251	Extra-oral posterior dental radiographic image	No Cost
D0270	Bitewing radiograph — single film	No Cost
D0272	Bitewings radiographs — two films — limited to 1 series every 6 months	No Cost
D0273	Bitewings - three radiographic images	No Cost
D0274	Bitewings radiographs — four films — limited to 1 series every 6 months	No Cost
D0277	Vertical bitewings — 7 to 8 films	No Cost
D0330	Panoramic film	No Cost
D0340	2D cephalometric radiographic image — acquisition, measurement and analysis	No Cost
D0350	Oral/facial photographic images	No Cost
D0415	Collection of microorganisms for culture and sensitivity	\$45
D0425	Caries susceptibility tests	\$20
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities, including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$25

Code	Description	Standard Plan Enrollee Pays
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	\$70
D0472	Accession of tissue, gross examination, preparation, and transmission of written report	\$65
D0473	Accession of tissue, gross and microscopic examination, preparation, and transmission of written report	\$130
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation, and transmission of written report	\$150
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk	No Cost
D0999	Office visit, regular hours - per visit (Including all fees for sterilization/infection control), general dentist only.....	No Cost

D1000 – II. PREVENTIVE

D1999

D1110	Prophylaxis — adult	No Cost
D1110	Additional prophylaxis — adult	\$60
D1120	Prophylaxis — child	No Cost
D1120	Additional prophylaxis — child	\$60
D1206	Topical application of fluoride varnish	No Cost
D1208	Topical application of fluoride — excluding varnish	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1320	Tobacco counseling for the control and prevention of oral disease	No Cost
D1330	Oral hygiene instructions.....	No Cost
D1351	Sealant — per tooth.....	No Cost
D1352	Preventive resin restoration in a moderate to high caries risk patient — permanent tooth	No Cost
D1354	Interim caries arresting medicament application — per tooth	No Cost
D1510	Space maintainer — fixed — unilateral.....	No Cost
D1515	Space maintainer — fixed — bilateral.....	No Cost
D1516	Space maintainer — fixed — bilateral, maxillary	No Cost
D1517	Space maintainer — fixed — bilateral, mandibular	No Cost
D1520	Space maintainer — removable — unilateral.....	No Cost
D1525	Space maintainer — removable — bilateral.....	No Cost
D1526	Space maintainer — removable — bilateral, maxillary.....	No Cost
D1527	Space maintainer — removable — bilateral, mandibular.....	No Cost
D1550	Re-cement or re-bond space maintainer.....	\$30
D1551	Re-cement or re-bond bilateral space maintainer — maxillary	\$45
D1552	Re-cement or re-bond bilateral space maintainer — mandibular.....	\$45
D1553	Re-cement or re-bond unilateral space maintainer — per quadrant.....	\$45
D1555	Removal of fixed space maintainer	\$35
D1575	Distal shoe space maintainer — fixed — unilateral	No Cost

Code	Description	Standard Plan Enrollee Pays
D2000 –	III. RESTORATIVE	
D2999	Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners, and acid etch procedures. An additional charge will be applied for any procedure using noble, high noble metal, or titanium, and will be the member's responsibility. If porcelain, resin, or resin-based composite is used on molar crowns, the member is responsible for an additional \$75 above the set crown copayment. Replacement of crowns requires the existing restoration to be three years old.	
D2140	Amalgam — one surface, primary or permanent	No Cost
D2150	Amalgam — two surfaces, primary or permanent	No Cost
D2160	Amalgam — three surfaces, primary or permanent	No Cost
D2161	Amalgam — four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite — one surface, anterior	No Cost
D2331	Resin-based composite — two surfaces, anterior	No Cost
D2332	Resin-based composite — three surfaces, anterior	No Cost
D2335	Resin-based composite — four or more surfaces or involving incisal angle (anterior)	No Cost
D2390	Resin-based composite crown, anterior	No Cost
D2391	Resin-based composite — one surface, posterior	\$45
D2392	Resin-based composite — two surfaces, posterior	\$55
D2393	Resin-based composite — three surfaces, posterior	\$65
D2394	Resin-based composite — four or more surfaces, posterior	\$75
D2542	Onlay — metallic — two surfaces	\$50
D2543	Onlay — metallic — three surfaces	\$50
D2544	Onlay — metallic — four or more surfaces	\$50
D2610	Inlay — porcelain/ceramic — one surface	\$460
D2620	Inlay — porcelain/ceramic — two surfaces	\$395
D2630	Inlay — porcelain/ceramic — three or more surfaces	\$450
D2642	Onlay — porcelain/ceramic — two surfaces	\$585
D2643	Onlay — porcelain/ceramic — three surfaces	\$575
D2644	Onlay — porcelain/ceramic — four or more surfaces	\$605
D2650	Inlay — resin-based composite — one surface	\$390
D2651	Inlay — resin-based composite — two surfaces	\$415
D2652	Inlay — resin-based composite — three or more surfaces	\$415
D2662	Onlay — resin-based composite — two surfaces	\$560
D2663	Onlay — resin-based composite — three surfaces	\$530
D2664	Onlay — resin-based composite — four or more surfaces	\$530
D2710	Crown — resin-based composite (indirect)	\$50
D2712	Crown — ¾ resin-based composite (indirect)	\$50
D2720	Crown — resin with high noble metal	\$50
D2721	Crown — resin with predominantly base metal	\$50
D2722	Crown — resin with noble metal	\$50
D2740	Crown — porcelain/ceramic substrate	\$50
D2750	Crown — porcelain fused to high noble metal	\$50
D2751	Crown — porcelain fused to predominantly base metal	\$50
D2752	Crown — porcelain fused to noble metal	\$50
D2780	Crown — ¾ cast high noble metal	\$50

Code	Description	Standard Plan Enrollee Pays
D2781	Crown — 3/4 cast predominantly base metal	\$50
D2782	Crown — 3/4 cast noble metal	\$50
D2783	Crown — 3/4 porcelain/ceramic	\$655
D2790	Crown — full cast high noble metal	\$50
D2791	Crown — full cast predominantly base metal	\$50
D2792	Crown — full cast noble metal	\$50
D2794	Crown — titanium	\$50
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	No Cost
D2915	Recement cast or prefabricated post and core	No Cost
D2920	Recement crown	No Cost
D2921	Reattachment of tooth fragment, incisal edge, or cusp	No Cost
D2928	Prefabricated porcelain/ceramic crown — permanent tooth	\$200
D2929	Prefabricated porcelain/ceramic crown — primary tooth	\$200
D2930	Prefabricated stainless steel crown — primary tooth	No Cost
D2931	Prefabricated stainless steel crown — permanent tooth	No Cost
D2932	Prefabricated resin crown	\$170
D2933	Prefabricated stainless steel crown with resin window	\$205
D2934	Prefabricated esthetic coated stainless steel crown — primary tooth	\$50
D2940	Sedative filling	No Cost
D2941	Interim therapeutic restoration - primary dentition	No Cost
D2949	Restorative foundation for an indirect restoration	\$90
D2950	Core buildup, including any pins	No Cost
D2951	Pin retention — per tooth, in addition to restoration	No Cost
D2952	Post and core in addition to crown, indirectly fabricated	No Cost
D2953	Each additional indirectly fabricated post — same tooth	\$40
D2954	Prefabricated post and core in addition to crown	No Cost
D2955	Post Removal	\$150
D2957	Each additional prefabricated post - same tooth	No Cost
D2960	Labial veneer (resin laminate) — direct	\$250
D2962	Labial veneer (porcelain laminate) — indirect	\$600
D2971	Additional procedure to construct new crown under existing partial denture framework	\$80
D2980	Crown repair necessitated by restorative material failure	\$145
D2981	Inlay repair necessitated by restorative material failure	\$100
D2982	Onlay repair necessitated by restorative material failure	\$100
D2990	Resin infiltration of incipient smooth surface lesions	No Cost

D3000 – IV. ENDODONTICS

D3999

D3110	Pulp cap — direct (excluding final restoration)	No Cost
D3120	Pulp cap — indirect (excluding final restoration)	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) — removal of pulp coronal to the dentinocemental junction and application of medicament	No Cost

Code	Description	Standard Plan Enrollee Pays
D3221	Pulpal debridement, primary and permanent teeth	\$110
D3222	Partial pulpotomy for apexigenesis — permanent tooth with incomplete root development	No Cost
D3230	Pulpal therapy (resorbable filling) — anterior, primary tooth (excluding final restoration)	No Cost
D3240	Pulpal therapy (resorbable filling) — posterior, primary tooth (excluding final restoration)	No Cost
D3310	Root canal — endodontic therapy — anterior tooth (excluding final restoration)	\$20
D3320	Root canal — endodontic therapy — bicuspid tooth (excluding final restoration)	\$40
D3330	Root canal — endodontic therapy — molar (excluding final restoration)	\$60
D3331	Treatment of root canal obstruction; non-surgical access	\$215
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$20
D3333	Internal root repair of perforation defects	\$190
D3346	Retreatment of previous root canal therapy — anterior	\$20
D3347	Retreatment of previous root canal therapy — bicuspid	\$40
D3348	Retreatment of previous root canal therapy — molar	\$60
D3351	Apexification/recalcification — initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	No Cost
D3352	Apexification/recalcification — interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	No Cost
D3353	Apexification/recalcification — final visit (includes completed root canal therapy — apical closure/calcific repair of perforations, root resorption, etc.)	No Cost
D3410	Apicoectomy/periradicular surgery — anterior	\$50
D3421	Apicoectomy/periradicular surgery — bicuspid (first root)	\$50
D3425	Apicoectomy/periradicular surgery — molar (first root)	\$50
D3426	Apicoectomy/periradicular surgery (each additional root)	\$50
D3430	Retrograde filling — per root	No Cost
D3450	Root amputation — per root	No Cost
D3920	Hemisection (including any root removal), not including root canal therapy	\$215
D3950	Canal preparation and fitting of preformed dowel or post	\$90

D4000 – V. PERIODONTICS

D4999	Includes preoperative and postoperative evaluations and treatment under a local anesthetic	
D4210	Gingivectomy or gingivoplasty — four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4211	Gingivectomy or gingivoplasty — one to three contiguous teeth or tooth bounded spaces per quadrant	\$5
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	No Cost
D4240	Gingival flap procedure, including root planing — four or more contiguous teeth or tooth bounded spaces per quadrant	\$350
D4241	Gingival flap procedure, including root planing — one to three contiguous teeth or tooth bounded spaces per quadrant	\$325
D4245	Apically positioned flap	\$315
D4249	Clinical crown lengthening - hard tissue	\$405
D4260	Osseous surgery (including flap entry and closure) — four or more contiguous teeth or tooth bounded spaces per quadrant	\$150
D4261	Osseous surgery (including flap entry and closure) — one to three contiguous teeth or tooth bounded spaces per quadrant	\$150
D4263	Bone replacement graft — retained natural tooth — first site in quadrant	\$295

Code	Description	Standard Plan Enrollee Pays
D4264	Bone replacement graft — retained natural tooth — each additional site in quadrant	\$235
D4268	Surgical revision procedure, per tooth	\$125
D4270	Pedicle soft tissue graft procedure	\$475
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft	\$500
D4274	Mesial/distal wedge procedure, single tooth when not performed in conjunction with surgical procedures in the same anatomical area)	\$350
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$580
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$400
D4320	Provisional splinting — intracoronal	\$200
D4321	Provisional splinting — extracoronal	\$200
D4341	Periodontal scaling and root planing — four or more teeth per quadrant limited to 5 quadrants in any 12 consecutive months	No Cost
D4342	Periodontal scaling and root planing — one to three teeth per quadrant limited to 4 quadrants limited to 5 quadrants in any 12 consecutive months	No Cost
D4346	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	\$20
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	No Cost
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$40
D4910	Periodontal maintenance	\$80
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$25
D4999	Periodontal maintenance, each additional service in same 12-month period	\$60

D5000 – VI. PROSTHODONTICS (removable)

D5899 Denture relines are limited to 1 during any 12 consecutive months. For all listed dentures and partial dentures, copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The member must continue to be eligible, and the service must be provided at the Primary Care Dentist's facility where the denture was originally delivered. Replacement of a denture or a partial denture requires the existing denture to be 3 years old, unless due to loss of a natural functioning tooth. Replacement will be a benefit only if the existing denture is unsatisfactory and cannot be made satisfactory.

D5110	Complete denture — maxillary	\$65
D5110	Complete denture — maxillary - denture duplication	\$65
D5120	Complete denture — mandibular	\$65
D5120	Complete denture — mandibular - denture duplication	\$65
D5130	Immediate denture — maxillary	\$65
D5140	Immediate denture — mandibular	\$65
D5211	Maxillary partial denture — resin base (including any conventional clasps, rests, and teeth)	\$65
D5212	Mandibular partial denture — resin base (including any conventional clasps, rests, and teeth)	\$65
D5213	Maxillary partial denture — cast framework with resin denture bases (including any conventional clasps, rests and teeth)	\$65
D5214	Mandibular partial denture — cast framework with resin denture bases (including any conventional clasps, rests and teeth)	\$65

Code	Description	Standard Plan Enrollee Pays
D5221	Immediate maxillary partial denture — resin base (including retentive/clasping materials, rests and teeth)	\$65
D5222	Immediate mandibular partial denture — resin base (including retentive/clasping materials, rests, and teeth)	\$65
D5223	Immediate maxillary partial denture — cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	\$65
D5224	Immediate mandibular partial denture — cast metal framework with resin denture bases (including retentive/ clasping materials, rests and teeth)	\$65
D5225	Maxillary partial denture — flexible base (including retentive/clasping materials, rests, and teeth)	\$750
D5226	Mandibular partial denture — flexible base (including retentive/clasping materials, rests, and teeth)	\$800
D5410	Adjust complete denture — maxillary.....	No Cost
D5411	Adjust complete denture — mandibular.....	No Cost
D5421	Adjust partial denture — maxillary.....	No Cost
D5422	Adjust partial denture — mandibular	No Cost
D5511	Repair broken complete denture base, mandibular.....	No Cost
D5512	Repair broken complete denture base, maxillary.....	No Cost
D5520	Replace missing or broken teeth — complete denture (each tooth)	No Cost
D5611	Repair resin partial denture base, mandibular	No Cost
D5612	Repair resin partial denture base, maxillary.....	No Cost
D5621	Repair cast partial framework, mandibular	No Cost
D5622	Repair cast partial framework, maxillary.....	No Cost
D5630	Repair or replace broken clasp.....	No Cost
D5640	Replace broken teeth — per tooth	No Cost
D5650	Add tooth to existing partial denture	No Cost
D5660	Add clasp to existing partial denture — per tooth	No Cost
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	\$365
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	\$365
D5710	Rebase complete maxillary denture.....	\$20
D5711	Rebase complete mandibular denture	\$20
D5720	Rebase maxillary partial denture	\$20
D5721	Rebase mandibular partial denture	\$20
D5730	Reline complete maxillary denture (direct)	No Cost
D5731	Reline complete mandibular denture (direct)	No Cost
D5740	Reline maxillary partial denture (direct)	No Cost
D5741	Reline mandibular partial denture (direct)	No Cost
D5750	Reline complete maxillary denture (indirect).....	\$15
D5751	Reline complete mandibular denture (indirect)	\$15
D5760	Reline maxillary partial denture (indirect).....	\$15
D5761	Reline mandibular partial denture (indirect).....	\$15
D5810	Interim complete denture (maxillary)	\$365
D5811	Interim complete denture (mandibular)	\$365
D5820	Interim partial denture (including retentive/clasping materials and teeth) maxillary	\$60
D5821	Interim partial denture (including retentive/clasping materials and teeth) mandibular	\$60
D5850	Tissue conditioning (maxillary)	No Cost
D5851	Tissue conditioning (mandibular)	No Cost

Code	Description	Standard Plan Enrollee Pays
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D6000 – VII. IMPLANT SERVICES

D6199	Implant Benefits are limited to a lifetime maximum benefit of \$1,500. Member is responsible for specified copayments and any charges exceeding the lifetime maximum benefit. Covered services are in lieu of covered benefits for fixed bridges or removable full or partial dentures. Services related to the surgical removal of an implant are not covered. An additional charge will be applied for any procedure using noble, high noble metal, or titanium, and will be the member's responsibility.	
D6010	Surgical placement of implant body.....	\$1,750
D6058	Abutment supported porcelain/ceramic crown	\$725
D6059	Abutment supported porcelain fused to metal crown (high noble metal).....	\$725
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$645
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$685
D6062	Abutment supported cast metal crown (high noble metal)	\$695
D6063	Abutment supported cast metal crown (predominantly base metal)	\$645
D6064	Abutment supported cast metal crown (noble metal)	\$685
D6065	Implant supported porcelain/ceramic crown	\$725
D6066	Implant supported crown, porcelain fused to metal (titanium, titanium alloy, high noble metal)	\$950
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$900
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$725
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$725
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$645
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$685
D6072	Abutment supported retainer for cast metal FPD (high noble metal).....	\$725
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal).....	\$550
D6074	Abutment supported retainer for cast metal FPD (noble metal).....	\$685
D6075	Implant supported retainer for ceramic FPD	\$725
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal).....	\$725
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$705
D6094	Abutment supported crown (titanium)	\$650

D6200 – VIII. PROSTHODONTICS (fixed)

D6999	(each retainer and each pontic constitutes a unit in a fixed partial denture [bridge]) An additional charge will be applied for any procedure using noble, high noble metal, or titanium, and will be the member's responsibility. If porcelain, resin, or resin-based composite is used on molar crowns, the member is responsible for an additional \$75 above the set crown copayment. Replacement of a crown or pontic requires the existing bridge to be 3 years old.	
D6205	Pontic — indirect resin based composite (excluding molars)	\$50
D6210	Pontic — cast high noble metal.....	\$50
D6211	Pontic — cast predominantly base metal	\$50
D6212	Pontic — cast noble metal	\$50
D6214	Pontic — titanium	\$50
D6240	Pontic — porcelain fused to high noble metal	\$50
D6241	Pontic — porcelain fused to predominantly base metal	\$50
D6242	Pontic — porcelain fused to noble metal.....	\$50
D6245	Pontic — porcelain/ceramic.....	\$605
D6250	Pontic — resin with high noble metal	No Cost
D6251	Pontic — resin with predominantly base metal.....	No Cost

Code	Description	Standard Plan Enrollee Pays
D6252	Pontic — resin with noble metal	No Cost
D6545	Retainer — cast metal for acid etch fixed prosthesis	\$50
D6600	Retainer inlay — porcelain/ceramic, two surfaces	\$505
D6601	Retainer inlay — porcelain/ceramic, three or more surfaces	\$565
D6602	Retainer inlay — cast high noble metal, two surfaces	\$450
D6603	Retainer inlay — cast high noble metal, three or more surfaces	\$500
D6604	Retainer inlay — cast predominantly base metal, two surfaces	\$435
D6605	Retainer inlay — cast predominantly base metal, three or more surfaces	\$475
D6606	Retainer inlay — cast noble metal, two surfaces	\$310
D6607	Retainer inlay — cast noble metal, three or more surfaces	\$490
D6608	Retainer onlay — porcelain/ceramic, two surfaces	\$525
D6609	Retainer onlay — porcelain/ceramic, three or more surfaces	\$575
D6610	Retainer onlay — cast high noble metal, two surfaces	\$90
D6611	Retainer onlay — cast high noble metal, three or more surfaces	\$90
D6612	Retainer onlay — cast predominantly base metal, two surfaces	\$425
D6613	Retainer onlay — cast predominantly base metal, three or more surfaces	\$545
D6614	Retainer onlay — cast noble metal, two surfaces	\$595
D6615	Retainer onlay — cast noble metal, three or more surfaces	\$555
D6624	Retainer inlay — titanium	\$435
D6634	Retainer onlay — titanium	\$460
D6710	Retainer crown — indirect resin based composite	\$50
D6720	Retainer crown — resin with high noble metal	No Cost
D6721	Retainer crown — resin with predominantly base metal	No Cost
D6722	Retainer crown — resin with noble metal	No Cost
D6740	Retainer crown — porcelain/ceramic	\$615
D6750	Retainer crown — porcelain fused to high noble metal	\$50
D6751	Retainer crown — porcelain fused to predominantly base metal	\$50
D6752	Retainer crown — porcelain fused to noble metal	\$50
D6780	Retainer crown — 3/4 cast high noble metal	\$50
D6781	Retainer crown — 3/4 cast predominantly base metal	\$50
D6782	Retainer crown — 3/4 cast noble metal	\$50
D6783	Retainer crown — 3/4 porcelain/ceramic	\$635
D6790	Retainer crown — full cast high noble metal	\$50
D6791	Retainer crown — full cast predominantly base metal	\$50
D6792	Retainer crown — full cast noble metal	\$50
D6794	Retainer crown — titanium	\$50
D6930	Recement fixed partial denture	No Cost
D6940	Stress breaker	No Cost
D6980	Fixed partial denture repair necessitated by restorative material failure	No Cost

Code	Description	Standard Plan Enrollee Pays
D7000 –	IX. ORAL AND MAXILLOFACIAL SURGERY	
D7999	Includes preoperative and postoperative evaluations and treatment under a local anesthetic. Removal of asymptomatic third molars is not covered unless pathology exists. Biopsy of oral tissue does not include pathology laboratory services.	
D7111	Extraction, coronal remnants — deciduous tooth.....	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No Cost
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	No Cost
D7220	Removal of impacted tooth — soft tissue	No Cost
D7230	Removal of impacted tooth — partially bony.....	No Cost
D7240	Removal of impacted tooth — completely bony.....	No Cost
D7241	Removal of impacted tooth — completely bony, with unusual surgical complications	\$15
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$15
D7251	Coronectomy — intentional partial tooth removal	\$15
D7260	Oroantral fistula closure.....	\$700
D7261	Primary closure of a sinus perforation	\$280
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$290
D7280	Exposure of an unerupted tooth	\$305
D7283	Placement of device to facilitate eruption of impacted tooth	\$155
D7285	Incisional biopsy of oral tissue — hard (bone, tooth)	No Cost
D7286	Incisional biopsy of oral tissue — soft	No Cost
D7287	Exfoliative cytological sample collection	\$80
D7288	Brush biopsy — transepithelial sample collection	\$75
D7310	Alveoplasty in conjunction with extractions — four or more teeth or tooth spaces, per quadrant.....	No Cost
D7311	Alveoplasty in conjunction with extractions — one to three teeth or tooth spaces, per quadrant	No Cost
D7320	Alveoplasty not in conjunction with extractions — four or more teeth or tooth spaces, per quadrant	No Cost
D7321	Alveoplasty not in conjunction with extractions — one to three teeth or tooth spaces, per quadrant	No Cost
D7450	Removal of benign odontogenic cyst or tumor — lesion diameter up to 1.25 cm	No Cost
D7451	Removal of benign odontogenic cyst or tumor — lesion diameter greater than 1.25 cm	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible).....	No Cost
D7472	Removal of torus palatinus	No Cost
D7473	Removal of torus mandibularis	No Cost
D7510	Incision and drainage of abscess — intraoral soft tissue.....	\$135
D7511	Incision and drainage of abscess — intraoral soft tissue — complicated (includes drainage of multiple fascial spaces).....	\$225
D7520	Incision and drainage of abscess — extraoral soft tissue	\$250
D7521	Incision and drainage of abscess — extraoral soft tissue — complicated (includes drainage of multiple fascial spaces).....	\$750
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization	No Cost
D7960	Frenulectomy (frenectomy or frenotomy) — separate procedure	No Cost
D7963	Frenuloplasty.....	No Cost
D7970	Excision of hyperplastic tissue — per arch	\$360
D7971	Excision of pericoronal gingiva.....	\$170

Code	Description	Standard Plan Enrollee Pays
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D8000 – X. ORTHODONTICS

D8999

D8010	Limited orthodontic treatment of the primary dentition	\$800
D8020	Limited orthodontic treatment of the transitional dentition — child or adolescent to age 19	\$950
D8030	Limited orthodontic treatment of the adolescent dentition — adolescent to age 19	\$950
D8040	Limited orthodontic treatment of the adult dentition — adults, including covered dependent adult children	\$1,000
D8050	Interceptive orthodontic treatment of the primary dentition	\$1,000
D8060	Interceptive orthodontic treatment of the transitional dentition	\$1,000
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,000
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,000
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,000
D8660	Pre-orthodontic treatment visit	\$30
D8670	Periodic orthodontic treatment visit (as Part of Contract)	\$235
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers)	\$240

D9000 – XII. ADJUNCTIVE GENERAL SERVICES

D9999

D9110	Palliative (emergency) treatment of dental pain — minor procedure	No Cost
D9120	Fixed partial denture sectioning	\$75
D9210	Local anesthesia not in conjunction with operative or surgical procedure	No Cost
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9222	Deep sedation/general anesthesia - first 15 minutes	\$120
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$120
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$35
D9239	Intravenous moderate (conscious) sedation/anesthesia — first 15 minutes	\$120
D9243	Intravenous moderate (conscious) sedation/anesthesia — each subsequent 15 minute increment	\$120
D9248	Non-intravenous conscious sedation	\$120
D9310	Consultation — diagnostic service provided by dentist or physician other than requesting dentist or physician	No Cost
D9311	Consultation with a medical health care professional	No Cost
D9430	Office visit for observation (during regularly scheduled hours) — no other services performed	No Cost
D9440	Office visit — after regularly scheduled hours	No Cost
D9450	Case presentation, detailed and extensive treatment planning	\$105
D9910	Application of desensitizing medicament	\$20
D9940	Occlusal guard, by report	\$255
D9942	Repair and/or reline occlusal guard	\$60
D9943	Occlusal guard adjustment	\$70
D9944	Occlusal guard — hard appliance, full arch	\$275
D9945	Occlusal guard — soft appliance, full arch	\$275
D9946	Occlusal guard — hard appliance, partial arch	\$275

Code	Description	Standard Plan Enrollee Pays
D9951	Occlusal adjustment — limited	\$80
D9952	Occlusal adjustment — complete	\$235
D9971	Odontoplasty — per tooth	\$70
D9972	External bleaching — per arch — performed in office	\$125
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$120
D9986	Missed appointment — without 24 hours notice	\$5
D9987	Cancelled appointment — without 24 hours notice	\$5
D9991	Dental case management — addressing appointment compliance barriers	No Cost
D9992	Dental case management — care coordination	No Cost
D9993	Dental case management — motivational interviewing	No Cost
D9994	Dental case management — patient education to improve oral health literacy.....	No Cost
D9995	Teledentistry — synchronous; real-time encounter	No Cost
D9996	Teledentistry — asynchronous; information stored and forwarded to dentist for subsequent review	No Cost

II. LIMITATION OF BENEFITS

- a. Limitations on Diagnostic and Preventive Benefits:
 - 1) Prophylaxis (cleanings), are limited to two treatments in any 12 consecutive months.
 - 2) Sealants are covered to the age of 18 and are limited to permanent first and second molars only.
 - 3) Fluoride treatments are a covered benefit up to the age of 18, once every 12 months.
 - 4) Full mouth x-rays are limited to one set every 24 consecutive months.
 - 5) Bite-wing x-rays are limited to not more than one series of four films in any six-month period.
- b. Limitation on Basic Benefits:
 - 1) Periodontal treatments (sub-gingival curettage and root planing) are limited to five quadrants in any 12 consecutive months.
- c. Limitation on Crowns, Jackets and Cast Restorations:
 - 1) Crowns, jackets and cast restorations on the same tooth are limited to once every three (3) years.
- d. Limitation on Prosthodontic Benefits:
 - 1) Full upper and/lower dentures are not to exceed one each in any three-year period. Replacement will be provided for an existing denture or bridge if it is unsatisfactory and cannot be made satisfactory.
 - 2) Partial dentures are not to be replaced within any three-year period unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.
 - 3) The carrier will not cover the surgical removal of implants. Implant Benefits are limited to covered services and limited to a Lifetime Maximum Benefit of \$1,500.
 - 4) Denture relines are limited to one during any 12 consecutive months.
- e. Limitations and Exclusions on Orthodontic Benefits:

Access Dental Plan guarantees that a covered State employee will not lose benefits as a result of a change in dental plan carriers. In the event that a covered employee should change dental plans and the orthodontist with the previous carrier is unwilling to complete the orthodontic treatment that has been started for the copayment that was agreed upon between the orthodontist and the enrollee, Access Dental Plan will contact the orthodontist and attempt to make arrangements for no loss of coverage. Should the orthodontist not meet Access Dental Plan's standards, the covered employee may transfer to an Access Dental Plan orthodontist and the orthodontic treatment plan will be completed for an amount not to exceed the total copayment that the patient is obligated to pay under the Access Dental plan, including credit for any payments that have already been paid as a part of that treatment plan. When a covered employee is changing from the indemnity plan to the Access Dental Plan pre-paid plan, Benefits will be limited to any remaining unused portion of the insurance benefit maximum.

- 1) Orthodontic treatment must be provided by a member of the Access Dental Plan orthodontic panel.
- 2) Benefits cover 24 months of usual and customary orthodontic treatment.
- 3) Access Dental Plan will cover an orthodontic benefit for a

member copayment of \$1,000 (excluding start-up fees). Start-up fees shall not exceed \$250. The orthodontic program covers all eligible persons.

- 4) Start-up fee shall consist of the initial examination, diagnosis and consultation, and the retention phase of treatment of up to two (2) years maximum. This includes initial construction, placement and adjustments to retainers for a maximum period of two (2) years.
- 5) Surgical procedures (including extractions) are not included as a benefit.
- 6) There are no benefits for stolen, lost, or broken appliances.
- 7) Cephalometric x-rays, tracings, photographs, and study models are not included as a benefit.

III. EXCLUSION OF BENEFITS

The following services are not covered benefits:

- a. Dental conditions arising out of and due to enrollee's employment or for which Worker's Compensation is payable. Services, which are provided to the enrollee by State government, or agency thereof, are provided without cost to the enrollee by any municipality, county or other subdivisions.
- b. Elective or cosmetic dental care.
- c. Treatment for Temporomandibular Joint (T.M.J.) disorder.
- d. Oral surgery requiring the setting of fractures or dislocations. Orthognathic surgery or extraction solely for orthodontic purposes.
- e. Treatment of malignancies, cysts, neoplasms or congenital malformations, except as otherwise indicated in the Schedule of Benefits.
- f. Hospital charges of any kind.
- g. Loss or theft of dentures or bridgework.
- h. Dispensing of drugs not normally supplied in dental office.
- i. General anesthesia and the services of a special anesthesiologist.
- j. Treatment required by reason of war.
- k. Dental expenses incurred in connection with any dental procedure started after termination of eligibility for coverage.
- l. Any service that is not specifically listed as a covered expense.
- m. Additional treatment costs incurred because a dental procedure is unable to be performed in the dentist's office due to the general health and physical limits of the enrollee.
- n. Fees incurred for missed appointments or failure to notify panel dentist of cancellation 24 hours prior to appointment.

Optional Treatment Plans

When an enrollee chooses a plan of treatment that is more expensive than is customarily provided and it is an upgraded alternative procedure presented by the provider to satisfy the same function of the covered procedure, it is optional treatment. The enrollee must pay the differences in the provider's contracted fees for the two procedures plus any applicable copayment for the covered procedure.