

Schedule of benefits

Managed dental 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:	January 8, 2024
Plan revision effective date:	January 1, 2024

Underwritten by Aetna Life Insurance Company in the state of Ohio



Schedule of benefits

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 a **deductible, 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 <https://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

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**.

Out-of-network 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

In-network plan features

Expense	Copayment
Office visit	\$0 per visit

Expense	Copayment
Comprehensive orthodontic treatment 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.

Eligible Dental 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 three years of age and counseling with a 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 (established patient; not post-operative visit)		\$0
Comprehensive periodontal evaluation - new or established patient		\$0
Intraoral - complete series of radiographic images	1 image per 3 years, combined with other radiographic images	\$0
Intraoral - periapical, first radiographic image		\$0
Intraoral - periapical, each additional radiographic image		\$0
Intraoral - occlusal radiographic image		\$0
Extra-oral, first radiographic image		\$0
Extra-oral, posterior radiographic image		\$0
Bitewing - single radiographic image	1 image per year, combined with other radiographic images	\$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	1 image per 3 years, combined with other radiographic images	\$0
Interpretation of diagnostic image by a 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 and transmission of written report		\$0
Prophylaxis – adult	2 visits per year	\$0
Prophylaxis – child	2 visits per year	\$0
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, combined frequency for all sealants	\$0
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, combined frequency for all sealants	\$0
Sealant repair - per tooth, if you are under age 16	For permanent molars	\$0
Application of caries arresting medicament – per tooth if you are under age 16	1 application every 3 years for permanent molars, combined frequency for all sealants	\$0
Caries preventive medicament application - per tooth if you are under age 16	1 application every 3 years for permanent molars, combined frequency for all sealants	\$0
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	\$86
Space maintainer – fixed – bilateral, maxillary	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	\$86
Space maintainer – fixed – bilateral, mandibular	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	\$86
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	\$86

Space maintainer – removable – bilateral, maxillary	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	\$86
Space maintainer – removable – bilateral, mandibular	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	\$86
Re-cement or re-bond bilateral space maintainer – maxillary		\$12
Re-cement or re-bond bilateral space maintainer – mandibular		\$12
Re-cement or re-bond unilateral space maintainer - per quadrant		\$6
Removal of fixed unilateral space maintainer - per quadrant		\$6
Removal of fixed bilateral space maintainer – maxillary		\$12
Removal of fixed bilateral space maintainer – mandibular		\$12
Distal shoe space maintainer– fixed – unilateral - per quadrant		\$95
Amalgam – 1 surface, primary or permanent		\$12
Amalgam – 2 surfaces, primary or permanent		\$16
Amalgam – 3 surfaces, primary or permanent		\$20
Amalgam – 4+ surfaces, primary or permanent		\$23
Resin-based composite – 1 surface, anterior		\$16
Resin-based composite – 2 surfaces, anterior		\$22
Resin-based composite – 3 surfaces, anterior		\$26
Resin-based composite – 4+ surfaces, anterior		\$54
Resin-based composite crown, anterior		\$60
Resin-based composite – 1 surface, posterior		\$49
Resin-based composite – 2 surfaces, posterior		\$70
Resin-based composite – 3 surfaces, posterior		\$84
Resin-based composite – 4+ surfaces, posterior		\$126
Inlay – metallic - 1 surface		\$205
Inlay – metallic - 2 surfaces		\$205
Inlay – metallic - 3 or more surfaces		\$205
Onlay – metallic - 2 surfaces		\$221
Onlay – metallic - 3 surfaces		\$221
Onlay - metallic – 4 or more surfaces		\$221
Inlay, porcelain/ceramic – 1 surface		\$205
Inlay, porcelain/ceramic – 2 surfaces		\$205

Inlay, porcelain/ceramic – 3 or more surfaces		\$205
Onlay, porcelain/ceramic – 2 surfaces		\$221
Onlay, porcelain/ceramic – 3 surfaces		\$221
Onlay, porcelain/ceramic – 4 or more surfaces		\$221
Inlay, resin based composite – 1 surface		\$205
Inlay, resin based composite – 2 surfaces		\$205
Inlay, resin based composite – 3 or more surfaces		\$205
Onlay, resin based composite – 2 surfaces		\$221
Onlay, resin based composite – 3 surfaces		\$221
Onlay, resin based composite – 4 or more surfaces		\$221
Crown – resin-based composite, indirect		\$293
Crown – 3/4 resin-based composite, indirect		\$214
Crown – resin with high noble metal		\$293
Crown – resin with predominantly base metal		\$293
Crown – resin with noble metal		\$293
Crown – porcelain/ ceramic		\$293
Crown – porcelain fused to high noble metal		\$293
Crown – porcelain fused to predominantly base metal		\$293
Crown – porcelain fused to noble metal		\$293
Crown – porcelain fused to titanium and titanium alloys		\$293
Crown – 3/4 cast high noble metal		\$293
Crown – 3/4 cast predominantly base metal		\$293
Crown – 3/4 cast noble metal		\$293
Crown – 3/4 cast porcelain/ceramic		\$293
Crown – full cast high noble metal		\$293
Crown – full cast predominantly base metal		\$293
Crown – full cast noble metal		\$293
Crown – titanium and titanium alloys		\$293
Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		\$10
Re-cement or re-bond indirectly fabricated or prefabricated post and core		\$5
Re-cement or re-bond crown		\$10
Reattachment of tooth fragment, incisal edge or cusp		\$5
Prefabricated porcelain/ceramic crown – primary tooth		\$43
Prefabricated stainless steel crown – primary tooth		\$43
Prefabricated stainless steel crown - permanent tooth		\$54

Prefabricated esthetic coated stainless steel crown – primary tooth		\$43
Protective restoration		\$3
Interim therapeutic restoration – primary dentition		\$1
Core buildup, including any pins when required		\$140
Pin retention – per tooth, in addition to restoration		\$14
Post & core in addition to crown, indirectly fabricated		\$157
Excavation of a tooth resulting in the determination of non-restorability		\$6
Resin infiltration of incipient smooth surface lesions if you are under age 16	1 application every 3 years, combined frequency for all sealants	\$0
Application of hydroxyapatite regeneration medicament - per tooth		\$0
Pulp cap – direct (excluding final restoration)		\$4
Pulp cap – indirect (excluding final restoration)		\$4
Therapeutic pulpotomy (excluding final restoration)		\$31
Pulpal debridement, primary and permanent teeth		\$14
Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development		\$28
Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)		\$31
Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)		\$31
Endodontic therapy, anterior tooth (excluding final restoration)		\$79
Endodontic therapy, premolar tooth (excluding final restoration)		\$131
Endodontic therapy, molar tooth (excluding final restoration)		\$308
Treatment of root canal obstruction; non-surgical access		\$79
Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		\$61
Internal root repair of perforation defects		\$61
Retreatment of previous root canal therapy – anterior		\$187
Retreatment of previous root canal therapy – premolar		\$230
Retreatment of previous root canal therapy – molar		\$410
Apicoectomy – anterior		\$97

Apicoectomy – premolar (first root)		\$97
Apicoectomy – molar (first root)		\$95
Apicoectomy – each additional root		\$61
Retrograde filling – per root		\$49
Root amputation – per root		\$77
Surgical repair of root resorption - anterior		\$44
Surgical repair of root resorption – premolar		\$58
Surgical repair of root resorption – molar		\$73
Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior		\$70
Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar		\$93
Surgical exposure of root surface without apicoectomy or repair of root resorption – molar		\$116
Gingivectomy or gingivoplasty – 4 or more contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	\$140
Gingivectomy or gingivoplasty – 1-3 contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	\$74
Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1 per quadrant every 3 years	\$25
Gingival flap procedure, including root planing – 4 or more contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	\$141
Gingival flap procedure, including root planing – 1-3 contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	\$84
Apically positioned flap		\$116
Clinical crown lengthening – hard tissue		\$189
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	\$315
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	\$189
Surgical revision procedure, per tooth		\$126
Pedicle soft tissue graft procedure		\$242
Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position		\$145

Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		\$331
Combined connective tissue and pedicle graft, per tooth		\$238
Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft		\$103
Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site		\$51
Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site		\$80
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		\$182
Periodontal scaling and root planing, 4 or more teeth per quadrant	4 separate quadrants every 2 years	\$54
Periodontal scaling and root planing – 1-3 teeth per quadrant	4 per site every 2 years	\$33
Scaling in presence of generalized moderate or severe gingival inflammation– full mouth, after oral evaluation	2 treatments per year combined with prophylaxis	\$35
Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	1 per lifetime	\$70
Periodontal maintenance following active therapy	2 per year	\$49
Unscheduled dressing change (by someone other than treating dentist or their staff)		\$11
Complete denture – maxillary	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$318
Complete denture – mandibular	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$318
Immediate denture – maxillary	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$331

Immediate denture – mandibular	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$331
Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$318
Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$318
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	\$368
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	\$368
Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$366
Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$366
Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$423
Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$423
Maxillary partial denture – flexible base (including any clasps, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$363
Mandibular partial denture – flexible base (including any clasps, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$363
Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$363

Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$363
Removable unilateral partial denture one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$318
Removable unilateral partial denture one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$318
Removable unilateral partial denture – one-piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$182
Removable unilateral partial denture – one-piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$159
Adjust complete denture – maxillary	Includes all adjustments within 6 months after insertion	\$11
Adjust complete denture – mandibular	Includes all adjustments within 6 months after insertion	\$11
Adjust partial denture – maxillary	Includes all adjustments within 6 months after insertion	\$11
Adjust partial denture – mandibular	Includes all adjustments within 6 months after insertion	\$11
Repair broken complete denture base, mandibular		\$40
Repair broken complete denture base, maxillary		\$40
Replace missing or broken teeth – complete denture (each tooth)		\$25
Repair resin partial denture base, mandibular		\$40
Repair resin partial denture base, maxillary		\$40
Repair cast partial framework, mandibular		\$40
Repair cast partial framework, maxillary		\$40
Repair or replace broken retentive/clasping materials - per tooth		\$40
Replace broken teeth – per tooth		\$40
Add tooth to existing partial denture		\$40
Add clasp to existing partial denture - per tooth		\$44
Replace all teeth and acrylic on cast metal framework - maxillary		\$110
Replace all teeth and acrylic on cast metal framework - mandibular		\$110
Rebase complete maxillary denture	Includes all adjustments within 6 months after insertion	\$110

Rebase complete mandibular denture	Includes all adjustments within 6 months after insertion	\$110
Rebase maxillary partial denture	Includes all adjustments within 6 months after insertion	\$110
Rebase mandibular partial denture	Includes all adjustments within 6 months after insertion	\$110
Rebase hybrid prosthesis	Includes all adjustments within 6 months after insertion	\$110
Reline complete maxillary denture (direct)	Includes all adjustments within 6 months after insertion	\$50
Reline complete mandibular denture (direct)	Includes all adjustments within 6 months after insertion	\$50
Reline maxillary partial denture (direct)	Includes all adjustments within 6 months after insertion	\$50
Reline mandibular partial denture (direct)	Includes all adjustments within 6 months after insertion	\$50
Reline complete maxillary denture (indirect)	Includes all adjustments within 6 months after insertion	\$112
Reline complete mandibular denture (indirect)	Includes all adjustments within 6 months after insertion	\$112
Reline maxillary partial denture (indirect)	Includes all adjustments within 6 months after insertion	\$112
Reline mandibular partial denture (indirect)	Includes all adjustments within 6 months after insertion	\$112
Soft liner for complete or partial removable denture – indirect		\$112
Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary	Included in permanent	\$99
Interim partial denture (including retentive/clasping materials, rests and teeth), mandibular	Included in permanent	\$99
Tissue conditioning, maxillary	Inclusive with prosthesis within 6 months after insertion	\$44
Tissue conditioning, mandibular	Inclusive with prosthesis within 6 months after insertion	\$44
Add metal substructure to acrylic full denture (per arch)		\$40
Abutment supported porcelain/ceramic crown		\$293
Abutment supported porcelain fused to metal crown (high noble metal)		\$293
Abutment supported porcelain fused to metal crown (predominantly base metal)		\$293
Abutment supported porcelain fused to metal crown (noble metal)		\$293
Abutment supported cast metal crown (high noble metal)		\$293
Abutment supported cast metal crown (predominantly base metal)		\$293

Abutment supported cast metal crown (noble metal)		\$293
Implant supported porcelain/ceramic crown		\$293
Implant supported porcelain fused to metal crown (titanium, titanium alloy or high noble metal)		\$293
Implant supported metal crown (titanium, titanium alloy or high noble metal)		\$293
Abutment supported retainer for porcelain/ceramic FPD		\$293
Abutment supported retainer for porcelain fused to metal FPD (high noble metal)		\$293
Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)		\$293
Abutment supported retainer for porcelain fused to metal FPD (noble metal)		\$293
Abutment supported retainer for cast metal FPD (high noble metal)		\$293
Abutment supported retainer for cast metal FPD (predominantly base metal)		\$293
Abutment supported retainer for cast metal FPD (noble metal)		\$293
Implant supported retainer for ceramic FPD		\$293
Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy or high noble metal)		\$293
Implant supported retainer for cast metal FPD (titanium, titanium alloy or high noble metal)		\$293
Implant supported crown – porcelain fused to predominantly base alloys		\$293
Implant supported crown – porcelain fused to noble alloys		\$293
Implant supported crown – porcelain fused to titanium and titanium alloys		\$293
Implant supported crown – predominantly base alloys		\$293
Implant supported crown – noble alloys		\$293
Implant supported crown – titanium and titanium alloys		\$293
Abutment supported crown (titanium)		\$293
Abutment supported crown – porcelain fused to titanium and titanium alloys		\$293
Implant supported retainer – porcelain fused to predominantly base alloys		\$293
Implant supported retainer for FPD – porcelain fused to noble alloys		\$293
Implant /abutment supported removable denture for edentulous arch – maxillary		\$318

Implant /abutment supported removable denture for edentulous arch – mandibular		\$318
Implant /abutment supported removable denture for partially edentulous arch – maxillary		\$318
Implant /abutment supported removable denture for partially edentulous arch – mandibular		\$318
Implant /abutment supported fixed denture for edentulous arch – maxillary		\$318
Implant /abutment supported fixed denture for edentulous arch – mandibular		\$318
Implant /abutment supported fixed denture for partially edentulous arch – maxillary		\$318
Implant /abutment supported fixed denture for partially edentulous arch – mandibular		\$318
Implant supported retainer – porcelain fused to titanium and titanium alloys		\$293
Implant supported retainer for metal FPD – predominantly base alloys		\$293
Implant supported retainer for metal FPD – noble alloys		\$293
Implant supported retainer for metal FPD – titanium and titanium alloys		\$293
Abutment supported retainer - porcelain fused to titanium and titanium alloys		\$293
Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant		\$49
Pontic – indirect resin based composite		\$293
Pontic – cast high noble metal		\$293
Pontic – cast predominantly base metal		\$293
Pontic – cast noble metal		\$293
Pontic - titanium		\$293
Pontic – porcelain fused to high noble metal		\$293
Pontic – porcelain fused to predominantly base metal		\$293
Pontic – porcelain fused to noble metal		\$293
Pontic – porcelain fused to titanium and titanium alloys		\$293
Pontic – porcelain/ceramic		\$293
Pontic – resin with high noble metal		\$293
Pontic – resin with predominantly base metal		\$293
Pontic – resin with noble metal		\$293
Retainer – cast metal for resin-bonded fixed prosthesis		\$205
Retainer – porcelain/ceramic for resin-bonded fixed prosthesis		\$205

Resin retainer – for resin bonded fixed prosthesis		\$147
Retainer inlay – porcelain/ceramic, 2 surfaces		\$205
Retainer inlay – porcelain/ceramic, 3 or more surfaces		\$205
Retainer inlay – cast high noble metal, 2 surfaces		\$226
Retainer inlay – cast high noble metal, 3 or more surfaces		\$226
Retainer inlay – cast predominantly base metal, 2 surfaces		\$205
Retainer inlay – cast predominantly base metal, 3 or more surfaces		\$205
Retainer inlay – cast noble metal, 2 surfaces		\$226
Retainer inlay – cast noble metal, 3 or more surfaces		\$226
Retainer onlay – porcelain/ceramic, 2 surfaces		\$221
Retainer onlay – porcelain/ceramic, 3 or more surfaces		\$221
Retainer onlay – cast high noble metal, 2 surfaces		\$242
Retainer onlay – cast high noble metal, 3 or more surfaces		\$242
Retainer onlay – cast predominantly base metal, 2 surfaces		\$221
Retainer onlay – cast predominantly base metal, 3 or more surfaces		\$221
Retainer onlay – cast noble metal, 2 surfaces		\$242
Retainer onlay – cast noble metal, 3 or more surfaces		\$242
Retainer inlay – titanium		\$226
Retainer onlay – titanium		\$242
Retainer crown – indirect resin based composite		\$293
Retainer crown – resin with high noble metal		\$293
Retainer crown – resin with predominantly base metal		\$293
Retainer crown – resin with noble metal		\$293
Retainer crown – porcelain/ceramic		\$293
Retainer crown – porcelain fused to high noble metal		\$293
Retainer crown – porcelain fused to predominantly base metal		\$293
Retainer crown – porcelain fused to noble metal		\$293
Retainer crown - porcelain fused to titanium and titanium alloys		\$293
Retainer crown – 3/4 cast high noble metal		\$293

Retainer crown – 3/4 cast predominantly base metal		\$293
Retainer crown – 3/4 cast noble metal		\$293
Retainer crown – 3/4 porcelain/ceramic		\$293
Retainer crown– 3/4 titanium and titanium alloys		\$293
Retainer crown – full cast high noble metal		\$293
Retainer crown – full cast predominantly base metal		\$293
Retainer crown – full cast noble metal		\$293
Retainer crown – titanium		\$293
Re-cement or re-bond fixed partial denture		\$20
Extraction, coronal remnants – primary tooth		\$5
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		\$12
Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated		\$32
Removal of impacted tooth – soft tissue		\$50
Removal of impacted tooth – partially bony		\$69
Removal of impacted tooth – completely bony		\$142
Removal of impacted tooth – completely bony, with unusual surgical complications		\$142
Removal of residual tooth roots (cutting procedure)		\$26
Coronectomy - intentional partial tooth removal, impacted teeth only		\$65
Exposure of an unerupted tooth		\$27
Mobilization of erupted or malpositioned tooth to aid eruption		\$33
Placement of device to facilitate eruption of impacted tooth		\$7
Excisional biopsy of minor salivary glands		\$125
Incisional biopsy of oral tissue – hard (bone, tooth)		\$83
Incisional biopsy of oral tissue – soft		\$83
Exfoliative cytological sample collection		\$42
Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces, per quadrant		\$28
Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces, per quadrant		\$14
Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces, per quadrant		\$44

Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces, per quadrant		\$22
Incision and drainage of abscess – intraoral soft tissue		\$22
Incision and drainage of abscess – intraoral soft tissue - complicated		\$24
Buccal/labial frenectomy (frenulectomy)		\$37
Lingual frenectomy (frenulectomy)		\$37
Frenuloplasty		\$40
Palliative (emergency) treatment of dental pain – minor procedure		\$11
Deep sedation/general anesthesia – first 15 minutes		\$109
Deep sedation/general anesthesia – each subsequent 15 minute increment		\$87
Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		\$109
Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment		\$87
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
Repair and/or reline of occlusal guard		\$22
Occlusal guard adjustment	Fee for occlusal guard includes adjustments performed within 6 months of placement	\$19
Occlusal guard – hard appliance, full arch	Covered for bruxism only (1 every 3 years)	\$173
Occlusal guard – soft appliance, full arch		\$150
Occlusal guard – hard appliance, partial arch		\$90
Occlusal adjustment – limited	Not covered when performed in conjunction with a restoration, root canal therapy or appliance	\$35
Occlusal adjustment – complete		\$96
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

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
Important note: This deductible does not apply to orthodontic treatment services and out-of-area dental emergency services care.	

Expenses	
Primary care services	Coinsurance
Type A expenses	75%
Type B expenses	80%
Type C expenses	80%
Specialty care services	Coinsurance
Type B expenses	80%
Type C expenses	80%

Expenses	
Orthodontic treatment expenses	Amounts
Coinsurance	0%
Lifetime maximum	\$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 6 months after installation. Fees for relines and rebases include adjustments within 6 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

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, (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 eligible dental services	0%	0%