

Select Plan 703xa

Description of Benefits & Member Copayments for Adult Services (age 19 and over)

ADA CODE	BENEFIT	MEMBER COPAYMENT(S)
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DIAGNOSTIC/PREVENTIVE

D9439	Office visit	10
D0120	Periodic oral eval - established patient	0
D0140	Limited oral eval - problem focused	0
D0150	Comprehensive oral eval - new or established patient	0
D0160	Detailed and extensive oral eval - problem focused	0
D0170	Re-evaluation - limited, problem focused	0
D0210	Intraoral - complete series (including bitewings)	26
D0220	Intraoral - periapical first film	0
D0230	Intraoral - periapical each add. film	0
D0240	Intraoral - occlusal film	0
D0250/60	Extraoral - first film and each add. film	0
D0270-14	Bitewing x-rays - 1 to 4 films	0
D0277	Vertical bitewings - 7 to 8 films	0
D0330	Panoramic film	30
D0340	Cephalometric Film	0
D0350	Oral/facial photographic images	0
D0460	Pulp vitality tests	0
D0470	Diagnostic casts	0
D1110	Prophylaxis (cleaning) - adult	13
D1110*	Additional cleaning (expecting mothers or Diabetics)	40
D1204	Topical application of fluoride - adult	0
D1206	Topical fluoride varnish for mod/high risk caries patients	0
D1310	Nutritional counseling for control of dental disease	0
D1320/30	Oral hygiene instructions	0

RESORATIVE DENTISTRY (FILLINGS)

AMALGAM RESTORATIONS (SILVER)		
D2140	Amalgam - one surface	41
D2150	Amalgam - two surfaces	51
D2160	Amalgam - three surfaces	64
D2161	Amalgam - >=4 surfaces	78

RESIN/COMPOSITE RESTORATIONS (TOOTH COLORED)		
D2330	Resin-based composite - one surface, anterior	69
D2331	Resin-based composite - two surfaces, anterior	83
D2332	Resin-based composite - three surfaces, anterior	99
D2335	Resin-based composite - >=4 surfaces, anterior	119
D2391	Resin-based composite - one surface, posterior	73
D2392	Resin-based composite - two surfaces, posterior	87
D2393	Resin-based composite - three surfaces, posterior	102
D2394	Resin-based composite - >=4 surfaces, posterior	123

D2940	Sedative filling	39
D2951	Pin retention - per tooth, in addition to restoration	22
D3110/20	Pulp cap - direct/indirect (excl. final restoration)	32

CROWN & BRIDGE*

D2390	Resin-based composite crown, anterior	192
D2510	Inlay - metallic - one surface	407
D2520	Inlay - metallic - two surfaces	407
D2530	Inlay - metallic - three or more surfaces	425
D2542	Onlay - metallic-two surfaces	458
D2543	Onlay - metallic-three surfaces	524
D2544	Onlay - metallic-four or more surfaces	524
D2610	Inlay - porcelain/ceramic - one surface	427
D2620	Inlay - porcelain/ceramic - two surfaces	427
D2630	Inlay - porcelain/ceramic - >=3 surfaces	445
D2642	Onlay - porcelain/ceramic - two surfaces	479
D2643	Onlay - porcelain/ceramic - three surfaces	499
D2644	Onlay - porcelain/ceramic - >=4 surfaces	499
D2650	Inlay - resin-based composite - one surface	440
D2651	Inlay - resin-based composite - two surfaces	440
D2652	Inlay - resin-based composite - >=3 surfaces	440
D2662	Onlay - resin-based composite - two surfaces	444
D2663	Onlay - resin-based composite - three surfaces	444
D2664	Onlay - resin-based composite - >=4 surfaces	444
D2710	Crown - resin based composite (indirect)	272
D2712	Crown - 3/4 resin-based composite (indirect)	485
D2720/21/22	Crown - resin with metal	495
D2740	Crown - porcelain/ceramic substrate	560
D2750/51/52	Crown - porcelain fused metal	523
D2780/81/82	Crown - 3/4 cast with metal	478
D2783	Crown - 3/4 porcelain/ceramic	511
D2790/91/92	Crown - full cast metal	495

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D2910/20	Recement inlay, onlay/crown or partial coverage rest.	43
D2931	Prefab. stainless steel crown	121
D2932	Prefabricated resin crown	140
D2950	Core buildup, including any pins	125
D2952	Cast post and core in addition to crown	186
D2954	Prefab. post and core in addition to crown	154
D2955	Post removal (not in conj. with endo. therapy)	105
D2970	Temporary crown (fractured tooth)	0
D2980	Crown repair, by report	102

PROSTHETICS (DENTURES)

D5110/20	Complete denture - maxillary/mandibular	697
D5130/40	Immediate denture - maxillary/mandibular	722
D5211/12	Maxillary/mandibular partial denture - resin base	649
D5213/14	Maxillary/mandibular partial denture - cast metal	750
D5225/26	Maxillary/mandibular partial denture - flexible base	750
D5281	Rem. unilateral partial denture - one piece cast metal	419
D5410/11	Adjust complete denture - maxillary/mandibular	38
D5421/22	Adjust partial denture - maxillary/mandibular	38
D5510/5610	Repair broken denture base (complete/resin)	87
D5520	Replace missing or broken teeth - complete denture	87
D5620	Repair cast framework	87
D5630/60	Clasp repaired, replaced or added	115
D5640	Replace broken teeth - per tooth	87
D5650	Add tooth to existing partial denture	87
D5660	Add clasp to existing partial denture	115
D5670/71	Replace all teeth and acrylic on cast metal framework	287
D5710/11	Rebase complete maxillary/mandibular denture	260
D5720/21	Rebase maxillary/mandibular partial denture	260
D5730/31	Reline complete maxillary/mandibular denture (chairside)	159
D5740/41	Reline maxillary/mandibular partial denture (chairside)	155
D5750/51	Reline complete maxillary/mandibular denture (lab)	224
D5760/61	Reline maxillary/mandibular partial denture (lab)	224
D5810/11	Interim complete denture - maxillary/mandibular	362
D5820/21	Interim partial denture - maxillary/mandibular	362
D5850/51	Tissue conditioning - maxillary/mandibular	79

BRIDGE & PONTICS*

D6000-D6199 ALL IMPLANT SERVICES - 15% DISCOUNT (incl. D0360-D0363 cone beam imaging w/ implants)		
D6210/11/12	Pontic - metal	495
D6240/41/42	Pontic - porcelain fused metal	523
D6245	Pontic - porcelain/ceramic	560
D6250/51/52	Pontic - resin with metal	495
D6545	Retainer - cast metal for resin bonded fixed prosthesis	251
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	393
D6600	Inlay - porc./ceramic, two surfaces	427
D6601	Inlay - porc./ceramic, >=3 surfaces	445
D6602	Inlay - cast high noble metal, two surfaces	407
D6603	Inlay - cast high noble metal, >=3 surfaces	425
D6604	Inlay - cast predominantly base metal, two surfaces	407
D6605	Inlay - cast predominantly base metal, >=3 surfaces	425
D6606	Inlay - cast noble metal, two surfaces	407
D6607	Inlay - cast noble metal, >=3 surfaces	425
D6608	Onlay - porc./ceramic, two surfaces	479
D6609	Onlay - porc./ceramic, three or more surfaces	499
D6610	Onlay - cast high noble metal, two surfaces	458
D6611	Onlay - cast high noble metal, >=3 surfaces	524
D6612	Onlay - cast predominantly base metal, two surfaces	458
D6613	Onlay - cast predominantly base metal, >=3 surfaces	524
D6614	Onlay - cast noble metal, two surfaces	458
D6615	Onlay - cast noble metal, >=3 surfaces	524
D6720/21/22	Crown - resin with metal	495
D6740	Crown - porcelain/ceramic	560
D6750/51/52	Crown - porcelain fused metal	523
D6780	Crown - 3/4 cast high noble metal	470
D6781	Crown - 3/4 cast predominantly base metal	470
D6782	Crown - 3/4 cast noble metal	470
D6783	Crown - 3/4 porc./ceramic	511
D6790/91/92	Crown - full cast metal	495
D6930	Recement fixed partial denture	69
D6970	Post and core in addition to fixed part. dent. ret.	185
D6972	Prefab post and core in addition to fixed part. dent. ret.	154
D6973	Core build up for retainer, including any pins	125
D6975	Coping - metal	325
D6976	Each add. indirectly fabricated post - same tooth	130

*All fees exclude the cost of noble and precious metals. An additional fee will be charged if these materials are used.

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D6977	Each add. prefab post - same tooth.....	60
D6980	Fixed partial denture repair, by report.....	172

ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain.....	43
D9210/15	Local anesthesia.....	0
D9211	Regional block anesthesia.....	0
D9212	Trigeminal division block anesthesia.....	0
D9220	Deep sedation/general anesthesia - first 30 min.....	205
D9221	Deep sedation/general anesthesia - each add. 15 min.....	103
D9241	Intravenous conscious sedation/analgesia - first 30 min.....	205
D9242	IV conscious sedation/analgesia - each add. 15 min.....	103
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	37
D9310	Consultation (diagnostic service by nontreating dentist).....	43
D9910	Application of desensitizing medicament.....	31
D9930	Treatment of complications (post-surgical).....	43
D9990	Broken office appointment.....	50

ENDODONTICS¹

D3220	Therapeutic pulpotomy (excl. final restor.).....	81
D3221	Pulpal debridement.....	94
D3310	Endodontic therapy, anterior tooth.....	341
D3320	Endodontic therapy, bicuspid tooth.....	418
D3330	Endodontic therapy, molar.....	512
D3333	Internal root repair of perforation defects.....	105
D3346	Retreat of prev. root canal therapy, anterior.....	387
D3347	Retreat of prev. root canal therapy, bicuspid.....	465
D3348	Retreat of prev. root canal therapy, molar.....	558
D3410	Apicoectomy/periradicular surgery, anterior.....	323
D3421	Apicoectomy/periradicular surgery, bicuspid (first root).....	364
D3425	Apicoectomy/periradicular surgery, molar (first root).....	418
D3426	Apicoectomy/periradicular surgery (each add. root).....	152
D3430	Retrograde filling - per root.....	119
D3450	Root amputation - per root.....	234
D3920	Hemisection, not inc. root canal therapy.....	234
D3950	Canal prep/fitting of preformed dowel or post.....	136

PERIODONTICS¹

D0180	Comp. periodontal eval - new or established patient.....	36
D4210	Gingivectomy or gingivoplasty - >3 cont. teeth, per quad.....	279
D4211	Gingivectomy or gingivoplasty - <=3 teeth, per quad.....	100
D4240	Gingival flap proc., inc. root planing - >3 cont. teeth, per quad.....	345
D4241	Gingival flap proc., inc. root planing - <=3 cont. teeth, per quad.....	106
D4260	Osseous surgery - >3 cont. teeth, per quad.....	499
D4261	Osseous surgery - <=3 cont. teeth, per quad.....	392
D4268	Surgical revision proc., per tooth.....	358
D4274	Distal or proximal wedge procedure.....	308
D4341	Perio scaling and root planing - >3 cont. teeth, per quad.....	109
D4342	Perio scaling and root planing - <= 3 teeth, per quad.....	63
D4355	Full mouth debridement.....	89
D4381	Localized delivery of chemotherapeutic agents.....	98
D4910	Periodontal maintenance.....	74
D9940	Occlusal guard, by report.....	272
D9950	Occlusion analysis - mounted case.....	104
D9951	Occlusal adjustment - limited.....	66
D9952	Occlusal adjustment - complete.....	266

ORAL SURGERY¹

D7111	Extraction, coronal remnants - deciduous tooth.....	56
D7140	Extraction, erupted tooth or exposed root.....	69
D7210	Surgical rem. of erupted tooth req. bone cut.....	133
D7220	Removal of impacted tooth - soft tissue.....	151
D7230	Removal of impacted tooth - partially bony.....	196
D7240	Removal of impacted tooth - completely bony.....	241
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications.....	217
D7250	Surgical removal of residual tooth roots.....	141
D7270	Tooth reimplant/stabiliz. of acc. evulsed/displaced tooth.....	226
D7280	Surgical access of an unerupted tooth.....	153
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	60
D7310/20	Alveoloplasty, per quad.....	141
D7510	Incision and drainage of abscess - intraoral soft tissue.....	96
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.....	263

¹ As performed by a Participating General Dentist. See Plan Exclusion #13.

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ORTHODONTICS²

D8090	Comp. ortho. treatment - adult dentition.....	3658
D8660	Pre-orthodontic treatment visit.....	413
D8670	Periodic ortho. treatment visit (as part of contract).....	118
D8680	Orthodontic retention (rem. of appl. and placement of retainer(s)).....	413

² Phase I Treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion #15 for additional coverage exclusions.

Plan Exclusions

- Services which are covered under Medicare, worker's compensation, employer's liability laws, or the Pennsylvania Motor Vehicle Financial Responsibility Law (Pennsylvania policyholders only).
- Services which are not necessary for the patient's dental health as determined by the Plan.
- Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
- Oral surgery requiring the setting of fractures or dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
- Replacement due to loss or theft of prosthetic appliance.
- Procedures not listed as covered benefits under this Plan.
- Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
- Services related to the treatment of TMD (Temporomandibular Disorder).
- Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Participating Specialist (with the exception of orthodontics). Participating Specialists, if available, have entered into an agreement with the Plan to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees. This means that Member will be responsible for 25% of the lesser of a Participating Specialist's UCR fee; of the amount the provider has agreed to accept. Members must directly contact the Participating Specialist to obtain fees, as the amount varies by provider.
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan.
- The Invisalign system and similar appliances are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

Plan Limitations

- Two (2) evaluations are covered per calendar year per patient including a maximum of one (1) comprehensive evaluation.
- One (1) problem focused exam is covered per calendar year per patient.
- Two (2) teeth cleanings (prophylaxis) are covered per calendar year per patient (one additional cleaning is covered during pregnancy and for diabetic patients).
- One (1) topical fluoride or fluoride varnish is covered per calendar year per patient.
- Two (2) bitewing x-rays are covered per calendar year per patient.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years per patient.
- Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
- Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
- Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
- Relining and rebasing of dentures is covered once every 24 months per patient.
- Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
- Root planing or scaling is covered once every 24 months per quadrant per patient.
- Full mouth debridement is covered once per lifetime per patient.
- Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per twelve (12) months per patient. Must have pocket depths of five (5) millimeters or greater.
- Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site per patient.
- Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy, per patient.