

QUESTIONS AND ANSWERS ABOUT NORTHEAST DELTA DENTAL INSURANCE

- 1. If you now have dental insurance through Northeast Delta Dental COBRA plan, can you enroll in MAR's plan without waiting for the COBRA to expire?** Yes. If you transition with no break in coverage you don't have to observe the six months waiting period before full benefits are available.
- 2. Can your spouse or domestic partner obtain dental insurance even when he/she cannot share in your health insurance?** Yes, the two insurances are not co-mingled and are sold by different companies.
- 3. Does coverage include Orthodontics?** No. The insurer does not believe retirees would need teeth straightening work and has lowered its costs because of this.
- 4. What is the \$25 -\$75 Deductible?** Coverage B and C services are subject to a deductible each contract year. This deductible does not apply to Coverage A services. The deductible will never exceed \$75 for a family during a contract year.
- 5. How is the \$1,500 coverage figured?** It is your dental charge that is covered by the insurance but not the part you must pay. For instance, if you have a \$100.00 procedure, and the insurance pays \$80.00 of that, the \$80.00 is the amount deducted from your \$1,500.00 allowance.
- 6. Can I use my dental insurance out of the Tri-State area?** Yes. If you visit a dentist outside the tri-state area (ME, VT or NH), you may be required to pay the dentist "up-front", then mail the paid bill, with a claim form to Northeast Delta Dental and you will be reimbursed the amount covered by the policy.
- 7. What is dependent coverage?** Dependent coverage ceases at the age of 19 or at the age of 25 when a child is attending a degree-granting institute of higher learning as a full-time student. Incapacitated children can remain covered regardless of age. (Spouse or domestic partners are also entered on the form as dependent to properly ascertain the premium costs).
- 8. If a spouse is still working and has a job-benefit dental insurance plan, can that spouse be enrolled in the retirees' dental plan?** Yes. The spouse can be enrolled through both coverages or wait until he/she retires and joins the plan at the next "open enrollment" period as long as both dental policies are not through Northeast Delta Dental. They must be different companies.
- 9. Can you choose between Coverage A, B and C?** No. You get all three types of coverage with your dental plan. Coverage A starts on the first of the month and B and C will start six months later, unless you are coming off COBRA and then the six month waiting period is waived.
- 10. How much does it cost to join the Maine Association of Retirees and be able to purchase the dental insurance?** Dues for MAR membership are \$1.25 per month, which can be deducted from your pension check along with your Delta Dental premiums. These dues are among the lowest of any public retiree organization in Maine.

*****Once you have signed up for dental insurance, MAR makes you effective for the first day of a month. The premium is automatically deducted from your pension check at the end of the month. You do not need to send in any monies to "start" your policy. The insurance will remain in effect until you notify MAR that you wish to cancel.*****

MAINE PUBLIC EMPLOYEE RETIREE DENTAL PROGRAM

6125 6126 6127

Monthly Premiums: 1 Person: \$ 34.81 2 People: \$ 63.44 Three or More: \$ 99.08

| TYPE | DIAGNOSTIC & PREVENTATIVE COVERAGE A | BASIC RESTORATIVE COVERAGE B | MAJOR RESTORATIVE COVERAGE C |
|------------------|--|--|---|
| COVERED SERVICES | DIAGNOSTIC: Evaluations twice per calendar year X-RAYS: Complete series or panoramic film once in a 3 year period, bitewing X-rays once each 12 month period, X-rays of individual teeth as necessary PREVENTIVE: Cleanings twice per calendar year Fluoride once in a 12 month period to age 19 Space maintainers to age 16 Sealant application to permanent molars once in a lifetime per tooth, for children to age 15 | RESTORATIVE: Amalgam fillings composite (white) fillings (anterior teeth only) ORAL SURGERY: Surgical and routine extractions PERIODONTICS: Treatment of gum disease Periodontal cleaning (maintenance procedures) twice per calendar year DENTURE REPAIR: Repair of removable denture to its original condition EMERGENCY PALLIATIVE TREATMENT | PROSTHODONTICS: Removable and fixed partial dentures, bridges, complete dentures Rebase and reline Crowns Onlays |
| WAITING PERIOD | NONE | 6 MONTHS | 6 MONTHS |
| DEDUCTIBLE | NONE | Contract year deductible (Feb. 1 through Jan. 31): \$25 per person, up to a maximum of \$75 per family | |
| MAXIMUM | Coverage A, B and C combined contract year maximum is \$1,500 per person | | |

Delta Dental of Maine will cover eligible services provided by licensed denturists in the State of Maine for eligible subscribers of Delta Dental of Maine. The dentist must be duly licensed by the State of Maine in the practice of denturism. Claims submitted by a licensed denturist must be accompanied by a copy of certificate of good oral health that has been issued for a patient by a licensed denturist.

Your Northeast Delta Dental program includes all of the above coverage categories. This chart is provided for summary purposes only. Please refer to your benefit booklet for complete benefit information. In the event of a conflict or discrepancy between this chart and either the group contract or the benefit booklet, the group contract or benefit book will prevail.



Delta Dental Plan of Maine
Delta Dental Plan of New Hampshire
Delta Dental Plan of Vermont

ENROLLMENT / CHANGE FORM

PLEASE TYPE OR PRINT LEGIBLY - IN BLUE OR BLACK INK ONLY
AS YOUR ID CARD IS GENERATED FROM THIS FORM

| | | | | | | |
|---|------------|--------------------------|------|---|----------------------------|----------------------|
| 1. SUBSCRIBER INFORMATION - To be completed by Employee | | | | | | |
| LAST NAME (SUBSCRIBER) | FIRST NAME | SOCIAL SECURITY / I.D. # | | GENDER <input type="checkbox"/> M <input type="checkbox"/> F | DATE OF BIRTH (MM-DD-YYYY) | |
| MAILING ADDRESS | | | CITY | STATE | ZIP | TELEPHONE NO. () |
| MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> Other _____ | | | | | | |

| | | | |
|--|---|-------------------------|-----------------------|
| 2. GROUP INFORMATION - To be completed by Employer/Employee | | | |
| GROUP NAME MAINE ASSOCIATION OF RETIREES | | | |
| GROUP NUMBER | 280 MAINE AVENUE FARMINGDALE, ME 04344 | VISION | DENTAL EFFECTIVE DATE |
| MISC. INFO (i.e. STORE LOC) | GROUP # 6125-1000 1-800-535-6555 | EMPLOYEE DATE OF REHIRE | |

| | |
|---|---|
| 3. REASON FOR SUBMISSION - Check all appropriate boxes | |
| EXACT DATE OF STATUS CHANGE: _____ ADD: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Annual Open Enrollment <input type="checkbox"/> COBRA Due to: _____ <input type="checkbox"/> Marriage <input type="checkbox"/> Birth <input type="checkbox"/> Age Two <input type="checkbox"/> Adoption* <input type="checkbox"/> Spouse's employment change <input type="checkbox"/> Part-time to full-time status | DELETE: <input type="checkbox"/> Annual Open Enrollment <input type="checkbox"/> Spouse's employment change <input type="checkbox"/> Full-time to part-time status <input type="checkbox"/> Divorce <input type="checkbox"/> Deceased <input type="checkbox"/> No longer dependent for IRS purposes <input type="checkbox"/> No longer a full-time student <input type="checkbox"/> Retirement |
| MISCELLANEOUS CHANGE: <input type="checkbox"/> Name change - Previous name: _____ <input type="checkbox"/> Transfer from sublocation _____ <input type="checkbox"/> Address change <input type="checkbox"/> Returning Full-Time Student <input type="checkbox"/> Other _____ | |
| COVERAGE LEVEL REQUESTED: <input type="checkbox"/> Employee (only) <input type="checkbox"/> Employee/Children <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Employee/Family <input type="checkbox"/> Employee/Child <input type="checkbox"/> Other _____ | |

| 4. DEPENDENT INFORMATION - List all dependents to be newly enrolled, or those dependents who are affected by an addition or deletion listed above in section #3. If you are enrolling some but not all of your eligible dependents, your other dependents must have coverage elsewhere. | | | | | | | |
|--|------------|--------------------------|------------|------------------------|--------------|---|--------------------------------------|
| LAST NAME (IF DIFFERENT FROM SUBSCRIBER) | FIRST NAME | DATE OF BIRTH MM-DD-YYYY | GENDER M/F | RELATION TO SUBSCRIBER | ADD / DELETE | CHECK IF DEPENDENT IS OVER 19 AND A FULL-TIME STUDENT | CHECK IF DEPENDENT IS INCAPACITATED* |
| | | | | | | | |
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*NOTE: Legal documentation is required.

5. OTHER GROUP COVERAGE (COORDINATION OF BENEFITS)

Will you, your spouse, or any dependent be covered under any other group dental plan while this policy is in effect? Yes No
 Will this dental coverage replace another Northeast Delta Dental Plan? Yes No

If yes to either question, complete the following:

| | | |
|--------------------------|--|----------------|
| DENTAL INSURANCE COMPANY | POLICY HOLDER ID # / SOCIAL SECURITY # | EFFECTIVE DATE |
| DENTAL INSURANCE COMPANY | POLICY HOLDER ID # / SOCIAL SECURITY # | EFFECTIVE DATE |

I certify that all information is true and correct to the best of my knowledge. I understand that by not choosing a network dentist for myself or any family member, I may be responsible for higher out-of-pocket expenses. I also understand that the effective date and termination date of my membership will be determined by my employer or plan sponsor in accordance with the underwriting guidelines of Northeast Delta Dental. If my employer or plan sponsor requires employee contributions for this coverage, I authorize the deductions of these amounts from my wages. I further authorize my employer or plan sponsor to deduct any dental premium which is owed by me as of the date my application is approved. I understand that my dependents and I must remain enrolled and can discontinue our coverage only during open enrollment, except in the event of a qualified family status change.

SIGNATURE _____ DATE _____

Table of Allowances

Coverage A

| Diagnostic | | |
|--|--|--------------------------|
| Clinical Oral Evaluations | | |
| Procedure Code | Description | Maximum Allowance |
| D0120 | periodic oral evaluation | \$23 |
| D0140 | limited oral evaluation - problem focused | \$49 |
| D0145 | oral evaluation for a patient under three years of age and counseling with primary caregiver | \$37 |
| D0150 | comprehensive oral evaluation - new or established patient | \$41 |
| D0170 | re-evaluation - limited, problem focused (established patient; not post-operative visit) | \$49 |
| D0180 | comprehensive periodontal evaluation - new or established patient | \$51 |
| Radiographs/Diagnostic Imaging (Including interpretation) | | |
| D0210 | intraoral - complete series (including bitewings) | \$87 |
| D0220 | intraoral - periapical first film | \$16 |
| D0230 | intraoral - periapical each additional film | \$14 |
| D0240 | intraoral - occlusal film | \$29 |
| D0250 | extraoral - first film | \$16 |
| D0260 | extraoral - each additional film | \$16 |
| D0270 | bitewing - single film | \$16 |
| D0272 | bitewing - two films | \$29 |
| D0273 | bitewings - three films | \$35 |
| D0274 | bitewings - four films | \$41 |

| | | |
|--|---|-------|
| D0277 | vertical bitewings - 7 to 8 films | \$87 |
| D0330 | panaromic film | \$76 |
| Tests and Examinations | | |
| D0431 | adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures | \$38 |
| Preventive | | |
| Dental Prophylaxis | | |
| D1110 | prophylaxis - adult | \$60 |
| D1120 | prophylaxis - child | \$42 |
| Topical Fluoride Treatment (Office Procedure) | | |
| D1203 | topical application of fluoride - child | \$23 |
| D1204 | topical application of fluoride - adult | \$24 |
| D1206 | topical fluoride varnish; therapeutic application for moderate to high caries risk patients | \$24 |
| Other Preventive Services | | |
| D1351 | sealant - per tooth | \$31 |
| Space Maintenance (Passive Appliances) | | |
| D1510 | space maintainer - fixed - unilateral | \$179 |
| D1515 | space maintainer - fixed - bilateral | \$254 |
| D1520 | space maintainer - removable - unilateral | \$215 |
| D1525 | space maintainer - removable - bilateral | \$258 |
| D1555 | removal of fixed space maintainer | \$38 |
| Non-Surgical Periodontal Service | | |
| D4355 | full mouth debridement to enable comprehensive evaluation and diagnosis | \$81 |

Oral and Maxillofacial Surgery

Other Surgical Procedures

| | | |
|--------|--|------|
| D17288 | brush biopsy - transepithelial sample collection | \$90 |
|--------|--|------|

Coverage B

Oral Pathology Laboratory

| Procedure Code | Description | Maximum Allowance |
|----------------|---|-------------------|
| D0484 | consultation on slides prepares elsewhere | \$50 |

Space Maintenance (Passive Appliances)

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|-------|------------------------------------|------|
| D1550 | re-cementation of space maintainer | \$38 |
|-------|------------------------------------|------|

Restorative

Amalgam Restorations (Including Polishing)

| | | |
|-------|---|-------|
| D2140 | amalgam - one surface, primary or permanent | \$57 |
| D2150 | amalgam - two surfaces, primary or permanent | \$73 |
| D2160 | amalgam - three surfaces, primary or permanent | \$89 |
| D2161 | amalgam - four or more surfaces, primary or permanent | \$109 |

Resin-Based Composite Restorations - Direct

| | | |
|-------|---|-------|
| D2330 | resin-based composite - one surface, anterior | \$68 |
| D1 | resin-based composite - two surfaces, anterior | \$86 |
| D1 | resin-based composite - three surfaces, anterior | \$105 |
| D1 | resin-based composite - four or more surfaces or involving incisal angle (anterior) | \$130 |
| D1 | resin-based composite - crown, anterior | \$330 |

Other Restorative Services

| | | |
|-------|--|------|
| D2910 | recement inlay, onlay, or partial coverage | \$49 |
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| | restoration | |
| D2915 | recement cast or prefabricated post and core | \$49 |
| D2920 | recement crown | \$49 |
| D2930 | prefabricated stainless steel crown - primary tooth | \$125 |
| D2931 | prefabricated stainless steel crown - permanent tooth | \$155 |
| D2940 | sedative filling | \$55 |
| D2951 | pin retention - per tooth, in addition to restoration | \$31 |
| Pulp Capping | | |
| D3110 | pulp cap - direct (excluding final restoration) | \$32 |
| D3120 | pulp cap - indirect (excluding final restoration) | \$30 |
| Endodontics | | |
| Pulpotomy | | |
| D3220 | therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | \$76 |
| D3221 | pulpal debridement, primary and permanent teeth | \$76 |
| D3222 | partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | \$76 |
| Endodontic Therapy on Primary Teeth | | |
| D3240 | pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | \$76 |
| Endodontic Therapy (Including Treatment Plan, Clinical Procedures and Follow-Up Care) | | |
| D3310 | endodontic therapy, anterior tooth (excluding final restoration) | \$331 |
| D3320 | endodontic therapy, bicuspid tooth (excluding final restoration) | \$419 |

| | | |
|---|---|--------|
| D3330 | endodontic therapy, molar (excluding final restoration) | \$562 |
| D3333 | internal root repair of perforation defects | \$227 |
| Endodontic Retreatment | | |
| D3346 | retreatment of previous root canal therapy - anterior | \$4432 |
| D3347 | retreatment of previous root canal therapy - bicuspid | \$558 |
| D3348 | retreatment of previous root canal therapy - molar | \$575 |
| Apexification/Recalcification Procedures | | |
| D3351 | apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) | \$89 |
| D3352 | apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) | \$89 |
| D3353 | apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) | \$89 |
| Apicoectomy/Periradicular Services | | |
| D3410 | apicoectomy/periradicular surgery - anterior | \$227 |
| D3421 | apicoectomy/periradicular surgery - bicuspid (first root) | \$227 |
| D3425 | apicoectomy/periradicular surgery - molar (first root) | \$227 |
| D3426 | apicoectomy/periradicular surgery (each additional root) | \$116 |
| D3430 | retrograde filling - per root | \$57 |
| D3450 | root amputation - per root | \$171 |
| Other Endodontic Procedures | | |

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|---|---|-------|
| D3920 | hemisection (including any root removal), not including root canal therapy..... | \$174 |
| Periodontics | | |
| Surgical Services (Including usual Postoperative Care) | | |
| D4210 | gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | \$266 |
| D4211 | gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | \$174 |
| D4240 | gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | \$322 |
| D4241 | gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | \$242 |
| D4245 | apically positioned flap | \$386 |
| D4249 | clinical crown lengthening - hard tissue | \$648 |
| D4260 | osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | \$450 |
| D4261 | osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | \$337 |
| D4263 | bone replacement graft - first site in quadrant | \$157 |
| D4264 | bone replacement graft - each additional site in quadrant | \$112 |
| D4270 | pedicle soft tissue graft procedure | \$334 |
| D4271 | free soft tissue graft procedure (including donor site surgery) | \$383 |
| D4273 | subepithelial connective tissue graft procedures, | \$421 |

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|---|---|-------|
| | per tooth | |
| D4274 | distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area) | \$225 |
| Non-Surgical Periodontal Service | | |
| D4341 | periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant | \$112 |
| D4342 | periodontal scaling and root planing - one to three teeth per quadrant | \$85 |
| Other Periodontal Service | | |
| D4910 | periodontal maintenance | \$67 |
| D4920 | unscheduled dressing change (by someone other than treating dentist) | \$43 |
| Prosthodontics (Removable) | | |
| Adjustments to Dentures | | |
| D5410 | adjust complete denture - maxillary | \$41 |
| D5411 | adjust complete denture - mandibular | \$41 |
| D5421 | adjust partial denture - maxillary | \$41 |
| D5422 | adjust partial denture - mandibular | \$41 |
| Repairs to Complete Dentures | | |
| D5510 | repair broken complete denture base | \$92 |
| D5520 | replace missing or broken teeth - complete denture (each tooth) | \$85 |
| Repairs to Partial Dentures | | |
| D5610 | repair resin denture base | \$87 |
| D5620 | repair cast framework | \$134 |
| D5630 | repair or replace broken clasp | \$119 |

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|--|--|-------|
| D5640 | replace broken teeth - per tooth | \$81 |
| Implant Services | | |
| Repairs to Partial Dentures | | |
| D6092 | recement implant/abutment supported crown | \$49 |
| Oral and Maxillofacial Surgery | | |
| Extractions (Includes local anesthesia, suturing, if needed, and routine postoperative care) | | |
| D7111 | extraction, coronal remnants - deciduous tooth | \$18 |
| D7140 | extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$72 |
| Surgical Extractions (Includes local anesthesia, suturing, if needed, and routine postoperative care) | | |
| D72210 | surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth | \$122 |
| D72220 | removal of impacted tooth - soft tissue | \$143 |
| D72230 | removal of impacted tooth - partially bony | \$184 |
| D72240 | removal of impacted tooth - completely bony | \$222 |
| D72241 | removal of impacted tooth - completely bony, with unusual surgical complication | \$222 |
| D72250 | surgical removal of residual tooth roots (cutting procedure) | \$122 |
| Other Surgical Procedures | | |
| D7270 | tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | \$174 |
| D7280 | surgical access of an unerupted tooth | \$150 |
| D7282 | mobilization of erupted or malpositioned tooth to aid eruption | \$107 |

| | | |
|--|---|-------|
| D7285 | biopsy of oral tissue - hard (bone, tooth) | \$106 |
| D7286 | biopsy of oral tissue - soft (all others) | \$92 |
| D7291 | transseptal fiberotomy/supra crestal fiberotomy | \$163 |
| Alveoplasty - Surgical Preparation of Ridge | | |
| D7310 | alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$106 |
| D7311 | alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | \$80 |
| D7320 | alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | \$156 |
| D7321 | alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | \$117 |
| Vestibuloplasty | | |
| D7340 | vestibuloplasty - ridge extension (secondary epithelialization) | \$197 |
| Vestibuloplasty | | |
| D7510 | incision and drainage of abscess - intraoral soft tissue | \$81 |
| D7511 | incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | \$101 |
| D7520 | incision and drainage of abscess - extraoral soft tissue | \$92 |
| D7521 | incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | \$114 |
| Other Repair Procedures | | |
| D7960 | frenulectomy (frenectomy or frenotomy) - separate procedure | \$163 |
| D7963 | frenuloplasty | \$204 |

Adjunctive General Services

Unclassified Treatment

| | | |
|-------|---|------|
| D9110 | palliative (emergency) treatment of dental pain - minor procedure | \$57 |
|-------|---|------|

Anesthesia

| | | |
|-------|---|-------|
| D9220 | deep sedation/general anesthesia - first 30 minutes | \$145 |
| D9221 | deep sedation/general anesthesia - each additional 15 minutes | \$69 |
| D9241 | intravenous conscious sedation/analgesia - first 30 minutes | \$138 |
| D9242 | intravenous conscious sedation/analgesia - each additional 15 minutes | \$66 |

Professional Consultation

| | | |
|-------|--|------|
| D9310 | consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment) | \$50 |
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Professional Visit

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|-------|--|------|
| D9440 | office visit - after regularly scheduled hours | \$61 |
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Miscellaneous Services

| | | |
|-------|--|------|
| D9910 | application of desensitizing medicament | \$41 |
| D9911 | application of desensitizing resin for cervical and/or root surface, per tooth | \$41 |

Coverage C

Restorative

| Procedure Code | Description | Maximum Allowance |
|----------------|-------------|-------------------|
|----------------|-------------|-------------------|

Inlay/Onlay Restorations

| | | |
|--|---|-------|
| D2542 | onlay - metallic-two surfaces | \$337 |
| D2543 | onlay - metallic-three surfaces | \$374 |
| D2544 | onlay - metallic-four or more surfaces | \$413 |
| Porcelain/Ceramic inlays/Onlays include all indirect Ceramic and Porcelain type Inlays/Onlays | | |
| D2642 | onlay - porcelain/ceramic - two surfaces | \$371 |
| D2643 | onlay - porcelain/ceramic - three surfaces | \$413 |
| D2644 | onlay - porcelain/ceramic - four or more surfaces | \$453 |
| Resin-Based Composite Inlays/Onlays must utilize indirect technique | | |
| D2662 | onlay - resin-based composite - two surfaces | \$404 |
| D2663 | onlay - resin-based composite - three surfaces | \$450 |
| D2664 | onlay - resin-based composite - four or more surfaces | \$495 |
| Crowns - Single Restoration Only | | |
| D2710 | crown - resin-based composite (indirect) | \$168 |
| D2712 | crown - % resin-based composite (indirect) | \$168 |
| D2720 | crown - resin with high noble metal | \$362 |
| D2721 | crown - resin with predominantly base metal | \$326 |
| D2722 | crown - resin with noble metal | \$362 |
| D2740 | crown - porcelain/ceramic substrate | \$405 |
| D2750 | crown - porcelain fused to high noble metal | \$426 |
| D2751 | crown - porcelain fused to predominantly base metal | \$390 |
| D2752 | crown - porcelain fused to noble metal | \$408 |
| D2780 | crown - % cast high noble metal | \$426 |
| D2781 | crown - % cast predominantly base metal | \$364 |

| | | |
|---|---|-------|
| D2782 | crown - % cast noble metal | \$399 |
| D2783 | crown - % porcelain/ceramic | \$405 |
| D2790 | crown - full cast high noble metal | \$426 |
| D2791 | crown - full cast predominantly base metal | \$364 |
| D2792 | crown - full cast noble metal | \$399 |
| D2794 | crown - titanium | \$426 |
| Other Restorative Services | | |
| D2932 | prefabricated resin crown | \$105 |
| D2950 | core buildup, including any pins | \$91 |
| D2952 | cast post and core in addition to crown | \$134 |
| D2954 | prefabricated post and core in addition to crown | \$109 |
| D2955 | post removal (not in conjunction with endodontic therapy) | \$135 |
| D2970 | temporary crown (fractured tooth) | \$94 |
| D2971 | additional procedures to construct new crown under existing partial denture framework | \$85 |
| D2980 | crown repair | \$42 |
| Prosthodontics (Removable) | | |
| Complete Dentures (Including routine post-delivery care) | | |
| D5110 | complete denture - maxillary | \$464 |
| D5120 | complete denture - mandibular | \$464 |
| D5130 | immediate denture - maxillary | \$498 |
| D5140 | immediate denture - mandibular | \$498 |
| Partial Dentures (Including routine post-delivery care) | | |
| D5211 | maxillary partial denture - resin base (including any conventional clasps, rests and teeth) | \$317 |

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|------------------------------------|---|-------|
| D5212 | mandibular partial denture - resin base (including any conventional clasps, rests and teeth) | \$317 |
| D5213 | maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$498 |
| D5214 | mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$498 |
| D5225 | maxillary partial denture - flexible base (including any clasps, rests and teeth) | \$374 |
| D5226 | mandibular partial denture - flexible base (including any clasps, rests and teeth) | \$374 |
| D5281 | removable unilateral partial denture - one piece cast metal (including clasps and teeth) | \$264 |
| Repairs to Partial Dentures | | |
| D5650 | add tooth to existing partial denture | \$62 |
| D5660 | add clasp to existing partial denture | \$78 |
| D5670 | replace all teeth and acrylic on cast metal framework (maxillary) | \$333 |
| D5671 | replace all teeth and acrylic on cast metal framework (mandibular) | \$333 |
| Denture Rebase Procedures | | |
| D5710 | rebase complete maxillary denture | \$168 |
| D5711 | rebase complete mandibular denture | \$168 |
| D5720 | rebase maxillary partial denture | \$157 |
| D5721 | rebase mandibular partial denture | \$157 |
| Denture Reline Procedures | | |
| D5730 | reline complete maxillary denture (chairside) | \$94 |
| D5731 | reline complete mandibular denture (chairside) | \$94 |

| | | |
|--|--|-------|
| D5740 | reline maxillary partial denture (chairside) | \$92 |
| D5741 | reline mandibular partial denture (chairside) | \$92 |
| D5750 | reline complete maxillary denture (laboratory) | \$145 |
| D5751 | reline complete mandibular denture (laboratory) | \$145 |
| D5760 | reline maxillary partial denture (laboratory) | \$137 |
| D5761 | reline mandibular partial denture (laboratory) | \$137 |
| Other Removable Prosthetic Services | | |
| D5875 | modification of removable prosthesis following implant surgery | \$162 |
| Implant Services | | |
| Implant Supported Prosthetics | | |
| D6053 | implant/abutment supported removable denture for completely edentulous arch | \$464 |
| D6054 | implant/abutment supported removable denture for partially edentulous arch | \$498 |
| D6058 | abutment supported porcelain/ceramic crown | \$576 |
| D6059 | abutment supported porcelain fused to metal crown (high noble metal) | \$596 |
| D6060 | abutment supported porcelain fused to metal crown (predominantly base metal) | \$559 |
| D6061 | abutment supported porcelain fused to metal crown (noble meta!) | \$577 |
| D6062 | abutment supported cast metal crown (high noble metal) | \$596 |
| D6063 | abutment supported cast metal crown (predominantly base metal) | \$533 |
| D6064 | abutment supported cast metal crown (noble metal) | \$569 |
| D6065 | implant supported porcelain/ceramic crown | \$576 |

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|-------|---|-------|
| D6066 | implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) | \$596 |
| D6067 | implant supported metal crown (titanium, titanium alloy, high noble metal) | \$596 |
| D6068 | abutment supported retainer for porcelain/ceramic FPD | \$576 |
| D6069 | abutment supported retainer for porcelain fused to metal FPD (high noble metal) | \$596 |
| D6070 | abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) | \$559 |
| D6071 | abutment supported retainer for porcelain fused to metal FPD (noble metal) | \$577 |
| D6072 | abutment supported retainer for cast metal FPD (high noble metal) | \$593 |
| D6073 | abutment supported retainer for cast metal FPD (predominantly base metal) | \$541 |
| D6074 | abutment supported retainer for cast metal FPD (noble metal) | \$571 |
| D6075 | implant supported retainer for ceramic FPD | \$576 |
| D6076 | implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) | \$596 |
| D6077 | implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal) | \$596 |
| D6078 | implant/abutment supported fixed denture for completely edentulous arch | \$929 |
| D6079 | implant/abutment supported fixed denture for partially edentulous arch | \$997 |
| D6094 | abutment supported crown - (titanium) | \$596 |
| D6194 | abutment supported retainer crown for FPD - (titanium) | \$593 |

Other Implant Services

| | | |
|--|--|-------|
| D6093 | recement implant/abutment supported fixed partial denture | \$43 |
| Prosthodontics, Fixed | | |
| Fixed Partial Denture Pontics | | |
| D6205 | pontic - indirect resin based composite | \$168 |
| D6210 | pontic - cast high noble metal | \$422 |
| D6211 | pontic - cast predominantly base metal | \$372 |
| D6212 | pontic - cast noble metal | \$401 |
| D6214 | pontic - titanium | \$422 |
| D6240 | pontic - porcelain fused to high noble metal | \$426 |
| D6241 | pontic - porcelain fused to predominantly base metal | \$385 |
| D6242 | pontic - porcelain fused to noble metal | \$405 |
| D6245 | pontic - porcelain/ceramic | \$405 |
| D6250 | pontic - resin with high noble metal | \$374 |
| D6251 | pontic - resin with predominantly base metal | \$312 |
| D6252 | pontic - resin with noble metal | \$357 |
| Fixed Partial Retainers - Inlays/Onlays | | |
| D6545 | retainer - cast metal for resin bonded fixed prosthesis | \$137 |
| D6548 | retainer - porcelain/ceramic for resin bonded fixed prosthesis | \$150 |
| D6600 | inlay - porcelain/ceramic, two surfaces | \$351 |
| D6601 | inlay - porcelain/ceramic, three or more surfaces | \$417 |
| D6602 | inlay - cast high noble metal, two surfaces | \$266 |
| D6603 | inlay - cast high noble metal, three or more surfaces | \$304 |

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|---|---|--------|
| D6604 | inlay - cast predominantly base metal, two surfaces | \$277 |
| D6605 | inlay - cast predominantly base metal, three or more surfaces | \$317 |
| D6606 | inlay - cast noble metal, two surfaces | \$285 |
| D6607 | inlay - cast noble metal, three or more surfaces | \$3327 |
| D6608 | onlay - porcelain/ceramic, two surfaces | \$395 |
| D6609 | onlay - porcelain/ceramic, three or more surfaces | \$460 |
| D6610 | onlay - cast high noble metal, two surfaces | \$337 |
| D6611 | onlay - cast high noble metal, three or more surfaces | \$374 |
| D6612 | onlay - cast predominantly base metal, two surfaces | \$413 |
| D6613 | onlay - cast predominantly base metal, three or more surfaces | \$475 |
| D6614 | onlay - cast noble metal, two surfaces | \$304 |
| D6615 | onlay - cast noble metal, three or more surfaces | \$337 |
| D6624 | inlay - titanium | \$304 |
| D6634 | on lay - titanium | \$374 |
| Fixed Partial Denture Retainers - Crowns | | |
| D6710 | crown - indirect resin based composite | \$168 |
| D6720 | crown - resin with high noble metal | \$345 |
| D6721 | crown - resin with predominantly base metal | \$308 |
| D6722 | crown - resin with noble metal | \$370 |
| D6740 | crown - porcelain/ceramic | \$405 |
| D6750 | crown - porcelain fused to high noble metal | \$426 |
| D6751 | crown - porcelain fused to predominantly base metal | \$390 |

| | | |
|---|---|-------|
| D6752 | crown - porcelain fused to noble metal | \$408 |
| D6780 | crown - 3/4 cast high noble metal | \$405 |
| D6781 | crown - 3/4 cast predominantly base metal | \$364 |
| D6782 | crown - 3/4 cast noble metal | \$399 |
| D6783 | crown - 3/4 porcelain/ceramic | \$405 |
| D6790 | crown - full cast high noble metal | \$423 |
| D6791 | crown - full cast predominantly base metal | \$372 |
| D6792 | crown - full cast noble metal | \$402 |
| D6794 | crown - titanium | \$423 |
| Other Fixed Partial Denture Services | | |
| D6930 | recement fixed partial denture | \$43 |
| D6970 | cast post and core in addition to fixed partial denture retainer | \$135 |
| D6972 | prefabricated post and core in addition to fixed partial denture retainer | \$109 |
| D6973 | core build up for retainer, including any pins | \$91 |
| D6980 | fixed partial denture repair | \$42 |
| Adjunctive General Services | | |
| Other Repair Procedures | | |
| D9120 | fixed partial denture sectioning | \$54 |

This program pays the least of the dentist's accepted fees, the fees actually charged, or the Maximum Allowances shown above. This Table of Allowances includes most dental procedures. If a dental procedure not listed in this Table of Allowances is performed on an eligible patient the Maximum Allowance for that procedure will be based upon the Maximum Allowances for similar procedures. (In no case will this program pay more than the Maximum Allowances shown above.)