

## Schedule of benefits

### Managed dental expense insurance plan

**Prepared for:**

**Policyholder:** Board of Franklin County Commissioners  
AKA- Franklin County Cooperative Dental Plan

**Policyholder** number: GP-0659146

Schedule of benefits: 1A

**Group policy** effective date January 1, 2020

Plan name: Dental Maintenance Organization

Plan effective date: January 1, 2020

Plan issue date: September 26, 2022

Plan revision effective date: October 1, 2022

**Underwritten by Aetna Life Insurance Company in the state of Ohio**



## Schedule of benefits

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This schedule of benefits lists the **eligible dental services, deductibles, office visit copayments, maximums, and any limits** that apply to the services you get under this plan.

### How to read your schedule of benefits

- When we say:
  - “In-network coverage” we mean that you get care from **in-network providers**.
  - “Out-of-network coverage” we mean that you can get care from **out-of-network providers**.
- You must pay any **deductibles** and any office visit **copayment** and your part of the **copayment**.
- You must pay the full amount of any dental care services you get that is not a **covered benefit** or that exceed your **lifetime maximum**.
- This plan also has limits for some **covered benefits**. For example, these could be visit limits. See later in this schedule of benefits for more information about limits.

#### Important note:

All **covered benefits** are subject to an office visit **copayment** and **copayment** unless otherwise noted in the schedule of benefits below.

### How to contact us for help

We are here to answer your questions:

- Register and log onto our self-service website available 24/7 at [www.aetna.com](http://www.aetna.com)
- Call us at 1-877-238-6200

**Aetna Life Insurance Company's group policy** provides the coverage described in this schedule of benefits. This schedule replaces any schedule of benefits previously in use. Keep it with your booklet-certificate.

## General coverage provisions

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This section explains the:

- **Calendar Year out-of-network deductible**
- **Dental emergency services maximum**

### **Calendar Year out-of-network deductible**

You pay for out-of-network **eligible dental services** each **Calendar Year** before this plan begins to pay. This individual **deductible** applies separately to you and each covered dependent. After the amount paid reaches the individual **deductible**, this plan starts to pay for out-of-network **eligible dental services** for the rest of the **Calendar Year**.

### **Dental emergency services maximum**

The most the plan will pay for **eligible dental services** incurred by any one covered person for any one **dental emergency** is called the **dental emergency services maximum**.

### **Orthodontic treatment lifetime maximum**

The **orthodontic treatment lifetime maximum** applies to out-of-network **eligible dental services** for **orthodontic treatment**.

### **Your financial responsibility and determination of benefits provisions**

Your financial responsibility for the cost of services is based on when the service or supply is provided, not when payment is made. Benefits will be pro-rated to account for treatment that occurs in more than one **Calendar Year**. Determinations regarding when benefits are covered are subject to the terms and conditions of the booklet-certificate.

## Plan features

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### In-network plan features

Expenses	Copayments
Office visit	\$0 per visit

Expenses	Copayments
Comprehensive <b>orthodontic treatment</b> of adolescent and adult dentition	\$2,000

Maximums	Amounts
Dental emergency services maximum	\$100

## Eligible dental services

### In-network coverage

This dental care schedule applies to **eligible dental services** provided by **primary care dentists (PCDs)** and other **in-network providers** upon **referral** from your **PCD**. The plan covers only the **eligible dental services** listed below.

Primary Care Services	Limitations	Copayment Amounts
Periodic oral evaluation - established patient	4 visits per year for all oral evaluations combined	\$0
Limited oral evaluation - problem focused		\$0
Oral evaluation for a patient under 3 years of age and counseling with primary caregiver		\$0
Comprehensive oral evaluation – new or established patient		\$0
Detailed and extensive oral evaluation – problem focused, by report		\$0
Re-evaluation - limited, problem focused		\$0
Comprehensive periodontal evaluation - new or established patient		\$0
Intraoral - complete series of radiographic images	1 set every 3 years	\$0
Intraoral - complete series of radiographic images - image capture only		\$0
Intraoral - periapical image- first radiographic image		\$0
Intraoral- periapical each additional radiographic image		\$0
Intraoral - periapical radiographic image - image capture only		\$0
Intraoral - occlusal radiographic image		\$0
Intraoral - occlusal radiographic image - image capture only		\$0
Intraoral - bitewing radiographic image - image capture only		\$0
Extra-oral image- first radiographic image		\$0
Extra-oral posterior dental radiographic image		\$0
Extra-oral posterior dental radiographic image - image capture only		\$0
Bitewing - single radiographic image	1 set every year	\$0
Bitewings - 2 radiographic images		\$0
Bitewings - 3 radiographic images		\$0
Bitewings - 4 radiographic images		\$0
Vertical bitewings - 7 to 8 radiographic images	1 set every 3 years	\$0

Panoramic radiographic image	Frequency combined with Intraoral	\$0
Panoramic radiographic image - image capture only		\$0
Interpretation of diagnostic image by practitioner not associated with capture of the image, including report		\$0
Diagnostic casts		\$0
Accession of tissue, gross examination, preparation and transmission of written report		\$0
Accession of tissue, gross and microscopic examination, preparation and transmission of written report		\$0
Accession of tissue, gross and microscopic exam, including assessment of surgical margins for presence of disease, preparation & transmission of written report		\$0
Prophylaxis – adult	2 visits per year	\$8
Prophylaxis – child	2 visits per year	\$7
Topical application of fluoride varnish if you are under age 16	1 treatment per year	\$0
Topical application of fluoride- excluding varnish if you are under age 16		\$0
Oral hygiene instruction		\$0
Sealant - per tooth, if you are under age 16	1 application every 3 years for permanent molars	\$8
Sealant repair - per tooth, if you are under age 16	For permanent molars, combined frequency for all sealants	\$4
Preventive resin restoration in a moderate to high risk caries patient – permanent tooth if you are under age 16	1 application every 3 years for permanent molars	\$8
Caries arresting medicament application if you are under age 16 - per tooth	1 application every 3 years for permanent molars	\$8
Caries preventive medicament application - per tooth if you are under age 16		\$6
Space maintainer - fixed - unilateral, - per quadrant	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	\$80

Space maintainer - fixed - bilateral	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	
Mandibular		\$80
Maxillary		\$80
Space maintainer - removable - unilateral, - per quadrant	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	\$80
Space maintainer - removable - bilateral	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	
Mandibular		\$80
Maxillary		\$80
Re-cement or re-bond space maintainer		
Maxillary		\$15
Mandibular		\$15
Re-cement or re-bond unilateral space maintainer - per quadrant		\$8
Removal of fixed unilateral space maintainer - per quadrant		\$8
Removal of fixed bilateral space maintainer		
Maxillary		\$15
Mandibular		\$15
Distal shoe space maintainer– fixed – unilateral, - per quadrant		\$88
Amalgam – 1 surface, primary or permanent		\$16
Amalgam – 2 surfaces, primary or permanent		\$24
Amalgam – 3 surfaces, primary or permanent		\$32
Amalgam – 4+ surfaces, primary or permanent		\$40
Resin-based composite – 1 surface, anterior		\$25
Resin-based composite – 2 surfaces, anterior		\$35
Resin-based composite – 3 surfaces, anterior		\$35
Resin-based composite – 4+ surfaces or involving incisal angle, anterior		\$60
Resin-based composite crown, anterior		\$60
Resin-based composite – 1 surface, posterior		\$45
Resin-based composite – 2 surfaces, posterior		\$60
Resin-based composite – 3 surfaces, posterior		\$85
Resin-based composite – 4+ surfaces, posterior		\$90
Inlay – metallic - 1 surface		\$225

Inlay – metallic - 2 surfaces		\$225
Inlay – metallic - 3 or more surfaces		\$225
Onlay – metallic - 2 surfaces		\$240
Onlay – metallic - 3 surfaces		\$240
Onlay - metallic – 4 or more surfaces		\$240
Inlay, porcelain/ceramic – 1 surface		\$225
Inlay, porcelain/ceramic – 2 surfaces		\$225
Inlay, porcelain/ceramic – 3 or more surfaces		\$225
Onlay, porcelain/ceramic – 2 surfaces		\$240
Onlay, porcelain/ceramic – 3 surfaces		\$240
Onlay, porcelain/ceramic – 4 or more surfaces		\$240
Inlay, resin based composite – 1 surface		\$225
Inlay, resin based composite – 2 surfaces		\$225
Inlay, resin based composite – 3 or more surfaces		\$225
Onlay, resin based composite – 2 surfaces		\$240
Onlay, resin based composite – 3 surfaces		\$240
Onlay, resin based composite – 4 or more surfaces		\$240
Crown – resin-based composite, indirect		\$315
Crown – 3/4 resin-based composite, indirect		\$252
Crown – resin with predominantly base metal		\$315
Crown – resin with noble metal		\$315
Crown – porcelain/ ceramic		\$315
Crown – porcelain fused to predominantly base metal		\$315
Crown – porcelain fused to noble metal		\$315
Crown – porcelain fused to titanium and titanium alloys		\$315
Crown – 3/4 cast predominantly base metal		\$315
Crown – 3/4 cast noble metal		\$315
Crown – 3/4 cast porcelain/ceramic		\$315
Crown – full cast predominantly base metal		\$315
Crown – full cast noble metal		\$315
Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		\$15
Re-cement or re-bond indirectly fabricated or prefabricated post and core		\$8
Re-cement or re-bond crown		\$15
Reattachment of tooth fragment, incisal edge or cusp		\$6
Prefabricated porcelain/ceramic crown – primary tooth		\$70
Prefabricated stainless steel crown – primary tooth		\$50



Prefabricated stainless steel crown - permanent tooth		\$60
Protective restoration		\$8
Interim therapeutic restoration – primary dentition		\$4
Core buildup, including any pins		\$90
Pin retention – per tooth		\$10
Post & core in addition to crown, indirectly fabricated		\$128
Each additional indirectly fabricated post		\$128
Prefabricated post & core in addition to crown		\$83
Each additional prefabricated post		\$83
Additional procedures to customize a crown to fit under an existing partial denture framework		\$47
Resin infiltration of incipient smooth surface lesions if you are under age 16	1 application every 3 years	\$8
Pulp cap – direct (excluding final restoration)		\$6
Pulp cap – indirect (excluding final restoration)		\$6
Therapeutic pulpotomy (excluding final restoration)		\$55
Pulpal debridement, primary and permanent teeth		\$10
Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development		\$50
Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)		\$55
Pulpal therapy (resorbable filling) – posterior, primary tooth -(excluding final restoration)		\$55
Endodontic therapy, anterior tooth - (excluding final restoration)		\$120
Endodontic therapy, premolar tooth- (excluding final restoration)		\$180
Treatment of root canal obstruction; non-surgical access		\$120
Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		\$90
Internal root repair of perforation defects		\$90
Periodontal scaling and root planing, 4 or more teeth per quadrant	4 separate quadrants every 2 years	\$56
Periodontal scaling and root planing – 1-3 teeth per quadrant	4 per site every 2 years	\$34
Scaling in presence of generalized moderate or severe gingival inflammation– full mouth, after oral evaluation	2 treatments per year combined with prophylaxis	\$30

Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	1 per lifetime	\$60
Periodontal maintenance- following surgical therapy	2 per year	\$60
Unscheduled dressing change (by someone other than treating dentist or their staff)		\$10
Complete denture – maxillary	Relines/rebases/adjustments <u>are not</u> separately eligible within 6 months of placement of the denture	\$300
Complete denture – mandibular	Relines/rebases/adjustments <u>are not</u> separately eligible within 6 months of placement of the denture	\$300
Immediate denture – maxillary	Relines/rebases/adjustments are separately eligible within 6 months of placement of the immediate denture	\$330
Immediate denture – mandibular	Relines/rebases/adjustments are separately eligible within 6 months of placement of the immediate denture	\$330
Maxillary partial denture – resin base - (including any conventional clasps, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$300
Mandibular partial denture – resin base- (including any conventional clasps, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$300
Maxillary partial denture – cast metal framework with resin denture bases- (including retentive/clasping materials, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$400
Mandibular partial denture – cast metal framework with resin denture bases- (including retentive/clasping materials, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$400
Immediate maxillary partial denture – resin base-(including retentive/clasping materials, rests and teeth)	Includes limited follow-up care only, does not include future rebasing/relining procedures	\$345
Immediate mandibular partial denture – resin base-(including retentive/clasping materials, rests and teeth)	Includes limited follow-up care only, does not include future rebasing/relining procedures	\$345
Immediate maxillary partial denture – cast metal framework with resin denture bases- (including retentive/clasping materials, rests and teeth)	Includes limited follow-up care only, does not include future rebasing/relining procedures	\$460

Immediate mandibular partial denture – cast metal framework with resin denture bases- (including retentive/clasping materials, rests and teeth)	Includes limited follow-up care only, does not include future rebasing/relining procedures	\$460
Maxillary partial denture – flexible base - (including retentive/clasping materials, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the immediate denture	\$360
Mandibular partial denture – flexible base- (including retentive/clasping materials, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the immediate denture	\$360
Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth).	Includes limited follow-up care only, does not include future rebasing/relining procedures	\$360
Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth).	Includes limited follow-up care only, does not include future rebasing/relining procedures	\$360
Removable unilateral partial denture – one piece cast metal -(including retentive/clasping materials, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	
Mandibular		\$300
Maxillary		\$300
Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant		\$180
Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant		\$150
Adjust complete denture – maxillary	Adjustment is not separately eligible within 6 months of placement of the denture	\$10
Adjust complete denture – mandibular	Adjustment is not separately eligible within 6 months of placement of the denture	\$10
Adjust partial denture – maxillary	Adjustment is not separately eligible within 6 months of placement of the denture	\$10
Adjust partial denture – mandibular	Adjustment is not separately eligible within 6 months of placement of the denture	\$10
Repair broken complete denture base, maxillary		\$36
Repair broken complete denture base, mandibular		\$36
Replace missing or broken teeth – complete denture (each tooth)		\$25
Repair resin partial denture base, maxillary		\$35

Repair resin partial denture base, mandibular		\$35
Repair cast partial framework, maxillary		\$35
Repair cast partial framework, mandibular		\$35
Repair or replace broken retentive/clasping materials - per tooth		\$35
Replace broken teeth – per tooth		\$35
Add tooth to existing partial denture		\$35
Add clasp to existing partial denture - per tooth		\$45
Replace all teeth and acrylic on cast metal framework (mandibular)		\$100
Replace all teeth and acrylic on cast metal framework (maxillary)		\$100
Rebase complete maxillary denture	Rebase is not separately eligible within 6 months of placement of the denture	\$100
Rebase complete mandibular denture	Rebase is not separately eligible within 6 months of placement of the denture	\$100
Rebase maxillary partial denture	Rebase is not separately eligible within 6 months of placement of the denture	\$100
Rebase mandibular partial denture	Rebase is not separately eligible within 6 months of placement of the denture	\$100
Rebase hybrid prosthesis	Rebase is not separately eligible within 6 months of placement of the denture	\$100
Reline complete maxillary denture (direct)	Reline is not separately eligible within 6 months of placement of the denture	\$50
Reline complete mandibular denture (direct)	Reline is not separately eligible within 6 months of placement of the denture	\$50
Reline maxillary partial denture (direct)	Reline is not separately eligible within 6 months of placement of the denture	\$50
Reline mandibular partial denture (direct)	Reline is not separately eligible within 6 months of placement of the denture	\$50
Reline complete maxillary denture (indirect)	Reline is not separately eligible within 6 months of placement of the denture	\$114
Reline complete mandibular denture (indirect)	Reline is not separately eligible within 6 months of placement of the denture	\$114
Reline maxillary partial denture (indirect)	Reline is not separately eligible within 6 months of placement of the denture	\$114

Reline mandibular partial denture (indirect)	Reline is not separately eligible within 6 months of placement of the denture	\$114
Soft liner for complete or partial removable denture – indirect	Reline is not separately eligible within 6 months of placement of the denture	\$114
Interim partial denture (including retentive/clasping materials, rests, and teeth),-maxillary	Eligible when replacing anterior teeth	\$143
Interim partial denture (including retentive/clasping materials, rests, and teeth),-mandibular	Eligible when replacing anterior teeth	\$143
Tissue conditioning, maxillary	Tissue conditioning is not separately eligible within 6 months of placement of the denture	\$50
Tissue conditioning, mandibular	Tissue conditioning is not separately eligible within 6 months of placement of the denture	\$50
Abutment supported porcelain/ceramic crown		\$315
Abutment supported porcelain fused to metal crown (predominantly base metal)		\$315
Abutment supported porcelain fused to metal crown (noble metal)		\$315
Abutment supported cast metal crown (predominantly base metal)		\$315
Abutment supported cast metal crown (noble metal)		\$315
Implant supported porcelain/ceramic crown		\$315
Abutment supported retainer for porcelain/ceramic fixed partial denture		\$315
Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal)		\$315
Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal)		\$315
Abutment supported retainer for cast metal fixed partial denture (predominantly base metal)		\$315
Abutment supported retainer for cast metal fixed partial denture (noble metal)		\$315
Implant supported retainer for ceramic fixed partial denture		\$315
Re-cement or re-bond implant/abutment supported crown		\$22
Re-cement or re-bond implant/abutment supported fixed partial denture		\$24

Implant /abutment supported removable denture for edentulous arch – maxillary		\$300
Implant /abutment supported removable denture for edentulous arch – mandibular		\$300
Implant /abutment supported removable denture for partially edentulous arch – maxillary		\$300
Implant /abutment supported removable denture for partially edentulous arch – mandibular		\$300
Implant /abutment supported fixed denture for edentulous arch – maxillary		\$300
Implant /abutment supported fixed denture for edentulous arch – mandibular		\$300
Implant /abutment supported fixed denture for partially edentulous arch – maxillary		\$300
Implant /abutment supported fixed denture for partially edentulous arch – mandibular		\$300
Implant supported crown – porcelain fused to predominantly base alloys		\$315
Implant supported crown – porcelain fused to noble alloys		\$315
Implant supported crown – porcelain fused to titanium and titanium alloys		\$315
Implant supported crown – predominantly base alloys		\$315
Implant supported crown – noble alloys		\$315
Implant supported crown – titanium and titanium alloys		\$315
Abutment supported crown – porcelain fused to titanium and titanium alloys		\$315
Implant supported retainer – porcelain fused to predominantly base alloys		\$315
Implant supported retainer for fixed partial denture – porcelain fused to noble alloys		\$315
Implant supported retainer – porcelain fused to titanium and titanium alloys		\$315
Implant supported retainer for metal fixed partial denture – predominantly base alloys		\$315
Implant supported retainer for metal fixed partial denture – noble alloys		\$315
Implant supported retainer for metal fixed partial denture – titanium and titanium alloys		\$315
Abutment supported retainer - porcelain fused to titanium and titanium alloys		\$315
Pontic – indirect resin based composite		\$315
Pontic – cast predominantly Base metal		\$315
Pontic – cast noble metal		\$315
Pontic - titanium		\$315

Pontic – porcelain fused to predominantly base metal		\$315
Pontic – porcelain fused to noble metal		\$315
Pontic – porcelain fused to titanium and titanium alloys		\$315
Pontic – porcelain/ceramic		\$315
Pontic – resin with predominantly base metal		\$315
Pontic – resin with noble metal		\$315
Retainer – cast metal for resin-bonded fixed prosthesis		\$225
Retainer – porcelain/ceramic for resin-bonded fixed prosthesis		\$225
Resin retainer – for resin bonded fixed prosthesis		\$158
Retainer inlay – porcelain/ceramic, 2 surfaces		\$225
Retainer inlay – porcelain/ceramic, 3 or more surfaces		\$225
Retainer inlay – cast predominantly base metal, 2 surfaces		\$225
Retainer inlay – cast predominantly base metal, 3 or more surfaces		\$225
Retainer inlay – cast noble metal, 2 surfaces		\$245
Retainer inlay – cast noble metal, 3 or more surfaces		\$245
Retainer onlay – porcelain/ceramic, 2 surfaces		\$240
Retainer onlay – porcelain/ceramic, 3 or more surfaces		\$240
Retainer onlay – cast predominantly base metal, 2 surfaces		\$240
Retainer onlay – cast predominantly base metal, 3 or more surfaces		\$240
Retainer onlay – cast noble metal, 2 surfaces		\$260
Retainer onlay – cast noble metal, 3 or more surfaces		\$260
Retainer crown – indirect resin based composite		\$315
Retainer crown – resin with predominantly base metal		\$315
Retainer crown – resin with noble metal		\$315
Retainer crown – porcelain/ceramic		\$315
Retainer crown – porcelain fused to predominantly base metal		\$315
Retainer crown – porcelain fused to noble metal		\$315
Retainer crown - porcelain fused to titanium and titanium alloys		\$315
Retainer crown – 3/4 cast predominantly base metal		\$315

Retainer crown – 3/4 cast noble metal		\$315
Retainer crown – 3/4 porcelain/ceramic		\$315
Retainer crown – full cast predominantly base metal		\$315
Retainer crown – full cast noble metal		\$315
Re-cement or re-bond fixed partial denture		\$20
Pediatric partial denture, fixed		\$143
Extract, coronal remnants – primary tooth		\$6
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		\$15
Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated		\$36
Removal of impacted tooth – soft tissue		\$60
Palliative (emergency) treatment of dental pain – minor procedure		\$10
Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	For second opinions only	\$0
Consultation with a medical health care professional		\$0
Cleaning and inspection of removable complete denture, maxillary		\$25
Cleaning and inspection of removable complete denture, mandibular		\$25
Cleaning and inspection of removable partial denture, maxillary		\$25
Cleaning and inspection of removable partial denture, mandibular		\$25
Occlusal guard, by report	1 every 3 years	
Hard appliance, full arch		\$150
Soft appliance, full arch		\$130
Hard appliance, partial arch		\$78
Repair and/or relin of occlusal guard		\$18
Occlusal guard adjustment	Fee for occlusal guard includes adjustments performed within 6 months of placement	\$16
Full mouth rehabilitation, per unit (6 or more covered units of crowns and/or pontics under one treatment plan)		\$125
Implants	Limited to 2 teeth, every 1 year	\$1,215



<b>Specialty Care Services</b>	<b>Limitations</b>	<b>Copayment Amounts</b>
Endodontic therapy, molar tooth (excluding final restoration)		\$303
Retreatment of previous root canal therapy – anterior		\$220
Retreatment of previous root canal therapy – premolar		\$280
Retreatment of previous root canal therapy – molar		\$403
Apicoectomy – anterior		\$141
Apicoectomy – premolar (first root)		\$141
Apicoectomy – molar (first root)		\$150
Apicoectomy – each additional root		\$90
Surgical repair of root resorption - anterior		\$64
Surgical repair of root resorption - premolar		\$85
Surgical repair of root resorption - molar		\$106
Retrograde filling – per root		\$65
Root amputation – per root		\$80
Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior		\$84
Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar		\$112
Surgical exposure of root surface without apicoectomy or repair of root resorption - molar		\$140
Gingivectomy or gingivoplasty, - 4 or more contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	\$160
Gingivectomy or gingivoplasty, - 1-3 contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	\$60
Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1 per quadrant every 3 years	\$24

Gingival flap procedure, including root planing, - 4 or more contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	\$171
Gingival flap procedure, including root planing, - 1-3 contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	\$103
Apically positioned flap		\$140
Clinical crown lengthening – hard tissue		\$195
Osseous surgery (including elevation of a full thickness flap and closure), four or more contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	\$325
Osseous surgery (including elevation of a full thickness flap and closure), one to three contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	\$195
Surgical revision procedure, per tooth		\$130
Pedicle soft tissue graft procedure		\$250
Autogenous connective tissue graft procedure (including donor and recipient surgical sites), first tooth, implant or edentulous tooth position		\$150
Non-autogenous connective tissue graft (including recipient site and donor material), first tooth, implant, or edentulous tooth position in graft		\$300
Combined connective tissue and double pedicle graft, per tooth		\$248
Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant, or edentulous tooth position		\$106
Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant, or edentulous tooth position in same graft site		\$53
Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		\$83

Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		\$165
Add metal substructure to acrylic full denture (per arch)		\$36
Removal of impacted tooth – partially bony		\$72
Removal of impacted tooth – completely bony		\$128
Removal of impacted tooth – completely bony, with unusual surgical complications		\$128
Removal of residual tooth roots -(cutting procedure)		\$35
Coronectomy - intentional partial tooth removal		\$64
Exposure of an unerupted tooth		\$60
Mobilization of erupted or malpositioned tooth to aid eruption		\$70
Placement of device to facilitate eruption of impacted tooth		\$14
Incisional biopsy of oral tissue – hard (bone, tooth)		\$200
Incisional biopsy of oral tissue – soft		\$200
Exfoliative cytological sample collection		\$100
Alveoloplasty in conjunction with extractions - 4 or more teeth or tooth spaces, per quadrant		\$35
Alveoloplasty in conjunction with extractions - 1 to 3 teeth or tooth spaces, per quadrant		\$18
Alveoloplasty not in conjunction with extractions - 4 or more teeth or tooth spaces, per quadrant		\$60
Alveoloplasty not in conjunction with extractions - 1 to 3 teeth or tooth spaces, per quadrant		\$30
Incision and drainage of abscess – intraoral soft tissue		\$30
Incision and drainage of abscess – intraoral soft tissue - complicated		\$33
Buccal/ labial frenectomy (frenulectomy)		\$90
Lingual frenectomy (frenulectomy)		\$90
Frenuloplasty		\$95
Evaluation for moderate sedation, deep sedation or general anesthesia		\$0
Deep sedation/general anesthesia - first 15 minutes		\$104
Deep sedation/general anesthesia – each subsequent 15 minute increment		\$83

Intravenous moderate (conscious) sedation/analgesia - first 15 minutes		\$104
Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment		\$83
Infiltration of a sustained release therapeutic drug, per quadrant. Only for impacted wisdom teeth procedure		\$0
Occlusal adjustment – limited		\$30
Occlusal adjustment – complete		\$100

**73534**

**05/2022**

**Per ADA#7310**

## Out-of-network coverage

When services shown in the preceding schedule of **eligible dental services** are provided by **out-of-network providers**, you pay the **coinsurance** percentage after the **Calendar Year deductible** or lifetime **deductible** shown below for **eligible dental services**.

### Out-of-network plan features

Deductible	Amount
Out-of-network Calendar Year deductible	\$100
<b>Important note:</b> This deductible does not apply to <b>orthodontic treatment services</b> and out-of-area dental emergency services care.	

Expenses	
<b>Primary care services</b>	<b>Coinsurance</b>
Type A expenses	75%
Type B expenses	80%
Type C expenses	80%
<b>Specialty care services</b>	<b>Coinsurance</b>
Type B expenses	80%
Type C expenses	80%

Expenses	
<b>Orthodontic treatment expenses</b>	<b>Amounts</b>
<b>Coinsurance</b>	0%
<b>Lifetime maximum</b>	\$400

#### **Important note:**

The following apply:

- **Copayment** amounts for crowns and pontics are per unit.
- Fees for dentures and partial dentures include relines, rebases, and adjustments within 12 months after installation. Fees for relines and rebases include adjustments within 12 months after installation. Specialized techniques and characterizations are not eligible.
- Inlays, onlays, labial veneers and crowns (excludes temporary crowns) are covered only:
  - As treatment for decay or acute traumatic **injury**
  - When teeth cannot be restored with a filling material or when the tooth is an abutment to a fixed bridge.
 (Limited to 1 per tooth every 5 years. See the *Replacement rule*.)
- **Restorative services:** Multiple restorations on 1 surface are considered as a single restoration. (Limited to 1 per teeth every 5 years.)
- There is an extra charge for **eligible dental services** that use high noble metals (ex. gold or titanium).
- General anesthesia and sedation are **covered benefits** when part of a covered surgical procedure.

## Additional eligible dental services

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We will provide additional **eligible dental services** if you have at least one of the following conditions:

- Pregnancy
- Coronary artery disease/cardiovascular disease
- Cerebrovascular disease
- Diabetes

The additional **eligible dental services** are:

- Prophylaxis (cleaning) (one additional per **Calendar Year**)
- Scaling and root planing, (4 or more teeth), per quadrant
- Scaling and root planing (limited to 1 to 3 teeth), per quadrant
- Full mouth debridement
- Periodontal maintenance

### Payment of benefits

We will waive the out-of-network **Calendar Year deductible, coinsurance** and **copayment** for the additional **eligible dental services** above.

Your **coinsurance** applied to the additional **eligible dental services** will be:

Expense	In-network coverage Coinsurance	Out-of-network coverage Coinsurance
Additional <b>eligible dental services</b>	0%	0%