

Member Information

JACKSON BENNETT 3/6/2013

Member ID: 5396419-02

Plan/Group #: CLAW010001

Eff. Date: 12/1/2021

Benefit Plan: D03310

Plan Type: Passive MAC Plan

Term Date: Active

This benefit summary outlines your eligibility and benefit coverage

Please Note:

Consult the applicable policy/certificate of coverage for a full description of benefits, including exclusions and limitations. A procedure listed under Coinsurance is not a guarantee of coverage. A procedure may not be listed under coinsurance when an alternate benefit would apply, including when the benefit for a procedure would be based on the corresponding non-cosmetic restoration. If there are differences in this benefit summary and the Group Policy, the Group Policy is the governing document.

A member must be eligible at date of service to receive benefit.

The information supplied on this benefit summary reflects claims that were processed prior to the date this summary was rendered. This information is subject to change.

This benefit summary is separated into multiple sections:

- In-Network benefit maximums, deductibles and coinsurance
- Out-of-Network benefit maximums, deductibles, and coinsurance
- Waiting Periods
- Service Limitations

Please review all sections for eligibility and benefit information.

In Network

Benefit Maximum - Annual	Individual	Family
Orthodontics	\$0.00 used of \$1,000.00 \$1,000.00 remains	N/A
Dental Base Plan	\$175.56 used of \$2,000.00 \$1,824.44 remains	N/A
Benefit Maximum - Lifetime	Individual	Family
Orthodontics	\$0.00 used of \$1,000.00 \$1,000.00 remains	N/A
Deductibles - Annual	Individual	Family
Deductible (Applicable to: Basic, Major)	\$0.00 out of \$50.00 \$50.00 to go	Maximum of \$150.00

Coinsurance					
ADA Code	Description	Class	Ages	Policy Pays	Patient Pays
D0120	Periodic Oral Evaluation - Established Patient	Preventive Services	0 to 199	100%	0%
D0140	Limited Oral Evaluation - Problem Focused	Preventive Services	0 to 199	100%	0%

D0145	Oral Evaluation, Patient Under Three	Preventive Services	0 to 2	100%	0%
D0150	Comprehensive Oral Evaluation - New Or Established Patient	Preventive Services	0 to 199	100%	0%
D0180	Comprehensive Periodontal Evaluation - New Or Established Patient	Preventive Services	0 to 199	100%	0%
D0210	intraoral - comprehensive series of radiographic images	Preventive Services	0 to 199	100%	0%
D0220	Intraoral - Periapical First Radiographic Image	Preventive Services	0 to 199	100%	0%
D0230	Intraoral - Periapical Each Additional Image	Preventive Services	0 to 199	100%	0%
D0240	Intraoral - Occlusal Radiographic Image	Preventive Services	0 to 199	100%	0%
D0270	Bitewing - Single Radiographic Image	Preventive Services	0 to 199	100%	0%
D0272	Bitewings - Two Radiographic Images	Preventive Services	0 to 199	100%	0%
D0273	Bitewings - Three Radiographic Images	Preventive Services	0 to 199	100%	0%
D0274	Bitewings - Four Radiographic Images	Preventive Services	0 to 199	100%	0%
D0330	Panoramic Radiographic Image	Preventive Services	0 to 199	100%	0%
D0431	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities	Preventive Services	40 to 199	100%	0%
D1110	Prophylaxis - Adult	Preventive Services	14 to 199	100%	0%
D1120	Prophylaxis - Child	Preventive Services	0 to 13	100%	0%
D1206	Topical Application Of Fluoride Varnish	Preventive Services	0 to 199	100%	0%
D1208	Topical Application of Fluoride	Preventive Services	0 to 13	100%	0%
D1351	Sealant - Per Tooth	Preventive Services	0 to 13	100%	0%
D1510	space maintainer - fixed, unilateral - per quadrant	Preventive Services	0 to 15	100%	0%
D1516	Space Maintainer - Fixed - Bilateral, maxillary	Preventive Services	0 to 15	100%	0%
D1517	Space Maintainer - Fixed - Bilateral, mandibular	Preventive Services	0 to 15	100%	0%
D1520	space maintainer - removable, unilateral - per quadrant	Preventive Services	0 to 15	100%	0%
D1526	Space Maintainer - Removable - Bilateral, maxillary	Preventive Services	0 to 15	100%	0%
D1527	Space Maintainer - Removable - Bilateral, mandibular	Preventive Services	0 to 15	100%	0%
D1575	distal shoe space maintainer - fixed, - unilateral - per quadrant	Preventive Services	0 to 15	100%	0%
D2140	Amalgam - One Surface, Primary Or Permanent	Basic Services	0 to 199	80%	20%

D2150	Amalgam - Two Surfaces, Primary Or Permanent	Basic Services	0 to 199	80%	20%
D2160	Amalgam - three surfaces, primary or permanent	Basic Services	0 to 199	80%	20%
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	Basic Services	0 to 199	80%	20%
D2330	Resin-Based Composite - One Surface, Anterior	Basic Services	0 to 199	80%	20%
D2331	Resin-Based Composite - Two Surfaces, Anterior	Basic Services	0 to 199	80%	20%
D2332	Resin-Based Composite - Three Surfaces, Anterior	Basic Services	0 to 199	80%	20%
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	Basic Services	0 to 199	80%	20%
D2390	Resin-Based Composite Crown, Anterior	Basic Services	0 to 199	80%	20%
D2510	Inlay - Metallic - One Surface	Major Services	0 to 199	50%	50%
D2520	Inlay - Metallic - Two Surfaces	Major Services	0 to 199	50%	50%
D2530	Inlay - Metallic - Three Surfaces	Major Services	0 to 199	50%	50%
D2542	Onlay - Metallic - Two Surfaces	Major Services	0 to 199	50%	50%
D2543	Onlay - Metallic - Three Surfaces	Major Services	0 to 199	50%	50%
D2544	Onlay - Metallic - Four Or More Surfaces	Major Services	0 to 199	50%	50%
D2791	Crown - Full Cast Predominantly Base Metal	Major Services	0 to 199	50%	50%
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	Basic Services	0 to 199	80%	20%
D2920	Re-Cement or Re-Bond Crown	Basic Services	0 to 199	80%	20%
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	Major Services	0 to 199	50%	50%
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	Major Services	0 to 199	50%	50%
D2932	Prefabricated Resin Crown	Major Services	0 to 199	50%	50%
D2933	Prefabricated Stainless Steel Crown With Resin Window	Major Services	0 to 199	50%	50%
D2940	Protective Restoration	Basic Services	0 to 199	80%	20%
D2950	Core Buildup, Including Any Pins When Required	Major Services	0 to 199	50%	50%
D2951	Pin Retention - Per Tooth, In Addition To Restoration	Major Services	0 to 199	50%	50%
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	Major Services	0 to 199	50%	50%
D2954	Prefabricated Post And Core In Addition To Crown	Major Services	0 to 199	50%	50%
D2960	labial veneer (resin laminate) - direct	Major Services	0 to 199	50%	50%
D2961	labial veneer (resin laminate) - indirect	Major Services	0 to 199	50%	50%
D2962	labial veneer (porcelain laminate) - indirect	Major Services	0 to 199	50%	50%
D2980	Crown Repair	Basic Services	0 to 199	80%	20%
D2981	Inlay Repair	Basic Services	0 to 199	80%	20%
D2982	Onlay Repair	Basic Services	0 to 199	80%	20%

D2983	Veneer Repair	Basic Services	0 to 199	80%	20%
D3220	Therapeutic Pulpotomy	Basic Services	0 to 13	80%	20%
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	Basic Services	0 to 13	80%	20%
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	Basic Services	0 to 13	80%	20%
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	Basic Services	0 to 199	80%	20%
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	Basic Services	0 to 199	80%	20%
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	Basic Services	0 to 199	80%	20%
D3332	Incomplete Endodontic Therapy	Basic Services	0 to 199	80%	20%
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	Basic Services	0 to 199	80%	20%
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	Basic Services	0 to 199	80%	20%
D3348	Retreatment Of Previous Root Canal Therapy - Molar	Basic Services	0 to 199	80%	20%
D3352	Apexification / Recalcification - Interim	Major Services	0 to 199	50%	50%
D3410	Apicoectomy - Anterior	Basic Services	0 to 199	80%	20%
D3421	Apicoectomy - Premolar (First Root)	Basic Services	0 to 199	80%	20%
D3425	Apicoectomy - Molar (First Root)	Basic Services	0 to 199	80%	20%
D3426	Apicoectomy - Each Additional Root)	Basic Services	0 to 199	80%	20%
D3430	Retrograde Filling - Per Root	Basic Services	0 to 199	80%	20%
D3450	Root Amputation - Per Root	Basic Services	0 to 199	80%	20%
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	Basic Services	0 to 199	80%	20%
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	Basic Services	0 to 199	80%	20%
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	Basic Services	0 to 199	80%	20%
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth	Basic Services	0 to 199	80%	20%
D4260	Osseous Surgery (Including Flap And Closure) - Four Or More Teeth	Basic Services	0 to 199	80%	20%
D4261	Osseous Surgery (Including Flap And Closure) - One To Three Teeth	Basic Services	0 to 199	80%	20%
D4270	Pedicle Soft Tissue Graft Procedure	Basic Services	0 to 199	80%	20%
D4273	Autogenous Connective Tissue Graft Proc, First Tooth, Implant Or Tooth Position	Basic Services	0 to 199	80%	20%
D4275	Non-Autogenous Connective Tissue Graft, First Tooth, Implant Or Tooth Position	Basic Services	0 to 199	80%	20%
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First	Basic Services	0 to 199	80%	20%
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Each Additional	Basic Services	0 to 199	80%	20%

D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	Basic Services	0 to 199	80%	20%
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	Basic Services	0 to 199	80%	20%
D4346	Scaling in moderate or severe gingival inflammation	Basic Services	0 to 199	80%	20%
D4355	Full Mouth Debridement	Basic Services	0 to 199	80%	20%
D4381	Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle	Major Services	0 to 199	50%	50%
D4910	Periodontal Maintenance	Basic Services	0 to 199	80%	20%
D5110	Complete Denture - Maxillary	Major Services	0 to 199	50%	50%
D5120	Complete Denture - Mandibular	Major Services	0 to 199	50%	50%
D5130	Immediate Denture - Maxillary	Major Services	0 to 199	50%	50%
D5140	Immediate Denture - Mandibular	Major Services	0 to 199	50%	50%
D5211	Maxillary Partial Denture - Resin Base	Major Services	0 to 199	50%	50%
D5212	Mandibular Partial Denture - Resin Base	Major Services	0 to 199	50%	50%
D5213	maxillary partial denture - cast metal framework with resin denture bases	Major Services	0 to 199	50%	50%
D5214	mandibular partial denture - cast metal framework with resin denture bases	Major Services	0 to 199	50%	50%
D5221	immediate maxillary partial denture - resin base	Major Services	0 to 199	50%	50%
D5222	immediate mandibular partial denture - resin base	Major Services	0 to 199	50%	50%
D5223	immediate maxillary partial denture - cast metal framework with resin base	Major Services	0 to 199	50%	50%
D5224	immediate mandibular partial denture - cast metal framework with resin base	Major Services	0 to 199	50%	50%
D5281	Removable Unilateral Partial Denture - One Piece Cast Metal	Major Services	0 to 199	50%	50%
D5282	removable unilateral partial denture - one piece cast metal (including retentive	Major Services	0 to 199	50%	50%
D5283	removable unilateral partial denture - one piece cast metal (including retentive	Major Services	0 to 199	50%	50%
D5286	Removable Unilateral Partial Denture - One Piece Resin (Including retentive clas	Major Services	0 to 199	50%	50%
D5410	Adjust Complete Denture - Maxillary	Basic Services	0 to 199	80%	20%
D5411	Adjust Complete Denture - Mandibular	Basic Services	0 to 199	80%	20%
D5421	Adjust Partial Denture - Maxillary	Basic Services	0 to 199	80%	20%
D5422	Adjust Partial Denture - Mandibular	Basic Services	0 to 199	80%	20%
D5510	Repair Broken Complete Denture Base	Basic Services	0 to 199	80%	20%
D5511	Repair Broken Complete Denture Base - Mandibular	Basic Services	0 to 199	80%	20%
D5512	Repair Broken Complete Denture Base - Maxillary	Basic Services	0 to 199	80%	20%
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	Basic Services	0 to 199	80%	20%

D5611	Repair Resin Partial Denture Base - Mandibular	Basic Services	0 to 199	80%	20%
D5612	Repair Resin Partial Denture Base - Maxillary	Basic Services	0 to 199	80%	20%
D5621	Repair Cast Partial Framework - Mandibular	Basic Services	0 to 199	80%	20%
D5622	Repair Cast Partial Framework - Maxillary	Basic Services	0 to 199	80%	20%
D5630	Repair Or Replace Broken Retentive / Clasp Materials - Per Tooth	Basic Services	0 to 199	80%	20%
D5640	Replace Broken Teeth - Per Tooth	Basic Services	0 to 199	80%	20%
D5650	Add Tooth To Existing Partial Denture	Basic Services	0 to 199	80%	20%
D5660	Add Clasp To Existing Partial Denture - Per Tooth	Basic Services	0 to 199	80%	20%
D5710	Rebase Complete Maxillary Denture	Basic Services	0 to 199	80%	20%
D5711	Rebase Complete Mandibular Denture	Basic Services	0 to 199	80%	20%
D5720	Rebase Maxillary Partial Denture	Basic Services	0 to 199	80%	20%
D5721	Rebase Mandibular Partial Denture	Basic Services	0 to 199	80%	20%
D5730	reline complete maxillary denture (direct)	Basic Services	0 to 199	80%	20%
D5731	reline complete mandibular denture (direct)	Basic Services	0 to 199	80%	20%
D5740	reline maxillary partial denture (direct)	Basic Services	0 to 199	80%	20%
D5741	reline mandibular partial denture (direct)	Basic Services	0 to 199	80%	20%
D5750	reline complete maxillary denture (indirect)	Basic Services	0 to 199	80%	20%
D5751	reline complete mandibular denture (indirect)	Basic Services	0 to 199	80%	20%
D5760	reline maxillary partial denture (indirect)	Basic Services	0 to 199	80%	20%
D5761	reline mandibular partial denture (indirect)	Basic Services	0 to 199	80%	20%
D5850	Tissue Conditioning, Maxillary	Basic Services	0 to 199	80%	20%
D5851	Tissue Conditioning, Mandibular	Basic Services	0 to 199	80%	20%
D6010	Surgical Placement Of Implant Body: Endosteal Implant	Major Services	0 to 199	50%	50%
D6013	Surgical Placement Of Mini Implant	Major Services	0 to 199	50%	50%
D6056	Prefabricated Abutment - Includes Modification And Placement	Major Services	0 to 199	50%	50%
D6057	Custom Fabricated Abutment - Includes Placement	Major Services	0 to 199	50%	50%
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	Major Services	0 to 199	50%	50%
D6080	Implant Maintenance Procedures, Including Removal And Reinsertion Of Prosthesis	Major Services	0 to 199	50%	50%
D6092	Re-Cement Or Re-Bond Implant/Abutment Supported Crown	Basic Services	0 to 199	80%	20%
D6211	Pontic - Cast Predominantly Base Metal	Major Services	0 to 199	50%	50%
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	Major Services	0 to 199	50%	50%
D6791	Retainer Crown - Full Cast Predominantly Base Metal	Major Services	0 to 199	50%	50%
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	Basic Services	0 to 199	80%	20%

D6980	Fixed Partial Denture Repair	Basic Services	0 to 199	80%	20%
D7111	Extraction, Coronal Remnants - Primary Tooth	Basic Services	0 to 199	80%	20%
D7140	Extraction, Erupted Tooth Or Exposed Root	Basic Services	0 to 199	80%	20%
D7210	Extraction, Erupted Tooth	Major Services	0 to 199	50%	50%
D7220	Removal Of Impacted Tooth - Soft Tissue	Major Services	0 to 199	50%	50%
D7230	Removal Of Impacted Tooth - Partially Bony	Major Services	0 to 199	50%	50%
D7240	Removal Of Impacted Tooth - Completely Bony	Major Services	0 to 199	50%	50%
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	Major Services	0 to 199	50%	50%
D7250	Removal Of Residual Tooth (Cutting Procedure)	Major Services	0 to 199	50%	50%
D7280	Exposure of an Unerupted Tooth	Major Services	0 to 199	50%	50%
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth	Major Services	0 to 199	50%	50%
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth	Major Services	0 to 199	50%	50%
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	Major Services	0 to 199	50%	50%
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth	Major Services	0 to 199	50%	50%
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	Major Services	0 to 199	50%	50%
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated	Major Services	0 to 199	50%	50%
D9110	Palliative Treatment	Basic Services	0 to 199	80%	20%
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	Major Services	0 to 199	50%	50%
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	Major Services	0 to 199	50%	50%
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	Major Services	0 to 199	50%	50%
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute	Major Services	0 to 199	50%	50%
ORTHO	Orthodontics	Orthodontics	0 to 18	50%	50%

Out of Network

Benefit Maximum - Annual	Individual	Family
Dental Base Plan	\$175.56 used of \$2,000.00 \$1,824.44 remains	N/A
Benefit Maximum - Lifetime	Individual	Family
Deductibles - Annual	Individual	Family
Deductible (Applicable to: Basic, Major)	\$0.00 out of \$50.00 \$50.00 to go	Maximum of \$150.00
Coinsurance		

ADA Code	Description	Class	AGE	Policy Pays	Patient Pays
D0120	Periodic Oral Evaluation - Established Patient	Preventive Services	0 to 199	100%	0%
D0140	Limited Oral Evaluation - Problem Focused	Preventive Services	0 to 199	100%	0%
D0145	Oral Evaluation, Patient Under Three	Preventive Services	0 to 2	100%	0%
D0150	Comprehensive Oral Evaluation - New Or Established Patient	Preventive Services	0 to 199	100%	0%
D0180	Comprehensive Periodontal Evaluation - New Or Established Patient	Preventive Services	0 to 199	100%	0%
D0210	intraoral - comprehensive series of radiographic images	Preventive Services	0 to 199	100%	0%
D0220	Intraoral - Periapical First Radiographic Image	Preventive Services	0 to 199	100%	0%
D0230	Intraoral - Periapical Each Additional Image	Preventive Services	0 to 199	100%	0%
D0240	Intraoral - Occlusal Radiographic Image	Preventive Services	0 to 199	100%	0%
D0270	Bitewing - Single Radiographic Image	Preventive Services	0 to 199	100%	0%
D0272	Bitewings - Two Radiographic Images	Preventive Services	0 to 199	100%	0%
D0273	Bitewings - Three Radiographic Images	Preventive Services	0 to 199	100%	0%
D0274	Bitewings - Four Radiographic Images	Preventive Services	0 to 199	100%	0%
D0330	Panoramic Radiographic Image	Preventive Services	0 to 199	100%	0%
D0431	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities	Preventive Services	40 to 199	100%	0%
D1110	Prophylaxis - Adult	Preventive Services	14 to 199	100%	0%
D1120	Prophylaxis - Child	Preventive Services	0 to 13	100%	0%
D1206	Topical Application Of Fluoride Varnish	Preventive Services	0 to 199	100%	0%
D1208	Topical Application of Fluoride	Preventive Services	0 to 13	100%	0%
D1351	Sealant - Per Tooth	Preventive Services	0 to 13	100%	0%
D1510	space maintainer - fixed, unilateral - per quadrant	Preventive Services	0 to 15	100%	0%
D1516	Space Maintainer - Fixed - Bilateral, maxillary	Preventive Services	0 to 15	100%	0%
D1517	Space Maintainer - Fixed - Bilateral, mandibular	Preventive Services	0 to 15	100%	0%
D1520	space maintainer - removable, unilateral - per quadrant	Preventive Services	0 to 15	100%	0%

D1526	Space Maintainer - Removable - Bilateral, maxillary	Preventive Services	0 to 15	100%	0%
D1527	Space Maintainer - Removable - Bilateral, mandibular	Preventive Services	0 to 15	100%	0%
D1575	distal shoe space maintainer - fixed, - unilateral - per quadrant	Preventive Services	0 to 15	100%	0%
D2140	Amalgam - One Surface, Primary Or Permanent	Basic Services	0 to 199	80%	20%
D2150	Amalgam - Two Surfaces, Primary Or Permanent	Basic Services	0 to 199	80%	20%
D2160	Amalgam - three surfaces, primary or permanent	Basic Services	0 to 199	80%	20%
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	Basic Services	0 to 199	80%	20%
D2330	Resin-Based Composite - One Surface, Anterior	Basic Services	0 to 199	80%	20%
D2331	Resin-Based Composite - Two Surfaces, Anterior	Basic Services	0 to 199	80%	20%
D2332	Resin-Based Composite - Three Surfaces, Anterior	Basic Services	0 to 199	80%	20%
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	Basic Services	0 to 199	80%	20%
D2390	Resin-Based Composite Crown, Anterior	Basic Services	0 to 199	80%	20%
D2510	Inlay - Metallic - One Surface	Major Services	0 to 199	50%	50%
D2520	Inlay - Metallic - Two Surfaces	Major Services	0 to 199	50%	50%
D2530	Inlay - Metallic - Three Surfaces	Major Services	0 to 199	50%	50%
D2542	Onlay - Metallic - Two Surfaces	Major Services	0 to 199	50%	50%
D2543	Onlay - Metallic - Three Surfaces	Major Services	0 to 199	50%	50%
D2544	Onlay - Metallic - Four Or More Surfaces	Major Services	0 to 199	50%	50%
D2791	Crown - Full Cast Predominantly Base Metal	Major Services	0 to 199	50%	50%
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	Basic Services	0 to 199	80%	20%
D2920	Re-Cement or Re-Bond Crown	Basic Services	0 to 199	80%	20%
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	Major Services	0 to 199	50%	50%
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	Major Services	0 to 199	50%	50%
D2932	Prefabricated Resin Crown	Major Services	0 to 199	50%	50%
D2933	Prefabricated Stainless Steel Crown With Resin Window	Major Services	0 to 199	50%	50%
D2940	Protective Restoration	Basic Services	0 to 199	80%	20%
D2950	Core Buildup, Including Any Pins When Required	Major Services	0 to 199	50%	50%
D2951	Pin Retention - Per Tooth, In Addition To Restoration	Major Services	0 to 199	50%	50%

D2952	Post And Core In Addition To Crown, Indirectly Fabricated	Major Services	0 to 199	50%	50%
D2954	Prefabricated Post And Core In Addition To Crown	Major Services	0 to 199	50%	50%
D2960	labial veneer (resin laminate) - direct	Major Services	0 to 199	50%	50%
D2961	labial veneer (resin laminate) - indirect	Major Services	0 to 199	50%	50%
D2962	labial veneer (porcelain laminate) - indirect	Major Services	0 to 199	50%	50%
D2980	Crown Repair	Basic Services	0 to 199	80%	20%
D2981	Inlay Repair	Basic Services	0 to 199	80%	20%
D2982	Onlay Repair	Basic Services	0 to 199	80%	20%
D2983	Veneer Repair	Basic Services	0 to 199	80%	20%
D3220	Therapeutic Pulpotomy	Basic Services	0 to 13	80%	20%
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	Basic Services	0 to 13	80%	20%
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	Basic Services	0 to 13	80%	20%
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	Basic Services	0 to 199	80%	20%
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	Basic Services	0 to 199	80%	20%
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	Basic Services	0 to 199	80%	20%
D3332	Incomplete Endodontic Therapy	Basic Services	0 to 199	80%	20%
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	Basic Services	0 to 199	80%	20%
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	Basic Services	0 to 199	80%	20%
D3348	Retreatment Of Previous Root Canal Therapy - Molar	Basic Services	0 to 199	80%	20%
D3352	Apexification / Recalcification - Interim	Major Services	0 to 199	50%	50%
D3410	Apicoectomy - Anterior	Basic Services	0 to 199	80%	20%
D3421	Apicoectomy - Premolar (First Root)	Basic Services	0 to 199	80%	20%
D3425	Apicoectomy - Molar (First Root)	Basic Services	0 to 199	80%	20%
D3426	Apicoectomy - Each Additional Root)	Basic Services	0 to 199	80%	20%
D3430	Retrograde Filling - Per Root	Basic Services	0 to 199	80%	20%
D3450	Root Amputation - Per Root	Basic Services	0 to 199	80%	20%
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	Basic Services	0 to 199	80%	20%
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	Basic Services	0 to 199	80%	20%

D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	Basic Services	0 to 199	80%	20%
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth	Basic Services	0 to 199	80%	20%
D4260	Osseous Surgery (Including Flap And Closure) - Four Or More Teeth	Basic Services	0 to 199	80%	20%
D4261	Osseous Surgery (Including Flap And Closure) - One To Three Teeth	Basic Services	0 to 199	80%	20%
D4270	Pedicle Soft Tissue Graft Procedure	Basic Services	0 to 199	80%	20%
D4273	Autogenous Connective Tissue Graft Proc, First Tooth, Implant Or Tooth Position	Basic Services	0 to 199	80%	20%
D4275	Non-Autogenous Connective Tissue Graft, First Tooth, Implant Or Tooth Position	Basic Services	0 to 199	80%	20%
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First	Basic Services	0 to 199	80%	20%
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Each Additional	Basic Services	0 to 199	80%	20%
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	Basic Services	0 to 199	80%	20%
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	Basic Services	0 to 199	80%	20%
D4346	Scaling in moderate or severe gingival inflammation	Basic Services	0 to 199	80%	20%
D4355	Full Mouth Debridement	Basic Services	0 to 199	80%	20%
D4381	Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle	Major Services	0 to 199	50%	50%
D4910	Periodontal Maintenance	Basic Services	0 to 199	80%	20%
D5110	Complete Denture - Maxillary	Major Services	0 to 199	50%	50%
D5120	Complete Denture - Mandibular	Major Services	0 to 199	50%	50%
D5130	Immediate Denture - Maxillary	Major Services	0 to 199	50%	50%
D5140	Immediate Denture - Mandibular	Major Services	0 to 199	50%	50%
D5211	Maxillary Partial Denture - Resin Base	Major Services	0 to 199	50%	50%
D5212	Mandibular Partial Denture - Resin Base	Major Services	0 to 199	50%	50%
D5213	maxillary partial denture - cast metal framework with resin denture bases	Major Services	0 to 199	50%	50%
D5214	mandibular partial denture - cast metal framework with resin denture bases	Major Services	0 to 199	50%	50%
D5221	immediate maxillary partial denture - resin base	Major Services	0 to 199	50%	50%
D5222	immediate mandibular partial denture - resin base	Major Services	0 to 199	50%	50%
D5223	immediate maxillary partial denture - cast metal framework with resin base	Major Services	0 to 199	50%	50%
D5224	immediate mandibular partial denture - cast metal framework with resin base	Major Services	0 to 199	50%	50%

D5281	Removable Unilateral Partial Denture - One Piece Cast Metal	Major Services	0 to 199	50%	50%
D5282	removable unilateral partial denture - one piece cast metal (including retentive	Major Services	0 to 199	50%	50%
D5283	removable unilateral partial denture - one piece cast metal (including retentive	Major Services	0 to 199	50%	50%
D5286	Removable Unilateral Partial Denture - One Piece Resin (Including retentive clas	Major Services	0 to 199	50%	50%
D5410	Adjust Complete Denture - Maxillary	Basic Services	0 to 199	80%	20%
D5411	Adjust Complete Denture - Mandibular	Basic Services	0 to 199	80%	20%
D5421	Adjust Partial Denture - Maxillary	Basic Services	0 to 199	80%	20%
D5422	Adjust Partial Denture - Mandibular	Basic Services	0 to 199	80%	20%
D5510	Repair Broken Complete Denture Base	Basic Services	0 to 199	80%	20%
D5511	Repair Broken Complete Denture Base - Mandibular	Basic Services	0 to 199	80%	20%
D5512	Repair Broken Complete Denture Base - Maxillary	Basic Services	0 to 199	80%	20%
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	Basic Services	0 to 199	80%	20%
D5611	Repair Resin Partial Denture Base - Mandibular	Basic Services	0 to 199	80%	20%
D5612	Repair Resin Partial Denture Base - Maxillary	Basic Services	0 to 199	80%	20%
D5621	Repair Cast Partial Framework - Mandibular	Basic Services	0 to 199	80%	20%
D5622	Repair Cast Partial Framework - Maxillary	Basic Services	0 to 199	80%	20%
D5630	Repair Or Replace Broken Retentive / Clasp Materials - Per Tooth	Basic Services	0 to 199	80%	20%
D5640	Replace Broken Teeth - Per Tooth	Basic Services	0 to 199	80%	20%
D5650	Add Tooth To Existing Partial Denture	Basic Services	0 to 199	80%	20%
D5660	Add Clasp To Existing Partial Denture - Per Tooth	Basic Services	0 to 199	80%	20%
D5710	Rebase Complete Maxillary Denture	Basic Services	0 to 199	80%	20%
D5711	Rebase Complete Mandibular Denture	Basic Services	0 to 199	80%	20%
D5720	Rebase Maxillary Partial Denture	Basic Services	0 to 199	80%	20%
D5721	Rebase Mandibular Partial Denture	Basic Services	0 to 199	80%	20%
D5730	reline complete maxillary denture (direct)	Basic Services	0 to 199	80%	20%
D5731	reline complete mandibular denture (direct)	Basic Services	0 to 199	80%	20%
D5740	reline maxillary partial denture (direct)	Basic Services	0 to 199	80%	20%
D5741	reline mandibular partial denture (direct)	Basic Services	0 to 199	80%	20%
D5750	reline complete maxillary denture (indirect)	Basic Services	0 to 199	80%	20%

D5751	reline complete mandibular denture (indirect)	Basic Services	0 to 199	80%	20%
D5760	reline maxillary partial denture (indirect)	Basic Services	0 to 199	80%	20%
D5761	reline mandibular partial denture (indirect)	Basic Services	0 to 199	80%	20%
D5850	Tissue Conditioning, Maxillary	Basic Services	0 to 199	80%	20%
D5851	Tissue Conditioning, Mandibular	Basic Services	0 to 199	80%	20%
D6010	Surgical Placement Of Implant Body: Endosteal Implant	Major Services	0 to 199	50%	50%
D6013	Surgical Placement Of Mini Implant	Major Services	0 to 199	50%	50%
D6056	Prefabricated Abutment - Includes Modification And Placement	Major Services	0 to 199	50%	50%
D6057	Custom Fabricated Abutment - Includes Placement	Major Services	0 to 199	50%	50%
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	Major Services	0 to 199	50%	50%
D6080	Implant Maintenance Procedures, Including Removal And Reinsertion Of Prosthesis	Major Services	0 to 199	50%	50%
D6092	Re-Cement Or Re-Bond Implant/Abutment Supported Crown	Basic Services	0 to 199	80%	20%
D6211	Pontic - Cast Predominantly Base Metal	Major Services	0 to 199	50%	50%
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	Major Services	0 to 199	50%	50%
D6791	Retainer Crown - Full Cast Predominantly Base Metal	Major Services	0 to 199	50%	50%
D6930	Re-Cement Or Re-Bond Fixed Partial Denture	Basic Services	0 to 199	80%	20%
D6980	Fixed Partial Denture Repair	Basic Services	0 to 199	80%	20%
D7111	Extraction, Coronal Remnants - Primary Tooth	Basic Services	0 to 199	80%	20%
D7140	Extraction, Erupted Tooth Or Exposed Root	Basic Services	0 to 199	80%	20%
D7210	Extraction, Erupted Tooth	Major Services	0 to 199	50%	50%
D7220	Removal Of Impacted Tooth - Soft Tissue	Major Services	0 to 199	50%	50%
D7230	Removal Of Impacted Tooth - Partially Bony	Major Services	0 to 199	50%	50%
D7240	Removal Of Impacted Tooth - Completely Bony	Major Services	0 to 199	50%	50%
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	Major Services	0 to 199	50%	50%
D7250	Removal Of Residual Tooth (Cutting Procedure)	Major Services	0 to 199	50%	50%
D7280	Exposure of an Unerupted Tooth	Major Services	0 to 199	50%	50%
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth	Major Services	0 to 199	50%	50%
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth	Major Services	0 to 199	50%	50%

D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	Major Services	0 to 199	50%	50%
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth	Major Services	0 to 199	50%	50%
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	Major Services	0 to 199	50%	50%
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated	Major Services	0 to 199	50%	50%
D9110	Palliative Treatment	Basic Services	0 to 199	80%	20%
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	Major Services	0 to 199	50%	50%
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	Major Services	0 to 199	50%	50%
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	Major Services	0 to 199	50%	50%
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute	Major Services	0 to 199	50%	50%
ORTHO	Orthodontics	Orthodontics	0 to 18	50%	50%

Service Limitations

Procedure	Plan Wide Limitation
Alveoloplasty- D7310-7321	1 Every 24 Month(s)
D7310, D7320, D7311, D7321	
Bitewings	1 Every 12 Month(s)
D0270, D0272, D0274, D0273	
BridgeAbutmentsInlaysOnlaysCrownsBridgeRetainer	1 Every 60 Month(s)
D2510, D2520, D2530, D2542, D2543, D2544, D2791, D2930, D2931, D2932, D2933, D2960, D2961, D2962, D6545, D6791	
BridgesPontics	1 Every 60 Month(s)
D6211	
Buildup	1 Every 60 Month(s)
D2954, D2952, D2950	
CrownOtherResinBasedCompositeCrownAnterior	1 Every 12 Month(s)
D2390	
Dental Exams-D0120,D0145,D0150	2 Every 12 Month(s)
D0120, D0150, D0145	
DentImmediateCompleteLower	1 Every 60 Month(s)
D5120, D5140	
DentImmediateCompleteUpper	1 Every 60 Month(s)
D5110, D5130	

DentPartialLower	1 Every 60 Month(s)
D5212, D5214, D5222, D5224, D5283, D5286	
DentPartialUpper	1 Every 60 Month(s)
D5211, D5213, D5221, D5223, D5282, D5286	
EmergencyPalliative	1 Every 12 Month(s)
D9110	
EndoApicoectomyAnterior	1 Per Lifetime
D3410	
EndoApicoectomyBicuspid	1 Per Lifetime
D3421	
EndoApicoectomyMolars	1 Per Lifetime
D3425	
EndoIncompleteEndoTherapy	1 Per Lifetime
D3332	
EndoOtherApexificationRecalcificationInterimVisit	1 Per Lifetime
D3352	
EndoRetreatRootCanalAnterior	1 Per Lifetime
D3346	
EndoRetreatRootCanalBicuspid	1 Per Lifetime
D3347	
EndoRetreatRootCanalMolars	1 Per Lifetime
D3348	
EndoRootCanal/Anterior	1 Per Lifetime
D3310	
EndoRootCanalBicuspid	1 Per Lifetime
D3320	
EndoRootCanalMolar	1 Per Lifetime
D3330	
EndoTherapeuticPulpotomy	1 Per Lifetime
D3220, D3230, D3240	
ExamCompPerio	1 Every 12 Month(s)
D0180	
ExamDetail	1 Every 12 Month(s)
D0140	
Filling	1 Every 12 Month(s)
D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335	
FillingsProtectiveRestoration	1 Every 24 Month(s)
D2940	

Flouride1206,1208	1 Every 12 Month(s)
D1208, D1206	
Full Mouth/Pano	1 Every 60 Month(s)
D0210, D0330	
ImplantsAbutmentCrown	1 Every 60 Month(s)
D6063	
ImplantsAbutmentPrefab	1 Every 60 Month(s)
D6056, D6057	
ImplantsImplantMaintenance	1 Every 6 Month(s)
D6080	
ImplantsSurgPlacelImplantBody	1 Per Lifetime
D6010, D6013	
NonSurgOtherLocalizedDeliveryOfAntimicrobialAgents	1 Every 24 Month(s)
D4381	
NonSurgPerioFullMouthDebridement	1 Per Lifetime
D4355	
NonSurgPerioScaling/Root Planning	1 Every 24 Month(s)
D4341, D4342	
NonSurgScalingWithGingivalInflammation	1 Every 24 Month(s)
D4346	
OralSurgRemovalTooth	1 Per Lifetime
D7210, D7220, D7230, D7240, D7241	
OralSurgRemovalToothRoots	1 Per Lifetime
D7250	
OrthoComprehensiveBanding-D8070,D8080,D8090	1 Every 36 Month(s)
D8090, D8080, D8070	
OrthoDiagnosticTest-D0470	1 Every 36 Month(s)
D0470	
OrthoFilmsD0340,D0702	1 Every 36 Month(s)
D0340	
OrthoFilmsD0350,D0703	1 Every 36 Month(s)
D0350	
OrthoFilmsD0351,D0704	1 Every 36 Month(s)
D0351	
OrthoLimitedInterceptiveBanding-D8020-D8060	1 Every 36 Month(s)
D8020, D8030, D8040, D8050, D8060	
OrthoMonthlyVisit-D8670	1 Every 1 Month(s)
D8670	

OrthoSurgAccessUnerupted Tooth	1 Per Lifetime
D7280	
ProphyPerioMaintenance	2 Every 12 Month(s)
D1120, D4910	
RepairAddClaspToExistingPartialDenturePer	1 Every 12 Month(s)
D5660	
RepairAddToothToExistingPartialDenture	1 Every 12 Month(s)
D5650	
RepairCastPartialFrameworkMandibular	1 Every 12 Month(s)
D5621	
RepairCastPartialFrameworkMaxillary	1 Every 12 Month(s)
D5622	
RepairCrownRepair	1 Every 12 Month(s)
D2980, D2981, D2982, D2983	
RepairDentAdjLower	1 Every 6 Month(s)
D5411	
RepairDentAdjUpper	1 Every 6 Month(s)
D5410	
RepairDentPartialAdjLower	1 Every 6 Month(s)
D5422	
RepairDentPartialAdjUpper	1 Every 6 Month(s)
D5421	
RepairFixedPartialDentureRepairNecessitat	1 Every 6 Month(s)
D6980	
RepairofBrokenCompleteDentureBaseMandubular	1 Every 12 Month(s)
D5511	
RepairofBrokenCompleteDentureBaseMaxillary	1 Every 12 Month(s)
D5512	
RepairOtherPinRetention	1 Every 60 Month(s)
D2951	
RepairRebaseCompleteDentureLower	1 Every 24 Month(s)
D5711	
RepairRebaseCompleteDentureUpper	1 Every 24 Month(s)
D5710	
RepairRebaseLowerDenturePartial	1 Every 24 Month(s)
D5721	
RepairRebaseUpperDenturePartial	1 Every 24 Month(s)
D5720	

RepairRecement	1 Every 6 Month(s)
D2910, D2920	
RepairRecement ImplantAbutment	1 Every 6 Month(s)
D6092	
RepairRecementorRe-BondFixedPartialDentur	1 Every 6 Month(s)
D6930	
RepairRelineCompleteDentureLower	1 Every 24 Month(s)
D5731, D5751	
RepairRelineCompleteDentureUpper	1 Every 24 Month(s)
D5730, D5750	
RepairRelinePartialDentureLower	1 Every 24 Month(s)
D5741, D5761	
RepairRelinePartialDentureUpper	1 Every 24 Month(s)
D5740, D5760	
RepairRepairorReplaceBrokenClaspPerTooth	1 Every 12 Month(s)
D5630	
RepairReplaceBrokenTeethPerTooth	1 Every 12 Month(s)
D5640	
RepairReplaceMissingOrBrokenCompleteDentur	1 Every 12 Month(s)
D5520	
RepairResinPartialDentureBaseMandibular	1 Every 12 Month(s)
D5611	
RepairResinPartialDentureBaseMaxillary	1 Every 12 Month(s)
D5612	
RepairTissueConditioningLower	2 Every 24 Month(s)
D5851	
RepairTissueConditioningUpper	2 Every 24 Month(s)
D5850	
Sealants	1 Every 36 Month(s)
D1351	
SimpleExtraction	1 Per Lifetime
D7111, D7140	
Space MaintainersPerQuad	1 Every 24 Month(s)
D1510, D1520, D1575	
SpaceMaintainerBilateralMandibular	1 Every 24 Month(s)
D1517, D1527	
SpaceMaintainerBilateralMaxillary	1 Every 24 Month(s)
D1516, D1526	

SurgicalPerioAutogenousSubepithelialConnectiveTiss	1 Every 24 Month(s)
D4273	
SurgicalPerioFreeSoftTissueGraftProcedure	1 Every 24 Month(s)
D4277	
SurgicalPerioFreeSoftTissueGraftProcedureAdditiona	1 Every 24 Month(s)
D4278	
SurgicalPerioGingivalFlapIncludingRootPlaning1to3T	1 Every 24 Month(s)
D4241	
SurgicalPerioGingivalFlapIncludingRootPlaning4orMo	1 Every 24 Month(s)
D4240	
SurgicalPerioGingivectomyorGingivoplasty1to3Teeth	1 Every 24 Month(s)
D4211	
SurgicalPerioGingivectomyorGingivoplasty4orMore	1 Every 24 Month(s)
D4210	
SurgicalPerioOsseousSurgery1to3Teeth	1 Every 24 Month(s)
D4261	
SurgicalPerioOsseousSurgery4orMoreTeeth	1 Every 24 Month(s)
D4260	
SurgicalPerioPedicleSoftTissueGraftProcedure	1 Every 24 Month(s)
D4270	
SurgicalPerioSoftTissueAllograft	1 Every 24 Month(s)
D4275	
XrayOcclusalFilm	2 Every 24 Month(s)
D0240	