

# UNITE HERE HEALTH PPO

## Benefit Schedule

**Calendar Year Deductible: \$50 per member maximum of \$150 per family  
Deductible waived for Diagnostic and Preventive Services and Palliative Treatment**

**Calendar Year Maximum: Combined In-Network and Out-of-Network is \$1,500.  
Annual Maximum does not apply to dental exams for covered members under age 19**

**Orthodontic Lifetime Maximum: \$2,500.  
Available for adults and children.**

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
<b>Diagnostic Services</b>			
D0120	Periodic oral evaluation	100%	70%
D0140	Limited oral evaluation	100%	70%
D0145	Oral evaluation under age 3	100%	70%
D0150	Comprehensive oral evaluation	100%	70%
D0160	Oral evaluation, problem focused	100%	70%
D0170	Re-evaluation, limited, problem focused	100%	70%
D0171	Re-evaluation, post operative office visit	100%	70%
D0180	Comprehensive periodontal evaluation	100%	70%
D0210	Intraoral, comprehensive series of radiographic images	100%	70%
D0220	Intraoral, periapical, first radiographic image	100%	70%
D0230	Intraoral, periapical, each add 'l radiographic image	100%	70%
D0240	Intraoral, occlusal radiographic image	100%	70%
D0250	Extra-oral 2D projection radiographic image, stationary radiation source	100%	70%
D0251	Extra-oral posterior dental radiographic image	100%	70%
D0270	Bitewing, single radiographic image	100%	70%
D0272	Bitewings, two radiographic images	100%	70%
D0273	Bitewings, three radiographic images	100%	70%
D0274	Bitewings, four radiographic images	100%	70%
D0277	Vertical bitewings, 7 to 8 radiographic images	100%	70%
D0330	Panoramic radiographic image	100%	70%
D0350	2D oral/facial photographic image, intra-orally/extra-orally	100%	70%
D0460	Pulp vitality tests	100%	70%
D0470	Diagnostic casts	100%	70%
D0472	Accession of tissue, gross exam, prep & report	100%	70%
D0473	Accession of tissue, gross/micro. exam, prep, report	100%	70%
D0474	Accession of tissue, gross/micro. exam, report	100%	70%
D0701	Panoramic radiographic image, image capture only	100%	70%
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally, image capture only	100%	70%
D0705	Extra-oral posterior dental radiographic image, image capture only	100%	70%
D0706	Intraoral, occlusal radiographic image, image capture only	100%	70%
D0707	Intraoral, periapical radiographic image, image capture only	100%	70%
D0708	Intraoral, bitewing radiographic image, image capture only	100%	70%
D0709	Intraoral, comprehensive series of radiographic images, image capture only	100%	70%
<b>Preventive Services</b>			
D1110	Prophylaxis, adult	100%	70%
D1120	Prophylaxis, child	100%	70%
D1206	Topical application of fluoride varnish	100%	70%
D1208	Topical application of fluoride, excluding varnish	100%	70%
D1351	Sealant, per tooth	100%	70%
D1352	Preventive resin restoration, permanent tooth	100%	70%
D1353	Sealant repair, per tooth	100%	70%
D1510	Space maintainer, fixed, unilateral, per quadrant	100%	70%
D1516	Space maintainer, fixed, bilateral, maxillary	100%	70%
D1517	Space maintainer, fixed, bilateral, mandibular	100%	70%
D1520	Space maintainer, removable, unilateral, per quadrant	100%	70%
D1526	Space maintainer, removable, bilateral, maxillary	100%	70%
D1527	Space maintainer, removable, bilateral, mandibular	100%	70%
D1551	Re-cement or re-bond bilateral space maintainer, maxillary	100%	70%
D1552	Re-cement or re-bond bilateral space maintainer, mandibular	100%	70%

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
	<b>Preventive Services (continued)</b>		
D1553	Re-cement or re-bond unilateral space maintainer, per quadrant	100%	70%
D1556	Removal of fixed unilateral space maintainer, per quadrant	100%	70%
D1557	Removal of fixed bilateral space maintainer, maxillary	100%	70%
D1558	Removal of fixed bilateral space maintainer, mandibular	100%	70%
	<b>Restorative Services</b>		
D2140	Amalgam, one surface, primary or permanent	80%	60%
D2150	Amalgam, two surfaces, primary or permanent	80%	60%
D2160	Amalgam, three surfaces, primary or permanent	80%	60%
D2161	Amalgam, four or more surfaces, primary or permanent	80%	60%
D2330	Resin-based composite, one surface, anterior	80%	60%
D2331	Resin-based composite, two surfaces, anterior	80%	60%
D2332	Resin-based composite, three surfaces, anterior	80%	60%
D2335	Resin-based composite, four or more surfaces	80%	60%
D2390	Resin-based composite crown, anterior	80%	60%
D2391	Resin-based composite, one surface, posterior	80%	60%
D2392	Resin-based composite, two surfaces, posterior	80%	60%
D2393	Resin-based composite, three surfaces, posterior	80%	60%
D2394	Resin-based composite, four or more surfaces, posterior	80%	60%
D2510	Inlay, metallic, one surface	50%	40%
D2520	Inlay, metallic, two surfaces	50%	40%
D2530	Inlay, metallic, three or more surfaces	50%	40%
D2542	Onlay, metallic, two surfaces	50%	40%
D2543	Onlay, metallic, three surfaces	50%	40%
D2544	Onlay, metallic, four or more surfaces	50%	40%
D2610	Inlay, porcelain/ceramic, one surface	50%	40%
D2620	Inlay, porcelain/ceramic, two surfaces	50%	40%
D2630	Inlay, porcelain/ceramic, three or more surfaces	50%	40%
D2642	Onlay, porcelain/ceramic, two surfaces	50%	40%
D2643	Onlay, porcelain/ceramic, three surfaces	50%	40%
D2644	Onlay, porcelain/ceramic, four or more surfaces	50%	40%
D2650	Inlay, resin-based composite, one surface	50%	40%
D2651	Inlay, resin-based composite, two surfaces	50%	40%
D2652	Inlay, resin-based composite, three or more surfaces	50%	40%
D2662	Onlay, resin-based composite, two surfaces	50%	40%
D2663	Onlay, resin-based composite, three surfaces	50%	40%
D2664	Onlay, resin-based composite, four or more surfaces	50%	40%
D2710	Crown, resin-based composite (indirect)	50%	40%
D2712	Crown, ¾ resin-based composite (indirect)	50%	40%
D2720	Crown, resin with high noble metal	50%	40%
D2721	Crown, resin with predominantly base metal	50%	40%
D2722	Crown, resin with noble metal	50%	40%
D2740	Crown, porcelain/ceramic	50%	40%
D2750	Crown, porcelain fused to high noble metal	50%	40%
D2751	Crown, porcelain fused to predominantly base metal	50%	40%
D2752	Crown, porcelain fused to noble metal	50%	40%
D2780	Crown, ¾ cast high noble metal	50%	40%
D2781	Crown, ¾ cast predominantly base metal	50%	40%
D2782	Crown, ¾ cast noble metal	50%	40%
D2783	Crown, ¾ porcelain/ceramic	50%	40%
D2790	Crown, full cast high noble metal	50%	40%
D2791	Crown, full cast predominantly base metal	50%	40%
D2792	Crown, full cast noble metal	50%	40%
D2794	Crown, titanium and titanium alloys	50%	40%
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	50%	40%
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	50%	40%
D2920	Re-cement or re-bond crown	50%	40%
D2928	Prefabricated porcelain/ceramic crown, permanent tooth	80%	60%
D2930	Prefabricated stainless steel crown, primary tooth	80%	60%
D2931	Prefabricated stainless steel crown, permanent tooth	80%	60%
D2932	Prefabricated resin crown	80%	60%

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
	<b>Restorative Services (continued)</b>		
D2933	Prefabricated stainless steel crown with resin window	80%	60%
D2934	Prefabricated esthetic coated stainless steel crown, primary tooth	80%	60%
D2940	Protective restoration	80%	60%
D2950	Core buildup, including any pins when required	50%	40%
D2951	Pin retention, per tooth, in addition to restoration	50%	40%
D2952	Post and core in addition to crown, indirectly fabricated	50%	40%
D2953	Each additional indirectly fabricated post, same tooth	50%	40%
D2954	Prefabricated post and core in addition to crown	50%	40%
D2955	Post removal	50%	40%
D2957	Each additional prefabricated post, same tooth	50%	40%
D2971	Additional procedure to customize new crown, existing partial denture frame	50%	40%
D2980	Crown repair necessitated by restorative material failure	50%	40%
	<b>Endodontic Services</b>		
D3110	Pulp cap, direct (excluding final restoration)	80%	60%
D3220	Therapeutic pulpotomy (excluding final restoration)	80%	60%
D3221	Pulpal debridement, primary and permanent teeth	80%	60%
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	80%	60%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	80%	60%
D3330	Endodontic therapy, molar tooth (excluding final restoration)	80%	60%
D3346	Retreatment of previous root canal therapy, anterior	80%	60%
D3347	Retreatment of previous root canal therapy, premolar	80%	60%
D3348	Retreatment of previous root canal therapy, molar	80%	60%
D3351	Apexification/recalcification, initial visit	80%	60%
D3352	Apexification/recalcification, interim medication replacement	80%	60%
D3353	Apexification/recalcification, final visit	80%	60%
D3410	Apicoectomy, anterior	80%	60%
D3421	Apicoectomy, premolar (first root)	80%	60%
D3425	Apicoectomy, molar (first root)	80%	60%
D3426	Apicoectomy, (each additional root)	80%	60%
D3430	Retrograde filling, per root	80%	60%
D3450	Root amputation, per root	80%	60%
D3920	Hemisection, not including root canal therapy	80%	60%
	<b>Periodontal Services</b>		
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	80%	60%
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	80%	60%
D4212	Gingivectomy or gingivoplasty, restorative procedure, per tooth	80%	60%
D4230	Anatomical crown exposure, four or more contiguous teeth per quadrant	80%	60%
D4231	Anatomical crown exposure, one to three teeth per quadrant	80%	60%
D4240	Gingival flap procedure, four or more teeth per quadrant	80%	60%
D4241	Gingival flap procedure, one to three teeth per quadrant	80%	60%
D4245	Apically positioned flap	80%	60%
D4249	Clinical crown lengthening, hard tissue	80%	60%
D4260	Osseous surgery, four or more teeth per quadrant	80%	60%
D4261	Osseous surgery, one to three teeth per quadrant	80%	60%
D4268	Surgical revision procedure, per tooth	80%	60%
D4270	Pedicle soft tissue graft procedure	80%	60%
D4273	Autogenous connective tissue graft procedure, first tooth	80%	60%
D4274	Mesial/distal wedge procedure, single tooth	80%	60%
D4275	Non-autogenous connective tissue graft, first tooth	80%	60%
D4277	Free soft tissue graft, first tooth	80%	60%
D4278	Free soft tissue graft, each additional tooth	80%	60%
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	80%	60%
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	80%	60%
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	80%	60%
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	80%	60%
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit	80%	60%
D4381	Localized delivery of antimicrobial agent/per tooth	80%	60%
D4910	Periodontal maintenance	80%	60%
D4920	Unscheduled dressing change (other than treating dentist or staff)	80%	60%

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
	<b>Removable Prosthodontic Services</b>		
D5110	Complete denture, maxillary	50%	40%
D5120	Complete denture, mandibular	50%	40%
D5130	Immediate denture, maxillary	50%	40%
D5140	Immediate denture, mandibular	50%	40%
D5211	Maxillary partial denture, resin base	50%	40%
D5212	Mandibular partial denture, resin base	50%	40%
D5213	Maxillary partial denture, cast metal, resin base	50%	40%
D5214	Mandibular partial denture, cast metal, resin base	50%	40%
D5221	Immediate maxillary partial denture, resin base	50%	40%
D5222	Immediate mandibular partial denture, resin base	50%	40%
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	50%	40%
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	50%	40%
D5225	Maxillary partial denture, flexible base	50%	40%
D5226	Mandibular partial denture, flexible base	50%	40%
D5282	Removable unilateral partial denture, one piece cast metal, maxillary	50%	40%
D5283	Removable unilateral partial denture, one piece cast metal, mandibular	50%	40%
D5410	Adjust complete denture, maxillary	50%	40%
D5411	Adjust complete denture, mandibular	50%	40%
D5421	Adjust partial denture, maxillary	50%	40%
D5422	Adjust partial denture, mandibular	50%	40%
D5511	Repair broken complete denture base, mandibular	50%	40%
D5512	Repair broken complete denture base, maxillary	50%	40%
D5520	Replace missing or broken teeth, complete denture	50%	40%
D5611	Repair resin partial denture base, mandibular	50%	40%
D5612	Repair resin partial denture base, maxillary	50%	40%
D5621	Repair cast partial framework, mandibular	50%	40%
D5622	Repair cast partial framework, maxillary	50%	40%
D5630	Repair or replace broken retentive clasping materials, per tooth	50%	40%
D5640	Replace broken teeth, per tooth	50%	40%
D5650	Add tooth to existing partial denture	50%	40%
D5660	Add clasp to existing partial denture, per tooth	50%	40%
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	50%	40%
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	50%	40%
D5710	Rebase complete maxillary denture	50%	40%
D5711	Rebase complete mandibular denture	50%	40%
D5720	Rebase maxillary partial denture	50%	40%
D5721	Rebase mandibular partial denture	50%	40%
D5730	Reline complete maxillary denture, direct	50%	40%
D5731	Reline complete mandibular denture, direct	50%	40%
D5740	Reline maxillary partial denture, direct	50%	40%
D5741	Reline mandibular partial denture, direct	50%	40%
D5750	Reline complete maxillary denture, indirect	50%	40%
D5751	Reline complete mandibular denture, indirect	50%	40%
D5760	Reline maxillary partial denture, indirect	50%	40%
D5761	Reline mandibular partial denture, indirect	50%	40%
D5863	Overdenture, complete, maxillary	50%	40%
D5865	Overdenture, complete, mandibular	50%	40%
	<b>Fixed Prosthodontic Services</b>		
D6205	Pontic, indirect resin based composite	50%	40%
D6210	Pontic, cast high noble metal	50%	40%
D6211	Pontic, cast predominantly base metal	50%	40%
D6212	Pontic, cast noble metal	50%	40%
D6214	Pontic, titanium, and titanium alloys	50%	40%
D6240	Pontic, porcelain fused to high noble metal	50%	40%
D6241	Pontic, porcelain fused to predominantly base metal	50%	40%
D6242	Pontic, porcelain fused to noble metal	50%	40%
D6245	Pontic, porcelain/ceramic	50%	40%
D6250	Pontic, resin with high noble metal	50%	40%
D6251	Pontic, resin with predominantly base metal	50%	40%
D6252	Pontic, resin with noble metal	50%	40%
D6545	Retainer, cast metal for resin bonded fixed prosthesis	50%	40%

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
	<b>Fixed Prosthodontic Services (continued)</b>		
D6548	Retainer, porcelain/ceramic, resin bonded fixed prosthesis	50%	40%
D6549	Resin retainer, for resin bonded fixed prosthesis	50%	40%
D6600	Retainer inlay, porcelain/ceramic, two surfaces	50%	40%
D6601	Retainer inlay, porcelain/ceramic, three or more surfaces	50%	40%
D6602	Retainer inlay, cast high noble metal, two surfaces	50%	40%
D6603	Retainer inlay, cast high noble metal, three or more surfaces	50%	40%
D6604	Retainer inlay, cast base metal, two surfaces	50%	40%
D6605	Retainer inlay, cast base metal, three or more surfaces	50%	40%
D6606	Retainer inlay, cast noble metal, two surfaces	50%	40%
D6607	Retainer inlay, cast noble metal, three or more surfaces	50%	40%
D6624	Retainer inlay, titanium	50%	40%
D6608	Retainer onlay, porcelain/ceramic, two surfaces	50%	40%
D6609	Retainer onlay, porcelain/ceramic, three or more surfaces	50%	40%
D6610	Retainer onlay, cast high noble metal, two surfaces	50%	40%
D6611	Retainer onlay, cast high noble metal, three or more surfaces	50%	40%
D6612	Retainer onlay, cast base metal, two surfaces	50%	40%
D6613	Retainer onlay, cast base metal, three or more surfaces	50%	40%
D6614	Retainer onlay, cast noble metal, two surfaces	50%	40%
D6615	Retainer onlay, cast noble metal three or more surfaces	50%	40%
D6634	Retainer onlay, titanium	50%	40%
D6710	Retainer crown, indirect resin based composite	50%	40%
D6720	Retainer crown, resin with high noble metal	50%	40%
D6721	Retainer crown, resin with predominantly base metal	50%	40%
D6722	Retainer crown, resin with noble metal	50%	40%
D6740	Retainer crown, porcelain/ceramic	50%	40%
D6750	Retainer crown, porcelain fused to high noble metal	50%	40%
D6751	Retainer crown, porcelain fused to predominantly base metal	50%	40%
D6752	Retainer crown, porcelain fused to noble metal	50%	40%
D6780	Retainer crown, ¾ cast high noble metal	50%	40%
D6781	Retainer crown, ¾ cast predominantly base metal	50%	40%
D6782	Retainer crown, ¾ cast noble metal	50%	40%
D6783	Retainer crown, ¾ porcelain/ceramic	50%	40%
D6790	Retainer crown, full cast high noble metal	50%	40%
D6791	Retainer crown, full cast predominantly base metal	50%	40%
D6792	Retainer crown, full cast noble metal	50%	40%
D6794	Retainer crown, titanium and titanium alloys	50%	40%
D6930	Re-cement or re-bond fixed partial denture	50%	40%
D6940	Stress breaker	50%	40%
D6980	Fixed partial denture repair, restorative material failure	50%	40%
	<b>Oral and Maxillofacial Surgical Services</b>		
D7111	Extraction, coronal remnants, primary tooth	80%	60%
D7140	Extraction, erupted tooth or exposed root	80%	60%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	80%	60%
D7220	Removal of impacted tooth, soft tissue	80%	60%
D7230	Removal of impacted tooth, partially bony	80%	60%
D7240	Removal of impacted tooth, completely bony	80%	60%
D7241	Removal impacted tooth, complete bony, complication	80%	60%
D7250	Removal of residual tooth roots (cutting procedure)	80%	60%
D7260	Oroantral fistula closure	80%	60%
D7261	Primary closure of a sinus perforation	80%	60%
D7270	Tooth reimplantation and/or stabilization, accident	80%	60%
D7280	Exposure of an unerupted tooth	80%	60%
D7282	Mobilization of erupted/malpositioned tooth	80%	60%
D7283	Placement, device to facilitate eruption, impaction	80%	60%
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	80%	60%
D7286	Incisional biopsy of oral tissue, soft	80%	60%
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	80%	60%
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	80%	60%
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	80%	60%
D7350	Vestibuloplasty, ridge extension	80%	60%
D7410	Excision of benign lesion, up to 1.25 cm	80%	60%

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
	<b>Oral and Maxillofacial Surgical Services (continued)</b>		
D7411	Excision of benign lesion, greater than 1.25 cm	80%	60%
D7412	Excision of benign lesion, complicated	80%	60%
D7413	Excision of malignant lesion, up to 1.25 cm	80%	60%
D7414	Excision of malignant lesion, greater than 1.25 cm	80%	60%
D7415	Excision of malignant lesion, complicated	80%	60%
D7440	Excision of malignant tumor, up to 1.25 cm	80%	60%
D7441	Excision of malignant tumor, greater than 1.25 cm	80%	60%
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	80%	60%
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	80%	60%
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	80%	60%
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	80%	60%
D7471	Removal of lateral exostosis, maxilla or mandible	80%	60%
D7472	Removal of torus palatinus	80%	60%
D7473	Removal of torus mandibularis	80%	60%
D7485	Reduction of osseous tuberosity	80%	60%
D7510	Incision & drainage of abscess, intraoral soft tissue	80%	60%
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	80%	60%
D7520	Incision & drainage of abscess, extraoral soft tissue	80%	60%
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	80%	60%
D7530	Remove foreign body, mucosa, skin, tissue	80%	60%
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	80%	60%
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	80%	60%
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	80%	60%
D7961	Buccal/labial frenectomy (frenulectomy)	80%	60%
D7962	Lingual frenectomy (frenulectomy)	80%	60%
D7963	Frenuloplasty	80%	60%
D7970	Excision of hyperplastic tissue, per arch	80%	60%
D7971	Excision of pericoronal gingiva	80%	60%
D7972	Surgical reduction of fibrous tuberosity	80%	60%
D7980	Surgical sialolithotomy	80%	60%
D7981	Excision of salivary gland, by report	80%	60%
D7982	Sialodochoplasty	80%	60%
D7983	Closure of salivary fistula	80%	60%
	<b>Orthodontic Services</b>		
	<b>Deductible does not apply to Orthodontic Services</b>		
	<b>Primary Dentition:</b> Teeth developed and erupted first in order of time.		
	<b>Transitional Dentition:</b> The final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding and the permanent successors are emerging.		
	<b>Adolescent Dentition:</b> The dentition that is present after the normal loss of primary teeth and prior to cessation of growth that would affect orthodontic treatment.		
	<b>Adult Dentition:</b> The dentition that is present after the cessation of growth that would affect orthodontic treatment.		
	<b>Diagnostic Orthodontic Services</b>		
D0330	Panoramic radiographic image	50%	50%
D0340	2D cephalometric radiographic image, measurement and analysis	50%	50%
D0470	Diagnostic casts	50%	50%
D0702	2-D cephalometric radiographic image, image capture only	50%	50%
D9310	Consultation, other than requesting dentist	50%	50%
	<b>Limited Orthodontic Treatment</b>		
D8010	Limited orthodontic treatment of the primary dentition	50%	50%
D8020	Limited orthodontic treatment of the transitional dentition	50%	50%
D8030	Limited orthodontic treatment of the adolescent dentition	50%	50%
D8040	Limited orthodontic treatment of the adult dentition	50%	50%
	<b>Comprehensive Orthodontic Treatment</b>		
D8070	Comprehensive orthodontic treatment of the transitional dentition	50%	50%
D8080	Comprehensive orthodontic treatment of the adolescent dentition	50%	50%
D8090	Comprehensive orthodontic treatment of the adult dentition	50%	50%

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
	<b>Orthodontic Services (continued)</b>		
	<b>Minor Treatment to Control Harmful Habits</b>		
D8210	Removable appliance therapy	50%	50%
D8220	Fixed appliance therapy	50%	50%
	<b>Other Orthodontic Services</b>		
D8660	Pre-orthodontic treatment examination to monitor growth and development	50%	50%
D8670	Periodic orthodontic treatment visit	50%	50%
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	50%	50%
D8681	Removable orthodontic retainer adjustment	50%	50%
D8696	Repair of orthodontic appliance, maxillary	50%	50%
D8697	Repair of orthodontic appliance, mandibular	50%	50%
D8698	Re-cement or re-bond fixed retainer, maxillary	50%	50%
D8699	Re-cement or re-bond fixed retainer, mandibular	50%	50%
D8701	Repair of fixed retainer, includes reattachment, maxillary	50%	50%
D8702	Repair of fixed retainer, includes reattachment, mandibular	50%	50%
D8703	Replacement of lost or broken retainer, maxillary	50%	50%
D8704	Replacement of lost or broken retainer, mandibular	50%	50%
	<b>Adjunctive General Services</b>		
D9110	Palliative treatment of dental pain, per visit	100%	70%
D9120	Fixed partial denture sectioning	80%	60%
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	80%	60%
D9222	Deep sedation/general anesthesia, first 15 minute increment	80%	60%
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	80%	60%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	80%	60%
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	80%	60%
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	80%	60%
D9310	Consultation, other than requesting dentist	80%	60%
D9410	House/extended care facility call	80%	60%
D9430	Office visit, observation, regular hours, no other services	80%	60%
D9440	Office visit, after regularly scheduled hours	80%	60%
D9930	Treatment of complications, post surgical, unusual, by report	80%	60%
D9944	Occlusal guard, hard appliance, full arch	80%	60%
D9945	Occlusal guard, soft appliance, full arch	80%	60%
D9946	Occlusal guard, hard appliance, partial arch	80%	60%
D9951	Occlusal adjustment, limited	80%	60%
D9952	Occlusal adjustment, complete	80%	60%
D9986	Missed appointment	80%	60%
D9987	Cancelled appointment	80%	60%

## Limitations:

Diagnostic and preventive services, including radiographs:

- 1 prophylaxis and/or periodontal maintenance are limited to two in a period of 12 consecutive months,
- 2 oral exams are limited to two in a period of 12 consecutive months,
- 3 bitewing X-rays are limited to two series in a period of 12 consecutive months,
- 4 full mouth X-rays (which include bitewing X-rays) once in a period of 36 consecutive months. A panoramic X-ray (including bitewings) is considered a full mouth X-ray and is paid as such,
- 5 topical application of fluoride once in a period of 6 consecutive months, for members up to age 19
- 6 sealants, but only one application to the first and second permanent molars, and then only if the teeth are free of decay or restoration;

Restorative Services

- 1 amalgam or resin restoration once per tooth surface in a period of 12 consecutive months,
- 2 benefits for multiple restorations on the same tooth will be limited to the benefit provided for one multi-surface restoration,
- 3 benefits for resin restorations will be limited to those provided for amalgam restorations if there is radiographic evidence of decay in the molar or pre-molar on which the resin restoration is placed,
- 4 benefits for cast restorations with cosmetic components will be limited to the benefits provided for cast metal restorations,
- 5 benefits for teeth not qualifying for cast restorations because of decay or missing tooth structure on less than four surfaces will be limited to the benefits provided for amalgam or resin restorations,
- 6 benefits for inlays will be limited to the benefits provided for comparable amalgam restorations,
- 7 benefits for four-surface onlays will be limited to the benefits provided for three surface onlays;
- 8 Crowns, inlays, onlays, and bridges limited to one per tooth in a period of 60 consecutive months.

Endodontic services: benefits for root canal treatment on primary teeth will be limited to the benefits provided for pulpotomy;

Periodontic services:

- 1 periodontal surgery, including sub-gingival curettage, once per quadrant in a period of 24 consecutive months,
- 2 periodontal scaling in the presence of gingival inflammation will be deemed standard prophylaxis,
- 3 periodontal Scaling and root planing limited to a full mouth in a period of 24 consecutive months, no more than two quads performed in same visit or day allowed,
- 4 full mouth debridement limited to one in a period of 24 consecutive months.

Prosthetic services:

- 1 denture rebase or relines limited to once per arch in a period of 24 consecutive months,
- 2 denture adjustments limited to once per arch in a period of 6 consecutive months,
- 3 complete denture or partial denture limited to once per arch in a period of 60 consecutive months, unless dentally necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible,
- 4 benefits for a fixed partial denture placed in a dental arch with three or more missing teeth will be limited to the benefits provided for removable dentures, except in the case of the replacement of a pre-existing fixed partial denture that is otherwise covered,
- 5 benefits for pontics will be limited to the benefit for one pontic when the space between teeth created by a missing tooth is greater than the size of the original tooth,
- 6 benefits for personalization of dentures, precision attachments, stress breakers, or specialized techniques will be limited to the benefits provided for conventional dentures.

Additional Limitations:

- 1 If LIBERTY determines that an alternate method of treatment would be, or would have been, at least as effective but less costly, Dental Benefits may be paid based on the alternate method provided, the alternate treatment is:
  - Commonly used in the treatment of the existing condition, as determined by LIBERTY's dental consultant; and
  - Recognized by the dental profession to be appropriate in accordance with accepted nationwide standards of dental practice.

## Exclusions:

- 1 Topically applied fluorides for Persons age 19 or older;
- 2 Space maintainers unless used as a passive appliance due to the loss of primary teeth;
- 3 Repair of space maintainers, or recementing by the same office within six months of initial placement;
- 4 Root canal therapy when radiographs indicate incompletely filled canals, unresolved periapical pathology, or canals filled with material not approved for endodontic therapy by the American Dental Association;
- 5 Endodontic treatment of a tooth on which endodontic services were previously performed by the same office;
- 6 Endodontic treatment performed in conjunction with removable prosthetic appliances;
- 7 Alveoplasty performed in conjunction with extractions;
- 8 Crown buildup when there is radiographic evidence of sufficient vertical height to support a cast restoration;

## Exclusions Continued:



- 9 Recementing of inlays, onlays, or crowns by the same office within six months of the initial placement;
- 10 Periodontal surgery or therapy in the absence of radiographic evidence of bone loss;
- 11 Grafts or gingivectomy performed in conjunction with osseous surgery;
- 12 Guided tissue regeneration;
- 13 Crown lengthening or gingivoplasty if not performed at least 4 weeks prior to crown preparation;
- 14 Periodontal maintenance procedures performed within three months after active periodontal therapy;
- 15 Replacement of an existing prosthodontic appliance within 60 months after initial placement;
- 16 Prosthodontic appliances connected to implants;
- 17 Reline or rebase of an existing appliance within 6 months after initial placement;
- 18 Fixed prosthodontics for Persons under age 16;
- 19 Tissue conditioning;
- 20 A pontic when the space between teeth created by a missing tooth is less than 50% of the size of the original tooth;
- 21 Recementing of fixed partial dentures by the same office within 6 months after initial placement;
- 22 Services for injuries or conditions compensable under Workers' Compensation or Employer's Liability laws;
- 23 Services that are available from:
  - any federal or state government agency, other than programs provided under Title XIX of the Social Security Act, as amended (Medicaid),
  - any municipality, county, or other political subdivision, or
  - any community agency, foundation, or similar entity;
- 24 Services designed to correct developmental malformations;
- 25 Cosmetic surgery or dentistry for cosmetic reasons;
- 26 Services or appliances, including, but not limited to, prosthodontics (including crowns and bridges), completed before a Person is covered under the Plan;
- 27 Prescription drugs or their administration;
- 28 Services of anesthetists or anesthesiologists;
- 29 Services performed on second or third molars if there is no opposing tooth;
- 30 Services performed on a tooth when less than 40% of the root is supported by bone;
- 31 Services performed on primary teeth when loss is imminent;
- 32 Charges for completion of forms;
- 33 Sealants for persons age 16 or older;
- 34 Services:
  - that are not necessary and/or customary as determined by the standards of generally accepted dental practice,
  - for which no valid dental need can be demonstrated,
  - that are experimental or investigational in nature, or
  - otherwise limited or excluded according to the processing procedures developed by the Contracted Dental Provider and applicable to its claims processing procedures;
- 35 Appliances, surgical procedures, and restorations for:
  - altering vertical dimension,
  - replacing tooth structure loss resulting from attrition, abrasion, or erosion,
  - correcting congenital or developmental malformations,
  - aesthetic or cosmetic purposes,
  - implantology techniques or edentulous ridge enhancement, or
  - anticipation of future fractures;
- 36 Treatment by other than a Dentist, except for the scaling or cleaning of teeth and topical application of fluoride by a licensed dental hygienist under the supervision and guidance of a Dentist in accordance with generally accepted dental standards;
- 37 Appliances, restorations, or services for the diagnosis or treatment of disturbances of the temporomandibular joint (TMJ);
- 38 Services performed as a component of another procedure;
- 39 Temporary services or procedures;
- 40 Infection control procedures and fees associated with compliance with requirements of the Occupational Safety and Health Administration (OSHA);
- 41 Services and supplies covered under the Plan's Comprehensive Major Medical Benefits; and
- 42 Placement of an additional appliance in the same dental arch less than 60 months following placement of the initial appliance.