Proced			Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays		Benefit Plan Pays	Member Pays	Benefit Plan Pays	Member Pays
REGIS	STRATION .										
0120	Periodic oral evaluation	30.00	100%	\$0.00	100%	\$0.00	30.00	100%	\$0.00	100%	\$0.00
0140	Limited oral evaluation - problem focused	35.00	100%	\$0.00	100%	\$0.00	33.00	100%	\$0.00	100%	\$0.00
0150	Comprehensive oral evaluation	40.00	100%	\$0.00	100%	\$0.00	38.00	100%	\$0.00	100%	\$0.00
0160	Detailed Extensive Oral Examination	40.00	100%	\$0.00	100%	\$0.00	38.00	100%	\$0.00	100%	\$0.00
0170	Re-Evaluation - Limited Problem	40.00	100%	\$0.00	100%	\$0.00	38.00	100%	\$0.00	100%	\$0.00
	Intraoral - complete series (including										
0210	bitewings)	50.00	100%	\$0.00	100%	\$0.00	50.00	100%	\$0.00	100%	\$0.00
0220	Intraoral - periapical first film	10.00	100%	\$0.00	100%	\$0.00	10.00	100%	\$0.00	100%	\$0.00
0230	Intraoral - periapical each additional film	8.00	100%	\$0.00	100%	\$0.00	8.00	100%	\$0.00	100%	\$0.00
0240	Intraoral Occlusal Film	15.00	100%	\$0.00	100%	\$0.00	15.00	100%	\$0.00	100%	\$0.00
0270	One Bitewing X-Ray	10.00	100%	\$0.00	100%	\$0.00	10.00	100%	\$0.00	100%	\$0.00
0272	Two Bitewing X-RayB075 Tc4e3.627 0.075 To	d (Two 1.C7	o00%)-28	.6472 8j ET	q 277. ing	X-RayB075 T	c4e3.627Td (0272)Tj 3	.627 0.075	Td (Two Bit	ewing X-R	ay)Tj ET q 277. ing X-RayB0

					GRAD	UATE		Ī		PRE-DC	CTORS		
			Case SDM	Basic	Plan	Comprehe	ensive Plan	Case SDM	Basic	: Plan	Comprehe	nsive Plan	
	Proced	lure	Allowable Charge	Benefit	Member	Benefit	Member	Allowable - Charge -	Benefit	Member	Benefit	Member	
	ADA		Onlarge	Plan Pays	Pays	Plan Pays	Pays	Onlarge	Plan Pays	Pays	Plan Pays	Pays	
	2332	Resin-based composite - three surfaces, anterior	135.00	0%	\$135.00	100%	\$0.00	90.00	0%	\$90.00	100%	\$0.00	
5.269 -1.3525262 cn	2391 2392 2393 2394 2510 2520 2530 2542 2543	Onlay-metallic-two surfaces Onlay-metallic-three surfaces	150.00 145.00 102.00 136.00 168.00 207.00 320.00 365.00 450.00 500.00	0% 0% 0% 0% 0% 0% 0% 0%	\$150.00 \$145.00 \$102.00 \$136.00 \$168.00 \$207.00 \$320.00 \$365.00 \$450.00 \$500.00	100% 100% 100% 100% 100% 60% 60% 60% 60%	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$128.00 \$146.00 \$180.00 \$184.00 \$200.00	125.00 145.00 75.00 85.00 95.00 125.00 136.00 350.00 400.00 475.00	0% 0% 0% 0% 0% 0% 0% 0% 0% 0%				√0j020597-0.075 Td
	2544 (2710	₆ എay-metallic-four or more surfaces Crown - resin (laboratory)	650.00 320.00	0% 0%	\$650.00 \$320.00		\$260.00 \$128.00	600.00 220.00	0% 0%	\$600.00 \$220.00 6520	60% \$3 2070 0	\$240.00 0 0 %	\$220.00 60

				GRAD	UATE			PRE-DOCTORS				
		Case SDM	Basic	c Plan	Comprehensive Plan		Caso CDIVI	Basic	c Plan	Comprehensive Pla		
Proced	ure	Allowable Charge	Benefit	Member	Benefit	Member	Allowable Charge	Benefit	Member	Benefit	Member	
ADA		Onlarge	Plan Pays	Pays	Plan Pays	Pays	Charge	Plan Pays	Pays	Plan Pays	Pays	
	Prefabricated post and core in addition to					•						
2954	crown	50.00	0%	\$50.00	60%	\$20.00	50.00	0%	\$50.00	60%	\$20.00	
	Each additional prefabricated post - same											
2957	tooth	45.00	0%	\$45.00	60%	\$18.00	25.00	0%	\$25.00	60%	\$10.00	
2960	Labial veneer (resin laminate) - chairside	295.00	0%	\$295.00	60%	\$118.00	200.00	0%	\$200.00	60%	\$80.00	
2961	Labial Veneer (resin Laminate) - laboratory	525.00	0%	\$525.00	60%	\$210.00	400.00	0%	\$400.00	60%	\$160.00	
	Labial veneer (porcelain laminate) -											
2962	laboratory	525.00	0%	\$525.00	60%	\$210.00	400.00	0%	\$400.00	60%	\$160.00	
2970	Temporary crown (fractured tooth)	150.00	0%	\$150.00	60%	\$60.00	100.00	0%	\$100.00	60%	\$40.00	
2980	Crown repair, by report	125.00	0%	\$125.00	60%	\$50.00	75.00	0%	\$75.00	60%	\$30.00	
ENDO	<u>DONTICS</u>											
	Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of											
3220	medicament.	81.00	0%	\$81.00	60%	\$32.40	75.00	0%	\$75.00	60%	\$30.00	
3230	Pulpal Therapy - Anterior primary tooth	80.00	0%	\$80.00	60%	\$32.00	80.00	0%	\$80.00	60%	\$32.00	
3240	Pulpal Therapy - Posterior primary tooth	110.00	0%	\$110.00	60%	\$44.00	110.00	0%	\$110.00	60%	\$44.00	
3310	Anterior (excluding final restoration)	400.00	0%	\$400.00	60%	\$160.00	350.00	0%	\$350.00	60%	\$140.00	
3320 3330	Bicuspid (excluding final restoration) **MMa0**Qexcluding final restoration	500.00	0%	\$500.00	60%	\$200.00	400.00	0%	\$400.00	60%	\$160.00	

				GRAD	UATE				PRE-DO	OCTORS	
		Case SDM Allowable	Basi	c Plan	Compreh	ensive Plan	Case SD Allowab	* 1	ic Plan	Comprehe	ensive Plan
Proced	ure	Charge	Benefit	Member	Benefit	Member	Charge	Benefit	Member	Benefit	Member
ADA		Onlarge	Plan Pays	Pays	Plan Pays	Pays	Ondrigo	Plan Pays	Pays	Plan Pays	Pays
3430	Retrograde filling - per root	150.00	0%	\$150.00	60%	\$60.00	150.0	0%	\$150.00	60%	\$60.00
3450	Root amputation - per root	425.00	0%	\$425.00	60%	\$170.00	425.0	0%	\$425.00	60%	\$170.00
3920	Hemisection (including any root removal), not including root canal therapy	388.00	0%	\$388.00	60%	\$155.20	388.0	0 0%	\$388.00	60%	\$155.20
PERIO	Gingivectomy or gingivoplasty - per										
4210	quadrant	180.00	0%	\$180.00	60%	\$72.00	180.0	0 0%	\$180.00	60%	\$72.00
4211	Gingivoplasty/tooth	130.00	0%	\$130.00	60%	\$52.00	130.0		+		\$52.00
	Gingival flap procedure, including root	.00.00	370	ψ.00.00	5576	ψ3 L .00	1.00.0	370	ψ.00.00	5570	ψ3 <u>2</u> .00
4240	planing - per quadrant	308.00	0%	\$308.00	60%	\$123.20	308.0	0 0%	\$308.00	60%	\$123.20
4241	Gingival flap, inc rt planing 1-3 teeth	230.00	0%	\$230.00	60%	\$92.00	230.0				\$92.00
4245	Apically positioned flap	400.00	0%	\$400.00	60%	\$160.00	400.0	0 0%			\$160.00
4249	Clinical crown lengthening	397.00	0%	\$397.00	60%	\$158.80	397.0	0 0%	\$397.00	60%	\$158.80
4260	Osseous surgery (including flap entry and closure) - per quadrant	420.00	0%	\$420.00	60%	\$168.00	420.0	0 0%	\$420.00	60%	\$168.00
4261	Oss surgery one to three teeth per quad	340.00	0%	\$340.00	60%	\$136.00	340.0	0%	\$340.00	60%	\$136.00
4263	Bone replacement graft - first site in quadrant	185.00	0%	\$185.00	60%	\$74.00	185.0	0 0%	\$185.00	60%	\$74.00
4264	Bone replacement graft - each additional site in quadrant	75.00	0%	\$75.00	60%	\$30.00	75.0	0 0%	\$75.00	60%	\$30.00
4265	Biologic materials regeneration	140.00	0%	\$140.00	60%	\$56.00	140.0		-		\$56.00
	Guided tissue regeneration - resorbable			,		*****			,		,
4266	barrier, per site	180.00	0%	\$180.00	60%	\$72.00	180.0	0 0%	\$180.00	60%	\$72.00
4267	Guided tissue regeneration - nonresorbable barrier, per site, (includes membrane removal)	180.00	0%	\$180.00	60%	\$72.00	225.	0 0%	\$225.00	60%	\$90.00
4270	Pedicle soft tissue graft procedure	300.00	0%	\$300.00	60%	\$120.00	300.0				\$120.00
4271	Free soft tissue graft procedure (including donor site surgery)	315.00	0%	\$315.00	60%	\$126.00	315.0	0 0%			\$126.00
4273	Subepithelial connective tissue graft procedure (including donor site surgery)	450.00	0%	\$450.00	60%	\$180.00	450.0	0 0%	\$450.00	60%	\$180.00
4074	Distal or proximal wedge procedure (when not performed in conjunction with surgical	202.20	00/	# 000 00	600/	Ф ОО ОО	200	00/	# 000 00	600/	#00.00
4274	procedures in the same anatomical area)	200.00	0%	\$200.00		\$80.00	200.0				\$80.00
4275	Soft tissue allograft	450.00	0%	\$450.00	60%	\$180.00	450.0	0 0%	\$450.00	60%	\$180.00
4276	Comb connective tissue/double pedicle graft	450.00	0%	\$450.00	60%	\$180.00	450.0	0 0%	\$450.00	60%	\$180.00
	Periodontal scaling and root planing, per								·		
4341	quadrant (%40 disc for medicaid patients)	100.00	0%	\$100.00	60%	\$40.00	75.0	0 0%	\$75.00	60%	\$30.00
4342	Scaling & root planning - three or less teeth	70.00	0%	\$70.00	60%	\$28.00	55.0	0%	\$55.00	60%	\$22.00

				GRAD	UATE				PRE-DO	OCTORS	
		Case SDM	Basic	Plan	Comprehe	ensive Plan	Case SDM	Basic	Plan	Comprehe	ensive Plan
Proced	ure	Allowable Charge	Benefit	Member	Benefit	Member	Allowable Charge	Benefit	Member	Benefit	Member
ADA		Charge	Plan Pays	Pays	Plan Pays	Pays	Onlarge	Plan Pays	Pays	Plan Pays	Pays
1355	Debridement	160.00	0%	\$160.00	60%	\$64.00	100.00	0%	\$100.00	60%	\$40.00
	Periodontal maintenance procedures										
4910	(following active therapy)	80.00	0%	\$80.00	60%	\$32.00	80.00	0%	\$80.00	60%	\$32.00
PROS ⁻	THODONTICS, REMOVABLE										
5110	Complete denture - maxillary	625.00	0%	\$625.00	60%	\$250.00	500.00	0%	\$500.00	60%	\$200.00
5120	Complete denture - mandibular	625.00	0%	\$625.00	60%	\$250.00	500.00	0%	\$500.00	60%	\$200.00
5130	Immediate denture - maxillary	725.00	0%	\$725.00	60%	\$290.00	625.00	0%	\$625.00	60%	\$250.00
5140	Immediate denture - mandibular	725.00	0%	\$725.00	60%	\$290.00	625.00	0%	\$625.00	60%	\$250.00
	Maxillary partial denture - resin base (including any conventional clasps, rests										
5211	and teeth)	450.00	0%	\$450.00	60%	\$180.00	420.00	0%	\$420.00	60%	\$168.00
5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	450.00	0%	\$450.00	60%	\$180.00	420.00	0%	\$420.00	60%	\$168.00
5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	785.00	0%	\$785.00	60%	\$314.00	740.00	0%	\$740.00	60%	\$296.00
	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests										
5214	and teeth)	785.00	0%	\$785.00	60%	\$314.00	560.00	0%	\$560.00		\$224.00
5410	Adjust complete denture - maxillary	55.00	0%	\$55.00	60%	\$22.00	50.00	0%	\$50.00		\$20.00
5411	Adjust complete denture - mandibular	55.00	0%	\$55.00	60%	\$22.00	50.00	0%	\$50.00	60%	\$20.00
421	Adjust partial denture - maxillary	55.00	0%	\$55.00	60%	\$22.00	50.00	0%	\$50.00	60%	\$20.00
422	Adjust partial denture - mandibular	55.00	0%	\$55.00	60%	\$22.00	50.00	0%	\$50.00	60%	\$20.00
510	Repair broken complete denture base Replace missing or broken teeth - complete	225.00	0%	\$225.00	60%	\$90.00	160.00	0%	\$160.00		\$64.00
5520	denture (each tooth)	89.00	0%	\$89.00	60%	\$35.60	70.00	0%	\$70.00		\$28.00
610	Repair resin denture base	185.00	0%	\$185.00	60%	\$74.00	160.00	0%	\$160.00	60%	\$64.00
520	Repair cast framework	250.00	0%	\$250.00	60%	\$100.00	130.00	0%	\$130.00	60%	\$52.00
630	Repair or replace broken clasp	175.00	0%	\$175.00	60%	\$70.00	150.00	0%	\$150.00	60%	\$60.00
640	Replace broken teeth - per tooth	89.00	0%	\$89.00	60%	\$35.60	75.00	0%	\$75.00	60%	\$30.00
5650	Add tooth to existing partial denture	165.00	0%	\$165.00	60%	\$66.00	75.00	0%	\$75.00	60%	\$30.00
5660	Add clasp to existing partial denture- lab	195.00	0%	\$195.00	60%	\$78.00	150.00	0%	\$150.00	60%	\$60.00
5670	Reattatch clasp on denture	195.00	0%	\$195.00	60%	\$78.00	195.00	0%	\$195.00	60%	\$78.00
	Replace all teeth and acrylic on cast metal	135.00	31.08%0.0	75 Td (\$305	5.00)T 606 ⁄4	2 r. \$76 0T 0 10(6	0%)Tj 3.597 -0.0 725.6 0	\$100.0 0 0)%j	0C\$225s000	00 0.50620%	n 11 \$8739 6007
671	135	5.00 09						% \$225)% \$79	

			GRADUATE					PRE-DOCTORS					
		Case SDM Allowable	Basi	c Plan	Compreh	ensive Plan		Case SDM Allowable	Basio	Plan	Comprehe	ensive Plan	
rocec	lure	Charge	Benefit	Member	Benefit	Member		Charge	Benefit	Member	Benefit	Member	
ADA			Plan Pays	Pays	Plan Pays	Pays		J. 14.190	Plan Pays	Pays	Plan Pays	Pays	
5731	Reline complete mandibular denture (chairside)	145.00	0%	\$145.00	60%	\$58.00		125.00	0%	\$125.00	60%	\$50.00	635.16 2

				GRAD	UATE					PRE-DO	OCTORS	
		Case SDM Allowable	Basi	c Plan	Compreh	ensive Plan	Case Allow		Basi	c Plan	Compreh	ensive Plan
Procedu	ure	Charge	Benefit	Member	Benefit	Member	Cha		Benefit	Member	Benefit	Member
ADA		Onlargo	Plan Pays	Pays	Plan Pays	Pays	Ona	igo	Plan Pays	Pays	Plan Pays	Pays
6612	Onlay - cast predominately noble metal, 2 surfaces	440.00	0%	\$440.00	60%	\$176.00	35	52.00	0%	\$352.00	60%	\$140.80
6613	Onlay - cast predominately noble metal, 3 or more surfaces	460.00	0%	\$460.00	60%	\$184.00		88.00	0%	\$368.00	60%	\$147.20
6614	Onlay - cast noble metal, 2 surfaces	440.00	0%	\$440.00	60%	\$176.00	35	2.00	0%	\$352.00	60%	\$140.80
6615	Onlay - cast noble metal, 3 or more surfaces	465.00	0%	\$465.00	60%	\$186.00	37	72.00	0%	\$372.00	60%	\$148.80
6740	Crown - porcelain/ceramic	775.00	0%	\$775.00	60%	\$310.00	47	75.00	0%	\$475.00	60%	\$190.00
6750	Crown - porcelain fused to high noble metal	600.00	0%	\$600.00	60%	\$240.00	40	00.00	0%	\$400.00	60%	\$160.00
6751	Crown - porcelain fused to predominantly base metal	550.00	0%	\$550.00	60%	\$220.00		00.00	0%	\$400.00		\$160.00
6752	Crown - porcelain fused to noble metal	625.00	0%	\$625.00		\$250.00		00.00	0%	\$400.00		\$160.00
6780	Crown - 3/4 cast high noble metal	625.00	0%	\$625.00	60%	\$250.00		00.00	0%	\$400.00	60%	\$160.00
6790	Crown - full cast high noble metal	775.00	0%	\$775.00	60%	\$310.00		00.00	0%	\$400.00	60%	\$160.00
6792	Crown - full cast noble metal	625.00	0%	\$625.00	60%	\$250.00		00.00	0%	\$400.00		\$160.00
6930	Recement fixed partial denture	100.00	0%	\$100.00	60%	\$40.00		00.00	0%	\$100.00	60%	\$40.00
6970	Cast post and core - bridge retainer	175.00	0%	\$175.00	60%	\$70.00	14	10.00	0%	\$140.00	60%	\$56.00
6972	Pre-formed post and core - bridge retainer	150.00	0%	\$150.00	60%	\$60.00		30.00	0%	\$130.00		\$52.00
6973	Core build up for retainer	115.00	0%	\$115.00	60%	\$46.00	10	00.00	0%	\$100.00	60%	\$40.00
ORAL S	BURGERY											
7140	Extraction, erupted tooth or exposed root	75.00	100%	\$0.00	100%	\$0.00	7	75.00	100%	\$0.00	100%	\$0.00
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	100.00	0%	\$100.00	60%	\$40.00	10	00.00	0%	\$100.00	60%	\$40.00
7220	Removal of impacted tooth - soft tissue	120.00	0%	\$120.00	60%	\$48.00	12	20.00	0%	\$120.00	60%	\$48.00
7230	Removal of impacted tooth - partially bony	170.00	0%	\$170.00	60%	\$68.00	17	70.00	0%	\$170.00	60%	\$68.00
7240	Removal of impacted tooth - completely bony	175.00	0%	\$175.00	60%	\$70.00		75.00	0%	\$175.00	60%	\$70.00
7241	Removal of impacted tooth-soft tissue	185.00	0%	\$185.00	60%	\$74.00	18	35.00	0%	\$185.00	60%	\$74.00
	Surgical removal of residual tooth roots									.		
7250	(cutting procedure)	110.00	0%	\$110.00	60%	\$44.00	11	10.00	0%	\$110.00	60%	\$44.00
	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth					•			201	^		
7270	and/or alveolus	155.00	0%	\$155.00	60%	\$62.00	15	55.00	0%	\$155.00	60%	\$62.00
7200	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)		004	\$75.00	60%	¢20.00		75.00	0%	\$75.00	60%	\$20.00
7280	Surgical exposure/impact Tth aid erupt.	75.00	0%	\$75.00		\$30.00		75.00	0%			*
7281	ourgical exposure/impact Till aid erupt.	75.00	0%	\$75.00	00%	\$30.00		5.00	0%	φ/ 5.00	00%	\$30.00

		GRAD	UATE				PRE-DOCTORS				
Case SDM	Basic Plan		Comprehensive Plan		0400 0				Compreh	ensive Plan	
	Benefit	Member	Benefit	Member			Benefit	Member	Benefit	Member	
•	Plan Pays	Pays	Plan Pays	Pays			Plan Pays	Pays	Plan Pays	Pays	
	Case SDM Allowable Charge	Allowable Benefit Charge Plan	Case SDM Basic Plan Allowable Charge Benefit Member Plan Pays	Allowable Charge Plan Pays Pays	Case SDM Basic Plan Comprehensive Plan Allowable Charge Benefit Member Benefit Member Plan Pays Plan Pays	Case SDM Basic Plan Comprehensive Plan Case S Allowable Charge Benefit Member Benefit Member Charge Plan Pays Plan Pays	Case SDM Basic Plan Comprehensive Plan Case SDM Allowable Charge Plan Pays Plan Pays	Case SDM Basic Plan Comprehensive Plan Case SDM Allowable Charge Plan Plan Pays Plan Plan Plan Plan Plan Plan Plan Plan	Case SDM Basic Plan Comprehensive Plan Case SDM Allowable Charge Plan Pays Plan Pays Plan Pays	Case SDM Allowable Charge Benefit Member Benefit Member Plan Pays	

				GRAD	UATE			PRE-DOCTORS				
Procedure		Case SDM	Basic Plan		Comprehensive Plan			Case SDM	Basi	c Plan	Comprehensive P	
		Allowable Charge	Benefit	Member	Benefit	Member		Allowable Charge	Benefit	Member	Benefit	Member
ADA		Onlarge	Plan Pays	Pays	Plan Pays	Pays		Onlarge	Plan Pays	Pays	Plan Pays	Pays
9242	Intravenous sedation/analgesia - each additional 15 minutes	50.00	0%	\$50.00	60%	\$20.00		50.00	0%	\$50.00	60%	\$20.00
9310												