



2020

**DENTAL BENEFIT
GUIDE**

Introduction

SECTION 1



Alignment Health Plan (AHP) proudly offers Alignment Dental Plan. This comprehensive dental plan has no monthly premium, no deductibles and low cost co-payments for more than 250 procedures that include checkups, cleanings, gum care, and restorative work.

This directory provides a list of Alignment Health Plan's covered dental benefits.

AHP contracts with LIBERTY Dental Plan of California Inc. (LDP) to provide your dental and administrative services.

Alignment Dental Plan is affordable and easy to use! There are virtually no claim forms to complete, and this full service dental plan offers up to 50% discounted fees on basic services. Specialty referral benefits have no annual or lifetime maximum.

You automatically become a member of Alignment Dental Plan when you become a member of AHP. Your enrollment is effective the first day of the month, following the date you signed up for services. For example, if you sign up on September 15th, your effective date will be October 1st. If you sign up during an Initial Enrollment Period or during the Annual Election Period, your effective date may vary.

You are not required to select a specific dentist at the time of enrollment. However, you must use LDP's contracted providers to utilize dental benefits. These contracted providers are listed in the Provider Directory. Some network providers may have been added or removed from our network after the directory was printed. We do not guarantee that each provider is still accepting new members. The most current provider information may also be found on the Alignment Health Plan's website at alignmenthealthplan.com. Always check with your dental office before receiving services to make sure they are a LIBERTY Dental Plan contracted provider.

Your dentist will determine the appropriate care that you may need. The co-payments listed in the

chart apply for services only when prescribed by a contracted LDP provider as a necessary, adequate and appropriate procedure for your dental condition.

For more recent information or other questions, please contact LIBERTY Dental via telephone toll free at (866) 454-3008 Monday through Friday between the hours of 8:00 am and 5:00 pm (excluding holidays). LIBERTY Dental Plan has bilingual representatives that can assist in the language most convenient for you. The chart listed in this section shows all your covered dental procedures and co-payments. Not all benefits may be suitable for you.

Benefit Guidelines

SECTION 2



► HOW TO RECEIVE CARE

Dental benefits are covered only if they are provided by a contracted LIBERTY Dental Plan provider. The only time you may receive care outside of the LIBERTY Dental Plan network is for emergency dental services described later in this section. Remember to always check with your dental office before receiving services to make sure the office is a LIBERTY Dental Plan provider.

► EMERGENCY DENTAL CARE

All affiliated LIBERTY Dental Plan primary care dental offices provide emergency dental services 24 hours a day, 7 days a week.

In the event you require emergency dental care, contact your Primary Care Dentist to schedule an immediate appointment. For urgent or unexpected dental conditions that occur after hours or on weekends, contact your Primary Care Dentist for instructions on how to proceed.

If your Primary Care Dentist is unavailable, simply contact any licensed dentist to receive care. LIBERTY Dental Plan will reimburse you for dental expenses up to a maximum of \$75, less applicable co-payments.

Alignment Health Plan provides coverage for emergency dental services only if the services are required to alleviate severe pain or bleeding, or if you reasonably believe that the condition, if not diagnosed or treated, may lead to disability, dysfunction or permanent damage to your health.

► HOW TO OBTAIN EMERGENCY DENTAL CARE

Emergency dental services and care which are covered by LIBERTY Dental Plan include, as defined in the Health & Safety Code, a dental screening, an examination, an evaluation by a dentist or a dental specialist to determine if an emergency dental condition exists, and to provide care that would be

acknowledged as within professionally recognized standards of care and in order to alleviate any emergency symptoms in a dental office. Medical and/ or psychiatric emergencies are not covered by LIBERTY Dental Plan if the services are rendered in a hospital setting which are covered by Alignment Health Plan, or if LIBERTY Dental Plan determines the services were not dental in nature.

At the time of your appointment, your dentist may recommend other dental procedures that are not covered benefits. Services that are not covered can include implants, specialized metals used for fillings and crowns, or other services. If your dentist recommends dental services not covered by this plan, you can talk with your dentist to see if there are other treatment options that are covered. If you choose to accept dental services that are not covered by this plan, you will need to pay for those services.

► OPTIONAL DENTAL TREATMENT

Optional dental treatment is any procedure that is:

- A dental laboratory upgrade of a standard covered material(s) (members may be charged a surcharge based on the additional laboratory costs) or
- A more extensive covered service that is an alternative to an adequate, but more conservative, covered dental service. If you choose a more extensive treatment than what is recommended by your dentist or that is an alternative to an adequate, but more conservative covered dental service, you must pay the difference between your selected dental office's usual and customary fee for the more extensive treatment, and the usual and customary fee for the covered benefit. You must also pay the co-payment for the covered benefits that are listed in the dental procedures chart.

Sometimes, there are several clinical options that are

professionally recognized and could be considered for you by your dentist. To ensure that you receive acceptable dental benefits in a consistent manner, LDP publishes its Governing Administrative Policies (GAPs), and other clinical criteria and guidelines, and distributes them to contracted dentists.

This document is revised periodically to incorporate guidelines under which some treatments should be considered covered or optional. Your dentist may refer to these guidelines to determine the treatment plan to be utilized.

➤ **EMERGENCY DENTAL CARE**

Emergency dental care is any dental service (provided inside or outside the Alignment Health Plan service area) required for treatment of severe pain, swelling, bleeding, or the diagnosis and treatment of unforeseen dental conditions which, if not treated immediately, may lead to disability, dysfunction, or permanent damage to your health.

➤ **IN-AREA EMERGENCY DENTAL CARE**

If you feel you require emergency dental care and you are within your Alignment Health Plan service area, call your selected general dentist immediately. The dental office personnel will advise you what to do. Your dental office is available in an emergency 24 hours a day, 7 days a week.

➤ **OUT-OF-AREA EMERGENCY DENTAL CARE**

If you are outside your Alignment Health Plan service area and are in need of emergency dental care, you may go to any licensed dentist. The services you receive from the out-of-area dentist are covered up to \$75 (minus any applicable member co-payments) as long as a transfer to a network provider is a risk to your health. To obtain reimbursement, submit your request for reimbursement, payment receipt, and description of services rendered in writing to:

Alignment Health Plan
Attn: Member Services Department
1100 W. Town and Country Rd., Suite 300
Orange, CA 92868

There are time limits for filing claims for reimbursement. Generally, bills for reimbursement must be submitted to LDP within 6 months of the date of service, unless there is a reason for filing later.

➤ **DENIAL OF A REIMBURSEMENT CLAIM FOR OUT-OF-AREA EMERGENCY DENTAL CARE**

If your claim for reimbursement of out-of-area emergency dental care is partially or fully denied, LDP will notify you in writing of the decision. The notice states the specific reason for the denial and informs you that you may request a reconsideration of the denial.

To request a review of the denial or partial denial, submit a written notice to Alignment Health Plan within sixty (60) days of receiving the denial notice.

➤ **GETTING A REFERRAL TO A DENTAL SPECIALIST**

Your selected primary care dentist will assess whether you need a referral to a dental specialist. In cases involving dental emergencies that need the care of a specialist, your selected primary care dentist will contact LDP by telephone to request an emergency referral. For non-emergency referrals, the following procedures apply:

- Your selected primary care dentist completes a written referral form for you and mails it to LDP.
- LDP staff processes the referral request and has a dentist review the request. The referral, if approved by LDP, is made to a specialist contracted with LDP who practices in your area. If there are no contracted specialists located in your area, LDP may approve treatment by a noncontracted specialist in your area.

For dental benefits to be covered by a LDP specialist, you must first obtain a referral from your LDP primary care dentist.

When approved, specialty services are provided,

and your responsibility is limited to applicable co-payments:

- There is no annual maximum for covered specialty care services.

If LDP has not authorized your referral to a specialist, in writing and in advance, LDP is not obligated to pay for services performed.

► **OBTAINING A SECOND OPINION FOR DENTAL CARE**

You may request a second opinion about your dental care from another dentist who contracts with LDP if:

- You are not satisfied with treatment you received from your selected dentist;
- You are uncertain about a proposed treatment plan;
- You do not agree with the recommendations of your selected dentist and/or the LDP Director; or
- You are dissatisfied with the quality of dental work being performed.

Price comparison regarding a proposed procedure or treatment plan is not sufficient grounds for obtaining a second opinion.

► **SELECTING ANOTHER DENTIST**

You may select any provider within LDP's provider network.

Note: If you owe your dentist any money at the time you want to transfer to another dentist, you must first pay any monies owed to your current dentist. If you transfer dentists, you are responsible for a nominal fee for the duplication and transfer of X-rays or other records to your new dentist.

Contracted dentists may terminate a member from their practice when a breakdown in a workable doctor-patient relationship occurs or cannot be established. LDP cannot compel or require a contracted dentist to treat any member for any reason. LDP customer service representatives will assist members in selecting a new dentist; please

contact Member Services at 1-866-454-3008.

LDP will notify you at least thirty (30) days prior to the dentist's effective termination date so that you may select another dentist.

If you are notified by LDP or by the dentist that this has occurred, fees for the duplication and transfer of X-rays or other records are waived.

Members may not usually transfer dentists while in the middle of a multi-visit procedure where a final impression for a fabrication of a dental appliance has occurred, unless exceptional cause can be shown. This includes crowns, inlays and onlays (advanced restorative procedures), removable partial dentures and complete dentures (removable prosthodontics) and components of bridges (fixed prosthodontics).

In cases where LDP allows for transfer in mid procedure, you may be charged for laboratory charges incurred by the dentist in fabricating the dental appliance. The charges may not exceed the listed co-payments for the covered procedures. In addition, you may be charged for laboratory charges for optional features ordered for you by your dentist.

► **IF YOUR DENTIST NO LONGER CONTRACTS WITH LIBERTY DENTAL PLAN OF CALIFORNIA, INC.**

If the dentist is unable to continue to contract with LDP or if LDP cancels the contract, LDP will notify you at least thirty (30) days prior to the dentist's effective termination date. Your fees for the duplication and transfer of X-rays or other records will be waived.

Exclusions & Limitations

SECTION 2



► *GUIDELINES FOR INLAYS, ONLAYS, CROWNS, PONTICS AND ABUTMENTS

The maximum amount chargeable to the Member to upgrade to resin or porcelain on molar teeth (teeth number 1-3, 14-19, 30-32) and/or upgrade to noble metal, high noble metal, titanium alloy or titanium is \$250.00.

Brand name restorations, (e.g. Sunrise, Captek, Vitadure-N, Hi-Ceram, Optec, HSP, In-Ceram, Empress, Cerec, AllCeram, Procera, Lava, etc.), may be considered elective upgraded procedures if their related CPT procedure codes are not listed as covered benefits.

Resin, porcelain and any resin to metal or porcelain to metal crowns and pontics are a benefit on anterior (teeth numbers 6-11, 22-27), first bicuspid (teeth numbers 5, 12, 21, and 28) and second bicuspid (teeth numbers 4, 13, 20, and 29) teeth only. The member will be charged the additional lab cost to add resin or porcelain to all molar (teeth numbers 1-3, 14-19, 30-32) crowns and pontics.

Cast base metal restorations are covered benefits for molar teeth. Resin-based composite and porcelain to metal crowns may be considered elective upgraded procedures. Adding a porcelain margin may be considered an elective upgraded procedure.

If elected, noble, high noble metal, or titanium may be considered an elective upgraded procedure.

► GUIDELINES FOR PERIODONTAL SERVICES

No more than two (2) quadrants of Periodontal scaling and root planning per appointment/per day are allowed.

► LIMITATIONS

1. Prophylaxis are covered once every six consecutive months.
2. Full mouth X-rays are limited to once every thirty six (36) consecutive months.
3. Fluoride treatments are covered once every six (6) months.
4. Sealants and sealant repairs are covered only on the first and second permanent molars and up to the fourteenth (14th) birth date.
5. Crowns, jackets, inlays and outlays are benefits on the same tooth only once every five (5) years and consistent with professionally recognized standards of dental practice.
6. Replacement of existing full and partial dentures are covered once, per dental arch, every five (5) years, except when they cannot be made functional through relines or repairs.
7. Denture relines are covered twice per year, and only when consistent with professional recognized standards of dental practice.
8. Any routine dental services performed by general dentist (DDS) or doctor of dental surgery or a doctor of dental medicine (DMD) in an inpatient/outpatient hospital setting, under certain circumstances, will be considered for coverage.

► EXCEPTIONS

1. Any procedure not specifically listed as a Covered Service.
2. Replacement of lost or stolen prosthetics or appliances including crowns, bridges, partial dentures, full dentures, and orthodontic appliances.

3. Any treatment requested, or appliances made, which are either not necessary for maintaining or improving dental health, or are for cosmetic purposes unless otherwise covered as a benefit;
4. Procedures considered experimental, treatment involving implants or pharmacological regimens other than listed as Covered Service (See "Independent Medical Review" in the Group Evidence of Coverage and Disclosure Form);
5. Oral surgery requiring the setting of bone fractures or bone dislocations;
6. Hospitalization;
7. Out-patient services;
8. Ambulance services;
9. Durable Medical Equipment;
10. Mental Health services;
11. Chemical Dependency services;
12. Home Health services;
13. General anesthesia, analgesia, intravenous/ intramuscular sedation or the services of an anesthesiologist other than listed as Covered Service;
14. Treatment started before the member was eligible, or after the member was no longer eligible;
15. Procedures, appliances, or restorations to correct congenital, developmental or medically induced dental disorder, including but not limited to: myofunctional(e.g. speech therapy), myoskeletal, or temporomandibular joint dysfunctions (e.g. adjustments/ corrections to the facial bones) unless otherwise covered as an orthodontic benefit;
16. Procedures which are determined not to be dentally necessary consistent with professionally recognized standards of dental practice;
17. Treatment of malignancies, cysts, or neoplasms;
18. Orthodontic treatment started prior to member's effective date of coverage;
19. Appliances needed to increase vertical dimension or restore occlusion;
20. Any services performed outside of your assigned dental office, unless expressly authorized by Liberty Dental Plan, or unless as outlined and covered in "Emergency Dental Care" section.

Benefit Table

SECTION 2



No Annual Deductible, No Annual Maximum

CDT CODE	DESCRIPTION	MEMBER COST-SHARING PAYMENT
DIAGNOSTIC SERVICES		
D0120	Periodic oral evaluation	\$0.00
D0140	Limited oral evaluation	\$0.00
D0150	Comprehensive oral evaluation	\$0.00
D0160	Oral evaluation, problem focused	\$0.00
D0170	Re-evaluation, limited, problem focused	\$0.00
D0171	Re-evaluation, post operative office visit	\$0.00
D0180	Comprehensive periodontal evaluation	\$0.00
D0210	Intraoral, complete series of radiographic images	\$0.00
D0220	Intraoral, periapical, first radiographic image	\$0.00
D0230	Intraoral, periapical, each add 'l radiographic image	\$0.00
D0240	Intraoral, occlusal radiographic image	\$0.00
D0250	Extra-oral 2D projection radiographic image, stationary radiation source	\$0.00
D0251	Extra-oral posterior dental radiographic image	\$0.00
D0270	Bitewing, single radiographic image	\$0.00
D0272	Bitewings, two radiographic images	\$0.00
D0273	Bitewings, three radiographic images	\$0.00
D0274	Bitewings, four radiographic images	\$0.00
D0277	Vertical bitewings, 7 to 8 radiographic images	\$0.00
D0330	Panoramic radiographic image	\$0.00
D0460	Pulp vitality tests	\$0.00
D0470	Diagnostic casts	\$0.00
PREVENTIVE SERVICES		
D1110	Prophylaxis, adult	\$0.00
D1206	Topical application of fluoride varnish	\$0.00
D1208	Topical application of fluoride, excluding varnish	\$0.00
D1310	Nutritional counseling for control of dental disease	\$0.00
D1320	Tobacco counseling, control/prevention oral disease	\$0.00
D1330	Oral hygiene instruction	\$0.00
D1351	Sealant, per tooth	\$0.00
D1352	Preventive resin restoration, permanent tooth	\$0.00
D1353	Sealant repair, per tooth	\$0.00

CDT CODE	DESCRIPTION	MEMBER COST-SHARING PAYMENT
D1510	Space maintainer, fixed, unilateral	\$0.00
D1516	Space maintainer – fixed – bilateral, maxillary	\$0.00
D1517	Space maintainer – fixed – bilateral, mandibular	\$0.00
D1520	Space maintainer, removable, unilateral	\$0.00
D1526	Space maintainer – removable – bilateral, maxillary	\$0.00
D1527	Space maintainer – removable – bilateral, mandibular	\$0.00
D1550	Re-cement or re-bond space maintainer	\$0.00
D1555	Removal of fixed space maintainer	\$0.00
RESTORATIVE SERVICES		
D2140	Amalgam, one surface, primary or permanent	\$29.00
D2150	Amalgam, two surfaces, primary or permanent	\$34.00
D2160	Amalgam, three surfaces, primary or permanent	\$39.00
D2161	Amalgam, four or more surfaces, primary or permanent	\$44.00
D2330	Resin-based composite, one surface, anterior	\$25.00
D2331	Resin-based composite, two surfaces, anterior	\$39.00
D2332	Resin-based composite, three surfaces, anterior	\$44.00
D2335	Resin-based composite, four or more surfaces, involving incisal angle	\$49.00
D2390	Resin-based composite crown, anterior	\$49.00
D2391	Resin-based composite, one surface, posterior	\$85.00
D2392	Resin-based composite, two surfaces, posterior	\$120.00
D2393	Resin-based composite, three surfaces, posterior	\$140.00
D2394	Resin-based composite, four or more surfaces, posterior	\$165.00
D2510	Inlay, metallic, one surface	\$230.00
D2520	Inlay, metallic, two surfaces	\$250.00
D2530	Inlay, metallic, three or more surfaces	\$275.00
D2542	Onlay, metallic, two surfaces	\$300.00
D2543	Onlay, metallic, three surfaces	\$325.00
D2544	Onlay, metallic, four or more surfaces	\$325.00
D2710	Crown, resin-based composite (indirect)	\$150.00*
D2720	Crown, resin with high noble metal	\$250.00*
D2721	Crown, resin with predominantly base metal	\$225.00*
D2722	Crown, resin with noble metal	\$250.00*
D2740	Crown, porcelain/ceramic	\$250.00*
D2750	Crown, porcelain fused to high noble metal	\$350.00*
D2751	Crown, porcelain fused to predominantly base metal	\$325.00*
D2752	Crown, porcelain fused to noble metal	\$350.00*
D2780	Crown, ¾ cast high noble metal	\$350.00*
D2781	Crown, ¾ cast predominantly base metal	\$325.00

CDT CODE	DESCRIPTION	MEMBER COST-SHARING PAYMENT
D2782	Crown, ¾ cast noble metal	\$350.00*
D2790	Crown, full cast high noble metal	\$350.00*
D2791	Crown, full cast predominantly base metal	\$325.00
D2792	Crown, full cast noble metal	\$350.00*
D2794	Crown, titanium	\$350.00*
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	\$20.00
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	\$32.00
D2920	Re-cement or re-bond crown	\$20.00
D2930	Prefabricated stainless steel crown, primary tooth	\$38.00
D2931	Prefabricated stainless steel crown, permanent tooth	\$50.00
D2932	Prefabricated resin crown	\$60.00
D2933	Prefabricated stainless steel crown with resin window	\$50.00
D2940	Protective restoration	\$20.00
D2950	Core buildup, including any pins when required	\$42.00
D2951	Pin retention, per tooth, in addition to restoration	\$27.00
D2952	Post and core in addition to crown, indirectly fabricated	\$65.00
D2953	Each additional indirectly fabricated post, same tooth	\$50.00
D2954	Prefabricated post and core in addition to crown	\$50.00
D2955	Post removal	\$30.00
D2957	Each additional prefabricated post, same tooth	\$50.00
D2980	Crown repair necessitated by restorative material failure	\$25.00
ENDODONTIC SERVICES		
D3110	Pulp cap, direct (excluding final restoration)	\$15.00
D3120	Pulp cap, indirect (excluding final restoration)	\$15.00
D3220	Therapeutic pulpotomy (excluding final restoration)	\$26.00
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	\$30.00
D3240	Pulpal therapy, posterior, primary tooth (excluding final restoration)	\$30.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$195.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$255.00
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$295.00
D3346	Retreatment of previous root canal therapy, anterior	\$165.00
D3347	Retreatment of previous root canal therapy, premolar	\$255.00
D3348	Retreatment of previous root canal therapy, molar	\$295.00
D3351	Apexification/recalcification, initial visit	\$42.00
D3352	Apexification/recalcification, interim medication replacement	\$22.00
D3353	Apexification/recalcification, final visit	\$22.00
D3410	Apicoectomy, anterior	\$180.00
D3421	Apicoectomy, premolar (first root)	\$195.00

CDT CODE	DESCRIPTION	MEMBER COST-SHARING PAYMENT
D3425	Apicoectomy, molar (first root)	\$225.00
D3426	Apicoectomy, (each additional root)	\$75.00
D3430	Retrograde filling, per root	\$60.00
D3450	Root amputation, per root	\$95.00
D3920	Hemisection, not including root canal therapy	\$95.00
PERIODONTAL SERVICES		
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	\$195.00
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	\$60.00
D4212	Gingivectomy or gingivoplasty, restorative procedure, per tooth	\$0.00
D4240	Gingival flap procedure, four or more teeth per quadrant	\$300.00
D4241	Gingival flap procedure, one to three teeth per quadrant	\$300.00
D4260	Osseous surgery, four or more teeth per quadrant	\$375.00
D4261	Osseous surgery, one to three teeth per quadrant	\$375.00
D4274	Mesial/distal wedge procedure, single tooth	\$195.00
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	\$45.00
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	\$45.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit	\$50.00
D4381	Localized delivery of antimicrobial agent/per tooth	\$35.00
D4910	Periodontal maintenance	\$40.00
D4920	Unscheduled dressing change (other than treating dentist or staff)	\$20.00
REMOVABLE PROSTHODONTIC SERVICES		
D5110	Complete denture, maxillary	\$385.00
D5120	Complete denture, mandibular	\$385.00
D5130	Immediate denture, maxillary	\$385.00
D5140	Immediate denture, mandibular	\$385.00
D5211	Maxillary partial denture, resin base	\$360.00
D5212	Mandibular partial denture, resin base	\$360.00
D5213	Maxillary partial denture, cast metal, resin base	\$420.00
D5214	Mandibular partial denture, cast metal, resin base	\$420.00
D5221	Immediate maxillary partial denture, resin base	\$360.00
D5222	Immediate mandibular partial denture, resin base	\$360.00
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	\$420.00
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	\$420.00
D5282	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	\$295.00

CDT CODE	DESCRIPTION	MEMBER COST-SHARING PAYMENT
D5283	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	\$295.00
D5410	Adjust complete denture, maxillary	\$20.00
D5411	Adjust complete denture, mandibular	\$20.00
D5421	Adjust partial denture, maxillary	\$20.00
D5422	Adjust partial denture, mandibular	\$20.00
D5511	Repair broken complete denture base, mandibular	\$55.00
D5512	Repair broken complete denture base, maxillary	\$55.00
D5520	Replace missing or broken teeth, complete denture	\$25.00
D5611	Repair resin partial denture base, mandibular	\$35.00
D5612	Repair resin partial denture base, maxillary	\$35.00
D5621	Repair cast partial framework, mandibular	\$35.00
D5622	Repair cast partial framework, maxillary	\$35.00
D5630	Repair or replace broken retentive clasping materials – per tooth	\$25.00
D5640	Replace broken teeth, per tooth	\$25.00
D5650	Add tooth to existing partial denture	\$30.00
D5660	Add clasp to existing partial denture, per tooth	\$30.00
D5710	Rebase complete maxillary denture	\$165.00
D5711	Rebase complete mandibular denture	\$165.00
D5720	Rebase maxillary partial denture	\$145.00
D5721	Rebase mandibular partial denture	\$145.00
D5730	Reline complete maxillary denture, chairside	\$135.00
D5731	Reline complete mandibular denture, chairside	\$135.00
D5740	Reline maxillary partial denture, chairside	\$85.00
D5741	Reline mandibular partial denture, chairside	\$85.00
D5750	Reline complete maxillary denture, laboratory	\$140.00
D5751	Reline complete mandibular denture, laboratory	\$140.00
D5760	Reline maxillary partial denture, laboratory	\$130.00
D5761	Reline mandibular partial denture, laboratory	\$130.00
D5810	Interim complete denture, maxillary	\$425.00
D5811	Interim complete denture, mandibular	\$425.00
D5820	Interim partial denture, maxillary	\$165.00
D5821	Interim partial denture, mandibular	\$165.00
D5850	Tissue conditioning, maxillary	\$40.00
D5851	Tissue conditioning, mandibular	\$40.00
D5863	Overdenture, complete, maxillary	\$425.00
D5865	Overdenture, complete, mandibular	\$425.00

CDT CODE	DESCRIPTION	MEMBER COST-SHARING PAYMENT
IMPLANT SERVICES		
D6092	Re-cement or re-bond implant/abutment supported crown	\$45.00
D6093	Re-cement or re-bond implant/abutment supported FPD	\$65.00
FIXED PROSTHODONTIC SERVICES		
D6210	Pontic, cast high noble metal	\$220.00*
D6211	Pontic, cast predominantly base metal	\$220.00
D6212	Pontic, cast noble metal	\$220.00*
D6214	Pontic, titanium	\$220.00*
D6240	Pontic, porcelain fused to high noble metal	\$220.00*
D6241	Pontic, porcelain fused to predominantly base metal	\$280.00*
D6242	Pontic, porcelain fused to noble metal	\$280.00*
D6250	Pontic, resin with high noble metal	\$250.00*
D6251	Pontic, resin with predominantly base metal	\$225.00*
D6252	Pontic, resin with noble metal	\$195.00*
D6545	Retainer, cast metal for resin bonded fixed prosthesis	\$140.00*
D6549	Resin retainer, for resin bonded fixed prosthesis	\$140.00
D6720	Retainer crown, resin with high noble metal	\$250.00*
D6721	Retainer crown, resin with predominantly base metal	\$225.00*
D6722	Retainer crown, resin with noble metal	\$250.00*
D6750	Retainer crown, porcelain fused to high noble metal	\$325.00*
D6751	Retainer crown, porcelain fused to predominantly base metal	\$295.00*
D6752	Retainer crown, porcelain fused to noble metal	\$310.00*
D6780	Retainer crown, ¾ cast high noble metal	\$295.00*
D6781	Retainer crown, ¾ cast predominantly base metal	\$310.00
D6782	Retainer crown, ¾ cast noble metal	\$310.00*
D6790	Retainer crown, full cast high noble metal	\$325.00*
D6791	Retainer crown, full cast predominantly base metal	\$250.00
D6792	Retainer crown, full cast noble metal	\$295.00*
D6794	Retainer crown, titanium	\$325.00*
D6920	Connector bar	\$130.00
D6930	Re-cement or re-bond fixed partial denture	\$40.00
D6980	Fixed partial denture repair, restorative material failure	\$40.00
ORAL & MAXILLOFACIAL SERVICES		
D7111	Extraction, coronal remnants, primary tooth	\$25.00
D7140	Extraction, erupted tooth or exposed root	\$35.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	\$48.00
D7220	Removal of impacted tooth, soft tissue	\$68.00

CDT CODE	DESCRIPTION	MEMBER COST-SHARING PAYMENT
D7230	Removal of impacted tooth, partially bony	\$100.00
D7240	Removal of impacted tooth, completely bony	\$130.00
D7241	Removal impacted tooth, complete bony, complication	\$140.00
D7250	Removal of residual tooth roots (cutting procedure)	\$70.00
D7260	Oroantral fistula closure	\$250.00
D7270	Tooth reimplantation and/or stabilization, accident	\$185.00
D7280	Exposure of an unerupted tooth	\$130.00
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	\$95.00
D7286	Incisional biopsy of oral tissue, soft	\$130.00
D7290	Surgical repositioning of teeth	\$115.00
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	\$75.00
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	\$75.00
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	\$105.00
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	\$105.00
D7410	Excision of benign lesion, up to 1.25 cm	\$140.00
D7411	Excision of benign lesion, greater than 1.25 cm	\$140.00
D7471	Removal of lateral exostosis, maxilla or mandible	\$165.00
D7510	Incision & drainage of abscess, intraoral soft tissue	\$60.00
D7520	Incision & drainage of abscess, extraoral soft tissue	\$165.00
D7960	Frenulectomy (frenectomy or frenotomy), separate procedure	\$85.00
D7970	Excision of hyperplastic tissue, per arch	\$165.00
D7971	Excision of pericoronal gingiva	\$85.00
ADJUNCTIVE GENERAL SERVICES		
D9110	Palliative (emergency) treatment, minor procedure	\$20.00
D9210	Local anesthesia not in conjunction, operative or surgical procedures	\$0.00
D9211	Regional block anesthesia	\$0.00
D9212	Trigeminal division block anesthesia	\$0.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0.00
D9310	Consultation, other than requesting dentist	\$20.00
D9311	Consultation with a medical health care professional	\$0.00
D9430	Office visit, observation, regular hours, no other services	\$0.00
D9440	Office visit, after regularly scheduled hours	\$20.00
D9450	Case presentation, detailed & extensive treatment	\$0.00
D9910	Application of desensitizing medicament	\$15.00
D9944	Occlusal guard – hard appliance, full arch	\$150.00
D9945	Occlusal guard – soft appliance, full arch	\$150.00
D9946	Occlusal guard – hard appliance, partial arch	\$150.00
D9941	Fabrication of athletic mouthguard	\$175.00

CDT CODE	DESCRIPTION	MEMBER COST-SHARING PAYMENT
D9942	Repair and/or reline of occlusal guard	\$65.00
D9951	Occlusal adjustment, limited	\$35.00
D9952	Occlusal adjustment, complete	\$60.00
D9986	Missed appointment	\$0.00
D9987	Cancelled appointment	\$0.00

