

## SCHEDULE OF DENTAL BENEFITS TABLE OF DENTAL PROCEDURES

### SEE LIMITATIONS ON LAST PAGE

#### PLEASE READ THE FOLLOWING INFORMATION CAREFULLY FOR YOUR PROCEDURE FREQUENCIES AND PROVISIONS.

The attached is a list of dental procedures for which benefits are payable under this section is based upon the *Current Dental Terminology* © American Dental Association.

#### **No benefits are payable for a procedure that is not listed.**

- Your benefits are based on a Calendar Year. A Calendar Year runs from January 1 through December 31.
- Benefit Period means the period from January 1 of any year through December 31 of the same year. But during the first year a person is insured, a benefit period means the period from his or her effective date through December 31 of that year.
- Covered Procedures are subject to all plan provisions, procedure and frequency limitations, and/or consultant review.
- Reference to "traumatic injury" under this plan is defined as injury caused by external forces (ie. outside the mouth) and specifically excludes injury caused by internal forces such as bruxism (grinding of teeth).
- Benefits for replacement dental prosthesis or prosthetic crown will be based on the prior placement date. Frequencies which reference Benefit Period will be measured forward within the limits defined as the Benefit Period. All other frequencies will be measured forward from the last covered date of service.
- X-ray images, periodontal charting and supporting diagnostic data may be requested for our review.
- We recommend that a pre-treatment estimate be submitted for all anticipated work that is considered to be expensive by our insured.
- A pre-treatment estimate is not a pre-authorization or guarantee of payment or eligibility; rather it is an indication of the estimated benefits available if the described procedures are performed.

**TYPE 1 PROCEDURES**  
**ALSCO INC.**  
**BENEFIT PERIOD - Calendar Year**  
**For Additional Limitations - See Limitations**

	Maximum Covered Expense
D0120 Periodic oral evaluation - established patient.	\$36.00
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver.	\$28.00
D0150 Comprehensive oral evaluation - new or established patient.	\$56.00
D0180 Comprehensive periodontal evaluation - new or established patient.	\$56.00
COMPREHENSIVE EVALUATION: D0150, D0180	
<ul style="list-style-type: none"> <li>• Coverage is limited to 1 of each of these procedures per provider.</li> </ul>	
ROUTINE EVALUATION: D0120, D0145	
<ul style="list-style-type: none"> <li>• Coverage is limited to 2 of any of these procedures per benefit period.</li> <li>• D0150, D0180 also contribute(s) to this limitation.</li> </ul>	
COMPREHENSIVE EVALUATION: D0150, D0180	
<ul style="list-style-type: none"> <li>• In addition, D0150, D0180 coverage is limited to 2 of any of these procedures per benefit period.</li> <li>• D0120, D0145 also contribute(s) to this limitation.</li> <li>• If frequency met, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.</li> </ul>	
ROUTINE EVALUATION: D0120, D0145	
<ul style="list-style-type: none"> <li>• Procedure D0120 will be considered for individuals age 3 and over. Procedure D0145 will be considered for individuals age 2 and under.</li> </ul>	
D0210 Intraoral - complete series of radiographic images.	\$116.00
D0330 Panoramic radiographic image.	\$93.00
COMPLETE SERIES/PANORAMIC: D0210, D0330	
<ul style="list-style-type: none"> <li>• Coverage is limited to 1 of any of these procedures per 36 month(s).</li> </ul>	
D0220 Intraoral - periapical first radiographic image.	\$21.00
D0230 Intraoral - periapical each additional radiographic image.	\$16.00
D0240 Intraoral - occlusal radiographic image.	\$29.00
D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector.	\$38.00
D0251 Extra-oral posterior dental radiographic image.	\$38.00
PERIAPICAL: D0220, D0230	
<ul style="list-style-type: none"> <li>• The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.</li> </ul>	
D0270 Bitewing - single radiographic image.	\$18.00
D0272 Bitewings - two radiographic images.	\$33.00
D0273 Bitewings - three radiographic images.	\$39.00
D0274 Bitewings - four radiographic images.	\$51.00
D0277 Vertical bitewings - 7 to 8 radiographic images.	\$77.00
BITEWINGS: D0270, D0272, D0273, D0274	
<ul style="list-style-type: none"> <li>• Coverage is limited to 2 of any of these procedures per benefit period.</li> <li>• D0277 also contribute(s) to this limitation.</li> </ul>	
VERTICAL BITEWINGS: D0277	
<ul style="list-style-type: none"> <li>• Coverage is limited to 1 of any of these procedures per 3 year(s).</li> </ul>	
BITEWINGS: D0270, D0272, D0273, D0274	
<ul style="list-style-type: none"> <li>• The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.</li> </ul>	
VERTICAL BITEWINGS: D0277	

## TYPE 1 PROCEDURES

- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.

D1110	Prophylaxis - adult.	\$77.00
D1120	Prophylaxis - child.	\$54.00
D1206	Topical application of fluoride varnish.	\$29.00
D1208	Topical application of fluoride-excluding varnish.	\$29.00
D9932	Cleaning and inspection of removable complete denture, maxillary.	\$77.00
D9933	Cleaning and inspection of removable complete denture, mandibular.	\$77.00
D9934	Cleaning and inspection of removable partial denture, maxillary.	\$77.00
D9935	Cleaning and inspection of removable partial denture, mandibular.	\$77.00

FLUORIDE: D1206, D1208

- Coverage is limited to 1 of any of these procedures per benefit period.

PROPHYLAXIS: D1110, D1120

- Coverage is limited to 2 of any of these procedures per benefit period.
- D4346, D4910 also contribute(s) to this limitation.

CLEANING AND INSPECTION OF REMOVABLE DENTURE: D9932, D9933, D9934, D9935

- Coverage is limited to 2 of any of these procedures per benefit period.

FLUORIDE: D1206, D1208

- Benefits are considered for persons age 17 and under.

PROPHYLAXIS: D1110, D1120

- An adult prophylaxis (cleaning) is considered for individuals age 14 and over. A child prophylaxis (cleaning) is considered for individuals age 13 and under. Benefits for prophylaxis (cleaning) are not available when performed on the same date as periodontal procedures.

CLEANING AND INSPECTION OF REMOVABLE DENTURE: D9932, D9933, D9934, D9935

- Benefits are not available when performed on the same date as prophylaxis (cleaning) or periodontal maintenance.

D1510	Space maintainer - fixed - unilateral.	\$272.00
D1516	Space maintainer - fixed - bilateral, maxillary.	\$446.00
D1517	Space maintainer - fixed - bilateral, mandibular.	\$446.00
D1520	Space maintainer - removable - unilateral.	\$426.00
D1526	Space maintainer - removable - bilateral, maxillary.	\$519.00
D1527	Space maintainer - removable - bilateral, mandibular.	\$519.00
D1550	Re-cement or re-bond space maintainer.	\$56.00
D1555	Removal of fixed space maintainer.	\$77.00
D1575	Distal shoe space maintainer - fixed - unilateral.	\$272.00

SPACE MAINTAINER: D1510, D1516, D1517, D1520, D1526, D1527, D1575

- Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowances include all adjustments within 6 months of placement date.

D8210	Removable appliance therapy.	\$410.00
D8220	Fixed appliance therapy.	\$410.00

APPLIANCE THERAPY: D8210, D8220

- Coverage is limited to the correction of thumb-sucking.

**TYPE 2 PROCEDURES**  
**ALSCO INC.**  
**BENEFIT PERIOD - Calendar Year**  
**For Additional Limitations - See Limitations**

	Maximum Covered Expense
D0140 Limited oral evaluation - problem focused.	\$47.00
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit).	\$47.00
LIMITED ORAL EVALUATION: D0140, D0170	
<ul style="list-style-type: none"> <li>• Coverage is allowed for accidental injury only. If not due to an accident, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.</li> </ul>	
D0472 Accession of tissue, gross examination, preparation and transmission of written report.	\$56.00
D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report.	\$111.00
D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.	\$111.00
ORAL PATHOLOGY LABORATORY: D0472, D0473, D0474	
<ul style="list-style-type: none"> <li>• Coverage is limited to 1 of any of these procedures per 12 month(s).</li> <li>• Coverage is limited to 1 examination per biopsy/excision.</li> </ul>	
D1351 Sealant - per tooth.	\$35.00
D1352 Preventive resin restoration in a moderate to high caries risk patient-permanent.	\$36.00
D1353 Sealant repair - per tooth.	\$35.00
SEALANT: D1351, D1352, D1353	
<ul style="list-style-type: none"> <li>• Coverage is limited to 1 of any of these procedures per 36 month(s).</li> <li>• Benefits are considered for persons age 15 and under.</li> <li>• Benefits are considered on permanent molars only.</li> <li>• Coverage is allowed on the occlusal surface only.</li> </ul>	
D2140 Amalgam - one surface, primary or permanent.	\$80.00
D2150 Amalgam - two surfaces, primary or permanent.	\$101.00
D2160 Amalgam - three surfaces, primary or permanent.	\$123.00
D2161 Amalgam - four or more surfaces, primary or permanent.	\$147.00
AMALGAM RESTORATIONS: D2140, D2150, D2160, D2161	
<ul style="list-style-type: none"> <li>• Coverage is limited to 1 of any of these procedures per 6 month(s).</li> <li>• D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990, D9911 also contribute(s) to this limitation.</li> </ul>	
D2330 Resin-based composite - one surface, anterior.	\$97.00
D2331 Resin-based composite - two surfaces, anterior.	\$123.00
D2332 Resin-based composite - three surfaces, anterior.	\$153.00
D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior).	\$169.00
D2391 Resin-based composite - one surface, posterior.	\$107.00
D2392 Resin-based composite - two surfaces, posterior.	\$135.00
D2393 Resin-based composite - three surfaces, posterior.	\$169.00
D2394 Resin-based composite - four or more surfaces, posterior.	\$187.00
D2410 Gold foil - one surface.	\$80.00
D2420 Gold foil - two surfaces.	\$101.00
D2430 Gold foil - three surfaces.	\$123.00
D2990 Resin infiltration of incipient smooth surface lesions.	\$97.00
COMPOSITE RESTORATIONS: D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990	
<ul style="list-style-type: none"> <li>• Coverage is limited to 1 of any of these procedures per 6 month(s).</li> <li>• D2140, D2150, D2160, D2161, D9911 also contribute(s) to this limitation.</li> </ul>	

## TYPE 2 PROCEDURES

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

### GOLD FOIL RESTORATIONS: D2410, D2420, D2430

- Gold foils are considered at an alternate benefit of an amalgam/composite restoration.

D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.	\$64.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core.	\$32.00
D2920	Re-cement or re-bond crown.	\$63.00
D2921	Reattachment of tooth fragment, incisal edge or cusp.	\$153.00
D6092	Re-cement or re-bond implant/abutment supported crown.	\$63.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture.	\$63.00
D6930	Re-cement or re-bond fixed partial denture.	\$87.00

D2940	Protective restoration.	\$59.00
D2941	Interim therapeutic restoration - primary dentition.	\$44.00

D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.	\$108.00
D3221	Pulpal debridement, primary and permanent teeth.	\$108.00
D3222	Partial Pulpotomy for apexogenesis - permanent tooth with incomplete root development.	\$163.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).	\$144.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration).	\$125.00
D3333	Internal root repair of perforation defects.	\$177.00
D3351	Apexification/recalcification - initial visit (apical closure/calccific repair of perforations, root resorption, etc.).	\$177.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calccific repair of perforations, root resorption, pulp space disinfection, etc.).	\$120.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calccific repair of perforations, root resorption, etc.).	\$351.00
D3357	Pulpal regeneration - completion of treatment.	\$351.00
D3430	Retrograde filling - per root.	\$139.00
D3450	Root amputation - per root.	\$329.00
D3920	Hemisection (including any root removal), not including root canal therapy.	\$279.00

### ENDODONTICS MISCELLANEOUS: D3333, D3430, D3450, D3920

- Procedure D3333 is limited to permanent teeth only.

D3310	Endodontic therapy, anterior tooth.	\$493.00
D3320	Endodontic therapy, premolar tooth (excluding final restorations).	\$581.00
D3330	Endodontic therapy, molar tooth (excluding final restorations).	\$761.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.	\$291.00
D3346	Retreatment of previous root canal therapy - anterior.	\$615.00
D3347	Retreatment of previous root canal therapy - premolar.	\$708.00
D3348	Retreatment of previous root canal therapy - molar.	\$879.00

### RETREATMENT OF ROOT CANAL: D3346, D3347, D3348

- Coverage is limited to 1 of any of these procedures per 12 month(s).
- D3310, D3320, D3330 also contribute(s) to this limitation.

### ROOT CANALS: D3310, D3320, D3330, D3332

- Benefits are considered on permanent teeth only.

### RETREATMENT OF ROOT CANAL: D3346, D3347, D3348

- Benefits are considered on permanent teeth only.

### ROOT CANALS: D3310, D3320, D3330, D3332

- Allowances include intraoperative radiographic images and cultures but exclude final restoration.

## TYPE 2 PROCEDURES

### RETREATMENT OF ROOT CANAL: D3346, D3347, D3348

- Coverage is limited to service dates more than 12 months after root canal therapy. Allowances include intraoperative radiographic images and cultures but exclude final restoration.

D3355	Pulpal regeneration - initial visit.	\$177.00
D3356	Pulpal regeneration - interim medication replacement.	\$120.00
D3410	Apicoectomy - anterior.	\$508.00
D3421	Apicoectomy - premolar (first root).	\$585.00
D3425	Apicoectomy - molar (first root).	\$633.00
D3426	Apicoectomy (each additional root).	\$227.00
D3427	Periradicular surgery without apicoectomy.	\$457.00

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.	\$321.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.	\$161.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.	\$441.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.	\$221.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.	\$809.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.	\$405.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant.	\$264.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant.	\$199.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration.	\$132.00
D4270	Pedicle soft tissue graft procedure.	\$596.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft.	\$736.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area).	\$355.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft.	\$631.00
D4276	Combined connective tissue and double pedicle graft, per tooth.	\$736.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft.	\$633.00
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.	\$252.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site.	\$736.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site.	\$284.00

### BONE GRAFTS: D4263, D4264, D4265

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

### GINGIVECTOMY: D4210, D4211

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

### OSSEOUS SURGERY: D4240, D4241, D4260, D4261

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

### TISSUE GRAFTS: D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285

- Each quadrant is limited to 2 of any of these procedures per 3 year(s).

### BONE GRAFTS: D4263, D4264, D4265

- Coverage is limited to treatment of periodontal disease.

### GINGIVECTOMY: D4210, D4211

- Coverage is limited to treatment of periodontal disease.

## TYPE 2 PROCEDURES

OSSEOUS SURGERY: D4240, D4241, D4260, D4261

- Coverage is limited to treatment of periodontal disease.

TISSUE GRAFTS: D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285

- Coverage is limited to treatment of periodontal disease.

D4341	Periodontal scaling and root planing - four or more teeth per quadrant.	\$165.00
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant.	\$83.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.	\$121.00

ANTIMICROBIAL AGENTS: D4381

- Each quadrant is limited to 2 of any of these procedures per 2 year(s).

PERIODONTAL SCALING & ROOT PLANING: D4341, D4342

- Each quadrant is limited to 1 of each of these procedures per 2 year(s).

D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit.	\$99.00
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FULL MOUTH DEBRIDEMENT: D4355

- Coverage is limited to 1 of any of these procedures per 5 year(s).

D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.	\$69.00
D4910	Periodontal maintenance.	\$101.00

PERIODONTAL MAINTENANCE: D4346, D4910

- Coverage is limited to 2 of any of these procedures per benefit period.
- D1110, D1120 also contribute(s) to this limitation.
- Benefits are not available if performed on the same date as any other periodontal service. Procedure D4910 is contingent upon evidence of full mouth active periodontal therapy. Procedure D4346 is limited to persons age 14 and over.

D5511	Repair broken complete denture base, mandibular.	\$101.00
D5512	Repair broken complete denture base, maxillary.	\$101.00
D5520	Replace missing or broken teeth - complete denture (each tooth).	\$84.00
D5611	Repair resin partial denture base, mandibular.	\$100.00
D5612	Repair resin partial denture base, maxillary.	\$100.00
D5621	Repair cast partial framework, mandibular.	\$119.00
D5622	Repair cast partial framework, maxillary.	\$119.00
D5630	Repair or replace broken retentive/clasping materials per tooth.	\$124.00
D5640	Replace broken teeth - per tooth.	\$89.00

D5730	Reline complete maxillary denture (chairside).	\$187.00
D5731	Reline complete mandibular denture (chairside).	\$185.00
D5740	Reline maxillary partial denture (chairside).	\$167.00
D5741	Reline mandibular partial denture (chairside).	\$168.00
D5750	Reline complete maxillary denture (laboratory).	\$277.00
D5751	Reline complete mandibular denture (laboratory).	\$272.00
D5760	Reline maxillary partial denture (laboratory).	\$277.00
D5761	Reline mandibular partial denture (laboratory).	\$279.00

DENTURE RELINE: D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761

- Coverage is limited to service dates more than 6 months after placement date.

D7111	Extraction, coronal remnants - primary tooth.	\$89.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).	\$89.00

## TYPE 2 PROCEDURES

D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.	\$172.00
D7220	Removal of impacted tooth - soft tissue.	\$215.00
D7230	Removal of impacted tooth - partially bony.	\$285.00
D7240	Removal of impacted tooth - completely bony.	\$333.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications.	\$380.00
D7250	Removal of residual tooth roots (cutting procedure).	\$179.00
D7251	Coronectomy-intentional partial tooth removal.	\$333.00
D7260	Oroantral fistula closure.	\$421.00
D7261	Primary closure of a sinus perforation.	\$421.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.	\$255.00
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization).	\$255.00
D7280	Exposure of an unerupted tooth.	\$395.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption.	\$284.00
D7283	Placement of device to facilitate eruption of impacted tooth.	\$119.00
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.	\$148.00
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.	\$75.00
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.	\$188.00
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.	\$95.00
D7340	Vestibuloplasty - ridge extension (secondary epithelialization).	\$272.00
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue).	\$676.00
D7410	Excision of benign lesion up to 1.25 cm.	\$269.00
D7411	Excision of benign lesion greater than 1.25 cm.	\$345.00
D7412	Excision of benign lesion, complicated.	\$380.00
D7413	Excision of malignant lesion up to 1.25 cm.	\$364.00
D7414	Excision of malignant lesion greater than 1.25 cm.	\$267.00
D7415	Excision of malignant lesion, complicated.	\$293.00
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm.	\$364.00
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm.	\$267.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.	\$269.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.	\$345.00
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm.	\$269.00
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm.	\$345.00
D7465	Destruction of lesion(s) by physical or chemical method, by report.	\$81.00
D7471	Removal of lateral exostosis (maxilla or mandible).	\$240.00
D7472	Removal of torus palatinus.	\$240.00
D7473	Removal of torus mandibularis.	\$240.00
D7485	Reduction of osseous tuberosity.	\$391.00
D7490	Radical resection of maxilla or mandible.	\$364.00
D7510	Incision and drainage of abscess - intraoral soft tissue.	\$120.00
D7520	Incision and drainage of abscess - extraoral soft tissue.	\$139.00
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.	\$111.00
D7540	Removal of reaction producing foreign bodies, musculoskeletal system.	\$304.00
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone.	\$304.00
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body.	\$400.00
D7910	Suture of recent small wounds up to 5 cm.	\$53.00
D7911	Complicated suture - up to 5 cm.	\$60.00
D7912	Complicated suture - greater than 5 cm.	\$87.00
D7960	Frenulectomy-also known as frenectomy or frenotomy-separate procedure not incidental to another procedure.	\$289.00



## TYPE 2 PROCEDURES

D7963	Frenuloplasty.	\$361.00
D7970	Excision of hyperplastic tissue - per arch.	\$223.00
D7972	Surgical reduction of fibrous tuberosity.	\$355.00
D7979	Non-surgical sialolithotomy.	\$167.00
D7980	Surgical sialolithotomy.	\$333.00
D7983	Closure of salivary fistula.	\$107.00

REMOVAL OF BONE TISSUE: D7471, D7472, D7473

- Coverage is limited to 5 of any of these procedures per lifetime.

D7285	Incisional biopsy of oral tissue - hard (bone, tooth).	\$361.00
D7286	Incisional biopsy of oral tissue - soft.	\$195.00
D7287	Exfoliative cytological sample collection.	\$97.00
D7288	Brush biopsy - transepithelial sample collection.	\$97.00

D9110	Palliative (emergency) treatment of dental pain - minor procedure.	\$67.00
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PALLIATIVE TREATMENT: D9110

- Not covered in conjunction with other procedures, except diagnostic x-ray radiographic images.

D9219	Evaluation for moderate sedation, deep sedation or general anesthesia.	\$51.00
D9222	Deep sedation/general anesthesia - first 15 minutes.	\$103.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.	\$103.00
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes.	\$85.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.	\$85.00

GENERAL ANESTHESIA: D9222, D9223, D9239, D9243

- Coverage is only available with a cutting procedure. A maximum of four (D9222, D9223, D9239 or D9243) will be considered.

D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician.	\$68.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed.	\$47.00
D9440	Office visit - after regularly scheduled hours.	\$83.00
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report.	\$51.00

CONSULTATION: D9310

- Coverage is limited to 1 of any of these procedures per provider.

OFFICE VISIT: D9430, D9440

- Procedure D9430 is allowed for accidental injury only. Procedure D9440 will be allowed on the basis of services rendered or visit, whichever is greater.

D9951	Occlusal adjustment - limited.	\$64.00
D9952	Occlusal adjustment - complete.	\$321.00

OCCLUSAL ADJUSTMENT: D9951, D9952

- Coverage is considered only when performed in conjunction with periodontal procedures for the treatment of periodontal disease.

D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report.	\$56.00
D2951	Pin retention - per tooth, in addition to restoration.	\$31.00
D9911	Application of desensitizing resin for cervical and/or root surfaces, per tooth.	\$97.00

DESENSITIZATION: D9911

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990 also contribute(s) to this limitation.

## **TYPE 2 PROCEDURES**

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

**TYPE 3 PROCEDURES**  
**ALSCO INC.**  
**BENEFIT PERIOD - Calendar Year**  
**For Additional Limitations - See Limitations**

	Maximum Covered Expense
D2390 Resin-based composite crown, anterior.	\$123.00
D2929 Prefabricated porcelain/ceramic crown - primary tooth.	\$114.00
D2930 Prefabricated stainless steel crown - primary tooth.	\$103.00
D2931 Prefabricated stainless steel crown - permanent tooth.	\$110.00
D2932 Prefabricated resin crown.	\$123.00
D2933 Prefabricated stainless steel crown with resin window.	\$123.00
D2934 Prefabricated esthetic coated stainless steel crown - primary tooth.	\$123.00
STAINLESS STEEL CROWN: D2390, D2929, D2930, D2931, D2932, D2933, D2934	
<ul style="list-style-type: none"> <li>• Replacement is limited to 1 of any of these procedures per 12 month(s).</li> <li>• Porcelain and resin benefits are considered for anterior and bicuspid teeth only.</li> </ul>	
D2510 Inlay - metallic - one surface.	\$324.00
D2520 Inlay - metallic - two surfaces.	\$386.00
D2530 Inlay - metallic - three or more surfaces.	\$415.00
D2610 Inlay - porcelain/ceramic - one surface.	\$357.00
D2620 Inlay - porcelain/ceramic - two surfaces.	\$388.00
D2630 Inlay - porcelain/ceramic - three or more surfaces.	\$426.00
D2650 Inlay - resin-based composite - one surface.	\$371.00
D2651 Inlay - resin-based composite - two surfaces.	\$366.00
D2652 Inlay - resin-based composite - three or more surfaces.	\$379.00
INLAY: D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652	
<ul style="list-style-type: none"> <li>• Inlays will be considered at an alternate benefit of an amalgam/composite restoration and only when resulting from caries (tooth decay) or traumatic injury.</li> </ul>	
D2542 Onlay - metallic - two surfaces.	\$420.00
D2543 Onlay - metallic - three surfaces.	\$469.00
D2544 Onlay - metallic - four or more surfaces.	\$488.00
D2642 Onlay - porcelain/ceramic - two surfaces.	\$420.00
D2643 Onlay - porcelain/ceramic - three surfaces.	\$470.00
D2644 Onlay - porcelain/ceramic - four or more surfaces.	\$485.00
D2662 Onlay - resin-based composite - two surfaces.	\$394.00
D2663 Onlay - resin-based composite - three surfaces.	\$406.00
D2664 Onlay - resin-based composite - four or more surfaces.	\$431.00
ONLAY: D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664	
<ul style="list-style-type: none"> <li>• Replacement is limited to 1 of any of these procedures per 60 month(s).</li> <li>• D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.</li> <li>• Frequency is waived for accidental injury.</li> <li>• Porcelain and resin benefits are considered for anterior and bicuspid teeth only.</li> <li>• Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.</li> <li>• Benefits will not be considered if procedure D2390, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.</li> </ul>	
D2710 Crown - resin-based composite (indirect).	\$184.00

### TYPE 3 PROCEDURES

D2712	Crown - 3/4 resin-based composite (indirect).	\$455.00
D2720	Crown - resin with high noble metal.	\$469.00
D2721	Crown - resin with predominantly base metal.	\$357.00
D2722	Crown - resin with noble metal.	\$439.00
D2740	Crown - porcelain/ceramic.	\$506.00
D2750	Crown - porcelain fused to high noble metal.	\$492.00
D2751	Crown - porcelain fused to predominantly base metal.	\$422.00
D2752	Crown - porcelain fused to noble metal.	\$452.00
D2780	Crown - 3/4 cast high noble metal.	\$468.00
D2781	Crown - 3/4 cast predominantly base metal.	\$407.00
D2782	Crown - 3/4 cast noble metal.	\$425.00
D2783	Crown - 3/4 porcelain/ceramic.	\$506.00
D2790	Crown - full cast high noble metal.	\$468.00
D2791	Crown - full cast predominantly base metal.	\$407.00
D2792	Crown - full cast noble metal.	\$425.00
D2794	Crown - titanium.	\$468.00
CROWN: D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794		
<ul style="list-style-type: none"> <li>• Replacement is limited to 1 of any of these procedures per 60 month(s).</li> <li>• D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.</li> <li>• Frequency is waived for accidental injury.</li> <li>• Porcelain and resin benefits are considered for anterior and bicuspid teeth only.</li> <li>• Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.</li> <li>• Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.</li> <li>• Benefits will not be considered if procedure D2390, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.</li> </ul>		
D2950	Core buildup, including any pins when required.	\$102.00
CORE BUILDUP: D2950		
<ul style="list-style-type: none"> <li>• A pretreatment is strongly suggested for D2950. This is reviewed by our dental consultants and benefits are allowed when diagnostic data indicates significant tooth structure loss.</li> </ul>		
D2952	Post and core in addition to crown, indirectly fabricated.	\$162.00
D2954	Prefabricated post and core in addition to crown.	\$135.00
D2980	Crown repair necessitated by restorative material failure.	\$82.00
D2981	Inlay repair necessitated by restorative material failure.	\$65.00
D2982	Onlay repair necessitated by restorative material failure.	\$65.00
D2983	Veneer repair necessitated by restorative material failure.	\$65.00
D6980	Fixed partial denture repair necessitated by restorative material failure.	\$91.00
D9120	Fixed partial denture sectioning.	\$91.00
D4249	Clinical crown lengthening - hard tissue.	\$290.00
D5110	Complete denture - maxillary.	\$524.00
D5120	Complete denture - mandibular.	\$508.00
D5130	Immediate denture - maxillary.	\$567.00

### TYPE 3 PROCEDURES

D5140	Immediate denture - mandibular.	\$549.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth).	\$377.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth).	\$436.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).	\$607.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).	\$607.00
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth).	\$377.00
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth).	\$436.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).	\$607.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).	\$607.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth).	\$377.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth).	\$436.00
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary.	\$325.00
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular.	\$325.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).	\$377.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).	\$436.00
D5810	Interim complete denture (maxillary).	\$231.00
D5811	Interim complete denture (mandibular).	\$244.00
D5820	Interim partial denture (maxillary).	\$203.00
D5821	Interim partial denture (mandibular).	\$214.00
D5863	Overdenture - complete maxillary.	\$524.00
D5864	Overdenture - partial maxillary.	\$607.00
D5865	Overdenture - complete mandibular.	\$524.00
D5866	Overdenture - partial mandibular.	\$607.00
D5876	Add metal substructure to acrylic full denture (per arch).	\$172.00
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary.	\$524.00
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular.	\$524.00
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary.	\$607.00
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular.	\$607.00
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary.	\$524.00
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular.	\$524.00
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary.	\$607.00
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular.	\$607.00
D6118	Implant/abutment supported interim fixed denture for edentulous arch - mandibular.	\$244.00
D6119	Implant/abutment supported interim fixed denture for edentulous arch - maxillary.	\$231.00

COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115

- Replacement is limited to 1 of any of these procedures per 60 month(s).

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117

- Replacement is limited to 1 of any of these procedures per 60 month(s).

COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115

- Frequency is waived for accidental injury.

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117

- Frequency is waived for accidental injury.

COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115

- Allowances include adjustments within 6 months after placement date. Procedures D5863, D5865, D6110, D6111, D6114 and D6115 are considered at an alternate benefit of a D5110/D5120. Benefits for procedure D5876 is contingent upon the related denture being covered.

### TYPE 3 PROCEDURES

PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117

- Allowances include adjustments within 6 months of placement date. Procedures D5864, D5866, D6112, D6113, D6116 and D6117 are considered at an alternate benefit of a D5213/D5214.

D5410	Adjust complete denture - maxillary.	\$29.00
D5411	Adjust complete denture - mandibular.	\$28.00
D5421	Adjust partial denture - maxillary.	\$31.00
D5422	Adjust partial denture - mandibular.	\$29.00

DENTURE ADJUSTMENT: D5410, D5411, D5421, D5422

- Coverage is limited to dates of service more than 6 months after placement date.

D5650	Add tooth to existing partial denture.	\$68.00
D5660	Add clasp to existing partial denture-per tooth.	\$79.00

D5710	Rebase complete maxillary denture.	\$191.00
D5711	Rebase complete mandibular denture.	\$202.00
D5720	Rebase maxillary partial denture.	\$182.00
D5721	Rebase mandibular partial denture.	\$192.00

D5850	Tissue conditioning, maxillary.	\$53.00
D5851	Tissue conditioning, mandibular.	\$57.00

D6058	Abutment supported porcelain/ceramic crown.	\$437.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal).	\$477.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal).	\$477.00
D6061	Abutment supported porcelain fused to metal crown (noble metal).	\$437.00
D6062	Abutment supported cast metal crown (high noble metal).	\$477.00
D6063	Abutment supported cast metal crown (predominantly base metal).	\$477.00
D6064	Abutment supported cast metal crown (noble metal).	\$516.00
D6065	Implant supported porcelain/ceramic crown.	\$437.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal).	\$477.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal).	\$477.00
D6068	Abutment supported retainer for porcelain/ceramic FPD.	\$437.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal).	\$477.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).	\$477.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal).	\$437.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal).	\$477.00
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal).	\$477.00
D6074	Abutment supported retainer for cast metal FPD (noble metal).	\$516.00
D6075	Implant supported retainer for ceramic FPD.	\$437.00
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal).	\$477.00
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy or high noble metal).	\$477.00
D6094	Abutment supported crown - (titanium).	\$477.00
D6194	Abutment supported retainer crown for FPD - (titanium).	\$477.00
D6205	Pontic - indirect resin based composite.	\$393.00
D6210	Pontic - cast high noble metal.	\$477.00
D6211	Pontic - cast predominantly base metal.	\$477.00
D6212	Pontic - cast noble metal.	\$516.00
D6214	Pontic - titanium.	\$477.00
D6240	Pontic - porcelain fused to high noble metal.	\$477.00
D6241	Pontic - porcelain fused to predominantly base metal.	\$477.00

### TYPE 3 PROCEDURES

D6242	Pontic - porcelain fused to noble metal.	\$437.00
D6245	Pontic - porcelain/ceramic.	\$437.00
D6250	Pontic - resin with high noble metal.	\$477.00
D6251	Pontic - resin with predominantly base metal.	\$437.00
D6252	Pontic - resin with noble metal.	\$516.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis.	\$159.00
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis.	\$159.00
D6549	Resin retainer - for resin bonded fixed prosthesis.	\$159.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces.	\$388.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces.	\$427.00
D6602	Retainer inlay - cast high noble metal, two surfaces.	\$350.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces.	\$384.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces.	\$302.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces.	\$332.00
D6606	Retainer inlay - cast noble metal, two surfaces.	\$318.00
D6607	Retainer inlay - cast noble metal, three or more surfaces.	\$350.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces.	\$420.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces.	\$462.00
D6610	Retainer onlay - cast high noble metal, two surfaces.	\$384.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces.	\$423.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces.	\$332.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces.	\$365.00
D6614	Retainer onlay - cast noble metal, two surfaces.	\$350.00
D6615	Retainer onlay - cast noble metal, three or more surfaces.	\$384.00
D6624	Retainer inlay - titanium.	\$384.00
D6634	Retainer onlay - titanium.	\$423.00
D6710	Retainer crown - indirect resin based composite.	\$393.00
D6720	Retainer crown - resin with high noble metal.	\$477.00
D6721	Retainer crown - resin with predominantly base metal.	\$247.00
D6722	Retainer crown - resin with noble metal.	\$397.00
D6740	Retainer crown - porcelain/ceramic.	\$437.00
D6750	Retainer crown - porcelain fused to high noble metal.	\$516.00
D6751	Retainer crown - porcelain fused to predominantly base metal.	\$477.00
D6752	Retainer crown - porcelain fused to noble metal.	\$437.00
D6780	Retainer crown - 3/4 cast high noble metal.	\$516.00
D6781	Retainer crown - 3/4 cast predominantly base metal.	\$477.00
D6782	Retainer crown - 3/4 cast noble metal.	\$437.00
D6783	Retainer crown - 3/4 porcelain/ceramic.	\$437.00
D6790	Retainer crown - full cast high noble metal.	\$477.00
D6791	Retainer crown - full cast predominantly base metal.	\$477.00
D6792	Retainer crown - full cast noble metal.	\$437.00
D6794	Retainer crown - titanium.	\$477.00
D6940	Stress breaker.	\$132.00

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634 also contribute(s) to this limitation.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.

### TYPE 3 PROCEDURES

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194 also contribute(s) to this limitation.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6094

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D6194, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6194

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794

- Frequency is waived for accidental injury.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Frequency is waived for accidental injury.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Frequency is waived for accidental injury.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252

- Frequency is waived for accidental injury.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6094

- Frequency is waived for accidental injury.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6194

- Frequency is waived for accidental injury.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6094

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.



### **TYPE 3 PROCEDURES**

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6194

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6094

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6194

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6794

- Benefits will not be considered if procedure D2390, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Benefits will not be considered if procedure D2390, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Benefits will not be considered if procedure D2390, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

# ALSCO

## DENTAL AND ORTHO

### LIMITATIONS AND EXCLUSIONS

*Covered expenses will not include and no benefits will be payable for expenses incurred:*

- for any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant. An employee or dependent who does not enroll within 31 days from the date the person qualifies for the coverage, or who elects to become covered again after canceling a premium contribution agreement, will be classified as a late entrant.
- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within five years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan member is covered under the dental expense benefit, it will be a Covered Expense.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.
- for any procedure begun before the plan member was covered under the dental expense benefit.
- for any procedure begun after the member's coverage under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's coverage under the dental expense benefit terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
  - alter vertical dimension;
  - restore or maintain occlusion;
  - splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for which the plan member is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- for charges for which the plan member is not liable or which would not have been made had no coverage been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.
- in any quarter of an ortho program if the member was not covered under the orthodontic expense benefits for the entire quarter.
- after the member's coverage under the orthodontic expense benefits terminates.