

**Sun Life Assurance Company of Canada
(A Prepaid Limited Health Service Organization Licensed Under
Chapter 636 of the Florida Statutes)**

**Executive Office:
One Sun Life Executive Park
Wellesley Hills, MA 02481**

(800-443-2995)

PREPAID DENTAL SERIES 225 PLAN COPAYMENT SCHEDULE

SECTION I: PLAN DENTIST SERVICES

(Subject to Exclusions and Limitations Listed in Evidence of Coverage)

Plan Benefits are provided for the dental services listed in this **Plan Dentist Services** Section of the Copayment Schedule only when services are provided by Member's selected Plan Dentist. If Member requires dental specialty services that cannot be provided by selected Plan Dentist, Member may obtain from a Plan Specialty Dentist the services marked as dental specialty services (S) in this Section I. No referral from Member's selected Plan Dentist is needed to receive services from a Plan Specialty Dentist. Limited benefits for Emergency Services from other Plan Dentists are provided as specifically stated in the **EMERGENCY SERVICES** Article of the Evidence of Coverage. To fully understand the benefits, exclusions and limitations of this plan, Member should consult the Evidence of Coverage.

Member is responsible for paying the amount listed in the **Member Copayment** column, plus any additional laboratory ("lab") fees for certain dental services. Payment may be due at the time the service is received or in accordance with Plan Dentist's billing procedures. Lab fees may apply to services with an asterisk (*). For such a service, the lab fee is that Plan Dentist's actual cost passed on to the member.

Dental services obtained from a Plan Specialty Dentist that are not listed and marked as dental specialty services (S) in this Section I below will be provided to Member at reduced charges. A 15% reduction from that Plan Specialty Dentist's normal retail charges applies to services obtained from a Plan Specialty Dentist whose practice is limited to endodontics. A 25% reduction from that Plan Specialty Dentist's normal retail charges applies to services obtained from any other Plan Specialty Dentist (including, but not limited to, a Plan Specialty Dentist whose practice is orthodontics). Member is responsible for paying the entire reduced charge either at the time the service is received or in accordance with Plan Specialty Dentist's billing procedures.

The most current dental terminology may not be reflected in the Copayment Schedule. However, Plan Benefits will be based on the most current dental terminology. Company reserves the right to update the Copayment Schedule to reflect the most current dental terminology, with at least thirty (30) days written notice to Group.

The Plan Dentist selected by Member may not perform all listed services. To fully understand payment responsibility for dental services, Member should discuss availability of services, the proposed treatment, and cost with selected Plan Dentist prior to treatment. Availability of any specific general dentist as a Plan Dentist is not guaranteed.

Any Plan Provider may (but is not required to) charge any Member for any missed appointment, in accordance with the Plan Provider's guidelines, if Member fails to notify the Plan Provider at least 24

hours before the scheduled appointment time. However, the charge to the Member may not exceed \$25.00 per missed appointment.

Payment for all services received from a Non-Plan Dentist (at the Non-Plan Dentist's entire normal retail charge) is the responsibility of Member, except for limited benefits for Emergency Services as specifically stated in the EMERGENCY SERVICES Article of the Evidence of Coverage.

ADA Code**	Service Description**	Member Copayment
Appointments		
None	Office visit - during regularly scheduled hours***	10.00
D0120	Periodic oral evaluation - established patient (ADA Code D0120 may only be obtained once in any six calendar months, except for medically necessary more frequent evaluations as determined by Member's Plan Dentist.)†	No Charge
D0140	Limited oral evaluation - problem focused	No Charge
D0150	Comprehensive oral evaluation - new or established patient (ADA Code D0150 may only be obtained once in any six calendar months, except for medically necessary more frequent evaluations as determined by Member's Plan Dentist.)†	No Charge
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Charge
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Charge
D0180	Comprehensive periodontal evaluation - new or established patient	No Charge
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	55.00
D9440	Office visit - after regularly scheduled hours	25.00
Diagnostic Dentistry		
D0210	Intraoral-complete series of radiographic images (ADA Code D0210 may only be obtained once in any three calendar years, except for medically necessary more frequent x-rays as determined by Member's Plan Dentist.)†	No Charge
D0220	Intraoral-periapical first radiographic image	No Charge
D0230	Intraoral-periapical each additional radiographic image	No Charge
D0240	Intraoral-occlusal radiographic image	No Charge
D0250	Extraoral-2D projection radiographic image created using a stationary radiation source, and detector	No Charge
D0260	Extraoral-each additional radiographic image	No Charge
D0270	Bitewing-single radiographic image	No Charge
D0272	Bitewing-two radiographic images (ADA Code D0272 may only be obtained once in any six calendar months, except for medically necessary more frequent x-rays as determined by Member's Plan Dentist.)†	No Charge
D0273	Bitewings-three radiographic images (ADA Code D0273 may only be obtained once in any six calendar months, except for medically necessary more frequent x-rays as determined by Member's Plan Dentist.)†	No Charge
D0274	Bitewing-four radiographic images (ADA Code D0274 may only be obtained once in any six calendar months, except for medically necessary more frequent x-rays as determined by Member's Plan Dentist.)†	No Charge
D0277	Vertical bitewings-7 to 8 radiographic images	No Charge
D0330	Panoramic radiographic image (ADA Code D0330 may only be obtained once in any three calendar years, except for medically necessary more frequent x-rays as determined by Member's Plan Dentist.)†	No Charge
D0350	Oral/facial photographic images (ADA Code D0350 may only be obtained once in any three calendar years, except for medically necessary more frequent images as determined by Member's Plan Dentist.)	No Charge
D0415	Collection of microorganisms for culture and sensitivity	No Charge
D0416	Viral Culture (ADA Code D0416 may only be obtained once in any calendar year, except for medically necessary more frequent cultures as determined by Member's Plan Dentist.)	No Charge
D0418	Analysis of Saliva Sample (ADA Code D0418 may only be obtained once in any calendar year, except for medically necessary more frequent cultures as determined by Member's Plan Dentist.)	No Charge

ADA Code**	Service Description**	Member Copayment
D0425	Caries susceptibility tests.....	No Charge
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures.....	40.00
D0460	Pulp vitality tests.....	No Charge
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report. (ADA Code D0486 may only be obtained once in any six calendar months, except for medically necessary more frequent images as determined by Member's Plan Dentist.).....	No Charge
Preventive Dentistry		
D1110	Prophylaxis - adult (ADA Code D1110 may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist.).....	No Charge
D1120	Prophylaxis - child (ADA Code D1120 may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist.).....	No Charge
D1206	Topical application of fluoride varnish.....	No Charge
D1310	Nutritional counseling for control of dental disease.....	No Charge
D1320	Tobacco counseling for the control and prevention of oral disease.....	No Charge
D1330	Oral hygiene instructions.....	No Charge
D1351	Sealant - per tooth.....	No Charge
D1510	Space maintainer - fixed - unilateral*.....	60.00
D1516	Space maintainer - fixed - bilateral, maxillary*.....	60.00
D1517	Space maintainer - fixed - bilateral, mandibular*.....	60.00
D1520	Space maintainer - removable - unilateral*.....	75.00
D1526	Space maintainer - removable - bilateral, maxillary*.....	95.00
D1527	Space maintainer - removable - bilateral, mandibular*.....	95.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary.....	10.00
D1552	Re-cement or re-bond bilateral space maintainer - mandibular.....	10.00
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant.....	10.00
D1556	Removal of fixed unilateral space maintainer - per quadrant.....	10.00
D1557	Removal of fixed bilateral space maintainer - maxillary.....	10.00
D1558	Removal of fixed bilateral space maintainer - mandibular.....	10.00
None	Additional prophylaxis***.....	35.00
D9944	Occlusal guard - hard appliance, full arch*.....	85.00
D9945	Occlusal guard - soft appliance, full arch*.....	85.00
D9946	Occlusal guard - hard appliance, partial arch*.....	85.00
D9951	Occlusal adjustment - limited.....	15.00
D9952	Occlusal adjustment - complete.....	55.00
Restorative Dentistry		
D2140	Amalgam - one surface, primary or permanent.....	10.00
D2150	Amalgam - two surfaces, primary or permanent.....	15.00
D2160	Amalgam - three surfaces, primary or permanent.....	20.00
D2161	Amalgam - four or more surfaces, primary or permanent.....	25.00
D2330	Resin-based composite - one surface, anterior.....	25.00
D2331	Resin-based composite - two surfaces, anterior.....	35.00
D2332	Resin-based composite - three surfaces, anterior.....	50.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior).....	75.00
D2390	Resin-based composite crown, anterior.....	65.00
D2391	Resin-based composite - one surface, posterior.....	60.00
D2392	Resin-based composite - two surfaces, posterior.....	70.00
D2393	Resin-based composite - three surfaces, posterior.....	80.00
D2394	Resin-based composite - four or more surfaces, posterior.....	95.00
D2510	Inlay - metallic - one surface*.....	75.00
D2520	Inlay - metallic - two surfaces*.....	85.00
D2530	Inlay - metallic - three or more surfaces*.....	110.00
D2542	Onlay - metallic - two surfaces*.....	100.00

ADA Code**	Service Description**	Member Copayment
D2543	Onlay - metallic - three surfaces*	120.00
D2544	Onlay - metallic - four or more surfaces*	130.00
D2610	Inlay - porcelain/ceramic one surface*	200.00
D2620	Inlay - porcelain/ceramic two surfaces*	210.00
D2630	Inlay - porcelain/ceramic three or more surfaces*	220.00
D2740	Crown - porcelain/ceramic*	225.00
D2750	Crown - porcelain fused to high noble metal*	225.00
D2751	Crown - porcelain fused to predominantly base metal*	225.00
D2752	Crown - porcelain fused to noble metal*	225.00
D2790	Crown - full cast high noble metal*	225.00
D2791	Crown - full cast predominantly base metal*	225.00
D2792	Crown - full cast noble metal*	225.00
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	15.00
D2920	Re-cement or re-bond crown	15.00
D2930	Prefabricated stainless steel crown - primary tooth	85.00
D2931	Prefabricated stainless steel crown - permanent tooth	95.00
D2932	Prefabricated resin crown	35.00
D2933	Prefabricated stainless steel crown with resin window	45.00
D2940	Protective restoration	15.00
D2950	Core buildup, including any pins	75.00
D2951	Pin retention - per tooth, in addition to restoration	15.00
D2952	Post and core in addition to crown, indirectly fabricated*	90.00
D2953	Each additional indirectly fabricated post - same tooth*	45.00
D2954	Prefabricated post and core in addition to crown	80.00
D2955	Post removal	25.00
D2957	Each additional prefabricated post - same tooth	30.00
D2971	Additional procedures to customize construct a new crown to fit under an existing partial denture framework*	65.00
D2980	Crown repair necessitated by restorative material failure*	25.00
None	Temporary filling***	15.00
Endodontics		
D3110	Pulp cap - direct (excluding final restoration)	15.00
D3120	Pulp cap - indirect (excluding final restoration)	10.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	45.00
D3221	Pulpal debridement, primary and permanent teeth	50.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	45.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	50.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	110.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration) ^(S)	225.00
D3330	Endodontic therapy, molar (excluding final restoration) ^(S)	250.00
D3331	Treatment of root canal obstruction, non-surgical access	70.00
D3332	Incomplete endodontic therapy, inoperable, unrestorable or fractured tooth	150.00
D3333	Internal root repair of perforation defects	100.00
D3346	Retreatment of previous root canal therapy - anterior ^(S)	325.00
D3347	Retreatment of previous root canal therapy - premolar ^(S)	415.00
D3348	Retreatment of previous root canal therapy - molar ^(S)	485.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	175.00
D3352	Apexification/recalcification - interim medication replacement	175.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	175.00
D3410	Apicoectomy - anterior ^(S)	150.00
D3421	Apicoectomy - premolar (first root) ^(S)	185.00
D3425	Apicoectomy - molar (first root) ^(S)	260.00
D3426	Apicoectomy - each additional root	100.00

ADA Code**	Service Description**	Member Copayment
D3430	Retrograde filling - per root ^(S)	75.00
D3450	Root amputation - per root.....	70.00
D3470	Intentional reimplantation (including necessary splinting).....	90.00
D3910	Surgical procedure for isolation of tooth with rubber dam.....	10.00
D3920	Hemisection (including any root removal), not including root canal therapy.....	80.00
D3950	Canal preparation and fitting of performed dowel or post.....	65.00
Periodontics		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant ^(S)	135.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant ^(S)	75.00
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant.....	75.00
D4231	Anatomical crown exposure - one to three teeth per quadrant.....	65.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	140.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	100.00
D4245	Apically positioned flap.....	145.00
D4249	Clinical crown lengthening - hard tissue.....	120.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant ^(S)	70.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant ^(S)	50.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant*.....	160.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant*.....	145.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site*.....	80.00
D4266	Guided tissue regeneration-resorbable barrier, per site*.....	230.00
D4267	Guided tissue regeneration-nonresorbable barrier, per site (includes membrane removal).....	240.00
D4268	Surgical revision procedure, per tooth.....	95.00
D4270	Pedicle soft tissue graft procedure.....	265.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft.....	75.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft.....	320.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft site.....	260.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site.....	260.00
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns.....	80.00
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns.....	75.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant ^(S)	75.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant ^(S)	35.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit ^(S)	50.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth*.....	40.00
D4910	Periodontal maintenance (limit 2 per calendar year).....	45.00
Removable Prosthodontics (Removable Dentures)		
D5110	Complete denture - maxillary*.....	305.00
D5120	Complete denture - mandibular*.....	305.00
D5130	Immediate denture - maxillary*.....	425.00
D5140	Immediate denture - mandibular*.....	425.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)*.....	375.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)*.....	375.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*.....	385.00

ADA Code**	Service Description**	Member Copayment
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	385.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)*	700.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)*	700.00
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary*	400.00
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular*	400.00
D5410	Adjust complete denture - maxillary	15.00
D5411	Adjust complete denture - mandibular	15.00
D5421	Adjust partial denture - maxillary	15.00
D5422	Adjust partial denture - mandibular	15.00
D5511	Repair broken complete denture base, mandibular*	30.00
D5512	Repair broken complete denture base, maxillary*	30.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	15.00
D5611	Repair resin partial denture base, mandibular*	35.00
D5612	Repair resin partial denture base, maxillary*	35.00
D5621	Repair cast partial framework, mandibular*	35.00
D5622	Repair cast partial framework, maxillary*	35.00
D5630	Repair or replace broken clasp - per tooth*	35.00
D5640	Replace broken teeth - per tooth*	35.00
D5650	Add tooth to existing partial denture*	35.00
D5660	Add clasp to existing partial denture - per tooth*	55.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)*	165.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)*	165.00
D5710	Rebase complete maxillary denture*	195.00
D5711	Rebase complete mandibular denture*	180.00
D5720	Rebase maxillary partial denture*	150.00
D5721	Rebase mandibular partial denture*	155.00
D5730	Reline complete maxillary denture (chairside)	60.00
D5731	Reline complete mandibular denture (chairside)	60.00
D5740	Reline maxillary partial denture (chairside)	60.00
D5741	Reline mandibular partial denture (chairside)	60.00
D5750	Reline complete maxillary denture (laboratory)*	95.00
D5751	Reline complete mandibular denture (laboratory)*	95.00
D5760	Reline maxillary partial denture (laboratory)*	95.00
D5761	Reline mandibular partial denture (laboratory)*	95.00
D5810	Interim complete denture (maxillary)*	240.00
D5811	Interim complete denture (mandibular)*	240.00
D5820	Interim partial denture (maxillary)*	300.00
D5821	Interim partial denture (mandibular)*	300.00
D5850	Tissue conditioning, maxillary	25.00
D5851	Tissue conditioning, mandibular	25.00
D5862	Precision attachment, by report*	145.00
D5875	Modification of removable prosthesis following implant surgery	265.00
Fixed Prosthodontics (Bridges or Fixed Partial Dentures)		
D6210	Pontic - cast high noble metal*	225.00
D6211	Pontic - cast predominantly base metal*	225.00
D6212	Pontic - cast noble metal*	225.00
D6240	Pontic - porcelain fused to high noble metal*	225.00
D6241	Pontic - porcelain fused to predominantly base metal*	225.00
D6242	Pontic - porcelain fused to noble metal*	225.00
D6250	Pontic - resin with high noble metal*	225.00
D6251	Pontic - resin with predominantly base metal*	225.00
D6252	Pontic - resin with noble metal*	225.00
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression*	225.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis*	140.00

ADA Code**	Service Description**	Member Copayment
D6600	Retainer inlay - porcelain/ceramic, two surfaces*	165.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces*	175.00
D6602	Retainer inlay - cast high noble metal, two surfaces*	165.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces*	175.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces*	165.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces*	175.00
D6606	Retainer inlay - cast noble metal, two surfaces*	165.00
D6607	Retainer inlay - cast noble metal, three or more surfaces*	175.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces*	165.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces*	175.00
D6610	Retainer onlay - cast high noble metal, two surfaces*	165.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces*	175.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces*	165.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces*	175.00
D6614	Retainer onlay - cast noble metal, two surfaces*	165.00
D6615	Retainer onlay - cast noble metal, three or more surfaces*	175.00
D6710	Retainer crown - indirect resin based composite*	100.00
D6720	Retainer crown - resin with high noble metal*	189.00
D6721	Retainer crown - resin with predominantly base metal*	189.00
D6722	Retainer crown - resin with noble metal*	189.00
D6740	Retainer crown - porcelain/ceramic*	225.00
D6750	Retainer crown - porcelain fused to high noble metal*	225.00
D6751	Retainer crown - porcelain fused to predominantly base metal*	225.00
D6752	Retainer crown - porcelain fused to noble metal*	225.00
D6780	Retainer crown - 3/4 cast high noble metal*	225.00
D6781	Retainer crown - 3/4 cast predominantly base metal*	180.00
D6782	Retainer crown - 3/4 cast noble metal*	180.00
D6783	Retainer crown - 3/4 porcelain/ceramic*	180.00
D6790	Retainer crown - full cast high noble metal*	225.00
D6791	Retainer crown - full cast predominantly base metal*	225.00
D6792	Retainer crown - full cast noble metal*	225.00
D6794	Retainer crown - titanium*	225.00
D6930	Re-cement or re-bond fixed partial denture.....	15.00
D6940	Stress breaker.....	150.00
D6950	Precision attachment.....	195.00
D6980	Fixed partial denture repair, by report*	45.00
D9120	Fixed partial denture sectioning.....	65.00
None	Resin bonded bridge pontic, per unit****)	235.00
Oral Surgery		
D7111	Extraction, coronal remnants - primary tooth.....	18.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	18.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated ^(S)	65.00
D7220	Removal of impacted tooth - soft tissue ^(S)	75.00
D7230	Removal of impacted tooth - partially bony ^(S)	95.00
D7240	Removal of impacted tooth - completely bony ^(S)	140.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications ^(S)	150.00
D7250	Removal of residual tooth roots (cutting procedure) ^(S)	45.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.....	100.00
D7280	Exposure of an erupted tooth.....	165.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption.....	90.00
D7283	Placement of device to facilitate eruption of impacted tooth*	70.00
D7285	Biopsy of oral tissue - hard (bone, tooth).....	70.00
D7286	Biopsy of oral tissue - soft.....	20.00
D7287	Exfoliative cytological sample collection.....	45.00
D7288	Brush biopsy - transepithelial sample collection.....	45.00

ADA Code**	Service Description**	Member Copayment
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant ^(S)	80.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	90.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant ^(S)	105.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	45.00
D7410	Excision of benign lesion up to 1.25 cm.....	70.00
D7471	Removal of lateral exostosis (maxilla or mandible).....	75.00
D7472	Removal of torus palatinus.....	55.00
D7473	Removal of torus mandibularis.....	55.00
D7485	Reduction of osseous tuberosity.....	55.00
D7510	Incision and drainage of abscess - intraoral soft tissue ^(S)	45.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces).....	40.00
D7520	Incision and drainage of abscess - extraoral soft tissue.....	40.00
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces).....	40.00
D7910	Suture of recent small wounds up to 5 cm.....	35.00
D7961	Buccal/labial frenectomy (frenulectomy) ^(S)	45.00
D7962	Lingual frenectomy (frenulectomy) ^(S)	45.00
D7963	Frenuloplasty.....	50.00
D7970	Excision of hyperplastic tissue - per arch.....	60.00
D7971	Excision of pericoronal gingiva.....	60.00
Emergency Treatment of Pain		
D9110	Palliative (emergency) treatment of dental pain - minor procedure.....	25.00
Anesthesia, Analgesia, and Sedation		
D9222	Deep sedation/general anesthesia - first 15 minutes.....	140.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	45.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	20.00
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes ^(S)	105.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment ^(S)	30.00
D9248	Non-intravenous (conscious) sedation.....	20.00
D9610	Therapeutic parenteral drug, single administration*.....	20.00
D9612	Therapeutic parenteral drugs, two or more administrations, different medications*.....	35.00
D9630	Drugs or medicaments dispensed in the office for home use*.....	20.00
D9910	Application of desensitizing medicament.....	15.00

SECTION II: ORTHODONTIA SERVICES
(Subject to Limitations and Exclusions Listed in the Evidence of Coverage)

The following Copayment Schedule applies to covered services when they are provided by a Plan Specialty Dentist. Member is responsible for paying the amount in the Member Copayment column either at the time the service is received or in accordance with Plan Specialty Dentist's billing procedures.

ADA Code**	Service Description**	Member Copayment
Orthodontics		
None	Bracketing (for D8070, D8080 or D8090)**.....	300.00
D8070	Comprehensive orthodontic treatment of the transitional dentition.....	2000.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition (under 19 years).....	2000.00
D8090	Comprehensive orthodontic treatment of the adult dentition (19 years or older).....	2200.00
D8660	Pre-orthodontic treatment examination to monitor growth and development (consult/records/exam).....	100.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)).....	250.00
D8703	Replacement of lost or broken retainer - maxillary (first incident).....	10.00
D8703	Replacement of lost or broken retainer - maxillary (additional incidents).....	50.00
D8704	Replacement of lost or broken retainer - mandibular (first incident).....	10.00

ADA Code**	Service Description**	Member Copayment
D8704	Replacement of lost or broken retainer - mandibular (additional incidents).....	50.00

The Orthodontic Copayments listed above only apply during the first 24 months of active treatment and are only available once per lifetime. After 24 months of active treatment, the above Orthodontic Copayments are no longer applicable, and the listed services will be provided to Member at a 25% reduction from the Plan Specialist’s normal retail charge. Member is responsible for paying the entire reduced charge either at the time the service is received or in accordance with Plan Specialist’s billing procedures.

Section III: DENTAL IMPLANT SERVICES
(Subject to Limitations and Exclusions Listed in the Evidence of Coverage)

A \$285 reduction in the charges to the Member applies for the placement of an endosteal implant (ADA Code D6010) in conjunction with one of the following crowns ADA Code D6065, D6066, or D6067. This reduction in charges applies only when the implant is used instead of replacing a single missing tooth meeting the criteria of being replaced with a traditional three (3) unit, cast bridge with single pontic. The space that was occupied by the single missing tooth must currently have a tooth mesial and distal to it. The tooth loss must have occurred within the twenty four (24) month period prior to the initiation of treatment. This reduction in charges is limited to the replacement of one tooth per each arch during the lifetime of the Member. Member is responsible for paying the entire charge less the \$285 reduction either at the time the service is received or in accordance with the Plan Dentist’s or Plan Specialist’s billing procedures. The treatment must be provided by a Plan Dentist or a Plan Specialty Dentist.

‡More often if medically necessary as determined by attending Plan Dentist.

*Member will be responsible for cost of additional lab fees for these services.

Current and prior versions of the current dental terminology (CDT) codes (in the **ADA Code column) and descriptors (in the **Service Description** column) are copyrighted by the American Dental Association (ADA) and are used by permission. © 2021 American Dental Association. All rights reserved.

***Service does not have an American Dental Association current dental terminology code or descriptor.