

DMO® Dental Benefits Summary

| CODE | PROCEDURE | PATIENT PAYS |
|-------|---|--------------|
| D0120 | Periodic oral evaluation - established patient - 4 per year, all combined | No Charge |
| D0140 | Limited oral evaluation - problem focused - 4 per year, all combined | No Charge |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary care giver - 4 per year, all combined | No Charge |
| D0150 | Comprehensive oral evaluation - new or established patient - 4 per year, all combined | No Charge |
| D0160 | Detailed and extensive oral evaluation - problem focused, by report - 4 per year, all combined | No Charge |
| D0170 | Re-evaluation- limited, problem focused (established patient; not post-operative visit) - 4 per year, all combined | No Charge |
| D0180 | Comprehensive periodontal evaluation - new or established patient - 4 per year, all combined | No Charge |
| D0210 | Intraoral - complete series of radiographic images - 1 set every 3 years, combined with panoramic | No Charge |
| D0220 | Intraoral - periapical first radiographic image | No Charge |
| D0230 | Intraoral - periapical each additional radiographic image | No Charge |
| D0240 | Intraoral, Occlusal Image | No Charge |
| D0250 | Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector | No Charge |
| D0251 | Extra-oral - dental radiographic image | No Charge |
| D0270 | Bitewing - single radiographic image -1 set per year, all combined | No Charge |
| D0272 | Bitewing - two radiographic images -1 set per year, all combined | No Charge |
| D0273 | Bitewing - three radiographic images -1 set per year, all combined | No Charge |
| D0274 | Bitewing - four radiographic images -1 set per year, all combined | No Charge |
| D0277 | Vertical Bitewings - 7 to 8 images - 1 set every 3 years | No Charge |
| D0330 | Panoramic Image - 1 set every 3 years, combined with full mouth | No Charge |
| D0391 | Interpretation of Diagnostic Image | No Charge |
| D0470 | Diagnostic Casts | No Charge |
| D0472 | Accession of tissue, gross examination, prepration and transmission of written report | No Charge |
| D0473 | Accession of tissue, gross and microscopic examination, prepration and transmission of written report | No Charge |
| D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, prepration and transmission of written report | No Charge |
| D1110 | Prophy - Adult - 2 per year, all combined | No Charge |
| D1120 | Prophy - Child - 2 per year, all combined | No Charge |
| D1206 | Application of Topical Fluoride Varnish (child) - 1 per year, children under 16, all combined | No Charge |
| D1208 | Topical application of fluoride - excluding varnish (child) - 1 per year, children under 16, all combined | No Charge |
| D1330 | Oral Hygiene Instruction | No Charge |
| D1351 | Sealant - per tooth - 1 tooth every 3 years on permanent molars, children under 16, all combined | No Charge |
| D1352 | Preventive Resin Restoration - 1 tooth every 3 years on permanent molars, children under 16, all combined | No Charge |
| D1353 | Sealant Repair - Per Tooth - limited to permanent molars, children under 16, all sealants combined | No Charge |
| D1354 | Interim caries arresting medicament application, per tooth - 1 tooth every 3 years on permanent molars, children under 16, all combined | No Charge |
| D1355 | Caries preventive medicament application, per tooth - 1 tooth every 3 years on permanent molars, children under 16, all combined | No Charge |
| D1510 | Space Maintainer - Fixed Unilateral | \$86 |
| D1516 | Space maintainer - fixed - bilateral, maxillary | \$86 |
| D1517 | Space maintainer - fixed - bilateral, mandibular | \$86 |
| D1520 | Space Maintainer - Removable Unilateral | \$86 |
| D1526 | Space maintainer - removable - bilateral, maxillary | \$86 |
| D1527 | Space maintainer - removable - bilateral, mandibular | \$86 |
| D1551 | Recement or rebond bilateral space maintainer - maxillary | \$12 |
| D1552 | Recement or rebond bilateral space maintainer - mandibular | \$12 |
| D1553 | Recement or re-bond unilateral space maintainer - per quad | \$6 |
| D1556 | Removal of fixed unilateral space maintainer - per quad | \$6 |
| D1557 | Removal of fixed bilateral space maintainer - maxillary | \$12 |
| D1558 | Removal of fixed bilateral space maintainer - mandibular | \$12 |
| D1575 | Distal shoe space maintainer - fixed - unilateral | \$95 |
| D2140 | Amalgam - 1 Surf Primary or Permanent | \$12 |
| D2150 | Amalgam - 2 Surf Primary or Permanent | \$16 |
| D2160 | Amalgam - 3 Surf Primary or Permanent | \$20 |
| D2161 | Amalgam - 4+ Surf Primary or Permanent | \$23 |
| D2330 | Resin-Based Composite 1 Surf, Anterior | \$16 |
| D2331 | Resin-Based Composite 2 Surf, Anterior | \$22 |
| D2332 | Resin-Based Composite 3 Surf, Anterior | \$26 |
| D2335 | Resin-Based Composite 4+ Surf; Anterior (or involving Incisal angle) | \$54 |

DMO[®] Dental Benefits Summary

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| D2390 | Resin-Based Composite Crown, Anterior | \$60 |
| D2391 | Resin-Based Composite 1 Surf, Posterior | \$49 |
| D2392 | Resin-Based Composite 2 Surf, Posterior | \$70 |
| D2393 | Resin-Based Composite 3 Surf, Posterior | \$84 |
| D2394 | Resin-Based Composite 4+ Surf, Posterior | \$126 |
| D2510 | Inlay - Metallic 1 Surf | \$205 |
| D2520 | Inlay - Metallic 2 Surf | \$205 |
| D2530 | Inlay - Metallic 3 Surf | \$205 |
| D2542 | Onlay - Metallic 2 Surf | \$221 |
| D2543 | Onlay - Metallic 3 Surf | \$221 |
| D2544 | Onlay, Metallic - 4 or More Surf | \$221 |
| D2610 | Inlay, Porcelain/Ceramic - 1 Surf | \$205 |
| D2620 | Inlay, Porcelain/Ceramic - 2 Surf | \$205 |
| D2630 | Inlay, Porcelain/Ceramic - 3 or More Surf | \$205 |
| D2642 | Onlay, Porcelain/Ceramic - 2 Surf | \$221 |
| D2643 | Onlay, Porcelain/Ceramic - 3 Surf | \$221 |
| D2644 | Onlay, Porcelain/Ceramic - 4 or More Surf | \$221 |
| D2650 | Inlay, Composite/Resin - 1 Surf | \$205 |
| D2651 | Inlay, Composite/Resin - 2 Surf | \$205 |
| D2652 | Inlay, Composite/Resin - 3 Surf | \$205 |
| D2662 | Onlay, Composite/Resin - 2 Surf | \$221 |
| D2663 | Onlay, Composite/Resin - 3 Surf | \$221 |
| D2664 | Onlay, Composite/Resin - 4 or More Surf | \$221 |
| D2710 | Crown - Resin-Based Composite, Indirect | \$293 |
| D2712 | Crown - 3/4 Resin-Based Composite, Indirect | \$214 |
| D2720 | Crown - Resin With High Noble Metal | \$293 |
| D2721 | Crown - Resin With Predominantly Base Metal | \$293 |
| D2722 | Crown - Resin With Noble Metal | \$293 |
| D2740 | Crown - Porcelain/Ceramic Substrate | \$293 |
| D2750 | Crown - Porcelain Fused to High Noble Metal | \$293 |
| D2751 | Crown - Porcelain Fused to Predominantly Base Metal | \$293 |
| D2752 | Crown - Porcelain Fused to Noble Metal | \$293 |
| D2753 | Crown - Porcelain fused to titanium and titanium alloys | \$293 |
| D2780 | Crown - 3/4 Cast High Noble Metal | \$293 |
| D2781 | Crown - 3/4 Cast Predominantly Based Metal | \$293 |
| D2782 | Crown - 3/4 Cast Noble Metal | \$293 |
| D2783 | Crown - 3/4 Porcelain/Ceramic | \$293 |
| D2790 | Crown - Full Cast High Noble Metal | \$293 |
| D2791 | Crown - Full Cast Predominantly Base Metal | \$293 |
| D2792 | Crown - Full Cast Noble Metal | \$293 |
| D2794 | Crown - Titanium | \$293 |
| D2910 | Recement Inlay, Onlay or Partial Coverage Restoration | \$10 |
| D2915 | Recement Cast or Prefab Post and Core | \$5 |
| D2920 | Recement Crown | \$10 |
| D2921 | Reattachment of tooth fragment, incisal edge or dusp | \$5 |
| D2929 | Prefab Porcelain/Ceramic Crown - Primary Tooth | \$43 |
| D2930 | Prefab, Stainless Steel Crown - Primary Tooth | \$43 |
| D2931 | Prefab, Stainless Steel Crown - Permanent Tooth | \$54 |
| D2934 | Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth | \$43 |
| D2940 | Protective Restoration | \$3 |
| D2941 | Interim therapeutic restoration - primary dentition | \$1 |
| D2950 | Core Buildup, Including Any Pins | \$140 |
| D2951 | Pin Retention - In Addition to Restoration | \$14 |
| D2952 | Post & Core in Addition to Crown | \$157 |
| D2989 | Excavation of a tooth resulting in the determination of non-restorability | \$6 |
| D2990 | Resin Infiltration of Lesion - 1 tooth every 3 years on permanent molars, children under 16, all combined | No Charge |
| D3110 | Pulp Cap - Direct (excluding final restoration) | \$4 |

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| D3120 | Pulp Cap - Indirect (excluding final restoration) | \$4 |
| D3220 | Therapeutic Pulpotomy (excluding final restoration) | \$31 |
| D3221 | Pulpal Debridement, Primary and Permanent Teeth | \$14 |
| D3222 | Partial Pulpotomy | \$28 |
| D3230 | Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth | \$31 |
| D3240 | Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth | \$31 |
| D3310 | Root Canal Therapy - Anterior (excluding final restoration) | \$79 |
| D3320 | Root Canal Therapy - Bicuspid (excluding final restoration) | \$131 |
| D3330 | Root Canal Therapy - Molar (excluding final restoration) | \$308 |
| D3331 | Treatment of Root Canal Obstruction, Nonsurgical Access | \$79 |
| D3332 | Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth | \$61 |
| D3333 | Internal Root Repair of Perforation Defects | \$61 |
| D3346 | Retreatment of Previous Root Canal Therapy - Anterior | \$187 |
| D3347 | Retreatment of Previous Root Canal Therapy - Bicuspid | \$230 |
| D3348 | Retreatment of Previous Root Canal Therapy - Molar | \$410 |
| D3410 (1) | Apicoectomy/Periradicular Surgery - Anterior | \$97 |
| D3421 (1) | Apicoectomy/Periradicular Surgery - Bicuspid (First Root) | \$97 |
| D3425 (1) | Apicoectomy/Periradicular Surgery - Molar (First Root) | \$95 |
| D3426 (1) | Apicoectomy/Periradicular Surgery- Each Additional Root | \$61 |
| D3430 (1) | Retrograde Filling - Per Root | \$49 |
| D3450 (1) | Root Amputation - Per Root | \$77 |
| D3471 (1) | Surgical repair of root resorption, anterior | \$44 |
| D3472 (1) | Surgical repair of root resorption, premolar | \$58 |
| D3473 (1) | Surgical repair of root resorption, molar | \$73 |
| D3501 (1) | Surgical exposure of root surface without apicoectomy or repair of root resorption, anterior | \$70 |
| D3502 (1) | Surgical exposure of root surface without apicoectomy or repair of root resorption, premolar | \$93 |
| D3503 (1) | Surgical exposure of root surface without apicoectomy or repair of root resorption, molar | \$116 |
| D4210 (1) | Gingivectomy or Gingivoplasty - 4 or More Teeth - Per Quadrant - 1 per tooth/quad every 3 years, all combined | \$140 |
| D4211 (1) | Gingivectomy or Gingivoplasty - 1-3 Teeth - Per Quadrant - 1 per tooth/quad every 3 years, all combined | \$74 |
| D4212 (1) | Gingivectomy to allow access, per tooth - 1 per tooth/quad every 3 years, all combined | \$25 |
| D4240 (1) | Gingival Flap Procedure, Including Root Planing - 4 or More Teeth - Per Quadrant | \$141 |
| D4241 (1) | Gingival Flap Procedure, Including Root Planing - 1-3 Teeth - Per Quadrant | \$84 |
| D4245 (1) | Apically Positioned Flap | \$116 |
| D4249 | Clinical Crown Lengthening, Hard Tissue | \$189 |
| D4260 (1) | Osseous Surgery (Including Flap Entry and Closure) - 4 or More Teeth - Per Quadrant - 1 quad every 3 years, all combined | \$315 |
| D4261 (1) | Osseous Surgery (Including Flap Entry and Closure) - 1-3 Teeth - Per Quadrant - 1 quad every 3 years, all combined | \$189 |
| D4268 (1) | Surgical Revision Procedure, Per Tooth | \$126 |
| D4270 (1) | Pedicle Soft Tissue Graft Procedure | \$242 |
| D4273 (1) | Subepithelial Connective Tissue Graft, Per Tooth | \$145 |
| D4275 (1) | Soft Tissue Allograft | \$331 |
| D4276 (1) | Connective Tissue/Pedicle Graft, Per Tooth | \$238 |
| D4277 (1) | Free soft tissue graft - first tooth | \$103 |
| D4278 (1) | Free soft tissue graft - each additional tooth | \$51 |
| D4283 (1) | Autogenous connective tissue graft | \$80 |
| D4285 (1) | Non-autogenous connective tissue graft | \$182 |
| D4341 | Periodontal Scaling and Root Planing - 4 or More Teeth - Per Quadrant - 4 separate quads every 2 years, all combined | \$54 |
| D4342 | Periodontal Scaling and Root Planing - 1-3 Teeth - Per Quadrant - 4 Separate teeth/area quads every 2 years, all combined | \$33 |
| D4346 | Scaling in presence of generalized moderate/severe gingival inflammation - full mouth, after oral evaluation - 2 every year, combined with cleanings | \$35 |
| D4355 | Debridement - 1 per lifetime | \$70 |
| D4910 | Periodontal Maintenance - 2 per year following active perio therapy | \$49 |
| D4920 | Unscheduled Dressing Change (By Someone Other Than Treating Dentist) | \$11 |
| D5110 (2) | Complete Denture - Maxillary | \$318 |
| D5120 (2) | Complete Denture - Mandibular | \$318 |
| D5130 | Immediate Denture - Maxillary | \$331 |
| D5140 | Immediate Denture - Mandibular | \$331 |
| D5211 (2) | Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and teeth) | \$318 |

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| D5212 (2) | Mandibular Partial Denture - Resin Base (including any conventional clasps, rests and teeth) | \$318 |
| D5213 (2) | Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth) | \$368 |
| D5214 (2) | Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth) | \$368 |
| D5221 | Immediate max partial dental - resin base (including any conventional clasps, rests and teeth) | \$366 |
| D5222 | Immediate mand partial dental - resin base (including any conventional clasps, rests and teeth) | \$366 |
| D5223 | Immediate max partial denture - cast base framework w/resin denture base (including any conventional clasps, rests and teeth) | \$423 |
| D5224 | Immediate mand partial denture - cast base framework w/resin denture base (including any conventional clasps, rests and teeth) | \$423 |
| D5225 (2) | Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth) | \$363 |
| D5226 (2) | Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth) | \$363 |
| D5227 (2) | Immediate Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth). | \$363 |
| D5228 (2) | Immediate Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth). | \$363 |
| D5282 (2) | Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth) - maxillary | \$318 |
| D5283 (2) | Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth) - mandibular | \$318 |
| D5284 (2) | Removable Unilateral Partial Denture - one piece flex base (including clasps and teeth) - per quad | \$182 |
| D5286 (2) | Removable Unilateral Partial Denture - one piece resin (including clasps and teeth) - per quad | \$159 |
| D5410 | Adjust Complete Denture - Maxillary | \$11 |
| D5411 | Adjust Complete Denture - Mandibular | \$11 |
| D5421 | Adjust Partial Denture - Maxillary | \$11 |
| D5422 | Adjust Partial Denture - Mandibular | \$11 |
| D5511 | Repair Broken Complete Denture Base - mandibular | \$40 |
| D5512 | Repair Broken Complete Denture Base - maxillary | \$40 |
| D5520 | Replace Missing or Broken Teeth - Complete Denture (each tooth) | \$25 |
| D5611 | Repair Resin Partial Denture Base - mandibular | \$40 |
| D5612 | Repair Resin Partial Denture Base - maxillary | \$40 |
| D5621 | Repair Cast Partial Framework - mandibular | \$40 |
| D5622 | Repair Cast Partial Framework - maxillary | \$40 |
| D5630 | Repair or Replace Broken Clasp | \$40 |
| D5640 | Replace Broken Teeth - Per Tooth | \$40 |
| D5650 | Add Tooth to Existing Partial Denture | \$40 |
| D5660 | Add Clasp to Existing Partial Denture | \$44 |
| D5670 | Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary) | \$110 |
| D5671 | Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular) | \$110 |
| D5710 | Rebase Complete Maxillary Denture | \$110 |
| D5711 | Rebase Complete Mandibular Denture | \$110 |
| D5720 | Rebase Maxillary Partial Denture | \$110 |
| D5721 | Rebase Mandibular Partial Denture | \$110 |
| D5725 | Rebase Hybrid Prosthesis | \$110 |
| D5730 | Reline Complete Maxillary Denture (Chairside) | \$50 |
| D5731 | Reline Complete Mandibular Denture (Chairside) | \$50 |
| D5740 | Reline Maxillary Partial Denture (Chairside) | \$50 |
| D5741 | Reline Mandibular Partial Denture (Chairside) | \$50 |
| D5750 | Reline Complete Maxillary Denture (Lab) | \$112 |
| D5751 | Reline Complete Mandibular Denture (Lab) | \$112 |
| D5760 | Reline Maxillary Partial Denture (Lab) | \$112 |
| D5761 | Reline Mandibular Partial Denture (Lab) | \$112 |
| D5765 | Soft Liner for Complete or Partial Removable Denture - indirect | \$112 |
| D5820 (3) | Interim Partial Denture (Maxillary) (3) | \$99 |
| D5821 (3) | Interim Partial Denture (Mandibular) (3) | \$99 |
| D5850 | Tissue Conditioning, Maxillary | \$44 |
| D5851 | Tissue Conditioning, Mandibular | \$44 |
| D5876 | Add metal substructure to acrylic full denture (per arch) | \$40 |
| D6010 | Endosteal implant - surgical placement - 2 per year, all combined | \$1,215 |
| D6013 | Surgical placement of mini implant - 2 per year, all combined | \$756 |

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| D6056 | Prefabricated abutment - includes placement - 2 per year, all combined | \$440 |
| D6058 | Abutment Supported Porcelain/Ceramic Crown | \$293 |
| D6059 | Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal) | \$293 |
| D6060 | Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal) | \$293 |
| D6061 | Abutment Supported Porcelain Fused to Metal Crown (Noble Metal) | \$293 |
| D6062 | Abutment Supported Cast Metal Crown (High Noble Metal) | \$293 |
| D6063 | Abutment Supported Cast Metal Crown (Predominantly Base Metal) | \$293 |
| D6064 | Abutment Supported Cast Metal Crown (Noble Metal) | \$293 |
| D6065 | Implant Supported Porcelain/Ceramic Crown | \$293 |
| D6066 | Implant Supported Porcelain Fused to Metal Crown (Titanium, Titanium Alloy or High Noble Metal) | \$293 |
| D6067 | Implant Supported Metal Crown (Titanium, Titanium Alloy or High Noble Metal) | \$293 |
| D6068 | Abutment Supported Retainer for Porcelain/Ceramic FPD | \$293 |
| D6069 | Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal) | \$293 |
| D6070 | Abutment Supported Retainer for Porcelain Fused to Metal FPD (Predominantly Base Metal) | \$293 |
| D6071 | Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal) | \$293 |
| D6072 | Abutment Supported Retainer for Cast Metal FPD (High Noble Metal) | \$293 |
| D6073 | Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal) | \$293 |
| D6074 | Abutment Supported Retainer for Cast Metal FPD (Noble Metal) | \$293 |
| D6075 | Implant Supported Retainer for Ceramic FPD | \$293 |
| D6076 | Implant Supported Retainer for FPD - porcelain fused to high noble alloys | \$293 |
| D6077 | Implant Supported Retainer for FPD - high noble alloys | \$293 |
| D6080 | Implant Maintenance Procedures | \$88 |
| D6081 | Scaling/debridement in presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure | \$17 |
| D6082 | Implant Sup Crown - porcelain/predominantly base alloys | \$293 |
| D6083 | Implant Sup Crown - porcelain fused to noble alloys | \$293 |
| D6084 | Implant Sup Crown - porcelain/titanium and titanium alloys | \$293 |
| D6086 | Implant Sup Crown - predominantly base alloys | \$293 |
| D6087 | Implant Sup Crown - noble alloys | \$293 |
| D6088 | Implant Sup Crown - titanium and titanium alloys | \$293 |
| D6094 | Abutment Supported Crown - (Titanium) | \$293 |
| D6097 | Abutment Sup Crown - porcelain/titanium and titanium alloys | \$293 |
| D6098 | Implant Sup retainer - porcelain/predominantly base alloys | \$293 |
| D6099 | Implant Sup retainer for FPD - porcelain / noble alloys | \$293 |
| D6110 | Implant Abut Sup Removable Dent-Max | \$318 |
| D6111 | Implant Abut Sup Removable Dent-Mand | \$318 |
| D6112 | Implant Abut Sup Removable Dent-Max | \$318 |
| D6113 | Implant Abut Sup Removable Dent-Mand | \$318 |
| D6114 | Implant Abut Sup Fixed Dent-Max | \$318 |
| D6115 | Implant Abut Sup Fixed Dent-Mand | \$318 |
| D6116 | Implant Abut Sup Fixed Dent-Max | \$318 |
| D6117 | Implant Abut Sup Fixed Dent-Mand | \$318 |
| D6120 | Abutment Sup Retainer - porcelain/titanium and titanium alloys | \$293 |
| D6121 | Implant Sup Retainer for metal FPD- predominantly base alloys | \$293 |
| D6122 | Implant Sup Retainer for metal FPD- noble alloys | \$293 |
| D6123 | Abutment Sup Retainer for metal FPD- titanium and titanium alloys | \$293 |
| D6195 | Abutment Sup Retainer - porcelain /titanium and titanium alloys | \$293 |
| D6197 | Replacement of Restorative Material used to close an access opening of a screw-retained implant supported prosthesis, per implant | \$49 |
| D6205 | Pontic - Indirect Resin Based Composite | \$293 |
| D6210 | Pontic - Cast High Noble Metal | \$293 |
| D6211 | Pontic - Cast Predominantly Base Metal | \$293 |
| D6212 | Pontic - Cast Noble Metal | \$293 |
| D6214 | Pontic - Titanium | \$293 |
| D6240 | Pontic - Porcelain Fused to High Noble Metal | \$293 |
| D6241 | Pontic - Porcelain Fused to Predominantly Base Metal | \$293 |
| D6242 | Pontic - Porcelain Fused to Noble Metal | \$293 |

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| D6243 | Pontic - Porcelain fused to titanium and titanium alloys | \$293 |
| D6245 | Pontic - Porcelain/Ceramic | \$293 |
| D6250 | Pontic - Resin With High Noble Metal | \$293 |
| D6251 | Pontic - Resin With Predominantly Base Metal | \$293 |
| D6252 | Pontic - Resin With Noble Metal | \$293 |
| D6545 | Retainer - Cast Metal for Resin-Bonded Fixed Prosthesis | \$205 |
| D6548 | Retainer - Porcelain/Ceramic for Resin-Bonded Fixed Prosthesis | \$205 |
| D6549 | Resin Retainer - Resin Bonded Prosthesis | \$147 |
| D6600 | Inlay - Porcelain/Ceramic, 2 Surf | \$205 |
| D6601 | Inlay - Porcelain/Ceramic, 3+ Surf | \$205 |
| D6602 | Inlay - Cast High Noble Metal, 2 Surf | \$226 |
| D6603 | Inlay - Cast High Noble Metal, 3+ Surf | \$226 |
| D6604 | Inlay - Cast Predominantly Base Metal, 2 Surf | \$205 |
| D6605 | Inlay - Cast Predominantly Base Metal, 3+ Surf | \$205 |
| D6606 | Inlay - Cast Noble Metal, 2 Surf | \$226 |
| D6607 | Inlay - Cast Noble Metal, 3+ Surf | \$226 |
| D6608 | Onlay - Porcelain/Ceramic, 2 Surf | \$221 |
| D6609 | Onlay - Porcelain/Ceramic, 3+ Surf | \$221 |
| D6610 | Onlay - Cast High Noble Metal, 2 Surf | \$242 |
| D6611 | Onlay - Cast High Noble Metal, 3+ Surf | \$242 |
| D6612 | Onlay - Cast Predominantly Base Metal, 2 Surf | \$221 |
| D6613 | Onlay - Cast Predominantly Base Metal, 3+ Surf | \$221 |
| D6614 | Onlay - Cast Noble Metal, 2 Surf | \$242 |
| D6615 | Onlay - Cast Noble Metal, 3+ Surf | \$242 |
| D6624 | Inlay - Titanium | \$226 |
| D6634 | Onlay - Titanium | \$242 |
| D6710 | Crown - Indirect Resin Based Composite | \$293 |
| D6720 | Crown - Resin With High Noble Metal | \$293 |
| D6721 | Crown - Resin With Predominantly Base Metal | \$293 |
| D6722 | Crown - Resin With Noble Metal | \$293 |
| D6740 | Crown - Porcelain/Ceramic | \$293 |
| D6750 | Crown - Porcelain Fused to High Noble Metal | \$293 |
| D6751 | Crown - Porcelain Fused to Predominantly Base Metal | \$293 |
| D6752 | Crown - Porcelain Fused to Noble Metal | \$293 |
| D6753 | Crown - porcelain fused to titanium and titanium alloys | \$293 |
| D6780 | Crown - 3/4 Cast High Noble Metal | \$293 |
| D6781 | Crown - 3/4 Cast Predominantly Base Metal | \$293 |
| D6782 | Crown - 3/4 Cast Noble Metal | \$293 |
| D6783 | Crown - 3/4 Porcelain/Ceramic | \$293 |
| D6784 | Crown 3/4 - titanium and titanium alloys | \$293 |
| D6790 | Crown - Full Cast High Noble Metal | \$293 |
| D6791 | Crown - Full Cast Predominantly Base Metal | \$293 |
| D6792 | Crown - Full Cast Noble Metal | \$293 |
| D6794 | Crown - Titanium | \$293 |
| D6930 | Recement Fixed Partial Denture | \$20 |
| D7111 | Extraction, Coronal Remnants - Deciduous Tooth | \$5 |
| D7140 | Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal) | \$12 |
| D7210 (1) | Surgical Removal of Erupted Tooth | \$32 |
| D7220 (1) | Removal of Impacted Tooth - Soft Tissue | \$50 |
| D7230 (1) | Removal of Impacted Tooth - Partially Bony | \$69 |
| D7240 (1) | Removal of Impacted Tooth - Completely Bony | \$142 |
| D7241 (1) | Removal of Impacted Tooth - Completely Bony, With Unusual Surgical Complications | \$142 |
| D7250 (1) | Surgical Removal of Residual Tooth Roots | \$26 |
| D7251 | Coronectomy - intentional partial tooth removal | \$65 |
| D7280 (1) | Surgical Access of Unerupted Tooth | \$27 |
| D7282 (1) | Mobilization of Erupted or Malpositioned Tooth to Aid Eruption | \$33 |
| D7283 | Placement of Device to Facilitate Eruption of Impacted Tooth | \$7 |

DMO® Dental Benefits Summary

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| D7284 (1) | Excisional biopsy of minor salivary glands | \$125 |
| D7285 (1) | Biopsy of Oral Tissue - Hard (Bone, Tooth) | \$83 |
| D7286 (1) | Biopsy of Oral Tissue - Soft | \$83 |
| D7287 (1) | Cytological Sample Collection | \$42 |
| D7310 (1) | Alveoloplasty in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant | \$28 |
| D7311 (1) | Alveoloplasty in Conjunction With Extractions - 1 to 3 Teeth or Tooth Spaces - Per Quadrant | \$14 |
| D7320 (1) | Alveoloplasty Not in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant | \$44 |
| D7321 (1) | Alveoloplasty Not in Conjunction With Extractions - 1-3 Teeth or Tooth Spaces - Per Quadrant | \$22 |
| D7510 (1) | Incision and Drainage of Abscess - Intraoral Soft Tissue | \$22 |
| D7511 (1) | Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated | \$24 |
| D7961 (1) | Buccal / labial frenectomy (frenulectomy) | \$37 |
| D7962 (1) | Lingual frenectomy (frenulectomy) | \$37 |
| D7963 (1) | Frenuloplasty | \$40 |
| D9110 | Palliative (Emergency) Treatment of Dental Pain - minor procedure | \$11 |
| D9222 | Deep sedation/general anesthesia - 1st 15 min | \$109 |
| D9223 | Deep sedation/general anesthesia - each 15 minute increment | \$87 |
| D9239 | Intravenous conscious sedation/analgesia - 1st 15 min | \$109 |
| D9243 | Intravenous conscious sedation/analgesia - each 15 minute increment | \$87 |
| D9310 | Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician | No Charge |
| D9311 | Consultation with a medical health care professional | No Charge |
| D9932 | Denture cleaning and inspection of removable complete denture, maxillary | \$25 |
| D9933 | Denture cleaning and inspection of removable complete denture, mandibular | \$25 |
| D9934 | Denture cleaning and inspection of removable partial denture, maxillary | \$25 |
| D9935 | Denture cleaning and inspection of removable partial denture, mandibular | \$25 |
| D9942 | Repair and/or Reline of Occlusal Guard | \$22 |
| D9943 | Occlusal guard adjustment | \$19 |
| D9944 | Occlusal guard - hard appliance, full arch - 1 every 3 years for bruxism, all combined | \$173 |
| D9945 | Occlusal guard - soft appliance, full arch - 1 every 3 years for bruxism, all combined | \$150 |
| D9946 | Occlusal guard - hard appliance, partial arch - 1 every 3 years for bruxism, all combined | \$90 |
| D9951 | Occlusal Adjustment - limited | \$35 |
| D9952 | Occlusal Adjustment - complete | \$96 |
| | Additional Charge per Unit for Full Mouth Rehabilitation. | \$125 |

(1) Certain services may be covered under the Medical Plan. Contact Member Services for more details.

(2) Includes relines, adjustments, rebases within the 1st six months.

(3) Eligible on Anterior Teeth only.

Services may be subject to age and frequency limitations. See your booklet for details.

Crowns/Inlays/Onlays and Prosthetic Procedures: Once every 5 years per tooth.

Charges for crowns and bridgework are per unit. There will be additional charges for the actual cost for gold/high noble metal.

Full mouth rehabilitation is defined as 6 or more units of covered crowns and/or pontics under one treatment plan.

ORTHODONTICS

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| | Comprehensive Orthodontic Treatment - Includes exam, records, retention and appliance | |
| | Adolescent (appliance must be placed prior to age 20) - excludes transitional dentition | \$2,000 |
| | Adult - excludes transitional dentition | \$2,000 |

Other Important Information

This Benefit summary of the Aetna Dental Maintenance Organization (DMO®) provides information on benefits provided when services are rendered by a participating dentist. In order for a covered person to be eligible for benefits, dental services must be provided by a primary care dentist selected from the network of participating DMO dentists. Out of network benefits may apply. Please refer to your Schedule of Benefits.

Employees in AZ, CA, GA, MA, MD, MO, NC, NJ and TX must either live or work within the approved DMO® service area to be eligible to enroll in the DMO®

DMO® Dental Benefits Summary

Due to state law, limited (varying by state) DMO® benefits for non-emergency services rendered by non-participating providers are available for plan contracts written in: CT, IL, KY, MA and OH and for members residing in OK (regardless of contract situs state).

Attention Massachusetts residents: Before enrolling, you should be aware that our network of preferred providers in Massachusetts has providers mainly in the following counties: Barnstable, Berkshire, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester. Your out of pocket expenses will be higher if you do not see an in-network provider and, in some plans, benefits may not be available at all for out-of-network providers.

ed.2023 "Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.
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PLAN EXCLUSIONS AND LIMITATIONS*

Some Services Not Covered Under the Plan Are*:

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| <p>1. Charges for services or supplies</p> <ul style="list-style-type: none"> • Provided by a network provider in excess of the negotiated charge. • Provided by an out-of-network provider in excess of the recognized charge. • Provided for your personal comfort or convenience, or the convenience of any other person, including a dental provider • Provided in connection with treatment or care that is not covered under the plan • Cancelled or missed appointment charges or charges to complete claim forms • Charges for which you have no legal obligation to pay • Charges that would not be made if you did not have coverage, including: <ul style="list-style-type: none"> - Care in charitable institutions - Care for conditions related to current or previous military service - Care while in the custody of a governmental authority | |
| <p>2. Any charge in excess of any benefit, dollar, visit, or frequency limit stated in the schedule of benefits.</p> | |
| <p>3. Cosmetic services and supplies including:</p> <ul style="list-style-type: none"> • Plastic surgery • Reconstructive surgery • Cosmetic surgery • Personalization or characterization of dentures or other services and supplies which improve, alter or enhance appearance • Augmentation and vestibuloplasty and other services to protect, clean, whiten, bleach or alter the appearance of teeth whether or not for psychological or emotional reasons • Facings on molar crowns and pontics will always be considered cosmetic. | |
| <p>4. Court-ordered services and supplies - Includes those court-ordered services and supplies, or those required as a condition of parole, probation, release or as a result of any legal proceeding.</p> | |
| <p>5. Acupuncture, acupressure and acupuncture therapy</p> | |
| <p>6. Crown, inlays and onlays, and veneers unless for one of the following:</p> <ul style="list-style-type: none"> • It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material • The tooth is an abutment to a covered partial denture or fixed bridge. | |
| <p>7. Dental implants, false teeth, prosthetic restoration of dental implants, plates, dentures, braces, mouth guards, and other devices to protect, replace or reposition teeth and removal of implants.</p> | |
| <p>8. Dentures, crowns, inlays, onlays, bridges, or other prosthetic appliances or services used for the purpose of splinting, to alter vertical</p> | |
| <p>9. Dental work that began before you were covered by the plan. This means that the following dental work is not covered (Does not apply to</p> | |
| <p>10. First installation of a denture or fixed bridge, and any inlay and crown that serves as an abutment to replace congenitally missing teeth or to</p> | |
| <p>11. General anesthesia and intravenous sedation, unless specifically covered and done in connection with another eligible dental service.</p> | |
| <p>12. Instruction for diet, tobacco counseling and oral hygiene.</p> | |
| <p>13. Orthodontic treatment except as covered in the Eligible Dental Services section of the schedule of benefits.</p> | |
| <p>14. Dental services and supplies made with high noble metals (gold or titanium) except as covered in the Eligible Dental Services section of the schedule of benefits.</p> | |
| <p>15. Services and supplies provided in connection with treatment or care that is not covered under the plan.</p> | |
| <p>16. Replacement of a device or appliance that is lost, missing or stolen, and for the replacement of appliances that have been damaged due to abuse, misuse or neglect and for an extra set of dentures.</p> | |
| <p>17. Replacement of teeth beyond the normal complement of 32.</p> | |
| <p>18. Services and supplies provided where there is no evidence of pathology, dysfunction or disease, other than covered preventive services. (Does not apply to California residents covered under the DMO plan)</p> | |
| <p>19. Space maintainers except when needed to preserve space resulting from the premature loss of deciduous teeth.</p> | |
| <p>20. Surgical removal of impacted wisdom teeth when removed only for orthodontic reasons.</p> | |
| <p>21. Temporomandibular joint dysfunction/disorder</p> | |
| <p>22. Dental services and supplies that are covered in whole or in part:</p> <ul style="list-style-type: none"> • Under any other part of this plan • Under any other plan of group benefits provided by the policyholder | |
| <p>23. Experimental or investigational drugs, devices, treatments or procedures. (Does not apply to Texas residents covered under the DMO plan)</p> | |

DMO[®] Dental Benefits Summary

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| 24. Services, including but not limited to, those treatments, services, prescription drugs and supplies which are not medically necessary (as determined by Aetna) for the diagnosis and treatment of illness, injury, restoration of physiological functions, or covered preventive services. This applies even if they are prescribed, recommended or approved by your physician or dentist. | |
| 25. Payment for a portion of the charge that another party is responsible for as the primary payer. | |
| 26. Prescribed drugs, pre-medication or analgesia. | |
| 27. Treatment by other than a dentist. However, the plan will cover some services provided by a licensed dental hygienist under the supervision and guidance of a dentist. These are: <ul style="list-style-type: none"> • Scaling of teeth • Cleaning of teeth • Topical application of fluoride. | |
| 28. Work related illness or injuries. | |
| Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage. | |
| *This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details. | |
| Specialty Referrals | |
| 1. Under the DMO dental plan, services performed by specialists are eligible for coverage only when prescribed by the primary care dentist and authorized by Aetna Dental. If Aetna's payment to the specialty dentist is based on a negotiated fee, then the member's copayment for the service will be based on the same negotiated fee. | |
| 2. DMO members may visit an orthodontist without first obtaining a referral from their primary care dentist. In an effort to ease the administrative burden on both participating Aetna dentists and members, Dental has opened direct access for DMO members to orthodontic services. | |
| Emergency Dental Care | |
| If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week. You should contact your Primary Care Dentist to receive treatment. If you are unable to contact your PCD, contact Member Services for assistance in locating a dentist. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment. | |

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| Your Dental Care Plan Coverage Is Subject to the Following Rules: | |
| <u>Alternate treatment rule:</u> Sometimes there are several ways to treat a dental problem, all of which provide acceptable results. | |
| • If a charge is made for a non-eligible dental service or supply and an eligible dental service that would provide an acceptable result, then your plan will pay a benefit for the eligible dental service or supply. | |
| • If a charge is made for an eligible dental service but another eligible dental service that would provide an acceptable result is less expensive, the benefit will be for the least expensive eligible dental service. | |
| • You should review the differences in the cost of alternate treatment with your dental provider. Of course, you and your dental provider can still choose the more costly treatment method. You are responsible for any charges in excess of what your plan will cover. | |

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| <u>Replacement rule:</u> Some eligible dental services are subject to your plan's replacement rule. The replacement rule applies to replacements of, or additions to existing: | |
| • Crowns | |
| • Inlays | |
| • Onlays | |
| • Veneers | |
| • Complete dentures | |
| • Removable partial dentures | |
| • Fixed partial dentures (bridges) | |
| • Other prosthetic services | |
| These eligible dental services are covered only when you give us proof that: | |
| • While you were covered by the plan: – You had a tooth (or teeth) extracted after the existing denture or bridge was installed. – As a result, you need to replace or add teeth to your denture or bridge. | |
| • The present item cannot be made serviceable, and is: – A crown installed at least 5 years before its replacement. – An inlay, onlay, veneer, complete denture, removable partial denture, fixed partial denture (bridge), or other prosthetic item installed at least 5 years before its replacement. | |
| • While you were covered by the plan: – You had a tooth (or teeth) extracted. – Your present denture is an immediate temporary one that replaces that tooth (or teeth). – A permanent denture is needed, and the temporary denture cannot be used as a permanent denture. Replacement must occur within 12 months from the date that the temporary denture was installed. | |

DMO[®] Dental Benefits Summary

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| <p>Tooth missing but not replaced rule: (Does not apply to California and Texas residents covered under the DMO plan)</p> | |
| <p>The first installation of complete dentures, removable partial dentures, fixed partial dentures (bridges), and other prosthetic services will be covered if:</p> | |
| <ul style="list-style-type: none"> • The dentures, bridges or other prosthetic items are needed to replace one or more natural teeth. (The extraction of a third molar tooth does not qualify.) • The tooth that was removed was not an abutment to a removable or fixed partial denture installed during the prior 5 years | |
| <p>Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.</p> | |
| <p>Late entrant rule: The plan does not cover services and supplies given to a person age 5 or older if that person did not enroll in the plan during one of the following:</p> | |
| <ul style="list-style-type: none"> • The first 31 days the person is eligible for this coverage or • Any period of open enrollment agreed to by the employer and us | |
| <p>This does not apply to charges incurred for any of the following:</p> | |
| <ul style="list-style-type: none"> • After the person has been covered by the plan for 12 months • As a result of injuries sustained while covered by the plan • Diagnostic and preventive services such as exams, cleanings, fluoride, and images (excludes services related to orthodontia). | |
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| Finding Participating Providers | |
| <p>Consult Aetna Dental's online provider search, for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. Not every provider listed in the directory will be accepting new patients. Although Aetna Dental has identified providers who were not accepting patients in our DMO plan as known to Aetna Dental at the time the provider directory was created, the status of a provider's practice may have changed. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your online ID card, or use our Internet-based provider search available at www.aetna.com.</p> | |
| <p>Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern. In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate. All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.</p> | |
| <p>Telehealth Services: The plan will reimburse the treating or consulting provider for the diagnosis, consultation, or treatment of an enrollee via telehealth on the same basis and to the same extent that the plan would reimburse the same covered in-person service.</p> | |
| <p>Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc.</p> | |
| <p>This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. Aetna does not provide dental services and, therefore, cannot guarantee any results or outcomes. The availability of a plan or program may vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan.</p> | |
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| <p>Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.</p> | |
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| <p>Aetna provides free aids/services to people with disabilities and to people who need language assistance.</p> | |
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| <p>If you need a qualified interpreter, written information in other formats, translation or other services, call 877-238-6200.</p> | |
| | |
| <p>If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:</p> | |
| <p>Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779), 1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.</p> | |
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| <p>You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).</p> | |
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