

**UDC Dental California, Inc.
400 Capitol Mall, 22nd Floor
Sacramento, California 95814
800-443-2995**

PLUS COPAYMENT SCHEDULE

Benefits provided by:

**UDC Dental California, Inc.
400 Capitol Mall, 22nd Floor
Sacramento, California 95814
800-443-2995**

This Plan provides only for services performed by a Plan Dentist or a Plan Specialist, except in the case of (i) Emergency Dental Services, (ii) Urgent Services outside the Service Area, (iii) an unavailable Plan Dentist or an unavailable Plan Specialist, and (iv) reimbursable services by a non-Plan Dentist or a non-Plan Specialist, (see section 4.2 under Article IV in the Combined Evidence of Coverage and Disclosure Form). In situations involving Emergency Dental Services, a Member may go to any available dentist. Plan covers Urgent Services by a non-Plan Dentist or a non-Plan Specialist outside the Service Area as a Plan Benefit.

The dental services covered under the Plan and the copayment amount for those services may be different for Plan Dentists versus Plan Specialists. Not all dental services listed in **Section 1. PLAN DENTIST SERVICES** are included in **Section 2. PLAN SPECIALIST SERVICES**. Not all dental services listed in **Section II. PLAN SPECIALIST SERVICES** are included in **Section 1. PLAN DENTIST SERVICES**. If a Member sees a Plan Dentist for services not listed in **Section 1. PLAN DENTIST SERVICES**, the dental services will not be covered under the Plan and the Plan Dentist may charge the Member the usual and customary rate for those services. If a Member sees a Plan Specialist for services not listed in **Section 2. PLAN SPECIALIST SERVICES**, the dental services will not be covered under the Plan and the Plan Specialist may charge the Member the usual and customary rate for those services.

1. PLAN DENTIST SERVICES (subject to limitations and exclusions listed in the Combined Evidence of Coverage and Disclosure Form):

This Copayment Schedule provides a complete list of dental services covered under the Plan. These dental services are covered only when provided by Member's selected Plan Dentist. Dental services that do not appear on this list are not covered by this Plan. Member will be responsible for paying the amount listed in the "Member Copayment" column at the time the service is received or in accordance with selected Plan Dentist's billing procedures. To fully understand the benefits, exclusions and limitations of this plan, Member should consult the Combined Evidence of Coverage and Disclosure Form to determine specific dental coverage.

ADA*** Service*** Code	Description	Member Copayment
Appointments		
D0120	Periodic oral evaluation – established patient.....	No Charge
D0140	Limited oral evaluation - problem focused	No Charge
D0150	Comprehensive oral evaluation – new or established patient	No Charge
D0180	Comprehensive periodontal evaluation - new or established patient	No Charge
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	No Charge
D9440	Office visit – after regularly scheduled hours	20.00

**Service may also require separate payment by the Member for the entire cost of any precious or semi-precious alloy used in their fabrication.*

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ADA*** Service*** Code	Description	Member Copayment
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Diagnostic Dentistry

D0210	Intraoral - complete series of radiographic images.....	No Charge
D0220	Intraoral - periapical first radiographic image.....	No Charge
D0230	Intraoral - periapical each additional radiographic image	No Charge
D0240	Intraoral occlusal radiographic image	No Charge
D0250	Extraoral- 2D projection radiographic image created using a stationary radiation source, and detector	No Charge
D0260	Extraoral - each additional radiographic image.....	No Charge
D0270	Bitewing - single radiographic image	No Charge
D0272	Bitewing - two radiographic images	No Charge
D0274	Bitewing - four radiographic images.....	No Charge
D0330	Panoramic radiographic image	No Charge
D0415	Collection of microorganisms for culture and sensitivity	No Charge
D0425	Caries susceptibility tests.....	No Charge
D0460	Pulp vitality tests	No Charge
D0470	Diagnostic casts	No Charge
None	Periodontal probing in the presence of periodontal disease***	10.00

Preventive Dentistry

D1110	Prophylaxis - adult (once every 6 months)	No Charge
D1120	Prophylaxis – child (once every 6 months)	No Charge
D1206	Topical application of fluoride varnish	No Charge
D1310	Nutritional counseling for control of dental disease	No Charge
D1330	Oral hygiene instructions.....	No Charge
D1351	Sealant - per tooth.....	10.00
D1510	Space maintainer - fixed – unilateral	70.00
D1516	Space maintainer – fixed – bilateral, maxillary.....	70.00
D1517	Space maintainer – fixed – bilateral, mandibular.....	70.00
D1520	Space maintainer - removable - unilateral	80.00
D1526	Space maintainer – removable – bilateral, maxillary	80.00
D1527	Space maintainer – removable – bilateral, mandibular.....	80.00
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	No Charge
D1552	Re-cement or re-bond bilateral space maintainer – mandibular.....	No Charge
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	No Charge

Restorative Dentistry

D2140	Amalgam - one surface, primary or permanent****	No Charge
D2150	Amalgam - two surfaces, primary or permanent****	No Charge
D2160	Amalgam - three surfaces, primary or permanent****	No Charge
D2161	Amalgam - four or more surfaces, primary or permanent****	No Charge
D2330	Resin-based composite - one surface, anterior****	No Charge
D2331	Resin-based composite - two surfaces, anterior****	No Charge
D2332	Resin-based composite - three surfaces, anterior****	No Charge
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
D2740	Crown - porcelain/ceramic	185.00
D2750	Crown - porcelain fused to high noble metal*	195.00
D2751	Crown - porcelain fused to predominantly base metal.....	195.00
D2752	Crown - porcelain fused to noble metal*	195.00
D2790	Crown - full cast high noble metal*	95.00
D2791	Crown -full cast predominantly base metal	95.00
D2792	Crown - full cast noble metal.....	95.00

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ADA*** Service*** Code	Description	Member Copayment
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration.....	5.00
D2920	Re-cement or re-bond crown	5.00
D2930	Prefabricated stainless steel crown - primary tooth	25.00
D2940	Protective restoration	No Charge
D2950	Core buildup, including any pins	25.00
D2951	Pin retention - per tooth, in addition to restoration	5.00
D2952	Cast post and core, in addition to crown***	35.00
D2954	Prefabricated post and core, in addition to crown***	50.00
D2960	Labial veneer (resin laminate) - chairside	100.00
D2980	Crown repair necessitated by restorative material failure	25.00
None	Temporary filling***	No Charge

Endodontics

D3110	Pulp cap - direct (excluding final restoration).....	No Charge
D3120	Pulp cap – indirect (excluding final restoration)	No Charge
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	10.00
D3310	Anterior (excluding final restoration)	95.00
D3320	–Endodontic therapy, premolar tooth (excluding final restoration)	130.00
D3330	Molar (excluding final restoration)	165.00
D3346	Retreatment of previous root canal therapy - anterior	95.00
D3347	Retreatment of previous root canal therapy - premolar	130.00
D3348	Retreatment of previous root canal therapy - molar	165.00
D3410	Apicoectomy - anterior	125.00
D3421	Apicoectomy - premolar (first root).....	160.00
D3425	Apicoectomy - molar (first root)	180.00
D3426	Apicoectomy each additional root	75.00
D3430	Retrograde filling – per root.....	50.00
D3450	Root amputation – per root	75.00
D3920	Hemisection (including any root removal), not including root canal therapy	100.00

Periodontics

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.....	100.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant..	60.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure), four or more contiguous teeth or tooth bounded spaces per quadrant	250.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure), one to three contiguous teeth or tooth bounded spaces per quadrant.....	155.00
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns.....	60.00
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns.....	50.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	40.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant.....	25.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	35.00
D4910	periodontal maintenance.....	25.00
None	Periodontal hygiene instructions***	No Charge

Removable Prosthodontics

D5110	Complete denture – maxillary	125.00
D5120	Complete denture - mandibular	125.00
D5130	Immediate denture – maxillary	140.00
D5140	Immediate denture - mandibular	140.00

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ADA*** Service*** Code	Description	Member Copayment
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth).....	135.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	135.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).....	150.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).....	150.00
D5410	Adjust complete denture - maxillary	10.00
D5411	Adjust complete denture - mandibular	10.00
D5421	Adjust partial denture – maxillary	10.00
D5422	Adjust partial denture - mandibular	10.00
D5511	Repair broken complete denture base, mandibular.....	30.00
D5512	Repair broken complete denture base, maxillary.....	30.00
D5611	Repair resin partial denture base, mandibular	30.00
D5612	Repair resin partial denture base, maxillary.....	30.00
D5621	Repair cast partial framework, mandibular	30.00
D5622	Repair cast partial framework, maxillary	30.00
D5630	Repair or replace broken clasp – per tooth.....	30.00
D5640	Replace broken teeth - per tooth	30.00
D5650	Add tooth to existing partial denture	30.00
D5730	Reline complete maxillary denture (chairside).....	40.00
D5731	Reline complete mandibular denture (chairside)	40.00
D5740	Reline maxillary partial denture (chairside).....	40.00
D5741	Reline mandibular partial denture (chairside)	40.00
D5750	Reline complete maxillary denture (laboratory)	65.00
D5751	Reline complete mandibular denture (laboratory).....	65.00
D5760	Reline maxillary partial denture (laboratory)	65.00
D5761	Reline mandibular partial denture (laboratory).....	65.00
D5850	Tissue conditioning, maxillary	10.00
D5851	Tissue conditioning, mandibular	10.00

Fixed Prosthodontics

D6210	Pontic - cast high noble metal*	115.00
D6211	Pontic - cast predominantly base metal	115.00
D6212	Pontic - cast noble metal*	115.00
D6240	Pontic - porcelain fused to high noble metal*	210.00
D6241	Pontic - porcelain fused to predominantly base metal	210.00
D6242	Pontic - porcelain fused to noble metal*	210.00
D6721	Retainer crown – resin with predominately base metal	90.00
D6750	Retainer crown - porcelain fused to high noble metal*	210.00
D6751	Retainer crown - porcelain fused to predominantly base metal	210.00
D6752	Retainer crown - porcelain fused to noble metal*	210.00
D6790	Retainer crown - full cast high noble metal*	115.00
D6791	Retainer crown - full cast predominantly base metal	115.00
D6792	Retainer crown - full cast noble metal*	115.00
D6930	Re-cement or re-bond fixed partial denture	10.00
D6940	Stress breaker.....	90.00
D6980	Fixed partial denture repair, by report.....	40.00

Oral Surgery

D7111	Extraction, coronal remnants – primary tooth	17.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	17.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.....	30.00

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ADA*** Service*** Code	Description	Member Copayment
D7220	Removal of impacted tooth - soft tissue.....	60.00
D7230	Removal of impacted tooth - partially bony.....	70.00
D7240	Removal of impacted tooth - completely bony.....	100.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	120.00
D7250	Removal of residual tooth roots (cutting procedure).....	30.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	100.00
D7280	Exposure of an erupted tooth.....	150.00
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	35.00
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces per quadrant	70.00
D7471	Removal of lateral exostosis (maxilla or mandible)	95.00
D7510	Incision and drainage of abscess – intraoral soft tissue	30.00
D7961	Buccal/labial frenectomy (frenulectomy)	70.00
D7962	Lingual frenectomy (frenulectomy).....	70.00

Orthodontics

None	Diagnostic workup with radiographs/model***	175.00
D8030	Limited orthodontic treatment of the adolescent dentition	900.00
D8040	Limited orthodontic treatment of the adult dentition	1000.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition.....	1695.00
D8090	Comprehensive orthodontic treatment of the adult dentition	1895.00
D8660	Pre-orthodontic treatment examination to monitor growth and development.....	35.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	95.00
None	Adjusting retainer, by report***.....	No Charge
None	Elastics, by report***	No Charge
None	Final orthodontics records, by report***	125.00
None	Reattached brackets and bands (limit 3 times)***	7.00
None	Replace broken ligature wires (limit 3 times)***	5.00
None	Premium transparent brackets, per arch***	200.00

Other Services

D9215	Local anesthesia	No Charge
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	15.00
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	120.00
D9944	Occlusal guard – hard appliance, full arch adjustment.....	100.00
D9945	Occlusal guard – soft appliance, full arch	100.00
D9946	Occlusal guard – hard appliance, partial arch.....	100.00
D9972	External bleaching, per arch performed in office	175.00
None	External bleaching, both arches***	300.00

The above are covered orthodontic services when provided by a Plan Dentist or a Plan Specialist. Services not specifically included within the following definitions are not covered by the Plan.

I. **Limited Orthodontic Treatment of Primary, Transitional (mixed primary and permanent), Adolescent, or Adult Dentition.** This is treatment that does not involve all the existing teeth in both upper and/or lower arches. This limited treatment is a one-time treatment in an arch to correct crowding, close an open space between teeth, or upright a malposed tooth. Limited orthodontic treatment for primary, transitional, adolescent and adult teeth is limited to 18 consecutive months of continuous treatment.

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II. **Orthodontic Treatment of Adolescent/Adult Dentition.** This is treatment that consists of diagnosis by oral exam, radiographs and study casts (models of teeth/arches) followed by banding and /or bracketing of teeth for active treatment and correction of class I and class II jaw relationships. Comprehensive treatment is followed by a 12-month retention treatment or stage involving construction, placement of retainers and follow-up exams of retained teeth. The comprehensive phase of treatment is limited to 24 consecutive months of continuous treatment. Members are eligible for this treatment once per lifetime. Retention treatment is limited to 12 consecutive months.

2. PLAN SPECIALIST SERVICES (subject to limitations and exclusions listed in the Combined Evidence of Coverage and Disclosure Form):

Should member require dental services that the selected Plan Dentist is unable to provide, he may obtain those services from a Plan Specialist. No referral is needed for services from a Plan Specialist. The following Copayment schedule applies to covered services when they are provided by a Plan Specialist. Dental services that do not appear on this list are not covered by this Plan. If the member receives a service listed on the schedule he will be responsible for paying the amount in the "Member Copayment" column at the time the service is received, or in accordance with the Plan Specialist's billing procedures.

ADA*** Service*** Code	Description	Member Copayment
<u>Appointments</u>		
D0140	Limited oral evaluation - problem focused	No Charge
D0150	Comprehensive oral evaluation – new or established patient	No Charge
D0180	Comprehensive periodontal evaluation – new or established patient	No Charge
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	No Charge
<u>Diagnostic Dentistry</u>		
D0210	Intraoral - complete series of radiographic images	25.00
D0220	Intraoral – periapical, first radiographic images	No Charge
D0230	Intraoral - periapical each additional radiographic image	No Charge
D0240	Intraoral - occlusal radiographic image	No Charge
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	No Charge
D0260	Extraoral - each additional radiographic image	No Charge
D0330	Panoramic radiographic image	25.00
D0415	Collection of microorganisms for culture and sensitivity	No Charge
D0425	Caries susceptibility tests	No Charge
D0460	Pulp vitality tests	No Charge
D0470	Diagnostic casts	No Charge
None	Periodontal probing in the presence of periodontal disease***	10.00
<u>Preventive Dentistry</u>		
D1110	Prophylaxis - adult (once every 6 months)	No Charge
D1120	Prophylaxis – child (once every 6 months)	No Charge
D1206	Topical application of fluoride varnish	No Charge
D1351	Sealant - per tooth	10.00
D1510	Space maintainer - fixed – unilateral	70.00
D1516	Space maintainer – fixed – bilateral, maxillary	70.00
D1517	Space maintainer – fixed – bilateral, mandibular	70.00
D1520	Space maintainer removable - unilateral	80.00
D1526	Space maintainer – removable – bilateral, maxillary	80.00
D1527	Space maintainer – removable – bilateral, mandibular	80.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	No Charge
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	No Charge
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	No Charge

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ADA*** Service*** Code	Description	Member Copayment
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Restorative Dentistry

D2140	Amalgam - one surface, primary or permanent****	No Charge
D2150	Amalgam - two surfaces, primary or permanent****	No Charge
D2160	Amalgam - three surfaces, primary or permanent****	No Charge
D2161	Amalgam - four or more surfaces, primary or permanent****	No Charge
D2330	Resin-based composite - one surface, anterior****	No Charge
D2331	Resin-based composite - two surfaces, anterior****	No Charge
D2332	Resin-based composite - three surfaces, anterior****	No Charge
D2930	Prefabricated stainless steel crown - primary tooth	25.00
D2940	Protective restoration	No Charge

Endodontics

D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	10.00
D3310	Anterior (excluding final restoration)	95.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	130.00
D3330	Molar (excluding final restoration)	165.00
D3346	Retreatment of previous root canal therapy - anterior	95.00
D3347	Retreatment of previous root canal therapy - premolar	130.00
D3348	Retreatment of previous root canal therapy - molar	165.00
D3410	Apicoectomy - anterior	125.00
D3421	Apicoectomy - premolar (first root)	160.00
D3425	Apicoectomy - molar (first root)	180.00
D3426	Apicoectomy - each additional root	75.00
D3430	Retrograde filling – per root	50.00
D3450	Root amputation – per root	75.00
D3920	Hemisection (including any root removal), not including root canal therapy	100.00

Periodontics

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	100.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant..	60.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	250.00
D4261	Osseous surgery (including elevation of full thickness flap and closure), one to three contiguous teeth or tooth bounded spaces per quadrant	155.00
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	60.00
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	50.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	40.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	25.00
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit.	35.00
D4910	Periodontal maintenance	25.00
None	Periodontal hygiene instructions***	No Charge

Removable Prosthodontics

D5850	Tissue conditioning - maxillary	10.00
D5851	Tissue conditioning – mandibular	10.00

Oral Surgery

D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of muscoperiosteal flap if indicated	30.00
D7220	Removal of impacted tooth - soft tissue	60.00

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ADA*** Service*** Code	Description	Member Copayment
D7230	Removal of impacted tooth - partially bony.....	70.00
D7240	Removal of impacted tooth - completely bony.....	100.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	120.00
D7250	Removal of residual tooth roots (cutting procedure).....	30.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	100.00
D7280	Exposure of an erupted tooth.....	150.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	35.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	70.00
D7471	Removal of lateral exostosis (maxilla or mandible)	95.00
D7510	Incision and drainage of abscess – intraoral soft tissue	30.00
D7961	Buccal/labial frenectomy (frenulectomy)	70.00
D7962	Lingual frenectomy (frenulectomy).....	70.00

Orthodontics

None	Diagnostic workup with radiographs/model***	175.00
D8030	Limited orthodontic treatment of the adolescent dentition	900.00
D8040	Limited orthodontic treatment of the adult dentition	1000.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition.....	1695.00
D8090	Comprehensive orthodontic treatment of the adult dentition	1895.00
D8660	Pre-orthodontic treatment examination to monitor growth and development.....	35.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	95.00
None	Adjusting retainer, by report***	No Charge
None	Elastics, by report***	No Charge
None	Final orthodontics records, by report***	125.00
None	Reattached brackets and bands (limit 3 times)***	7.00
None	Replace broken ligature wires (limit 3 times)***	5.00
None	Premium transparent brackets, per arch***	200.00

Other Services

D9215	Local anesthesia	No Charge
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	15.00
D9241	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.....	120.00

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- III. **Limited Orthodontic Treatment of Primary, Transitional (mixed primary and permanent), Adolescent, or Adult Dentition.** This is treatment that does not involve all the existing teeth in both upper and/or lower arches. This limited treatment is a one-time treatment in an arch to correct crowding, close an open space between teeth, or upright a malposed tooth. Limited orthodontic treatment for primary, transitional, adolescent and adult teeth is limited to 18 consecutive months of continuous treatment.
- IV. **Orthodontic Treatment of Adolescent/Adult Dentition.** This is treatment that consists of diagnosis by oral exam, radiographs and study casts (models of teeth/arches) followed by banding and /or bracketing of teeth for active treatment and correction of class I and class II jaw relationships. Comprehensive treatment is followed by a 12-month retention treatment or stage involving construction, placement of retainers and follow-up exams of retained teeth. The comprehensive phase of treatment is limited to 24 consecutive months of continuous treatment. Members are eligible for this treatment once per lifetime. Retention treatment is limited to 12 consecutive months.

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