LIST OF DENTAL PROCEDURES (LOW PLAN)

The following is a complete list of the dental procedures for which benefits are payable under this section. **No benefits are payable for a procedure that is not listed.**

PREVENTIVE PROCEDURES

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISITS AND EVALUATIONS.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0120</td>
<td>Periodic oral evaluation.</td>
<td>$21.00</td>
</tr>
<tr>
<td>0150</td>
<td>Comprehensive oral evaluation - new or established patient</td>
<td>33.00</td>
</tr>
<tr>
<td>0180</td>
<td>Comprehensive periodontal evaluation - new or established patient.</td>
<td>33.00</td>
</tr>
<tr>
<td></td>
<td>(Two evaluations will be allowed in a Benefit Period. A 0120, 0150, or 0180 counts toward this maximum allowance. 0150 and 0180 will be limited to once per provider.)</td>
<td></td>
</tr>
<tr>
<td>1110</td>
<td>Prophylaxis - adult.</td>
<td>45.00</td>
</tr>
<tr>
<td>1120</td>
<td>Prophylaxis - child.</td>
<td>32.00</td>
</tr>
<tr>
<td></td>
<td>(Prophylaxis (cleaning) will be allowed twice in a Benefit Period. A 1110, 1120 or 1201 counts toward this maximum allowance. Periodontal maintenance may be substituted for a cleaning (see requirements under Basic section. Benefits will not be available if performed on the same date as periodontal services. An adult prophylaxis is considered for individuals age 14 and over. A child prophylaxis is considered for individuals age 13 and under.)</td>
<td></td>
</tr>
<tr>
<td>1201</td>
<td>Topical fluoride and prophylaxis.</td>
<td>49.00</td>
</tr>
<tr>
<td>1203</td>
<td>Topical fluoride (separate code) in conjunction with prophylaxis - child.</td>
<td>17.00</td>
</tr>
<tr>
<td></td>
<td>(1201-1203: Coverage for fluoride treatment is limited to persons age 18 and under and to one treatment in a Benefit Period.)</td>
<td></td>
</tr>
<tr>
<td>SPACE MAINTAINER.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1510</td>
<td>Fixed space maintainer, unilateral.</td>
<td>159.00</td>
</tr>
<tr>
<td>1515</td>
<td>Fixed space maintainer, bilateral.</td>
<td>260.00</td>
</tr>
<tr>
<td>1520</td>
<td>Removable space maintainer, unilateral</td>
<td>249.00</td>
</tr>
<tr>
<td>1525</td>
<td>Removable space maintainer, bilateral.</td>
<td>303.00</td>
</tr>
<tr>
<td></td>
<td>(1510-1525: Coverage is limited to space maintenance for unerupted teeth and following extraction of primary teeth. Allowance includes all adjustments within 6 months after installation.)</td>
<td></td>
</tr>
<tr>
<td>1550</td>
<td>Recementation of space maintainer.</td>
<td>33.00</td>
</tr>
<tr>
<td>8210</td>
<td>Removable appliance therapy.</td>
<td>239.00</td>
</tr>
<tr>
<td>8220</td>
<td>Fixed appliance therapy.</td>
<td>239.00</td>
</tr>
<tr>
<td></td>
<td>(8210-8220: Coverage is limited to the correction of thumb-sucking.)</td>
<td></td>
</tr>
<tr>
<td>MISCELLANEOUS PREVENTIVE PROCEDURES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1351</td>
<td>Sealant - per tooth.</td>
<td>25.00</td>
</tr>
<tr>
<td></td>
<td>(1351: Coverage is limited to treatment of the occlusal surface of permanent molar teeth once during a 3-year period for persons age 16 and under.)</td>
<td></td>
</tr>
</tbody>
</table>
PERSONAL AND DEPENDENT DENTAL CARE INSURANCE

LIST OF DENTAL PROCEDURES (LOW PLAN)

The following is a complete list of the dental procedures for which benefits are payable under this section. **No benefits are payable for a procedure that is not listed.**

PREVENTIVE PROCEDURES

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0220</td>
<td>Periapical radiograph - first film.</td>
<td>$12.00</td>
</tr>
<tr>
<td>0230</td>
<td>Additional periapical film, each.</td>
<td>10.00</td>
</tr>
<tr>
<td>0210</td>
<td>Intraoral - complete series (including bitewings).</td>
<td>68.00</td>
</tr>
<tr>
<td>0330</td>
<td>Panoramic film.</td>
<td>55.00</td>
</tr>
<tr>
<td></td>
<td>(0210 or 0330: Only one of these procedures will be allowed in any three year period.*)</td>
<td></td>
</tr>
<tr>
<td>0240</td>
<td>Intraoral, occlusal film.</td>
<td>17.00</td>
</tr>
<tr>
<td>0250</td>
<td>Extraoral, first film.</td>
<td>22.00</td>
</tr>
<tr>
<td>0260</td>
<td>Extraoral, each additional film.</td>
<td>17.00</td>
</tr>
<tr>
<td>0270</td>
<td>Bitewing, single film.</td>
<td>11.00</td>
</tr>
<tr>
<td>0272</td>
<td>Bitewing - two films.</td>
<td>19.00</td>
</tr>
<tr>
<td>0274</td>
<td>Bitewing - four films.</td>
<td>30.00</td>
</tr>
<tr>
<td>0277</td>
<td>Vertical bitewings - 7 to 8 films.</td>
<td>45.00</td>
</tr>
</tbody>
</table>

(Bitewing films are limited to 2 allowances in a Benefit Period. A 0270, 0272, 0274 or 0277 counts toward this maximum allowance. In addition, 0277 will be limited to once in a 3-year period.)

*The frequency is measured forward from the last covered date of service for the procedure.
PERSONAL AND DEPENDENT DENTAL CARE INSURANCE

LIST OF DENTAL PROCEDURES (LOW PLAN)

The following is a complete list of the dental procedures for which benefits are payable under this section. No benefits are payable for a procedure that is not listed.

BASIC PROCEDURES

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISITS AND EVALUATIONS.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0140</td>
<td>Limited oral evaluation - problem focused</td>
<td>$18.00</td>
</tr>
<tr>
<td>0170</td>
<td>Re-evaluation - limited, problem focused (Established patient; not post-operative visit). (0140 and 0170: Coverage is limited to accidental injury only. If not due to an accident, will be considered as a 0120 and count toward this maximum allowance.)</td>
<td>18.00</td>
</tr>
<tr>
<td>9440</td>
<td>Office visit after regularly scheduled hours. (9440: Payment will be made on basis of services rendered or visit, whichever is greater.)</td>
<td>31.00</td>
</tr>
<tr>
<td>9310</td>
<td>Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment). (9310: Coverage is limited to one allowance per provider.)</td>
<td>26.00</td>
</tr>
<tr>
<td>9110</td>
<td>Palliative (emergency) treatment of dental pain - minor procedure. (9110: Not covered in conjunction with other procedures, except diagnostic x-ray films.)</td>
<td>25.00</td>
</tr>
<tr>
<td>4355</td>
<td>Full mouth debridement to enable comprehensive evaluation and diagnosis. (4355: Coverage is limited to once during a 5-year period.*)</td>
<td>37.00</td>
</tr>
<tr>
<td>4910</td>
<td>Periodontal maintenance. (4910: This procedure is available in place of an eligible routine prophylaxis (1110-1120) as listed above. Coverage is contingent upon evidence of full mouth active periodontal therapy and limited to 2 allowances in a Benefit Period (a 1110, 1120 or 1201 counts toward this maximum allowance. Benefits will not be available if performed on the same date as other periodontal services.)</td>
<td>38.00</td>
</tr>
<tr>
<td>9911</td>
<td>Application of desensitizing resin for cervical and/or root surface, per tooth.</td>
<td>37.00</td>
</tr>
</tbody>
</table>

PATHOLOGY.

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7285</td>
<td>Biopsy of oral tissue - hard (bone, tooth).</td>
<td>136.00</td>
</tr>
<tr>
<td>7286</td>
<td>Biopsy of oral tissue - soft (all others).</td>
<td>73.00</td>
</tr>
<tr>
<td>0472</td>
<td>Accession of tissue, gross examination, preparation and transmission of written report.</td>
<td>21.00</td>
</tr>
</tbody>
</table>

*The frequency is measured forward from the last covered date of service for the procedure.
### BASIC PROCEDURES (Continued) (LOW PLAN)

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0473</td>
<td>Accession of tissue, gross and microscopic examination, preparation and transmission of written report.</td>
<td>$42.00</td>
</tr>
<tr>
<td>0474</td>
<td>Accession of tissue, gross and microscopic examination including assessment of surgical margins for presence of disease, preparation and transmission of written report. (0472-0474: Coverage is limited to one examination per biopsy/excision.)</td>
<td>42.00</td>
</tr>
</tbody>
</table>

### RESTORATIVE DENTISTRY, excluding inlays, crowns and fixed partial dentures.

#### Amalgam Restorations.

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2140</td>
<td>Amalgam - one surface, primary or permanent.</td>
<td>30.00</td>
</tr>
<tr>
<td>2150</td>
<td>Amalgam - two surfaces, primary or permanent.</td>
<td>38.00</td>
</tr>
<tr>
<td>2160</td>
<td>Amalgam - three surfaces, primary or permanent.</td>
<td>46.00</td>
</tr>
<tr>
<td>2161</td>
<td>Amalgam - four or more surfaces, primary or permanent.</td>
<td>55.00</td>
</tr>
</tbody>
</table>

#### Resin Restorations.

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2330</td>
<td>Resin-based composite - one surface, anterior.</td>
<td>37.00</td>
</tr>
<tr>
<td>2331</td>
<td>Resin-based composite - two surfaces, anterior.</td>
<td>46.00</td>
</tr>
<tr>
<td>2332</td>
<td>Resin-based composite - three surfaces, anterior.</td>
<td>58.00</td>
</tr>
<tr>
<td>2335</td>
<td>Resin-based composite - four or more surfaces or involving incisal angle, anterior.</td>
<td>64.00</td>
</tr>
<tr>
<td>2391</td>
<td>Resin-based composite - one surface, posterior.</td>
<td>37.00</td>
</tr>
<tr>
<td>2392</td>
<td>Resin-based composite - two surfaces, posterior.</td>
<td>46.00</td>
</tr>
<tr>
<td>2393</td>
<td>Resin-based composite - three surfaces, posterior.</td>
<td>58.00</td>
</tr>
<tr>
<td>2394</td>
<td>Resin-based composite - four or more surfaces, posterior. (2391-2394: Coverage is limited to permanent bicuspid teeth.)</td>
<td>64.00</td>
</tr>
</tbody>
</table>

#### Other Restorative Services.

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2390</td>
<td>Resin-based composite crown, anterior.</td>
<td>78.00</td>
</tr>
<tr>
<td>2930</td>
<td>Prefabricated stainless steel crown - primary tooth.</td>
<td>65.00</td>
</tr>
<tr>
<td>2931</td>
<td>Stainless steel crown - permanent tooth.</td>
<td>69.00</td>
</tr>
<tr>
<td>2932</td>
<td>Prefabricated resin crown.</td>
<td>78.00</td>
</tr>
<tr>
<td></td>
<td>(2390, 2930-2932: Coverage is limited to persons age 18 and under. Please refer to Major procedures for persons age 19 and older.)</td>
<td></td>
</tr>
<tr>
<td>2951</td>
<td>Pin retention, per tooth, in addition to restoration (3 pins per tooth maximum).</td>
<td>12.00</td>
</tr>
</tbody>
</table>

#### Recementation.

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2910</td>
<td>Inlay</td>
<td>24.00</td>
</tr>
<tr>
<td>2920</td>
<td>Crown</td>
<td>24.00</td>
</tr>
<tr>
<td>6930</td>
<td>Fixed Partial Denture.</td>
<td>33.00</td>
</tr>
</tbody>
</table>
### BASIC PROCEDURES (Continued) (LOW PLAN)

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>5510</td>
<td>Repair broken base.</td>
<td>$38.00</td>
</tr>
<tr>
<td>5520</td>
<td>Replace missing or broken teeth - each tooth.</td>
<td>$32.00</td>
</tr>
<tr>
<td>5610</td>
<td>Repair resin denture base.</td>
<td>$38.00</td>
</tr>
<tr>
<td>5620</td>
<td>Repair cast framework.</td>
<td>$45.00</td>
</tr>
<tr>
<td>5630</td>
<td>Repair or replace broken clasp.</td>
<td>$47.00</td>
</tr>
<tr>
<td>5640</td>
<td>Replace broken teeth (per tooth).</td>
<td>$34.00</td>
</tr>
<tr>
<td>5730</td>
<td>Reline complete maxillary denture (chairside).</td>
<td>$70.00</td>
</tr>
<tr>
<td>5731</td>
<td>Reline complete mandibular denture (chairside).</td>
<td>$70.00</td>
</tr>
<tr>
<td>5740</td>
<td>Reline maxillary partial denture (chairside).</td>
<td>$63.00</td>
</tr>
<tr>
<td>5741</td>
<td>Reline mandibular partial denture (chairside).</td>
<td>$63.00</td>
</tr>
<tr>
<td>5750</td>
<td>Reline complete maxillary denture (laboratory).</td>
<td>$104.00</td>
</tr>
<tr>
<td>5751</td>
<td>Reline complete mandibular denture (laboratory).</td>
<td>$102.00</td>
</tr>
<tr>
<td>5760</td>
<td>Reline maxillary partial denture (laboratory).</td>
<td>$104.00</td>
</tr>
<tr>
<td>5761</td>
<td>Reline mandibular partial denture (laboratory).</td>
<td>$105.00</td>
</tr>
</tbody>
</table>

(5730-5761: Coverage for relines is limited to service dates more than 6 months after installation.)

### ORAL SURGERY.

#### Extractions. Includes local anesthesia, suturing, if needed, and routine postoperative care.

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7111</td>
<td>Coronal remnants - deciduous tooth.</td>
<td>$34.00</td>
</tr>
<tr>
<td>7140</td>
<td>Extraction, erupted tooth or exposed root (elevation and/or forceps removal).</td>
<td>$34.00</td>
</tr>
</tbody>
</table>

#### Surgical Extractions. Includes local anesthesia, suturing, if needed, and routine postoperative care.

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7210</td>
<td>Surgical removal of erupted teeth.</td>
<td>$65.00</td>
</tr>
<tr>
<td>9930</td>
<td>Treatment of complications (post-surgical) - unusual circumstances, by report.</td>
<td>$19.00</td>
</tr>
</tbody>
</table>

#### Impacted Teeth. Includes local anesthesia, suturing, if needed, and routine postoperative care.

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7220</td>
<td>Surgical removal of impacted tooth (soft tissue).</td>
<td>$81.00</td>
</tr>
<tr>
<td>7230</td>
<td>Surgical removal of impacted tooth (partially bony).</td>
<td>$107.00</td>
</tr>
<tr>
<td>7240</td>
<td>Surgical removal of impacted tooth (completely bony).</td>
<td>$125.00</td>
</tr>
<tr>
<td>7241</td>
<td>Removal of impacted tooth (completely bony, with unusual surgical complications), by report.</td>
<td>$143.00</td>
</tr>
<tr>
<td>7250</td>
<td>Surgical removal of residual tooth roots (cutting procedure).</td>
<td>$67.00</td>
</tr>
</tbody>
</table>

#### Alveolar or Gingival Reconstruction.

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7320</td>
<td>Alveoplasty (without extractions) - per quadrant.</td>
<td>$71.00</td>
</tr>
<tr>
<td>7310</td>
<td>Alveoplasty (with extractions) - per quadrant.</td>
<td>$56.00</td>
</tr>
<tr>
<td>7340</td>
<td>Vestibuloplasty - ridge extension (secondary epithelialization)</td>
<td>$102.00</td>
</tr>
</tbody>
</table>

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### BASIC PROCEDURES (Continued) (LOW PLAN)

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7350</td>
<td>Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).</td>
<td>$254.00</td>
</tr>
</tbody>
</table>

#### Cysts and Neoplasms.

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7510</td>
<td>Incision and drainage of abscess - intraoral soft tissue.</td>
<td>$45.00</td>
</tr>
<tr>
<td>7520</td>
<td>Incision and drainage of abscess - extraoral soft tissue.</td>
<td>$52.00</td>
</tr>
<tr>
<td>7590</td>
<td>Sialolithotomy.</td>
<td>$125.00</td>
</tr>
<tr>
<td>7593</td>
<td>Closure of salivary fistula.</td>
<td>$40.00</td>
</tr>
<tr>
<td>7410</td>
<td>Excision of benign lesion up to 1.25 cm.</td>
<td>$101.00</td>
</tr>
<tr>
<td>7411</td>
<td>Excision of benign lesion greater than 1.25 cm.</td>
<td>$130.00</td>
</tr>
<tr>
<td>7412</td>
<td>Excision of benign lesion, complicated.</td>
<td>$143.00</td>
</tr>
<tr>
<td>7413</td>
<td>Excision of malignant lesion up to 1.25 cm.</td>
<td>$137.00</td>
</tr>
<tr>
<td>7414</td>
<td>Excision of malignant lesion greater than 1.25 cm.</td>
<td>$100.00</td>
</tr>
<tr>
<td>7415</td>
<td>Excision of malignant lesion, complicated.</td>
<td>$110.00</td>
</tr>
<tr>
<td>7440</td>
<td>Excision of malignant tumor - lesion diameter up to 1.25 cm.</td>
<td>$137.00</td>
</tr>
<tr>
<td>7441</td>
<td>Excision of malignant tumor - lesion diameter greater than 1.25 cm.</td>
<td>$100.00</td>
</tr>
<tr>
<td>7450</td>
<td>Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.</td>
<td>$101.00</td>
</tr>
<tr>
<td>7451</td>
<td>Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.</td>
<td>$130.00</td>
</tr>
<tr>
<td>7460</td>
<td>Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm.</td>
<td>$101.00</td>
</tr>
<tr>
<td>7461</td>
<td>Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm.</td>
<td>$130.00</td>
</tr>
<tr>
<td>7465</td>
<td>Destruction of lesion(s) by physical or chemical method, by report.</td>
<td>$31.00</td>
</tr>
<tr>
<td>7272</td>
<td>Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization).</td>
<td>$96.00</td>
</tr>
<tr>
<td>7540</td>
<td>Removal of reaction-producing foreign bodies - musculoskeletal system.</td>
<td>$114.00</td>
</tr>
<tr>
<td>7490</td>
<td>Radical resection of mandible with bone graft.</td>
<td>$137.00</td>
</tr>
<tr>
<td>7560</td>
<td>Maxillary sinusotomy for removal of tooth fragment or foreign body.</td>
<td>$150.00</td>
</tr>
<tr>
<td>7260</td>
<td>Oral antral fistula closure.</td>
<td>$158.00</td>
</tr>
<tr>
<td>7550</td>
<td>Partial ostectomy/sequestrectomy for removal of non-vital bone.</td>
<td>$114.00</td>
</tr>
</tbody>
</table>

#### Miscellaneous.

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7530</td>
<td>Removal of foreign body, skin, or subcutaneous areolar tissue.</td>
<td>$42.00</td>
</tr>
<tr>
<td>7960</td>
<td>Frenullectomy (frenectomy or frenotomy) - separate procedure</td>
<td>$109.00</td>
</tr>
<tr>
<td>7910</td>
<td>Suture of recent small wounds - up to 5 cm.</td>
<td>$20.00</td>
</tr>
<tr>
<td>7911</td>
<td>Complicated suture - up to 5 cm.</td>
<td>$23.00</td>
</tr>
<tr>
<td>7912</td>
<td>Complicated suture - greater than 5 cm.</td>
<td>$33.00</td>
</tr>
<tr>
<td>7270</td>
<td>Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth.</td>
<td>$96.00</td>
</tr>
<tr>
<td>7280</td>
<td>Surgical access of an unerupted tooth.</td>
<td>$148.00</td>
</tr>
<tr>
<td>7281</td>
<td>Surgical exposure of impacted or unerupted tooth to aid eruption.</td>
<td>$107.00</td>
</tr>
</tbody>
</table>
## BASIC PROCEDURES (Continued) (LOW PLAN)

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7970</td>
<td>Excision of hyperplastic tissue, per arch.</td>
<td>84.00</td>
</tr>
<tr>
<td>7261</td>
<td>Primary closure of a sinus perforation.</td>
<td>158.00</td>
</tr>
<tr>
<td>7282</td>
<td>Mobilization of erupted or malpositioned tooth to aid eruption.</td>
<td>107.00</td>
</tr>
<tr>
<td>7287</td>
<td>Cytology sample collection.</td>
<td>37.00</td>
</tr>
<tr>
<td>7471</td>
<td>Removal of lateral exostosis - (maxilla or mandible).</td>
<td>90.00</td>
</tr>
<tr>
<td>7472</td>
<td>Removal of torus palatinus.</td>
<td>90.00</td>
</tr>
<tr>
<td>7473</td>
<td>Removal of torus mandibularis.</td>
<td>90.00</td>
</tr>
<tr>
<td>(7471-7473: A maximum of 5 allowances will be considered.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7485</td>
<td>Surgical reduction of osseous tuberosity.</td>
<td>147.00</td>
</tr>
</tbody>
</table>

### ANESTHESIA.

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>9220</td>
<td>Deep sedation/general anesthesia - first 30 minutes.</td>
<td>96.00</td>
</tr>
<tr>
<td>9221</td>
<td>Deep sedation/general anesthesia - each additional 15 minutes.</td>
<td>16.00</td>
</tr>
<tr>
<td>9241</td>
<td>Intravenous conscious sedation/analgesia - first 30 minutes.</td>
<td>64.00</td>
</tr>
<tr>
<td>9242</td>
<td>Intravenous conscious sedation/analgesia - each additional 15 minutes.</td>
<td>16.00</td>
</tr>
</tbody>
</table>

(9220-9242: Coverage is not available without 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 (9221 or 9242) will be considered.)
PERSONAL AND DEPENDENT DENTAL CARE INSURANCE

LIST OF DENTAL PROCEDURES (LOW PLAN)

The following is a complete list of the dental procedures for which benefits are payable under this section. **No benefits are payable for a procedure that is not listed.**

BASIC PROCEDURES

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENDODONTICS.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3220</td>
<td>Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament. Limited to treatment of primary teeth.</td>
<td>$41.00</td>
</tr>
<tr>
<td>3221</td>
<td>Pulpal debridement, primary and permanent teeth.</td>
<td>41.00</td>
</tr>
<tr>
<td>3230</td>
<td>Pulpal therapy (resorbable filling) - anterior, primary tooth.</td>
<td>54.00</td>
</tr>
<tr>
<td>3240</td>
<td>Pulpal therapy (resorbable filling) - posterior, primary tooth.</td>
<td>47.00</td>
</tr>
<tr>
<td>3310</td>
<td>Root canal, anterior (excluding final restoration).</td>
<td>185.00</td>
</tr>
<tr>
<td>3320</td>
<td>Root canal, bicuspid (excluding final restoration).</td>
<td>218.00</td>
</tr>
<tr>
<td>3330</td>
<td>Root canal, molar (excluding final restoration).</td>
<td>286.00</td>
</tr>
<tr>
<td>3332</td>
<td>Incomplete endodontic therapy; inoperable or fractured tooth.</td>
<td>21.00</td>
</tr>
<tr>
<td>3333</td>
<td>Internal root repair of perforation defects.</td>
<td>67.00</td>
</tr>
<tr>
<td></td>
<td>(3310-3333: Coverage is limited to permanent teeth. Allowance includes intraoperative films and cultures but excludes final restoration.)</td>
<td></td>
</tr>
<tr>
<td>3346</td>
<td>Retreatment of previous root canal therapy - anterior.</td>
<td>231.00</td>
</tr>
<tr>
<td>3347</td>
<td>Retreatment of previous root canal therapy - bicuspid.</td>
<td>266.00</td>
</tr>
<tr>
<td>3348</td>
<td>Retreatment of previous root canal therapy - molar.</td>
<td>330.00</td>
</tr>
<tr>
<td></td>
<td>(3346-3348: Coverage is limited to permanent teeth and to service dates more than 12 months after root canal therapy or a previous retreatment. Allowance includes intraoperative films and cultures but excludes final restoration.)</td>
<td></td>
</tr>
<tr>
<td>3351</td>
<td>Apexification/recalcification - initial visit.</td>
<td>67.00</td>
</tr>
<tr>
<td>3352</td>
<td>Apexification/recalcification - interim medication replacement.</td>
<td>45.00</td>
</tr>
<tr>
<td>3353</td>
<td>Apexification/recalcification - final visit.</td>
<td>132.00</td>
</tr>
<tr>
<td>3410</td>
<td>Apicoectomy/periradicular surgery - anterior.</td>
<td>191.00</td>
</tr>
<tr>
<td>3421</td>
<td>Apicoectomy/periradicular surgery - bicuspid (first root).</td>
<td>220.00</td>
</tr>
<tr>
<td>3425</td>
<td>Apicoectomy/periradicular surgery - molar (first root).</td>
<td>238.00</td>
</tr>
<tr>
<td>3426</td>
<td>Apicoectomy/periradicular surgery - each additional root.</td>
<td>85.00</td>
</tr>
<tr>
<td>3430</td>
<td>Retrograde filling - per root.</td>
<td>52.00</td>
</tr>
<tr>
<td>3450</td>
<td>Root amputation - per root.</td>
<td>124.00</td>
</tr>
<tr>
<td>3920</td>
<td>Hemisection (including any root removal), not including root canal therapy.</td>
<td>105.00</td>
</tr>
</tbody>
</table>

PERIODONTICS.  
**Surgical Procedures** (including postoperative visits).

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4210</td>
<td>Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant.</td>
<td>121.00</td>
</tr>
<tr>
<td>4211</td>
<td>Gingivectomy or gingivoplasty - one to three teeth, per quadrant.</td>
<td>61.00</td>
</tr>
</tbody>
</table>
## BASIC PROCEDURES (Continued) (LOW PLAN)

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4240</td>
<td>Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant.</td>
<td>$166.00</td>
</tr>
<tr>
<td>4241</td>
<td>Gingival flap procedure, including root planing - one to three teeth, per quadrant.</td>
<td>$83.00</td>
</tr>
<tr>
<td>4260</td>
<td>Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant.</td>
<td>$304.00</td>
</tr>
<tr>
<td>4261</td>
<td>Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant.</td>
<td>$152.00</td>
</tr>
<tr>
<td>4263</td>
<td>Bone replacement graft - first site in quadrant.</td>
<td>$99.00</td>
</tr>
<tr>
<td>4264</td>
<td>Bone replacement graft - each additional site in quadrant</td>
<td>$75.00</td>
</tr>
<tr>
<td>4265</td>
<td>Biologic materials to aid in soft and osseous tissue regeneration. (4210-4265: Each procedure is eligible for consideration once in a 3-year period.*)</td>
<td>$50.00</td>
</tr>
<tr>
<td>4270</td>
<td>Pedicle soft tissue graft procedure.</td>
<td>$224.00</td>
</tr>
<tr>
<td>4271</td>
<td>Free soft tissue graft procedure (including donor site).</td>
<td>$237.00</td>
</tr>
<tr>
<td>4273</td>
<td>Subepithelial connective tissue graft procedures.</td>
<td>$276.00</td>
</tr>
<tr>
<td>4275</td>
<td>Soft tissue allograft.</td>
<td>$237.00</td>
</tr>
<tr>
<td>4276</td>
<td>Combined connective tissue and double pedicle graft. (4270-4273, 4275-4276: A maximum of two sites per quadrant will be considered in a 3-year period. Coverage is limited to treatment of periodontal disease.*)</td>
<td>$276.00</td>
</tr>
<tr>
<td>4274</td>
<td>Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area).</td>
<td>$133.00</td>
</tr>
</tbody>
</table>

### Non-surgical Periodontal Procedures.

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4341</td>
<td>Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant.</td>
<td>$62.00</td>
</tr>
<tr>
<td>4342</td>
<td>Periodontal scaling and root planing - one to three teeth, per quadrant. (4341-4342: Each procedure is eligible for consideration once in a 2-year period.*)</td>
<td>$31.00</td>
</tr>
<tr>
<td>4381</td>
<td>Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth. (4381: A scaling and planing (4341) must be performed between 6 weeks and two years prior to treatment. A maximum of 2 sites per quadrant will be considered and the frequency is limited to once in any 2-year period.)</td>
<td>$46.00</td>
</tr>
<tr>
<td>9951</td>
<td>Occlusal adjustment, limited.</td>
<td>$24.00</td>
</tr>
<tr>
<td>9952</td>
<td>Occlusal adjustment, complete. (9951-9952: Coverage is limited to adjustment performed in conjunction with treatment of periodontal disease.)</td>
<td>$121.00</td>
</tr>
</tbody>
</table>

*The frequency is measured forward from the last covered date of service for the procedure.
PERSONAL AND DEPENDENT DENTAL CARE INSURANCE

LIST OF DENTAL PROCEDURES (LOW PLAN)

The following is a complete list of the dental procedures for which benefits are payable under this section. **No benefits are payable for a procedure that is not listed.**

### MAJOR PROCEDURES

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2390</td>
<td>Resin-based composite crown, anterior.</td>
<td>$43.00</td>
</tr>
<tr>
<td>2510</td>
<td>Inlay - metallic - one surface.</td>
<td>114.00</td>
</tr>
<tr>
<td>2520</td>
<td>Inlay - metallic - two surfaces.</td>
<td>136.00</td>
</tr>
<tr>
<td>2530</td>
<td>Inlay - metallic - three or more surfaces.</td>
<td>147.00</td>
</tr>
<tr>
<td>2542</td>
<td>Onlay - metallic - two surfaces.</td>
<td>148.00</td>
</tr>
<tr>
<td>2543</td>
<td>Onlay - metallic - three surfaces.</td>
<td>165.00</td>
</tr>
<tr>
<td>2544</td>
<td>Onlay - metallic - four or more surfaces.</td>
<td>172.00</td>
</tr>
<tr>
<td>2610</td>
<td>Inlay porcelain/ceramic - one surface.</td>
<td>126.00</td>
</tr>
<tr>
<td>2620</td>
<td>Inlay porcelain/ceramic - two surfaces.</td>
<td>137.00</td>
</tr>
<tr>
<td>2630</td>
<td>Inlay - porcelain/ceramic - three or more surfaces.</td>
<td>150.00</td>
</tr>
<tr>
<td>2642</td>
<td>Onlay - porcelain/ceramic - two surfaces.</td>
<td>148.00</td>
</tr>
<tr>
<td>2643</td>
<td>Onlay - porcelain/ceramic - three surfaces.</td>
<td>166.00</td>
</tr>
<tr>
<td>2644</td>
<td>Onlay - porcelain/ceramic - four or more surfaces.</td>
<td>171.00</td>
</tr>
<tr>
<td>2650</td>
<td>Inlay - resin-based composite/resin - one surface.</td>
<td>131.00</td>
</tr>
<tr>
<td>2651</td>
<td>Inlay - resin-based composite/resin - two surfaces.</td>
<td>129.00</td>
</tr>
<tr>
<td>2652</td>
<td>Inlay - resin-based composite/resin - three surfaces.</td>
<td>134.00</td>
</tr>
<tr>
<td>2662</td>
<td>Onlay - resin-based composite/resin - two surfaces.</td>
<td>139.00</td>
</tr>
<tr>
<td>2663</td>
<td>Onlay - resin-based composite/resin - three surfaces.</td>
<td>143.00</td>
</tr>
<tr>
<td>2664</td>
<td>Onlay - resin-based composite/resin - four or more surfaces.</td>
<td>152.00</td>
</tr>
</tbody>
</table>

**Restorative.** Inlays and crowns are covered only when necessitated by decay or traumatic injury.

#### Inlays.

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2710</td>
<td>Resin (indirect).</td>
<td>65.00</td>
</tr>
<tr>
<td>2720</td>
<td>Resin with high noble metal.</td>
<td>165.00</td>
</tr>
<tr>
<td>2721</td>
<td>Resin with predominantly base metal.</td>
<td>126.00</td>
</tr>
<tr>
<td>2722</td>
<td>Resin with noble metal.</td>
<td>155.00</td>
</tr>
<tr>
<td>2740</td>
<td>Porcelain/ceramic substrate.</td>
<td>179.00</td>
</tr>
<tr>
<td>2750</td>
<td>Porcelain fused to high noble metal.</td>
<td>174.00</td>
</tr>
<tr>
<td>2751</td>
<td>Porcelain fused to predominantly base metal.</td>
<td>149.00</td>
</tr>
<tr>
<td>2752</td>
<td>Porcelain fused to noble metal.</td>
<td>160.00</td>
</tr>
<tr>
<td>2780</td>
<td>Crown - 3/4 cast high noble metal.</td>
<td>165.00</td>
</tr>
<tr>
<td>2781</td>
<td>Crown - 3/4 cast predominantly base metal.</td>
<td>144.00</td>
</tr>
<tr>
<td>2782</td>
<td>Crown - 3/4 cast noble metal.</td>
<td>150.00</td>
</tr>
<tr>
<td>2783</td>
<td>Crown - 3/4 porcelain/ceramic.</td>
<td>179.00</td>
</tr>
<tr>
<td>2790</td>
<td>Full cast high noble metal.</td>
<td>165.00</td>
</tr>
<tr>
<td>2791</td>
<td>Full cast predominantly base metal.</td>
<td>144.00</td>
</tr>
<tr>
<td>2792</td>
<td>Full cast noble metal.</td>
<td>150.00</td>
</tr>
</tbody>
</table>
### MAJOR PROCEDURES (Continued) (LOW PLAN)

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2930</td>
<td>Prefabricated stainless steel crown - primary tooth.</td>
<td>$36.00</td>
</tr>
<tr>
<td>2931</td>
<td>Prefabricated stainless steel crown - permanent tooth.</td>
<td>39.00</td>
</tr>
<tr>
<td>2932</td>
<td>Prefabricated resin crown.</td>
<td>43.00</td>
</tr>
<tr>
<td></td>
<td>(2390-2932: These procedures are limited to necessary placement resulting from decay or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>traumatic injury. Inlays will be reimbursed at the alternate allowance of an amalgam or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>composite restoration.)</td>
<td></td>
</tr>
<tr>
<td>2950</td>
<td>Core build-up, including any pins.</td>
<td>36.00</td>
</tr>
<tr>
<td>2952</td>
<td>Cast post and core - in addition to crown.</td>
<td>57.00</td>
</tr>
<tr>
<td>2954</td>
<td>Prefabricated post and core - in addition to crown.</td>
<td>48.00</td>
</tr>
<tr>
<td>4249</td>
<td>Clinical crown lengthening, hard tissue.</td>
<td>102.00</td>
</tr>
</tbody>
</table>

### PROSTHODONTICS - FIXED.

**Retainers (Abutments)**

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>6545</td>
<td>Retainer - cast metal for resin bonded fixed prosthesis.</td>
<td>56.00</td>
</tr>
<tr>
<td>6548</td>
<td>Retainer - porcelain/ceramic for resin bonded fixed prosthesis.</td>
<td>56.00</td>
</tr>
<tr>
<td>6600</td>
<td>Inlay - porcelain/ceramic, two surfaces.</td>
<td>137.00</td>
</tr>
<tr>
<td>6601</td>
<td>Inlay - porcelain/ceramic, three or more surfaces.</td>
<td>151.00</td>
</tr>
<tr>
<td>6602</td>
<td>Inlay - cast high noble metal, two surfaces.</td>
<td>123.00</td>
</tr>
<tr>
<td>6603</td>
<td>Inlay - cast high noble metal, three or more surfaces.</td>
<td>136.00</td>
</tr>
<tr>
<td>6604</td>
<td>Inlay - cast predominantly base metal, two surfaces.</td>
<td>107.00</td>
</tr>
<tr>
<td>6605</td>
<td>Inlay - cast predominantly base metal, three or more surfaces.</td>
<td>117.00</td>
</tr>
<tr>
<td>6606</td>
<td>Inlay - cast noble metal, two surfaces.</td>
<td>112.00</td>
</tr>
<tr>
<td>6607</td>
<td>Inlay - cast noble metal, three or more surfaces.</td>
<td>123.00</td>
</tr>
<tr>
<td>6608</td>
<td>Onlay - porcelain/ceramic, two surfaces.</td>
<td>148.00</td>
</tr>
<tr>
<td>6609</td>
<td>Onlay - porcelain/ceramic, three or more surfaces.</td>
<td>163.00</td>
</tr>
<tr>
<td>6610</td>
<td>Onlay - cast high noble metal, two surfaces.</td>
<td>136.00</td>
</tr>
<tr>
<td>6611</td>
<td>Onlay - cast high noble metal, three or more surfaces.</td>
<td>149.00</td>
</tr>
<tr>
<td>6612</td>
<td>Onlay - cast predominantly base metal, two surfaces.</td>
<td>117.00</td>
</tr>
<tr>
<td>6613</td>
<td>Onlay - cast predominantly base metal, three or more surfaces.</td>
<td>129.00</td>
</tr>
<tr>
<td>6614</td>
<td>Onlay - cast noble metal, two surfaces.</td>
<td>123.00</td>
</tr>
<tr>
<td>6615</td>
<td>Onlay - cast noble metal, three or more surfaces.</td>
<td>136.00</td>
</tr>
<tr>
<td>6720</td>
<td>Crown - resin with high noble metal.</td>
<td>168.00</td>
</tr>
<tr>
<td>6721</td>
<td>Crown - resin with predominantly base metal.</td>
<td>87.00</td>
</tr>
<tr>
<td>6722</td>
<td>Crown - resin with noble metal.</td>
<td>140.00</td>
</tr>
<tr>
<td>6740</td>
<td>Crown - porcelain/ceramic.</td>
<td>154.00</td>
</tr>
<tr>
<td>6750</td>
<td>Crown - porcelain fused to high noble metal.</td>
<td>182.00</td>
</tr>
<tr>
<td>6751</td>
<td>Crown - porcelain fused to predominantly base metal.</td>
<td>168.00</td>
</tr>
<tr>
<td>6752</td>
<td>Crown - porcelain fused to noble metal.</td>
<td>154.00</td>
</tr>
<tr>
<td>6780</td>
<td>Crown - 3/4 cast high noble metal.</td>
<td>182.00</td>
</tr>
<tr>
<td>6781</td>
<td>Crown - 3/4 cast predominantly base metal.</td>
<td>168.00</td>
</tr>
<tr>
<td>6782</td>
<td>Crown - 3/4 cast noble metal.</td>
<td>154.00</td>
</tr>
<tr>
<td>6783</td>
<td>Crown - 3/4 porcelain/ceramic.</td>
<td>154.00</td>
</tr>
<tr>
<td>6790</td>
<td>Crown - full cast high noble metal.</td>
<td>168.00</td>
</tr>
<tr>
<td>6791</td>
<td>Crown - full cast predominantly base metal.</td>
<td>168.00</td>
</tr>
<tr>
<td>6792</td>
<td>Crown - full cast noble metal.</td>
<td>154.00</td>
</tr>
<tr>
<td>6940</td>
<td>Stress breaker.</td>
<td>47.00</td>
</tr>
<tr>
<td>6970</td>
<td>Cast post and core in addition to fixed partial denture retainer.</td>
<td>50.00</td>
</tr>
<tr>
<td>6971</td>
<td>Cast post as part of fixed partial denture retainer.</td>
<td>50.00</td>
</tr>
<tr>
<td>6972</td>
<td>Prefabricated post and core in addition to fixed partial denture retainer.</td>
<td>50.00</td>
</tr>
</tbody>
</table>
# MAJOR PROCEDURES (Continued) (LOW PLAN)

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>6058</td>
<td>Abutment supported porcelain/ceramic crown.</td>
<td>154.00</td>
</tr>
<tr>
<td>6059</td>
<td>Abutment supported porcelain fused to metal crown (high noble metal).</td>
<td>168.00</td>
</tr>
<tr>
<td>6060</td>
<td>Abutment supported porcelain fused to metal crown (predominately base metal).</td>
<td>$168.00</td>
</tr>
<tr>
<td>6061</td>
<td>Abutment supported porcelain fused to metal crown (noble metal).</td>
<td>154.00</td>
</tr>
<tr>
<td>6062</td>
<td>Abutment supported cast metal crown (high noble metal).</td>
<td>168.00</td>
</tr>
<tr>
<td>6063</td>
<td>Abutment supported cast metal crown (predominantly base metal).</td>
<td>168.00</td>
</tr>
<tr>
<td>6064</td>
<td>Abutment supported cast metal crown (noble metal).</td>
<td>182.00</td>
</tr>
<tr>
<td>6065</td>
<td>Implant supported porcelain/ceramic crown.</td>
<td>154.00</td>
</tr>
<tr>
<td>6066</td>
<td>Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal).</td>
<td>168.00</td>
</tr>
<tr>
<td>6067</td>
<td>Implant supported metal crown (titanium, titanium alloy, high noble metal).</td>
<td>168.00</td>
</tr>
<tr>
<td>6068</td>
<td>Abutment supported retainer for porcelain/ceramic FPD.</td>
<td>154.00</td>
</tr>
<tr>
<td>6069</td>
<td>Abutment supported retainer for porcelain fused to metal FPD (high noble metal).</td>
<td>168.00</td>
</tr>
<tr>
<td>6070</td>
<td>Abutment supported retainer for porcelain fused to metal FPD (predominately base metal).</td>
<td>168.00</td>
</tr>
<tr>
<td>6071</td>
<td>Abutment supported retainer for porcelain fused to metal FPD (noble metal).</td>
<td>154.00</td>
</tr>
<tr>
<td>6072</td>
<td>Abutment supported retainer for cast metal FPD (high noble metal).</td>
<td>168.00</td>
</tr>
<tr>
<td>6073</td>
<td>Abutment supported retainer for cast metal FPD (predominately base metal).</td>
<td>168.00</td>
</tr>
<tr>
<td>6074</td>
<td>Abutment supported retainer for cast metal FPD (noble metal).</td>
<td>182.00</td>
</tr>
<tr>
<td>6075</td>
<td>Implant supported retainer for ceramic FPD.</td>
<td>154.00</td>
</tr>
<tr>
<td>6076</td>
<td>Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal).</td>
<td>168.00</td>
</tr>
<tr>
<td>6077</td>
<td>Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal).</td>
<td>168.00</td>
</tr>
</tbody>
</table>

(6058-6077: Although implants are not a covered benefit, these procedures can qualify for benefits. Coverage is subject to the replacement and extraction provisions as defined under the limitations section of this contract.)

# Pontics.

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>6210</td>
<td>Cast high noble metal.</td>
<td>168.00</td>
</tr>
<tr>
<td>6211</td>
<td>Cast predominantly base metal.</td>
<td>168.00</td>
</tr>
<tr>
<td>6212</td>
<td>Cast noble metal.</td>
<td>182.00</td>
</tr>
<tr>
<td>6240</td>
<td>Porcelain fused to high noble metal.</td>
<td>168.00</td>
</tr>
<tr>
<td>6241</td>
<td>Porcelain fused to predominantly base metal.</td>
<td>168.00</td>
</tr>
<tr>
<td>6242</td>
<td>Porcelain fused to noble metal.</td>
<td>154.00</td>
</tr>
<tr>
<td>6245</td>
<td>Porcelain/ceramic.</td>
<td>154.00</td>
</tr>
<tr>
<td>6250</td>
<td>Resin with high noble metal.</td>
<td>168.00</td>
</tr>
<tr>
<td>6251</td>
<td>Resin with predominantly base metal.</td>
<td>154.00</td>
</tr>
<tr>
<td>6252</td>
<td>Resin with noble metal.</td>
<td>182.00</td>
</tr>
</tbody>
</table>

# Repairs, crowns and fixed partial dentures.

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>6980</td>
<td>Fixed partial denture repair, by report.</td>
<td>32.00</td>
</tr>
<tr>
<td>2980</td>
<td>Crown repair, by report.</td>
<td>29.00</td>
</tr>
</tbody>
</table>
## MAJOR PROCEDURES (Continued) (LOW PLAN)

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROSTHODONTICS - REMOVABLE.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Partials and Dentures</strong> (Allowance for partial and complete dentures include adjustments within 6 months after installation. Precision attachments, implants, overdentures, specialized techniques and characterizations are considered optional and the additional expense for these shall be borne by the patient. All partial allowances include conventional clasps, rests and teeth.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5110</td>
<td>Complete denture - maxillary.</td>
<td>$185.00</td>
</tr>
<tr>
<td>5120</td>
<td>Complete denture - mandibular.</td>
<td>179.00</td>
</tr>
<tr>
<td>5130</td>
<td>Immediate denture - maxillary.</td>
<td>200.00</td>
</tr>
<tr>
<td>5140</td>
<td>Immediate denture - mandibular.</td>
<td>194.00</td>
</tr>
<tr>
<td>5211</td>
<td>Maxillary partial denture - resin base.</td>
<td>133.00</td>
</tr>
<tr>
<td>5212</td>
<td>Mandibular partial denture - resin base.</td>
<td>154.00</td>
</tr>
<tr>
<td>5213</td>
<td>Maxillary partial denture - cast metal framework with resin denture bases.</td>
<td>214.00</td>
</tr>
<tr>
<td>5214</td>
<td>Mandibular partial denture - cast metal framework with resin denture bases.</td>
<td>214.00</td>
</tr>
<tr>
<td>5281</td>
<td>Removable unilateral partial denture - one piece cast metal.</td>
<td>115.00</td>
</tr>
<tr>
<td>5820</td>
<td>Interim partial denture (maxillary).</td>
<td>72.00</td>
</tr>
<tr>
<td>5821</td>
<td>Interim partial denture (mandibular).</td>
<td>75.00</td>
</tr>
<tr>
<td>5810</td>
<td>Interim complete denture (maxillary).</td>
<td>82.00</td>
</tr>
<tr>
<td>5811</td>
<td>Interim complete denture (mandibular).</td>
<td>86.00</td>
</tr>
<tr>
<td>5410</td>
<td>Adjust complete denture - maxillary.</td>
<td>10.00</td>
</tr>
<tr>
<td>5411</td>
<td>Adjust complete denture - mandibular.</td>
<td>10.00</td>
</tr>
<tr>
<td>5421</td>
<td>Adjust partial denture - maxillary.</td>
<td>11.00</td>
</tr>
<tr>
<td>5422</td>
<td>Adjust partial denture - mandibular.</td>
<td>10.00</td>
</tr>
<tr>
<td>(5410-5422: Coverage is limited to an adjustment with a date of service more than 6 months after installation.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5850</td>
<td>Tissue conditioning, maxillary.</td>
<td>19.00</td>
</tr>
<tr>
<td>5851</td>
<td>Tissue conditioning, mandibular.</td>
<td>20.00</td>
</tr>
<tr>
<td>5710</td>
<td>Rebase - complete maxillary denture</td>
<td>67.00</td>
</tr>
<tr>
<td>5711</td>
<td>Rebase - complete mandibular denture.</td>
<td>71.00</td>
</tr>
<tr>
<td>5720</td>
<td>Rebase - maxillary partial denture.</td>
<td>64.00</td>
</tr>
<tr>
<td>5721</td>
<td>Rebase - mandibular partial denture.</td>
<td>68.00</td>
</tr>
<tr>
<td><strong>Adding teeth to partial denture to replace extracted natural teeth.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5650</td>
<td>Add tooth to existing partial denture.</td>
<td>24.00</td>
</tr>
<tr>
<td>5660</td>
<td>Add clasp to existing partial denture.</td>
<td>28.00</td>
</tr>
<tr>
<td>5670</td>
<td>Replace all teeth and acrylic on cast metal framework (maxillary).</td>
<td>133.00</td>
</tr>
<tr>
<td>5671</td>
<td>Replace all teeth and acrylic on cast metal framework (mandibular).</td>
<td>154.00</td>
</tr>
<tr>
<td>(5670-5671: Prosthetic replacement limitation applies. See limitations section.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PERSONAL AND DEPENDENT DENTAL CARE INSURANCE

LIST OF DENTAL PROCEDURES (MIDDLE PLAN)

The following is a complete list of the dental procedures for which benefits are payable under this section. **No benefits are payable for a procedure that is not listed.**

**PREVENTIVE PROCEDURES**

<table>
<thead>
<tr>
<th>PROC. NO.</th>
<th>DESCRIPTION OF SERVICE</th>
<th>MAXIMUM COVERED EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0220</td>
<td>Periapical radiograph - first film.</td>
<td>$14.00</td>
</tr>
<tr>
<td>0230</td>
<td>Additional periapical film, each.</td>
<td>11.00</td>
</tr>
<tr>
<td>0210</td>
<td>Intraoral - complete series (including bitewings).</td>
<td>76.00</td>
</tr>
<tr>
<td>0330</td>
<td>Panoramic film.</td>
<td>61.00</td>
</tr>
<tr>
<td></td>
<td>(0210 or 0330: Only one of these procedures will be allowed in any three year period.*)</td>
<td></td>
</tr>
<tr>
<td>0240</td>
<td>Intraoral, occlusal film.</td>
<td>19.00</td>
</tr>
<tr>
<td>0250</td>
<td>Extraoral, first film.</td>
<td>24.00</td>
</tr>
<tr>
<td>0260</td>
<td>Extraoral, each additional film.</td>
<td>19.00</td>
</tr>
<tr>
<td>0270</td>
<td>Bitewing, single film.</td>
<td>12.00</td>
</tr>
<tr>
<td>0272</td>
<td>Bitewing - two films.</td>
<td>21.00</td>
</tr>
<tr>
<td>0274</td>
<td>Bitewing - four films.</td>
<td>33.00</td>
</tr>
<tr>
<td>0277</td>
<td>Vertical bitewings - 7 to 8 films.</td>
<td>50.00</td>
</tr>
<tr>
<td></td>
<td>(Bitewing films are limited to 2 allowances in a Benefit Period. A 0270, 0272, 0274 or 0277 counts toward this maximum allowance. In addition, 0277 will be limited to once in a 3-year period.)</td>
<td></td>
</tr>
</tbody>
</table>

*The frequency is measured forward from the last covered date of service for the procedure.*