



IN 100/70/0*OUT100/50/0:

ENDO/PERIO/OS AS TYPE III

T1N49

ADA CODE	DESCRIPTION	TYPE	IN-NETWORK REIMBURSEMENT PERCENTAGE	OUT-OF-NETWORK REIMBURSEMENT PERCENTAGE
0120	Periodic Oral Evaluation	I	100%	100%*
0140	Limited Oral Evaluation-Problem Focused	I	100%	100%*
0150	Comprehensive Oral Evaluation	I	100%	100%*
0160	Detailed Extensive Oral Evaluation-Problem Focused-By Report	I	100%	100%*
0180	Comprehensive Periodontal Eval - New/Exist Pt	I	100%	100%*
0210	Intraoral-Complete Series Including Bitewings	I	100%	100%*
0220	Intraoral-Periapical-First Film	I	100%	100%*
0230	Intraoral-Periapical-Each Additional Film	I	100%	100%*
0240	Intraoral-Occlusal Film	II	70%	50%*
0250	Extraoral-First Film	II	70%	50%*
0260	Extraoral-Each Additional Film	II	70%	50%*
0270	Bitewing-Single Film	I	100%	100%*
0272	Bitewings-Two Films	I	100%	100%*
0274	Bitewings-Four Films	I	100%	100%*
0277	Vertical Bitewings-7 to 8 Films	I	100%	100%*
0290	Pat/Lat Skull & Facial Bone Survey Film	II	70%	50%*
0330	Panoramic Film	I	100%	100%*
0340	Cephalometric Film	II	70%	50%*
0350	Oral/Facial Images	II	70%	50%*
0460	Pulp Vitality Tests	II	70%	50%*
0470	Diagnostic Casts	II	70%	50%*
1110	Prophylaxis-Adult (Light Cleaning)	I	100%	100%*
1120	Prophylaxis-Child	I	100%	100%*
1201	Topical Application of Fluoride Including Prophylaxis-Child	I	100%	100%*
1203	Topical Application of Fluoride Not Including Prophylaxis-Child	I	100%	100%*
1204	Topical Application of Fluoride Not Including Prophylaxis-Adult	I	100%	100%*
1205	Topical Application of Fluoride Including Prophylaxis-Adult	I	100%	100%*
1330	Oral Hygiene Instructions	I	100%	100%*
1351	Sealant-Per Tooth	I	100%	100%*
1510	Space Maintainer-Fixed-Unilateral	I	100%	100%*
1515	Space Maintainer-Fixed-Bilateral	I	100%	100%*
1520	Space Maintainer-Removable-Unilateral	I	100%	100%*
1525	Space Maintainer-Removable-Bilateral	I	100%	100%*
1550	Recementation of Space Maintainer	I	100%	100%*
2140	Amalgam-One Surface, Permanent	II	70%	50%*
2150	Amalgam-Two Surfaces, Permanent	II	70%	50%*
2160	Amalgam-Three Surfaces, Permanent	II	70%	50%*
2161	Amalgam-Four or More Surfaces, Permanent	II	70%	50%*
2330	Resin-One Surface, Anterior	II	70%	50%*
2331	Resin-Two Surfaces, Anterior	II	70%	50%*
2332	Resin-Three Surfaces, Anterior	II	70%	50%*
2335	Resin-Four or More Surfaces or Involving Incisal Angle, Anterior	II	70%	50%*
2390	Composite Resin Crown, Ant-Primary or Perm	II	70%	50%*
2391	Resin-based Composite Crown-ant Prim or Perm	II	70%	50%*
2392	Resin-based Composite Crown-ant Prim or Perm	II	70%	50%*
2393	Resin-based Composite – 3 Surf Post Prim/Perm	II	70%	50%*

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2394	Resin-4 or More Surfaces, Post- Prim/Perm	II	70%	50%*
2510	Inlay-Metallic-One Surface	II	70%	50%*
2520	Inlay-Metallic-Two Surfaces	II	70%	50%*
2530	Inlay-Metallic-Three or More Surfaces	II	70%	50%*
2542	Onlay-Metallic-Two Surfaces	II	70%	50%*
2543	Onlay-Metallic-Three Surfaces	II	70%	50%*
2544	Onlay-Metallic-Four or More Surfaces	II	70%	50%*
2610	Inlay-Porcelain/Ceramic-One Surface	II	70%	50%*
2620	Inlay-Porcelain/Ceramic-Two Surfaces	II	70%	50%*
2630	Inlay-Porcelain/Ceramic-Three or More Surfaces	II	70%	50%*
2642	Onlay-Porcelain/Ceramic-Two Surfaces	II	70%	50%*
2643	Onlay-Porcelain/Ceramic-Three Surfaces	II	70%	50%*
2644	Onlay-Porcelain/Ceramic-Four or More Surfaces	II	70%	50%*
2650	Inlay-Composite/Resin-One Surface	II	70%	50%*
2651	Inlay-Composite/Resin-Two Surfaces	II	70%	50%*
2652	Inlay-Composite/Resin-Three or More Surfaces	II	70%	50%*
2662	Onlay-Composite/Resin-Two Surfaces	II	70%	50%*
2663	Onlay-Composite/Resin-Three Surfaces	II	70%	50%*
2664	Onlay-Composite/Resin-Four or More Surfaces	II	70%	50%*
2710	Crown-Resin-Laboratory	III	0%	0%*
2720	Crown-Resin with High Noble Metal	III	0%	0%*
2721	Crown-Resin with Predominantly Base Metal	III	0%	0%*
2722	Crown-Resin with Noble Metal	III	0%	0%*
2740	Crown-Porcelain/Ceramic Substrate	III	0%	0%*
2750	Crown-Porcelain Fused to High Noble Metal	III	0%	0%*
2751	Crown-Porcelain Fused to Predominantly Base Metal	III	0%	0%*
2752	Crown-Porcelain Fused to Noble Metal	III	0%	0%*
2780	Crown-3/4 Cast to High Noble Metal	III	0%	0%*
2781	Crown-3/4 Cast to Predominantly Base Metal	III	0%	0%*
2782	Crown-3/4 Cast Noble Metal	III	0%	0%*
2783	Crown-3/4 Porcelain/Ceramic (Does not include facial veneers)	III	0%	0%*
2790	Crown-Full Cast High Noble Metal	III	0%	0%*
2791	Crown-Full Cast Predominantly Base Metal	III	0%	0%*
2792	Crown-Full Cast Noble Metal	III	0%	0%*
2910	Recement Inlay	III	0%	0%*
2920	Recement Crown	III	0%	0%*
2930	Prefabricated Stainless Steel Crown-Primary	III	0%	0%*
2931	Prefabricated Stainless Steel Crown-Permanent	III	0%	0%*
2932	Prefabricated Resin Crown	III	0%	0%*
2933	Prefabricated Stainless Steel Crown with Resin Window	III	0%	0%*
2940	Sedative Filling	III	0%	0%*
2950	Core Build-Up, Including Any Pins	III	0%	0%*
2951	Pin Retention/Tooth, In Addition to Restoration	III	0%	0%*
2952	Cast Post and Core In Addition to Crown	III	0%	0%*
2953	Each Additional Cast Post-Same Tooth	III	0%	0%*
2954	Prefabricated Post and Core in Addition to Crown	III	0%	0%*

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2955	Post Removal Not in Conjunction with Endodontic Therapy	III	0%	0%*
2957	Each Additional Prefabricated Post-Same Tooth	III	0%	0%*
2960	Labial Veneer (Laminate)-Chairside	III	0%	0%*
3110	Pulp Cap-Direct (Excluding Final Restoration)	III	0%	0%*
3120	Pulp Cap-Indirect (Excluding Final Restoration)	III	0%	0%*
3220	Therapeutic Pulpotomy (Excluding Final Restoration)	III	0%	0%*
3221	Gross Pulpal Debridement	III	0%	0%*
3230	Pulpal Therapy-Resorbable Filling-Anterior Primary Tooth	III	0%	0%*
3240	Pulpal Therapy Resorbable Filling-Posterior Primary Tooth	III	0%	0%*
3310	Root Canal-Anterior (Excluding Final Restoration)	III	0%	0%*
3320	Root Canal-Bicuspid (Excluding Final Restoration)	III	0%	0%*
3330	Root Canal-Molar (Excluding Final Restoration)	III	0%	0%*
3331	Treatment of Root Canal Obstruction-Non-Surgical Access	III	0%	0%*
3332	Incomplete Endodontic Therapy-Inoperable or Fractured Tooth	III	0%	0%*
3333	Internal Root Repair of Perforation Defects	III	0%	0%*
3346	Retreatment Previous Root Canal Therapy-Anterior **	III	0%	0%*
3347	Retreatment Previous Root Canal Therapy-Bicuspid **	III	0%	0%*
3348	Retreatment Previous Root Canal Therapy-Molar **	III	0%	0%*
3351	Apexification/Recalcification-Initial Visit	III	0%	0%*
3352	Apexification/Recalcification-Interim Medication Replacement	III	0%	0%*
3353	Apexification/Recalcification-Final Visit	III	0%	0%*
3410	Apicoectomy/Periradicular Surgery-Anterior	III	0%	0%*
3421	Apicoectomy/Periradicular Surgery-Bicuspid (First Root)	III	0%	0%*
3425	Apicoectomy/Periradicular Surgery-Molar (First Root)	III	0%	0%*
3430	Retrograde Filling-Per Root	III	0%	0%*
3450	Root Amputation-Per Root	III	0%	0%*
3456		III	0%	0%*
3470	Intentional Reimplantation (Including Necessary Splinting)	III	0%	0%*
3910	Surgical Procedure for Isolation of Tooth with Rubber Dam	III	0%	0%*
3920	Hemisection-Including Root Removal, Not Including Root Canal	III	0%	0%*
3950	Canal Preparation and Fitting of Preformed Dowel or Post	III	0%	0%*
4210	Gingivectomy or Gingivoplasty-Per Quadrant	III	0%	0%*
4211	Gingivectomy or Gingivoplasty-Per Tooth	III	0%	0%*
4240	Gingival Flap Procedure, Including Root Planing-Per Quadrant	III	0%	0%*
4241	Gingival Flap Proc -Rt Planing 1-3 Tth Pr Quad	III	0%	0%*
4245	Apically Positioned Flap	III	0%	0%*
4249	Clinical Crown Lengthening-Hard Tissue	III	0%	0%*
4260	Osseous Surgery (Including Flap Entry and Closure)-Per Quadrant	III	0%	0%*
4261	Osseous Surg (Flap Entry/Clos)-1-3 Tth Pr Quad	III	0%	0%*
4263	Bone Replacement Graft-First Site in Quadrant	III	0%	0%*
4264	Bone Replacement Graft-Each Additional Site in Quadrant	III	0%	0%*
4266	Guided Tissue Regeneration-Resorbable Barrier per Site	III	0%	0%*
4267	Guided Tissue Regeneration-Nonresorbable Barrier per Site	III	0%	0%*
4268	Surgical Revision Procedure, per Tooth	III	0%	0%*
4270	Pedicle Soft Tissue Graft Procedure	III	0%	0%*
4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery)	III	0%	0%*

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4273	Subepithelial Connective Tissue Graft Procedures	III	0%	0%*
4320	Provisional Splinting-Intracoronaral	III	0%	0%*
4321	Provisional Splinting-Extracoronaral	III	0%	0%*
4341	Periodontal Scaling and Root Planing-Per Quadrant (Deep Cleaning)	III	0%	0%*
4342	Perio Scaling & Root Planing 1-3 Tth per Quad	III	0%	0%*
4355	Full Mouth Debridement to Enable Periodontal Evaluation and Diagnosis	III	0%	0%*
4910	Periodontal Maintenance Procedures Following Active Therapy	III	0%	0%*
4920	Unscheduled Dressing Change (Not by Treating Dentist)	III	0%	0%*
5110	Complete Denture-Maxillary	III	0%	0%*
5120	Complete Denture-Mandibular	III	0%	0%*
5130	Immediate Denture-Maxillary	III	0%	0%*
5140	Immediate Denture-Mandibular	III	0%	0%*
5211	Maxillary Partial Denture-Resin Base (Clasp/Rests)	III	0%	0%*
5212	Mandibular Partial Denture-Resin Base (Clasp/Rests)	III	0%	0%*
5213	Maxillary Partial Denture-Metal Frame with Resin Base	III	0%	0%*
5214	Mandibular Partial Denture-Metal Frame with Resin Base	III	0%	0%*
5281	Removable Unilateral Partial Denture-One Piece Cast Metal	III	0%	0%*
5410	Adjust Complete Denture-Maxillary	III	0%	0%*
5411	Adjust Complete Denture-Mandibular	III	0%	0%*
5421	Adjust Partial Denture-Maxillary	III	0%	0%*
5422	Adjust Partial Denture-Mandibular	III	0%	0%*
5510	Repair Broken Complete Denture Base	III	0%	0%*
5520	Replace Missing or Broken Teeth-Complete Denture (Each Tooth)	III	0%	0%*
5610	Repair Resin Denture Base	III	0%	0%*
5620	Repair Cast Framework, Partial Denture	III	0%	0%*
5630	Repair or Replace Broken Clasp, Partial Denture	III	0%	0%*
5640	Replace Broken Teeth-Per Tooth, Partial Denture	III	0%	0%*
5650	Add Tooth to Existing Partial Denture	III	0%	0%*
5660	Add Clasp to Existing Partial Denture	III	0%	0%*
5670	Replace All Teeth & Acrylic - Cast Metal Frame (Upper)	III	0%	0%*
5671	Replace All Teeth & Acrylic - Cast Metal Frame (Lower)	III	0%	0%*
5710	Rebase Complete Maxillary Denture	III	0%	0%*
5711	Rebase Complete Mandibular Denture	III	0%	0%*
5720	Rebase Maxillary Partial Denture	III	0%	0%*
5721	Rebase Mandibular Partial Denture	III	0%	0%*
5730	Reline Complete Maxillary Denture (Chairside)	III	0%	0%*
5731	Reline Complete Mandibular Denture (Chairside)	III	0%	0%*
5740	Reline Maxillary Partial Denture (Chairside)	III	0%	0%*
5741	Reline Mandibular Partial Denture (Chairside)	III	0%	0%*
5750	Reline Complete Maxillary Denture (Laboratory)	III	0%	0%*
5751	Reline Complete Mandibular Denture (Laboratory)	III	0%	0%*
5760	Reline Maxillary Partial Denture (Laboratory)	III	0%	0%*
5761	Reline Mandibular Partial Denture (Laboratory)	III	0%	0%*
5810	Interim Complete Denture-Maxillary	III	0%	0%*
5811	Interim Complete Denture-Mandibular	III	0%	0%*
5820	Interim Partial Denture-Maxillary	III	0%	0%*

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5821	Interim Partial Denture-Mandibular	III	0%	0%*
5850	Tissue Conditioning-Maxillary	III	0%	0%*
5851	Tissue Conditioning-Mandibular	III	0%	0%*
6059*	abutment supported porcelain fused to metal crown (high noble metal)	III	0%	0%*
6060*	Abutment Supported Porcelain Fused to Metal Crown	III	0%	0%*
6061*	abutment supported porcelain fused to metal crown (noble metal)	III	0%	0%*
6062*	butment supported cast metal crown (high noble metal)	III	0%	0%*
6063*	abutment supported cast metal crown (predominantly base metal)	III	0%	0%*
6064*	abutment supported cast metal crown (noble metal)	III	0%	0%*
6065*	implant supported porcelain/ceramic crown	III	0%	0%*
6066*	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble me	III	0%	0%*
6067*	implant supported metal crown (titanium, titanium alloy, high noble metal)	III	0%	0%*
6210	Pontic-Cast High Noble Metal	III	0%	0%*
6211	Pontic-Cast Predominantly Base Metal	III	0%	0%*
6212	Pontic-Cast Noble Metal	III	0%	0%*
6240	Pontic-Porcelain Fused to High Noble Metal	III	0%	0%*
6241	Pontic-Porcelain Fused to Predominantly Base Metal	III	0%	0%*
6242	Pontic-Porcelain Fused to Noble Metal	III	0%	0%*
6245	Pontic-Porcelain/Ceramic	III	0%	0%*
6250	Pontic-Resin with High Noble Metal	III	0%	0%*
6251	Pontic-Resin with Predominantly Base Metal	III	0%	0%*
6252	Pontic-Resin with Noble Metal	III	0%	0%*
6545	Retainer-Cast Metal for Resin Bonded Fixed Prosthesis	III	0%	0%*
6548	Retainer-Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	III	0%	0%*
6720	Crown-Bridge Retainer-Resin with High Noble Metal	III	0%	0%*
6721	Crown-Bridge Retainer-Resin Predominantly Base Metal	III	0%	0%*
6722	Crown-Resin with Noble Metal	III	0%	0%*
6740	Crown-Porcelain/Ceramic	III	0%	0%*
6750	Crown-Retainer-Porcelain Fused to High Noble Metal	III	0%	0%*
6751	Crown-Retainer-Porcelain Fused to Predominantly Base Metal	III	0%	0%*
6752	Crown-Retainer-Porcelain Fused to Noble Metal	III	0%	0%*
6780	Crown-Retainer 3/4 Cast High Noble Metal	III	0%	0%*
6781	Crown-Retainer 3/4 Predominantly Base Metal	III	0%	0%*
6782	Crown-Retainer 3/4 Cast Noble Metal	III	0%	0%*
6783	Crown-Retainer 3/4 Porcelain/Ceramic	III	0%	0%*
6790	Crown-Retainer-Full Cast High Noble Metal	III	0%	0%*
6791	Crown-Retainer-Full Cast Predominantly Base Metal	III	0%	0%*
6792	Crown-Retainer-Full Cast Noble Metal	III	0%	0%*
6930	Recement Fixed Partial Denture	III	0%	0%*
6970	Cast Post and Core/Addition to Bridge Retainer	III	0%	0%*
6971	Cast Post Part of Bridge Retainer	III	0%	0%*
6972	Prefabricated Post and Core in Addition to Bridge Retainer	III	0%	0%*
6973	Core Buildup for Retainer, Including Any Pins	III	0%	0%*
6975	Coping-Metal	III	0%	0%*
6976	Each Additional Cast Post-Same Tooth	III	0%	0%*
6977	Each Additional Prefabricated Post-Same Tooth	III	0%	0%*

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7111	Coronal Remnants-Deciduous Tooth	III	0%	0%*
7140	Extraction, Erupted Tooth or Exposed Root	III	0%	0%*
7210	Surgical Removal of Erupted Tooth	III	0%	0%*
7220	Removal of Impacted Tooth-Soft Tissue	III	0%	0%*
7230	Removal of Impacted Tooth-Partially Bony	III	0%	0%*
7240	Removal of Impacted Tooth-Completely Bony	III	0%	0%*
7241	Removal of Impacted Tooth-Completely Bony with Unusual Complications	III	0%	0%*
7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	III	0%	0%*
7260	Oroantral Fistula Closure	III	0%	0%*
7270	Reimplantation or Stabilization of Accidentally Evulsed or Displaced Tooth	III	0%	0%*
7272	Tooth Transplantation	III	0%	0%*
7280	Surgical Exposure of Impacted or Unerupted Tooth for Orthodontic Reasons	III	0%	0%*
7285	Biopsy of Oral Tissue-Hard	III	0%	0%*
7286	Biopsy of Oral Tissue-Soft	III	0%	0%*
7310	Alveoplasty in Conjunction with Extractions-Per Quadrant	III	0%	0%*
7320	Alveoplasty Not in Conjunction with Extractions-Per Quadrant	III	0%	0%*
7340	Vestibuloplasty - Ridge Extension (Secondary Epithelization)	III	0%	0%*
7410	Excision of Benign Tumor Lesion < 1.25 CM	III	0%	0%*
7450	Removal of Odontogenic Cyst/Tumor/Lesion < 1.25 CM	III	0%	0%*
7451	Removal of Odontogenic Cyst/Tumor/Lesion > 1.25 CM	III	0%	0%*
7460	Removal of Nonodontogenic Cyst/Tumor/Lesion < 1.25 CM	III	0%	0%*
7461	Removal of Nonodontogenic Cyst/Tumor/Lesion > 1.25 CM	III	0%	0%*
7465	Destruction of Lesion(s) by Physical or Chemical Method, by Report	III	0%	0%*
7510	Incision and Drainage Abscess-Intraoral Soft Tissue	III	0%	0%*
7520	Incision and Drainage of Abscess-Extraoral Soft Tissue	III	0%	0%*
7530	Removal of Foreign Body from Mucosa, Skin or Subcutaneous Alveolar Tissue	III	0%	0%*
7910	Suture of Recent Small Wounds up to 5 CM	III	0%	0%*
7911	Complicated Suture up to 5 CM, Meticulous Closure	III	0%	0%*
7912	Complicated Suture Greater Than 5 CM, Meticulous Closure	III	0%	0%*
7960	Frenulectomy (Frenectomy/Frenotomy) Separate Procedure	III	0%	0%*
7970	Excision of Hyperplastic Tissue/Per Arch	III	0%	0%*
7971	Excision of Pericoronal Gingiva	III	0%	0%*
8010	Limited Ortho - Primary Dentition	IV	NC	NC
8020	Limited Ortho - Transitional Dentition	IV	NC	NC
8030	Limited Ortho - Adolescent Dentition	IV	NC	NC
8050	Interceptive Ortho - Primary Dentition	IV	NC	NC
8060	Interceptive Ortho - Transitional Dentition	IV	NC	NC
8070	Comp Ortho/Transitional Dentition - 2 yr program	IV	NC	NC
8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	IV	NC	NC
9110	Palliative (Emergency) Treatment-Dental Pain-Minor Procedure	II	70%	50%*
9211	Regional Block Anesthesia	I	100%	100%*
9215	Local Anesthesia	I	100%	100%*
9220	Deep Sedation/General Anesthesia - First 30 Minutes	II	70%	50%*
9221	Deep Sedation/General Anesthesia - Each Additional 15 Minutes	II	70%	50%*
9230	Analgesia	II	70%	50%*
9241	IV Conscious Sedation/Analg-1st 30 minutes (extractions)	II	70%	50%*

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9242	IV Conscious Sedation/Analg-Ea Addl 15 min (extractions)	II	70%	50%*
9310	Consultation (by Other than Practitioner Providing Treatment)	II	70%	50%*
9410	Professional Visit-House Call	I	100%	100%*
9420	Professional Visit-Hospital Call	I	100%	100%*
9430	Office Visit for Observation (Regular Hours) No Other Services Performed	I	100%	100%*
9440	Office Visit - After Regularly Scheduled Hours	I	100%	100%*
9910	Application-Desensitizing Medicament	I	100%	100%*
9911	Application-Desensitizing Resin for Cervical and/or Root Surface	I	100%	100%*
9941	Fabrication of Athletic Mouthguard	I	100%	100%*
9950	Occlusion Analysis-Mounted Case	I	100%	100%*
9951	Occlusal Adjustment-Limited	II	70%	50%*
9952	Occlusal Adjustment-Complete	II	70%	50%*
9970	Enamel Microabrasion	I	100%	100%*
9974	Internal Bleaching, per Tooth	III	0%	0%*

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IN 100/70/0*OUT100/50/0:

ENDO/PERIO/OS AS TYPE III

T1N49

ADA CODE	DESCRIPTION	TYPE	IN-NETWORK REIMBURSEMENT PERCENTAGE	OUT-OF-NETWORK REIMBURSEMENT PERCENTAGE
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All Benefits are subject to the following exclusions and limitations and frequency limits:

- (1) Examination and prophylaxis, including scaling and polishing is limited to once every six (6) months.
- (2) Coverage is limited to those services set forth in the Schedule of Covered Procedures. If a service is not listed, it is not included.
- (3) Benefits for prophylaxis (ADA Code 1110) will not be paid if performed on the same date of service with periodontal cleaning treatment. (ADA Code 4355, 4910, 4341, 4342.)
- (4) Bitewing x-rays are limited to once every [twelve (12) months], limited to four (4) bitewings.
- (5) Full mouth x-rays (ADA Code 0210) or panoramic x-rays (ADA Code 0330) are limited to once every [sixty (60)months], except when taken for diagnosis of 3rd molars, cysts, or neoplasms.
- (6) Consultation (ADA Code 9310) performed by a Specialist will not be paid if the dental procedure is performed on the same date of service by that Specialist. Consultation should already be included with the dental procedure.
- (7) For Eligible Dependents (age [14] and under) fluoride once every [twelve (12) months].
- (8) Sealants for Eligible Dependents (age [14] and under) once per 1st and 2nd permanent molar once per tooth per lifetime.
- (9) Space maintainers (ADA Codes 1510, 1515, 1520, 1525) for Eligible Dependents (age [14] and under) once per lifetime per space.
- (10) Periodontal scaling and root planing (ADA Codes 4341 and 4342) is limited to once per quadrant every [twenty-four] (24) months]. In order to receive benefits, the Covered Person must submit to DeneX Dental, before treatment, a copy of the periodontal chart for preauthorization for documented periodontal disease which must include at least four (4) teeth per quadrant with 4 millimeters or greater periodontal pockets.
- (11) Periodontal maintenance (ADA Code 4910) limited to two per [twelve (12) month period] following active periodontal treatment (excluding gross debridement – ADA Code 4355).
- (12) Full mouth gross debridement (ADA Code 4355) limited to once per [thirty six (36) months].
- (13) Resin based composites of posterior teeth (ADA Codes 2391 to 2394) will be paid at the rate for Amalgams. The Covered Person is responsible for any difference in fees charged by the Provider.
- (14) Amalgams and Composites (ADA Codes 2140 to 2394) one restoration allowed per surface every [thirty six (36) months].
- (15) Dentures, Bridges, Crowns (per tooth) are limited to once every [seven (7) years].
- (16) Root canals (ADA Codes 3310, 3320, 3330) once per tooth per lifetime. Re-treatment of root canal is limited to not more than once in [twenty four (24) months] for the same tooth.
- (17) Post and Cores (ADA Codes 2952 and 2954) will be covered only for teeth that have had root canal therapy.

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IN 100/70/0*OUT100/50/0:

ENDO/PERIO/OS AS TYPE III

T1N49

ADA CODE	DESCRIPTION	TYPE	IN-NETWORK REIMBURSEMENT PERCENTAGE	OUT-OF-NETWORK REIMBURSEMENT PERCENTAGE
	(18) Gingivectomy/gingivoplasty and osseous surgery (ADA Codes 4210, 4211, 4260, 4261) once per quadrant per [thirty-six (36) month period].			
	(19) Retreatments, Relines, Rebases, Replacements, or Repairs are excluded within [six (6) months] of the completion of the initial procedure. [Benefits for denture repair will be limited to no more than half the cost of the Provider fee for a new denture.]			
	(20) Relines and rebases of existing removable dentures no more than once per [thirty-six (36) month period].			
	(21) Interim complete dentures (ADA Codes 5810, 5811) and interim partial dentures (ADA Codes 5820, 5821) may not be replaced for a [twelve (12) month period].			
	(22) Deep sedation (ADA Codes 9220, 9221) must be performed by an Oral Surgeon.			
	(23) Examination, evaluation and treatment of temporomandibular joint (TMJ) pain dysfunction is excluded.			
	(24) Replacement of all teeth and acrylic on cast metal framework (ADA Codes 5670, 5671) limited to once per [twenty four (24) month] period.			
	(25) Palliative treatment (ADA Code 9110) will be covered as a separate benefit only if no other service other than exam and radiographs were done during the visit.			
	(26) Internal bleaching of a tooth (ADA Code 9974) will only be covered if the tooth had root canal treatment.			
	(27) Dental procedures begun prior to the Covered Person's effective date of coverage are excluded for [twelve (12) months] following the Covered Person's effective date. Examples include, but are not limited to, teeth prepared for crowns, root canal therapy in progress. This exclusion does not apply to Diagnostic & Preventive Services.			
	(28) Replacement of missing natural teeth, lost prior to the Covered Person's effective date, are excluded for [twelve months] following the Covered Person's effective date.			
	(29) Hospitalization for any dental procedure is excluded.			
	(30) Drugs obtainable with or without a prescription are excluded.			
	(31) Where two or more professionally acceptable dental treatments for a dental condition exist, the Plan bases reimbursement on the least costly treatment alternative.			
	(32) Any bill, or demand for payment, for a dental service that the appropriate regulatory board determines were provided as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.			

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