

SCHEDULE OF BENEFITS

This schedule shows the benefits that are available under the Group Policy. You and Your Dependents will only be insured for the benefits:

- for which You and Your Dependents become and remain eligible;
- which You elect, if subject to election; and
- which are in effect.

BENEFIT

BENEFIT AMOUNT AND HIGHLIGHTS

Dental Insurance For You and Your Dependents

The following is a listing of the maximum We will pay for Covered Services. The maximum We will pay for Covered Services which are not listed will be an amount determined by Us in accordance with Our standard practices.

PROCEDURE CODE	DESCRIPTION	MAXIMUM WE WILL PAY
00120	Periodic oral evaluation	\$ 19.00
00140	Limited oral evaluation - problem focused	\$ 23.00
00150	Comprehensive Oral Evaluation - new or established patient	\$ 29.00
00160	Detailed and Extensive Oral Evaluation - problem focused, by report	\$ 29.00
00170	Limited oral re-evaluation - problem focused	\$ 23.00
00180	Comprehensive periodontal evaluation - new or established patient	\$ 29.00
00210	Intraoral - complete series (including bitewings)	\$ 60.00
00220	Intraoral - periapical first film	\$ 11.00
00230	Intraoral - periapical each additional film	\$ 9.00
00240	Intraoral - occlusal film	\$ 15.00
00250	Extraoral - first film	\$ 20.00
00260	Extraoral each additional film	\$ 15.00
00270	Bitewing - single film	\$ 9.00
00272	Bitewings - two films	\$ 17.00
00274	Bitewings - four films	\$ 26.00
00277	Vertical bitewings - 7 or 8 films	\$ 40.00
00290	Posterior – anterior or lateral skull and facial bone survey film	\$ 40.00
00330	Panoramic X-Ray	\$ 49.00
00472	Accession of tissue, gross examination, preparation and transmission of written report	\$ 28.00

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00473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$ 55.00
00474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, transmission of written report	\$ 55.00
01110	Prophylaxis - Adult	\$ 40.00
01120	Prophylaxis - Child	\$ 28.00
01201	Topical application of fluoride including prophylaxis - Child	\$ 43.00
01203	Topical application of fluoride (Prophylaxis Not Included) - Child	\$ 15.00
01204	Topical application of fluoride (Prophylaxis Not Included) - Adult	\$ 15.00
01205	Topical application of fluoride including prophylaxis - Adult	\$ 55.00
01351	Sealant - Per Tooth	\$ 17.00
01510	Space maintainer - fixed - unilateral	\$ 141.00
01515	Space maintainer - fixed - bilateral	\$ 232.00
01520	Space maintainer - removable - unilateral	\$ 221.00
01525	Space maintainer - removable - bilateral	\$ 270.00
01550	Recementation of space maintainer	\$ 29.00
02140	Amalgam - one surface, primary or permanent	\$ 40.00
02150	Amalgam - two surfaces, primary or permanent	\$ 51.00
02160	Amalgam - three surfaces, primary or permanent	\$ 61.00
02161	Amalgam - four or more surfaces, primary or permanent	\$ 73.00
02330	Resin-based composite - one surface, anterior	\$ 49.00
02331	Resin-based composite - two surfaces, anterior	\$ 61.00
02332	Resin-based composite - three surfaces, anterior	\$ 77.00
02335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$ 85.00
02390	Resin-based composite crown, anterior	\$ 103.00

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02391	Resin-based composite - one surface, posterior	\$ 53.00
02392	Resin-based composite - two surfaces, posterior	\$ 67.00
02393	Resin-based Composite, three surfaces, posterior	\$ 85.00
02394	Resin-based composite, four or more surfaces, posterior	\$ 93.00
02410	Gold foil – one surface	\$ 40.00
02420	Gold foil – two surfaces	\$ 51.00
02430	Gold foil – three surfaces	\$ 61.00
02510	Inlay - metallic - one surface	\$ 133.00
02520	Inlay - metallic - two surfaces	\$ 159.00
02530	Inlay - metallic - three or more surfaces	\$ 171.00
02542	Onlay - metallic - two surfaces	\$ 173.00
02543	Onlay - metallic - three surfaces	\$ 193.00
02544	Onlay - metallic - four or more surfaces	\$ 201.00
02610	Inlay - porcelain/ceramic - one surface	\$ 147.00
02620	Inlay - porcelain/ceramic - two surfaces	\$ 160.00
02630	Inlay - porcelain/ceramic - three or more surfaces	\$ 175.00
02642	Onlay - porcelain/ceramic - two surfaces	\$ 173.00
02643	Onlay - porcelain/ceramic - three surfaces	\$ 194.00
02644	Onlay - porcelain/ceramic - four or more surfaces	\$ 200.00
02650	Inlay - resin-based composite - one surface	\$ 153.00
02651	Inlay - resin-based composite - two surfaces	\$ 151.00
02652	Inlay - resin-based composite - three or more surfaces	\$ 156.00
02662	Onlay - resin-based composite - two surfaces	\$ 162.00
02663	Onlay - resin-based composite - three surfaces	\$ 167.00
02664	Onlay - resin-based composite - four or more surfaces	\$ 178.00
02710	Crown - resin (indirect)	\$ 76.00
02712	Crown - 3/4 resin based composite (Indirect)	\$ 187.00

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02720	Crown - resin with high noble metal	\$ 193.00
02721	Crown - resin with predominantly base metal	\$ 147.00
02722	Crown - resin with noble metal	\$ 181.00
02740	Crown - porcelain/ceramic substrate	\$ 208.00
02750	Crown - porcelain fused to high noble metal	\$ 202.00
02751	Crown - porcelain fused to predominantly base metal	\$ 174.00
02752	Crown - porcelain fused to noble metal	\$ 186.00
02780	Crown - 3/4 cast high noble metal	\$ 193.00
02781	Crown - 3/4 cast predominantly base metal	\$ 167.00
02782	Crown - 3/4 cast noble metal	\$ 175.00
02783	Crown - 3/4 porcelain/ceramic	\$ 208.00
02790	Crown - full cast high noble metal	\$ 193.00
02791	Crown - full cast predominantly base metal	\$ 167.00
02792	Crown - full cast noble metal	\$ 175.00
02794	Crown - titanium	\$ 193.00
02910	Recement Inlay	\$ 32.00
02915	Recement cast or prefabricated post and core	\$ 16.00
02920	Recement crown	\$ 31.00
02930	Prefabricated stainless steel crown - primary tooth	\$ 87.00
02931	Prefabricated stainless steel crown - permanent tooth	\$ 92.00
02932	Prefabricated resin crown	\$ 103.00
02933	Prefabricated stainless steel crown with resin window	\$ 103.00
02934	Prefabricated stainless steel crown - primary tooth	\$ 103.00
02940	Sedative filling	\$ 29.00
02950	Core buildup, including any pins	\$ 42.00
02951	Pin retention - per tooth, in addition to restoration	\$ 15.00
02952	Cast post and core in addition to crown	\$ 67.00
02953	Each additional indirectly fabricated post - same tooth	\$ 40.00

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02954	Prefabricated post and core in addition to crown	\$ 56.00
02957	Each additional prefabricated post - same tooth	\$ 23.00
02971	Additional procedures to construct new crown under existing partial denture framework	\$ 30.00
02980	Crown repair, by report	\$ 34.00
03110	Pulp cap - direct (excluding final restoration)	\$ 21.00
03120	Pulp cap - indirect (excluding final restoration)	\$ 21.00
03220	Therapeutic pulpotomy (excluding final restoration)	\$ 54.00
03221	Pulpal debridement, primary and permanent teeth	\$ 54.00
03230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$ 72.00
03240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$ 63.00
03310	Root canal therapy anterior, excluding final restoration	\$ 247.00
03320	Root canal therapy bicuspid, excluding final restoration	\$ 291.00
03330	Root canal therapy molar, excluding final restoration	\$ 381.00
03331	Treatment of root canal obstruction; non-surgical access	\$ 100.00
03332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$ 145.00
03333	Internal root repair of perforation defects	\$ 89.00
03346	Retreatment of previous root canal therapy - anterior	\$ 307.00
03347	Retreatment of previous root canal therapy - bicuspid	\$ 354.00
03348	Retreatment of previous root canal therapy - molar	\$ 439.00
03351	Apexification/recalcification - initial visit	\$ 89.00
03352	Apexification/recalcification - interim medication replacement	\$ 60.00
03353	Apexification/recalcification - final visit	\$ 175.00
03410	Apicoectomy/periradicular surgery - anterior	\$ 254.00

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03421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$ 293.00
03425	Apicoectomy/periradicular surgery - molar (first root)	\$ 317.00
03426	Apicoectomy/periradicular surgery (each additional root)	\$ 113.00
03430	Retrograde filling - per root	\$ 69.00
03450	Root amputation - per root	\$ 165.00
03920	Hemisection (including any root removal)	\$ 139.00
04210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$ 79.00
04211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded tooth spaces per quadrant	\$ 40.00
04240	Gingival Flap Procedure, Including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$ 108.00
04241	Gingival Flap Procedure, Including root planing - one to three contiguous teeth or bounded teeth spaces, per quadrant	\$ 54.00
04245	Apically positioned flap	\$ 41.00
04249	Clinical crown lengthening - hard tissue	\$ 119.00
04260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$ 199.00
04261	Osseous Surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces, per quadrant	\$ 99.00
04263	Bone replacement graft - first site in quadrant	\$ 65.00
04264	Bone replacement graft - each additional site in quadrant	\$ 49.00
04265	Biologic materials to aid in soft and osseous tissue regeneration	\$ 32.00
04266	Guided tissue regeneration - resorbable barrier, per site	\$ 45.00
04267	Guided tissue regeneration - nonresorbable barrier, per site	\$ 45.00
04268	Surgical revision procedure - per tooth	\$ 40.00
04270	Pedicle soft tissue graft procedure	\$ 146.00

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04271	Free soft tissue graft procedure (including donor site surgery)	\$ 155.00
04273	Subepithelial tissue graft per tooth	\$ 181.00
04274	Distal or proximal wedge procedure	\$ 87.00
04275	Soft tissue allograft	\$ 155.00
04276	Combined tissue and double pedicle graft, per tooth	\$ 181.00
04341	Periodontal scaling and root planing - four or more teeth per quadrant	\$ 41.00
04342	Periodontal scaling and root planing - one to three teeth, per quadrant	\$ 20.00
04355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$ 49.00
04381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$ 30.00
04910	Periodontal maintenance	\$ 51.00
04920	Dressing change	\$ 20.00
05110	Complete upper denture	\$ 216.00
05120	Complete lower denture	\$ 209.00
05130	Immediate upper denture	\$ 234.00
05140	Immediate lower denture	\$ 226.00
05211	Partial upper denture resin base (including clasps, rests, and teeth)	\$ 155.00
05212	Partial lower denture resin base (including clasps, rests, and teeth)	\$ 180.00
05213	Partial upper denture cast metal frame with resin denture bases	\$ 250.00
05214	Partial lower denture cast metal frame with resin denture bases	\$ 250.00
05225	Partial upper denture flexible base (incl. clasps, rests and teeth)	\$ 155.00
05226	Partial lower denture flexible base (including clasps, rests and teeth)	\$ 180.00
05281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$ 134.00
05410	Adjust complete upper denture	\$ 12.00
05411	Adjust complete lower denture	\$ 11.00

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05421	Adjust partial upper denture	\$ 13.00
05422	Adjust partial lower denture	\$ 12.00
05510	Repair broken complete denture base	\$ 51.00
05520	Replace missing or broken teeth - complete denture (each tooth)	\$ 42.00
05610	Repair resin denture base	\$ 50.00
05620	Repair cast framework	\$ 59.00
05630	Repair or replace broken clasp	\$ 62.00
05640	Replace broken teeth - per tooth	\$ 45.00
05650	Add tooth to existing partial denture	\$ 28.00
05660	Add clasp to existing partial denture	\$ 32.00
05670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$ 155.00
05671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$ 180.00
05710	Rebase complete upper denture	\$ 79.00
05711	Rebase complete lower denture	\$ 83.00
05720	Rebase partial upper denture	\$ 75.00
05721	Rebase partial lower denture	\$ 79.00
05730	Reline complete upper denture (chairside)	\$ 93.00
05731	Reline complete lower denture (chairside)	\$ 93.00
05740	Reline partial upper denture (chairside)	\$ 83.00
05741	Reline partial lower denture (chairside)	\$ 84.00
05750	Reline complete upper denture (laboratory)	\$ 139.00
05751	Reline complete lower denture (laboratory)	\$ 136.00
05760	Reline partial upper denture (laboratory)	\$ 139.00
05761	Reline partial lower denture (laboratory)	\$ 139.00
05810	Temporary complete denture	\$ 95.00
05811	Temporary complete denture	\$ 100.00
05820	Interim partial upper denture	\$ 84.00
05821	Interim partial lower denture	\$ 88.00
05850	Tissue Conditioning upper denture	\$ 22.00
05851	Tissue Conditioning lower denture	\$ 24.00

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05860	Overdenture - complete, by report	\$ 216.00
05861	Overdenture - partial, by report	\$ 250.00
06053	Implant/abutment supported removable denture for completely edentulous arch	\$ 216.00
06054	Implant/abutment supported removable denture for partially edentulous arch	\$ 250.00
06058	Abutment supported porcelain/ceramic crown	\$ 180.00
06059	Abutment supported porcelain fused to metal crown (high noble metal)	\$ 196.00
06060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$ 196.00
06061	Abutment supported porcelain fused to metal crown (noble metal)	\$ 180.00
06062	Abutment supported cast metal crown (high noble metal)	\$ 196.00
06063	Abutment supported cast metal crown (predominantly base metal)	\$ 196.00
06064	Abutment supported cast metal crown (noble metal)	\$ 213.00
06065	Implant supported porcelain/ceramic crown	\$ 180.00
06066	Implant supported porcelain fused to metal crown (high noble metal)	\$ 196.00
06067	Implant supported metal crown (high noble metal)	\$ 196.00
06068	Abutment supported retainer for porcelain/ceramic fpd	\$ 180.00
06069	Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	\$ 196.00
06070	Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal))	\$ 196.00
06071	Abutment supported retainer for porcelain fused to metal fpd (noble metal)	\$ 180.00
06072	Abutment supported retainer for cast metal fpd (high noble metal)	\$ 196.00
06073	Abutment supported retainer for cast metal fpd (predominantly base metal)	\$ 196.00
06074	Abutment supported retainer for cast metal fpd (noble metal)	\$ 213.00
06075	Implant supported retainer for ceramic fpd	\$ 180.00

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06076	Implant supported retainer for porcelain fused to metal fpd (high noble metal)	\$ 196.00
06077	Implant supported retainer for cast metal fpd (high noble metal)	\$ 196.00
06078	Implant/abutment supported fixed denture for completely edentulous arch	\$ 216.00
06079	Implant/abutment supported fixed denture for partially edentulous arch	\$ 250.00
06094	Abutment support crown - titanium	\$ 196.00
06194	Abutment support retainer – titanium	\$ 196.00
06205	Pontic - indirect resin based composite	\$ 162.00
06210	Pontic - cast high noble metal	\$ 196.00
06211	Pontic - cast predominantly base metal	\$ 196.00
06212	Pontic - cast noble metal	\$ 213.00
06214	Pontic - titanium	\$ 196.00
06240	Pontic - porcelain fused to high noble metal	\$ 196.00
06241	Pontic - porcelain fused to predominantly base metal	\$ 196.00
06242	Pontic - porcelain fused to noble metal	\$ 180.00
06245	Pontic - porcelain/ceramic	\$ 180.00
06250	Pontic - resin with high noble metal	\$ 196.00
06251	Pontic - resin with predominantly base metal	\$ 180.00
06252	Pontic - resin with noble metal	\$ 213.00
06545	Retainer - cast metal for resin bonded fixed prosthesis	\$ 65.00
06548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$ 65.00
06600	Inlay, porcelain/ceramic, two surfaces	\$ 160.00
06601	Inlay, porcelain/ceramic, three or more surfaces	\$ 176.00
06602	Inlay, cast high noble metal, two surfaces	\$ 144.00
06603	Inlay, cast high noble metal, three or more surfaces	\$ 158.00
06604	Inlay - cast predominantly base metal, two surfaces	\$ 124.00
06605	Inlay - cast predominantly base metal, three or more surfaces	\$ 137.00

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06606	Inlay - cast noble metal, two surfaces	\$ 131.00
06607	Inlay - cast noble metal, three or more surfaces	\$ 144.00
06608	Onlay, porcelain/ceramic, two surfaces	\$ 173.00
06609	Onlay, porcelain/ceramic, three or more surfaces	\$ 190.00
06610	Onlay - cast noble metal, two surfaces	\$ 158.00
06611	Onlay, cast high noble metal, three or more surfaces	\$ 174.00
06612	Onlay - cast predominantly base metal, two surfaces	\$ 137.00
06613	Onlay - cast predominantly base metal, three or more surfaces	\$ 150.00
06614	Onlay - cast noble metal, two surfaces	\$ 144.00
06615	Onlay - cast noble metal, three or more surfaces	\$ 158.00
06624	Inlay -titanium	\$ 158.00
06634	Onlay - titanium	\$ 174.00
06710	Crown - indirect resin based composite	\$ 162.00
06720	Crown - resin with high noble metal	\$ 196.00
06721	Crown - resin with predominantly base metal	\$ 102.00
06722	Crown - resin with noble metal	\$ 164.00
06740	Crown - (porcelain/ceramic)	\$ 180.00
06750	Crown - porcelain fused to high noble metal	\$ 213.00
06751	Crown - porcelain fused to predominantly base metal	\$ 196.00
06752	Crown - porcelain fused to noble metal	\$ 180.00
06780	Crown - 3/4 cast high noble metal	\$ 213.00
06781	Crown - 3/4 cast predominantly base metal	\$ 196.00
06782	Crown - 3/4 cast noble metal	\$ 180.00
06783	Crown - 3/4 porcelain/ceramic	\$ 180.00
06790	Crown - full cast high noble metal	\$ 196.00
06791	Crown - full cast predominantly base metal	\$ 196.00
06792	Crown - full cast noble metal	\$ 180.00
06794	Crown - titanium	\$ 196.00

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06920	Connector bar	\$ 80.00
06930	Recement fixed partial denture	\$ 43.00
06940	Stress breaker	\$ 54.00
06970	Cast post and core in addition to fixed partial denture retainer	\$ 59.00
06971	Cast post as part of fixed partial denture retainer	\$ 59.00
06972	Prefabricated post and core in addition to fixed partial denture retainer	\$ 59.00
06973	Core buildup for retainer, including any pins	\$ 42.00
06976	Cast post - each additional indirectly fabricated post - same tooth	\$ 50.00
06977	Steel post - each additional prefabricated post - same tooth	\$ 40.00
06980	Fixed partial denture repair, by report	\$ 38.00
07111	Extraction, coronal remnants - deciduous tooth	\$ 45.00
07140	Extraction, erupted tooth or exposed root	\$ 45.00
07210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$ 86.00
07220	Removal of impacted tooth - soft tissue	\$ 107.00
07230	Removal of impacted tooth - partially bony	\$ 143.00
07240	Removal of impacted tooth - completely bony	\$ 167.00
07241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$ 190.00
07250	Surgical removal of residual tooth roots (cutting procedure)	\$ 89.00
07260	Fistula/root surgery	\$ 211.00
07261	Primary closure of a sinus perforation	\$ 211.00
07270	Tooth replantation	\$ 127.00
07272	Tooth transplantation	\$ 127.00
07280	Surgical access of an unerupted tooth	\$ 197.00
07282	Mobilization of erupted or malpositioned tooth to aid eruption	\$ 142.00
07283	Placement of device to facilitate eruption of impacted tooth	\$ 59.00

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07285	Hard tissue biopsy	\$ 181.00
07286	Soft tissue biopsy	\$ 97.00
07287	Cytology sample	\$ 49.00
07288	Brush biopsy	\$ 49.00
07290	Surgical repositioning of teeth	\$ 65.00
07310	Alveoloplasty, in conjunction with extractions - per quadrant	\$ 74.00
07311	Alveoloplasty in conjunction with extractions, one to three teeth or tooth spaces, per quadrant	\$ 37.00
07320	Alveoloplasty not in conjunction with extractions - per quadrant	\$ 94.00
07321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$ 47.00
07340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$ 136.00
07350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$ 338.00
07410	Excision of benign lesion up to 1.25 cm	\$ 135.00
07411	Excision of benign lesion greater than 1.25 cm	\$ 173.00
07412	Excision of benign lesion, complicated	\$ 190.00
07413	Excision of malignant lesion up to 1.25 cm	\$ 182.00
07414	Excision of malignant lesion greater than 1.25 cm	\$ 133.00
07415	Excision of malignant lesion, complicated	\$ 147.00
07440	Excision of malignant tumor – lesion diameter up to 1.25 cm	\$ 182.00
07441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	\$ 133.00
07450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$ 135.00
07451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$ 173.00
07460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$ 135.00

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07461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$ 173.00
07465	Destruction of lesion(s) by physical or chemical method, by report	\$ 41.00
07471	Removal of lateral exostosis (maxilla or mandible)	\$ 120.00
07472	Removal of torus palatinus	\$ 120.00
07473	Removal of torus mandibularis	\$ 120.00
07485	Surgical reduction of osseous tuberosity	\$ 195.00
07490	Mandible resection/graft	\$ 182.00
07510	Incision and drainage of abscess - intraoral soft tissue	\$ 60.00
07511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$ 55.00
07520	Incision and drainage of abscess - extraoral soft tissue	\$ 69.00
07521	Incision and drainage of abscess - extraoral soft tissue (complicated)	\$ 69.00
07530	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue	\$ 55.00
07540	Removal of reaction producing foreign bodies, musculoskeletal system	\$ 152.00
07550	Partial ostectomy/sequestrectomy of removal of non-vital bone	\$ 152.00
07560	Sinustomy	\$ 200.00
07910	Suturing – simple of recent small wounds up to 5 cm	\$ 27.00
07911	Suturing – complicated up to 5 cm	\$ 30.00
07912	Suturing – complicated greater than 5 cm	\$ 43.00
07953	Bone replacement graft – per site	\$ 125.00
07960	Frenulectomy - separate	\$ 145.00
07963	Frenuloplasty	\$ 181.00
07970	Excision of Hyperplastic tissue	\$ 111.00
07971	Excision of Pericoronal gingiva	\$ 50.00
07972	Surgical reduction of fibrous tuberosity	\$ 177.00
07980	Sialolithotomy	\$ 167.00

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07983	Close salivary fistula	\$ 53.00
08210	Removable appliance therapy	\$ 213.00
08220	Fixed appliance therapy	\$ 213.00
09110	Palliative (emergency) treatment of dental pain, minor procedure	\$ 33.00
09220	Deep sedation/general anesthesia - first 30 minutes	\$ 128.00
09221	Deep sedation/general anesthesia - each additional 15 minutes	\$ 42.00
09241	Intravenous conscious sedation/analgesia - first 30 minutes	\$ 85.00
09242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$ 21.00
09310	Consultation	\$ 34.00
09430	Office visit – regular hours	\$ 23.00
09440	Office visit – after hours	\$ 41.00
09910	Application of desensitizing medicine	\$ 49.00
09911	Application of desensitizing resin	\$ 49.00
09930	Post-surgical complications	\$ 25.00
09951	Occlusal Adjustment - limited	\$ 32.00
09952	Occlusal Adjustment - complete	\$ 161.00

The amounts shown under the **Maximum We Will Pay** include the cost of local anesthesia; postoperative care; and adjustments to a Denture for up to six months.

Deductibles for:

Yearly Individual Deductible \$50 for the following Covered Services Combined: Type B; Type C

Yearly Family Deductible \$150 for the following Covered Services Combined: Type B; Type C

Maximum Benefit:

Yearly Individual Maximum \$1,000 for the following Covered Services: Preventive and Diagnostic; Basic Restorative; Major Restorative