

SCHEDULE OF BENEFITS
Indemnity Plan

Waiting Period for Type I Services:	None
Waiting Period for Type II Services:	None
Waiting Period for Type III Services:	12 months
Waiting Period for Type IV Services:	12 months
Dependent Age:	26
Dependent Maximum Age:	26
Annual Deductible	\$50 per person, Max 3 per family, Waived for Type I
Maximum Annual Payment	\$1,000

	In-Network	Out-of-Network
Type I - Diagnostic and Preventive Services	100%	100%
Type II - Basic Restorative Services	80%	80%
Type III - Major Services	50%	50%

	In-Network	Out-of-Network
Type IV – Orthodontia	50%	50%
Orthodontic Annual Maximum:	\$500	
Orthodontic Lifetime Maximum:	\$1,000	
<p>Orthodontic care will be provided when in the opinion of the Orthodontic Consultant a satisfactory result can be achieved.</p> <p>Cross bite in permanent teeth will only be treated when, in the opinion of the Orthodontic Consultant, other conditions are present which would indicate that orthodontic treatment is necessary. Plan benefits shall cover 24 months of usual and customary Orthodontic Care. Treatment beyond said 24 months will not be covered.</p>		

Note: When using an out-of-network provider, benefits are payable based on the Prevailing Fee.

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Indemnity Plan

Type I - Diagnostic and Preventive

D0120	Periodic Oral Evaluation	Limit 1 per 6 month period
D0140	Limited Oral Evaluation – problem focused	Limit 1 per 6 month period
D0150	Comprehensive Oral Evaluation – new or established patient	Limit 1 per 2 year period
D0180	Comprehensive periodontal evaluation – new or established patient	Limit 1 per 2 year period
D1110, D1120	Prophylaxis	Limit 1 per 6 month period
D1201, D1203	Topical Application of Fluoride, per tooth	Limit 1 per 12 month period; limited to children under age 16

Type II - Basic Restorative Services

D0210	Intraoral – Complete Series, including bitewings	Limit 1 per 3 year period
D0220	Intraoral Periapical x-rays	Limit 4 per 12 month period unless in conjunction with operative procedure
D0230	Intraoral Periapical x-rays, each additional film	Limit 2 films per 12 month period
D0240	Intraoral Occlusal	Limit 2 films per 12 month period
D0250, D0260	Extraoral x-rays	Limit 2 films per 12 month period
D0270-D0274	Bitewing x-rays	Limit 1 set in any 12 month period
D0330	Panoramic film	Limit 1 set per 3 year period
D1351	Sealant - per tooth	Limit 1 per 3 year period; limited to children under age 16 for non carious molars only
D1510-D1550	Space Maintainers	Limited to children under age 16
D2140-D2161	Amalgam Restorations	Current amalgam must have been in place for 24 months
D2330-D2335	Composite Resin Restorations-anterior	Current composite resin must have been in place for 24 months
D2391-D2394	Composite Resin Restorations-posterior	Current composite resin must have been in place for 24 months

Type III - Major Services

D2510, D2520, D2530, D2543 D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664	Inlays and Onlays	Replacements allowed only if more than 5 years have passed since the last placement of the inlay, onlay and/or crown
D2710, D2721, D2740 D2750-D2752 D2790-D2792,	Crowns	Replacements allowed only if more than 5 years have passed since the last placement of the inlay, onlay and/or crown. For patients under 16 years of age, benefit is limited to plastic and stainless steel crowns
D2910	Re-Cement Inlays	
D2920	Re-Cement Crowns	
D2930-D2933	Stainless Steel Crowns, Resin Crowns	
D2950	Core Build-up including any pins	
D2951	Pin Retention – per tooth, in addition to restoration	
D2952	Cast Post and Core, in addition to crown	
D2954	Prefabricated Post and Core, in addition to crown	
D2980	Crown Repair, by report	

Type III - Major Services (cont.)

D3220	Therapeutic Pulpotomy	
D3230	Pulpal therapy anterior, primary tooth	
D3240	Pulpal therapy posterior, primary tooth	
D3310-D3330	Root Canal Therapy	
D3346-D3348	Root Canal Therapy - retreatment-by report	
D3351-D3353	Apexification	
D3410-D3426	Apicoectomy	
D3430	Retrograde Filling – per root	
D3450	Root Amputation – per root	
D3920	Hemisection	
D4210, D4211	Gingivectomy or gingivoplasty	Per Quadrant - Limit 1 per 36 months
D4240, D4241	Gingival Flap Procedure including root planing	Per Quadrant - Limit 1 per 36 months
D4249	Clinical crown lengthening - hard tissue	Per Quadrant - Limit 1 per 36 months
D4260, D4261	Osseous Surgery	Per Quadrant - Limit 1 per 36 months
D4263	Bone replacement graft - first site in quadrant	Per Quadrant - Limit 1 per 36 months
D4264	Bone replacement graft - each additional site in quadrant	Per Quadrant - Limit 1 per 36 months
D4266	Guided tissue regeneration - resorbable barrier - per site – per tooth	Per Quadrant - Limit 1 per 36 months
D4267	Guided tissue regeneration – nonresorbable barrier – includes membrane removal, per site - per tooth	Per Quadrant - Limit 1 per 36 months
D4270	Pedicle Soft Tissue Graft	Per Quadrant - Limit 1 per 36 months
D4271	Free soft tissue graft including donor site surgery	Per Quadrant - Limit 1 per 36 months
D4273	Subepithelial connective tissue graft procedure	Per Quadrant - Limit 1 per 36 months
D4274	Distal or proximal wedge procedure when not performed in conjunction with surgical procedures in the same anatomical area	Per Quadrant - Limit 1 per 36 months
D4320, D4321	Provisional Splinting	Limit 1 per 12 month period
D4341, D4342	Periodontal Scaling and Root Planing, per quadrant	Limit 1 per 24 month period
D4355	Full Mouth Debridement	Limit 1 per 24 month period
D4910	Periodontal Maintenance	
D5110-D5140	Complete Dentures removable	Replacements allowed only if more than 5 years have passed since the last placement of the inlay, onlay and/or crown.
D5211, D5212, D5213, D5214, D5281	Partial Dentures removable	
D5410-D5422	Denture Adjustments	Limit 3 once denture is 6 months old
D5510, D5520, D5610, D5620, D5630, D5640	Repairs to full and partial dentures	Limit 1 per 12 months
D5650	Add tooth to existing partial denture to replace newly extracted functioning natural tooth	
D5660	Add clasp to existing partial denture	
D5710-D5761	Relining Dentures, Rebasing Dentures	
D5850, D5851	Tissue Conditioning - maxillary or mandibular	
D6100	Removal of implant, by report	
D6211, D6241, D6251	Fixed Partial Dentures non-precious metal pontics, crown abutments, and metallic retainers; benefits for the replacement of an existing fixed bridge are payable only if the existing bridge is more than 5 years old	
D6602-D6607	Cast Metal Retainer for resin bonded fixed partial denture	
D6610-D6615		
D6545		
D6721		
D6751, D6780, D6791		
D6930	Re-Cement fixed partial denture	
D6970-D6972	Post and Core in conjunction with a fixed partial denture	
D6973	Core Buildup for Retainer including any pins	
D6980	Fixed partial denture repair, by report area.	

Type III - Major Services (cont.)

D7111	Coronal remnants, deciduous tooth	
D7140	Extraction, erupted tooth or exposed root elevation and/or forceps removal	
D7210	Surgical Extractions - except removal of impacted teeth	
D7220	Surgical removal of impacted tooth - soft tissue	
D7230	Surgical removal of impacted tooth - partially bony	
D7240	Surgical removal of impacted tooth - completely bony	
D7250	Surgical removal of residual tooth roots cutting procedure	
D7260	Oral Antral Fistula Closure	
D7261	Primary closure of a sinus perforation	
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.	
D7272	Tooth transplantation	
D7281	Surgical Exposure of impacted or unerupted tooth to aid eruption.	
D7285, D7286	Biopsy of oral tissue	
D7310, D7320	Alveoloplasty	
D7340, D7350	Vestibuloplasty	
D7410, D7411	Excision of benign lesion	
D7450, D7451	Removal of benign odontogenic cyst or tumor	
D7471	Removal of exostosis maxilla or mandible	
D7510, D7520	Incision and Drainage	
D7530, D7540	Removal of foreign body	
D7960	Frenectomy	
D7970	Excision of Hyperplastic tissue - per arch	
D7971	Excision of pericoronal gingiva	
D7980	Sialolithotomy	
D7981	Excision of Salivary Gland, by report	
D7982	Sialodochoplasty	
D7983	Closure of Salivary Fistula	
D9110	Palliative emergency treatment of dental pain	
D9220, D9221	Deep sedation/general anesthesia	Covered as a separate procedure only when required for covered complex oral surgical procedures as determined by Us