

DMO[®] Dental Benefits Summary

CODE	PROCEDURE	PATIENT PAYS
	Office Visit Copay	\$0
D0120	Periodic oral evaluation - established patient - 4 per year, all combined	No Charge
D0140	Limited oral evaluation - problem focused - 4 per year, all combined	No Charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary care giver - 4 per year, all combined	No Charge
D0150	Comprehensive oral evaluation - new or established patient - 4 per year, all combined	No Charge
D0160	Detailed and extensive oral evaluation - problem focused, by report - 4 per year, all combined	No Charge
D0170	Re-evaluation- limited, problem focused (established patient; not post-operative visit) - 4 per year, all combined	No Charge
D0180	Comprehensive periodontal evaluation - new or established patient - 4 per year, all combined	No Charge
D0210	Intraoral - complete series of radiographic images - 1 set every 3 years, combined with panoramic	No Charge
D0220	Intraoral - periapical first radiographic image	No Charge
D0230	Intraoral - periapical each additional radiographic image	No Charge
D0240	Intraoral, Occlusal Image	No Charge
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and dectector	No Charge
D0251	Extra-oral - dental radiographic image	No Charge
D0270	Bitewing - single radiographic image -1 set per year, all combined	No Charge
D0272	Bitewing - two radiographic images -1 set per year, all combined	No Charge
D0273	Bitewing - three radiographic images -1 set per year, all combined	No Charge
D0274	Bitewing - four radiographic images -1 set per year, all combined	No Charge
D0277	Vertical Bitewings - 7 to 8 images - 1 set every 3 years	No Charge
D0330	Panoramic Image - 1 set every 3 years, combined with full mouth	No Charge
D0391	Interpretation of Diagnostic Image	No Charge



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D0470	Diagnostic Casts	No Charge
D0472	Accession of tissue, gross examination, prepration and transmission of written report	No Charge
D0473	Accession of tissue, gross and microscopic examination, prepration and transmission of written report	No Charge
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, prepration and transmission of written report	No Charge
D1110	Prophy - Adult - 2 per year, all combined	No Charge
D1120	Prophy - Child - 2 per year, all combined	No Charge
D1206	Application of Topical Fluoride Varnish (child) - 1 per year, children under 16, all combined	No Charge
D1208	Topical application of fluoride - excluding varnish (child) - 1 per year, children under 16, all combined	No Charge
D1330	Oral Hygiene Instruction	No Charge
D1351	Sealant - per tooth - 1 tooth every 3 years on permanent molars, children under 16, all combined	No Charge
D1352	Preventive Resin Restoration - 1 tooth every 3 years on permanent molars, children under 16, all combined	No Charge
D1353	Sealant Repair - Per Tooth - limited to permanent molars, children under 16, all sealants combined	No Charge
D1354	Interim caries arresting medicament application, per tooth - 1 tooth every 3 years on permanent molars, children under 16, all combined	No Charge
D1355	Caries preventive medicament application, per tooth - 1 tooth every 3 years on permanent molars, children under 16, all combined	No Charge
D1510	Space Maintainer - Fixed Unilateral	\$92
D1516	Space maintainer - fixed - bilateral, maxillary	\$92
D1517	Space maintainer - fixed - bilateral, mandibular	\$92
D1520	Space Maintainer - Removable Unilateral	\$92
D1526	Space maintainer - removable - bilateral, maxillary	\$92
D1527	Space maintainer - removable - bilateral, mandibular	\$92
D1551	Recement or rebond bilateral space maintainer - maxillary	\$15
D1552	Recement or rebond bilateral space maintainer - mandibular	\$15



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D1553	Recement or re-bond unilateral space maintainer - per quad	\$8
D1556	Removal of fixed unilateral space maintainer - per quad	\$8
D1557	Removal of fixed bilateral space maintainer - maxillary	\$15
D1558	Removal of fixed bilateral space maintainer - mandibular	\$15
D1575	Distal shoe space maintainer - fixed - unilateral	\$101
D2140	Amalgam - 1 Surf Primary or Permanent	No Charge
D2150	Amalgam - 2 Surf Primary or Permanent	No Charge
D2160	Amalgam - 3 Surf Primary or Permanent	No Charge
D2161	Amalgam - 4+ Surf Primary or Permanent	No Charge
D2330	Resin-Based Composite 1 Surf, Anterior	No Charge
D2331	Resin-Based Composite 2 Surf, Anterior	No Charge
D2332	Resin-Based Composite 3 Surf, Anterior	No Charge
D2335	Resin-Based Composite 4+ Surf; Anterior (or involving Incisal angle)	\$72
D2390	Resin-Based Composite Crown, Anterior	\$72
D2391	Resin-Based Composite 1 Surf, Posterior	\$49
D2392	Resin-Based Composite 2 Surf, Posterior	\$63
D2393	Resin-Based Composite 3 Surf, Posterior	\$77
D2394	Resin-Based Composite 4+ Surf, Posterior	\$106
D2510	Inlay - Metallic 1 Surf	\$236
D2520	Inlay - Metallic 2 Surf	\$236
D2530	Inlay - Metallic 3 Surf	\$236
D2542	Onlay - Metallic 2 Surf	\$253
D2543	Onlay - Metallic 3 Surf	\$253
D2544	Onlay, Metallic - 4 or More Surf	\$253
D2610	Inlay, Porcelain/Ceramic - 1 Surf	\$236
D2620	Inlay, Porcelain/Ceramic - 2 Surf	\$236
D2630	Inlay, Porcelain/Ceramic - 3 or More Surf	\$236
D2642	Onlay, Porcelain/Ceramic - 2 Surf	\$253
D2643	Onlay, Porcelain/Ceramic - 3 Surf	\$253



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D2644	Onlay, Porcelain/Ceramic - 4 or More Surf	\$253
D2650	Inlay, Composite/Resin - 1 Surf	\$236
D2651	Inlay, Composite/Resin - 2 Surf	\$236
D2652	Inlay, Composite/Resin - 3 Surf	\$236
D2662	Onlay, Composite/Resin - 2 Surf	\$253
D2663	Onlay, Composite/Resin - 3 Surf	\$253
D2664	Onlay, Composite/Resin - 4 or More Surf	\$253
D2710	Crown - Resin-Based Composite, Indirect	\$362
D2712	Crown - 3/4 Resin-Based Composite, Indirect	\$265
D2720	Crown - Resin With High Noble Metal	\$362
D2721	Crown - Resin With Predominantly Base Metal	\$362
D2722	Crown - Resin With Noble Metal	\$362
D2740	Crown - Porcelain/Ceramic Substrate	\$362
D2750	Crown - Porcelain Fused to High Noble Metal	\$362
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$362
D2752	Crown - Porcelain Fused to Noble Metal	\$362
D2753	Crown - Porcelain fused to titanium and titanium alloys	\$362
D2780	Crown - 3/4 Cast High Noble Metal	\$362
D2781	Crown - 3/4 Cast Predominantly Based Metal	\$362
D2782	Crown - 3/4 Cast Noble Metal	\$362
D2783	Crown - 3/4 Porcelain/Ceramic	\$362
D2790	Crown - Full Cast High Noble Metal	\$362
D2791	Crown - Full Cast Predominantly Base Metal	\$362
D2792	Crown - Full Cast Noble Metal	\$362
D2794	Crown - Titanium	\$362
D2910	Recement Inlay, Onlay or Partial Coverage Restoration	\$15
D2915	Recement Cast or Prefab Post and Core	\$8
D2920	Recement Crown	\$15
D2921	Reattachment of tooth fragment, incisal edge or dusp	\$7



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D2929	Prefab Porcelain/Ceramic Crown - Primary Tooth	\$54
D2930	Prefab, Stainless Steel Crown - Primary Tooth	\$54
D2931	Prefab, Stainless Steel Crown - Permanent Tooth	\$65
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$54
D2940	Protective Restoration	\$8
D2941	Interim therapeutic restoration - primary dentition	\$4
D2950	Core Buildup, Including Any Pins	\$141
D2951	Pin Retention - In Addition to Restoration	\$14
D2952	Post & Core in Addition to Crown	\$140
D2989	Excavation of a tooth resulting in the determination of non-restorability	No Charge
D2990	Resin Infiltration of Lesion - 1 tooth every 3 years on permanent molars, children under 16, all combined	\$10
D3110	Pulp Cap - Direct (excluding final restoration)	No Charge
D3120	Pulp Cap - Indirect (excluding final restoration)	No Charge
D3220	Therapeutic Pulpotomy (excluding final restoration)	\$77
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$14
D3222	Partial Pulpotomy	\$70
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	\$77
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	\$77
D3310	Root Canal Therapy - Anterior (excluding final restoration)	\$135
D3320	Root Canal Therapy - Bicuspid (excluding final restoration)	\$216
D3330	Root Canal Therapy - Molar (excluding final restoration)	\$331
D3331	Treatment of Root Canal Obstruction, Nonsurgical Access	\$135
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	\$99
D3333	Internal Root Repair of Perforation Defects	\$110
D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$242
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	\$308
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$433
D3410 (1)	Apicoectomy/Periradicular Surgery - Anterior	\$179



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D3421 (1)	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	\$179
D3425 (1)	Apicoectomy/Periradicular Surgery - Molar (First Root)	\$179
D3426 (1)	Apicoectomy/Periradicular Surgery- Each Additional Root	\$110
D3430 (1)	Retrograde Filling - Per Root	\$80
D3450 (1)	Root Amputation - Per Root	\$88
D3471 (1)	Surgical repair of root resorption, anterior	\$80
D3472 (1)	Surgical repair of root resorption, premolar	\$107
D3473 (1)	Surgical repair of root resorption, molar	\$134
D3501 (1)	Surgical exposure of root surface without apicoectomy or repair of root resorption, anterior	\$88
D3502 (1)	Surgical exposure of root surface without apicoectomy or repair of root resorption, premolar	\$118
D3503 (1)	Surgical exposure of root surface without apicoectomy or repair of root resorption, molar	\$147
D4210 (1)	Gingivectomy or Gingivoplasty - 4 or More Teeth - Per Quadrant - 1 per tooth/quad every 3 years, all combined	\$131
D4211 (1)	Gingivectomy or Gingivoplasty - 1-3 Teeth - Per Quadrant - 1 per tooth/quad every 3 years, all combined	\$72
D4212 (1)	Gingivectomy to allow access, per tooth - 1 per tooth/quad every 3 years, all combined	\$24
D4240 (1)	Gingival Flap Procedure, Including Root Planing - 4 or More Teeth - Per Quadrant	\$163
D4241 (1)	Gingival Flap Procedure, Including Root Planing - 1-3 Teeth - Per Quadrant	\$98
D4245 (1)	Apically Positioned Flap	\$147
D4249	Clinical Crown Lengthening, Hard Tissue	\$236
D4260 (1)	Osseous Surgery (Including Flap Entry and Closure) - 4 or More Teeth - Per Quadrant - 1 quad every 3 years, all combined	\$394
D4261 (1)	Osseous Surgery (Including Flap Entry and Closure) - 1-3 Teeth - Per Quadrant - 1 quad every 3 years, all combined	\$236
D4268 (1)	Surgical Revision Procedure, Per Tooth	\$158
D4270 (1)	Pedicle Soft Tissue Graft Procedure	\$299
D4273 (1)	Subepithelial Connective Tissue Graft, Per Tooth	\$181

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D4275 (1)	Soft Tissue Allograft	\$348
D4276 (1)	Connective Tissue/Pedicle Graft, Per Tooth	\$299
D4277 (1)	Free soft tissue graft - first tooth	\$128
D4278 (1)	Free soft tissue graft - each additional tooth	\$64
D4283 (1)	Autogenous connective tissue graft	\$100
D4285 (1)	Non-autogenous connective tissue graft	\$191
D4341	Periodontal Scaling and Root Planing - 4 or More Teeth - Per Quadrant - 4 separate quads every 2 years, all combined	\$63
D4342	Periodontal Scaling and Root Planing - 1-3 Teeth - Per Quadrant - 4 Separate teeth/area quads every 2 years, all combined	\$38
D4346	Scaling in presence of generalized moderate/severe gingival inflammation - full mouth, after oral evaluation - 2 every year, combined with cleanings	\$35
D4355	Debridement - 1 per lifetime	\$70
D4910	Periodontal Maintenance - 2 per year following active perio therapy	\$43
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist)	\$11
D5110 (2)	Complete Denture - Maxillary	\$370
D5120 (2)	Complete Denture - Mandibular	\$370
D5130	Immediate Denture - Maxillary	\$348
D5140	Immediate Denture - Mandibular	\$348
D5211 (2)	Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$370
D5212 (2)	Mandibular Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	\$370
D5213 (2)	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$421
D5214 (2)	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	\$421
D5221	Immediate max partial dental - resin base (including any conventional clasps, rests and teeth)	\$426
D5222	Immediate mand partial dental - resin base (including any conventional clasps, rests and teeth)	\$426



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D5223	Immediate max partial denture - cast base framework w/resin denture base (including any conventional clasps, rests and teeth)	\$484
D5224	Immediate mand partial denture - cast base framework w/resin denture base (including any conventional clasps, rests and teeth)	\$484
D5225 (2)	Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$422
D5226 (2)	Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth)	\$422
D5227 (2)	Immediate Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth).	\$422
D5228 (2)	Immediate Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth).	\$422
D5282 (2)	Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth) - maxillary	\$370
D5283 (2)	Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth) - mandibular	\$370
D5284 (2)	Removable Unilateral Partial Denture - one piece flex base (including clasps and teeth) - per quad	\$211
D5286 (2)	Removable Unilateral Partial Denture - one piece resin (including clasps and teeth) - per quad	\$185
D5410	Adjust Complete Denture - Maxillary	\$11
D5411	Adjust Complete Denture - Mandibular	\$11
D5421	Adjust Partial Denture - Maxillary	\$11
D5422	Adjust Partial Denture - Mandibular	\$11
D5511	Repair Broken Complete Denture Base - mandibular	\$45
D5512	Repair Broken Complete Denture Base - maxillary	\$45
D5520	Replace Missing or Broken Teeth - Complete Denture (each tooth)	\$45
D5611	Repair Resin Partial Denture Base - mandibular	\$45
D5612	Repair Resin Partial Denture Base - maxillary	\$45
D5621	Repair Cast Partial Framework - mandibular	\$45
D5622	Repair Cast Partial Framework - maxillary	\$45
D5630	Repair or Replace Broken Clasp	\$45
D5640	Replace Broken Teeth - Per Tooth	\$50



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D5650	Add Tooth to Existing Partial Denture	\$45
D5660	Add Clasp to Existing Partial Denture	\$50
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)	\$110
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	\$110
D5710	Rebase Complete Maxillary Denture	\$110
D5711	Rebase Complete Mandibular Denture	\$110
D5720	Rebase Maxillary Partial Denture	\$110
D5721	Rebase Mandibular Partial Denture	\$110
D5725	Rebase Hybrid Prosthesis	\$110
D5730	Reline Complete Maxillary Denture (Chairside)	\$66
D5731	Reline Complete Mandibular Denture (Chairside)	\$66
D5740	Reline Maxillary Partial Denture (Chairside)	\$66
D5741	Reline Mandibular Partial Denture (Chairside)	\$66
D5750	Reline Complete Maxillary Denture (Lab)	\$110
D5751	Reline Complete Mandibular Denture (Lab)	\$110
D5760	Reline Maxillary Partial Denture (Lab)	\$110
D5761	Reline Mandibular Partial Denture (Lab)	\$110
D5765	Soft Liner for Complete or Partial Removable Denture - indirect	\$110
D5820 (3)	Interim Partial Denture (Maxillary) (3)	\$132
D5821 (3)	Interim Partial Denture (Mandibular) (3)	\$132
D5850	Tissue Conditioning, Maxillary	\$61
D5851	Tissue Conditioning, Mandibular	\$61
D5876	Add metal substructure to acrylic full denture (per arch)	\$45
D6010	Endosteal implant - surgical placement - 2 per year, all combined	\$1215
D6013	Surgical placement of mini implant - 2 per year, all combined	
D6056	Prefabricated abutment - includes placement - 2 per year, all combined	\$440
D6058	Abutment Supported Porcelain/Ceramic Crown	\$362
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	\$362



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D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$362
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$362
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	\$362
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	\$362
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$362
D6065	Implant Supported Porcelain/Ceramic Crown	\$362
D6066	Implant Supported Porcelain Fused to Metal Crown (Titanium, Titanium Alloy or High Noble Metal)	\$362
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy or High Noble Metal)	\$362
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	\$362
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal)	\$362
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Predominantly Base Metal)	\$362
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal)	\$362
D6072	Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)	\$362
D6073	Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal)	\$362
D6074	Abutment Supported Retainer for Cast Metal FPD (Noble Metal)	\$362
D6075	Implant Supported Retainer for Ceramic FPD	\$362
D6076	Implant Supported Retainer for FPD - porcelain fused to high noble alloys	\$362
D6077	Implant Supported Retainer for FPD - high noble alloys	\$362
D6080	Implant Maintenance Procedures	\$88
D6081	Scaling/debridement in presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$19
D6082	Implant Sup Crown - porcelain/predominantly base alloys	\$362
D6083	Implant Sup Crown - porcelain fused to noble alloys	\$362
D6084	Implant Sup Crown - porcelain/titanium and titanium alloys	\$362
D6086	Implant Sup Crown - predominantly base alloys	\$362



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D6087	Implant Sup Crown - noble alloys	\$362
D6088	Implant Sup Crown - titanium and titanium alloys	\$362
D6094	Abutment Supported Crown - (Titanium)	\$362
D6097	Abutment Sup Crown - porcelain/titanium and titanium alloys	\$362
D6098	Implant Sup retainer - porcelain/predominantly base alloys	\$362
D6099	Implant Sup retainer for FPD - porcelain / noble alloys	\$362
D6110	Implant Abut Sup Removable Dent-Max	\$370
D6111	Implant Abut Sup Removable Dent-Mand	\$370
D6112	Implant Abut Sup Removable Dent-Max	\$370
D6113	Implant Abut Sup Removable Dent-Mand	\$370
D6114	Implant Abut Sup Fixed Dent-Max	\$370
D6115	Implant Abut Sup Fixed Dent-Mand	\$370
D6116	Implant Abut Sup Fixed Dent-Max	\$370
D6117	Implant Abut Sup Fixed Dent-Mand	\$370
D6120	Abutment Sup Retainer - porcelain/titanium and titanium alloys	\$362
D6121	Implant Sup Retainer for metal FPD- predominantly base alloys	\$362
D6122	Implant Sup Retainer for metal FPD- noble alloys	\$362
D6123	Abutment Sup Retainer for metal FPD- titanium and titanium alloys	\$362
D6195	Abutment Sup Retainer - porcelain /titanium and titanium alloys	\$362
D6197	Replacement of Restorative Material used to close an access opening of a screw-retained implant supported prosthesis, per implant	\$49
D6205	Pontic - Indirect Resin Based Composite	\$362
D6210	Pontic - Cast High Noble Metal	\$362
D6211	Pontic - Cast Predominantly Base Metal	\$362
D6212	Pontic - Cast Noble Metal	\$362
D6214	Pontic - Titanium	\$362
D6240	Pontic - Porcelain Fused to High Noble Metal	\$362
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$362
D6242	Pontic - Porcelain Fused to Noble Metal	\$362



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D6243	Pontic - Porcelain fused to titanium and titanium alloys	\$362
D6245	Pontic - Porcelain/Ceramic	\$362
D6250	Pontic - Resin With High Noble Metal	\$362
D6251	Pontic - Resin With Predominantly Base Metal	\$362
D6252	Pontic - Resin With Noble Metal	\$362
D6545	Retainer - Cast Metal for Resin-Bonded Fixed Prosthesis	\$236
D6548	Retainer - Porcelain/Ceramic for Resin-Bonded Fixed Prosthesis	\$236
D6549	Resin Retainer - Resin Bonded Prosthesis	\$181
D6600	Inlay - Porcelain/Ceramic, 2 Surf	\$236
D6601	Inlay - Porcelain/Ceramic, 3+ Surf	\$236
D6602	Inlay - Cast High Noble Metal, 2 Surf	\$257
D6603	Inlay - Cast High Noble Metal, 3+ Surf	\$257
D6604	Inlay - Cast Predominantly Base Metal, 2 Surf	\$236
D6605	Inlay - Cast Predominantly Base Metal, 3+ Surf	\$236
D6606	Inlay - Cast Noble Metal, 2 Surf	\$257
D6607	Inlay - Cast Noble Metal, 3+ Surf	\$257
D6608	Onlay - Porcelain/Ceramic, 2 Surf	\$253
D6609	Onlay - Porcelain/Ceramic, 3+ Surf	\$253
D6610	Onlay - Cast High Noble Metal, 2 Surf	\$274
D6611	Onlay - Cast High Noble Metal, 3+ Surf	\$274
D6612	Onlay - Cast Predominantly Base Metal, 2 Surf	\$253
D6613	Onlay - Cast Predominantly Base Metal, 3+ Surf	\$253
D6614	Onlay - Cast Noble Metal, 2 Surf	\$274
D6615	Onlay - Cast Noble Metal, 3+ Surf	\$274
D6624	Inlay - Titanium	\$257
D6634	Onlay - Titanium	\$274
D6710	Crown - Indirect Resin Based Composite	\$362
D6720	Crown - Resin With High Noble Metal	\$362
D6721	Crown - Resin With Predominantly Base Metal	\$362



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D6722	Crown - Resin With Noble Metal	\$362
D6740	Crown - Porcelain/Ceramic	\$362
D6750	Crown - Porcelain Fused to High Noble Metal	\$362
D6751	Crown - Porcelain Fused to Predominantly Base Metal	\$362
D6752	Crown - Porcelain Fused to Noble Metal	\$362
D6753	Crown - porcelain fused to titanium and titanium alloys	\$362
D6780	Crown - 3/4 Cast High Noble Metal	\$362
D6781	Crown - 3/4 Cast Predominantly Base Metal	\$362
D6782	Crown - 3/4 Cast Noble Metal	\$362
D6783	Crown - 3/4 Porcelain/Ceramic	\$362
D6784	Crown 3/4 - titanium and titanium alloys	\$362
D6790	Crown - Full Cast High Noble Metal	\$362
D6791	Crown - Full Cast Predominantly Base Metal	\$362
D6792	Crown - Full Cast Noble Metal	\$362
D6794	Crown - Titanium	\$362
D6930	Recement Fixed Partial Denture	\$25
D7111	Extraction, Coronal Remnants - Deciduous Tooth	No Charge
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	No Charge
D7210 (1)	Surgical Removal of Erupted Tooth	\$57
D7220 (1)	Removal of Impacted Tooth - Soft Tissue	\$65
D7230 (1)	Removal of Impacted Tooth - Partially Bony	\$94
D7240 (1)	Removal of Impacted Tooth - Completely Bony	\$145
D7241 (1)	Removal of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	\$145
D7250 (1)	Surgical Removal of Residual Tooth Roots	\$59
D7251	Coronectomy - intentional partial tooth removal	\$66
D7280 (1)	Surgical Access of Unerupted Tooth	\$62
D7282 (1)	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$77
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$15



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D7284 (1)	Excisional biopsy of minor salivary glands	\$132
D7285 (1)	Biopsy of Oral Tissue - Hard (Bone, Tooth)	\$88
D7286 (1)	Biopsy of Oral Tissue - Soft	\$88
D7287 (1)	Cytological Sample Collection	\$44
D7310 (1)	Alveoplasty in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant	\$66
D7311 (1)	Alveoplasty in Conjunction With Extractions - 1 to 3 Teeth or Tooth Spaces - Per Quadrant	\$33
D7320 (1)	Alveoplasty Not in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant	\$83
D7321 (1)	Alveoplasty Not in Conjunction With Extractions - 1-3 Teeth or Tooth Spaces - Per Quadrant	\$42
D7510 (1)	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$33
D7511 (1)	Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated	\$36
D7961 (1)	Buccal / labial frenectomy (frenulectomy)	\$99
D7962 (1)	Lingual frenectomy (frenulectomy)	\$99
D7963 (1)	Frenuloplasty	\$105
D9110	Palliative (Emergency) Treatment of Dental Pain - minor procedure	\$11
D9222	Deep sedation/general anesthesia - 1st 15 min	\$109
D9223	Deep sedation/general anesthesia - each 15 minute increment	\$87
D9239	Intravenous conscious sedation/analgesia - 1st 15 min	\$109
D9243	Intravenous conscious sedation/analgesia - each 15 minute increment	\$87
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	No Charge
D9311	Consultation with a medical health care professional	No Charge
D9932	Denture cleaning and inspection of removable complete denture, maxillary	\$25
D9933	Denture cleaning and inspection of removable complete denture, mandibular	\$25
D9934	Denture cleaning and inspection of removable partial denture, maxillary	\$25
D9935	Denture cleaning and inspection of removable partial denture, mandibular	\$25
D9942	Repair and/or Reline of Occlusal Guard	\$24

**DMO[®] Dental Benefits Summary**

D9943	Occlusal guard adjustment	\$24
D9944	Occlusal guard - hard appliance, full arch - 1 every 3 years for bruxism, all combined	\$224
D9945	Occlusal guard - soft appliance, full arch - 1 every 3 years for bruxism, all combined	\$195
D9946	Occlusal guard - hard appliance, partial arch - 1 every 3 years for bruxism, all combined	\$117
D9951	Occlusal Adjustment - limited	\$53
D9952	Occlusal Adjustment - complete	\$120
	Additional Charge per Unit for Full Mouth Rehabilitation.	\$125

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

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

(3) Eligible on Anterior Teeth only.

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

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

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

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

ORTHODONTICS

	Comprehensive Orthodontic Treatment - Includes exam, records, retention and appliance	
	Adolescent - excludes transitional dentition	\$2400
	Adult - excludes transitional dentition	\$2400

Other Important Information

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

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

DMO[®] Dental Benefits Summary

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

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

ed. 2024 "Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

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PLAN EXCLUSIONS AND LIMITATIONS*

Some Services Not Covered Under the Plan Are*:

1. Charges for services or supplies

- Provided by a network provider in excess of the negotiated charge.
- Provided by an out-of-network provider in excess of the recognized charge.
- Provided for your personal comfort or convenience, or the convenience of any other person, including dental provider
- Provided in connection with treatment or care that is not covered under the plan
- Cancelled or missed appointment charges or charges to complete claim forms
- Charges for which you have no legal obligation to pay
- Charges that would not be made if you did not have coverage, including:
 - Care in charitable institutions
 - Care for conditions related to current or previous military service
 - Care while in the custody of a governmental authority

2. Any charge in excess of any benefit, dollar, visit, or frequency limit stated in the schedule of benefits.

3. Cosmetic services and supplies including:

- Plastic surgery
- Reconstructive surgery
- Cosmetic surgery
- Personalization or characterization of dentures or other services and supplies which improve, alter or enhance appearance

DMO[®] Dental Benefits Summary

<ul style="list-style-type: none">• Augmentation and vestibuloplasty and other services to protect, clean, whiten, bleach or alter the appearance of teeth whether or not for psychological or emotional reasons• Facings on molar crowns and pontics will always be considered cosmetic.
4. Court-ordered services and supplies - Includes those court-ordered services and supplies, or those required as a condition of parole, probation, release or as a result of any legal proceeding.
5. Acupuncture, acupressure and acupuncture therapy
6. Crown, inlays and onlays, and veneers unless for one of the following: <ul style="list-style-type: none">• It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material• The tooth is an abutment to a covered partial denture or fixed bridge.
7. Dental implants, false teeth, prosthetic restoration of dental implants, plates, dentures, braces, mouth guards, and other devices to protect, replace or reposition teeth and removal of implants.
8. Dentures, crowns, inlays, onlays, bridges, or other prosthetic appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or correcting attrition, abrasion, or erosion. (Does not apply to California residents covered under the DMO plan)
9. Dental work that began before you were covered by the plan. This means that the following dental work is not covered (Does not apply to Texas residents covered under the DMO plan): <ul style="list-style-type: none">• An appliance, or modification of an appliance, if an impression for it was made before you were covered by the plan• A crown, bridge, or cast or processed restoration, if a tooth was prepared for it before you were covered by the plan• Root canal therapy, if the pulp chamber for it was opened before you were covered by the plan
10. First installation of a denture or fixed bridge, and any inlay and crown that serves as an abutment to replace congenitally missing teeth or to replace teeth, all of which were lost while you were not covered.
11. General anesthesia and intravenous sedation, unless specifically covered and done in connection with another eligible dental service.
12. Instruction for diet, tobacco counseling and oral hygiene.
13. Orthodontic treatment except as covered in the Eligible Dental Services section of the schedule of benefits.



DMO[®] Dental Benefits Summary

14. Dental services and supplies made with high noble metals (gold or titanium) except as covered in the Eligible Dental Services section of the schedule of benefits.
15. Services and supplies provided in connection with treatment or care that is not covered under the plan.
16. Replacement of a device or appliance that is lost, missing or stolen, and for the replacement of appliances that have been damaged due to abuse, misuse or neglect and for an extra set of dentures.
17. Replacement of teeth beyond the normal complement of 32.
18. Services and supplies provided where there is no evidence of pathology, dysfunction or disease, other than covered preventive services. (Does not apply to California residents covered under the DMO plan)
19. Space maintainers except when needed to preserve space resulting from the premature loss of deciduous teeth.
20. Surgical removal of impacted wisdom teeth when removed only for orthodontic reasons.
21. Temporomandibular joint dysfunction/disorder
22. Dental services and supplies that are covered in whole or in part: <ul style="list-style-type: none">• Under any other part of this plan• Under any other plan of group benefits provided by the policyholder
23. Experimental or investigational drugs, devices, treatments or procedures. (Does not apply to Texas residents covered under the DMO plan)
24. Services, including but not limited to, those treatments, services, prescription drugs and supplies which are not medically necessary (as determined by Aetna) for the diagnosis and treatment of illness, injury, restoration of physiological functions, or covered preventive services. This applies even if they are prescribed, recommended or approved by your physician or dentist.
25. Payment for a portion of the charge that another party is responsible for as the primary payer.
26. Prescribed drugs, pre-medication or analgesia.



DMO[®] Dental Benefits Summary

27. Treatment by other than a dentist. However, the plan will cover some services provided by a licensed dental hygienist under the supervision and guidance of a dentist. These are:

- Scaling of teeth
- Cleaning of teeth
- Topical application of fluoride.

28. Work related illness or injuries.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.

Specialty Referrals

1. Under the DMO dental plan, services performed by specialists are eligible for coverage only when prescribed by the primary care dentist and authorized by Aetna Dental. If Aetna's payment to the specialty dentist is based on a negotiated fee, then the member's copayment for the service will be based on the same negotiated fee.

2. DMO members may visit an orthodontist without first obtaining a referral from their primary care dentist. In an effort to ease the administrative burden on both participating Aetna dentists and members, Dental has opened direct access for DMO members to orthodontic services.

Emergency Dental Care

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week. You should contact your Primary Care Dentist to receive treatment. If you are unable to contact your PCD, contact Member Services for assistance in locating a dentist. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

Your Dental Care Plan Coverage Is Subject to the Following Rules:

Alternate treatment rule: Sometimes there are several ways to treat a dental problem, all of which provide acceptable results.

DMO[®] Dental Benefits Summary

- If a charge is made for a non-eligible dental service or supply and an eligible dental service that would provide an acceptable result, then your plan will pay a benefit for the eligible dental service or supply.
- If a charge is made for an eligible dental service but another eligible dental service that would provide an acceptable result is less expensive, the benefit will be for the least expensive eligible dental service.
- You should review the differences in the cost of alternate treatment with your dental provider. Of course, you and your dental provider can still choose the more costly treatment method. You are responsible for any charges in excess of what your plan will cover.

Replacement rule: Some eligible dental services are subject to your plan's replacement rule. The replacement rule applies to replacements of, or additions to existing:

- Crowns
- Inlays
- Onlays
- Veneers
- Complete dentures
- Removable partial dentures
- Fixed partial dentures (bridges)
- Other prosthetic services

These eligible dental services are covered only when you give us proof that:

- While you were covered by the plan:
 - You had a tooth (or teeth) extracted after the existing denture or bridge was installed.
 - As a result, you need to replace or add teeth to your denture or bridge.
- The present item cannot be made serviceable, and is:
 - A crown installed at least 5 years before its replacement.
 - An inlay, onlay, veneer, complete denture, removable partial denture, fixed partial denture (bridge), or other prosthetic item installed at least 5 years before its replacement.
- While you were covered by the plan:
 - You had a tooth (or teeth) extracted.
 - Your present denture is an immediate temporary one that replaces that tooth (or teeth).
 - A permanent denture is needed, and the temporary denture cannot be used as a permanent denture. Replacement must occur within 12 months from the date that the temporary denture was installed.

Tooth missing but not replaced rule: (Does not apply to California and Texas residents covered under the DMO plan)

The first installation of complete dentures, removable partial dentures, fixed partial dentures (bridges), and other prosthetic services will be covered if:

- The dentures, bridges or other prosthetic items are needed to replace one or more natural teeth. (The extraction of a third molar tooth does not qualify.)
- The tooth that was removed was not an abutment to a removable or fixed partial denture installed during the prior 5 years

DMO[®] Dental Benefits Summary

Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.

Late entrant rule: The plan does not cover services and supplies given to a person age 5 or older if that person did not enroll in the plan during one of the following:

- The first 31 days the person is eligible for this coverage or
- Any period of open enrollment agreed to by the employer and us

This does not apply to charges incurred for any of the following:

- After the person has been covered by the plan for 12 months
- As a result of injuries sustained while covered by the plan
- Diagnostic and preventive services such as exams, cleanings, fluoride, and images (excludes services related to orthodontia).

Finding Participating Providers

Consult Aetna Dental's online provider search for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. Not every provider listed in the directory will be accepting new patients. Although Aetna Dental has identified providers who were not accepting patients in our DMO plan as known to Aetna Dental at the time the provider directory was created, the status of a provider's practice may have changed. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your online ID card, or use our Internet-based provider search available at www.aetna.com.

Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern. In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate. All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Telehealth Services: the plan will reimburse the treating or consulting provider for the diagnosis, consultation, or treatment of an enrollee via telehealth on the same basis and to the same extent that the plan would reimburse the same covered in-person service.

Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc.

In Arizona, DMO Dental Plans are provided or administered by Aetna Health Inc.

DMO[®] Dental Benefits Summary

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. Aetna does not provide dental services and, therefore, cannot guarantee any results or outcomes. The availability of a plan or program may vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 877-238-6200.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705),

CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

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Hawaiian	No ka wala'au 'ana me ka lawelawe 'olelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughị ugwo obula, kpoo nomba no na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန့ၢ်ဂ့ၢ်တၢ်မၤစၢၤအတၢ်ဖဲးတၢ်မၤတၢ်ဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ပုၣ်ဖၣ်အီၤအဂီၢ်, ကိးတၢ်လီၤတဲၤစီၣ်နီၣ်ဂီၢ်လၢအအိၣ်လၢနခိၣ်ဂီၢ် (ID) အလီၤန့ၢ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بو دەسپێرێت ئاگهیشتن بە خزمەتگوزاری زمان بەجێ تێچوون یۆ تو، پهیوهندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ສອບຄຳ, ໃຫ້ໃບທາງເບີໂທລູໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डवरील क्रमांकावर फोन करा.
Marshallese	Nan bōk jipañ kōn kajin ilo an ejjelōk wōñean ñan kwe, kwōn kallok nōmba eo ilo kaat in ID eo am.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្តាសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'éhjí bee níká a'doowol doo b'ááh ílínígóó naaitsoos bee atah nílíggo nanitinígíí bee néého'dóizinígíí béésh bee hane'í biká'ígíí áajj' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cìn wëu kor keek tēnɔŋ yin. Ke yin col ran ye koc kuony nē namba de abac tō nē ID kard duön de tiit de nyin de panakim köu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.

