

## Brand New Day WD60 Plan

**ADA  
CODE**

**CO-PAY**

**Text that appears in italics below is specifically intended to clarify the delivery of benefits under the - Western Dental Plan program and is not to be interpreted as CDT-2021 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association 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.**

D0100-D0999 I. DIAGNOSTIC - <i>Exams are limited to 2 per calendar year</i>		
<b>D0140</b>	Limited oral evaluation - problem focused	\$0
<b>D0180</b>	Comprehensive periodontal evaluation - new or established patient	\$0
<b>D0240</b>	Intraoral - occlusal radiographic image	\$0
<b>D0273</b>	Bitewings - three radiographic images - <i>limited to 1 per calendar year</i>	\$0
<b>D0999</b>	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	\$0
D1000-D1999 II. PREVENTITIVE		
<b>D1110</b>	Prophylaxis- once every 6 months	\$0
<b>D1310</b>	Nutritional Counseling for control of dental disease	\$0
<b>D1320</b>	Tobacco counseling for the control and prevention of oral disease	\$0
<b>D1330</b>	Oral hygiene instructions	\$0
D2000-D2999 III. RESTORATIVE		
<p>- <i>Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.</i></p> <p>- <i>Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.</i></p> <p>- <i>Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Participating Provider 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.</i></p> <p>- <i>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 \$150.00.</i></p> <p>- <i>Porcelain margins are cosmetic option. Contract Dentists have agreed to charge a maximum of \$75.00 for porcelain.</i></p>		
<b>D2720</b>	Crown - resin with high noble metal	\$0
<b>D2721</b>	Crown - resin with predominantly base metal	\$0
<b>D2722</b>	Crown - resin with noble metal	\$0
<b>D2740</b>	Crown - porcelain/ceramic crown	\$0
<b>D2750</b>	Crown - porcelain fused to high noble metal	\$0
<b>D2751</b>	Crown - porcelain fused to predominantly base metal	\$0
<b>D2752</b>	Crown - porcelain fused to noble metal	\$0
<b>D2790</b>	Crown - full cast high noble metal	\$0
<b>D2791</b>	Crown - full cast predominantly base metal	\$0
<b>D2792</b>	Crown - full cast noble metal	\$0
<b>D2933</b>	Prefabricated stainless steel crown with resin window	\$0
<b>D2950</b>	Core buildup, including any pins when required	\$0
<b>D2951</b>	Pin retention - per tooth, in addition to restoration	\$0
<b>D2953</b>	Each additional indirectly fabricated post - same tooth	\$0
D3000-D3999 IV. ENDODONTICS		
<b>D3110</b>	Pulp cap - direct (excluding final restoration)	\$0
<b>D3120</b>	Pulp cap - indirect (excluding final restoration)	\$0
<b>D3320</b>	Root canal - endodontic therapy, bicuspid tooth (excluding final restoration)	\$0
<b>D3330</b>	Root canal - endodontic therapy, molar (excluding final restoration)	\$0
<b>D3331</b>	Treatment of root canal obstruction; non-surgical access	\$0
<b>D3332</b>	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$0
<b>D3347</b>	Retreatment of previous root canal therapy - premolar	\$0
<b>D3348</b>	Retreatment of previous root canal therapy - molar	\$0
<b>D3410</b>	Apicoectomy - anterior	\$0
<b>D3421</b>	Apicoectomy - premolar (first root)	\$0
<b>D3425</b>	Apicoectomy - molar (first root)	\$0

<b>D3426</b>	Apicoectomy (each additional root)	\$0
D4000-D4999 V. PERIODONTICS		
- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.		
- No more than 2 periodontal scaling and root planing per appointment/per day allowable.		
<b>D4341</b>	Periodontal scaling and root planing - four or more teeth per quadrant - limited to 4 quadrants during any 12 consecutive months.	\$0
<b>D4342</b>	Periodontal scaling and root planing - one to three teeth per quadrant - limited to 4 quadrants during any 12 consecutive months.	\$0
<b>D4355</b>	Full mouth debridement to enable comprehensive evaluation and diagnosis on a subsequent visit- limited to 1 treatment in any 12 consecutive months	\$0
<b>D4381</b>	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$0
<b>D4910</b>	Periodontal maintenance - limited to 1 treatment each 3 month period	\$0
<b>D4921</b>	Gingival irrigation - per quadrant	\$0
<b>D4999</b>	Unspecified periodontal procedure, by report	\$0
D5000-D5999 VI. PROSTHODONTICS (removable)		

- 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 Participating Provider where the denture was originally delivered.

- Relines are limited to 1 per denture during any 12 consecutive months.

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

<b>D5211</b>	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$0
<b>D5212</b>	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$0
<b>D5213</b>	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$0
<b>D5214</b>	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$0
<b>D5225</b>	Maxillary partial denture- flexible base (including any conventional clasps, rests and teeth)	\$0
<b>D5226</b>	Mandibular partial denture - flexible base (including any conventional clasps, rests, and teeth)	\$0
<b>D5421</b>	Adjust partial denture - maxillary	\$0
<b>D5422</b>	Adjust partial denture - mandibular	\$0
<b>D5640</b>	Replace broken teeth - per tooth	\$0
<b>D5650</b>	Add tooth to existing partial denture	\$0
<b>D5660</b>	Add clasp to existing partial denture - per tooth	\$0
<b>D5740</b>	Reline maxillary partial denture (chairside)	\$0
<b>D5741</b>	Reline mandibular partial denture (chairside)	\$0
<b>D5863</b>	Overdenture - Complete maxillary	\$150
<b>D5863</b>	Overdenture - partial maxillary	\$150

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES -

<b>D6010</b>	Implant- surgical placement- endosteal	\$0
<b>D6055</b>	Connecting bar - implant supported or abutment supported	\$250
<b>D6056</b>	Prefabricated abutment - includes modification and placement	\$0
<b>D6060</b>	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$350
<b>D6082</b>	Implant supported crown - porcelain fused to predominantly base alloys	\$350

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 Participating Provider 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.

- Porcelain is considered a material upgrade with a maximum additional charge to the Enrollee of \$150.00.

- Porcelain margins are cosmetic option. Contract Dentists have agreed to charge a maximum of \$75.00 for porcelain.

<b>D6240</b>	Pontic - porcelain fused to high noble metal	\$0
<b>D6241</b>	Pontic - porcelain fused to predominantly base metal	\$0
<b>D6750</b>	Crown - porcelain fused to high noble metal	\$0
<b>D6751</b>	Crown - porcelain fused to predominantly base metal	\$0
<b>D6752</b>	Crown - porcelain fused to noble metal	\$0

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

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

<b>D7310</b>	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0
<b>D7311</b>	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$0
<b>D7320</b>	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$0
<b>D7321</b>	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$0
<b>D7910</b>	Suture of recent small wounds up to 5cm	\$0

D8000-D8999 XI. ORTHODONTICS - *Not Covered*

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

<b>D9310</b>	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0
<b>D9995</b>	Teledentistry - synchronous; real-time encounter	\$0
<b>D9996</b>	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	\$0

## 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. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Participating Provider to treat the child and upon prior authorization by Wester Dental Plan, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
3. Participating Provider 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 Participating Provider may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Contact the Member Services Department at 800-992-3366 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 Participating Provider:
  - 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 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. 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 in *Schedule A, Description of Benefits and Copayments*.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Participating Provider 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, or other similar care facility.
12. Prescription drugs.
13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with this program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken.

14. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.