

EXHIBIT A
DESCRIPTION OF BENEFITS AND COPAYMENTS

Exhibit A-1

DHMO – CAC07 - Enhanced Mandatory Option 2

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DHMO program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2022 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

Listed referable procedures, that are not available in the contract facility or that require a Dentist to provide specialized services, may be provided by a contracted oral surgeon, endodontist, periodontist or pediatric dentist at 75 percent of the Contract Specialist's usual fees. Specialist services are only available in areas where there is a DHMO Contract Specialist, and upon referral by the assigned Contract Dentist.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>ENROLLEE PAYS</u>
D0100-D0999	I. DIAGNOSTIC - <i>When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's usual fees</i>	
D0120	Periodic oral evaluation - established patient - <i>1 per 6 month period</i>	No Cost
D0140	Limited oral evaluation - problem focused - <i>1 per 6 month period</i>	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient - <i>1 per 6 month period</i>	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report - <i>1 per 6 month period</i>	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit) - <i>1 per 6 month period</i>	No Cost
D0171	Re-evaluation - post-operative office visit	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient - <i>1 per 6 month period</i>	No Cost
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost

D0210	Intraoral - complete series of radiographic images - <i>limited to 1 series every 36 months</i>	No Cost
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	No Cost
D0251	Extraoral posterior dental radiographic image	No Cost
D0270	Bitewing - single radiographic image	No Cost
D0272	Bitewings two radiographic images - <i>limited to 1 every 12 months, per provider</i>	No Cost
D0273	Bitewings three radiographic images - <i>limited to 1 every 12 months, per provider</i>	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 12 months, per provider</i>	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image - <i>1 in a 24-month period</i>	No Cost
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	No Cost
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - <i>1 every 12 months</i>	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>1 every 12 months</i>	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - <i>1 every 12 months</i>	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	No Cost
D1000-D1999	II. PREVENTIVE - <i>When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's usual fees</i>	
D1110	Prophylaxis <i>cleaning</i> - adult - <i>Limited to 1 in 12 months</i>	No Cost
D1206	Topical application of fluoride varnish	No Cost
D1208	Topical application of fluoride - excluding varnish	No Cost

D1310	Nutritional counseling for control of dental disease	No Cost
D1320	Tobacco counseling for the control and prevention of oral disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - <i>limited to first and second permanent molars up to age 14</i>	\$10.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to first and second permanent molars up to age 14</i>	\$10.00
D1353	Sealant repair - per tooth - <i>limited to first and second permanent molars up to age 14</i>	\$10.00
D1354	Application of caries arresting medicament - per tooth - <i>1 per 6 month period</i>	\$12.00
D1510	Space maintainer - fixed - unilateral - per quadrant	\$75.00
D1516	Space maintainer - fixed - bilateral, maxillary	\$95.00
D1517	Space maintainer - fixed - bilateral, mandibular	\$95.00
D1520	Space maintainer - removable - unilateral - per quadrant	\$75.00
D1526	Space maintainer - removable - bilateral, maxillary	\$95.00
D1527	Space maintainer - removable - bilateral, mandibular	\$95.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$20.00
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$20.00
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	\$20.00
D1556	Removal of fixed unilateral space maintainer - per quadrant	No Cost
D1557	Removal of fixed bilateral space maintainer - maxillary	No Cost
D1558	Removal of fixed bilateral space maintainer - mandibular	No Cost
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - <i>child to age 9</i>	\$75.00

D2000-D2999 III. RESTORATIVE - *When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's usual fees*

- *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*

- *Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.*

- *Fillings are limited to one amalgam, resin composite filling per surface per tooth, every 2 calendar years.*

- Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #3 for additional information.

- Base metal is the benefit. If a crown, pontic, inlay, onlay or indirectly fabricated post and core is made of noble or high noble metal, an additional fee up to \$250.00 per tooth will be charged for the upgrade. This charge also applies to a titanium crown.

- Porcelain and other tooth-colored materials (i.e. resin) on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$250.00.

D2140	Amalgam - one surface, primary or permanent	\$50.00
D2150	Amalgam - two surfaces, primary or permanent	\$60.00
D2160	Amalgam - three surfaces, primary or permanent	\$70.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$80.00
D2330	Resin-based composite - one surface, anterior	\$60.00
D2331	Resin-based composite - two surfaces, anterior	\$70.00
D2332	Resin-based composite - three surfaces, anterior	\$80.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$90.00
D2390	Resin-based composite crown, anterior	\$98.00
D2391	Resin-based composite - one surface, posterior	\$120.00
D2392	Resin-based composite - two surfaces, posterior	\$140.00
D2393	Resin-based composite - three surfaces, posterior	\$165.00
D2394	Resin-based composite - four or more surfaces, posterior	\$185.00
D2510	Inlay - metallic - one surface	\$300.00
D2520	Inlay - metallic - two surfaces	\$300.00
D2530	Inlay - metallic - three or more surfaces	\$300.00
D2542	Onlay - metallic - two surfaces	\$400.00
D2543	Onlay - metallic - three surfaces	\$400.00
D2544	Onlay - metallic - four or more surfaces	\$400.00
D2610	Inlay - porcelain/ceramic - one surface	\$400.00

D2620	Inlay - porcelain/ceramic - two surfaces	\$400.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$400.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$400.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$400.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$400.00
D2650	Inlay - resin-based composite - one surface	\$400.00
D2651	Inlay - resin-based composite - two surfaces	\$400.00
D2652	Inlay - resin-based composite - three or more surfaces	\$400.00
D2662	Onlay - resin-based composite - two surfaces	\$400.00
D2663	Onlay - resin-based composite - three surfaces	\$400.00
D2664	Onlay - resin-based composite - four or more surfaces	\$400.00
D2710	Crown - resin-based composite (indirect) - <i>limited to permanent anterior teeth</i>	\$200.00
D2712	Crown - 3/4 resin-based composite (indirect)	\$200.00
D2720	Crown - resin with high noble metal	\$200.00
D2721	Crown - resin with predominantly base metal	\$200.00
D2722	Crown - resin with noble metal	\$200.00
D2740	Crown - porcelain/ceramic	\$400.00
D2750	Crown - porcelain fused to high noble metal	\$350.00
D2751	Crown - porcelain fused to predominantly base metal	\$275.00
D2752	Crown - porcelain fused to noble metal	\$400.00
D2780	Crown - 3/4 cast high noble metal	\$400.00
D2781	Crown - 3/4 cast predominantly base metal	\$400.00
D2782	Crown - 3/4 cast noble metal	\$400.00
D2783	Crown - 3/4 porcelain/ceramic	\$400.00
D2790	Crown - full cast high noble metal	\$400.00
D2791	Crown - full cast predominantly base metal	\$400.00
D2792	Crown - full cast noble metal	\$400.00

D2794	Crown - titanium and titanium alloys	\$400.00
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression	\$25.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$50.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$50.00
D2920	Re-cement or re-bond crown	\$50.00
D2921	Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>)	\$98.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$190.00
D2930	Prefabricated stainless steel crown - primary tooth	\$150.00
D2931	Prefabricated stainless steel crown - permanent tooth - <i>1 in 36 months</i>	\$170.00
D2932	Prefabricated resin crown - <i>anterior primary tooth - 1 in 36 months</i>	\$170.00
D2933	Prefabricated stainless steel crown with resin window - <i>1 in 36 months</i>	\$190.00
D2940	Protective restoration	\$40.00
D2941	Interim therapeutic restoration - primary dentition	\$40.00
D2949	Restorative foundation for an indirect restoration	\$150.00
D2950	Core buildup, including any pins when required	\$150.00
D2951	Pin retention - per tooth, in addition to restoration	\$50.00
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	\$220.00
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	\$110.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i>	\$160.00
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i>	\$90.00
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	\$50.00
D2975	Coping	\$110.00
D2980	Crown repair necessitated by restorative material failure	\$25.00
D2981	Inlay repair necessitated by restorative material failure	\$25.00

D2982	Onlay repair necessitated by restorative material failure	\$25.00
D2983	Veneer repair necessitated by restorative material failure	\$25.00
D2990	Resin infiltration of incipient smooth surface lesions	\$65.00
D3000-D3999 IV. ENDODONTICS - <i>When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's usual fees</i>		
<i>- Endodontic services are limited to 1 per tooth, per lifetime (i.e. root canal).</i>		
D3110	Pulp cap - direct (excluding final restoration)	\$25.00
D3120	Pulp cap - indirect (excluding final restoration)	\$40.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$150.00
D3221	Pulpal debridement, primary and permanent teeth	\$150.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$180.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$300.00
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration)	\$380.00
D3320	<i>Root canal</i> - endodontic therapy, premolar tooth (excluding final restoration)	\$490.00
D3330	<i>Root canal</i> - endodontic therapy, molar tooth (excluding final restoration)	\$620.00
D3331	Treatment of root canal obstruction; non-surgical access	\$180.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$200.00
D3333	Internal root repair of perforation defects	\$160.00
D3346	Retreatment of previous root canal therapy - anterior	\$500.00
D3347	Retreatment of previous root canal therapy - premolar	\$620.00
D3348	Retreatment of previous root canal therapy - molar	\$720.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$190.00
D3352	Apexification/recalcification - interim medication replacement	\$130.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$150.00
D3410	Apicoectomy - anterior	\$420.00

D3421	Apicoectomy - premolar (first root)	\$460.00
D3425	Apicoectomy - molar (first root)	\$480.00
D3426	Apicoectomy (each additional root)	\$150.00
D3427	Periradicular surgery without apicoectomy	\$360.00
D3430	Retrograde filling - per root	\$130.00
D3450	Root amputation - per root	\$220.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$190.00
D3921	Decoronation or submergence of an erupted tooth	\$80.00

D4000-D4999 V. PERIODONTICS - *When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's usual fees*

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

- No more than 2 quadrants of periodontal scaling and root planing per appointment/per day are allowable.

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant - <i>once per quadrant in 36 months</i>	\$220.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant - <i>once per quadrant in 36 months</i>	\$150.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth - <i>once per quadrant in 36 months</i>	\$150.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$540.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$540.00
D4245	Apically positioned flap	\$425.00
D4249	Clinical crown lengthening - hard tissue	\$500.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant - <i>once per quadrant in 36 months</i>	\$780.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant - <i>once per quadrant in 36 months</i>	\$550.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$360.00

D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$300.00
D4270	Pedicle soft tissue graft procedure	\$400.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$320.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$480.00
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	\$480.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 1 per quadrant in 2 calendar years</i>	\$60.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 1 per quadrant in 2 calendar years</i>	\$35.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - <i>1 D1110 or D4346 per 6 month period</i>	\$15.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - <i>limited to 1 treatment in any 12 consecutive months</i>	\$40.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth - <i>included as part of other covered periodontal procedures</i>	\$40.00
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i>	\$40.00
D4921	Gingival irrigation - per quadrant	No Cost

D5000-D5899 VI. PROSTHODONTICS (removable)- Not Covered

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

- Rebases, relines and tissue conditioning are limited to 2 per denture per calendar year.

- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.

D5110	Complete denture - maxillary	\$450.00
D5120	Complete denture - mandibular	\$450.00
D5130	Immediate denture - maxillary	\$600.00

D5140	Immediate denture - mandibular	\$600.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$500.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$500.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$600.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$600.00
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$350.00
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$350.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$600.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$600.00
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$600.00
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$600.00
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$350.00
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$350.00
D5410	Adjust complete denture - maxillary	No Cost
D5411	Adjust complete denture - mandibular	No Cost
D5421	Adjust partial denture - maxillary	No Cost
D5422	Adjust partial denture - mandibular	No Cost
D5511	Repair broken complete denture base, mandibular	\$100.00
D5512	Repair broken complete denture base, maxillary	\$100.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$80.00
D5611	Repair resin partial denture base, mandibular	\$120.00

D5612	Repair resin partial denture base, maxillary	\$120.00
D5621	Repair cast partial framework, mandibular	\$140.00
D5622	Repair cast partial framework, maxillary	\$140.00
D5630	Repair or replace broken retentive/clasping materials - per tooth	\$140.00
D5640	Replace broken teeth - per tooth	\$100.00
D5650	Add tooth to existing partial denture	\$100.00
D5660	Add clasp to existing partial denture - per tooth	\$120.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$300.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$300.00
D5710	Rebase complete maxillary denture	\$200.00
D5711	Rebase complete mandibular denture	\$200.00
D5720	Rebase maxillary partial denture	\$200.00
D5721	Rebase mandibular partial denture	\$200.00
D5725	Rebase hybrid prosthesis	\$200.00
D5730	Reline complete maxillary denture (chairside)	\$100.00
D5731	Reline complete mandibular denture (chairside)	\$100.00
D5740	Reline maxillary partial denture (chairside)	\$100.00
D5741	Reline mandibular partial denture (chairside)	\$100.00
D5750	Reline complete maxillary denture (laboratory)	\$200.00
D5751	Reline complete mandibular denture (laboratory)	\$200.00
D5760	Reline maxillary partial denture (laboratory)	\$200.00
D5761	Reline mandibular partial denture (laboratory)	\$200.00
D5765	Soft liner for complete or partial removable denture - indirect	\$200.00
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary - <i>limited to 1 in any 12 consecutive months</i>	\$300.00
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular - <i>limited to 1 in any 12 consecutive months</i>	\$300.00
D5850	Tissue conditioning, maxillary	\$50.00

D5851	Tissue conditioning, mandibular	\$50.00
D5863	Overdenture - complete maxillary	\$450.00
D5864	Overdenture - partial maxillary	\$450.00

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES

- Refer to the Dental Implant Surgery Rider for the surgical placement of implants.

All services associated with implants are listed at the actual member co-payment amount. No additional fee is allowable for porcelain, noble metal, high noble metal or titanium for procedures associated with implants.

D6010	Surgical placement of implant body: endosteal implant	No Cost
D6055	Connecting bar - implant supported or abutment supported	\$250.00
D6056	Prefabricated abutment - includes modification and placement	No Cost
D6058	Abutment supported porcelain/ceramic crown	\$1,110.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$1,096.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$350.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$1,056.00
D6062	Abutment supported cast metal crown (high noble metal)	\$1,003.00
D6063	Abutment supported cast metal crown (predominantly base metal)	\$861.00
D6064	Abutment supported cast metal crown (noble metal)	\$912.00
D6065	Implant supported porcelain/ceramic crown	\$1,040.00
D6066	Implant supported crown - porcelain fused to high noble alloys	\$1,013.00
D6067	Implant supported crown - high noble alloys	\$984.00
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$1,110.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$1,096.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$1,035.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$1,056.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$1,028.00

D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$930.00
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$1,005.00
D6075	Implant supported retainer for ceramic FPD	\$1,092.00
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	\$1,064.00
D6077	Implant supported retainer for metal FPD - high noble alloys	\$984.00
D6082	Implant supported crown - porcelain fused to predominantly base alloys	\$350.00
D6092	Re-cement or re-bond implant/abutment supported crown	\$45.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$65.00
D6094	Abutment supported crown - titanium and titanium alloys	\$670.00
D6096	Remove broken implant retaining screw	\$45.00
D6194	Abutment supported retainer crown, FPD - titanium and titanium alloys	\$400.00

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.

- Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #3 for additional information.

- Base metal is the benefit. If a crown, pontic, inlay, onlay or indirectly fabricated post and core is made of noble or high noble metal, an additional fee up to \$250.00 per tooth will be charged for the upgrade. This charge also applies to a titanium crown.

- Porcelain and other tooth-colored materials (i.e. resin) on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$250.00.

D6210	Pontic - cast high noble metal	\$400.00
D6211	Pontic - cast predominantly base metal	\$400.00
D6212	Pontic - cast noble metal	\$400.00
D6240	Pontic - porcelain fused to high noble metal	\$400.00
D6241	Pontic - porcelain fused to predominantly base metal	\$400.00
D6242	Pontic - porcelain fused to noble metal	\$400.00
D6245	Pontic - porcelain/ceramic	\$400.00

D6250	Pontic - resin with high noble metal	\$200.00
D6251	Pontic - resin with predominantly base metal	\$200.00
D6252	Pontic - resin with noble metal	\$200.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$400.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	\$400.00
D6602	Retainer inlay - cast high noble metal, two surfaces	\$375.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$375.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$350.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$350.00
D6606	Retainer inlay - cast noble metal, two surfaces	\$360.00
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$360.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces	\$400.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$400.00
D6610	Retainer onlay - cast high noble metal, two surfaces	\$375.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$375.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$350.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$350.00
D6614	Retainer onlay - cast noble metal, two surfaces	\$360.00
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$360.00
D6720	Retainer crown - resin with high noble metal	\$200.00
D6721	Retainer crown - resin with predominantly base metal	\$200.00
D6722	Retainer crown - resin with noble metal	\$200.00
D6740	Retainer crown - porcelain/ceramic	\$400.00
D6750	Retainer crown - porcelain fused to high noble metal	\$400.00
D6751	Retainer crown - porcelain fused to predominantly base metal	\$400.00
D6752	Retainer crown - porcelain fused to noble metal	\$400.00
D6780	Retainer crown - 3/4 cast high noble metal	\$400.00

D6781	Retainer crown - 3/4 cast predominantly base metal	\$400.00
D6782	Retainer crown - 3/4 cast noble metal	\$400.00
D6790	Retainer crown - full cast high noble metal	\$400.00
D6791	Retainer crown - full cast predominantly base metal	\$400.00
D6792	Retainer crown - full cast noble metal	\$400.00
D6930	Re-cement or re-bond fixed partial denture	\$60.00
D6940	Stress breaker	\$25.00
D6980	Fixed partial denture repair necessitated by restorative material failure	\$25.00
D6999	Unspecified fixed prosthodontic procedure, by report	No Cost

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY - *When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's usual fees*

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D7111	Extraction, coronal remnants - primary tooth	\$70.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$80.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$140.00
D7220	Removal of impacted tooth - soft tissue	\$210.00
D7230	Removal of impacted tooth - partially bony	\$290.00
D7240	Removal of impacted tooth - completely bony	\$360.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$350.00
D7250	Removal of residual tooth roots (cutting procedure)	\$210.00
D7251	Coronectomy - intentional partial tooth removal	\$350.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$340.00
D7280	Exposure of an unerupted tooth	\$210.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$290.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$250.00

D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	\$260.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$150.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$150.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$170.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$170.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$380.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$380.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$330.00
D7472	Removal of torus palatinus	\$330.00
D7473	Removal of torus mandibularis	\$330.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$40.00
D7961	Buccal/labial frenectomy (frenulectomy)	\$180.00
D7962	Lingual frenectomy (frenulectomy)	\$180.00
D7970	Excision of hyperplastic tissue - per arch	\$170.00
D7971	Excision of pericoronal gingiva	\$120.00
D8000-D8999	XI. ORTHODONTICS - Not Covered	
D9000-D9999	XII. ADJUNCTIVE GENERAL SERVICES - <i>When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's usual fees</i>	
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$20.00
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia - <i>1 per 6 month period</i>	No Cost
D9222	Deep sedation/general anesthesia - first 15 minutes	\$75.00

D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$75.00
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$75.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$75.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$40.00
D9311	Consultation with a medical health care professional	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No Cost
D9440	Office visit - after regularly scheduled hours	\$50.00
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9912	Pre-visit patient screening	No Cost
D9932	Cleaning and inspection of removable complete denture, maxillary - 1 per 6 month period	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular - 1 per 6 month period	No Cost
D9934	Cleaning and inspection of removable partial denture, maxillary - 1 per 6 month period	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular - 1 per 6 month period	No Cost
D9943	Occlusal guard adjustment	\$10.00
D9944	Occlusal guard - hard appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i>	\$300.00
D9945	Occlusal guard - soft appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i> \$300.00	
D9946	Occlusal guard - hard appliance, partial arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i>	\$300.00
D9950	Occlusion analysis - mounted case	\$160.00
D9951	Occlusal adjustment - limited - for natural teeth only	\$70.00
D9952	Occlusal adjustment - complete - for permanent dentition	\$120.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$170.00

D9986	Missed appointment - <i>without 24 hour notice</i>	No Cost
D9987	Canceled appointment - <i>without 24 hour notice</i>	No Cost
D9991	Dental case management - addressing appointment compliance barriers	No Cost
D9992	Dental case management - care coordination	No Cost
D9995	Teledentistry - synchronous; real-time encounter	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	No Cost

Listed referable procedures, that are not available in the contract facility or that require a Dentist to provide specialized services, may be provided by a contracted oral surgeon, endodontist, periodontist or pediatric dentist at 75 percent of the Contract Specialist's usual fees. Specialist services are only available in areas where there is a DHMO Contract Specialist, and upon referral by the assigned Contract Dentist.

SCHEDULE B

Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
3. Benefits provided by a contract pediatric Dentist are available at 75 percent of the Contract Specialist's usual fees. Referral by the assigned Contract Dentist is required before services are rendered.
4. Contract Dentists may offer services that utilize brand or trade names at an additional fee. The Enrollee must be offered the plan benefits of a high quality laboratory processed crown/pontic that may include: porcelain/ceramic; porcelain with base, noble or high-noble metal. If the Enrollee chooses the alternative of a material upgrade (name brand laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek, Procera, Lava, Empress and Cerec) the Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Contact the Customer Service department at 800-422-4234 if you have questions regarding the additional fee or name brand services.

Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Implant and implant-supported crowns and appliances, porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant, *unless listed as a covered benefit*.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist or a preauthorized dental specialist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, Home Health services or other similar care facility.
12. Ambulance services.
13. Durable Medical Equipment.
14. Mental health services.
15. Chemical Dependency services.
16. Prescription drugs.
17. General anesthesia and/or intravenous sedation/analgesia.
18. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DHMO Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics.
19. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
20. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.
21. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.