

## Dental Benefits

Only Unit I employees and dependents are eligible for dental benefits

**By selecting an in-network dental provider your out-of-pocket costs will be lower since the providers have agreed to offer their services at discounted rates. This means you will pay a percentage of a lower cost.**

Service	Benefits Payable
Calendar year maximum payable for Coverages A, B and C combined	\$3,000 per person, except that this limit does not apply to Coverage A for dependent children under age 19.
<b>Coverage A:</b> routine exams, prophylaxis, fluoride treatment and x-rays– each service allowed twice per calendar year regardless of the amount of time between services	Plan covers 100% of allowable charge. Dependent children under age 19 are limited to two exams and one set of x-rays per calendar year with no annual dollar limit.
<b>Coverage B:</b> restorative, basic dental care and periodontics, (veneers must be preauthorized)	Plan covers 80% of allowable charge.
<b>Coverage C:</b> crowns, bridges and dentures (partials and complete), but replacements are covered if not less than 5 years after the crown, bridge or denture was last installed	Plan covers 50% of allowable charge.
Orthodontia for children through age 18 only (must be banded prior to 19th birthday)	Plan covers 80% of allowable charge up to \$2,000 lifetime maximum.

<b>Clinical Oral Examinations</b>	<b>Frequency</b>	<b>Benefits Payable</b>
D0120 PERIODIC ORAL EVAL	TWICE PER YEAR	100%
D0130 EMERGENCY ORAL EVAL		80%
D0132 EMERGENCY AFTER HOURS		80%
D0135 POST OP EVAL		80%
D0140 LIMITED ORAL EVAL		80%
D0145 ORAL EVAL FOR CHILD	TWICE PER YEAR	100%
D0150 COMPREH ORAL EVAL		80%
D0160 EXTEN ORAL EVAL		80%
D0170 RE-EVALUATION		80%
D0171 RE-EVALUATION		80%
D0180 COMP PERIOD EVAL		80%
D0190 SCREENING OF PATIENT		100%
D0191 ASSESSMENT OF PATIENT		80%
<b>Radiographs</b>		
D0210 INTRAORAL COMPLETE-FULL MOUTH XRAY	ONCE PER YEAR	100%
D0220 INTRA - PERI 1ST FLM	DO NOT APPLY TO VISIT LIMIT	100%
D0230 INTRA-PERI ADDTL FLM		100%
D0240 INTRA-OCCLUSAL FLM		100%
D0250 EXTRA 1ST FLM		100%
D0270 BITEWING-SINGLE FLM	DO NOT APPLY TO VISIT LIMIT	100%

D0272 BITEWING-TWO FLMS	APPLIES TO VISIT LIMIT	100%
D0273 BITEWINGS-THREE FILMS		100%
D0274 BITEWING-FOUR FLM		100%
D0277 VERT BITE-7 TO 8 FLM		100%
D0290 POST-ANT/LAT SKULL		100%
D0310 SIALOGRAPHY		100%
D0315 SIALOGRAPHY		100%
D0320 TMJ ARTHROGRAM		80%
D0321 OTHER TMJ FILMS		80%
D0322 TOMOGRAPHIC SURVEY		80%
D0330 PANORAMIC FILM		100%
D0340 CEPHALOMETRIC FILM		100%
D0350 ORA;/FACIAL IMAGES		80%
D0351 3D PHOTOGRAPHIC IMAGE		80%
D0360 CONE BEAM CT		80%
D0362 CONE BEAM TWO DEMINS		80%
D0363 CONE BEAM THREE DEMINS		80%
D0364 CONE BEAM CT LESS THAN WHOLE JAW		80%
D0365 CONE BEAM FULL ARCH MAND		80%
D0366 CONE BEAM FULL ARCH MAX		80%
D0367 CONE BEAM BOTH JAWS W/O CRAN		80%
D0368 CONE BEAM TMJ SERIES 2 OR MORE		80%
D0369 MAXILLOFACIAL MRI		80%
D0370 MAXILLOFACIAL U/S		80%

D0371 SIALOENDOSCOPY		80%
D0380 CONE BEAM CT		80%
D0381 CONE BEAM MAND		80%
D0382 CONE BEAM MAXIL		80%
D0383 CONE BEAM BOTH JOAS		80%
D0384 CONE BEAM TMJ SERIES		80%
D0385 MAXILLOFACIAL MRI		80%
D0386 MAXILLOFACIAL U/S		80%
D0391 INTERPRET IMAGE		80%
D0393 TREATMENT SIMULATION 3D		80%
D0394 DIGITAL SUBTRACT TWO OR MORE		80%
D0395 FUSION 2 OR MORE 3D		80%
<b>Tests and Laboratory Examinations</b>		
D0415 BACTERIOLOGIC STUDY		80%
D0416 VIRAL CULTURE		
D0417 COLLECT & PREP SALIVA SAMP		
D0418 ANALYSIS OF SALIVA SAMPLE		
D0425 CARIES SUSCEPT TESTS		80%
D0431 VISILITE		NON COVERED
D0460 PULP VITALITY TESTS		80%
D0470 DIAGNOSTIC CASTS		80%
D0471 DIAGNOSTIC PHOTOS		80%
D0472 ACCESS TISSUE PREP		80%
D0473 ACCESS TISSUE EXAM		80%

D0474 ACCESS TISSUE EXAM		80%
D0475 DECALCIFICATION PROCEDURE		
D0476 SPEC STAINS FOR MICRO		
D0477 SPEC STAINS NOT FOR MICRO		
D0478 IMMUNOOHISTOCHEMICAL STAINS		
D0479 TISSUE IN-SITU HYBRIDIZATION		
D0480 PROC/INTERP CYT SMRS		80%
D0481 ELECTRON MICROSCOPY DIAGN		
D0482 DIRECT IMMUNOFLORESCENCE		
D0483 INDIRECT IMMUNOFLORESCENCE		
D0484 CONSULT SLIDES PREP ELSWHERE		
D0485 CONSULT INC PREP OF SLIDES		
D0486 ACCESSION OF TRANS CYTO SAMPLE		
D0501 HISTOPATHOLOGIC EXM		80%
D0502 OTH ORAL PATH PROC		80%
D0601 CARIES RISK ASSESSMENT LOW		80%
D0602 CARIES RISK ASSESSMENT MOD		80%

D0603 CARIES RISK ASSESSMENT HIGH		80%
D0999 UNSP DIAG PROC		100%
<b>Dental Prophylaxis</b>		
D1110 PROPHY - ADULT	TWICE PER YEAR	100%
D1120 PROPHY - CHILD	TWICE PER YEAR	100%
<b>Fluoride Treatments</b>		
D1201 FLUOR W/PROPHY		100%
D1203 FLUOR W/O PROPHY		100%
D1204 FLUOR W/O PROPHY		100%
D1205 FLUOR W/PROPHY		100%
D1206 FLUOR/VARNISH		100%
D1208 FLUOR/VARNISH		100%
D1310 NUTRIT COUNSEL		NOT COVERED
D1320 TOBACCO COUNSEL		NOT COVERED
D1330 ORAL HYGIENE		NOT COVERED
D1351 SEALANT-PER TOOTH		80%
D1352 Sealant-		80%
D1353 SEALANT REPAIR- PER TOOTH		80%
D1354 SILVER DIAMINE FLUORIDE		80%
D1510 SPACE MAINT-UNILATER		80%
D1516- SPACE MAINTAINER-FIXED- BILATERAL, MACILLARY	ADDED 1/1/19	80%
D1517- SPACE MAINTAINER-FIXED- BILATERAL, MANDIBULAR	ADDED 1/1/19	80%
D1520 SPACE MAIN-REM UNIL		80%

D1526- SPACE MAINTAINER- REMOVABLE- BILATERAL, MAXILLARY	ADDED 1/1/19	80%
D1527- SPACE MAINTAINER- REMOVABLE- BILATERAL, MANDIBULAR	ADDED 1/1/19	80%
D1550 RECEMENT SPACE MAIN		80%
D1555 REMOVAL OF SPACE MAIN		80%
<b>Restorations</b>		
D2110 AMALGAM-ONE SRF		80%
D2120 AMALGAM-TWO SRF		80%
D2130 AMALGAM-THREE SRF		80%
D2131 AMALGAM-FOUR SRF		80%
D2140 AMALGAM-ONE SRG		80%
D2150 AMALGAM-TWO SRF		80%
D2160 AMALGAM-THREE SRF		80%
D2161 AMALGAM-FOUR> SRF		80%
<b>Silicate Restorations</b>		
D2210 SILCATE CEMENT		80%
<b>Filled/Unfilled Resin Restorations</b>		
D2330 RES COMP-ONE SRF		80%
D2331 RES COMP-TWO SRF		80%
D2332 RES COMP-THREE SRF		80%
D2335 RES COMP-FOUR > SRF		80%
D2336 COMP RES CROWN		80%
D2337 RES COMP CROWN		80%
D2380 RES ONE SRF POST		80%
D2381 RES TWO SRF POST		80%

D2382 RES-THREE SRF PRIM		80%
D2385 RES ONE SRF PST PERM		80%
D2386 RES TWO SRF PST PERM		80%
D2387 RES 3 SRF POST PERM		80%
D2388 RES COMP 4 OR M		80%
D2390 RES COMP CROWN ANT		80%
D2391 RES 1 SRF POST		80%
D2392 RES 2 SRF POST		80%
D2393 RES 3 SRF POST		80%
D2394 RES 4 OR M SRF POST		80%
<b>Gold Restorations</b>		
D2410 GOLD FOIL 1 SRF		80%
D2420 GOLD FOIL 2 SRF		80%
D2430 GOLD FOIL 3 SRF		80%
<b>Inlay Restorations</b>		
D2510 INLAY METAL 1 SRF		80%
D2520 INLAY METAL 2 SRF		80%
D2530 INLAY METAL 3 OR M		80%
D2542 ONLAY MET 2 SRF		80%
D2543 ONLAY METAL 3 SRF		80%
D2544 ONLAY METAL 4 OR M		80%
D2610 INLAY PORC 1 SRF		80%
D2620 INLAY PORC 2 SRF		80%
D2630 INLAY PORC 3 OR M		80%
D2642 ONLAY PORC 2 SRF		80%
D2643 ONLAY PORC 3 SRF		80%
D2644 ONLAY PORC 4 OR M		80%
D2650 INLAY COMP 1 SRF		80%
D2651 INLAY COMP 2 SRF		80%
D2652 INLAY COMP 3 OR M		80%



D2662 ONLAY COMP 2 SRF		80%
D2663 ONLAY COMP 3 SRF		80%
D2664 ONLAY COMP 4 OR M		80%
<b>Crowns Single Restorations Only</b>		
D2710 CROWN - RESIN	EVERY FIVE YEAR	50%
D2712 CROWN - RESIN	EVERY FIVE YEAR	50%
D2720 CROWN - RESIN W/HNM	EVERY FIVE YEAR	50%
D2721 CROWN-RESIN PBM	EVERY FIVE YEAR	50%
D2722 CROWN-RESIN W/NM	EVERY FIVE YEAR	50%
D2740 CROWN - PORC/CERAM	EVERY FIVE YEAR	50%
D2750 CROWN PORC FUSE HNM	EVERY FIVE YEAR	50%
D2751 CROWN PORC FUSE PBM	EVERY FIVE YEAR	50%
D2752 CROWN PORC FUSE NM	EVERY FIVE YEAR	50%
D2780 CROWN 3/4 HNM	EVERY FIVE YEAR	50%
D2781 CROWN 3/4 PBM	EVERY FIVE YEAR	50%
D2782 CROWN 3/4 NOBLE MTL	EVERY FIVE YEAR	50%
D2783 CROWN 3/4 PORC/CERAM	EVERY FIVE YEAR	50%
D2790 CROWN-FL CST HNM	EVERY FIVE YEAR	50%
D2791 CROWN-FL CST PBM	EVERY FIVE YEAR	50%
D2792 CROWN-CL CST NBL MTL	EVERY FIVE YEAR	50%
D2794 CROWN	EVERY FIVE YEAR	50%
D2799 PROVISIONAL CROWN		80%
D2810 CROWN 3/4 CAST METAL	EVERY FIVE YEAR	50%

D2910 RECEMENT INLAY		80%
D2915 RECEMENT		80%
D2920 RECEMENT CROWN		80%
D2921 REATTACHEMENT TOOTH FRAGMENT		80%
D2929 PREFAB PRCELAIN/CERMIC CROWN		80%
D2930 PREFAB SSC PRIM		80%
D2931 PREFAB SSC PERM		80%
D2932 PREFAB RESIN CROWN		80%
D2933 PREFAB SSC W/RESIN		80%
D2934 PREFAB CROWN		80%
D2940 SEDATIVE FILLING		80%
D2941 INTERIM THERAPEUTIC RESTORATION		80%
D2949 RESTORATIVE FOUNDATION INDIRECT		80%
D2950 CORE BUILDUP INC PIN		80%
D2951 PIN RETENTION		80%
D2952 CAST POR & CORE		80%
D2953 EACH ADDTL CAST POST		80%
D2954 PREFAB POST & CORE		80%
D2955 POST REMOVAL		80%
D2957 ADDTL PREFAB POST		80%
D2960 LABIAL VENEER		80%
D2961 LABIAL VENEER-LAB		80%
D2962 LABIAL VENEER PORC		80%
D2971 PROC TO CONST		80%
D2975 COPING		80%
D2980 CROWN REPAIR		80%
D2981 INLAY REPAIR		80%
D2982 ONLAY REPAIR		80%

D2983 VENEER REPAIR		80%
D2990 RESIN INFILTRATION		
D2999 UNSPEC RESTOR PROC		80%
<b>Pulp Capping</b>		
D3110 PULP CAP - DIRECT		80%
D3120 PULP CAP - INDIRECT		80%
<b>Pulpotomy (Excluding Restoration)</b>		
D3220 THERAP PULPOTOMY		80%
D3221 PULPAL DEBRIDEMENT		80%
D3222 PART PULP FOR APEXOGENESIS		80%
D3230 PULPAL THERAPY ANT		80%
D3240 PULPAL THERAPY POST		80%
D3310 ANTERIOR		80%
D3320 BICUSPID		80%
D3330 MOLAR		80%
D3331 TREAT ROOT CANAL OBS		80%
D3332 INCOMP ENDODONTIC		80%
D3333 INTERNAL ROOT REPAIR		80%
D3346 RETRT PREV RT CNL AN		80%
D3347 RETRT PRV RT CNL BIC		80%
D3348 RETRT PRV RT CNL MOL		80%
D3350 APEXIFICATION		80%
D3351 APEXIFICATION INT VT		80%
D3352 APEXIFIC INTERIM MED		80%
D3353 APEXIFIC FINAL VISIT		80%

D3354 PULPAL REGENERATION W/O FINAL		80%
D3355 PULPAL REGENERATION- INITIAL VISIT		80%
D3356 PULPAL REGENERATION INTERIM MEDI		80%
D3357 PULPAL REGENERATION COMPLETION TX		80%
<b>Periapical Services</b>		
D3410 APIC/PERIAD ANTER		80%
D3421 APIC/PERIRAD BIC		80%
D3425 APIC/PERIRAD MOLAR		80%
D3426 APIC/PERIRAD SURGERY		80%
D3427 PERIRADICALULAR SURGERY W/O API		80%
D3428 BONE GRAFT CONJ PERIRADICULAR SURG		80%
D3429 BONE GRAFT CONJ PERIRAD SURG EA ADD		80%
D3430 RETROGRADE FILLING		80%
D3431 BIOLOGIC MATERIALS TO AID TISSUE		80%
D3432 GUIDED TISSUE REGENERATION		80%
D3450 ROOT AMPUTATION		80%
D3460 ENDODONTIC ENDOSS		80%
D3470 INTENTIONAL REIMPLAN		80%
<b>Other Endodontic Services</b>		

D3910 SRGL PROC ISOL TOOTH		80%
D3920 HEMISECTION		80%
D3950 CANAL PREP & FITTING		80%
D3960 BLEACHING		80%
D3999 UNSPEC ENDODON PROC		80%
D4210 GINGVCTMY 4 OR MORE		80%
D4211 GINGVCTMY 1 TO 3 TTH		80%
D4212 GINGIVECTOMY/PLASTY RESTOR		80%
D4220 GINGIVAL CURRET/QUAD		80%
D4230 ANA CROWN EXP 4 OR> PER QUAD	4 OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT- UPDATED 1/1/19	80%
D4231 ANA CROWN EXP 1-3 PER QUAD	1-3 CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT- UPDATED 1/1/19	80%
D4240 GINGIVAL FLAP PROC		80%
D4241 GINGIVAL FLAP PROC		80%
D4245 APICALLY POSTND FLAP		80%
D4249 CLINCL CRN LENGTHG		80%
D4250 MUCOGINGIVAL / QUAD		80%
D4260 OSSEOUS SURGERY		80%
D4261 OSSEOUS SURGERY		80%
D4263 BONE GRAFT 1ST SITE		80%

D4264 BONE GRAFT ADDL SITE		80%
D4265 BIOLOGIC MTRL TO AID		80%
D4266 GUIDED TISSUE REGEN		80%
D4267 GUIDED TISSUE REGEN		80%
D4268 SURG REMOV PROC		80%
D4270 PEDICLE SOFT TISS		80%
D4271 FREE SFT TISS GRFT		80%
D4273 SUBEPITHIAL CONN TIS		80%
D4274 DISTAL OR PROXIMAL		80%
D4275 SFT TISSUE ALLOGRAFT		80%
D4276 COMB CONN TISSUE		80%
D4277 FREE SOFT TISSUE GRAFT		80%
D4278 FREE SOFT TISSUE GRAFT, EACH ADDTN		
<b>Adjunctive Periodontal Services</b>		
D4320 PROV SPLNTG INTRACOR		80%
D4321 PROV SPLNTG EXTRACOR		80%
D4341 PERIO SCLG-4 OR MORE		80%
D4342 PERIO SCLG-1 TO 3		80%
D4346 SCALING IN PRESENCE OF GINGIVAL INFLMTN		80%

D4355 FULL MTH DEBRIDEMNT		80%
D4381 LOCAL DEL CHEMO AGNT		80%
D4410 PERIO CHARTING		80%
<b>Other Periodontic Services</b>		
D4910 PERIO MAINTENANCE		80%
D4920 UNSCH DRESSG CHNG		80%
D4999 UNSP PERIO PROC	NEED RECORDS	80%
<b>Complete Dentures</b>		
D5110 COMP DENTURE-MAXIL	EVERY FIVE YEARS	50%
D5120 COMP DENTURE-MANDIB	EVERY FIVE YEARS	50%
D5130 IMMED DNTR-MAXIL	EVERY FIVE YEARS	50%
D5140 IMMED DNTR-MANDIB	EVERY FIVE YEARS	50%
<b>Partial Dentures (EVERY FIVE YEARS)</b>		
D5211 MAXIL PRTL DENTURE	MAXIL PRTL DENTURE- RESIN BASE ( INCLUDING RETENTIVE/ CLASPING MATERIALS, RESTS AND TEETH)- REVISED 1/1/19	50%
D5212 MANDIB PRTL DENTURE	MANDIB PRTL DENTURE- RESIN BASE ( INCLUDING RETENTIVE/ CLASPING MATERIALS, RESTS AND TEETH)- REVISED 1/1/19	50%
D5213 MAXIL PRTL DENTURE	MAXIL PRTL DENTURE	50%
D5214 MANDIB PRTL DENTURE	MANFIB PRTL DENTURE	50%

D5221	MAXIL PRTL DENTURE		50%
D5222	MANDIB PRTL DENTURE		50%
D5225	MANDIB PRTL DENTURE	MAXIL FLEXIBLE BASE	50%
D5226	MAXIL PRTL DENTURE	MANDIB FLEXIBLE BASE	50%
D5282-	REMV UNILATERAL PARTIAL DENTURE	ONE PIECE CAST METAL ( INCLUDING CLASPS AND TEETH), MAXILLARY- ADDED 1/1/19	50%
D5283 -	REMV UNILATERAL PARTIAL DENTURE	ONE PIECE CAST METAL ( INCLUDING CLASPS AND TEETH), MANDIBULAR- ADDED 1/1/19	50%
<b>Adjustments to Dentures</b>			
D5410	ADJ COMP DNTR-MAXIL		80%
D5411	ADJ COMP DNTR-MANDIB		80%
D5421	ADJ PRTL DNTR-MAXIL		80%
D5422	ADJ PRTL DNTR-MANDIB		80%
D5510	REP BRKN COMP DNTR		80%
D5520	REP MSNG/BKN TTH-DNT		80%
<b>Repairs to Partial Dentures</b>			80%
D5610	REP RESIN DNTR BASE		80%
D5620	REP CAST FRAMEWORK		80%



D5630 REPR/REPLC BRKN RETENTIVE/ CLASPING MATERIALS- PER TOOTH	REVISED 1/1/19	80%
D5640 REPLACE BROKEN TEETH		80%
D5650 ADD TOOTH/EXST PRTL		80%
D5660 ADD CLASP EXST PRTL		80%
D5670 REPL ALL TTH & ACRYL		80%
D5671 REPL ALL TTH & ACRYL		80%
D5710 REBASE COMP MAXIL		80%
D5711 REBASE COMP MANDIB		80%
D5720 RBS MAXIL PRTL DNTR		80%
D5721 RBS MANDIB PRTL DNTR		
<b>Denture Reline Procedures</b>		
D5730 RLN COMP MAXIL DNTR		80%
D5731 RLN COMP MANDIB DNTR		80%
D5740 RLN MAXIL PRTL DNTR		80%
D5741 RLN MANDIB PRTL DNTR		80%
D5750 RLN COMP MAXIL DNTR		80%
D5751 RLN COMP MANDIB DNTR		80%
D5760 RLN MAXIL PRTL DNTR		80%
D5761 RLN MANDIB PRTL DNTR		80%
<b>Other Removable Prosthetic Services</b>		

D5810 INTERIM COMP-MAXIL		80%
D5811 INTERIM COMP-MANDIB		80%
D5820 INTERIM PRTL-MAXIL		80%
D5821 INTERIM PRTL-MANDIB		80%
D5850 TISSUE CONDTNG-MAXIL		80%
D5851 TISSUE CONDTNG-MANDB		80%
D5860 OVERDENTURE-COMP		50%
D5861 OVERDENTRE-PARTIAL		50%
D5862 PRECISION ATTACH		80%
D5863 OVERDENTURE-COMLETE MAX		50%
D5864 OVERDENTURE-PARITAL MAX		50%
D5865 OVERDENTURE-COMLETE MAND		50%
D5866 OVERDENTURE-PARITAL MAND		50%
D5867 REPL OR REPLACB PRT		80%
D5875 MOD OF RMB PROSTH		80%
D5876- ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH)	ADDED 1/1/19	80%
D5899 UNSPEC REMB PRSTH PR		80%
D5931 OBTURATOR PRSTH-SRGL		80%
D5932 OBTURATOR PRSTH-DEFN		80%
D5933 OBTURATOR PRSTH-MODF		80%

D5934 MANDIB RESCT W/GUIDE		80%
D5935 MANDIB RSCT W/OGUIDE		80%
D5936 OBTURATR PRSTH-INTRM		80%
D5937 TRISMUS APPLIANCE		80%
D5951 FEEDING AID		80%
D5952 SPEECH AID PROST-PED		80%
D5953 SPEECH AID PROST-ADL		80%
D5954 PALATAL AUGMNT PRSTH		80%
D5955 PALATAL LFT PRSTH DF		80%
D5958 PALATAL LFT PRSTH IN		80%
D5959 PALATAL LFT PRSTH MD		80%
D5960 SPEECH AID PRSTH-MOD		80%
D5982 SURGICAL STENT		80%
D5983 RADIATION CARRIER		80%
D5984 RADIATION SHIELD		80%
D5985 RADIATION CONE LCTR		80%
D5986 FLUORIDE GEL CARRIER		80%
D5987 COMMISSURE SPLINT		80%
D5988 SURGICAL SPLINT		80%
D5991 VESICULOBULLOUS MEDICAMENT CARRIER		NOT COVERED
D5992 MAXILLOFACIAL PROSTHESIS, ADJ		80%

D5993 MAXILLOFACIAL PROSTHESIS, MAIN		80%
D5994 PERIODONTAL MEDICAMENT CARRIER		NOT COVERED
D5999 UNSPEC MAXIL PROSTH		50%
D6010 SRGCL PLACEMENT IMP		80%
D6011 SECOND STAGE IMPLANT SURG		80%
D6012 ENDOSTEAL IMPLANT		80%
D6013 SURGICAL PLACEMENT MINI IMPLANT		80%
D6020 ABTMNT PLACEMNT		80%
D6040 SRG PLCMNT EPOSTEAL		80%
D6050 SRGC PLCMNT TRANSOS		80%
D6051 INTERIM ABUTMENT		80%
D6052 SEMI-RECISION ATTACHMENT ABUTMNT		80%
D6055 DNT IMP SUPPORT		80%
D6056 PREFAB ABTMNT		80%
D6057 CUSTOM ABTMNT		80%
D6058 ABTMNT PORC/CERAM CR	EVERY FIVE YEARS	50%
D6059 ABTMNT PORC FUSE MTL	EVERY FIVE YEARS	50%
D6060 ABTMNT PORC MTL CRN	EVERY FIVE YEARS	50%
D6061 ABTMNT PORC MTL CRWN	EVERY FIVE YEARS	50%
D6062 ABTMNT CST MTL CROWN	EVERY FIVE YEARS	50%

D6063 ABTMNT CST MTL CROWN	EVERY FIVE YEARS	50%
D6064 ABTMNT CST MTL CROWN	EVERY FIVE YEARS	50%
D6065 IMP CROWN PORC/CERAM	EVERY FIVE YEARS	50%
D6066 IMP PORC FSD MTL CRN		50%
D6067 IMP MTL CROWN		50%
D6068 ABTMNT RETNR PORC/CM		50%
D6069 ABTMNT RETNR PORC FD		50%
D6070 ABTMNT RETR PORC FD		50%
D6071 ABTMNT RETR PORC FD		50%
D6072 ABTMNT RETR CST MTL		50%
D6073 ABTMNT RETR CST MTL		50%
D6074 ABTMNT RETR CST MTL		50%
D6075 IMPLANT RETNR CERAM		50%
D6076 IMPLANT RETNR PORCE		50%
D6077 IMPLANT RETNR CST MT		50%
D6080 IMP MAINT PROC/REML		50%
D6090 REPAIR IMP PROSTHES		80%
D6091 REPL SEMI-PRECISION ATTACH		80%
D6092 RECENTN SUPP CROWN		80%

D6093 RECEMENT SUPP PART DENTURE		80%
D6094 CROWN		50%
D6095 REP IMP ABTMNT	TITANIUM	80%
D6100 IMPLANT REMOVAL		80%
D6101 DEBRIDE/CLEAN PERIIMPL DEFECT		80%
D6102 DEBRIDE/CONTOUR PERIIMPLANT DEF		
D6103 GRAFT REPAIR PERIIMPLANT DEF		80%
D6104 BONE GRAFT, TIME OF IMPLANT PLACEMENT		80%
D6110 IMPLANT/ABUTMENT SUPPORTED REMOVABLE MAXILLARY		50%
D6111 IMPLANT/ABUTMENT SUPPORTED REMOVABLE MANDIBULAR		50%
D6112 IMPLANT/ABUTMENT SUPPORTED REMOVABLE MAXILLARY		50%
D6113 IMPLANT/ABUTMENT SUPPORTED REMOVABLE MANDIBULAR		50%
D6114 IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE MAXILLARY		50%
D6115 IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE MANDIBULAR		50%
D6116 IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE MAXILLARY		50%

D6117 IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE MANDIBULAR		50%
D6190 RADIOGRAPH/SURG INDEX		80%
D6194 ABT SPT CROWNFOR FD		50%
D6199 UNSPEC IMPLNT PROC	CROWN FOR FPD	80%
<b>Bridges-Pontics</b>		
D6505 PONTIC-INDIRECT RESIN BASED		50%
D6210 PONTIC-CST HIGH NBLE		50%
D6211 PONTIC-CST PREDOM		50%
D6212 PONTIC-CAST NOBLE		50%
D6214 PONTIC TITANIUM		50%
D6240 PONTIC-PORC FSD HNM		50%
D6241 PONTIC-PORC FSD PBM		50%
D6242 PONTIC-PORC FSD NM		50%
D6245 PONTIC-PORC/CERAM		50%
D6250 PONTIC-RSN W/HNM		50%
D6251 PONTIC-RSN W/PBM		50%
D6252 PONTIC-RSN W/NM		50%
D6253 PROVISIONAL PONTIC		50%
D6954 INTERIM PONTIC		
<b>Retainers</b>		
D6519 IN/ONLAY-PORC/CERAM		50%
D6520 INLAY-MTLC-2 SRF		50%

D6530 INLAY-MTLC-3 OR MORE		50%
D6540 INLAY MTLC ONLAY CSP		50%
D6543 ONLAY-MTLC 3 SRF		50%
D6544 ONLAY-MTLC-4 OR MORE		50%
D6545 RTNR-CST MTL RSN BND		50%
D6548 RTNR-PORC/CERA RSN		50%
D6549 RESIN RETAINER-FOR RESIN BONDED FIXED PROSTHESIS		50%
D6600 INLAY-PORC/CERA-2 SR		50%
D6601 INLAY-PORC/CERA-3/MO		50%
D6602 INLAY-CST HNM-2 SRF		50%
D6603 INLAY-CST HNM-3/MO		50%
D6604 INLAY-CST PBM-2 SRF		50%
D6605 INLAY-CST PBM-3/MO		50%
D6606 INLAY-CST NM-2 SRF		50%
D6607 INLAY-CST NM-3 OR MO		50%
D6608 ONLAY-PORC/CERA-2 SF		50%
D6609 ONLAY-PORC/CERA-3/MO		50%
D6610 ONLAY-CST HNM-2 SRF		50%
D6611 ONLAY-CST HNM-3/MO		50%
D6612 ONLAY-CST PBM-2 SRF		50%
D6613 ONLAY-CST PBM-3/MO		50%
D6614 ONLAY-CST NM-2 SRF		50%
D6615 ONLAY-CST NM-3/MO		50%



D6624 INLAY TITANIUM		50%
D6634 ONLAY TITANIUM		50%
<b>Bridge Retainers-Crown</b>		
D6710 CROWN RESIN BASED COMP.	EVERY FIVE YEARS	50%
D6720 CROWN-RSN W/HNM	EVERY FIVE YEARS	50%
D6721 CROWN-RSN PBM	EVERY FIVE YEARS	50%
D6722 CROWN-RSN NM	EVERY FIVE YEARS	50%
D6740 CROWN-PORC/CERAM	EVERY FIVE YEARS	50%
D6750 CROWN-PORC FSD HNM	EVERY FIVE YEARS	50%
D6751 CROWN-PORC FSD PBM	EVERY FIVE YEARS	50%
D6752 CROWN-PORC FSD NM	EVERY FIVE YEARS	50%
D6780 CROWN-3/4 CST HNM	EVERY FIVE YEARS	50%
D6781 CROWN-3/4 CST PBM	EVERY FIVE YEARS	50%
D6782 CROWN-3/4 CST NM	EVERY FIVE YEARS	50%
D6783 CROWN-3/4 PORC/CERAM	EVERY FIVE YEARS	50%
D6790 CROWN-FL CST HNM	EVERY FIVE YEARS	50%
D6791 CROWN-FL CST PBM	EVERY FIVE YEARS	50%
D6792 CROWN-FL CST NM	EVERY FIVE YEARS	50%
D6793 PROV RETAINER CRWN	EVERY FIVE YEARS	50%
D6794 CRONW TITANIUM	EVERY FIVE YEARS	50%
D6795 INTERIM RETAINER CROWN		
D6830 RECEMENT BRIDGE		80%
<b>Other Fixed Prosthetic Services</b>		
D6920 CONNECTOR BAR		80%
D6930 RECMNT FXD PRTL DNTR		80%

D6940 STRESS BREAKER		80%
D6950 PRECISION ATTACHMNT		80%
D6970 CST POST/CORE		80%
D6971 CST POST FXD PRTL DN		80%
D6972 PREFAB POST/CORE		80%
D6973 CORE BUILD UP		80%
D6976 EACH ADDTL CAST POST		80%
D6977 EACH ADDTL PREFB PST		80%
D6980 FXD PRTL DNTR REPAIR		80%
D6985 PEDIA PRTL DNTR-FXD		50%
D6999 UNSPEC FXD PROSTH PC		50%
<b>Extractions</b>		
D7110 SINGLE TOOTH		80%
D7111 CORONIAL REMN-DECID		80%
D7120 EA ADDTL TOOTH		80%
D7130 ROOT REMOVAL-EXPOSE		80%
D7140 EXTRAC-ERUPT OR EXPD		80%
<b>Surgical Extractions</b>		
D7210 SRG RMVL ERUPTED		80%
D7220 RMVL IMP TOOTH-SOFT		80%
D7230 RMVL IMP TOOTH-PRTL		80%

D7240 RMVL IMP TOOTH-COMP		80%
D7241 RMVL IMP TOOTH-CMP		80%
D7250 SRGL RMVL RESID TTH		80%
D7251 CORONECTOMY-PARTIAL TOOTH REMOVAL		80%
<b>Other Surgical Procedures</b>		
D7260 OROANTRAL FISTULA		80%
D7261 PRIMARY CLSR SNS PER		80%
D7270 TOOTH REIMPLANT		80%
D7272 TOOTH TRANSPLANT		80%
D7280 SRGCL ACCESS UNERUPT		80%
D7281 SRGCL EXPSR IMP/UNER		80%
D7282 MOBILIZTN ERPT/MALPS		80%
D7283 DEVICE TO FACILITATE ERUP.	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH. - REVISED 1/1/19	80%
D7285 BPSY ORAL TISSUE-HRD		80%
D7286 BPSY ORAL TISSUE-SFT		80%
D7287 CYTOLOGY SMPL COLLEC		80%
D7288 BRUSH BIOPSY		80%
D7290 SRGCL RPSTNG TEETH		80%
D7291 TRANSSEPTAL FIBEROTO		80%
D7292 SURG PLCMNT TEMP		80%

D7293 SURG PLCMNT TEMP		80%
D7294 SURG PLCMNT TEMP		80%
D7295 HARVEST BOEN AUTOGENOUS GRAFT PX		
<b>Alveoplasty-Surg Prep for Dentures</b>		
D7310 ALVEOPLASTY W/EXTRAC		80%
D7311 ALVEOPLASTY W/EXTRAC		80%
D7320 ALVEOPLASTY W/O EXTR		80%
D7321 ALVEOLOPLASTY NOT W/EXTRACTS		80%
D7340 VESTIBULOPLASTY		80%
D7350 VESTIBUL-RDG EXT SFT		80%
<b>Surgical Excision Reactive Lesions</b>		
D7410 EXC BENGN LES <1.25		80%
D7411 EXC BGN LSN >1.25		80%
D7412 EXC BGN LSN COMPLIC		80%
D7413 EXC MLGNT LSN <1.25		80%
D7414 EXC MLGNT LSN >1.25		80%
D7415 EXC MLGNT LSN COMPLC		80%
D7420 RAD EXC-LSN OVR 1.25		80%
D7430 EXC BGN TMR LSN-1.25		80%

D7431 EXC BGN TMR-OVR 1.25		80%
D7440 EXC MLGNT TMR-UP TO		80%
D7441 EXC MLGNT TMR-GRTR		80%
D7450 RMVL BNG ODONT CYST		80%
D7451 RMVL NGN ODONT CYSTD7460		80%
D7460 RMVL BGN NONODONTOGN		80%
D7461 RMVL BGN NONODONTOGN		80%
D7465 DSTRC LSN PHYS/CHEM		80%
<b>Excision of Bone Tissue</b>		
D7470 RMVE EXOSTOSIS MAXIL		80%
D7471 RMVL LAT EXOSTOSIS		80%
D7472 RMVL TORUS PALATINUS		80%
D7473 RMVL TORUS MANDULARI		80%
D7480 PARTIAL OSTECTOMY		80%
D7485 SRGCL REDUC OSSEOUS		80%
D7490 RAD RESECT MAND BONE		80%
<b>Surgical Incision</b>		
D7510 INC/DRNG ABSCS-INTRA		80%

D7511 UBCUSION/DRAIN ABSS		80%
D7520 INC/DRNG ABSC-EXTRA		80%
D7521 INCISION/DRAIN ABSCESS EXTRA		80%
D7530 RMVL FOREGN BODY		80%
D7540 RMVL REAC PROD FORGN		80%
D7550 PRTL OSTECT/SEQUESTR		80%
D7560 MAXIL SINUSOTOMY		80%
D7610 MAXIL-OPEN REDUCTN		80%
D7620 MAXIL-CLOSED REDUCT		80%
D7630 MAND-OPEN REDUCT		80%
D7640 MAND-CLOSED REDUCT		80%
D7650 MALAR &/OR ZYGO OPEN		80%
D7660 MALAR &/OR ZYGO CLSD		80%
D7670 ALVEOLUS-CLSD REDUCT		80%
D7671 ALVEOLUS-OPEN REDUCT		80%
D7680 FACIAL BONES-COMP RD		80%
D7710 MAXILLA-OPEN REDUCT		80%
D7720 MAXILLA-CLOSED REDCT		80%
D7730 MANDIBLE-OPEN REDCT		80%

D7740 MANDIBLE-CLSD REDCT		80%
D7750 MALOR &/OR ZYGO OPEN		80%
D7760 MALAR &/OR ZYGO CLSD		80%
D7770 ALVEOLUS-OPEN REDUCT		80%
D7771 ALVEOLUS-CLOSED REDC		80%
D7780 FACIAL BONES-COMP RD		80%
<b>TMJ</b>		
D7810 OPEN RDCT OF DISLOCA		80%
D7820 CLSD RDCT DISLOCAT		80%
D7830 MANIP UNDER ANESTHES		80%
D7840 CONDYLECTOMY SURGICL		80%
D7850 SURGICAL DISCECTOMY		80%
D7852 DISC REPAIR		80%
D7854 SYNOVECTOMY EXC		80%
D7856 MYOTOMY CUTTING		80%
D7858 JOINT RECONSTRUCTION		80%
D7860 ARTHROTOMY		80%
D7865 ARTHROPLASTY		80%
D7870 ARTHROCENTESIS		80%
D7871 NON-ARTHROSCOPIC		80%
D7872 ARTHROSCOPY-DIAG		80%
D7873 ARTHROSCOPY-SRGCL		80%

D7874 ARTHROSCOPY-SRGCL DC		80%
D7875 ARTHROSCOPY-SRGL SYN		80%
D7876 ARTHROSCOPY-SRGL DSC		80%
D7877 ARTHROSCOPY-SRGL DBR		80%
D7880 OCCLUSAL ORTHOT DVC		80%
D7899 UNSP TMD THERAPY		80%
D7910 SUTURE RCNT SM WNDS		80%
D7911 COMP SUTURE UP TO 5		80%
D7912 COMP SUTURE >5CM		80%
D7920 SKIN GRAFT		80%
D7921 COLLECT/APPLY AUTOLOGOUS BLOOD		80%
<b>Other Repair Procedures</b>		
D7940 OSTEOPLASTY		80%
D7941 OSTEOTOMY		80%
D7942 BONE CTNG RAMUS OPEN		80%
D7943 OSTEOTOMY-MANDIB RMI		80%
D7944 OSTEOTOMTY-SEG OR SB		80%
D7945 OSTEOTOMY-BDY MANDIB		80%
D7946 LEFORT I - MAXILLA		80%
D7947 LEFORT I - MAXIL SEG		80%
D7948 LEFORT II/LEFORT III		80%
D7949 LEFORT II/III W/B GF		80%



D7950 OSSEOUS		80%
D7951 SINUS AUGMENT BONE		80%
D7953 OSSEOUS SURG		80%
D7955 RPR MAXIL SOFT/HRD		80%
D7960 FRENULECTOMY		80%
D7963 FRENULOPLASTY		80%
D7970 EXC OF HYPERPLASTIC		80%
D7971 EXC PERICOR GINGIVA		80%
D7972 SRGCL RDCTN FIB TUBR		80%
D7980 SIALOLITHOTOMY		80%
D7981 EXC SALIVARY GLAND		80%
D7982 SIALODOCHOPLASTY		80%
D7983 CLSR SALIVARY GLAND		80%
D7990 EMERG TRACHEOTOMY		80%
D7991 CORONOIDECTOMY		80%
D7995 SYNTHETIC GRAFT		80%
D7996 IMP-MAND AUGMEN PURP		80%
D7997 APPLIANCE REMOVAL		80%
D7998 INTRAORAL PLACE OF FIX DE		80%
D7999 UNSPEC ORAL SURGERY		80%
<b>Ortho</b>		
D8000 DENTITION PRIMARY		80%
D8010 LMTD ORTHO PRIMARY		80%
D8020 LMTD ORTHO TRANSIT	DOES NOT APPLY TO \$2000 ORTHO LIMIT	80%
D8030 LMTD ORTHO ADOLESCNT		80%
D8040 LMTD ORTHO ADULT		NOT COVERED

D8050 INTER ORTHO PRIMARY		80%
D8060 INTER ORTHO TRANS		80%
D8070 COMP ORTHO TRANS		80%
D8080 COMP ORTHO ADOLESC		80%
D8090 COMP ORTHO ADULT		NOT COVERED
D8210 REMOVABLE APP THERAP		80%
D8220 FIXED APPLIAN THERPY		80%
D1007 ALLOWS 2000 OCT 1 2007		
<b>Other Ortho Devices</b>		
D8660 PRE-ORTHO TREAT VIST		80%
D8670 PERIOD ORTHO VISIT		80%
D8680 ORTHODONTIC RETENTN		80%
D8690 ORTHO TREATMENT		80%
D8691 REPAIR ORTHO APPLIAN		80%
D8692 REPLACE LOST/BRKN RT		NOT COVERED
D8693 REBOND/CEMENT FIXED RETAINERS		NOT COVERED
D8694 REPAIR FIXED RETAINERS INCL REATTCH		NOT COVERED
D8999 UNSPEC ORTHO PROC	NEED RECORDS	80%
<b>Adjunctive General Services</b>		
D9110 PALLIATIVE TREATMENT		80%

D9120 FIX PARTIAL SECT		80%
<b>Anesthesia</b>		
D9210 LOCAL ANESTHESIA	Effective 7/24/14, no need to add in	80%
D9211 REG BLOCK ANESTHESIA		80%
D9212 TRIGEMINAL DIV BLCK		80%
D9215 LOCAL ANESTHESIA	Effective 7/24/14, no need to add in	80%
D9219 EVALUATION FOR MODERATE SEDATION OR GENERAL ANESTHESIA	REVISED 1/1/19	80%
D9222 DEEP SED/GENERAL ANES- FIRST 15 MIN.		80%
D9223 DEEP SED/GEN ANES 15 MINS		80%
D9230 NITROUS OXIDE		NOT COVERED
D9240 INTRAV SEDATION		80%
D9243 INT CNS SED AN EA 15 MINS		80%
D9248 NON-INT SEDATION		NOT COVERED
<b>Professional Consultation</b>		
D9310 CONSULTATION		80%
<b>Professional Visits</b>		
D9410 HOUSE/EXT CARE FAC		80%
D9420 HOSPITAL CALL		80%
D9430 OFFICE VISIT OBSERV		80%
D9440 OFFICE VISIT AFTR RE		80%
D9450 CASE PRESENTATION		80%
<b>Drugs</b>		

D9610 THERAPEUTIC DRUG INJ		80%
D9612 THERAPETIC DRUG		80%
D9613 INFILTRATION OF SUSTAINED RELEASE THERAPEUTIC DRUG- SINGLE OR MULTIPLE SITES	ADDED 1/1/19	80%
D9630 OTHER DRUGS/MEDICAM	UTIC DRUG INJ NOT A COVERED BENEFIT	NOT COVERED
<b>Misc Services</b>		
D9910 APP OF DESENSITIZING		80%
D9911 APP OF DESENSIT RSN		80%
D9920 BEHAVIOR MANAGE		NOT COVERED
D9930 TREAT OF COMPLICA		80%
D9941 FAB ATH MOUTHGUARD		NOT COVERED
D9942 REPAIR/RELINOCCLUSAL GUARD		NOT COVERED
D9944 OCCLUSAL GUARD- HARD APPLIANCE, FULL ARCH	ADDED 1/1/19	80%
D9945 OCCLUSAL GUARD- SOFT APPLIANCE, FULL ARCH	ADDED 1/1/19	80%
D9946 OCCLUSAL GUARD- HARD APPLIANCE, PARTIAL ARCH	ADDED 1/1/19	80%
D9950 OCCLUSAL ANALYSIS		80%
D9951 OCCLUSAL ADJ LIMIT		80%
D9952 OCCLUSAL ADJ COMP		80%
D9961 DUPLICATE/COPY PAT. RECORDS	ADDED 1/1/19	NOT COVERED
D9970 ENAMEL MICROABRASION		NOT COVERED

D9971 ODONTOPLASTY 1-2 TTH		80%
D9972 EXTERNL BLEACHG ARCH		NOT COVERED
D9973 EXTERNL BLEACHG TTH		NOT COVERED
D9974 INT BLEACHG TOOTH		NOT COVERED
D9986 MISSED APPOINTMENT		NOT COVERED
D9987 CANCELLED APPOINTMENT		NOT COVERED
D9998 OTHER SERV		100%
D9990- CERTIFIED TRANSLATION OR SIGN- LANGUAGE SERVICES- PER VISIT	ADDED 1/1/19	NOT COVERED
D9999 UNSP ADJ PROC		80%
D0412- BLOOD GLUCOSE LEVEL TEST	IN-OFFICE USING A GLUCOSE METER- ADDED 1/1/19	NOT COVERED