

Florida

Use your HumanaOne Dental benefits

The HumanaOne Dental Prepaid HI215 plan has you covered for any circumstance. Whether you simply need quality routine dental care or unexpected dental treatment, you know what to expect with HumanaOne dental.

- › No waiting periods
- › No claims to file
- › No annual maximums

Know what your plan covers

Attached is a summary of HumanaOne Dental Prepaid HI215 plan benefits which are described in detail in the policy. Here's what you can expect:

- › You have the freedom to select any participating general dentist as your primary care dentist.
- › Life without claim forms! With the HumanaOne Dental Prepaid HI215 plan you pay your dentist directly, when applicable.
- › Your primary care dentist will provide all of your routine dental care and any copayment or discounted charges will be paid at the time of service.
- › If you need a specialty dentist, you'll receive a 25 percent discount by using one of the participating specialty dentists from our network. Visit HumanaOneNetwork.com to find a specialist offering the discount on specialty services.

Choose HumanaOne dental benefits

Be healthy

Good oral health means more than just an attractive smile. Research shows that oral health, preventive care and regular visits to the dentist is integral to overall health. For example, the Academy of General Dentistry says there is a link between gum disease and heart problems, and the American Academy of Periodontology says severe gum disease can increase blood sugar, increasing the risk among diabetics. The HumanaOne Dental Prepaid HI215 plan enables you to take better care of your teeth, and you'll pay less doing so.

Check your dental IQ anytime

Log on to MyDentalIQ.com and take the dental risk assessment that could help trim your total healthcare costs over time. Find out how you can improve your oral and overall health. The dental health risk assessment at MyDentalIQ.com takes minutes to complete, and immediately delivers a scorecard with health tips tailored to you.

HumanaOne Dental Prepaid HI215 Plan

The HumanaOne Prepaid plan focuses on maintaining oral health, prevention and cost-containment. You may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods.

Your costs listed here are for services provided by a chosen participating primary care dentist (PCD) only. Unlisted procedures receive a 25% discount off the PCD's usual fees.

Specialists services: Should you need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), you may be referred by a PCD, or you can self-refer to any participating specialist. Procedures performed by a participating specialist receive a 25% discount off the specialist's usual fees.

Summary of services

Services marked with a single asterisk (*) below also require separate payment of laboratory charges. The laboratory charges must be paid to the plan dentist in addition to any applicable copayment for the service.

| Appointments | | member pays | | |
|---------------------|---|--------------------|---|--|
| D9310 | Consultation (diagnostic service provided by dentist other than practitioner providing treatment) | \$ 45.00 | D0473 | Pathology report—microscopic examination of lesion .no charge |
| D9430 | Office visit (normal hours) | \$ 15.00 | D0474 | Pathology report—microscopic examination of lesion and areano charge |
| D9440 | Office visit (after regularly scheduled hours) | \$ 55.00 | | |
| D9999 | Broken appointments (without 24 hr. notice, per 15 min)—maximum \$40 per broken appointment. No charge will be made due to emergencies. | \$ 10.00 | | |
| Diagnostic | | member pays | Preventive | |
| D0120 | Periodic oral examination (two per calendar year) | no charge | D1110 | Prophylaxis—adult, routine (two per calendar year, by primary care dentist).no charge |
| D0140 | Limited/comprehensive/detailed and extensive oral eval | no charge | D1120 | Prophylaxis—child, routine (two per calendar year) . . .no charge |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | no charge | D1203 | Topical application of fluoride (not including prophylaxis)—child (up to 16 years of age) (two per calendar year)no charge |
| D0150 | Limited/comprehensive/detailed and extensive oral eval (two per calendar year) | no charge | D1204 | Topical application of fluoride—adult (two per calendar year, by primary care dentist).no charge |
| D0160 | Limited/comprehensive/detailed and extensive oral eval. | no charge | D1206 | Topical fluoride varnish (for child <16) (two per calendar year)no charge |
| D0170 | Re-evaluation—problem focused (not post-operative visit). | no charge | D1310 | Nutrition counseling for the control or avoidance of dental disease.no charge |
| D0180 | Comprehensive periodontal evaluation (two per calendar year) | \$ 35.00 | D1320 | Tobacco counseling services for the control or prevention of oral diseaseno charge |
| D0210 | X-ray intraoral—complete series including bitewings (once per three calendar years) | no charge | D1330 | Oral hygiene instructionno charge |
| D0220 | X-ray intraoral—periapical, first film | no charge | D1351 | Sealant—per tooth (permanent teeth only to age 16) . \$ 20.00 |
| D0230 | X-ray intraoral—periapical, each additional film | no charge | D1510* | Space maintainer—fixed, unilateral (through age 14) . \$ 95.00 |
| D0240 | X-rays intraoral—occlusal film. | no charge | D1515* | Space maintainer—fixed, bilateral (through age 14) . \$135.00 |
| D0250 | Extraoral—first film | no charge | D1520* | Space maintainer—removable, unilateral (through age 14) \$105.00 |
| D0260 | Extraoral—each additional film | no charge | D1525* | Space maintainer—removable, bilateral (through age 14) \$115.00 |
| D0270 | X-ray bitewing—single film (two per calendar year) . . .no charge | | D1550 | Recementation of space maintainer \$ 20.00 |
| D0272 | X-ray bitewings—two films (two per calendar year) . . .no charge | | | |
| D0273 | X-ray bitewings—three films (two per calendar year) . .no charge | | Restorative | |
| D0274 | Bitewings—four films (two per calendar year)no charge | | D2140 | Amalgam—one surface, primary or permanent \$ 30.00 |
| D0277 | X-ray bitewings, vertical—seven to eight films (two per calendar year)no charge | | D2150 | Amalgam—two surfaces, primary or permanent \$ 35.00 |
| D0330 | Panoramic film (once per three calendar years)no charge | | D2160 | Amalgam—three surfaces, primary or permanent . . . \$ 40.00 |
| D0350 | Oral/facial photography images. | no charge | D2161 | Amalgam—four or more surfaces, primary or permanent \$ 45.00 |
| D0415 | Collect microorganisms culture & sensitivityno charge | | D2940 | Sedative filling \$ 25.00 |
| D0425 | Caries susceptibility tests. | no charge | | |
| D0431 | Oral cancer screening using a special light source \$ 70.00 | | Resin restorative | |
| D0460 | Pulp vitality tests (not covered if a root canal is performed)no charge | | (inlays and onlays limited to one per tooth every five years) | |
| D0470 | Diagnostic casts | no charge | D2330 | Resin based composite—one surface, anterior \$ 45.00 |
| D0472 | Pathology report—gross examination of lesionno charge | | D2331 | Resin based composite—two surfaces, anterior. \$ 60.00 |
| | | | D2332 | Resin based composite—three surfaces, anterior. . . . \$ 75.00 |
| | | | D2335 | Resin based composite—four or more surfaces or involving incisal angle (anterior) \$ 95.00 |
| | | | D2390 | Resin based composite crown, anterior \$ 90.00 |
| | | | D2391 | Resin based composite—one surface, posterior. \$ 70.00 |

| | | |
|--------|--|----------|
| D2392 | Resin based composite—two surfaces, posterior | \$ 90.00 |
| D2393 | Resin based composite—three surfaces, posterior | \$110.00 |
| D2394 | Resin based composite—four or more surfaces, posterior | \$130.00 |
| D2510* | Inlay—metallic, one surface | \$345.00 |
| D2520* | Inlay—metallic, two surfaces | \$355.00 |
| D2530* | Inlay—metallic, three or more surfaces | \$365.00 |
| D2542* | Onlay—metallic, two surfaces | \$370.00 |
| D2543* | Onlay—metallic, three surfaces | \$380.00 |
| D2544* | Onlay—metallic, four or more surfaces | \$390.00 |
| D2610* | Inlay—porcelain/ceramic, one surface | \$370.00 |
| D2620* | Inlay—porcelain/ceramic, two surfaces | \$380.00 |
| D2630* | Inlay—porcelain/ceramic, three or more surfaces | \$390.00 |
| D2642* | Onlay—porcelain/ceramic, two surfaces | \$395.00 |
| D2643* | Onlay—porcelain/ceramic, three surfaces | \$405.00 |
| D2644* | Onlay—porcelain/ceramic, four or more surfaces | \$415.00 |
| D2650* | Inlay—resin based composite, one surface | \$345.00 |
| D2651* | Inlay—resin based composite, two surfaces | \$355.00 |
| D2652* | Inlay—resin based composite, three or more surfaces . . | \$365.00 |
| D2662* | Onlay—resin based composite, two surfaces | \$370.00 |
| D2663* | Onlay—resin based composite, three surfaces | \$380.00 |
| D2664* | Onlay—resin based composite, four or more surfaces . | \$410.00 |

Crown and bridge (limited to one per tooth every five years) **member pays**

| | | |
|--------|--|-----------|
| D2710* | Crown—resin based composite, indirect | \$410.00 |
| D2712* | Crown—3/4 resin based composite, indirect | \$410.00 |
| D2720* | Crown—resin with high noble metal | \$410.00 |
| D2721 | Crown—resin with predominantly base metal | \$410.00 |
| D2722* | Crown—resin with noble metal | \$410.00 |
| D2740* | Crown—porcelain/ceramic substrate | \$410.00 |
| D2750* | Crown—porcelain fused to high noble metal | \$410.00 |
| D2751 | Crown—porcelain fused to predominantly base metal . | \$410.00 |
| D2752* | Crown—porcelain fused to noble metal | \$410.00 |
| D2780* | Crown—3/4 cast high noble metal | \$410.00 |
| D2781 | Crown—3/4 cast predominantly base metal | \$410.00 |
| D2782* | Crown—3/4 cast noble metal | \$410.00 |
| D2783* | Crown—3/4 porcelain/ceramic | \$410.00 |
| D2790* | Crown—full cast high noble metal | \$410.00 |
| D2791 | Crown—full cast predominantly base metal | \$410.00 |
| D2792* | Crown—full cast noble metal | \$410.00 |
| D2794* | Crown—titanium | \$410.00 |
| D2799 | Provisional crown | no charge |
| D2910 | Recement inlay, onlay or veneer | \$ 25.00 |
| D2915 | Recement cast or prefabricated post and core | no charge |
| D2920 | Recement crown | \$ 25.00 |
| D2930 | Prefabricated stainless steel crown—primary tooth . . | \$110.00 |
| D2931 | Prefabricated stainless steel crown—permanent tooth. | \$ 35.00 |
| D2932 | Prefabricated resin crown | \$110.00 |
| D2933 | Prefabricated stainless steel crown with resin window | \$110.00 |
| D2934 | Prefabricated esthetic coated stainless steel crown—primary tooth | \$110.00 |
| D2950 | Core buildup, including any pins | \$ 80.00 |
| D2951 | Pin retention—per tooth, in addition to restoration . | \$ 25.00 |
| D2952* | Cast post and core in addition to crown | \$175.00 |
| D2953* | Each additional cast post—same tooth | \$140.00 |
| D2954 | Prefabricated post and core in addition to crown . . . | \$120.00 |
| D2955 | Post removal | \$ 20.00 |
| D2957 | Each additional prefabricated post—same tooth, base metal post | \$ 45.00 |
| D2960 | Labial veneer (resin laminate)—chairside | \$290.00 |
| D2961* | Labial veneer (resin laminate)—laboratory | \$425.00 |
| D2962* | Labial veneer (porcelain laminate)—laboratory | \$475.00 |
| D2971 | Additional procedure—new crown existing partial denture | \$ 70.00 |
| D2980 | Crown repair | \$ 25.00 |
| D6940 | Stress breaker | \$170.00 |
| D6950 | Precision attachment | \$220.00 |
| D6970* | Cast post and core, in addition to fixed partial denture retainer | \$120.00 |
| D6972 | Prefabricated post and core in addition to fixed partial denture retainer, base metal post | \$120.00 |
| D6976* | Each additional cast post—same tooth | \$100.00 |
| D6977 | Each additional prefabricated post—same tooth | \$100.00 |

Prosthodontics (fixed)

(replacement limited to every five years, adjustments once per year) **member pays**

| | | |
|--------|---|----------|
| D6210* | Pontic—cast high noble metal | \$410.00 |
| D6211 | Pontic—cast predominantly base metal | \$410.00 |
| D6212* | Pontic—cast noble metal | \$410.00 |
| D6240* | Pontic—porcelain fused to high noble metal | \$410.00 |
| D6241 | Pontic—porcelain fused to predominantly base metal | \$410.00 |
| D6242* | Pontic—porcelain fused to noble metal | \$410.00 |
| D6750* | Crown—porcelain fused to high noble metal | \$410.00 |
| D6751 | Crown—porcelain fused to predominantly base metal | \$410.00 |
| D6752* | Crown—porcelain fused to noble metal | \$410.00 |
| D6790* | Crown—full cast high noble metal | \$410.00 |
| D6791 | Crown—full cast predominantly base metal | \$410.00 |
| D6792* | Crown—full cast noble metal | \$410.00 |
| D6794* | Crown—titanium | \$410.00 |
| D6930 | Recement fixed partial denture (per unit) | \$ 45.00 |
| D6973 | Core buildup for retainer, including any pins | \$ 70.00 |

Prosthodontics (replacement limited to every five years) **member pays**

| | | |
|--------|---|----------|
| D5110* | Complete denture—maxillary | \$550.00 |
| D5120* | Complete denture—mandibular | \$550.00 |
| D5130* | Immediate denture—maxillary | \$550.00 |
| D5140* | Immediate denture—mandibular | \$550.00 |
| D5211* | Maxillary partial denture—resin base | \$495.00 |
| D5212* | Mandibular partial denture—resin base | \$495.00 |
| D5213* | Maxillary partial denture—cast metal framework, resin denture bases | \$525.00 |
| D5214* | Mandibular partial denture—cast metal framework, resin denture bases | \$525.00 |
| D5225* | Maxillary partial denture—flexible (including clasps, rests and teeth) | \$525.00 |
| D5226* | Mandibular partial denture—flexible (including clasps, rests and teeth) | \$525.00 |
| D5281* | Removable partial denture—one piece cast metal . . . | \$445.00 |
| D5410 | Adjust complete denture—maxillary | \$ 25.00 |
| D5411 | Adjust complete denture—mandibular | \$ 25.00 |
| D5421 | Adjust partial denture—maxillary | \$ 25.00 |
| D5422 | Adjust partial denture—mandibular | \$ 25.00 |
| D5660* | Add clasp to existing partial denture | \$110.00 |

Endodontics (each procedure limited to once per tooth per life) **member pays**

| | | |
|-------|--|----------|
| D3110 | Pulp cap—direct (excluding final restoration) | \$ 25.00 |
| D3120 | Pulp cap—indirect (excluding final restoration) | \$ 20.00 |
| D3220 | Therapeutic pulpotomy | \$ 65.00 |
| D3221 | Pulpal debridement, primary and permanent teeth . . | \$135.00 |
| D3230 | Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration) | \$ 65.00 |
| D3240 | Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration) | \$100.00 |
| D3310 | Root canal therapy—anterior (excluding final restoration) | \$175.00 |
| D3320 | Root canal therapy—bicuspid (excluding final restoration) | \$270.00 |
| D3330 | Root canal therapy—molar (excluding final restoration) | \$390.00 |
| D3331 | Treatment of root canal obstruction—non-surgical access | \$110.00 |
| D3332 | Incomplete endodontic therapy—inoperable or fractured tooth | \$110.00 |
| D3333 | Internal root repair of perforation defects | \$120.00 |
| D3351 | Apexification/recalcification—initial visit | \$140.00 |
| D3352 | Apexification/recalcification—interim | \$100.00 |
| D3353 | Apexification/recalcification—final visit | \$140.00 |
| D3410 | Apicoectomy/periradicular surgery—anterior | \$210.00 |
| D3421 | Apicoectomy/periradicular surgery—bicuspid (first root) | \$220.00 |
| D3425 | Apicoectomy/periradicular surgery—molar (first root) | \$220.00 |
| D3426 | Apicoectomy/periradicular surgery (each additional root) | \$ 90.00 |
| D3430 | Retrograde filling—per root | \$ 55.00 |
| D3450 | Root amputation—per root (not covered in conjunction with procedure D3920) | \$130.00 |
| D3910 | Surgical procedure to isolate tooth with rubber dam . | \$ 50.00 |
| D3920 | Hemisection not included in root canal therapy | \$120.00 |
| D3950 | Root canal prepare and fit preformed dowel/post . . . | \$ 25.00 |

Periodontics (gum treatment) member pays

| | | |
|-------|--|----------|
| D4210 | Gingivectomy/gingivoplasty—four or more teeth, per quadrant | \$195.00 |
| D4211 | Gingivectomy/gingivoplasty per tooth—one to three teeth, per quadrant | \$100.00 |
| D4240 | Gingival flap, including root planing—four or more teeth, per quadrant | \$220.00 |
| D4241 | Gingival flap, including root planing—one to three teeth, per quadrant | \$150.00 |
| D4245 | Apically positioned flap | \$225.00 |
| D4249 | Clinical crown lengthening—hard tissue | \$220.00 |
| D4260 | Osseous surgery—four or more teeth or bounded spaces, per quadrant | \$425.00 |
| D4261 | Osseous surgery—one to three teeth, per quadrant | \$400.00 |
| D4263 | Bone replacement graft—first site in quadrant | \$290.00 |
| D4264 | Bone replacement graft—each additional site in quadrant bone | \$200.00 |
| D4265 | Biological materials which can aid soft and osseous tissue regeneration | \$135.00 |
| D4266 | Guided tissue regeneration—resorbable barrier, per site | \$360.00 |
| D4267 | Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal) | \$425.00 |
| D4270 | Pedicle soft tissue graft procedure | \$335.00 |
| D4271 | Free soft tissue graft procedure (including donor site surgery) | \$340.00 |
| D4273 | Subepithelial connective tissue graft, tooth | \$425.00 |
| D4274 | Distal or proximal wedge procedure | \$120.00 |
| D4275 | Soft tissue allograft | \$460.00 |
| D4320 | Provisional splinting—intracoronal | \$135.00 |
| D4321 | Provisional splinting—extracoronal | \$115.00 |
| D4341 | Periodontal scaling and root planing, per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342) | \$ 85.00 |
| D4342 | Periodontal scaling and root planing one to three teeth per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342) | \$ 70.00 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis (once per five calendar years) | \$ 80.00 |
| D4381 | Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy) | \$ 70.00 |
| D4910 | Periodontal maintenance (covered only after active periodontal therapy) | \$ 70.00 |

Extractions/oral and maxillofacial surgery member pays

| | | |
|-------|--|-----------|
| D7111 | Coronal remnants, deciduous tooth | no charge |
| D7140 | Extraction, erupted tooth or exposed tooth | \$ 55.00 |
| D7210 | Surgical removal of erupted tooth | \$ 60.00 |
| D7220 | Removal of impacted tooth—soft tissue | \$ 75.00 |
| D7230 | Removal of impacted tooth—partially bony | \$ 95.00 |
| D7240 | Removal of impacted tooth—completely bony | \$135.00 |
| D7241 | Removal of impacted tooth—completely bony, unusual complications by report | \$175.00 |
| D7250 | Surgical removal of residual tooth roots | \$ 50.00 |
| D7260 | Oroantral fistula closure | \$450.00 |
| D7261 | Primary closure of a sinus perforation | \$275.00 |
| D7270 | Tooth stabilization of accidentally avulsed or displaced tooth | \$ 95.00 |
| D7280 | Surgical access of an unerupted tooth (excluding wisdom teeth) | \$160.00 |
| D7282 | Mobilization of erupted or malposed tooth to aid eruption | \$120.00 |
| D7285 | Biopsy of oral tissue—hard (bone, tooth) | \$450.00 |
| D7286 | Biopsy of oral tissue—soft (all others) | \$155.00 |
| D7287 | Exfoliative cytological sample collection | \$ 70.00 |
| D7288 | Brush biopsy—transepithelial sample collection | \$ 75.00 |
| D7310 | Alveoloplasty in conjunction with extractions—per quadrant | \$ 50.00 |
| D7311 | Alveoloplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant | \$ 25.00 |

| | | |
|-------|--|----------|
| D7320 | Alveoloplasty not in conjunction with extractions—per quadrant | \$ 90.00 |
| D7321 | Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant | \$ 65.00 |
| D7450 | Removal of benign odontogenic cyst or tumor—up to 1.25 cm | \$210.00 |
| D7451 | Removal of benign odontogenic cyst or tumor—greater than 1.25 cm | \$285.00 |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | \$130.00 |
| D7472 | Removal of torus palatinus | \$ 80.00 |
| D7473 | Removal of torus mandibularis | \$ 80.00 |
| D7485 | Surgical reduction of osseous tuberosity | \$ 75.00 |
| D7510 | Incision and drainage of abscess—intraoral soft tissue | \$ 45.00 |
| D7970 | Excision hyperplastic tissue—per arch | \$100.00 |
| D7971 | Excision of pericoronal gingival | \$ 65.00 |

Repairs to prosthetics member pays

| | | |
|--------|---|-----------|
| D5510* | Repair broken complete denture base | \$ 65.00 |
| D5520* | Replace missing or broken teeth—complete denture (each tooth) | \$ 65.00 |
| D5610* | Repair resin denture base | \$ 65.00 |
| D5620* | Repair cast framework | \$ 65.00 |
| D5630* | Repair or replace broken clasp | \$ 65.00 |
| D5640* | Replace broken teeth—per tooth | \$ 65.00 |
| D5650* | Add tooth to existing partial denture | \$ 60.00 |
| D5670* | Replace all teeth and acrylic framework—maxillary | \$255.00 |
| D5671* | Replace all teeth and acrylic framework—mandibular | \$350.00 |
| D5710* | Rebase complete maxillary denture | \$230.00 |
| D5711* | Rebase complete mandibular denture | \$230.00 |
| D5720* | Rebase maxillary partial denture | \$230.00 |
| D5721* | Rebase mandibular partial denture | \$230.00 |
| D5730 | Reline complete maxillary denture (chairside) | \$110.00 |
| D5731 | Reline complete mandibular denture (chairside) | \$110.00 |
| D5740 | Reline maxillary partial denture (chairside) | \$110.00 |
| D5741 | Reline mandibular partial denture (chairside) | \$110.00 |
| D5750* | Reline complete maxillary denture (laboratory) | \$180.00 |
| D5751* | Reline complete mandibular denture (laboratory) | \$180.00 |
| D5760* | Reline maxillary partial denture (laboratory) | \$180.00 |
| D5761* | Reline mandibular partial denture (laboratory) | \$180.00 |
| D5810* | Interim complete denture (maxillary) | \$300.00 |
| D5811* | Interim complete denture (mandibular) | \$300.00 |
| D5820* | Interim partial denture (maxillary) | \$210.00 |
| D5821* | Interim partial denture (mandibular) | \$210.00 |
| D5850 | Tissue conditioning, maxillary | \$ 45.00 |
| D5851 | Tissue conditioning, mandibular | \$ 45.00 |
| D6214* | Pontic titanium | \$410.00 |
| D6245* | Pontic—porcelain/ceramic | \$410.00 |
| D6250* | Pontic—resin with high noble metal | \$410.00 |
| D6251 | Pontic—resin with predominantly base metal | \$410.00 |
| D6252* | Pontic—resin with noble metal | \$410.00 |
| D6253* | Provisional pontic | no charge |
| D6545* | Retainer—cast metal, resin bonded fixed prosthesis | \$300.00 |
| D6548* | Retainer—porcelain/ceramic, resin bonded fixed prosthesis | \$300.00 |
| D6600* | Inlay—porcelain/ceramic, two surfaces | \$410.00 |
| D6601* | Inlay—porcelain/ceramic, three or more surfaces | \$410.00 |
| D6602* | Inlay—cast high noble metal, two surfaces | \$410.00 |
| D6603* | Inlay—cast high noble metal, three or more surfaces | \$410.00 |
| D6604 | Inlay—cast predominantly base metal, two surfaces | \$410.00 |
| D6605 | Inlay—cast predominantly base metal, three or more surfaces | \$410.00 |
| D6606* | Inlay—cast noble metal, two surfaces | \$410.00 |
| D6607* | Inlay—cast noble metal, three or more surfaces | \$410.00 |
| D6608* | Inlay—porcelain/ceramic, two surfaces | \$410.00 |
| D6609* | Onlay—porcelain/ceramic, three or more surfaces | \$410.00 |
| D6610* | Onlay—cast high noble metal, two surfaces | \$410.00 |
| D6611* | Onlay—cast high noble metal, three or more surfaces | \$410.00 |
| D6612 | Onlay—cast predominantly base metal, two surfaces | \$410.00 |
| D6613 | Onlay—cast predominantly base metal, three or more surfaces | \$410.00 |
| D6614* | Onlay—cast noble metal, two surfaces | \$410.00 |
| D6615* | Onlay—cast noble metal, three or more surfaces | \$410.00 |
| D6624* | Inlay titanium | \$410.00 |
| D6634* | Onlay titanium | \$410.00 |
| D6710* | Crown—indirect resin based composition | \$410.00 |

| | | |
|--------|---|----------|
| D6720* | Crown—resin with high noble metal | \$410.00 |
| D6721 | Crown—resin with predominantly base metal | \$410.00 |
| D6722* | Crown—resin with noble metal | \$410.00 |
| D6740* | Crown—porcelain/ceramic | \$410.00 |
| D6780* | Crown—3/4 cast high noble metal | \$410.00 |
| D6781 | Crown—3/4 cast predominantly base metal | \$410.00 |
| D6782* | Crown—3/4 cast noble metal | \$410.00 |
| D6783* | Crown—3/4 porcelain/ceramic, denture | \$410.00 |

Adjunctive general service **member pays**

| | | |
|-------|--|-----------|
| D9110 | Palliative (emergency) treatment of dental pain—minor procedure | \$ 20.00 |
| D9215 | Local anesthesia | no charge |
| D9220 | General anesthesia—first 30 minutes (limited to the removal of partial, or complete bony impacted teeth) | \$205.00 |
| D9221 | General anesthesia—additional 15 minutes (limited to the removal of partial, or complete bony impacted teeth) | \$ 95.00 |
| D9230 | Analgesia (nitrous oxide), per 15 minutes | \$ 45.00 |
| D9241 | I.V. conscious sedation—first 30 minutes (limited to the removal of partial, or complete bony impacted teeth) | \$205.00 |
| D9242 | I.V. conscious sedation—additional 15 minutes (limited to the removal of partial, or complete bony impacted teeth) | \$ 90.00 |
| D9450 | Case presentation, detailed and extensive treatment planning | no charge |
| D9951 | Occlusal adjustment—limited | \$ 45.00 |
| D9952 | Occlusal adjustment—complete | \$205.00 |

Bleaching **member pays**

| | | |
|-------|---------------------------------------|----------|
| D9972 | External bleaching—per arch | \$210.00 |
|-------|---------------------------------------|----------|

Orthodontics **member pays**

NOTE: Members can receive a 25 percent savings by visiting an in-network orthodontist.

- NOTE:
- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
 - Unlisted procedures are at the participating dentist's usual fee less 25%
 - When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$75 per unit
 - Some covered services are typically only offered by a specialist (like many oral surgery procedures)
 - Additional exclusions and limitations are listed along with full plan information in your certificate of benefits.

Limitations and Exclusions

This is an outline of the limitations and exclusions for the plan listed above. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions. Company does not provide coverage for:

- A. Services of any dentist other than a Participating General Dentist, except out-of-area emergency care as explained in the certificate;
- B. Procedures not specifically listed as a covered benefit in the certificate;
- C. You will not be entitled to receive Benefits, transfer Dental Facilities, or enjoy other privileges of a Member in good standing whenever any Contributions or Copayments are delinquent;
- D. Dental treatment started prior to the Member's effective date for eligibility of benefits;
- E. Services which in the opinion of the Participating General Dentist or Company are not necessary treatment to establish and/or maintain oral health;
- F. Services that are not appropriate or customarily performed for the given condition, do not have uniform professional endorsement, do not have a favorable prognosis, or are experimental or investigational;
- G. Services that are not consistent with the normal and/or usual services provided by the Participating General Dentist or which in the opinion of the Participating General Dentist would endanger health;
- H. Services or procedures which the Participating General Dentist is unable to perform because of the general health or physical limitations of the patient;
- I. Procedures, appliances or restorations to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ); or replacement of lost, missing or stolen appliances;
- J. Services performed primarily for cosmetic purposes;
- K. Services provided by a Participating Pediatric Dentist to children over the age of seven;
- L. Removal of asymptomatic third molars unless pathology (disease) exists;
- M. Services for treatment of bodily injury or sickness that arose from or was sustained in the course of any occupation or employment for compensation, profit or gain;
- N. Crowns, inlays, onlays, or veneers for the purpose of: altering vertical dimension of teeth; restoring/maintaining occlusion; splinting teeth, or replacing tooth structure lost as a result of wear.

