

## 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 Primary Care Dentist 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 which 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
<b>D0100-D0999</b>	<b>I. DIAGNOSTIC</b>	
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) <i>-limited to 1 series every 24 months</i>	No Cost
D0220	Intraoral - periapical first film	No Cost
D0230	Intraoral -periapical each additional film <i>(up to and including 13 films)</i>	No Cost
D0240	Intraoral - occlusal film	No Cost
D0250	Extraoral - first film	No Cost
D0260	Extraoral - each additional film	No Cost
D0270	Bitewing radiograph - single film	No Cost
D0272	Bitewings radiographs - two films <i>-limited to 1 series every 6 months</i>	No Cost
D0274	Bitewings radiographs - four films <i>-limited to 1 series every 6 months</i>	No Cost
D0277	Vertical bitewings - 7 to 8 films	No Cost
D0330	Panoramic film	No Cost
D0350	Oral/Facial photographic images	No Cost
D0460	Pulp vitality tests	No Cost
D0999	Unspecified diagnostic procedure, by report – <i>includes office visit, per visit (including all fees for sterilization and/or infection control)</i>	No Cost
<b>D1000-D1999</b>	<b>II. PREVENTIVE</b>	
D1110	Prophylaxis cleaning – adult <i>limited to 2 per 12 months</i>	No Cost
D1120	Prophylaxis cleaning - child <i>limited to 2 per 12 month</i>	No Cost

CODE	DESCRIPTION	STANDARD PLAN
D1203	Topical application of fluoride - excluding prophylaxis – child <i>limited to 2 per 12 months for children to age 18</i>	No Cost
D1204	Topical application of fluoride (excluding prophylaxis) – adult <i>limited to 2 per 12 months for children to age 18</i>	No Cost
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients <i>limited to 2 per 12 months</i>	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1320	Tobacco Counseling	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth – <i>to age 18 only for permanent first and second molars</i>	No Cost
D1510	Space maintainer - fixed - unilateral	No Cost
D1515	Space maintainer - fixed - bilateral	No Cost
D1520	Space maintainer - removable - unilateral	No Cost
D1525	Space maintainer - removable - bilateral	No Cost
<b>D2000-D2999</b>	<b>III. RESTORATIVE</b>  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 3 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
D2542	Onlay - metallic - two surfaces	\$50
D2543	Onlay - metallic - three surfaces	\$50
D2544	Onlay - metallic - four or more surfaces	\$50
D2710	Crown - resin-based composite (indirect)	\$50
D2712	Crown - ¾ resin-based composite (indirect)	\$50
D2720	Crown - resin with <b><u>high noble metal</u></b>	\$50
D2721	Crown - resin with predominantly base metal	\$50
D2722	Crown - resin with <b><u>noble metal</u></b>	\$50
D2740	Crown -porcelain/ceramic substrate	\$50
D2750	Crown -porcelain fused to <b><u>high noble metal</u></b>	\$50
D2751	Crown -porcelain fused to predominantly base metal	\$50
D2752	Crown -porcelain fused to <b><u>noble metal</u></b>	\$50
D2780	Crown - ¾ cast <b><u>high noble metal</u></b>	\$50
D2781	Crown - ¾ cast predominantly base metal	\$50
D2782	Crown - ¾ cast <b><u>noble metal</u></b>	\$50
D2790	Crown - full cast <b><u>high noble metal</u></b>	\$50
D2791	Crown - full cast predominantly base metal	\$50
D2792	Crown - full cast <b><u>noble metal</u></b>	\$50
D2794	Crown - <b><u>titanium</u></b>	\$50
D2915	Recement cast or prefabricated post and core	No Cost
D2920	Recement crown	No Cost
D2930	Prefabricated stainless steel crown - primary tooth	No Cost

CODE	DESCRIPTION	STANDARD PLAN
D2931	Prefabricated stainless steel crown - permanent tooth	No Cost
D2940	Sedative filling	No Cost
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 - includes canal preparation	No Cost
D2953	Each additional indirectly fabricated post - same tooth - includes canal preparation	\$40
D2954	Prefabricated post and core in addition to crown -base metal post; includes canal preparation	No Cost
D2957	Each additional prefabricated post - same tooth -base metal post; includes canal preparation	No Cost
<b>D3000-D3999</b>	<b>IV. ENDODONTICS</b>	
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
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
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$20
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
<b>D4000-D4999</b>	<b>V. PERIODONTICS</b>	
	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
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
D4341	Periodontal scaling and root planing - four or more teeth per quadrant <i>limited to 5 quadrants in any 12 consecutive months</i>	No Cost
D4342	Periodontal scaling and root planing - one to three teeth per quadrant -limited to 4 quadrants <i>limited to 5 quadrants in any 12 consecutive months</i>	No Cost
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	No Cost
<b>D5000-D5899</b>	<b>VI. PROSTHODONTICS (removable)</b>	
	Denture relines are limited to 1 during any 12 consecutive months. For all listed dentures and partial dentures, copayment includes after delivery adjustments	

CODE	DESCRIPTION	STANDARD PLAN
	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 upper denture	\$65
D5120	Complete lower denture	\$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	Upper partial - cast metal base with resin saddles (including clasps, rests and teeth)	\$65
D5214	Lower partial - cast metal base with resin saddles (including clasps, rests and teeth)	\$65
D5281	Removable unilateral partial denture one piece cast metal (including clasps and teeth)	\$50
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
D5510	Repair broken complete denture base	No Cost
D5520	Replace missing or broken teeth - complete denture (each tooth)	No Cost
D5610	Repair resin denture base	No Cost
D5620	Repair cast framework	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	No Cost
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 upper denture (chairside)	No Cost
D5731	Reline complete lower denture (chairside)	No Cost
D5740	Reline upper partial denture (chairside)	No Cost
D5741	Reline lower partial denture (chairside)	No Cost
D5750	Reline complete upper denture (laboratory)	\$15
D5751	Reline complete lower denture (laboratory)	\$15
D5760	Reline upper partial denture (laboratory)	\$15
D5761	Reline lower partial denture (laboratory)	\$15
D5820	Interim partial denture (maxillary)	\$60
D5821	Interim partial denture (mandibular)	\$60
D5850	Tissue conditioning, maxillary	No Cost
D5851	Tissue conditioning, mandibular	No Cost
<b>D6000-D6199</b>	<b>VII. IMPLANT SERVICES</b>  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
D6066	Implant supported crown, porcelain fused to metal ( <b>titanium, titanium alloy, high noble metal</b> )	\$950

CODE	DESCRIPTION	STANDARD PLAN
D6067	Implant supported metal crown ( <u>titanium, titanium alloy, high noble metal</u> )	\$900
<b>D6200-D6999</b>	<p><b>VIII. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])</b></p> <p>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, pontic, requires the existing bridge to be 3 years old.</p>	
D6205	Pontic - indirect resin based composite (excluding molars)	\$50
D6210	Pontic - cast <u>high noble metal</u>	\$50
D6211	Pontic - cast predominantly base metal	\$50
D6212	Pontic - cast <u>noble metal</u>	\$50
D6214	Pontic - <u>titanium</u>	\$50
D6240	Pontic - porcelain fused to <u>high noble metal</u>	\$50
D6241	Pontic -porcelain fused to predominantly base metal	\$50
D6242	Pontic -porcelain fused to <u>noble metal</u>	\$50
D6250	Pontic - resin with <u>high noble metal</u>	No Cost
D6251	Pontic - resin with predominantly base metal	No Cost
D6252	Pontic - resin with <u>noble metal</u>	No Cost
D6545	Retainer - cast metal for acid etch prosthesis	\$50
D6710	Crow - indirect resin based composite	\$50
D6720	Crown - resin with <u>high noble metal</u>	No Cost
D6721	Crown - resin with predominantly base metal	No Cost
D6722	Crown - resin with <u>noble metal</u>	No Cost
D6750	Crown -porcelain fused to <u>high noble metal</u>	\$50
D6751	Crown -porcelain fused to predominantly base metal	\$50
D6752	Crown -porcelain fused to <u>noble metal</u>	\$50
D6780	Crown - ¾ cast <u>high noble metal</u>	\$50
D6781	Crown - ¾ cast predominantly base metal	\$50
D6782	Crown - ¾ cast <u>noble metal</u>	\$50
D6790	Crown - full cast <u>high noble metal</u>	\$50
D6791	Crown - full cast predominantly base metal	\$50
D6792	Crown - full cast <u>noble metal</u>	\$50
D6794	Crown - <u>titanium</u>	\$50
D6930	Recement fixed partial denture	No Cost
D6940	Stress breaker	No Cost
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$40
D6972	Prefabricated post and core in addition to fixed partial denture retainer	No Cost
D6973	Core buildup for retainer, including any pins	No Cost
D6976	Each additional indirectly fabricated post - same tooth	\$40
D6977	Each additional prefabricated post - same tooth	No Cost
D6980	Fixed partial denture repair, by report	No Cost
<b>D7000-D7999</b>	<p><b>IX. ORAL AND MAXILLOFACIAL SURGERY</b></p> <p>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.</p>	
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

CODE	DESCRIPTION	STANDARD PLAN
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
D7285	Biopsy of oral tissue - hard	No Cost
D7286	Biopsy of oral tissue - soft	No Cost
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7321	Alveoloplasty 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
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	No Cost
D7963	Frenuloplasty	No Cost
<b>D8000-D8999</b>	<b>X. ORTHODONTICS</b>	
D8010	Limited orthodontic treatment of the primary dentition	\$1,000
D8020	Limited orthodontic treatment of the transitional dentition – child or adolescent to age 19	\$1,000
D8030	Limited orthodontic treatment of the adolescent dentition – adolescent to age 19	\$1,000
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
D8660	Pre Orthodontic treatment visit	\$25
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
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers)	No Cost
	Start up fees	\$250
	Ortho visits beyond 24 months active treatment or retention	\$25/visit
<b>D9000-D9999</b>	<b>XII. ADJUNCTIVE GENERAL SERVICES</b>	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	No Cost
D9210	Local anesthesia not in conjunction with operative or surgical procedure	No Cost
D9211	Regional block anesthesia	No Cost
D9215	Local anesthesia	No Cost
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	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
	Unspecified adjunctive procedure, by report -includes failed appointment without 24 hour notice	\$5

## 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 planning) are limited to five (5) 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 \$1,000.00 (excluding start-up fees). Start-up fees shall not exceed \$250.00. 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.