



Code	Description	Copayment	
		Child 18 and under	Adult 19+

Plan Information

Failed (no show)/ missed appointments are charged to patient according to office policy.

	Annual Maximum	None	None
D9543	Office Visit	15	10
	Deductible	0	0
	Out of Pocket Maximum	1000	N/A
	Specialty Services Covered	Yes	No

Services must be performed by a Dental Health Services participating dentist. Specialty services must be pre-authorized and is only available for children 18 and under.

Diagnostic

D0120	Periodic oral evaluation - established patient	0	5
D0140	Limited oral evaluation - problem focused	0	5
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	0	5
D0150	Comprehensive oral evaluation - new or established patient	0	7
D0160	Detailed and extensive oral evaluation - problem focused, by report	20	40
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	7	10
D0180	Comprehensive periodontal evaluation - new or established patient	19	20
D0210	Intraoral - complete series of radiographic images	13	25
D0220	Intraoral - periapical first radiographic image	10	7
D0230	Intraoral - periapical each additional radiographic image	2	4
D0240	Intraoral - occlusal radiographic image	5	9
D0250	Extraoral - first radiographic image	6	9
D0260	Extraoral - each additional radiographic image	4	6
D0270	Bitewing - single radiographic image	4	10
D0272	Bitewings - two radiographic images	6	13
D0273	Bitewings - three radiographic images	7	15
D0274	Bitewings - four radiographic images	8	17
D0277	Vertical bitewings - 7 to 8 radiographic images	10	20
D0290	Posterior-anterior or lateral skull and facial bone survey radiographic image	10	NC
D0310	Sialography	150	NC

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D0320	Temporomandibular joint arthrogram, including injection	100	NC
D0321	Other temporomandibular joint radiographic images, by report	100	NC
D0322	Tomographic survey	200	NC
D0330	Panoramic radiographic image	28	30
D0340	Cephalometric radiographic image	25	30
D0350	Oral/facial photographic images obtained intraorally or extraorally	7	10
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	5	5
D0415	Collection of microorganisms for culture and sensitivity	75	75
D0425	Caries susceptibility tests	30	30
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	50	50
D0460	Pulp vitality tests	0	0
D0470	Diagnostic casts	35	35

Preventive

Dental prophylaxis (teeth cleaning) includes shallow scaling and polishing - maximum one per six months, two per contract year at lower copayment amount. Additional are available at a higher copayment.

D1110	Prophylaxis - adult (limited to 1 per 6 months & additional at higher copayments)	25	25
D1110	Prophylaxis - adult (additional beyond 1 in 6 months)	80	80
D1120	Prophylaxis - child (limited to 1 per 6 months & additional at higher copayments)	25	18
D1120	Prophylaxis - child (additional beyond 1 in 6 months)	80	80
D1206	Topical application of fluoride varnish	5	12
D1208	Topical application of fluoride	0	5
D1310	Nutritional counseling for control of dental disease	0	0
D1320	Tobacco counseling for the control and prevention of oral disease	0	0
D1350	Oral hygiene instructions	0	0
D1351	Sealant - per tooth	5	5
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	50	50

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Space maintainers			
D1510	Space maintainer - fixed - unilateral	125	125
D1515	Space maintainer - fixed - bilateral	150	150
D1520	Space maintainer - removable - unilateral	125	125
D1525	Space maintainer - removable - bilateral	125	150
D1550	Re-cementation of space maintainer	10	10
D1555	Removal of fixed space maintainer	10	10

Amalgam restorations - primary or permanent

D2140	Amalgam - one surface, primary or permanent	40	47
D2150	Amalgam - two surfaces, primary or permanent	40	52
D2160	Amalgam - three surfaces, primary or permanent	45	62
D2161	Amalgam - four or more surfaces, primary or permanent	55	77

Resin-based composite restorations

D2330	Resin-based composite - one surface, anterior	60	65
D2331	Resin-based composite - two surfaces, anterior	60	75
D2332	Resin-based composite - three surfaces, anterior	67	9
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	77	95
D2390	Resin-based composite crown, anterior	90	120
D2391	Resin-based composite - one surface, posterior	60	85
D2392	Resin-based composite - two surfaces, posterior	75	100
D2393	Resin-based composite - three surfaces, posterior	90	120
D2394	Resin-based composite - four or more surfaces, posterior	105	135

Crowns - single restoration only

D2510	Inlay - metallic - one surface	525	525
D2520	Inlay - metallic - two surfaces	560	560
D2530	Inlay - metallic - three or more surfaces	590	590
D2542	Onlay - metallic - two surfaces	560	560
D2543	Onlay - metallic - three surfaces	560	560
D2544	Onlay - metallic - four or more surfaces	560	560
D2610	Inlay - porcelain/ceramic - one surface	550	550
D2620	Inlay - porcelain/ceramic - two surfaces	585	585
D2630	Inlay - porcelain/ceramic - three or more surfaces	615	615
D2642	Onlay - porcelain/ceramic - two surfaces	585	585
D2643	Onlay - porcelain/ceramic - three surfaces	615	615

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D2644	Onlay - porcelain/ceramic - four or more surfaces	615	615
D2650	Inlay - resin-based composite - one surface	550	550
D2651	Inlay - resin-based composite - two surfaces	585	585
D2652	Inlay - resin-based composite - three or more surfaces	615	615
D2662	Onlay - resin-based composite - two surfaces	585	585
D2663	Onlay - resin-based composite - three surfaces	615	615
D2664	Onlay - resin-based composite - four or more surfaces	615	615
D2710	Crown - resin-based composite (indirect)	240	240
D2712	Crown - 3/4 resin-based composite (indirect)	240	240
D2720	Crown - resin with high noble metal	625	625
D2721	Crown - resin with predominantly base metal	475	475
D2722	Crown - resin with noble metal	600	600
D2740	Crown - porcelain/ceramic substrate	625	625
D2750	Crown - porcelain fused to high noble metal	625	625
D2751	Crown - porcelain fused to predominantly base metal	475	475
D2752	Crown - porcelain fused to noble metal	600	600
D2780	Crown - 3/4 cast high noble metal	625	625
D2781	Crown - 3/4 cast predominantly base metal	475	475
D2782	Crown - 3/4 cast noble metal	600	600
D2783	Crown - 3/4 porcelain/ceramic	625	625
D2790	Crown - full cast high noble metal	625	625
D2791	Crown - full cast predominantly base metal	475	475
D2792	Crown - full cast noble metal	600	600
D2794	Crown - titanium	625	625
D2799	Provisional crown— further treatment or completion of diagnosis necessary prior to final impression (Not to be used as a temporary crown for a routine prosthetic restoration.)	200	200

Other restorative services

D2910	Recent inlay, onlay, or partial coverage restoration	15	15
D2915	Recent cast or prefabricated post and core	15	15
D2920	Recent crown	15	15
D2929	Prefabricated porcelain/ceramic crown - primary tooth	165	165
D2930	Prefabricated stainless steel crown - primary tooth	75	75

