

2013 Schedule of Covered Dental Services and Coinsurance
THIS IS THE SNP 001 PLAN WITH A \$1000 MAX PER YEAR INCLUDING PREVENTIVE SERVICES

ADA Code	Covered Service	Member Pays	Frequency
Clinical Oral Evaluations			
D0120	Periodic oral evaluation	0%	2 per year
D0140	Limited oral evaluation - problem-focused	0%	
D0150	Comprehensive oral exam	0%	
D0180	Comprehensive periodontal evaluation	0%	
Radiographs / Diagnostic Imaging (including Interpretation)			
D0210	Intraoral - complete series, including bitewings	0%	1 per year
D0220	Intraoral - periapical, first film	0%	
D0230	Intraoral - periapical, each additional film	0%	
D0270	Bitewings - single film	0%	
D0272	Bitewings - two films	0%	
D0274	Bitewings - four films	0%	
D0330	Panoramic film	0%	
Preventive and Fluoride Treatments			
D1110	Prophylaxis - adult	0%	2 per year
D1204	Topical application of fluoride - without prophylaxis - adult	0%	2 per year
Amalgam Restorations - primary or permanent (posterior composites paid at amalgam fee and mbr is resp for the difference)			
D2140	Amalgam - one surface, primary or permanent	20%	
D2150	Amalgam - two surfaces, primary or permanent	20%	
D2160	Amalgam - three surfaces, primary or permanent	20%	
D2161	Amalgam - four or more surfaces, primary or permanent	20%	
Resin-Based Composite Restorations			
D2330	Resin-based composite - one surface, anterior	20%	
D2331	Resin-based composite - two surfaces, anterior	20%	
D2332	Resin-based composite - three surfaces, anterior	20%	
D2335	Resin-based composite - four or more surfaces, or involving incisal angle, anterior	20%	
Crowns and Crown Repair			
D2710	Crown - resin-based composite indirect	50%	
D2740	Crown - porcelain / ceramic substrate	50%	
D2751	Crown - porcelain fused to predominantly base metal	50%	
D2781	Crown - 3/4 cast predominately base metal	50%	
D2791	Crown - full cast predominantly base metal	50%	
D2910	Recement inlay onlay, or partial coverage restoration	50%	
D2915	Recement cast or prefabricated post and core	50%	
D2920	Recement crown	50%	
D2940	Sedative filling	50%	
D2950	Core build up, including any pins	50%	
D2954	Prefabricated post and core, in addition to crown	50%	
Endodontics			
D3221	Pulpal debridement - primary and permanent teeth	20%	
D3230	Pulpal therapy - resorbable filling - anterior, primary tooth, excluding final restoration	20%	
D3240	Pulpal therapy - resorbable filling - posterior, primary tooth, excluding final restoration	20%	
D3310	Root canal - anterior, excluding final restoration	20%	
D3320	Root canal - bicuspid, excluding final restoration	20%	
D3330	Root canal - molar, excluding final restoration	20%	
D3346	Retreatment of previous root canal therapy - anterior	20%	
D3347	Retreatment of previous root canal therapy - bicuspid	20%	
D3348	Retreatment of previous root canal therapy - molar	20%	
D3430	Retrograde filling - per root	20%	
D3450	Root amputation - per root	20%	
Periodontics			
D4210	Gingivectomy / Gingivoplasty - four or more contiguous teeth or bounded teeth spaces, per quadrant	20%	
D4211	Gingivectomy / Gingivoplasty - one to three contiguous teeth or bounded teeth spaces, per quadrant	20%	
D4240	Gingival flap procedure - including root planing - four or more contiguous teeth or bounded teeth spaces, per quadrant	20%	
D4241	Gingival flap procedure - including root planing - one to three contiguous teeth or bounded teeth spaces, per quadrant	20%	
D4260	Osseous surgery - including flap entry and closure - four or more contiguous teeth or bounded teeth spaces, per quadrant	20%	
D4261	Osseous surgery - including flap entry and closure - one to three contiguous teeth or bounded teeth spaces, per quadrant	20%	
D4341	Periodontal scaling and root planing - four or more teeth, per quadrant	20%	
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	20%	
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	20%	
D4910	Periodontal maintenance	20%	
Dentures			
D5110	Complete denture - maxillary (upper)	50%	
D5120	Complete denture - mandibular (lower)	50%	
D5130	Immediate denture - maxillary (upper)	50%	
D5140	Immediate denture - mandibular (lower)	50%	
D5211	Maxillary (upper) partial denture - resin base, including any conventional clasps, rests, and teeth	50%	
D5212	Mandibular (lower) partial denture - resin base, including any conventional clasps, rests, and teeth	50%	
D5213	Maxillary (upper) partial denture - cast metal	50%	
D5214	Mandibular (lower) partial denture - metal	50%	

ADA Code	Covered Service	Member Pays	Frequency
Denture Repair, Reline, and Rebase			
D5410	Adjust complete denture - maxillary (upper)	50%	
D5411	Adjust complete denture - mandibular (lower)	50%	
D5421	Adjust partial denture - maxillary (upper)	50%	
D5422	Adjust partial denture - mandibular (lower)	50%	
D5510	Repair broken complete denture base	50%	
D5520	Replace missing or broken teeth - complete denture, each tooth	50%	
D5610	Repair resin denture base	50%	
D5620	Repair cast framework	50%	
D5630	Repair or replace broken clasp	50%	
D5640	Replace broken teeth - per tooth	50%	
D5650	Add tooth to existing partial denture	50%	
D5660	Add clasp to existing partial denture	50%	
D5670	Replace all teeth and acrylic on cast metal framework - maxillary (upper)	50%	
D5671	Replace all teeth and acrylic on cast metal framework - mandibular	50%	
D5710	Rebase complete maxillary (upper) denture	50%	
D5711	Rebase complete mandibular (lower) denture	50%	
D5720	Rebase maxillary (upper) partial denture	50%	
D5721	Rebase mandibular (lower) partial denture	50%	
D5730	Reline complete maxillary (upper) denture - chairside	50%	
D5731	Reline complete mandibular (lower) denture - chairside	50%	
D5740	Reline maxillary (upper) partial denture - chairside	50%	
D5741	Reline mandibular (lower) partial denture - chairside	50%	
D5750	Reline complete maxillary (upper) denture - laboratory	50%	
D5751	Reline complete mandibular (lower) denture - laboratory	50%	
D5760	Reline maxillary (upper) partial denture - laboratory	50%	
D5761	Reline mandibular (lower) partial denture - laboratory	50%	
Bridge and Bridge Repair			
D6205	Pontic - indirect resin-based composite	50%	
D6211	Pontic - cast predominately base metal	50%	
D6241	Pontic - porcelain fused to predominantly base metal	50%	
D6245	Pontic - porcelain / ceramic	50%	
D6251	Pontic - resin with predominantly base metal	50%	
D6740	Crown - porcelain / ceramic	50%	
D6751	Crown - porcelain fused to metal	50%	
D6781	Crown - 3/4 cast predominately base metal	50%	
D6791	Crown - full cast base metal	50%	
D6930	Recement fixed partial denture	50%	
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	50%	
D6972	Prefabricate post and core plus retainer	50%	
D6973	Core build up for retainer, including any pins	50%	
Simple and Surgical Extractions			
D7111	Extraction - coronal remnants, deciduous tooth	50%	
D7140	Extraction - erupted tooth or exposed root	0%	
D7210	Surgical removal of erupted tooth	20%	
D7220	Removal of impacted tooth - soft tissue	20%	
D7230	Removal of impacted tooth - partially bony	20%	
D7240	Removal of impacted tooth - completely bony	20%	
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	20%	
D7250	Surgical removal of residual tooth roots	20%	
Oral Surgery			
D7260	Oroantral fistula closure	50%	
D7261	Primary closure of a sinus perforation	50%	
D7285	Biopsy of oral tissue - hard - bone, tooth	50%	
D7286	Biopsy of oral tissue - soft	50%	
D7310	Alveoloplasty - in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	50%	
D7311	Alveoloplasty - in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	50%	
D7320	Alveoloplasty - not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	50%	
D7321	Alveoloplasty - not in conjunction with extractions one to three teeth or tooth spaces, per quadrant	50%	
D7410	Excision of benign lesion - up to 1.25 cm	50%	
D7411	Excision of benign lesion - greater than 1.25 cm	50%	
D7412	Excision of benign lesion - complicated	50%	
D7471	Removal of lateral exostosis - maxilla or mandible	50%	
D7472	Removal of torus palatinus	50%	
D7473	Removal of torus mandibularis	50%	
D7485	Surgical reduction of osseous tuberosity	50%	
D7510	Incision and drainage of abscess - intraoral soft tissue	50%	
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated, includes drainage of multiple fascial spaces	50%	
D7960	Frenulectomy - frenectomy or frenotomy - separate procedure	50%	
D7963	Frenuloplasty	50%	
D7970	Excision of hyperplastic tissue - per arch	50%	
D7971	Excision of pericoronal gingiva	50%	
Adjunctive			
D9110	Palliative (emergency) treatment of dental pain - minor procedure	20%	
D9220	Deep sedation / general anesthesia - first 30 minutes	50%	
D9221	Deep sedation / general anesthesia - each additional 15 minutes	50%	
D9230	Analgesia - anxiety, inhalation of nitrous oxide - first 15 minutes	50%	
D9230	Analgesia - anxiety, inhalation of nitrous oxide - each additional 15 minutes	50%	
D9241	Intravenous conscious sedation / analgesia - first 30 minutes	50%	
D9242	Intravenous conscious sedation / analgesia - each additional 15 minutes	50%	
D9248	Non-intravenous conscious sedation	50%	
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	50%	
D9430	Office visit for observation - during regularly scheduled hours, no other services performed	50%	
D9440	Office visit - after regularly scheduled hours	50%	