

Access ePPO C2

DIAGNOSTIC & PREVENTIVE	
Oral examinations	See Fee Schedule
Teeth cleaning	See Fee Schedule
X-rays	See Fee Schedule
BASIC RESTORATIVE	
Fillings	See Fee Schedule
Simple extractions	See Fee Schedule
Denture repairs	See Fee Schedule
General anesthesia	See Fee Schedule
ENDODONTICS	
Root canals	See Fee Schedule
PERIODONTICS	
Scaling and root planing	See Fee Schedule
Gingivectomy/gingivoplasty	See Fee Schedule
ORAL SURGERY	
Extraction of impacted teeth	See Fee Schedule
MAJOR RESTORATIVE	
Inlays and onlays	See Fee Schedule
Crowns	See Fee Schedule
Dentures	See Fee Schedule
Implants (in lieu of a 3-unit bridge)	See Fee Schedule
Fixed bridges	See Fee Schedule
ORTHODONTICS	N/A
ORTHODONTICS AGE LIMIT	N/A
ORTHODONTICS LIFETIME MAXIMUM	N/A
CALENDAR YEAR DEDUCTIBLE (waived for Preventive)	
Individual	\$25
Family	\$75
CALENDAR YEAR MAXIMUM	\$2,000
OUT OF POCKET MAXIMUM	N/A
MAXIMUM ROLLOVER	\$1,500
DEPENDENT AGE LIMIT	Up to Age 26
OUT OF NETWORK ALLOWANCE*	None
WAITING PERIODS	None

Limitations and Exclusions

1. BENEFITS ARE PROVIDED ONLY FOR NECESSARY AND APPROPRIATE SERVICES

We will not provide benefits for a dental service that is not covered under the terms of the Subscriber Certificate. We will not provide benefits for a covered dental service that is not necessary and appropriate to diagnose or to treat your dental condition. We will not cover experimental care procedures that have not been sanctioned by the American Dental Association and for which no procedure codes have been established.

A. To be necessary and appropriate, a service must be consistent with the prevention of oral disease or with the diagnosis and treatment on (1) those teeth that are decayed or *fractured* or (2) those teeth where supporting periodontium is weakened by disease in accordance with standards of good dental practice not solely for your convenience or the convenience of your dentist.

B. Who determines what is necessary and appropriate under the terms of the Subscriber Certificate: That decision is made based on a review of dental records describing your condition and treatment. We may decide a service is not necessary and appropriate under the terms of the Subscriber Certificate even if your dentist has furnished, prescribed, ordered, recommended or approved the service.

2. WE DO NOT PROVIDE BENEFITS FOR:

- Experimental care procedures that have not been sanctioned by the American Dental Association, or for which no procedure codes have been established.
- A service or procedure that is not described as a benefit in this Subscriber Certificate.
- Services that are rendered due to the requirements of a third party, such as an employer or school.
- Travel time and related expenses.
- An illness or injury that we determine arose out of and in the course of your employment.
- A service for which you are not required to pay, or for which you would not be required to pay if you did not have coverage under this Subscriber Certificate.
- An illness, injury or dental condition for which benefits in one form or another are covered, in whole or in part, through a government program. A government program includes a local, state or national law or regulation that provides or pays for dental services. It does not include Medicaid or Medicare.
- A method of treatment more costly than is customarily provided. Benefits will be based on the least costly method of treatment.
- A separate fee for services rendered by interns, residents, fellows or dentists who are salaried employees of a hospital or other facility.
- Appointments with your dentist that you fail to keep.
- Dietary advice and instructions in dental hygiene including proper methods of tooth brushing, the use of dental floss, plaque control programs and caries susceptibility tests.
- A service rendered by someone other than a licensed dentist or a hygienist who is employed by a licensed dentist.
- Prescription drugs.
- A service to treat disorders of the joints of the jaw (temporomandibular joints).
- A service, supply or procedure to increase the height of teeth (increase vertical dimension) or restore occlusion.
- Restorations for reasons other than decay or fracture, such as erosion, abrasion, or attrition.
- Services that are meant primarily to change or to improve your appearance.
- Occlusal guards for the treatment of disorders of the joints of the jaw or for bruxism (grinding).
- Repair or reline of an occlusal guard.
- Implants, other than covered endosteal implants.
- Transplants.
- Replacement of dentures, bridges, space maintainers or periodontic appliances due to theft or loss.
- Services, supplies or appliances to stabilize teeth when required due to periodontal disease such as periodontal splinting.
- Lab exams.
- Photographs.
- Laminate veneers.
- Duplicate dentures and bridges.
- Temporary, complete dentures and temporary fixed bridges or crowns.
- Stainless steel crowns on permanent teeth.
- Cast restorations, copings and attachments for installing over dentures.
- Services related to congenital anomalies. However, this exclusion does not apply to orthodontic services that may be covered by your group's orthodontic rider.
- Tooth desensitization.
- Occlusal adjustment.

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ADA CODE	PROCEDURE DESCRIPTION	MEMBER FEE**
D0100-D0999	DIAGNOSTIC	
	CLINICAL ORAL EXAMINATIONS	
D0120	Periodic oral evaluation – established patient (once every 6 months)	\$0.00
D0140	Limited oral evaluation – problem focused (not to exceed 3 in 6 months)	\$0.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver (once every 6 months for child age 3 or under)	\$0.00
D0150	Comprehensive oral evaluation – new or established patient for first encounter with the dentist/dental office (once per 60 months)	\$0.00
D0160	Detailed and extensive oral evaluation – problem focused, by report (once per 60 months)	\$0.00
D0170	Re-evaluation – limited problem focused (established patient; not a post-op visit; not to exceed 3 in 6 months)	\$0.00
D0180	Comprehensive periodontal evaluation – new or established patient (once per 60 months)	\$0.00
	RADIOGRAPHS	
D0210	Intraoral – complete series including bitewings (once in 60 months)	\$0.00
D0220	Intraoral periapical – first film	\$0.00
D0230	Intraoral periapical – each additional film	\$0.00
D0240	Intraoral occlusal film (2 per 6 months)	\$0.00
D0250	Extraoral – first film (2 per 6 months)	\$0.00
D0260	Extraoral – each additional film (2 per 6 months)	\$0.00
D0270	Bitewing – single film (one series without duplication per 6 months)	\$0.00
D0272	Bitewings – two films (one series without duplication per 6 months)	\$0.00
D0273	Bitewings – three films (one series without duplication per 6 months)	\$0.00
D0274	Bitewings – four films (one series without duplication per 6 months)	\$0.00
D0277	Vertical bitewings – 7 to 8 films (one series without duplication per 6 months)	\$0.00
D0290	Posterior/anterior or lateral skull and facial bone survey film (when dentally necessary)	\$0.00
D0330	Panoramic film (once in 60 months)	\$0.00
	TESTS AND EXAMINATIONS	
D0460	Pulp vitality tests (per visit, not per tooth, for emergencies)	\$0.00
	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	
D0999	Chlorhexidine mouth rinse or fluoride toothpaste (twice per year for 2 years; covered only following scaling and root planing (a deep cleaning) and must be dispensed in the dentist's office.)	\$0.00
D1000-D1999	PREVENTIVE	
	DENTAL PROPHYLAXIS (ROUTINE CLEANING)	
D1110	Prophylaxis – adult, age 14 and over (once per 6 months)	\$0.00
D1120	Prophylaxis – child, under age 14 (once per 6 months)	\$0.00
	TOPICAL FLUORIDE TREATMENT (once per 6 months)	
D1203	Topical application of fluoride (excluding prophylaxis), child up to 14th birthday	\$0.00
D1204	Topical application of fluoride (excluding prophylaxis), adult up to 19th birthday	\$0.00
D1206	Topical application of fluoride varnish up to 19th birthday	\$0.00
	OTHER PREVENTIVE SERVICES	
D1351	Sealant on unrestored permanent molars – per tooth (once per 4 years through age 15, or up to age 19 when decay in molar)	\$17.00
	SPACE MAINTENANCE (passive appliances)	
D1510	Space maintainer – fixed unilateral (once per quadrant per lifetime for children under age 14 for replacement of primary or permanent posterior teeth)	\$95.00
D1515	Space maintainer – fixed bilateral (once per arch per lifetime for children under age 14 for replacement of primary or permanent posterior teeth)	\$105.00
D1520	Space maintainer – removable unilateral (once per quadrant per lifetime for children under age 14 for replacement of primary or permanent posterior teeth)	\$95.00
D1525	Space maintainer – removable bilateral (once per arch per lifetime for children under age 14 for replacement of primary or permanent posterior teeth)	\$115.00
D1550	Recementation of space maintainer (once per arch or quadrant for children under age 14)	\$30.00
D1555	Removal of fixed space maintainer (once per arch or quadrant for children under age 14)	\$30.00

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D2000-D2999 RESTORATIVE		
AMALGAM RESTORATIONS (includes polishing; one filling per tooth per surface within 24 months)		
D2140	Amalgam, one surface – primary or permanent	\$20.00
D2150	Amalgam, two surfaces – primary or permanent	\$30.00
D2160	Amalgam, three surfaces – primary or permanent	\$40.00
D2161	Amalgam, four or more surfaces – primary or permanent	\$55.00
RESIN-BASED COMPOSITE RESTORATIONS (includes acid-etch, light cure & resin bonding; one filling per tooth per surface once within 24 month period)		
D2330	Resin-based composite – one surface, anterior	\$32.00
D2331	Resin-based composite – two surfaces, anterior	\$42.00
D2332	Resin-based composite – three surfaces, anterior	\$52.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle, anterior	\$100.00
D2390	Resin-based composite crown – anterior	\$70.00
D2391	Resin-based composite, one surface, posterior	\$45.00
D2392	Resin-based composite, two surfaces, posterior	\$55.00
D2393	Resin-based composite, three surfaces, posterior	\$65.00
D2394	Resin-based composite, four or more surfaces, posterior	\$115.00
INLAY/ONLAY RESTORATIONS (cast/laboratory restorations once every 60 months)		
D2510	Inlay – metallic – one surface	\$261.00
D2520	Inlay – metallic – two surfaces	\$336.00
D2530	Inlay – metallic – three or more surfaces	\$375.00
D2542	Onlay – metallic – two surfaces (must be 12 or older)	\$355.00
D2543	Onlay – metallic – three surfaces (must be 12 or older)	\$375.00
D2544	Onlay – metallic – four or more surfaces (must be 12 or older)	\$391.00
D2610	Inlay – porcelain/ceramic – one surface	\$317.00
D2620	Inlay – porcelain/ceramic – two surfaces	\$331.00
D2630	Inlay – porcelain/ceramic – three or more surfaces	\$374.00
D2642	Onlay – porcelain/ceramic – two surfaces (must be 12 or older)	\$375.00
D2643	Onlay – porcelain/ceramic – three surfaces (must be 12 or older)	\$391.00
D2644	Onlay – porcelain/ceramic four or more surfaces (must be 12 or older)	\$393.00
D2650	Inlay – composite/resin – one surface (laboratory processed)	\$317.00
D2651	Inlay – composite/resin – two surfaces (laboratory processed)	\$331.00
D2652	Inlay – composite/resin – three or more surfaces (laboratory processed)	\$374.00
D2662	Onlay – composite/resin – two surfaces (laboratory processed; must be 12 or older)	\$375.00
D2663	Onlay – composite/resin – three surfaces (laboratory processed; must be 12 or older)	\$391.00
D2664	Onlay – composite/resin – four or more surfaces (laboratory processed; must be 12 or older)	\$393.00
CROWNS – SINGLE RESTORATIONS (once every 60 months except children under age 12)		
D2710	Crown – resin (indirect)	\$433.00
D2712	Crown – 3/4 resin based composite (indirect) does not include facial veneers	\$433.00
D2720	Crown – resin with high noble metal	\$465.00
D2721	Crown – resin with predominantly base metal	\$450.00
D2722	Crown – resin with noble metal	\$450.00
D2740	Crown – porcelain/ceramic substrate	\$545.00
D2750	Crown – porcelain fused to high noble metal	\$570.00
D2751	Crown – porcelain fused to predominantly base metal	\$520.00
D2752	Crown – porcelain fused to noble metal	\$520.00
D2780	Crown – 3/4 cast high noble metal	\$393.00
D2781	Crown – 3/4 cast predominately base metal	\$368.00
D2782	Crown – 3/4 cast noble metal	\$391.00
D2783	Crown – 3/4 porcelain/ceramic	\$400.00
D2790	Crown – full cast high noble metal	\$507.00
D2791	Crown – full cast predominantly base metal	\$455.00
D2792	Crown – full cast noble metal	\$473.00
D2794	Crown – titanium	\$530.00
OTHER RESTORATIVE SERVICES		
D2910	Recement inlay (after 6 months of initial placement)	\$34.00
D2915	Recement cast or prefabricated post and core (once in lifetime)	\$34.00
D2920	Recement crown (once every 12 months per tooth after 6 months of initial placement)	\$27.00
D2930	Prefabricated stainless steel crown – primary tooth (once every 24 months)	\$90.00

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D2000-D2999	RESTORATIVE – Continued	
D2931	Prefabricated stainless steel crown – permanent tooth (once every 24 months)	\$90.00
D2932	Prefabricated resin crown (once every 24 months on anterior primary tooth)	\$66.00
D2933	Prefabricated stainless steel crown with resin window. Open face stainless steel crown with aesthetic resin facing or veneer. (once every 24 months on anterior primary tooth)	\$84.00
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth (once every 24 months on anterior primary tooth)	\$84.00
D2940	Sedative filling – once per tooth; excluded when definitive restoration is performed on tooth	\$30.00
D2950	Core build-up, including any pins (once per tooth per 60 months)	\$100.00
D2951	Pin retention – per tooth, in addition to restoration (once per permanent tooth during same appointment for restoration)	\$28.00
D2952	Post and core in addition to crown, indirectly fabricated (once per tooth, per 60 months)	\$141.00
D2953	Each additional indirectly fabricated post, same tooth, indirectly fabricated	\$77.00
D2954	Prefabricated post and core in addition to crown (once per tooth per 60 months)	\$105.00
D2961	Labial veneer (resin laminate) – laboratory (not covered if considered cosmetic; once per 60 months)	\$285.00
D2962	Labial veneer (porcelain laminate) – laboratory (not covered if considered cosmetic; once per 60 months)	\$436.00
D2970	Temporary crown – fractured tooth, by report (may be covered when treatment is definitive and no other restoration is planned)	\$104.00
D2971	Additional procedures to construct new crown under existing partial denture framework (once per tooth per 60 months)	\$54.00
D2980	Crown repair, by report (once per tooth per 12 months) after 6 months of initial placement	\$85.00
D3000-D3999	ENDODONTICS	
	PULP CAPPING (excluding final restoration or sedative filling for same tooth)	
D3110	Pulp cap direct	\$13.00
D3120	Pulp cap indirect	\$13.00
	PULPOTOMY	
D3220	Therapeutic pulpotomy (only on primary teeth, excluding final restoration; once per tooth per lifetime)	\$100.00
D3221	Gross pulpal debridement primary and permanent teeth (once per tooth per lifetime)	\$100.00
	ENDODONTIC THERAPY	
D3222	Therapeutic pulpotomy (once per permanent tooth per lifetime for patients under 19 years)	\$100.00
D3230	Pulpal therapy (resorbable filling) anterior primary tooth (excluding final restoration and on primary molar without a permanent successor)	\$90.00
D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration and on primary molar without a permanent successor)	\$102.00
	ENDODONTIC THERAPY (includes treatment plan, clinical procedures, and follow-up care)	
D3310	Anterior (excluding final restoration) retreatment not before 24 months	\$550.00
D3320	Bicuspid (excluding final restoration) retreatment not before 24 months	\$640.00
D3330	Molar (excluding final restoration) retreatment not before 24 months	\$780.00
D3331	Treatment of root canal obstruction; non-surgical access	\$127.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$234.00
D3333	Internal root repair of perforation defects	\$119.00
	ENDODONTIC RETREATMENT (includes complete root canal therapy)	
D3346	Retreatment of previous root canal therapy, anterior, by report (once per tooth after 24 months)	\$569.00
D3347	Retreatment of previous root canal therapy, bicuspid, by report (once per tooth after 24 months)	\$658.00
D3348	Retreatment of previous root canal therapy, molar, by report (once per tooth after 24 months)	\$776.00
D3351	Apexification/recalcification – initial visit. (apical closure/calific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4–6 months of healing or narrowing of canal	\$170.00
D3352	Apexification/recalcification – interim medication replacement (apical closure/calific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4–6 months of healing or narrowing of canal	\$83.00
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calific repair of perforations, root resorption, etc.)	\$179.00
D3410	Apicoectomy/periradicular surgery – anterior (once per tooth)	\$414.00

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D3000-D3999	ENDODONTICS – Continued	
D3421	Apicoectomy/periradicular surgery – bicuspid (first root; once per tooth)	\$446.00
D3425	Apicoectomy/periradicular surgery – molar (first root; once per tooth)	\$543.00
D3426	Apicoectomy/periradicular surgery – (each additional root; must be submitted with D3421 or D3425 on same date of service)	\$145.00
D3430	Retrograde filling (one per root up to maximum of 2 retrogrades on a molar)	\$138.00
D3450	Root amputation – per root (once per posterior tooth)	\$258.00
D3920	Hemisection (including any root removal), not including root canal therapy (once per posterior tooth)	\$194.00
D4000-D4999	PERIODONTICS (Limited to 2 Quadrants per Date of Service)	
	SURGICAL SERVICES (includes usual post-operative care)	
D4210	Gingivectomy or gingivoplasty – 4 or more contiguous teeth or tooth bounded spaces per quadrant for 5 mm or greater pocketing (once per quadrant per 36 months)	\$198.00
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant for 5 mm or greater pocketing (once per tooth per 36 months)	\$100.00
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant for 5mm or greater pocketing (once per quadrant per 36 months)	\$368.00
D4241	Gingival flap procedure, including root planning one to three contiguous teeth or tooth bounded spaces with 5mm or greater pocketing per quadrant (once per tooth per 36 months)	\$221.00
D4249	Clinical crown lengthening – hard tissue (covered when bone removed, once per tooth per 60 months)	\$379.00
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or tooth bounded spaces with 5mm or greater pocketing, once per quadrant per 36 months	\$600.00
D4261	Osseous surgery (including flap and closure) – one to three contiguous teeth or tooth bounded spaces with 5mm or greater pocketing, once per quadrant per 36 months	\$360.00
D4263	Bone replacement graft – first site in quadrant (once per site per 36 months)	\$230.00
D4264	Bone replacement graft – each additional site in quadrant, not to exceed 2 sites in a quadrant (once per site per 36 months)	\$134.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration (once per site per 36 months)	\$194.00
D4266	Guided tissue regeneration – resorbable barrier, per site (not to exceed 2 sites in a quadrant per 36 months)	\$341.00
D4267	Guided tissue regeneration – non-resorbable barrier, per site, (includes membrane removal; not to exceed 2 sites in a quadrant per 36 months)	\$358.00
D4270	Pedicle soft tissue graft procedure (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	\$401.00
D4271	Free soft tissue graft procedure (including donor site surgery; once per tooth per 36 months, not to exceed 2 teeth per 36 months)	\$401.00
D4273	Subepithelial connective tissue graft procedures (including donor site surgery; once per tooth per 36 months, not to exceed 2 teeth per 36 months)	\$626.00
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area; once per site per 36 months)	\$194.00
D4275	Soft tissue allograft, per site (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	\$405.00
D4276	Combined connective tissue and double pedicle graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	\$544.00
	NON-SURGICAL SERVICES (includes usual post-operative costs)	
D4341	Periodontal scaling and root planing – four or more teeth per quadrant with 4 mm pocketing (once per quadrant per 24 months)	\$97.00
D4342	Periodontal scaling and root planing – (once per quad per 24 months; one to three teeth per quadrant)	\$52.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (once)	\$60.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue (Once per tooth per 24 months 4 weeks after scaling and root planing)	\$42.00

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D4000-D4999	PERIODONTICS (Limited to 2 Quadrants per Date of Service) – Continued	
	OTHER PERIODONTAL SERVICES	
D4910	Periodontal maintenance procedures (following active therapy) (once per 3 months following active periodontal therapy)	\$75.00
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$49.00
D5000-D5999	PROSTHODONTICS (removable)	
	COMPLETE DENTURES (includes routine post-delivery care)	
D5110	Complete denture – maxillary (once per 60 months)	\$560.00
D5120	Complete denture – mandibular (once per 60 months)	\$560.00
D5130	Immediate denture – maxillary (once per lifetime)	\$565.00
D5140	Immediate denture – mandibular (once per lifetime)	\$565.00
	PARTIAL DENTURES (includes routine post-delivery care; once per arch per 60 months after 6 months from initial placement)	
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests, and teeth)	\$375.00
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests, and teeth)	\$375.00
D5213	Maxillary partial denture – cast metal framework with resin saddles (including any conventional clasps, rests, and teeth)	\$625.00
D5214	Mandibular partial denture – cast metal framework and resin saddles (including any conventional clasps, rests, and teeth)	\$625.00
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	\$625.00
D5226	Mandibular partial denture – flexible base (including clasps, rests and teeth)	\$625.00
D5281	Removable unilateral partial denture – one piece cast metal (including clasps and arch)	\$318.00
	ADJUSTMENTS TO DENTURES (2 adjustments per denture per 12 months after 6 months from initial placement)	
D5410	Adjust complete denture – maxillary	\$20.00
D5411	Adjust complete denture – mandibular	\$20.00
D5421	Adjust partial denture – maxillary	\$20.00
D5422	Adjust partial denture – mandibular	\$20.00
	REPAIRS TO COMPLETE DENTURES	
D5510	Repair broken complete denture base (once per arch per 12 months)	\$59.00
D5520	Replace missing or broken teeth (once per tooth per 12 months)	\$65.00
	REPAIRS TO PARTIAL DENTURES	
D5610	Repair resin denture base (once per arch per 12 months)	\$59.00
D5620	Repair cast framework (once per arch per 12 months)	\$59.00
D5630	Repair or replace broken clasp (once per tooth per 12 months)	\$59.00
D5640	Repair broken teeth – per tooth (once per tooth per 12 months)	\$65.00
D5650	Add tooth to existing partial denture (once per tooth per 12 months)	\$65.00
D5660	Add clasp to existing partial denture (once per tooth per 12 months)	\$70.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary; once in 60 months)	\$245.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular; once in 60 months)	\$245.00
	DENTURE REBASE PROCEDURES (once per arch per 36 months after 6 months from insertion)	
D5710	Rebase complete maxillary denture	\$185.00
D5711	Rebase complete mandibular denture	\$185.00
D5720	Rebase maxillary partial denture	\$110.00
D5721	Rebase mandibular partial denture	\$110.00
	DENTURE RELINE PROCEDURES (per arch per 36 months after 6 months from insertion)	
D5730	Reline complete maxillary denture (chair side)	\$93.00
D5731	Reline complete mandibular denture (chair side)	\$93.00
D5740	Reline maxillary partial denture (chair side)	\$93.00
D5741	Reline mandibular partial denture (chair side)	\$93.00
D5750	Reline complete maxillary denture (laboratory)	\$134.00
D5751	Reline complete mandibular denture (laboratory)	\$134.00
D5760	Reline maxillary partial denture (laboratory)	\$134.00
D5761	Reline mandibular partial denture (laboratory)	\$134.00

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D5000-D5999	PROSTHODONTICS (removable) – Continued	
	INTERIM PROSTHESIS	
D5820	Interim partial denture – maxillary (for replacement of anterior teeth during healing; once in 60 months)	\$228.00
D5821	Interim partial denture – mandibular (for replacement of anterior teeth during healing; once in 60 months)	\$228.00
D5850	Tissue conditioning (maxillary; up to twice per denture unit per 36 months)	\$41.00
D5851	Tissue conditioning (mandibular; up to twice per denture unit per 36 months)	\$41.00
D5860	Overdenture – complete, by report (once per arch per 60 months)	\$600.00
D5861	Overdenture – partial, by report (once per arch per 60 months)	\$565.00
D6000-D6199	IMPLANT SERVICES	
D6010	Surgical placement of implant body: endosteal implant (in lieu of 3 unit bridge; for age 16 and older; once per tooth per 60 months)	\$1,360.00
	IMPLANT SUPPORTED PROSTHETICS (Once per tooth per 60 months)	
D6056	Prefabricated abutment (includes placement)	\$468.00
D6057	Custom abutment (includes placement)	\$560.00
D6058	Abutment supported porcelain/ceramic crown	\$705.00
D6059	Abutment supported porcelain fused to metal crown (high noble)	\$665.00
D6060	Abutment supported porcelain fused to metal crown (base metal)	\$600.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$640.00
D6062	Abutment supported cast metal crown (high noble)	\$632.00
D6063	Abutment supported cast metal crown (base metal)	\$600.00
D6064	Abutment supported cast metal crown (noble metal)	\$620.00
D6065	Implant supported porcelain/ceramic crown	\$705.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$665.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$665.00
D6094	Abutment supported crown (titanium)	\$640.00
	REPAIRS, RECEMENT, OR REMOVAL	
D6090	Repair implant supported prosthesis, by report (once in 12 months per tooth)	\$76.00
D6092	Recement implant/abutment supported crown (once per tooth after 6 months from initial placement)	\$24.00
D6093	Recement implant/abutment supported fixed partial denture (once in 12 months after 6 months from initial placement)	\$35.00
D6095	Repair implant abutment, by report (once per year after 24 months of initial placement)	\$140.00
D6100	Implant removal, by report (once per tooth)	\$116.00
D6200-D6999	PROSTHODONTICS, FIXED (Each retainer and each pontic constitutes a unit in a fixed partial denture. For age 16 and older. Once per tooth per 60 months, unless otherwise noted.)	
	FIXED PARTIAL DENTURE PONTICS	
D6205	Pontic – indirect resin based composite	\$520.00
D6210	Pontic – cast high noble	\$510.00
D6211	Pontic – cast predominantly base metal	\$463.00
D6212	Pontic – cast noble metal	\$473.00
D6214	Pontic – titanium	\$520.00
D6240	Pontic – porcelain fused to high noble metal	\$570.00
D6241	Pontic – porcelain fused to predominantly base metal	\$520.00
D6242	Pontic – porcelain fused to noble metal	\$520.00
D6245	Pontic – porcelain ceramic substrate	\$500.00
D6250	Pontic – resin with high noble metal	\$552.00
D6251	Pontic – resin with predominantly base metal	\$442.00
D6252	Pontic – resin with noble metal	\$508.00
	FIXED PARTIAL DENTURE RETAINERS – INLAYS/ONLAYS	
D6545	Retainer – cast metal for resin bonded fixed prosthesis	\$251.00
D6602	Inlay – cast high noble metal two surfaces	\$344.00
D6603	Inlay – cast high noble metal three or more surfaces	\$379.00
D6604	Inlay – cast predominantly base metal two surfaces	\$394.00

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ADA CODE	PROCEDURE DESCRIPTION	MEMBER FEE**
D6200-D6999	PROSTHODONTICS, FIXED (Each retainer and each pontic constitutes a unit in a fixed partial denture. For age 16 and older. Once per tooth per 60 months, unless otherwise noted.) – Continued	
D6605	Inlay – cast predominantly base metal three or more surfaces	\$379.00
D6606	Inlay – cast noble metal two surfaces	\$394.00
D6607	Inlay – cast noble metal three or more surfaces	\$379.00
D6610	Onlay – cast high noble metal two surfaces	\$415.00
D6611	Onlay – cast high noble metal three or more surfaces	\$401.00
D6612	Onlay – cast predominantly base metal two surfaces	\$415.00
D6613	Onlay – cast predominantly base metal three or more surfaces	\$401.00
D6614	Onlay – cast noble metal two surfaces	\$415.00
D6615	Onlay – cast noble metal three or more surfaces	\$401.00
D6624	Inlay – titanium	\$401.00
D6634	Onlay – titanium	\$401.00
	FIXED PARTIAL DENTURE RETAINERS – CROWNS	
D6710	Crown – indirect resin based composite	\$502.00
D6720	Crown – resin with high noble metal	\$446.00
D6721	Crown – resin with predominantly base metal	\$425.00
D6722	Crown – resin with noble metal	\$425.00
D6740	Crown – porcelain/ceramic	\$506.00
D6750	Crown – porcelain fused to high noble	\$520.00
D6751	Crown – porcelain fused to predominantly base metal	\$475.00
D6752	Crown – porcelain fused to noble metal	\$475.00
D6780	Crown – 3/4 cast high noble metal	\$410.00
D6781	Crown – 3/4 cast predominately based metal	\$375.00
D6782	Crown – 3/4 cast noble metal	\$404.00
D6790	Crown – full cast high noble metal	\$512.00
D6791	Crown – full cast predominantly base metal	\$446.00
D6792	Crown – full cast noble metal	\$473.00
D6793	Provisional retainer crown (If used at least 6 months during multistage care)	\$156.00
D6794	Crown – titanium	\$502.00
	OTHER FIXED PARTIAL DENTURE SERVICES	
D6930	Recement fixed bridge (once every 12 months after 6 months from initial placement)	\$50.00
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$138.00
D6972	Prefabricated post and core in addition to bridge retainer	\$116.00
D6973	Core build-up for retainer, including any pins (not covered in conjunction with D6970 and D6972)	\$116.00
D6977	Each additional prefabricated post – same tooth	\$64.00
D6980	Bridge repair, by report (once every 12 months)	\$100.00
D6985	Pediatric partial denture – fixed (once per arch per 60 months)	\$375.00
D7000-D7999	ORAL AND MAXILLOFACIAL SURGERY	
D7111	Extraction coronal remnants – deciduous tooth (once per tooth)	\$40.00
D7140	Extraction – erupted tooth or exposed roots (elevation and/or forceps removal; once per tooth)	\$50.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth (once per tooth)	\$104.00
D7220	Removal of impacted tooth – soft tissue (once per tooth)	\$130.00
D7230	Removal of impacted tooth – partially bony (once per tooth)	\$190.00
D7240	Removal of impacted tooth – completely bony (once per tooth)	\$225.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications (once per tooth)	\$235.00
D7250	Surgical removal of residual tooth roots (once per tooth)	\$120.00
D7260	Oroantral fistula closure	\$689.00
D7261	Primary closure of a sinus perforation	\$200.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus (once per tooth)	\$414.00
D7285	Biopsy of oral tissue – hard (bone, tooth)	\$253.00
D7286	Biopsy of oral tissue – soft	\$259.00
D7287	Exfoliative cytological sample collection	\$50.00
D7288	Brush biopsy – transepithelial sample collection	\$40.00
D7310	Alveoloplasty in conjunction with extractions – per quadrant (once per quadrant per lifetime)	\$201.00

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ADA CODE	PROCEDURE DESCRIPTION	MEMBER FEE**
D7000-D7999	ORAL AND MAXILLOFACIAL SURGERY – Continued	
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces per quadrant (once per quadrant)	\$132.00
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces per quadrant (no extractions performed in a quadrant; once per quadrant)	\$276.00
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces per quadrant (once per quadrant)	\$228.00
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	\$690.00
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$1,322.00
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure (once per site)	\$322.00
D7963	Frenuoplasty (once per site)	\$322.00
D7970	Excision of hyperplastic tissue – per arch	\$322.00
D7971	Excision of pericoronal gingiva	\$106.00
D7980	Sialolithotomy	\$644.00
D7981	Excision of salivary gland, by report	\$2,300.00
D7982	Sialodochoplasty	\$1,380.00
D7983	Closure of salivary fistula	\$1,196.00
D9000-D9999	ADJUNCTIVE GENERAL SERVICES	
	UNCLASSIFIED TREATMENT	
D9110	Palliative (emergency) treatment of dental pain – minor procedure (per visit basis, once on same date; limit 3 times per 12 months)	\$35.00
D9120	Fixed partial denture sectioning (once per tooth)	\$35.00
	ANESTHESIA	
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$14.00
D9220	Deep sedation/general anesthesia – up to 30 minutes (covered when administered with covered surgery)	\$160.00
D9221	Deep sedation/general anesthesia – each additional 15 minutes (covered when administered with covered surgery)	\$65.00
D9241	Intravenous conscious sedation/analgesia – up to 30 minutes (covered when administered with covered surgery)	\$115.00
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes (covered when administered with covered surgery by licensed dentist in a dental office)	\$55.00
D9248	Non-Intravenous conscious sedation	\$89.00
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician (not covered in conjunction with an examination/evaluation)	\$40.00
D9940	Occlusal guard, by report (includes adjustments or repairs 6 months after delivery; once in 60 months when delivered within 36 months following active periodontal treatment)	\$220.00
D9942	Repair or reline of an occlusal guard (Only when D9940 has been benefited and after 6 months of initial placement)	\$82.00

PLAN PROVISIONS

- Referral Forms are not required to see Participating Specialists.
- Recognized and accepted ADA-CDT procedure codes must be used when reporting treatment and assessing member fees. Use of alternative or new materials must correspond to a recognized ADA-CDT procedure code.
- Procedures "Not Covered" by the Plan may be charged at the Participating Dentist's usual and customary fee(s).
- Dental procedures performed solely for esthetic or cosmetic reasons are not covered services under the Plan, and the patient may be charged the Participating Dentist's usual and customary fees(s).
- It is recommended that Participating Dentist's contact the Plan, or submit a pre-treatment estimate, prior to providing treatment for services of \$600.00 or more.
- Patient will be liable for all hospital costs in the event dental treatment is provided in a hospital.
- Fluoride Toothpaste is only covered following periodontal surgery and must be dispensed in the dentist's office.
- Recement or repair onlay falls under procedure codes D2920 (Recement crown) or D2980 (Crown repair).
- No benefits are provided for dental services rendered by a non-plan participating dentist, except in the case of an out-of-area emergency or when the Plan has given the member a referral to a non-plan participating dentist. For these exceptions, the member is responsible for filing claims forms for reimbursement.
- Plan benefits may be verified by contacting the Dominion USA Member Services Department at 800-334-6277.

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Access ePPO Member Fee Schedule C2 - additional fees

ADA CODE	PROCEDURE DESCRIPTION	MEMBER FEE(S)
D3950	Canal prep/fitting of preformed dowel or post	0
D7510	Incision/drainage of abscess - intraoral soft.....	175
D9215	Local anesthesia	0
D9980	Sterilization surcharge.....	0

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