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# Lone Star - Total Care

Members can search for a Network Provider at
www. Solsticecare.com/provider-search.aspx
Member Services: 1.855.574.1284

The Copayments listed on this Schedule of Benefits apply when a Participating Provider who is a General Dentists performs the Covered Services. **You and/or your participating provider are responsible for requesting Preauthorization for treatment of malignancies, cysts or neoplasms, general** anesthesia, IV sedation, crowns, bridges, prosthetics, and Network Specialist Dentists.

| **Symbol Legend** | † Procedures that are not eligible at a Specialist<br>^ Adult Copayments that do not include the cost of material and laboratory fees. | |
|---|---|---|
| **Cost-Sharing** | Participating Member Responsibility for Cost-Sharing | Non-Participating Member Responsibility for Cost-Sharing |
| **Deductible**<br>Child under Age 19<br>(Applies to all services) | **$0** | **$50** |
| Adult<br>(Applies to all services) | **$0** | **$50** |
| **Out-of-Pocket Limit**<br>One (1) per Child under Age 19 | **$450** | In circumstances where a Member receives emergency care in non-network facility, We will fully reimburse a non-network physician or provider for emergency care servcices at the usual and customary rate or at an agreed rate until the Member can reasonably be expected to transfer to a network physician or provider. |
| More than One (1) Child under Age 19 | **$900** | |

| CODE | DESCRIPTION | LIMITATIONS | MEMBER COST-SHARING CHILD | MEMBER COST-SHARING ADULT |
|---|---|---|---|---|
| | APPOINTMENTS | | | |
| D0120 | Periodic oral evaluation - established patient | 1 Every 6 Months | $5 | $5 |
| D0140 | Limited oral evaluation - problem focused | 1 Every 6 Months | $10 | $10 |
| D0150 | Comprehensive oral evaluation - new or established patient | 1 Every 36 Months | $5 | $5 |
| D0160 | Detailed and extensive oral evaluation - problem focused, by report | | $0 | $10 |

| CODE | DESCRIPTION | LIMITATIONS | MEMBER COST-SHARING CHILD | MEMBER COST-SHARING ADULT |
|---|---|---|---|---|
| D0180 | Comprehensive periodontal evaluation - new or established patient | 1 Every 36 Months | $0 | $10 |
| | RADIOGRAPHY / DIAGNOSTIC DENTISTRY | | | |
| D0210 | Intraoral – comprehensive series of radiographic images | 1 Every 60 Months | $25 | $25 |
| D0220 | Intraoral - periapical first radiographic image | | $0 | $10 |
| D0230 | Intraoral - periapical each additional radiographic image | | $0 | $3 |
| D0240 | Intraoral - occlusal radiographic image | | $0 | $8 |
| D0270 | Bitewing - single radiographic image | 1 Set Every 6 Months | $0 | $7 |
| D0272 | Bitewings - two radiographic images | 1 Set Every 6 Months | $0 | $10 |
| D0273 | Bitewings - three radiographic images | 1 Set Every 6 Months | $0 | $10 |
| D0274 | Bitewings - four radiographic images | 1 Set Every 6 Months | $0 | $10 |
| D0277 | Vertical bitewings - 7 to 8 radiographic images | 1 Set Every 6 Months | $0 | $10 |
| D0330 | Panoramic radiographic image | 1 Every 60 Months | $0 | $20 |
| D0340 | 2d cephalometric radiographic image – acquisition, measurement and analysis | | $125 | $120 |
| D0350 | 2d oral/facial photographic image obtained intra-orally or extra-orally | | $31 | $26 |
| D0364 | Cone beam CT capture and interpretation with limited field of view – less than one whole jaw | | Not Covered | $147 |
| D0365 | Cone beam CT capture and interpretation with field of view of one full dental arch – mandible | | Not Covered | $137 |
| D0366 | Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium | | Not Covered | $137 |
| D0367 | Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium | | Not Covered | $182 |
| D0368 | Cone beam CT capture and interpretation for TMJ series including two or more exposures | | Not Covered | $137 |
| D0369 | Maxillofacial MRI capture and interpretation | | Not Covered | $187 |
| D0370 | Maxillofacial ultrasound capture and interpretation | | Not Covered | $167 |
| D0371 | Sialoendoscopy capture and interpretation | | Not Covered | $167 |
| D0380 | Cone beam CT image capture with limited field of view – less than one whole jaw | | Not Covered | $157 |
| D0381 | Cone beam CT image capture with field of view of one full dental arch – mandible | | Not Covered | $137 |
| D0382 | Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium | | Not Covered | $137 |
| D0383 | Cone beam CT image capture with field of view of both jaws; with or without cranium | | Not Covered | $182 |
| D0384 | Cone beam CT image capture for TMJ series including two or more exposures | | Not Covered | $137 |
| D0385 | Maxillofacial MRI image capture | | Not Covered | $167 |

| CODE | DESCRIPTION | LIMITATIONS | MEMBER COST-SHARING CHILD | MEMBER COST-SHARING ADULT |
|---|---|---|---|---|
| D0386 | Maxillofacial ultrasound image capture | | Not Covered | $167 |
| D0393 | Virtual treatment simulation using 3d image volume or surface scan | | Not Covered | $7 |
| D0394 | Digital subtraction of two or more images or image volumes of the same modality | | Not Covered | $7 |
| D0395 | Fusion of two or more 3d image volumes of one or more modalities | | Not Covered | $12 |
| D0415 | Collection of microorganisms for culture and sensitivity | | Not Covered | $0 |
| D0425 | Caries susceptibility tests | | Not Covered | $0 |
| D0431 | Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures | | Not Covered | $70 |
| D0460 | Pulp vitality tests | | Not Covered | $0 |
| D0470 | Diagnostic casts | | $55 | $50 |
| | PREVENTIVE DENTISTRY | | | |
| D1110 | Prophylaxis - adult | Dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive (6) months | $0 | $0 |
| D1120 | Prophylaxis - child | Dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive (6) months | $0 | $0 |
| D1206 | Topical application of fluoride varnish | Limited To 2 Every 12 Months | $0 | $11 |
| D1208 | Topical application of fluoride – excluding varnish | Limited To 2 Every 12 Months | $0 | $10 |
| D1351 | Sealant - per tooth | 1 Sealant Per Unrestored Permanent Tooth Every 36 Months | $0 | $24 |
| D1510 | Space maintainer - fixed, unilateral - per quadrant | | $0 | $0 |
| D1516 | Space maintainer – fixed – bilateral, maxillary | | $0 | $0 |
| D1517 | Space maintainer – fixed – bilateral, mandibular | | $0 | $0 |
| D1520 | Space maintainer - removable, unilateral - per quadrant | | $0 | $0 |
| D1526 | Space maintainer – removable – bilateral, maxillary | | $0 | $0 |

| CODE | DESCRIPTION | LIMITATIONS | MEMBER COST-SHARING CHILD | MEMBER COST-SHARING ADULT |
|---|---|---|---|---|
| D1527 | Space maintainer – removable – bilateral, mandibular | | $0 | $0 |
| D1551 | Re-cement or re-bond bilateral space maintainer - maxillary | | $30 | $30 |
| D1552 | Re-cement or re-bond bilateral space maintainer - mandibular | | $30 | $30 |
| D1553 | Re-cement or re-bond unilateral space maintainer - per quadrant | | $30 | $30 |
| | RESTORATIVE DENTISTRY | | | |
| D2140 | Amalgam - one surface, primary or permanent, includes polishing | | $56 | $56 |
| D2150 | Amalgam - two surfaces, primary or permanent, includes polishing | | $65 | $65 |
| D2160 | Amalgam - three surfaces, primary or permanent, includes polishing | | $85 | $85 |
| D2161 | Amalgam - four or more surfaces, primary or permanent, includes polishing | | $109 | $109 |
| D2330 | Resin-based composite - one surface, anterior, primary and permanent, includes polishing | | $65 | $65 |
| D2331 | Resin-based composite - two surfaces, anterior, primary and permanent, includes polishing | | $84 | $84 |
| D2332 | Resin-based composite - three surfaces, anterior, primary and permanent, includes polishing | | $102 | $102 |
| D2335 | Resin-based composite - four or more surfaces or involving incisal angle (anterior), primary and permanent, includes polishing | | $124 | $124 |
| D2510 | Inlay - metallic - one surface | | $350 | $380 |
| D2520 | Inlay - metallic - two surfaces | | $350 | $420 |
| D2530 | Inlay - metallic - three or more surfaces | | $350 | $465 |
| D2542 | Onlay - metallic - two surfaces | | $350 | $505 |
| D2543 | Onlay - metallic - three surfaces | | $350 | $545 |
| D2544 | Onlay - metallic - four or more surfaces | | $350 | $560 |
| D2642 | Onlay - porcelain/ceramic - two surfaces | | $350 | $310^ |
| D2643 | Onlay - porcelain/ceramic - three surfaces | | $350 | $375^ |
| D2740 | Crown - porcelain/ceramic | Limited To 1 Per Tooth Every 60 Months | $400 | $360^ |
| D2750 | Crown - porcelain fused to high noble metal | Limited To 1 Per Tooth Every 60 Months | $400 | $350^ |
| D2751 | Crown - porcelain fused to predominantly base metal | Limited To 1 Per Tooth Every 60 Months | $400 | $290^ |
| D2752 | Crown - porcelain fused to noble metal | Limited To 1 Per Tooth Every 60 Months | $400 | $250^ |
| D2780 | Crown - 3/4 cast high noble metal | Limited To 1 Per Tooth Every 60 Months | $400 | $240^ |

| CODE | DESCRIPTION | LIMITATIONS | MEMBER COST-SHARING CHILD | MEMBER COST-SHARING ADULT |
|---|---|---|---|---|
| D2781 | Crown - 3/4 cast predominantly base metal | Limited To 1 Per Tooth Every 60 Months | $400 | $290^ |
| D2783 | Crown - 3/4 porcelain/ceramic | Limited To 1 Per Tooth Every 60 Months | $400 | $260^ |
| D2790 | Crown - full cast high noble metal | Limited To 1 Per Tooth Every 60 Months | $400 | $210^ |
| D2791 | Crown - full cast predominantly base metal | Limited To 1 Per Tooth Every 60 Months | $400 | $235^ |
| D2792 | Crown - full cast noble metal | Limited To 1 Per Tooth Every 60 Months | $400 | $250^ |
| D2794 | Crown - titanium and titanium alloys | Limited To 1 Per Tooth Every 60 Months | $400 | $250^ |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | | $36 | $36 |
| D2920 | Re-cement or re-bond crown | | $36 | $36 |
| D2930 | Prefabricated stainless steel crown - primary tooth | Limited To 1 Per Tooth Every 60 Months | $110 | $60 |
| D2931 | Prefabricated stainless steel crown - permanent tooth | Limited To 1 Per Tooth Every 60 Months | $110 | $60 |
| D2940 | Protective restoration | | $32 | $32 |
| D2950 | Core buildup, including any pins when required | Limited To 1 Per Tooth Every 60 Months | $100 | $100 |
| D2951 | Pin retention - per tooth, in addition to restoration | | $24 | $24 |
| D2954 | Prefabricated post and core in addition to crown | Limited To 1 Per Tooth Every 60 Months | $140 | $90 |
| D2980 | Crown repair necessitated by restorative material failure | | $95 | $45 |
| | ENDODONTICS SERVICES | | | |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service | $65 | $65 |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service | $75 | $75 |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | Limited to once per tooth per lifetime | $157 | $157 |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | Limited to once per tooth per lifetime | $200 | $200 |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | | $350 | $395 |

| CODE | DESCRIPTION | LIMITATIONS | MEMBER COST-SHARING CHILD | MEMBER COST-SHARING ADULT |
|---|---|---|---|---|
| D3320 | Endodontic therapy, premolar tooth (excluding final restoration) | | $350 | $478 |
| D3330 | Endodontic therapy, molar tooth (excluding final restoration) | | $350 | $643 |
| D3346 | Retreatment of previous root canal therapy - anterior | | $350 | $505 |
| D3347 | Retreatment of previous root canal therapy - premolar | | $350 | $643 |
| D3348 | Retreatment of previous root canal therapy - molar | | $350 | $753 |
| D3351 | Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.) | | $160 | $160 |
| D3352 | Apexification/recalcification – interim medication replacement | | $90 | $90 |
| D3353 | Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) | | $235 | $235 |
| D3410 | Apicoectomy - anterior | | $350 | $385 |
| D3421 | Apicoectomy - premolar (first root) | | $350 | $413 |
| D3425 | Apicoectomy - molar (first root) | | $350 | $495 |
| D3426 | Apicoectomy (each additional root) | | $176 | $176 |
| D3430 | Retrograde filling - per root | | $95 | $95 |
| D3450 | Root amputation - per root | | $235 | $235 |
| D3920 | Hemisection (including any root removal), not including root canal therapy | | $205 | $205 |
| | PERIODONTIC SERVICES | | | |
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | Limited To 1 Every 36 Months | $350 | $418 |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | Limited To 1 Every 36 Months | $149 | $149 |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | Limited To 1 Every 36 Months | $325 | $325 |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | Limited To 1 Every 36 Months | $325 | $325 |
| D4249 | Clinical crown lengthening – hard tissue | | $350 | $460 |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | Limited To 1 Every 36 Months | $350 | $786 |

| CODE | DESCRIPTION | LIMITATIONS | MEMBER COST-SHARING CHILD | MEMBER COST-SHARING ADULT |
|---|---|---|---|---|
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | Limited To 1 Every 36 Months | $350 | $786 |
| D4270 | Pedicle soft tissue graft procedure | | $350 | $447 |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | | $350 | $550 |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft | | $350 | $554 |
| D4278 | Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site | | $350 | $554 |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant | Limited To (1) per quadrant per 24 Months | $150 | $150† |
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant | Limited To (1) per quadrant per 24 Months | $80 | $80† |
| D4355 | Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit | Limited To 1 Per Lifetime | $90 | $90† |
| D4910 | Periodontal maintenance | Dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive (6) months | $100 | $100 |
| | PROSTHODONTICS- REMOVABLE | | | |
| D5110 | Complete denture - maxillary | Limited To 1 Every 60 Months | $350 | $455^ |
| D5120 | Complete denture - mandibular | Limited To 1 Every 60 Months | $350 | $455^ |
| D5130 | Immediate denture - maxillary | Limited To 1 Every 60 Months | $350 | $525^ |
| D5140 | Immediate denture - mandibular | Limited To 1 Every 60 Months | $350 | $525^ |
| D5211 | Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth) | Limited To 1 Every 60 Months | $350 | $350^ |
| D5212 | Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth) | Limited To 1 Every 60 Months | $350 | $350^ |

| CODE | DESCRIPTION | LIMITATIONS | MEMBER COST-SHARING CHILD | MEMBER COST-SHARING ADULT |
|---|---|---|---|---|
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | Limited To 1 Every 60 Months | $350 | $575^ |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | Limited To 1 Every 60 Months | $350 | $575^ |
| D5282 | Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary | Limited To 1 Every 60 Months | $350 | $195^ |
| D5283 | Removable unilateral partial denture – one piece cast metal (including rententive/clasping materias, rests, and teeth), mandibular | Limited To 1 Every 60 Months | $350 | $195^ |
| D5410 | Adjust complete denture - maxillary | | $30 | $30^ |
| D5411 | Adjust complete denture - mandibular | | $30 | $30^ |
| D5421 | Adjust partial denture - maxillary | | $30 | $30^ |
| D5422 | Adjust partial denture - mandibular | | $30 | $30^ |
| D5511 | Repair broken complete denture base, mandibular | | $110 | $60^ |
| D5512 | Repair broken complete denture base, maxillary | | $110 | $60^ |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) | | $90 | $40^ |
| D5611 | Repair resin partial denture base, mandibular | | $85 | $35^ |
| D5612 | Repair resin partial denture base, maxillary | | $85 | $35^ |
| D5621 | Repair cast partial framework, mandibular | | $90 | $40^ |
| D5622 | Repair cast partial framework, maxillary | | $90 | $40^ |
| D5630 | Repair or replace broken retentive clasping materials – per tooth | | $110 | $60^ |
| D5640 | Replace broken teeth - per tooth | | $90 | $40^ |
| D5650 | Add tooth to existing partial denture | | $100 | $50^ |
| D5660 | Add clasp to existing partial denture - per tooth | | $125 | $75^ |
| D5710 | Rebase complete maxillary denture | Limited To 1 In A 36-Month Period 6 Months After The Initial Installation | $280 | $230^ |
| D5720 | Rebase maxillary partial denture | Limited To 1 In A 36-Month Period 6 Months After The Initial Installation | $250 | $200^ |
| D5721 | Rebase mandibular partial denture | Limited To 1 In A 36-Month Period 6 Months After The Initial Installation | $250 | $200^ |
| D5730 | Reline complete maxillary denture (direct) | Limited To 1 In A 36-Month Period 6 Months After The Initial Installation | $155 | $105^ |

| CODE | DESCRIPTION | LIMITATIONS | MEMBER COST-SHARING CHILD | MEMBER COST-SHARING ADULT |
|---|---|---|---|---|
| D5731 | Reline complete mandibular denture (direct) | Limited To 1 In A 36-Month Period 6 Months After The Initial Installation | $155 | $105^ |
| D5740 | Reline maxillary partial denture (direct) | Limited To 1 In A 36-Month Period 6 Months After The Initial Installation | $130 | $80^ |
| D5741 | Reline mandibular partial denture (direct) | Limited To 1 In A 36-Month Period 6 Months After The Initial Installation | $130 | $80^ |
| D5750 | Reline complete maxillary denture (indirect) | | $235 | $185^ |
| D5751 | Reline complete mandibular denture (indirect) | | $235 | $185^ |
| D5760 | Reline maxillary partial denture (indirect) | Limited To 1 In A 36-Month Period 6 Months After The Initial Installation | $200 | $150^ |
| D5761 | Reline mandibular partial denture (indirect) | Limited To 1 In A 36-Month Period 6 Months After The Initial Installation | $200 | $150^ |
| D5850 | Tissue conditioning, maxillary | | $75 | $75 |
| D5851 | Tissue conditioning, mandibular | | $75 | $75 |
| | IMPLANT SERVICES | | | |
| D6010 | Surgical placement of implant body: endosteal implant | Limited To 1 Per Tooth Every 60 Months | $350 | $1050 |
| D6012 | Surgical placement of interim implant body for transitional prosthesis: endosteal implant | Limited To 1 Per Tooth Every 60 Months | $350 | $1050 |
| D6040 | Surgical placement: eposteal implant | Limited To 1 Per Tooth Every 60 Months | $350 | Not Covered |
| D6050 | Surgical placement: transosteal implant | Limited To 1 Per Tooth Every 60 Months | $350 | Not Covered |
| D6056 | Prefabricated abutment – includes modification and placement | Limited To 1 Per Tooth Every 60 Months | $350 | $475 |
| D6058 | Abutment supported porcelain/ceramic crown | Limited To 1 Per Tooth Every 60 Months | $350 | $750 |
| D6059 | Abutment supported porcelain fused to metal crown (high noble metal) | Limited To 1 Per Tooth Every 60 Months | $350 | $750 |
| D6060 | Abutment supported porcelain fused to metal crown (predominantly base metal) | Limited To 1 Per Tooth Every 60 Months | $350 | $750 |
| D6061 | Abutment supported porcelain fused to metal crown (noble metal) | Limited To 1 Per Tooth Every 60 Months | $350 | $750 |
| D6062 | Abutment supported cast metal crown (high noble metal) | Limited To 1 Per Tooth Every 60 Months | $350 | $750 |

| CODE | DESCRIPTION | LIMITATIONS | MEMBER COST-SHARING CHILD | MEMBER COST-SHARING ADULT |
|---|---|---|---|---|
| D6063 | Abutment supported cast metal crown (predominantly base metal) | Limited To 1 Per Tooth Every 60 Months | $350 | $750 |
| D6064 | Abutment supported cast metal crown (noble metal) | Limited To 1 Per Tooth Every 60 Months | $350 | $750 |
| D6065 | Implant supported porcelain/ceramic crown | Limited To 1 Per Tooth Every 60 Months | $350 | Not Covered |
| D6066 | Implant supported crown - porcelain fused to high noble alloys | Limited To 1 Per Tooth Every 60 Months | $350 | $750 |
| D6067 | Implant supported crown - high noble alloys | Limited To 1 Per Tooth Every 60 Months | $350 | $750 |
| D6068 | Abutment supported retainer for porcelain/ceramic fpd | Limited To 1 Per Tooth Every 60 Months | $350 | $750 |
| D6069 | Abutment supported retainer for porcelain fused to metal fpd (high noble metal) | Limited To 1 Per Tooth Every 60 Months | $350 | $750 |
| D6070 | Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal) | Limited To 1 Per Tooth Every 60 Months | $350 | $750 |
| D6071 | Abutment supported retainer for porcelain fused to metal fpd (noble metal) | Limited To 1 Per Tooth Every 60 Months | $350 | $750 |
| D6072 | Abutment supported retainer for cast metal fpd (high noble metal) | Limited To 1 Per Tooth Every 60 Months | $350 | $750 |
| D6073 | Abutment supported retainer for cast metal fpd (predominantly base metal) | Limited To 1 Per Tooth Every 60 Months | $350 | $750 |
| D6074 | Abutment supported retainer for cast metal fpd (noble metal) | Limited To 1 Per Tooth Every 60 Months | $350 | $750 |
| D6075 | Implant supported retainer for ceramic fpd | Limited To 1 Per Tooth Every 60 Months | $350 | $750 |
| D6076 | Implant supported retainer for FPD - porcelain fused to high noble alloys | Limited To 1 Per Tooth Every 60 Months | $350 | $750 |
| D6077 | Implant supported retainer for metal FPD - high noble alloys | Limited To 1 Per Tooth Every 60 Months | $350 | $750 |
| D6100 | Surgical removal of implant body | Limited To 1 Per Tooth Every 60 Months | $128 | $600 |
| | PROSTHODONTICS- FIXED | | | |
| D6210 | Pontic - cast high noble metal | 1 Every 60 Months | $350 | $210^ |
| D6211 | Pontic - cast predominantly base metal | 1 Every 60 Months | $350 | $240^ |
| D6212 | Pontic - cast noble metal | 1 Every 60 Months | $350 | $200^ |
| D6214 | Pontic - titanium and titanium alloys | 1 Every 60 Months | $350 | $250^ |
| D6240 | Pontic - porcelain fused to high noble metal | 1 Every 60 Months | $350 | $255^ |
| D6241 | Pontic - porcelain fused to predominantly base metal | 1 Every 60 Months | $350 | $290^ |
| D6242 | Pontic - porcelain fused to noble metal | 1 Every 60 Months | $350 | |
| D6245 | Pontic - porcelain/ceramic | 1 Every 60 Months | $350 | $300^ |
| D6545 | Retainer - cast metal for resin bonded fixed prosthesis | 1 Every 60 Months | $235 | $185^ |

| CODE | DESCRIPTION | LIMITATIONS | MEMBER COST-SHARING CHILD | MEMBER COST-SHARING ADULT |
|---|---|---|---|---|
| D6548 | Retainer - porcelain/ceramic for resin bonded fixed prosthesis | 1 Every 60 Months | $350 | $330^ |
| D6602 | Retainer inlay - cast high noble metal, two surfaces | 1 Every 60 Months | $350 | $340^ |
| D6603 | Retainer inlay - cast high noble metal, three or more surfaces | 1 Every 60 Months | $350 | $442^ |
| D6609 | surfaces | 1 Every 60 Months | $350 | $513^ |
| D6611 | Retainer onlay - cast high noble metal, three or more surfaces | 1 Every 60 Months | $350 | $489 |
| D6613 | Retainer onlay - cast predominantly base metal, three or more surfaces | 1 Every 60 Months | $350 | $459 |
| D6740 | Retainer crown - porcelain/ceramic | 1 Every 60 Months | $350 | $260^ |
| D6750 | Retainer crown - porcelain fused to high noble metal | 1 Every 60 Months | $350 | $255^ |
| D6751 | Retainer crown - porcelain fused to predominantly base metal | 1 Every 60 Months | $350 | $290^ |
| D6781 | Retainer crown - 3/4 cast predominantly base metal | 1 Every 60 Months | $350 | $290^ |
| D6782 | Retainer crown - 3/4 cast noble metal | 1 Every 60 Months | $350 | $250^ |
| D6783 | Retainer crown - 3/4 porcelain/ceramic | 1 Every 60 Months | $350 | $260^ |
| D6790 | Retainer crown - full cast high noble metal | 1 Every 60 Months | $350 | $255^ |
| D6791 | Retainer crown - full cast predominantly base metal | 1 Every 60 Months | $350 | $290^ |
| D6792 | Retainer crown - full cast noble metal | | $350 | $250^ |
| D6930 | Re-cement or re-bond fixed partial denture | | $65 | $65 |
| | ORAL SURGERY | | | |
| D7111 | Extraction, coronal remnants – primary tooth | | $100 | $100 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | | $100 | $100 |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | | $156 | $156 |
| D7220 | Removal of impacted tooth - soft tissue | | $200 | $200 |
| D7230 | Removal of impacted tooth - partially bony | | $262 | $262 |
| D7240 | Removal of impacted tooth - completely bony | | $312 | $312 |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | | $350 | $375 |
| D7250 | Removal of residual tooth roots (cutting procedure) | | $156 | $156 |
| D7251 | Coronectomy – intentional partial tooth removal, impacted teeth only | | $270 | $270 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | | $350 | $357 |
| D7272 | Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) | | $215 | $215 |
| D7280 | Exposure of an unerupted tooth | | $350 | $370 |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | | $131 | $131 |

| CODE | DESCRIPTION | LIMITATIONS | MEMBER COST-SHARING CHILD | MEMBER COST-SHARING ADULT |
|---|---|---|---|---|
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | | $54 | $54 |
| D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | | $207 | $207 |
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | | $93 | $93 |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | | $265 | $265 |
| D7510 | Incision and drainage of abscess - intraoral soft tissue | | $124 | $124 |
| D7910 | Suture of recent small wounds up to 5 cm | | $35 | $35 |
| D7971 | Excision of pericoronal gingiva | | $150 | $150 |
| | ORTHODONTIA | | | |
| D8010 | Limited orthodontic treatment of the primary dentition | Medically Necessary Child Only | $350 | Not Covered |
| D8020 | Limited orthodontic treatment of the transitional dentition | Medically Necessary Child Only | $350 | Not Covered |
| D8030 | Limited orthodontic treatment of the adolescent dentition | Medically Necessary Child Only | $350 | Not Covered |
| D8040 | Limited orthodontic treatment of the adult dentition | Adults Only | Not Covered | $1350 |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition | Medically Necessary Child Only | $350 | Not Covered |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition | Medically Necessary Child Only | $350 | Not Covered |
| D8090 | Comprehensive orthodontic treatment of the adult dentition | Adults Only | Not Covered | $3700 |
| D8210 | Removable appliance therapy | Medically Necessary Child Only | $350 | $350 |
| D8220 | Fixed appliance therapy | Medically Necessary Child Only | $236 | $236 |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | Medically Necessary Child Only | $63 | Not Covered |
| D8670 | Periodic orthodontic treatment visit | Medically Necessary Child Only | $35 | Not Covered |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | Medically Necessary Child Only | $15 | $300 |
| | MISCELLANEOUS SERVICES | | | |
| D9110 | Palliative treatment of dental pain - per visit | | $40 | $40 |
| D9222 | Deep sedation/general anesthesia – first 15 minutes | | $65 | $65 |
| D9223 | Deep sedation/general anesthesia – each subsequent 15 minute increment | | $65 | $65 |
| D9239 | Intravenous moderate (conscious) sedation/analgesia-first 15 minutes | | $55 | $55 |
| D9243 | Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment | | $55 | $55 |

| CODE | DESCRIPTION | LIMITATIONS | MEMBER COST-SHARING CHILD | MEMBER COST-SHARING ADULT |
|---|---|---|---|---|
| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | | $50 | $50 |
| D9430 | Office visit for observation (during regularly scheduled hours) - no other services performed | | $5 | $5 |
| D9440 | Office visit - after regularly scheduled hours | | $35 | $35 |
| D9610 | Therapeutic parenteral drug, single administration | | $25 | $25 |
| D9930 | Treatment of complications (post-surgical) - unusual circumstances, by report | | $39 | $39 |
| D9944 | Occlusal guard – hard appliance, full arch | | $350 | $350 |
| D9945 | Occlusal guard – soft appliance, full arch | | $350 | $350 |
| D9946 | Occlusal guard – hard appliance, partial arch | | $350 | $350 |
| D9995 | Teledentistry – synchronous; real-time encounter | 1 Every 6 Months | $5 | $17 |