Sun Life

GROUP DENTAL

Texas DHMO Plan Member Handbook

UDCTXHB-0521

This handbook discloses the terms and conditions of the DHMO (Dental Health Maintenance Organization), dental program available in Texas. PLEASE READ THE ENTIRE DOCUMENT COMPLETELY AND CAREFULLY. You have a right to review this contract prior to enrollment.

ADDITIONAL INFORMATION ABOUT YOUR DENTAL BENEFITS AND/OR PROVIDER INFORMATION IS AVAILABLE BY CONTACTING A PLAN CUSTOMER SERVICE REPRESENTATIVE AT 800.443.2995.

United Dental Care of Texas, Inc. (Plan), will not discriminate against any Plan Member (Member) who has a disability and/or needs additional assistance to obtain and utilize their dental benefits. Any Member has the right to request and receive additional assistance. Our dedicated Customer Service personnel are trained and empowered to assist any Member who requires language assistance, has a special need or a disability. Should you require assistance enrolling in the dental plan and/or access or other information regarding your dental benefits please contact a Plan Customer Service Representative by phone:

800-443-2995

Or in writing:
2323 Grand Boulevard
Kansas City, MO 64108-2670

Please read the following information so that you will know how to obtain dental services. As a member, you must obtain dental benefits from either your selected plan general dentist or a contracted specialist.

Features of the United Dental Care of Texas, Inc. DHMO dental plans

- No deductibles
- No annual maximum
- Fixed copayment schedule for Plan Dentists
- Each family member may choose a different Plan General Dentist from th extensive Plan network
- Reduced fees on Orthodontic procedures for children and adults
- No referral required for Specialist benefits
- Benefits for pre-existing dental conditions
- The Plan understands the importance of your appearance. That's why we have included cosmetic services, such as bleaching and bonding procedures, in your plan benefits

All plans provided by United Dental Care of Texas, Inc. provide a benefit for hundreds of dental procedures. Members are responsible for payment of all Copayments, discounted rates, and any additional laboratory fees for certain dental procedures marked as (*) in the Copayment Schedule, and all charges for services that are not Plan Benefits. Members must pay the dental provider at the time the services are rendered. Members may have an option to pay according to the provider's billing procedures.

A Copayment Schedule for each of the Texas DHMO plans is included for your review and consideration.

Medically Necessary and Emergency Dental Services

If medically necessary covered dental services are not available through a Plan Provider:

Upon request by a Plan Provider, within the time appropriate to the circumstances relating to the delivery of the services and the condition of the Member, but within no less than five days after the receipt of reasonably requested documentation, the Plan shall allow a referral to a Non-Plan Provider. The Plan shall fully reimburse the Non-Plan Provider for such medically necessary services at the Non-Plan Provider's usual and customary or an agreed upon rate.

Company will provide a review by a specialist of the same of similar specialty as the type of Non-Plan Provider to who a referral is requested before denying a referral to a Non-Plan Provider.

Member will not be required to change his or her selected Plan Dentist to receive medically necessary covered dental services that are not available from a Plan Provider.

If Selected Plan Dentist is not available to provide Emergency Services:

If a Member has a dental emergency and is out of the area, or the Member's selected Plan Dentist is not available, the Member may seek and receive emergency Services from any licensed dentist within the United States of America. The Plan will reimburse the expense for the Emergency Services (see definition below) that are listed in the Member's Copayment Schedule, less the Copayment amounts that would have applied to the same services had they been provided by the Member's selected Plan Dentist.

Reimbursement of Member expenses for such services is subject to the following conditions:

A. Proof of Expenses: Member must furnish satisfactory written proof of covered expenses to Company. This must be within sixty (60) days after receipt of the services for which Member seeks reimbursement. Member should send reimbursement requests, with satisfactory written proof of covered expenses, to:

2323 Grand Boulevard,
Kansas City, MO 64108-2670
Attn: Resolutions Department

B. Failure to Furnish Proof of Expenses: Failure to furnish proof to Company within the required time shall not nullify or reduce reimbursement. This is true: (1) only if it was not reasonably possible to provide proof within such time and (2) if proof is furnished as soon as reasonably possible.

C. Reimbursement of Expenses: Reimbursement requests will be processed within forty-five (45) days of Company's receipt of satisfactory written proof of expenses. This applies unless Plan Member is notified of the need for additional time. If reimbursement is denied, written notice shall be given to Member within forty-five (45) days of Company's receipt of request. Such notice will contain the reasons for denial.

D. Limitations of Actions: No action at law or equity shall be brought under this Article against Company prior to the end of the ninety (90) day period following the date on which satisfactory written proof of the expenses has been furnished to Company. No such action shall be brought later than three (3) years after the ending of the period of time in which such proof of expenses must be furnished to Company.

Definition of Emergency Services/Dental Emergency:

Those dental procedures administered in a dentist's office, dental clinic, or other comparable facility to evaluate and stabilize a dental condition of recent onset and severity accompanied by excessive bleeding, sever pain, or acute infection that would lead a prudent layperson possessing an average knowledge of dentistry to believe that immediate care is needed.

Financial Responsibility

Prepayment Fee/Premium

Members are responsible for paying the Plan for their dental coverage on a monthly or an annual basis, as applicable. The Prepayment fee (or premium) is not the same as the co-payment.

Coverage and Cost

When Members receive care from either their Selected Plan General Dentist or a Contracted Specialist, they are responsible to pay the co-payment or discounted amount, as described in the Evidence of Coverage. United Dental Care of Texas, Inc.'s network of dentists have agreed that in no event, including, but not limited to non-payment by the Plan, the Plan insolvency, or breach of this Agreement, shall the Dentist bill, charge, collect a deposit from, seek compensation, remuneration, or reimbursement from, or have any recourse against Plan Members.

Many services and procedures are covered under the dental service agreement for reduced-fee copayments. Additionally, periodic and comprehensive oral evaluations are provided at no cost!

If Member receives a balance bill, they should contact a Plan Customer Service Representative at 1-800-443-2995 for assistance.

General Dentistry

Please refer to your Evidence of Coverage for payment and benefit information. Covered dental procedures and applicable copayments are listed in the "Copayment Schedule" on pages 10-14. Payment may be due at the time the service is received or in accordance with the Plan Dentist's billing procedures. The copayments listed apply only when your Plan General Dentist performs the services.

Cosmetic dentistry

We understand the importance of your appearance. That's why we've included the cosmetic procedures of bleaching and veneers in your copayment schedule.

Orthodontic benefits

The Plan includes reduced fees on orthodontic procedures for children and adults. Plan orthodontists reduce their normal retail fees by 25 percent. Orthodontic treatment begun prior to your plan effective date is not eligible for this benefit.

Specialist benefits

The Plan includes reduced fees for other specialists. If the services of a specialty dentist are necessary, you may seek treatment from any network plan specialty dentist. If an oral surgery specialty dentist, periodontic specialty dentist or pedodontic specialty dentist provides treatment, you will receive 25 percent off that specialty dentist's normal retail charges. For treatment provided by an endodontic specialty dentist, you will receive 15 percent off that specialty dentist's normal retail charges.

Out of Network benefits

Payment for all services received from a Non-Plan Dentist/Specialist is the responsibility of the Member, except for benefits for Emergency Services.

Limitations and Exclusions

- Any services not specifically described in the Copayment Schedule (including but not limited to any hospital or outpatient care facility cost associated with any dental service). However, the reference to "hospital or outpatient care facility" does not include a dentist's office, dental clinic, or other comparable facility when the services described in the Copayment Schedule qualify as Emergency Services as defined in Agreement.
- Any part of any dental service for which a charge is incurred before the effective date of Plan Member's enrollment for Plan Benefits. This exclusion means only that payment of the incurred charge, at the provider's entire normal retail cost for that part of that service, remains the Member's responsibility after the Member enrolls for Plan Benefits.
- Any dental service initiated after Member's enrollment for Plan Benefits ends.
- Services provided by Non-Plan Providers unless for Emergency Services as specifically provided in the EMERGENCY SERVICES Article of Agreement.
- Replacement of bridgework, dentures or other fixed or removable appliances unless (a) at least five (5) years have elapsed since such appliance was provided as a Plan Benefit, or (b) during that five (5) year period, appliance becomes unusable and cannot be made usable due to Plan Member's illness or an accident involving damage to the appliance while it is in use.
- Replacement of dentures or other removable appliances due to (a) damage while not in use or (b) loss or theft.
- Oral reconstruction using fixed bridgework or other fixed appliances if the overall treatment plan to achieve complete oral reconstruction involves the replacement of six (6) or more teeth (whether those teeth are missing before treatment begins or are extracted as part of the overall treatment plan).
- Implants or any related implant appliances, or surgery for the insertion of implants or any related implant appliances, whether fixed or removable.
- Surgical removal of implants or implant appliances, or any surgical or non-surgical services to adjust, repair, replace, or treat any problem related to an existing implant or implant appliance, whether fixed or removable.
- Restorations or splints used to increase vertical dimension, restore occlusion, or replace or stabilize tooth structure lost by attrition.
- Orthodontic treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathia, macroglossia, cleft palate or other growth and developmental abnormalities.
- Orthodontic treatment associated with orthognathic surgery, whether the treatment precedes or follows the surgery.
- Extractions of third molars (wisdom teeth) that are not symptomatic, whether or not the extractions follow the completion of orthodontic treatment. Examples of symptomatic conditions include decay, odontogenic cysts, chronic pericoronitis and infection.
- Treatment of malignancies, neoplasms or cysts, including but not limited to biopsies

Orthodontic Extractions:

Extractions by a Plan Provider for solely orthodontic purposes are not subject to the fixed Copayments shown for extractions in the Copayment Schedule. Instead, such extractions are subject to charges reflecting a 25% reduction from that Plan Provider's normal retail charges for such extractions.

Authorization Requirements

If Member requires dental specialty services that cannot be provided by Member's selected Plan Dentist, Member may obtain such services from a Plan Specialty Dentist. No referral from Member's selected Plan Dentist is needed.

Continuity of Treatment

If Member's enrollment ends for any reason, each Plan Provider is required to complete all dental services initiated prior to the date Plan Member's enrollment ends. Member's financial responsibility for such services is determined according to the terms of Agreement in effect on the last day of Member's enrollment.

Dental Treatment in Progress:

Company shall provide Plan Benefits for covered dental care services already in progress on the effective date of Member's enrollment for Plan Benefits subject to Plan provisions, limitations and exclusions, and the Copayment Schedule, and provided such treatment is completed by a Plan Provider.

Complaint and Appeals

Members should take any question, complaint or grievance directly to the Plan Provider rendering service to resolve the issue immediately. Questions, complaints or grievances may also be taken to Company by phone or in writing as described below.

Verbal Complaint:

Member may contact Customer Service 800-443-2995 regarding any inquiry, complaint or grievance that cannot be resolved to Member's satisfaction after Plan Member has spoken directly with the Plan Provider or other concerned party. The Customer Service representative will assess and resolve Member's concern. If Member is not satisfied with the resolution, Member may file a written complaint with Company. The Customer Service representative will provide Member with guidelines for filing a written complaint and will provide the complaint forms to be completed.

Written Complaint:

Member may submit to Company a completed complaint form or correspondence expressing dissatisfaction with service or care delivered by Company or Plan Dentist. Once this occurs, Company will acknowledge the written complaint within five (5) business days. Company will investigate the complaint and will provide a written resolution to Member within thirty (30) calendar days. In matters of quality of care or clinical issues, an appropriate health professional will be consulted. If the complaint is not resolved to Member's satisfaction, Company shall provide an appeal procedure.

Appeal Procedure:

If Member is not satisfied with the resolution of a written complaint, Member may request an appeal of Company's assessment by submitting a written request to Company. Within five (5) days of receipt, Company will send Member an acknowledgement of receipt of Plan Member's request for appeal, which shall include information regarding the appeal process and Member's right to appear before the appeal panel. Company will conduct an investigation of the appeal involving persons who did not participate in the initial resolution of the written complaint. In matters concerning quality of care, an appropriate healthcare professional will be consulted. At the conclusion of the investigation, Company will notify Member of decision. In all cases, the Member will receive written notice containing the final determination of the appeal panel. The notice shall include the specific dental judgment and/or contractual criteria used to reach the final decision, the address

and toll-free number of the Texas Department of Insurance, and information and IRO forms regarding the right to request a review by the Independent Review Organization (IRO). The appeals process shall be completed within thirty (30) days after receipt of Member's request for appeal.

Complaints Regarding Emergency Services:

Notwithstanding any provision in the Agreement to the contrary, investigation and resolution of complaints regarding presently occurring Emergency Services shall be concluded in accordance with the immediacy of the case and shall not exceed twenty-four (24) hours from receipt of Member's complaint.

The Plan is prohibited from retaliating against a group contract holder or Member because the group contract holder or Member has filed a complaint against the Plan or appealed a decision of the Plan, and prohibited from retaliating against a dentist or provider because the dentist or provider has, on behalf of an Member, reasonably filed a complaint against the Plan or appealed a decision of the Plan.

Directory of Dentists/Choosing Your Plan General Dentist

The most current network information can be found at www.slfdental.com/Texas
If you have any questions regarding a particular dentist or would like to nominate a dentist, please feel free to contact a Plan Customer Service Representative at 800-443-2995, who will be happy to assist you.

Important Notice: If you are having trouble finding a provider or wish to obtain a cost-free paper directory, please contact Plan Customer Service at 1-800-443-2995, between 7 AM CST and 6 PM CST Monday through Friday.

Choosing your Plan General Dentist

Now that you have selected United Dental Care of Texas, Inc., your next choice will be deciding who will provide the majority of your dental care. Your Selected Plan General Dentist will be the one that you call when you need dental advise, when you have a tooth ache, and when you need preventative care such as cleanings and examinations.

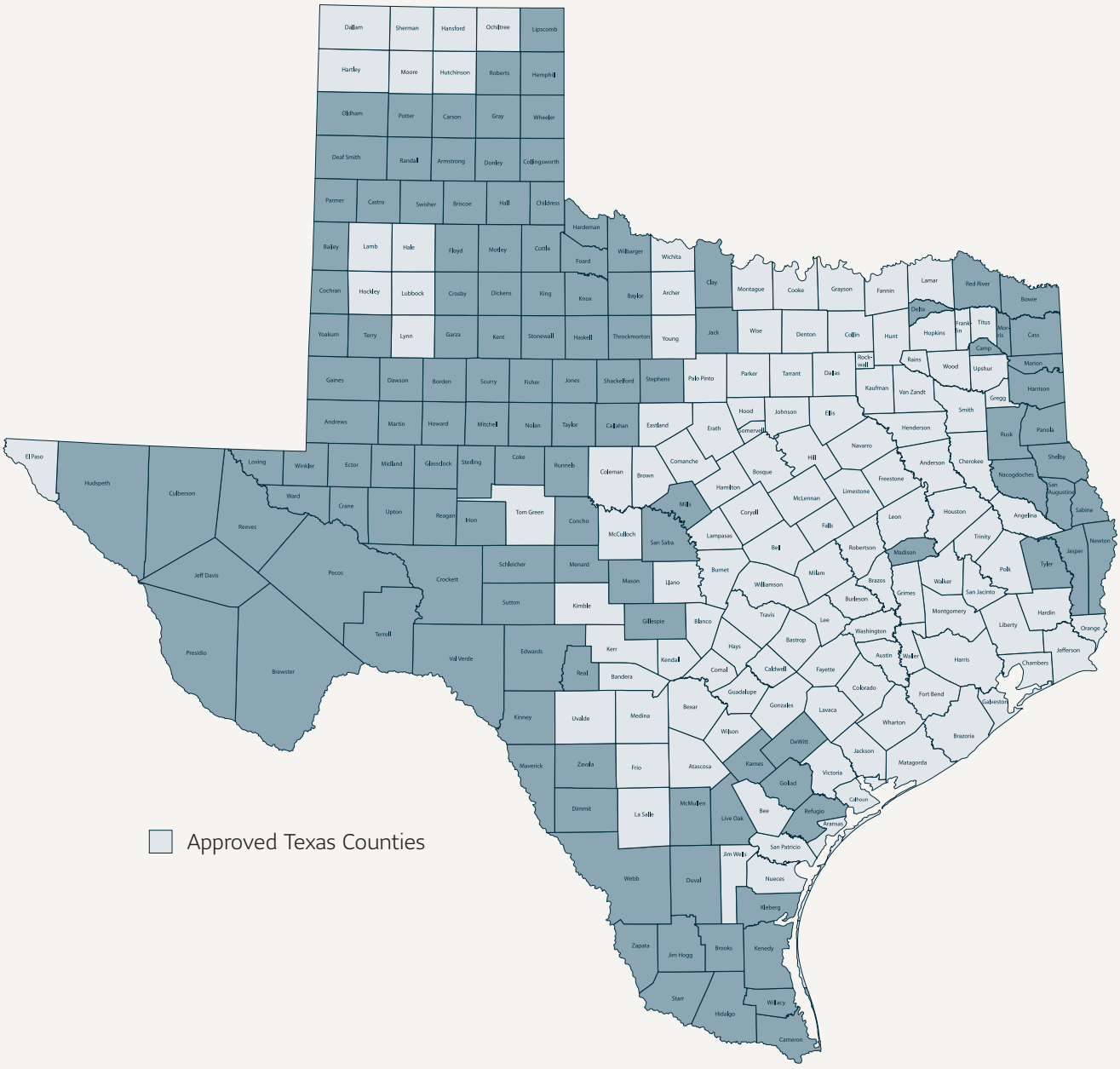
An important part of maintaining good dental health is establishing and maintaining a positive and professional relationship with a Plan General Dentist. Sometimes, this may mean that selecting another Plan General Dentist would be beneficial. When it appears that selecting another Plan General Dentist would be best, the Plan will work with each party to insure that both our Members and Plan General Dentists are satisfied with their plan participation and that our Members are satisfied with the treatment they receive from our Plan General Dentists.

Once you have decided on a Plan General Dentist, please contact one of our Customer Service Representatives at 800-443-2995 to inform them of your selection before seeking treatment.

Please remember that dental office selections made by the 20th of the month are effective on the 1st of the next month. Dental office selections made after the 20th of the month, will be effective on the 1st of the next following month.

United Dental Care of Texas, Inc.

Service Area



Disclosure

A health maintenance organization (HMO) plan provides no benefits for services you receive from out-of-network physicians or provides, with specific exceptions as described in your evidence of coverage and below.

You have the right to an adequate network of in-network physicians and providers (known as network physicians and providers).

If you believe that the network is inadequate, you may file a complaint with the Texas Department of Insurance at: www.tdi.texas.gov/consumer/complaint.html

If your HMO approves a referral for out-of-network services because no network physician or provider is available, or if you have received out-of-network emergency care, the HMO must, in most cases, resolve the out-of-network physician's or provider's bill so that you only have pay any applicable in-network copayments, coinsurance, and deductible amounts.

You may obtain a current directory of network physicians and providers at the following website: https://www.sunlife.com/FindADentist

or by calling 1-800-443-2995 for assistance in finding available network physicians and providers. If you relied on materially inaccurate directory information, you may be entitled to have a claim by an out-of-network physician or provider paid as if it were from a network physician or provider, if you present a copy of the inaccurate directory information to the HMO, dated not more than 30 days before you received the service.

United Dental Care of Texas, Inc.
2323 Grand Boulevard
Kansas City, MO 64108
800.380.6347

SECURE CHOICE INDIVIDUAL COPAYMENT SCHEDULE

SECTION I: PLAN DENTIST SERVICES
(Subject to Exclusions and Limitations Listed in Agreement)

Plan Benefits are provided for the dental services listed in this **Plan Dentist Services** Section of the Copayment Schedule only when services are provided by Member's selected Plan Dentist. Benefits for Emergency Services from other Plan Dentists are provided as specifically stated in the **EMERGENCY SERVICES** Article of the Evidence of Coverage. Plan Benefits are not available for dental services that do not appear on the Copayment Schedule. To fully understand the benefits, exclusions and limitations of this plan, Member should consult the Evidence of Coverage.

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

Plan Benefits will be based on the most current dental terminology. Company reserves the right to update the Copayment Schedule to reflect the most current dental terminology, with at least thirty (30) days written notice to Group.

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

Any Plan Dentist may (but is not required to) charge any Member for any missed appointment, in accordance with the Plan Dentist's guidelines, if Member fails to notify the Plan Dentist at least 24 hours before the scheduled appointment time. However, the charge to the member may not exceed $25.00 per missed appointment.

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

ADA Code**	Service Description**	Member Copayment
	Appointments	
None	Office visit - during regularly scheduled hours***	10.00
D9440	Office visit - after regularly scheduled hours	40.00
D0120	Periodic oral evaluation - established patient (ADA code D0120 may only be obtained once in any six calendar months, except for medically necessary more frequent evaluations as determined by Member's Plan Dentist)	No Charge
D0140	Limited oral evaluation, problem focused	25.00
D0150	Comprehensive oral evaluation - new or established patient (ADA code 0150 may only be obtained once in any six calendar months except for medically necessary more frequent evaluations as determined by Member's Plan Dentist)	No Charge
D0160	Detailed and extensive oral evaluation - problem focused, by report	20.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	20.00
D0180	Comprehensive periodontal evaluation - new or established patient	20.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	70.00

ADA Code**	Service Description**	Member Copayment
	Diagnostic Dentistry	
D0210	Intraoral-complete series of radiographic images (ADA Code D0210 may only be obtained once in any three calendar years except for medically necessary more frequent x-rays as determined by Member's Plan Dentist.)	5.00
D0220	Intraoral-periapical first radiographic image	No Charge
D0230	Intraoral-periapical each additional radiographic image	No Charge
D0240	Intraoral-occlusal radiographic image	No Charge
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	No Charge
D0260	Extraoral-each additional radiographic image	No Charge
D0270	Bitewing-single radiographic image	No Charge
D0272	Bitewing-two radiographic images (ADA Code 0272 may only be obtained once in any six calendar months, except for medically necessary more frequent x-rays as determined by Member's Plan Dentist)	No Charge
D0274	Bitewing-four radiographic images (ADA Code 0274 may only be obtained once in any six calendar months, except for medically necessary more frequent x-rays as determined by Member's Plan Dentist)	No Charge
D0277	Vertical bitewings-7 to 8 radiographic images	No Charge
D0330	Panoramic radiographic image (ADA Code 0330 may only by obtained once in any three calendar years, except for medically necessary more frequent x-rays as determined by Member's Plan Dentist)	5.00
D0415	Collection of microorganisms for culture and sensitivity	No Charge
D0425	Caries susceptibility tests	No Charge
D0460	Pulp vitality tests	No Charge
	Preventive Dentistry	
D1110	Prophylaxis - adult (ADA Code 0110 may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member)	5.00
D1120	Prophylaxis – child (ADA Code 0110 may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member)	5.00
D1203	Topical application of fluoride - child	No Charge
D1310	Nutritional counseling for control of dental disease	No Charge
D1330	Oral hygiene instructions	No Charge
D1351	Sealant - per tooth	15.00
D1510*	Space maintainer - fixed - unilateral	70.00
D1515*	Space maintainer - fixed - bilateral	70.00
D1520*	Space maintainer - removable - unilateral	95.00
D1525*	Space maintainer - removable - bilateral	115.00
D1550	Re-cement or re-bond space maintainer	15.00
None	Additional prophylaxis***	30.00
D9940*	Occlusal guard, by report	90.00
D9951	Occlusal adjustment - limited	40.00
D9952	Occlusal adjustment - complete	165.00
	Restorative Dentistry	
D2140	Amalgam - one surface, primary or permanent	15.00
D2150	Amalgam - two surfaces, primary or permanent	20.00
D2160	Amalgam - three surfaces, primary or permanent	30.00
D2161	Amalgam - four or more surfaces, primary or permanent	45.00
D2330	Resin-based composite - one surface, anterior	40.00
D2331	Resin-based composite - two surfaces, anterior	50.00
D2332	Resin-based composite - three surfaces, anterior	70.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	90.00
D2391	Resin-based composite - one surface, posterior	80.00
D2392	Resin-based composite - two surfaces, posterior	90.00
D2393	Resin-based composite - three surfaces, posterior	100.00
D2394	Resin-based composite - four or more surfaces, posterior	130.00
D2510*	Inlay - metallic - one surface	155.00
D2520*	Inlay - metallic - two surfaces	160.00
D2530*	Inlay - metallic - three or more surfaces	225.00
D2542*	Onlay - metallic - two surfaces	215.00
D2543*	Onlay - metallic - three surfaces	225.00
D2544*	Onlay - metallic - four or more surfaces	225.00
D2610*	Inlay - porcelain/ceramic - one surface	220.00
D2620*	Inlay - porcelain/ceramic - two surfaces	230.00

ADA Code**	Service Description**	Member Copayment
D2630*	Inlay - porcelain/ceramic - three or more surfaces	245.00
D2740*	Crown - porcelain/ceramic	300.00
D2750*	Crown - porcelain fused to high noble metal	300.00
D2751*	Crown - porcelain fused to predominantly base metal	300.00
D2752*	Crown - porcelain fused to noble metal	300.00
D2790*	Crown - full cast high noble metal	300.00
D2791*	Crown - full cast predominantly base metal	300.00
D2792*	Crown - full cast noble metal	300.00
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	15.00
D2920	Re-cement or re-bond crown	15.00
D2930	Prefabricated stainless steel crown - primary tooth	100.00
D2940	Protective restoration	20.00
D2950	Core buildup, including any pins	85.00
D2951	Pin retention - per tooth, in addition to restoration	20.00
D2952*	Post and core in addition to crown, indirectly fabricated	110.00
D2954	Prefabricated post and core in addition to crown	90.00
D2962*	Labial veneer (porcelain laminate) - laboratory	315.00
D2980	Crown repair necessitated by restorative material failure	30.00
None	Temporary filling***	20.00
	Endodontics	
D3110	Pulp cap - direct (excluding final restoration)	20.00
D3120	Pulp cap - indirect (excluding final restoration)	20.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	50.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	100.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	190.00
D3330	Endodontic therapy, molar (excluding final restoration)	200.00
D3346	Retreatment of previous root canal therapy - anterior	340.00
D3347	Retreatment of previous root canal therapy - premolar	405.00
D3348	Retreatment of previous root canal therapy - molar	490.00
D3410	Apicoectomy-Anterior	155.00
D3421	Apicoectomy-Premolar (first root)	200.00
D3425	Apicoectomy-Molar (first root)	300.00
D3426	Apicoectomy-Each additional root	115.00
D3430	Retrograde filling - per root	55.00
D3450	Root amputation - per root	125.00
D3920	Hemisection (including any root removal), not including root canal therapy	95.00
	Periodontics	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	150.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	75.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	170.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	130.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	425.00
D4261	Osseous surgery (including elevation of full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	246.00
D4320	Provisional splinting - intracoronal	165.00
D4321	Provisional splinting - extracoronal	145.00
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	55.00
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	33.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	65.00
D4910	Periodontal maintenance	55.00
None	Periodontal hygiene instructions***	5.00

ADA Code**	Service Description**	Member Copayment
	Removable Prosthodontics (Removable Dentures)	
D5110*	Complete denture - maxillary	335.00
D5120*	Complete denture - mandibular	335.00
D5130*	Immediate denture - maxillary	450.00
D5140*	Immediate denture - mandibular	450.00
D5211*	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	390.00
D5212*	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	390.00
D5213*	Maxillary partial denture - cast metal framework with resin denture bases	425.00
D5214*	Mandibular partial denture - cast metal framework with resin denture bases (5213 and 5214 includes any conventional clasps, rests, and teeth)	425.00
D5410	Adjust complete denture - maxillary	15.00
D5411	Adjust complete denture - mandibular	15.00
D5421	Adjust partial denture - maxillary	15.00
D5422	Adjust partial denture - mandibular	15.00
D5510*	Repair broken complete denture base	50.00
D5610*	Repair resin denture base	55.00
D5620*	Repair cast framework	55.00
D5630*	Repair or replace broken clasp – per tooth	55.00
D5640*	Replace broken teeth - per tooth	55.00
D5650*	Add tooth to existing partial denture	55.00
D5730	Reline complete maxillary denture (chairside)	60.00
D5731	Reline complete mandibular denture (chairside)	60.00
D5740	Reline maxillary partial denture (chairside)	60.00
D5741	Reline mandibular partial denture (chairside)	60.00
D5750*	Reline complete maxillary denture (laboratory)	100.00
D5751*	Reline complete mandibular denture (laboratory)	100.00
D5760*	Reline maxillary partial denture (laboratory)	100.00
D5761*	Reline mandibular partial denture (laboratory)	100.00
D5850	Tissue conditioning, maxillary	30.00
D5851	Tissue conditioning, mandibular	30.00
D5862	Precision attachment, by report	160.00
	Fixed Prosthodontics (Bridges or Fixed Partial Dentures)	
D6210*	Pontic - cast high noble metal	300.00
D6211*	Pontic - cast predominantly base metal	300.00
D6212*	Pontic - cast noble metal	300.00
D6240*	Pontic - porcelain fused to high noble metal	300.00
D6241*	Pontic - porcelain fused to predominantly base metal	300.00
D6242*	Pontic - porcelain fused to noble metal	300.00
D6251*	Pontic - resin with predominantly base metal	300.00
D6545*	Retainer - cast metal for resin bonded fixed prosthesis	165.00
D6721*	Retainer crown - resin with predominantly base metal	300.00
D6750*	Retainer crown - porcelain fused to high noble metal	300.00
D6751*	Retainer crown - porcelain fused to predominantly base metal	300.00
D6752*	Retainer crown - porcelain fused to noble metal	300.00
D6780*	Retainer crown - 3/4 cast high noble metal	300.00
D6790*	Retainer crown - full cast high noble metal	300.00
D6791*	Retainer crown - full cast predominantly base metal	300.00
D6792*	Retainer crown - full cast noble metal	300.00
D6930	Re-cement or re-bond fixed partial denture	15.00
D6940	Stress breaker	150.00
D6950	Precision attachment	230.00
D6980*	Fixed partial denture repair, by report	55.00
None*	Resin bonded bridge pontic, per unit***	245.00
	Oral Surgery	
D7111	Extraction, coronal remnants - primary tooth	20.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	20.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	60.00
D7220	Removal of impacted tooth - soft tissue	75.00
D7230	Removal of impacted tooth - partially bony	100.00

ADA Code**	Service Description**	Member Copayment
D7240	Removal of impacted tooth - completely bony	140.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	170.00
D7250	Removal of residual tooth roots (cutting procedure)	65.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	145.00
D7280	Exposure of an erupted tooth	115.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	75.00
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	140.00
D7510	Incision and drainage of abscess - intraoral soft tissue	65.00
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	150.00
	Bleaching	
D9972	External bleaching - per arch	175.00
	Emergency Treatment of Pain	
D9110	Palliative (emergency) treatment of dental pain – minor procedure	25.00
	Anesthesia, Analgesia, and Sedation	
D9220	Deep sedation/general anesthesia - first 30 minutes	180.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	20.00
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes	175.00
D9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes	40.00

SECTION II: PLAN SPECIALTY DENTIST SERVICES
(Subject to Exclusions and Limitations Listed in Agreement)

If Member requires dental specialty services that cannot be provided by selected Plan Dentist, Member may obtain such services from a Plan Specialty Dentist. No referral from Member's selected Plan Dentist is needed. There is no applicable copayment schedule for Plan Specialty Dentist services. Instead, the following reductions in charges apply. A 15% reduction from that Plan Specialty Dentist's normal retail charges applies to services obtained from a Plan Specialty Dentist whose practice is limited to endodontics. A 25% reduction from that Plan Specialty Dentist's normal retail charges applies to services obtained from any other Plan Specialty Dentist (including, but not limited to, a Plan Specialty Dentist whose practice is orthodontics). Member is responsible for paying the entire reduced charge either at the time the service is received or in accordance with Plan Specialty Dentist's billing procedures.

To fully understand payment responsibility for dental specialty services, Member should discuss the proposed treatment and its cost with the Plan Specialty Dentist prior to treatment. Availability of specific types of specialty services from Plan Specialty Dentists depends on which types of dentists are Plan Specialty Dentists. Company cannot guarantee that any specific dentist, or any specific type of dentist, will be a Plan Specialty Dentist. Types of dentists who are Plan Specialty Dentists may vary from time to time in different parts of the Service Area.

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

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

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