

Elite Plan

Schedule of Benefits



ADA Code	Procedure Name	Out-of-Network		ADA Code	Procedure Name	Out-of-Network			
		In-Network PPO Provider Patient Copay	Plan Pays to Dentist, Patient Responsible for Difference			In-Network PPO Provider Patient Copay	Plan Pays to Dentist, Patient Responsible for Difference		
DIAGNOSTIC	0120	periodic oral evaluation	\$0	\$32	FIXED PROSTHODONTICS* cont.	2662	onlay composite/resin 2 surfaces	\$451	\$193
	0140	limited oral evaluation - problem focused	\$0	\$47		2663	onlay composite/resin 3 surfaces	\$459	\$197
	0150	comprehensive oral evaluation (new/established)	\$0	\$49		2664	onlay composite/resin 4 or more surfaces	\$485	\$208
	0180	comprehensive perio evaluation (new/established)	\$0	\$55		2710	crown resin (indirect)	\$361	\$155
	0210	intraoral complete series including bitewings	\$17	\$58		2720	crown resin with high noble metal	\$434	\$186
	0220	intraoral periapical first film	\$0	\$19		2721	crown resin with predominantly base metal	\$392	\$168
	0230	intraoral periapical - each additional film	\$0	\$16		2722	crown resin with noble metal	\$407	\$175
	0240	intraoral occlusal film	\$0	\$20		2740	crown porcelain ceramic substrate	\$567	\$243
	0250	extraoral-first film	\$0	\$21		2750	crown porcelain fused high noble metal	\$561	\$240
	0260	extraoral additional film	\$0	\$17		2751	crown porcelain fused to predominantly base metal	\$466	\$200
	0270	bitewing single film	\$0	\$15		2752	crown porcelain fused to noble metal	\$509	\$218
	0272	bitewings two films	\$0	\$30		2780	3/4 cast high noble metal	\$542	\$232
	0273	bitewings three films	\$0	\$31		2781	crown - 3/4 cast predominantly base metal	\$457	\$196
	0274	bitewings four films	\$0	\$39		2782	crown - 3/4 cast noble metal	\$467	\$200
	0277	vertical bitewings 7 - 8 films	\$0	\$51		2783	crown - 3/4 porcelain/ceramic	\$494	\$212
	0330	panoramic film	\$17	\$52		2790	crown full cast high noble metal	\$566	\$243
	9110	palliative emergency treatment of pain, minor	\$32	\$55		2791	crown full cast predominantly base metal	\$457	\$196
	9440	office visit after regular hours	\$39	\$52		2792	crown full cast noble metal	\$515	\$221
	PREVENTIVE	1110	prophylaxis adult (cleaning)	\$17		\$52	2910	recement inlay	\$38
1120		prophylaxis child (cleaning)	\$8	\$38	2920	recement crown	\$45	\$19	
1201		topical application of fluoride incl prophy-child	\$0	\$67	2930	prefabricated stainless steel crown primary	\$130	\$56	
1203		topical application of fluoride excl prophy-child	\$0	\$23	2931	prefabricated stainless steel crown permanent	\$150	\$64	
1351		sealant per tooth	\$0	\$31	2932	prefabricated resin crown	\$146	\$62	
1510		space maintainer-fixed unilateral	\$0	\$157	2933	prefabricated stainless steel crown resin face	\$139	\$60	
1515		space maintainer-fixed bilateral	\$0	\$291	2940	sedative filling	\$43	\$18	
1520		space maintainer-removable unilateral	\$0	\$201	2950	core build-up including any pins	\$111	\$47	
1525		space maintainer-removable bilateral	\$0	\$270	2951	pin retention per tooth in addition to restoration	\$18	\$8	
1550		recementation of space maintainer	\$0	\$38	2952	cast post and core in addition to crown	\$165	\$71	
RESTORATIVE	2140	amalgam 1 surface primary or permanent	\$36	\$53	2954	prefabricated post & core in addition to crown	\$151	\$65	
	2150	amalgam 2 surfaces primary or permanent	\$44	\$65	2960	labial veneer (resin laminate) chairside	\$212	\$91	
	2160	amalgam 3 surfaces primary or permanent	\$54	\$80	2961	labial veneer (resin laminate) laboratory	\$315	\$135	
	2161	amalgam 4 or more surfaces primary or permanent	\$66	\$100	2962	labial veneer (porcelain laminate) laboratory	\$503	\$215	
	2330	resin 1 surface-anterior	\$39	\$59	2980	repair crown by report	\$90	\$38	
	2331	resin 2 surfaces-anterior	\$48	\$73	ENDODONTICS*	3110	pulp cap direct (excluding final restoration)	\$34	\$15
	2332	resin 3 surfaces-anterior	\$60	\$89		3120	pulp cap indirect (excluding final restoration)	\$34	\$15
	2335	resin 4 or more surfaces incl incisal angle	\$71	\$107		3220	pulpotomy (excluding final restoration)	\$75	\$32
	2390	resin based composite crown, anterior	\$86	\$128		3221	pulpal debridement primary or permanent	\$69	\$30
	2391	resin 1 surface-posterior	\$46	\$69		3230	pulpal therapy anterior primary tooth	\$123	\$53
	2392	resin 2 surfaces-posterior	\$64	\$96		3240	pulpal therapy posterior primary tooth	\$141	\$61
	2393	resin 3 surfaces-posterior	\$78	\$117		3310	root canal anterior (excluding final restoration)	\$302	\$130
	2394	resin 4 or more surfaces-posterior	\$91	\$137		3320	root canal bicuspid (excluding final restoration)	\$361	\$155
FIXED PROSTHODONTICS*	2510	inlay metallic 1 surface	\$304	\$130		3330	root canal molar (excluding final restoration)	\$485	\$208
	2520	inlay metallic 2 surfaces	\$329	\$141		3346	retreatment of previous root canal therapy - anterior	\$419	\$180
	2530	inlay metallic 3 surfaces	\$376	\$161		3347	retreatment of previous root canal therapy - bicuspid	\$473	\$203
	2542	onlay metallic 2 surfaces	\$482	\$206		3348	retreatment of previous root canal therapy - molar	\$597	\$256
	2543	onlay metallic 3 surfaces	\$506	\$217		3351	apexification/recalcification - initial visit	\$181	\$77
	2544	onlay metallic 4 or more surfaces	\$515	\$221	3352	apexification/recalcification - interim visit	\$91	\$39	
	2610	inlay porcelain/ceramic 1 surface	\$280	\$120	3353	apexification/recalcification - final visit	\$301	\$129	
	2620	inlay porcelain/ceramic 2 surfaces	\$339	\$145	3410	apicoectomy/periradicular surgery - anterior	\$360	\$154	
	2630	inlay porcelain/ceramic 3 surfaces	\$377	\$162	3421	apicoectomy/periradicular surgery bicuspid 1st root	\$395	\$169	
	2642	onlay porcelain/ceramic 2 surfaces	\$482	\$206	3425	apicoectomy/periradicular surgery molar 1st root	\$452	\$194	
	2643	onlay porcelain/ceramic 3 surfaces	\$581	\$249	3426	apicoectomy/periradicular each additional root	\$135	\$58	
	2644	onlay porcelain/ceramic 4 or more surfaces	\$581	\$249	3430	retrograde filling-per root	\$119	\$51	
	2650	inlay composite/resin 1 surface	\$432	\$185	3450	root amputation-per root	\$212	\$91	
2651	inlay composite/resin 2 surfaces	\$432	\$185	3920	hemisection incl root removal-excl root canal	\$196	\$84		
2652	inlay composite/resin 3 or more surfaces	\$445	\$191						

continued on back

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		Patient Copay		Plan Pays to Dentist, Patient Responsible for Difference
PERIODONTICS*	4210	gingivoplasty/gingivectomy 4 or more contiguous teeth	\$265	\$113
	4211	gingivoplasty/gingivectomy 1 to 3 teeth per quad	\$167	\$72
	4240	gingival flap incl root planing 4 or more contiguous teeth	\$312	\$134
	4241	gingival flap incl root planing 1 to 3 teeth per quad	\$188	\$80
	4260	osseous surg incl flap entry & clos 4 or more contiguous teeth	\$540	\$231
	4261	osseous surg incl flap entry & clos 1 to 3 teeth per quad	\$319	\$137
	4270	pedicle soft tissue graft procedure	\$314	\$134
	4271	free soft tissue graft includes donor site	\$433	\$186
	4275	soft tissue allograft	\$426	\$183
	4276	combined connective tissue and double pedicle graft	\$533	\$228
	4320	provisional splinting - intracoronal	\$198	\$85
	4321	provisional splinting - extracoronal	\$214	\$92
	4341	root planing/perio scaling - 4 or more contiguous teeth	\$116	\$50
	4342	root planing/perio scaling - 1 to 3 teeth per quad	\$70	\$30
4355	full mouth debridement to enable evaluation	\$65	\$28	
4910	periodontal maintenance	\$67	\$29	
REMOVABLE PROSTHODONTICS*	5110	complete denture, upper	\$802	\$344
	5120	complete denture, lower	\$802	\$344
	5130	immediate denture, upper	\$865	\$371
	5140	immediate denture, lower	\$865	\$371
	5211	upper partial denture, resin w clasps rests teeth	\$526	\$225
	5212	lower partial denture, resin w clasps rests & teeth	\$526	\$225
	5213	maxillary partial denture - cast metal framework w resin denture bases (incl any conventional clasps, rests & teeth	\$750	\$321
	5214	mandibular partial denture - cast metal framework w resin denture bases (incl any conventional clasps, rests & teeth	\$750	\$321
	5281	removable unilateral partial denture, w pontic (nesbit)	\$431	\$185
	5410	adjust complete denture upper	\$36	\$16
	5411	adjust complete denture lower	\$36	\$16
	5421	adjust partial denture upper	\$36	\$16
	5422	adjust partial denture lower	\$36	\$16
	5510	repair broken complete denture base	\$87	\$37
	5520	replace missing/broken teeth, comp dent per tooth	\$71	\$31
	5525	maxillary partial denture - flexible base	\$720	\$308
	5526	mandibular partial denture - flexible base	\$720	\$308
	5610	repair resin saddle or base	\$81	\$35
	5620	repair cast framework	\$131	\$56
	5630	repair or replace broken clasp	\$106	\$45
	5640	replace broken teeth - per tooth	\$63	\$27
	5650	add tooth to existing partial denture	\$75	\$32
	5660	add clasp to existing partial denture	\$97	\$41
	5670	replace all teeth and acrylic on cast metal framework	\$435	\$186
	5671	replace all teeth and acrylic on cast metal framework	\$458	\$196
	5710	rebase complete upper or lower denture	\$239	\$103
	5711	rebase complete mandibular denture	\$239	\$103
	5720	rebase complete upper or lower partial denture	\$240	\$103
	5721	rebase mandibular partial denture	\$240	\$103
	5730	reline complete upper or lower denture, chairside	\$142	\$61
	5731	reline complete mandibular denture (chairside)	\$142	\$61
	5740	reline upper or lower partial denture chairside	\$129	\$55
	5741	reline partial mandibular denture (chairside)	\$129	\$55
5750	reline complete upper or lower denture, laboratory	\$214	\$92	
5751	reline complete mandibular denture (laboratory)	\$214	\$92	
5760	reline upper or lower partial denture laboratory	\$214	\$92	
5761	overdenture partial, by report	\$214	\$92	
5850	tissue conditioning upper or lower denture	\$67	\$29	
5851	tissue conditioning - mandibular	\$67	\$29	

* Please review your plan document to determine if any waiting periods apply.

ADA Code	Procedure Name	In-Network PPO Provider		Out-of-Network
		Patient Copay		Plan Pays to Dentist, Patient Responsible for Difference
FIXED PROSTHODONTICS*	6210	pontic cast high noble metal	\$481	\$206
	6211	pontic cast predominantly base metal	\$419	\$179
	6212	pontic cast noble metal	\$465	\$199
	6240	pontic porcelain fused to high noble metal	\$517	\$221
	6241	pontic porcelain fused to predom base metal	\$447	\$192
	6242	pontic porcelain fused to noble metal	\$492	\$211
	6245	pontic porcelain substrate	\$498	\$214
	6250	pontic resin with high noble metal	\$399	\$171
	6251	pontic resin with predominantly base metal	\$266	\$114
	6252	pontic resin with noble metal	\$342	\$147
	6602	inlay cast high noble metal 2 surfaces	\$363	\$156
	6603	inlay cast high noble metal 3 or more surfaces	\$400	\$171
	6604	inlay cast predominantly base metal 2 surfaces	\$349	\$150
	6605	inlay cast predominantly base metal 3 or more surfaces	\$384	\$165
	6606	inlay cast noble metal 2 surfaces	\$349	\$150
	6607	inlay cast noble metal 3 or more surfaces	\$384	\$165
	6610	onlay cast high noble metal 2 surfaces	\$453	\$194
	6611	onlay cast high noble metal 3 or more surfaces	\$499	\$214
	6612	onlay cast predominantly base metal 2 surfaces	\$435	\$187
	6613	onlay cast predominantly base metal 3 or more surfaces	\$467	\$200
	6614	onlay cast noble metal 2 surfaces	\$435	\$187
	6615	onlay cast noble metal 3 or more surfaces	\$467	\$200
	6720	crown resin with high noble metal	\$422	\$181
	6721	crown resin with predominantly base metal	\$372	\$160
	6722	crown resin with noble metal	\$396	\$170
	6740	crown - porcelain/ceramic	\$567	\$243
	6750	crown porcelain fused to high noble metal	\$561	\$240
	6751	crown porcelain fused to predom base metal	\$466	\$200
	6752	crown porcelain fused to noble metal	\$509	\$218
	6780	crown 3/4 cast high noble metal	\$542	\$232
	6781	crown - 3/4 cast predominantly base metal	\$458	\$196
	6782	crown - 3/4 cast noble metal	\$467	\$200
	6783	crown - 3/4 porcelain/ceramic	\$489	\$210
6790	crown full cast high noble metal	\$566	\$243	
6791	crown full cast predominantly base metal	\$457	\$196	
6792	crown full cast noble metal	\$515	\$221	
6930	reccement bridge	\$60	\$26	
6940	stress breaker	\$182	\$78	
6950	precision attachment	\$247	\$106	
6970	cast post & core in addition bridge retainer	\$157	\$67	
6971	cast post as part of fixed partial denture retainer	\$70	\$30	
6972	prefabricated post & core in addition bridge retainer	\$141	\$60	
6973	core build up for retainer incl pins	\$109	\$47	
6980	bridge repair, by report	\$227	\$97	
ORAL SURGERY*	7111	coronal remnants, deciduous tooth	\$34	\$15
	7140	extraction erupted tooth or exposed root	\$59	\$25
	7210	surgical extraction of tooth - erupted	\$108	\$46
	7220	removal of impacted tooth - soft tissue	\$119	\$51
	7230	removal of impacted tooth - partial bony	\$186	\$80
	7240	removal of impacted tooth - complete bony	\$190	\$82
	7241	removal of impacted tooth - complete bony - w/surg. compli.	\$198	\$85
	7250	surgical removal of residual root, cutting procedure	\$111	\$48
	7270	tooth replantation &/or stabiliz. of evulsed/displaced	\$205	\$88
	7280	surgical access of an unerupted tooth	\$200	\$86
	7310	alveoplasty in conjuntion w extractions-quad	\$108	\$46
	7320	alveoplasty not in conjuntion w extractions-quad	\$162	\$69
	7510	incision & drainage of abscess, intraoral soft tissue	\$107	\$46
	7511	incision & drainage of abscess, extraoral soft tissue - compli.	\$205	\$88
	7520	incision & drainage of abscess, extraoral soft tissue	\$146	\$63
	7960	frenulectomy (frenectomy/frenotomy) - sep. procedure	\$174	\$75
	7971	excision of pericoronal gingiva	\$89	\$38
9220	deep sedation/general anesthesia first 30 minutes	\$160	\$69	