

Solera Insurance & Financial Services Inc. knows that a quality employee benefits package is often key to attracting and retaining valuable employees. Solera presents a variety of plan options to best fit each employee's dental insurance needs and enhance their overall benefits package.

Given regular checkups, proper dental maintenance and all the advances in dental care, no one should suffer from tooth decay or dental disease. By participating in Solera's group dental plans, your employees will have the opportunity to make dental care both easier and less costly.

This plan description provides details of the Triple Choice/Dual Option group dental insurance policy proposed for your organization.

Employer Benefits

- Three plan choices allow employers to customize their dental benefit package.
- Pre-tax payment reduces FICA liabilities for employer.
- Solera's plan adopts previous plan waiting and satisfied deductibles.

Employee Benefits

- Gives employees the opportunity to pay for their dental plan with pretax dollars.
- Plan choices provide employees with options to match their families dental coverage needs.
- Solera's plan adopts previous plan waiting and satisfied deductibles.

Triple Choice/Dual Option Features

- Employers achieve a balance between cost efficiency and employee choice.
- PPO providers agree to provide dental care at contracted fees.
- Under the Optima Unlimited Plan employees have the option to receive care from any dentist they choose, although out-of-pocket expenses are often higher with dentists outside the PPO network.
- PPO Max network plans feature a vast national network of over 73,000 dental professionals.
- PPO providers undergo a quality assurance evaluation and periodic onsite office visits to help assure quality of care.
- Backed by superior customer service, extended phone hours for accessibility.

Usual and Customary (U&C)

- Utilizes the 80th percentile of U&C (8 out of 10 dentists' charges will fall at or below the amount that Standard Insurance Company allows for a particular procedure).
- Standard Insurance Company uses its own database as well as data from Ingenix, a multi-carrier compilation formerly derived by the Health Insurance Association of America (HIAA), to ensure our allowances meet the highest industry standards.
- U&C allowances are updated approximately every 12 months.
- This plan utilizes the zip code of the dental provider in determining allowances to use. This ensures that employees who live in a lower-cost rural area but choose a dentist in a high-cost metropolitan area will be reimbursed based on the appropriate charges in the dentist's zip code area.

Solera has developed its Triple Choice/Dual Option Dental Plan according to the following assumptions and requirements:

- A \$10 monthly Administrative fee will apply for all groups with 10 or less enrolled lives.
- Plan pricing is guaranteed for 12 months from effective date.
- Quoted rates change quarterly. Final rates can vary based on effective date. Please check with your Solera Agent for final rates.
- This proposal assumes that the Triple Choice/Dual Option dental plan is the only dental plan offered for acceptance or consideration. This quoted information is invalid if any other dental coverage is involved such as, self-insured, HMO or Prepaid plans.
- This policy is provided as part of the Policyholder's Section 125 Plan. Each Member has the option under the Section 125 Plan of participating or not participating in this policy. If a Member does not elect to participate when initially eligible, the Member may elect to participate at the Policyholder's next Annual Election Period.
- A Member who elects to participate at an election period other than the employee's initial election period will be considered a Late Entrant and subject to Late Entrant exclusions. There are no open enrollment periods for this plan.
- A Member may change their election option only during an Annual Election Period, except for a change in family status. Such events would be marriage, divorce, birth of a child, death of a spouse or child, or termination of employment of a spouse.
- Covered expense allowances for non-PPO dentists are updated at least once a year and are generally based on the 80th percentile of claim charges submitted to us during the previous twelve months. The zip code of the dentist's office determines which relative cost area will be used.
- If Standard Insurance Company's policy includes a lifetime deductible, expenses that satisfied all or a part of the dental deductible under the current policy will **not** apply toward satisfaction of Standard Insurance Company's deductible.
- This proposal includes a PPO Network. A PPO provider is a dentist who has entered into an agreement to provide services to Insureds at a contracted fee.
- In the situs State of California, dependent children are considered covered up to age 19 if not a full-time student and up to age 24 if a full-time student.
- California state law requires that coverage shall be provided to Registered Domestic Partners that is equal to, and subject to the same terms and conditions as, the coverage provided to a spouse. Registered Domestic Partner means a partner of the Insured as long as the partnership meets the requirements for such relationship as defined in Section 297 of the California Family Code or the functional equivalent registration of any other state or local jurisdiction.
- Benefits could be available for all full-time, active employees working at least 30 hours per week and dependents who have completed the designated waiting period.
- In the situs States of California, Illinois, Nebraska, and Texas, participation must meet exceed the greater of 40% of eligible employees or 3 enrollees.
- In the situs State of Colorado, participation must meet exceed the greater of 40% of eligible employees or 10 enrollees.

Covered Expenses will not include and no benefits will be payable for expenses incurred for the following procedures:

- Type 3 Procedures in the first twelve months that the insured employee and/or dependent is covered under the dental expense benefit. This limitation is waived for groups with 35 or more employees insured on the effective date of the policy.
- Any procedure except exams, cleaning and fluoride applications for the first 24 months when an employee or dependent becomes classified as a Late Entrant. If an employee or dependent does not enroll within 31 days from the date he or she first becomes eligible for the insurance or elects to become insured again after canceling a premium contribution agreement will be classified as a Late Entrant.
- Any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the second bicuspid are considered cosmetic.
- Replacement of any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within ten years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the employee and/or dependent is insured, it will be a Covered Expense.
- Initial placement of any dental prosthesis or prosthetic crown, unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.
- Any procedure begun before the insured employee and/or dependent was covered under the dental expense benefit.
- Any procedure begun after the insured's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the insured's insurance under the dental expense benefit terminates.
- Replacement of lost or stolen appliances.
- Appliances, restorations, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion;
 - splint or replace tooth structure lost because of abrasion or attrition
- Any procedure which is not shown on the Table of Dental Procedures.
- Orthodontic treatment (unless otherwise specified in this contract).
- Which the insured employee and/or dependent is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- Charges for which the insured employee and/or dependent is not liable or which would not have been made had no insurance been in force.
- Services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- Because of war or any act of war, declared or not.

Solera's Triple Choice/Dual Option Dental Plan prices its dental plans by areas. Each zip code is associated with an area. To locate the Area associated with your zip code, locate the first three digits of your zip code in the tables below:

California	
900 - 912	Area 2
913 - 914	Area 3
915 - 916	Area 2
917 - 918	Area 3
919 - 920	Area 2
921 - 925	Area 1
926 - 928	Area 2
930 - 931	Area 3
932 - 938	Area 1
939	Area 2
940	Area 3
941 - 942	Area 2
943 - 944	Area 3
945 - 949	Area 2
950 - 951	Area 3
952	Area 2
953 - 957	Area 1
958	Area 2
959 - 961	Area 1

Colorado	
800 - 801	Area 2
802	Area 1
803 - 807	Area 2
808	Area 1
809	Area 2
810	Area 1
811	Area 2
812 - 813	Area 1
814 - 816	Area 2

Illinois	
600 - 608	Area 2
609 - 610	Area 1
611	Area 2
612 - 615	Area 1
616	Area 2
617 - 619	Area 1
620	Area 2
622 - 626	Area 1
627	Area 2
628 - 629	Area 1

Nebraska	
680	Area 2
681 - 684	Area 1
685 - 692	Area 2
693	Area 1

Texas	
750 - 758	Area 2
759	Area 1
760 - 763	Area 2
764 - 766	Area 1
767	Area 2
768 - 769	Area 1
770	Area 2
772 - 777	Area 2
778 - 780	Area 1
781	Area 2
782 - 783	Area 1
784	Area 2
785	Area 1
786 - 787	Area 2
788	Area 1
789	Area 2
790	Area 1
791	Area 2
792 - 799	Area 1

Area Tables by State

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY FOR PLAN
PROCEDURE FREQUENCIES AND PROVISIONS.**

The attached is a list of dental procedures for which benefits are payable under this section and is based upon the *Current Dental Terminology* © American Dental Association.

No benefits are payable for a procedure that is not listed.

- Your benefits are based on a Calendar Year. A Calendar Year runs from January 1 through December 31.
- Benefit Period means the period from January 1 of any year through December 31 of the same year. But during the first year a person is insured, a benefit period means the period from his or her effective date through December 31 of that year.
- Covered Procedures are subject to all plan provisions, procedure and frequency limitations, and/or consultant review.
- Reference to "traumatic injury" under this plan is defined as injury caused by external forces (i.e. outside the mouth) and specifically excludes injury caused by internal forces such as bruxism (grinding of teeth).
- Benefits for replacement dental prosthesis or prosthetic crown will be based on the prior placement date. Frequencies which reference Benefit Period will be measured forward within the limits defined as the Benefit Period. All other frequencies will be measured forward from the last covered date of service.
- X-ray films, periodontal charting and supporting diagnostic data may be requested for our review.
- We recommend that a pre-treatment estimate be submitted for all anticipated work that is considered to be expensive by our insured.
- A pre-treatment estimate is not a pre-authorization or guarantee of payment or eligibility; rather it is an indication of the estimated benefits available if the described procedures are performed.

**BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations**

ROUTINE ORAL EVALUATION

- D0120 Periodic oral evaluation - established patient.
- D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver.
- D0150 Comprehensive oral evaluation - new or established patient.
- D0180 Comprehensive periodontal evaluation - new or established patient.

COMPREHENSIVE EVALUATION: D0150, D0180

- Coverage is limited to 1 of each of these procedures per 1 provider.
- In addition, D0150, D0180 coverage is limited to 1 of any of these procedures per 6 month(s).
- D0120, D0145 also contribute(s) to this limitation.
- If frequency met, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.

ROUTINE EVALUATION: D0120, D0145

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D0150, D0180 also contribute(s) to this limitation.
- Procedure D0120 will be considered for individuals age 3 and over. Procedure D0145 will be considered for individuals age 2 and under.

BITEWING FILMS

- D0270 Bitewing - single film.
- D0272 Bitewings - two films.
- D0273 Bitewings - three films.
- D0274 Bitewings - four films.
- D0277 Vertical bitewings - 7 to 8 films.

BITEWING FILMS: D0270, D0272, D0273, D0274

- Coverage is limited to 1 of any of these procedures per 12 month(s).
- D0277 also contribute(s) to this limitation.
- The maximum amount considered for x-ray films taken on one day will be equivalent to an allowance of a D0210.

VERTICAL BITEWING FILM: D0277

- Vertical bitewings are considered at an alternate benefit of a D0274 and count towards this frequency. The maximum amount considered for x-ray films taken on one day will be equivalent to an allowance of a D0210.

PROPHYLAXIS (CLEANING) AND FLUORIDE

- D1110 Prophylaxis - adult.
- D1120 Prophylaxis - child.
- D1203 Topical application of fluoride (prophylaxis not included) - child.
- D1204 Topical application of fluoride (prophylaxis not included) - adult.
- D1206 Topical fluoride varnish; therapeutic application for moderate to high caries risk patients.

FLUORIDE: D1203, D1204, D1206

- Coverage is limited to 1 of any of these procedures per 12 month(s).
- Benefits are considered for persons age 13 and under.

PROPHYLAXIS: D1110, D1120

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D4910 also contribute(s) to this limitation.
- An adult prophylaxis (cleaning) is considered for individuals age 14 and over. A child prophylaxis (cleaning) is considered for individuals age 13 and under. Benefits for prophylaxis (cleaning) are not available when performed on the same date as periodontal procedures.

**BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations**

LIMITED ORAL EVALUATION

D0140 Limited oral evaluation - problem focused.

D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit).

LIMITED ORAL EVALUATION: D0140, D0170

- Coverage is allowed for accidental injury only. If not due to an accident, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.

COMPLETE SERIES OR PANORAMIC FILM

D0210 Intraoral - complete series (including bitewings).

D0330 Panoramic film.

COMPLETE SERIES/PANORAMIC FILMS: D0210, D0330

- Coverage is limited to 1 of any of these procedures per 5 year(s).

OTHER XRAYS

D0220 Intraoral - periapical first film.

D0230 Intraoral - periapical each additional film.

D0240 Intraoral - occlusal film.

D0250 Extraoral - first film.

D0260 Extraoral - each additional film.

PERIAPICAL FILMS: D0220, D0230

- The maximum amount considered for x-ray films taken on one day will be equivalent to an allowance of a D0210.

ORAL PATHOLOGY/LABORATORY

D0472 Accession of tissue, gross examination, preparation and transmission of written report.

D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report.

D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.

ORAL PATHOLOGY LABORATORY: D0472, D0473, D0474

- Coverage is limited to 1 of any of these procedures per 12 month(s).
- Coverage is limited to 1 examination per biopsy/excision.

SEALANT

D1351 Sealant - per tooth.

SEALANT: D1351

- Coverage is limited to 1 of any of these procedures per 3 year(s).
- Benefits are considered for persons age 13 and under.
- Benefits are considered on permanent molars only.

AMALGAM RESTORATIONS (FILLINGS)

- D2140 Amalgam - one surface, primary or permanent.
- D2150 Amalgam - two surfaces, primary or permanent.
- D2160 Amalgam - three surfaces, primary or permanent.
- D2161 Amalgam - four or more surfaces, primary or permanent.

AMALGAM RESTORATIONS: D2140, D2150, D2160, D2161

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D9911 also contribute(s) to this limitation.

RESIN RESTORATIONS (FILLINGS)

- D2330 Resin-based composite - one surface, anterior.
- D2331 Resin-based composite - two surfaces, anterior.
- D2332 Resin-based composite - three surfaces, anterior.
- D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior).
- D2391 Resin-based composite - one surface, posterior.
- D2392 Resin-based composite - two surfaces, posterior.
- D2393 Resin-based composite - three surfaces, posterior.
- D2394 Resin-based composite - four or more surfaces, posterior.
- D2410 Gold foil - one surface.
- D2420 Gold foil - two surfaces.
- D2430 Gold foil - three surfaces.

COMPOSITE RESTORATIONS: D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2140, D2150, D2160, D2161, D9911 also contribute(s) to this limitation.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

GOLD FOIL RESTORATIONS: D2410, D2420, D2430

- Gold foils are considered at an alternate benefit of an amalgam/composite restoration.

STAINLESS STEEL CROWN (PREFABRICATED CROWN)

- D2390 Resin-based composite crown, anterior.
- D2930 Prefabricated stainless steel crown - primary tooth.
- D2931 Prefabricated stainless steel crown - permanent tooth.
- D2932 Prefabricated resin crown.
- D2933 Prefabricated stainless steel crown with resin window.
- D2934 Prefabricated esthetic coated stainless steel crown - primary tooth.

STAINLESS STEEL CROWN: D2390, D2930, D2931, D2932, D2933, D2934

- Replacement is limited to 1 of any of these procedures per 12 month(s).
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

RECEMENT

- D2910 Recement inlay, onlay, or partial coverage restoration.
- D2915 Recement cast or prefabricated post and core.
- D2920 Recement crown.
- D6092 Recement implant/abutment supported crown.
- D6093 Recement implant/abutment supported fixed partial denture.
- D6930 Recement fixed partial denture.

SEDATIVE FILLING

- D2940 Sedative filling.

FULL MOUTH DEBRIDEMENT

- D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis.

FULL MOUTH DEBRIDEMENT: D4355

- Coverage is limited to 1 of any of these procedures per 5 year(s).

PERIODONTAL MAINTENANCE

- D4910 Periodontal maintenance.

PERIODONTAL MAINTENANCE: D4910

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D1110, D1120 also contribute(s) to this limitation.
- Coverage is contingent upon evidence of full mouth active periodontal therapy. Benefits are not available if performed on the same date as any other periodontal procedure.

DENTURE REPAIR

- D5510 Repair broken complete denture base.
- D5520 Replace missing or broken teeth - complete denture (each tooth).
- D5610 Repair resin denture base.
- D5620 Repair cast framework.
- D5630 Repair or replace broken clasp.
- D5640 Replace broken teeth - per tooth.

DENTURE RELINES

- D5730 Reline complete maxillary denture (chairside).
- D5731 Reline complete mandibular denture (chairside).
- D5740 Reline maxillary partial denture (chairside).
- D5741 Reline mandibular partial denture (chairside).
- D5750 Reline complete maxillary denture (laboratory).
- D5751 Reline complete mandibular denture (laboratory).
- D5760 Reline maxillary partial denture (laboratory).
- D5761 Reline mandibular partial denture (laboratory).

DENTURE RELINE: D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761

- Coverage is limited to service dates more than 6 months after placement date.

NON-SURGICAL EXTRACTIONS

D7111 Extraction, coronal remnants - deciduous tooth.

D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal).

OTHER ORAL SURGERY

D7260 Oroantral fistula closure.

D7261 Primary closure of a sinus perforation.

D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.

D7272 Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization).

D7280 Surgical access of an unerupted tooth.

D7282 Mobilization of erupted or malpositioned tooth to aid eruption.

D7283 Placement of device to facilitate eruption of impacted tooth.

D7310 Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.

D7311 Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.

D7320 Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.

D7321 Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.

D7340 Vestibuloplasty - ridge extension (secondary epithelialization).

D7350 Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).

D7410 Excision of benign lesion up to 1.25 cm.

D7411 Excision of benign lesion greater than 1.25 cm.

D7412 Excision of benign lesion, complicated.

D7413 Excision of malignant lesion up to 1.25 cm.

D7414 Excision of malignant lesion greater than 1.25 cm.

D7415 Excision of malignant lesion, complicated.

D7440 Excision of malignant tumor - lesion diameter up to 1.25 cm.

D7441 Excision of malignant tumor - lesion diameter greater than 1.25 cm.

D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.

D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.

D7460 Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm.

D7461 Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm.

D7465 Destruction of lesion(s) by physical or chemical method, by report.

D7471 Removal of lateral exostosis (maxilla or mandible).

D7472 Removal of torus palatinus.

D7473 Removal of torus mandibularis.

D7485 Surgical reduction of osseous tuberosity.

D7490 Radical resection of maxilla or mandible.

D7510 Incision and drainage of abscess - intraoral soft tissue.

D7520 Incision and drainage of abscess - extraoral soft tissue.

D7530 Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.

D7540 Removal of reaction producing foreign bodies, musculoskeletal system.
D7550 Partial ostectomy/sequestrectomy for removal of non-vital bone.
D7560 Maxillary sinusotomy for removal of tooth fragment or foreign body.
D7910 Suture of recent small wounds up to 5 cm.
D7911 Complicated suture - up to 5 cm.
D7912 Complicated suture - greater than 5 cm.
D7960 Frenulectomy (frenectomy or frenotomy) - separate procedure.
D7963 Frenuloplasty.
D7970 Excision of hyperplastic tissue - per arch.
D7972 Surgical reduction of fibrous tuberosity.
D7980 Sialolithotomy.
D7983 Closure of salivary fistula.

REMOVAL OF BONE TISSUE: D7471, D7472, D7473

- Coverage is limited to 5 of any of these procedures per 1 lifetime.

BIOPSY OF ORAL TISSUE

D7285 Biopsy of oral tissue - hard (bone, tooth).
D7286 Biopsy of oral tissue - soft.
D7287 Exfoliative cytological sample collection.
D7288 Brush biopsy - transepithelial sample collection.

PALLIATIVE

D9110 Palliative (emergency) treatment of dental pain - minor procedure.

PALLIATIVE TREATMENT: D9110

- Not covered in conjunction with other procedures, except diagnostic x-ray films.

PROFESSIONAL CONSULT/VISIT/SERVICES

D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician.
D9430 Office visit for observation (during regularly scheduled hours) - no other services performed.
D9440 Office visit - after regularly scheduled hours.
D9930 Treatment of complications (post-surgical) - unusual circumstances, by report.

CONSULTATION: D9310

- Coverage is limited to 1 of any of these procedures per 1 provider.

OFFICE VISIT: D9430, D9440

- Procedure D9430 is allowed for accidental injury only. Procedure D9440 will be allowed on the basis of services rendered or visit, whichever is greater.

OCCLUSAL ADJUSTMENT

D9951 Occlusal adjustment - limited.
D9952 Occlusal adjustment - complete.

OCCLUSAL ADJUSTMENT: D9951, D9952

- Coverage is considered only when performed in conjunction with periodontal procedures for the treatment of periodontal disease.

MISCELLANEOUS

D0486 Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report.

D2951 Pin retention - per tooth, in addition to restoration.

D9911 Application of desensitizing resin for cervical and/or root surfaces, per tooth.

DESENSITIZATION: D9911

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394 also contribute(s) to this limitation.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

**BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations**

SPACE MAINTAINERS

- D1510 Space maintainer - fixed - unilateral.
- D1515 Space maintainer - fixed - bilateral.
- D1520 Space maintainer - removable - unilateral.
- D1525 Space maintainer - removable - bilateral.
- D1550 Re-cementation of space maintainer.
- D1555 Removal of fixed space maintainer.

SPACE MAINTAINER: D1510, D1515, D1520, D1525

- Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowances include all adjustments within 6 months of placement date.

INLAY RESTORATIONS

- D2510 Inlay - metallic - one surface.
- D2520 Inlay - metallic - two surfaces.
- D2530 Inlay - metallic - three or more surfaces.
- D2610 Inlay - porcelain/ceramic - one surface.
- D2620 Inlay - porcelain/ceramic - two surfaces.
- D2630 Inlay - porcelain/ceramic - three or more surfaces.
- D2650 Inlay - resin-based composite - one surface.
- D2651 Inlay - resin-based composite - two surfaces.
- D2652 Inlay - resin-based composite - three or more surfaces.

INLAY: D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652

- Inlays will be considered at an alternate benefit of an amalgam/composite restoration and only when resulting from caries (tooth decay) or traumatic injury.

ONLAY RESTORATIONS

- D2542 Onlay - metallic - two surfaces.
- D2543 Onlay - metallic - three surfaces.
- D2544 Onlay - metallic - four or more surfaces.
- D2642 Onlay - porcelain/ceramic - two surfaces.
- D2643 Onlay - porcelain/ceramic - three surfaces.
- D2644 Onlay - porcelain/ceramic - four or more surfaces.
- D2662 Onlay - resin-based composite - two surfaces.
- D2663 Onlay - resin-based composite - three surfaces.
- D2664 Onlay - resin-based composite - four or more surfaces.

ONLAY: D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664

- Replacement is limited to 1 of any of these procedures per 10 year(s).
- D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710,

D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.

- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.
- Benefits will not be considered if procedure D2390, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

CROWNS SINGLE RESTORATIONS

D2710 Crown - resin-based composite (indirect).
 D2712 Crown - 3/4 resin-based composite (indirect).
 D2720 Crown - resin with high noble metal.
 D2721 Crown - resin with predominantly base metal.
 D2722 Crown - resin with noble metal.
 D2740 Crown - porcelain/ceramic substrate.
 D2750 Crown - porcelain fused to high noble metal.
 D2751 Crown - porcelain fused to predominantly base metal.
 D2752 Crown - porcelain fused to noble metal.
 D2780 Crown - 3/4 cast high noble metal.
 D2781 Crown - 3/4 cast predominantly base metal.
 D2782 Crown - 3/4 cast noble metal.
 D2783 Crown - 3/4 porcelain/ceramic.
 D2790 Crown - full cast high noble metal.
 D2791 Crown - full cast predominantly base metal.
 D2792 Crown - full cast noble metal.
 D2794 Crown - titanium.

CROWN: D2710, D2712, D2720, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794

- Replacement is limited to 1 of any of these procedures per 10 year(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.
- Benefits will not be considered if procedure D2390, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

CORE BUILD-UP

D2950 Core buildup, including any pins.
 D6973 Core build up for retainer, including any pins.

POST AND CORE

- D2952 Post and core in addition to crown, indirectly fabricated.
- D2954 Prefabricated post and core in addition to crown.

FIXED CROWN AND PARTIAL DENTURE REPAIR

- D2980 Crown repair, by report.
- D6980 Fixed partial denture repair, by report.
- D9120 Fixed partial denture sectioning.

ENDODONTICS MISCELLANEOUS

- D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.
- D3221 Pulpal debridement, primary and permanent teeth.
- D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).
- D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration).
- D3333 Internal root repair of perforation defects.
- D3351 Apexification/recalcification - initial visit (apical closure/calific repair of perforations, root resorption, etc.)
- D3352 Apexification/recalcification - interim medication replacement (apical closure/calific repair of perforations, root resorption, etc.)
- D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)
- D3430 Retrograde filling - per root.
- D3450 Root amputation - per root.
- D3920 Hemisection (including any root removal), not including root canal therapy.

ENDODONTICS MISCELLANEOUS: D3333, D3430, D3450, D3920

- Procedure D3333 is limited to permanent teeth only.

PULPOTOMY/PULPAL DEBRIDEMENT/PULPAL THERAPY: D3220, D3221, D3230, D3240

- Procedure D3220 is limited to primary teeth.

ENDODONTIC THERAPY (ROOT CANALS)

- D3310 Anterior (excluding final restoration).
- D3320 Bicuspid (excluding final restoration).
- D3330 Molar (excluding final restoration).
- D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.
- D3346 Retreatment of previous root canal therapy - anterior.
- D3347 Retreatment of previous root canal therapy - bicuspid.
- D3348 Retreatment of previous root canal therapy - molar.

ROOT CANALS: D3310, D3320, D3330, D3332

- Benefits are considered on permanent teeth only.
- Allowances include intraoperative films and cultures but exclude final restoration.

RETREATMENT OF ROOT CANAL: D3346, D3347, D3348

- Coverage is limited to 1 of any of these procedures per 12 month(s).
- D3310, D3320, D3330 also contribute(s) to this limitation.
- Benefits are considered on permanent teeth only.
- Coverage is limited to service dates more than 12 months after root canal therapy. Allowances include intraoperative films and cultures but exclude final restoration.

SURGICAL ENDODONTICS

- D3410 Apicoectomy/periradicular surgery - anterior.
- D3421 Apicoectomy/periradicular surgery - bicuspid (first root).
- D3425 Apicoectomy/periradicular surgery - molar (first root).
- D3426 Apicoectomy/periradicular surgery (each additional root).

SURGICAL PERIODONTICS

- D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant.
- D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant.
- D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant.
- D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant.
- D4260 Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant.
- D4261 Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant.
- D4263 Bone replacement graft - first site in quadrant.
- D4264 Bone replacement graft - each additional site in quadrant.
- D4265 Biologic materials to aid in soft and osseous tissue regeneration.
- D4270 Pedicle soft tissue graft procedure.
- D4271 Free soft tissue graft procedure (including donor site surgery).
- D4273 Subepithelial connective tissue graft procedures, per tooth.
- D4274 Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area).
- D4275 Soft tissue allograft.
- D4276 Combined connective tissue and double pedicle graft, per tooth.

BONE GRAFTS: D4263, D4264, D4265

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).
- Coverage is limited to treatment of periodontal disease.

GINGIVECTOMY: D4210, D4211

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).
- Coverage is limited to treatment of periodontal disease.

OSSEOUS SURGERY: D4240, D4241, D4260, D4261

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).
- Coverage is limited to treatment of periodontal disease.

TISSUE GRAFTS: D4270, D4271, D4273, D4275, D4276

- Each quadrant is limited to 2 of any of these procedures per 3 year(s).
- Coverage is limited to treatment of periodontal disease.

CROWN LENGTHENING

D4249 Clinical crown lengthening - hard tissue.

NON-SURGICAL PERIODONTICS

D4341 Periodontal scaling and root planing - four or more teeth per quadrant.

D4342 Periodontal scaling and root planing - one to three teeth, per quadrant.

D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.

CHEMOTHERAPEUTIC AGENTS: D4381

- Each quadrant is limited to 2 of any of these procedures per 2 year(s).
- A scaling and root planing or periodontal maintenance procedure must be performed in this quadrant within 2 years prior to the date of service for this procedure.

PERIODONTAL SCALING & ROOT PLANING: D4341, D4342

- Each quadrant is limited to 1 of each of these procedures per 2 year(s).

PROSTHODONTICS - FIXED/REMOVABLE (DENTURES)

D5110 Complete denture - maxillary.

D5120 Complete denture - mandibular.

D5130 Immediate denture - maxillary.

D5140 Immediate denture - mandibular.

D5211 Maxillary partial denture - resin base (including any conventional clasps, rests and teeth).

D5212 Mandibular partial denture - resin base (including any conventional clasps, rests and teeth).

D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).

D5214 Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).

D5225 Maxillary partial denture - flexible base (including any clasps, rests and teeth).

D5226 Mandibular partial denture - flexible base (including any clasps, rests and teeth).

D5281 Removable unilateral partial denture - one piece cast metal (including clasps and teeth).

D5670 Replace all teeth and acrylic on cast metal framework (maxillary).

D5671 Replace all teeth and acrylic on cast metal framework (mandibular).

D5810 Interim complete denture (maxillary).

D5811 Interim complete denture (mandibular).

D5820 Interim partial denture (maxillary).

D5821 Interim partial denture (mandibular).

D5860 Overdenture - complete, by report.

D5861 Overdenture - partial, by report.

D6053 Implant/abutment supported removable denture for completely edentulous arch.

D6054 Implant/abutment supported removable denture for partially edentulous arch.

D6078 Implant/abutment supported fixed denture for completely edentulous arch.

D6079 Implant/abutment supported fixed denture for partially edentulous arch.

COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5860, D6053, D6078

- Replacement is limited to 1 of any of these procedures per 10 year(s).
- Frequency is waived for accidental injury.
- Allowances include adjustments within 6 months after placement date. Procedures D5860, D6053, and D6078 are considered at an alternate benefit of a D5110/D5120.

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5225, D5226, D5281, D5670, D5671, D5861, D6054, D6079

- Replacement is limited to 1 of any of these procedures per 10 year(s).
- D6010, D6040, D6050 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Allowances include adjustments within 6 months of placement date. Procedures D5861, D6054, and D6079 are considered at an alternate benefit of a D5213/D5214.

DENTURE ADJUSTMENTS

D5410 Adjust complete denture - maxillary.
D5411 Adjust complete denture - mandibular.
D5421 Adjust partial denture - maxillary.
D5422 Adjust partial denture - mandibular.

DENTURE ADJUSTMENT: D5410, D5411, D5421, D5422

- Coverage is limited to dates of service more than 6 months after placement date.

ADD TOOTH/CLASP TO EXISTING PARTIAL

D5650 Add tooth to existing partial denture.
D5660 Add clasp to existing partial denture.

DENTURE REBASES

D5710 Rebase complete maxillary denture.
D5711 Rebase complete mandibular denture.
D5720 Rebase maxillary partial denture.
D5721 Rebase mandibular partial denture.

TISSUE CONDITIONING

D5850 Tissue conditioning, maxillary.
D5851 Tissue conditioning, mandibular.

IMPLANTS

D6010 Surgical placement of implant body: endosteal implant.
D6040 Surgical placement: eposteal implant.
D6050 Surgical placement: transosteal implant.
D6055 Dental implant supported connecting bar.
D6056 Prefabricated abutment - includes placement.
D6057 Custom abutment - includes placement.

IMPLANT: D6010, D6040, D6050

- Replacement is limited to 1 of any of these procedures per 10 year(s).
- D5211, D5212, D5213, D5214, D5225, D5226, D5281, D6094, D6194, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Benefits for procedures D6055, D6056 and D6057 will be contingent upon the implant being covered. Replacement is limited to 1 of any of these procedures per 10 year(s).

IMPLANT SERVICES

D6080 Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis.

D6090 Repair implant supported prosthesis, by report.

D6091 Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment.

D6095 Repair implant abutment, by report.

D6100 Implant removal, by report.

D6190 Radiographic/surgical implant index, by report.

IMPLANT SERVICES: D6080

- Coverage is limited to 1 of any of these procedures per 12 month(s).
- Coverage for D6190 is limited to 1 per arch for a 24 month period. Coverage for D6090, D6091 and D6095 is limited to service dates more than 6 months after placement date.

PROSTHODONTICS - FIXED

D6058 Abutment supported porcelain/ceramic crown.

D6059 Abutment supported porcelain fused to metal crown (high noble metal).

D6060 Abutment supported porcelain fused to metal crown (predominantly base metal).

D6061 Abutment supported porcelain fused to metal crown (noble metal).

D6062 Abutment supported cast metal crown (high noble metal).

D6063 Abutment supported cast metal crown (predominantly base metal).

D6064 Abutment supported cast metal crown (noble metal).

D6065 Implant supported porcelain/ceramic crown.

D6066 Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal).

D6067 Implant supported metal crown (titanium, titanium alloy, high noble metal).

D6068 Abutment supported retainer for porcelain/ceramic FPD.

D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal).

D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).

D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal).

D6072 Abutment supported retainer for cast metal FPD (high noble metal).

D6073 Abutment supported retainer for cast metal FPD (predominantly base metal).

D6074 Abutment supported retainer for cast metal FPD (noble metal).

D6075 Implant supported retainer for ceramic FPD.

D6076 Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal).

Type 3 Dental Procedures

- D6077 Implant supported retainer for cast metal FPD (titanium, titanium alloy or high noble metal).
- D6094 Abutment supported crown - (titanium).
- D6194 Abutment supported retainer crown for FPD - (titanium).
- D6205 Pontic - indirect resin based composite.
- D6210 Pontic - cast high noble metal.
- D6211 Pontic - cast predominantly base metal.
- D6212 Pontic - cast noble metal.
- D6214 Pontic - titanium.
- D6240 Pontic - porcelain fused to high noble metal.
- D6241 Pontic - porcelain fused to predominantly base metal.
- D6242 Pontic - porcelain fused to noble metal.
- D6245 Pontic - porcelain/ceramic.
- D6250 Pontic - resin with high noble metal.
- D6251 Pontic - resin with predominantly base metal.
- D6252 Pontic - resin with noble metal.
- D6545 Retainer - cast metal for resin bonded fixed prosthesis.
- D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis.
- D6600 Inlay - porcelain/ceramic, two surfaces.
- D6601 Inlay - porcelain/ceramic, three or more surfaces.
- D6602 Inlay - cast high noble metal, two surfaces.
- D6603 Inlay - cast high noble metal, three or more surfaces.
- D6604 Inlay - cast predominantly base metal, two surfaces.
- D6605 Inlay - cast predominantly base metal, three or more surfaces.
- D6606 Inlay - cast noble metal, two surfaces.
- D6607 Inlay - cast noble metal, three or more surfaces.
- D6608 Onlay - porcelain/ceramic, two surfaces.
- D6609 Onlay - porcelain/ceramic, three or more surfaces.
- D6610 Onlay - cast high noble metal, two surfaces.
- D6611 Onlay - cast high noble metal, three or more surfaces.
- D6612 Onlay - cast predominantly base metal, two surfaces.
- D6613 Onlay - cast predominantly base metal, three or more surfaces.
- D6614 Onlay - cast noble metal, two surfaces.
- D6615 Onlay - cast noble metal, three or more surfaces.
- D6624 Inlay - titanium.
- D6634 Onlay - titanium.
- D6710 Crown - indirect resin based composite.
- D6720 Crown - resin with high noble metal.
- D6721 Crown - resin with predominantly base metal.
- D6722 Crown - resin with noble metal.
- D6740 Crown - porcelain/ceramic.
- D6750 Crown - porcelain fused to high noble metal.
- D6751 Crown - porcelain fused to predominantly base metal.
- D6752 Crown - porcelain fused to noble metal.
- D6780 Crown - 3/4 cast high noble metal.
- D6781 Crown - 3/4 cast predominantly base metal.
- D6782 Crown - 3/4 cast noble metal.
- D6783 Crown - 3/4 porcelain/ceramic.
- D6790 Crown - full cast high noble metal.

D6791 Crown - full cast predominantly base metal.

D6792 Crown - full cast noble metal.

D6794 Crown - titanium.

D6940 Stress breaker.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794

- Replacement is limited to 1 of any of these procedures per 10 year(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
- Benefits will not be considered if procedure D2390, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Replacement is limited to 1 of any of these procedures per 10 year(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
- Benefits will not be considered if procedure D2390, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Replacement is limited to 1 of any of these procedures per 10 year(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
- Benefits will not be considered if procedure D2390, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252

- Replacement is limited to 1 of any of these procedures per 10 year(s).
- D5211, D5212, D5213, D5214, D5225, D5226, D5281, D6010, D6040, D6050, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6094

- Replacement is limited to 1 of any of these procedures per 10 year(s).
- D5211, D5212, D5213, D5214, D5225, D5226, D5281, D6194, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6194

- Replacement is limited to 1 of any of these procedures per 10 year(s).
- D5211, D5212, D5213, D5214, D5225, D5226, D5281, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

CAST POST AND CORE FOR PARTIALS

D6970 Post and core in addition to fixed partial denture retainer, indirectly fabricated.

D6972 Prefabricated post and core in addition to fixed partial denture retainer.

SURGICAL EXTRACTIONS

D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth.

D7220 Removal of impacted tooth - soft tissue.

D7230 Removal of impacted tooth - partially bony.
D7240 Removal of impacted tooth - completely bony.
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications.
D7250 Surgical removal of residual tooth roots (cutting procedure).

BONE AUGMENTATION

D7950 Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report.
D7951 Sinus augmentation with bone or bone substitutes.
D7953 Bone replacement graft for ridge preservation - per site.

BONE AUGMENTATION: D7950, D7951, D7953

- Each quadrant is limited to 1 of any of these procedures per 5 year(s).
- Coverage of D7950, D7951 and D7953 is limited to the treatment and placement of endosteal implants D6010, D6040 eposteal implant or D6050 transosteal implant.

APPLIANCE THERAPY

D8210 Removable appliance therapy.
D8220 Fixed appliance therapy.

APPLIANCE THERAPY: D8210, D8220

- Coverage is limited to the correction of thumb-sucking.

ANESTHESIA-GENERAL/IV

D9220 Deep sedation/general anesthesia - first 30 minutes.
D9221 Deep sedation/general anesthesia - each additional 15 minutes.
D9241 Intravenous conscious sedation/analgesia - first 30 minutes.
D9242 Intravenous conscious sedation/analgesia - each additional 15 minutes.

GENERAL ANESTHESIA: D9220, D9221, D9241, D9242

- Coverage is only available with a cutting procedure. Verification of the dentist's anesthesia permit and a copy of the anesthesia report is required. A maximum of two additional units (D9221 or D9242) will be considered.