

This plan covers dental services for enrolled individuals age 18 and younger, as required under the Affordable Care Act.

Out-of-Pocket Limit

\$350 per person / \$700 for two or more people per calendar year for enrolled individuals age 18 and younger.

What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for approved dental expenses during the calendar year and applies to enrolled individuals age 18 and younger on your policy. Once the out-of-pocket limit has been met, the plan will pay 100 percent of covered charges for the rest of that year.

Primary care dentist

You must select a Dental Advantage Essentials Network dentist as your primary care dentist (PCD) from the plan's provider directory. The PCD will coordinate all of your dental care needs. See your Dental Member Handbook for details.

The member is responsible for any amounts shown above, in addition to the following amounts.

ADA Code Procedure	Co-payment
General Office Visit Charge	\$15
Specialist Office Visit Charge	\$30
Emergency Office Visit Charge	\$50

Diagnostic and Preventive Services

D0120 - Periodic oral evaluation	No co-pay
D0140 - Limited oral evaluation - problem focused	No co-pay
D0145 - Oral evaluation - patient under three years old +	No co-pay
D0150 - Comprehensive oral evaluation	No co-pay
D0160 - Detailed and extensive oral evaluation	No co-pay
D0170 - Re-evaluation - limited	No co-pay
D0171 - Re-evaluation - post operative office visit	No co-pay
D0180 - Comprehensive periodontal evaluation	No co-pay
D0191 - Assessment of a patient	No co-pay
D0210 - Complete series x-rays	No co-pay
D0220 - Periapical - first film	No co-pay
D0230 - Intraoral - each additional film	No co-pay
D0240 - Intraoral - occlusal film	No co-pay
D0250 - Extraoral - 2D projectio	No co-pay
D0251 - Extraoral - posterior dental radiographic image	No co-pay
D0270 - Bitewings - single film	No co-pay
D0272 - Bitewings - two films	No co-pay
D0273 - Bitewings - three films	No co-pay

D0274 - Bitewings - four films	No co-pay
D0277 - Vertical bitewings	No co-pay
D0310 - Sialography +	No co-pay
D0320 - TMJ arthrogram +	No co-pay
D0321 - Other TMJ films +	No co-pay
D0322 - Tomographic survey +	No co-pay
D0330 - Panoramic x-rays	No co-pay
D0340 - 2D cephalometric film	No co-pay
D0350 - Oral/facial images	No co-pay
D0364 - Cone beam CT, limited view	No co-pay
D0365 - Cone beam CT, full arch-mandible	Not covered
D0366 - Cone beam CT, full arch-maxilla	Not covered
D0367 - Cone beam CT, both jaws	No co-pay
D0368 - Cone beam CT, TMJ series	Not covered
D0391 - Interpret and report diagnostic image +	No co-pay
D0415 - Collection for culture and sensitivity +	No co-pay
D0425 - Caries susceptibility test	No co-pay
D0460 - Pulp vitality test	No co-pay
D0470 - Diagnostic casts	No co-pay
D1110 - Teeth cleaning (prophylaxis) - adult	No co-pay
D1120 - Teeth cleaning (prophylaxis) - child +	No co-pay
D1206 - Topical fluoride - therapeutic application	No co-pay
D1208 - Topical fluoride	No co-pay
D1310 - Nutritional counseling	No co-pay
D1320 - Tobacco counseling	No co-pay
D1330 - Oral hygiene instruction	No co-pay
D1351 - Sealant - per tooth	No co-pay
D1353 - Sealant repair - per tooth	No co-pay
D1354 - Interim caries arresting medicament application	No co-pay

Space Maintainers

D1510 - Space maintainer - unilateral - fixed	No co-pay
D1515 - Space maintainer - bilateral - fixed	No co-pay
D1520 - Space maintainer - unilateral - removable	No co-pay
D1525 - Space maintainer - bilateral removable	No co-pay
D1550 - Space maintainer - re-cement	No co-pay
D1555 - Removal of fixed space maintainer	No co-pay

Restorative Dentistry

Amalgam Restorations	
D2140 - Fillings - one surface	No co-pay
D2150 - Fillings - two surfaces	No co-pay
D2160 - Fillings - three surfaces	No co-pay
D2161 - Fillings - four or more surfaces	No co-pay

D2940 - Sedative filling - temporary	No co-pay
D2951 - Pin retention - per tooth, in addition to restoration	No co-pay
Resin Restorations	
D2330 - Resin - one surface anterior	No co-pay
D2331 - Resin - two surfaces anterior	No co-pay
D2332 - Resin - three surfaces anterior	No co-pay
D2335 - Resin - four or more surfaces anterior	No co-pay
D2390 - Resin based composite crown	No co-pay
D2391 - Resin - one surface posterior - primary teeth	No co-pay
D2391 - Resin - one surface posterior - permanent teeth	\$60
D2392 - Resin - two surfaces posterior - primary teeth	No co-pay
D2392 - Resin - two surfaces posterior - permanent teeth	\$60
D2393 - Resin - three surfaces posterior - primary teeth	No co-pay
D2393 - Resin - three surfaces posterior - permanent teeth	\$60
D2394 - Resin - four or more surfaces posterior - primary teeth	No co-pay
D2394 - Resin - four or more surfaces posterior - permanent teeth	\$60
D2950 - Core buildup, including any pins if after corresponding root canal	No co-pay
Inlay/Onlay (cast restorations)	
D2510 - Inlay - gold - one surface	\$150
D2520 - Inlay - gold - two surfaces	\$150
D2530 - Inlay - gold - three or more surfaces	\$150
D2542 - Onlay - gold - two surfaces	\$150
D2543 - Onlay - gold - three surfaces	\$150
D2544 - Onlay - gold - four or more surfaces	\$150
D2610 - Inlay - porcelain/ceramic - one surface	\$150
D2620 - Inlay - porcelain/ceramic - two surfaces	\$150
D2630 - Inlay - porcelain/ceramic - three or more surfaces	\$150
D2642 - Onlay - porcelain/ceramic - two surfaces	\$150
D2643 - Onlay - porcelain/ceramic - three surfaces	\$150
D2644 - Onlay - porcelain/ceramic - four or more surfaces	\$150
D2910 - Re-cement inlay	No co-pay
Crowns	
D2710 - Crown - resin laboratory	\$150
D2712 - Crown - ¾ resin based composite	\$150
D2740 - Crown - porcelain/ceramic anterior	\$150
D2751 - Crown - porcelain fused to predominantly base metal	No co-pay
D2752 - Crown - porcelain/noble	\$150
D2782 - Crown - ¾ cast - noble	\$150
D2792 - Crown full cast noble	\$150
D2799 - Provisional crown	No co-pay

D2915 - Re-cement cast or prefabricated post and core	No co-pay
D2920 - Re-cement crown	No co-pay
D2930 - Stainless steel crown - primary	No co-pay
D2931 - Stainless steel crown - permanent	No co-pay
D2932 - Crown - prefabricated resin	No co-pay
D2933 - Crown - prefabricated stainless steel with resin window	No co-pay
D2954 - Prefabricated post and core	No co-pay
D2955 - Post removal (no endodontic therapy)	No co-pay
D2957 - Each additional prefabricated post - same tooth	No co-pay
D2980 - Repair crown	No co-pay

Endodontics

D3110 - Pulp cap - direct excluding final restoration	No co-pay
D3120 - Pulp cap - indirect excluding final restoration	No co-pay
D3220 - Pulpotomy - A pulpotomy is not the first stage of a root canal. A pulpotomy is a separate procedure	No co-pay
D3221 - Gross pulpal debridement - primary and permanent teeth	No co-pay
D3222 - Partial pulpotomy for apexogenesis +	No co-pay
D3230 - Pulpal therapy - primary anterior	No co-pay
D3240 - Pulpal therapy - primary posterior	No co-pay
D3310 - Root canal therapy - anterior	\$150
D3320 - Root canal therapy - bicuspid	\$150
D3330 - Root canal therapy - molar	\$150
D3331 - Treatment of root canal obstruction - non-surgical access	No co-pay
D3332 - Incomplete endodontic therapy - inoperable or fractured tooth	No co-pay
D3333 - Internal repair of perforation defects	No co-pay
D3346 - Retreatment - anterior	\$150
D3347 - Retreatment - bicuspid	\$150
D3348 - Retreatment - molar	\$150
D3351 - Apexification - initial visit	\$150
D3352 - Apexification - interim visit	No co-pay
D3353 - Apexification - final visit	No co-pay
D3410 - Apicoectomy - anterior	\$150
D3421 - Apicoectomy - bicuspid first root	\$150
D3425 - Apicoectomy - molar first root	\$150
D3426 - Apicoectomy - each additional root	No co-pay
D3430 - Retrograde filling - per root	No co-pay
D3450 - Root amputation per root	\$150
D3920 - Hemisection	\$150
D3950 - Canal prep-preformed dowel/post	No co-pay

Note: The treatment of a root canal or apical surgery performed within 24 months of initial treatment is considered part of the initial treatment charge. Thereafter, re-treatment of a root canal may be subject to an additional charge.	
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Periodontics

D4210 - Gingivectomy or gingivoplasty - four or more teeth	\$120
D4211 - Gingivectomy - one to three teeth	\$120
D4240 - Gingival flap - four or more teeth	\$150
D4241 - Gingival flap - one to three teeth	\$150
D4249 - Crown lengthening hard tissue	\$150
D4260 - Osseous surgery - four or more teeth	\$150
D4261 - Osseous surgery - one to three teeth	\$150
D4263 - Bone replacement graft - first site in quadrant	\$150
D4264 - Bone replacement graft - each additional site in quadrant	No co-pay
D4270 - Pedicle soft tissue graft procedure	\$150
D4273 - Autogenous connective tissue graft	\$150
D4274 - Distal wedge procedure	\$150
D4277 - Free soft tissue graft procedure	\$150
D4341 - Periodontal scale and root plane - four or more teeth	\$120
D4342 - Periodontal scale and root plane - one to three teeth	\$120
D4355 - Full-mouth debridement	No co-pay
D4381 - Antimicrobial irrigation	No co-pay
D4910 - Periodontal maintenance following therapy	No co-pay
D4920 - Unscheduled dressing change +	No co-pay

Prosthodontics - Removable

D5110 - Complete (upper denture)	\$120
D5120 - Complete (lower denture)	\$120
D5130 - Immediate (upper denture)	\$120
D5140 - Immediate (lower denture)	\$120
D5211 - Upper partial resin base	\$120
D5212 - Lower partial resin base	\$120
D5213 - Upper partial cast metal frame	\$120
D5214 - Lower partial cast metal fram	\$120
D5221 - Immediate maxillary partial denture - resin base	\$120
D5222 - Immediate mandibular partial denture - resin base	\$120
D5223 - Immediate maxillary partial denture - cast metal framework with resin denture bases	\$120
D5224 - Immediate mandibular partial denture - cast metal framework with resin denture bases	\$120

D5225 - Upper partial flexible base +	\$120
D5226 - Lower partial flexible base +	\$120
D5281 - Partial - removable unilateral +	\$120
D5410 - Adjustment - complete denture, upper	No co-pay
D5411 - Adjustment - complete denture, lower	No co-pay
D5421 - Adjustment - partial denture, upper	No co-pay
D5422 - Adjustment - partial denture, lower	No co-pay
D5510 - Repair broken denture no teeth damaged	No co-pay
D5520 - Repair denture replace missing or broken teeth (each tooth)	No co-pay
D5610 - Repair resin base	No co-pay
D5620 - Repair partial cast framework	No co-pay
D5630 - Repair or replace partial clasp	No co-pay
D5640 - Replace teeth - partial per tooth	No co-pay
D5650 - Add tooth to existing partial	No co-pay
D5660 - Add clasp to existing partial	No co-pay
D5670 - Replace all teeth-maxillary +	No co-pay
D5671 - Replace all teeth-mandibular +	No co-pay
D5710 - Rebase complete upper denture	No co-pay
D5711 - Rebase complete lower denture	No co-pay
D5720 - Rebase upper partial	No co-pay
D5721 - Rebase lower partial	No co-pay
D5730 - Reline complete upper denture (chairside)	No co-pay
D5731 - Reline complete lower denture (chairside)	No co-pay
D5740 - Reline upper partial (chairside)	No co-pay
D5741 - Reline lower partial (chairside)	No co-pay
D5750 - Reline upper denture - lab	No co-pay
D5751 - Reline lower denture - lab	No co-pay
D5760 - Reline upper partial - lab	No co-pay
D5761 - Reline lower partial - lab	No co-pay
D5810 - Interim denture - upper	\$75
D5811 - Interim denture - lower	\$75
D5820 - Interim partial - upper 1 x 5 years	\$75
D5821 - Interim partial - lower 1 x 5 years	\$75
D5850 - Tissue conditioning - upper	No co-pay
D5851 - Tissue conditioning - lower	No co-pay
D5986 - Fluoride gel custom tray	No co-pay

Prosthodontics - Fixed

D6210 - Pontic, cast (per tooth) traditional fixed partial dentures only (bridges)	\$150
D6240 - Pontic (per tooth); porcelain/metal traditional fixed partial dentures only (bridges)	\$150
D6241 - Pontic (per tooth) maryland bridge	\$150

D6545 - Cast metal retainer	\$150
D6549 - Resin retainer - for resin bonded fixed prosthesis +	\$150
D6720 - Retainer crown - resin/metal abutment	\$150
D6750 - Retainer crown - porcelain metal abutment	\$150
D6780 - Retainer crown - ¾ cast metal abutment	\$150
D6790 - Retainer crown - full gold abutment	\$150
D6930 - Re-cement bridge	No co-pay
D6975 - Coping - metal	No co-pay
D6980 - Bridge repair	No co-pay

Oral Surgery

D7111 - Extraction coronal remnants primary tooth	No co-pay
D7140 - Extraction erupted tooth	No co-pay
D7210 - Surgical extraction - erupted	\$120
D7220 - Removal of impacted tooth - soft tissue	\$120
D7230 - Removal of impacted tooth - partial bony	\$120
D7240 - Removal of impacted tooth - complete bony	\$120
D7241 - Removal of impacted tooth - complete bony with complications	\$120
D7250 - Surgical removal residual root	\$120
D7251 - Coronectomy-intentional partial tooth removal +	No co-pay
D7260 - Oroantral fistula closure	\$120
D7261 - Primary closure of sinus perforation +	No co-pay
D7270 - Tooth re-implantation	\$120
D7280 - Surgical access unerupted tooth	\$120
D7283 - Ortho bracket to aid eruption if plan covers orthodontia	\$120
D7285 - Biopsy of oral tissue-hard +	No co-pay
D7286 - Biopsy of oral tissue-soft +	No co-pay
D7287 - Exfoliative cytological sample collection +	No co-pay
D7288 - Brush biopsy	No co-pay
D7291 - Transseptal fibrotomy	\$120
D7310 - Alveoloplasty with extractions - per quadrant	\$120
D7320 - Alveoloplasty without extractions - per quadrant	\$120
D7321 - Alveoloplasty not in conjunction with extraction-1 to 3 teeth	\$120
D7340 - Vestibuloplasty ridge extension	\$120
D7350 - Vestibuloplasty ridge extension w/graft	\$120
D7450 - Remove benign odontogenic cyst-<=1.25cm	\$120
D7451 - Remove benign odontogenic cyst->1.25cm	\$120
D7465 - Destruction of lesion-physical or chemical method	\$120
D7471 - Remove lateral exostosis	\$120
D7510 - I and D intraoral soft tissue	No co-pay
D7520 - I and D extraoral soft tissue	No co-pay

D7530 - Remove foreign body - soft tissue	No co-pay
D7540 - Remove foreign body - hard tissue	No co-pay
D7550 - Partial ostectomy/sequestrectomy non vital bone +	No co-pay
D7560 - Maxillary sinusotomy +	No co-pay
D7670 - Stabilization splint-alveolus	No co-pay
D7770 - Compound fracture-alveolus closed reduction +	No co-pay
D7910 - Suture small wound up to five cm +	No co-pay
D7911 - Complicated suture up to five cm +	No co-pay
D7912 - Suture complicated .5 cm	No co-pay
D7940 - Osteoplasty	\$120
D7953 - Bone replacement graft for ridge reservation - per site	\$120
D7960 - Frenectomy	\$120
D7963 - Frenuloplasty +	No co-pay
D7970 - Excision hyperplastic tissue	\$120
D7971 - Excision of pericoronal flap	\$120
D7980 - Sialolithotomy +	\$120
D7981 - Excision of salivary gland +	No co-pay
D7982 - Sialodochoplasty +	No co-pay
D7983 - Closure of salivary fistula +	No co-pay
D7990 - Emergency tracheotomy +	No co-pay
D7997 - Appliance removal +	No co-pay

Orthodontia

D8010 - Limited orthodontic primary dentition +	No co-pay
D8020 - Limited orthodontic transitional dentition +	No co-pay
D8030 - Limited orthodontic adolescent dentition +	No co-pay
D8040 - Limited orthodontic adult dentition +	No co-pay
D8050 - Interceptive orthodontic primary dentition +	No co-pay
D8060 - Interceptive orthodontic transitional dentition +	No co-pay
D8070 - Comprehensive orthodontic transitional dentition	\$3,000
D8080 - Comprehensive orthodontic adolescent dentition	\$3,000
D8090 - Comprehensive orthodontic adult dentition	\$3,000
D8210 - Removable appliance therapy +	No co-pay
D8220 - Fixed appliance therapy +	No co-pay
D8660 - Pre-orthodontic visit	\$150 ^
D8670 - Periodic orthodontic visit	No co-pay
D8680 - Orthodontic retention	No co-pay
D8681 - Removable orthodontic device adjustment	No co-pay
D8690 - Orthodontic treatment - alternative billing +	No co-pay
D8691 - Repair of orthodontic appliance +	No co-pay
D8693 - Re-bonding or re-cementing; or repair	No co-pay

Anesthesia

D9120 - Fix partial denture sectioning +	No co-pay
D9210 - Local Anesthesia not in conjunction with operative or surgical procedures +	No co-pay
D9211 - Regional block anesthesia +	No co-pay
D9212 - Trigeminal block anesthesia +	No co-pay
D9215 - Local anesthesia (Novocain)	No co-pay
D9223 - Deep sedation/general anesthesia - each 15 minute increment +	No co-pay
D9230 - Nitrous oxide (per visit)	\$20

Miscellaneous

D9110 - Palliative (emergency) minor	No co-pay
D9243 - Intravenous moderate (conscious) sedation/analgesia-each 15 minute increment +	No co-pay
D9248 - Non-intravenous conscious sedation +	No co-pay
D9310 - Consultation - per session	No co-pay
D9410 - House/LTC facility call +	No co-pay
D9420 - Hospital call (dental treatment provided in a hospital setting in addition to any other applicable service co-pays; facility fees not covered) (service co-pays still apply)	\$100
D9430 - Observation visit	No co-pay
D9440 - Emergency treatment - after office hours	\$15
D9610 - Therapeutic parenteral drug - single admin +	No co-pay
D9612 - Therapeutic parenteral drug-2 or > admin +	No co-pay
D9630 - Other drugs or meds +	No co-pay
D9911 - Application of desensitizing medicaments	No co-pay
D9920 - Behavior management +	No co-pay
D9930 - Treatment of complications - unusual circumstances +	No co-pay
D9951 - Occlusal adjustment - simple	No co-pay
D9952 - Occlusal adjustment - complete	No co-pay
Out-of-area emergency reimbursement +	Reimbursed up to \$100

Exclusions

See Exclusion section of the Member Handbook	
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^ Fee credited toward comprehensive orthodontic co-payment, if patient accepts treatment plan.

+ Not covered for enrolled individuals age 19 years and older.