

## Schedule of Dental Services – Premium Plus

| ADA Code                                | Description   | Member Discount (as % of UCR) |
|---|---|-------------------------------|
| <b>Diagnostic &amp; Preventive</b>      |   |                               |
| *****                                   | Consultation  | 100%                          |
| D0120                                   | Periodic Oral Exams and Evaluations – 2 each per year                           | 100%                          |
| D0140                                   | Emergency Oral Exams and Evaluations – Problem Focused                          | 50%                           |
| D0150                                   | Comprehensive Oral Exams & Evaluations – 1 each per member                      | 100%                          |
| D0160                                   | Detailed and Extensive Oral Exams & Evaluations                                 | 50%                           |
| D0170-80                                | Re-Evaluations and Periodontal Evaluations                                      | 50%                           |
| D0210                                   | Full Mouth X-Rays – 1 each per every 3 years                                    | 100%                          |
| D0220-30                                | Periapical X-Rays   | 50%                           |
| D0240                                   | Occusal X-Rays  | 50%                           |
| D0250-60                                | Extraoral X-Rays  | 50%                           |
| D0270-77                                | Bitewing X-Rays   | 100%                          |
| D0330                                   | Panoramic X-Rays  | 50%                           |
| D0460                                   | Tooth Pulp Vitality Test – 2 each per year                                      | 100%                          |
| D0470                                   | Diagnostic Casts-Study Models   | 50%                           |
| D0999                                   | Detailed Extensive and Comprehensive Consultation and Treatment Plan discussion |                               |
| D1110/20                                | Prophylaxis-Adult/Child-Every 6 Months  | 100%                          |
| D1203                                   | Topical Application of Fluoride/Child-Every 6 Months                            | 100%                          |
| D1330                                   | Oral Hygiene Instruction  | 100%                          |
| D1351                                   | Sealants-Per Tooth  | 50%                           |
| D1510                                   | Space Maintainer/Fixed-Unilateral   | 50%                           |
| D1515                                   | Space Maintainer/Fixed-Bilateral  | 50%                           |
| D1520                                   | Space Maintainer/Removable-Unilateral   | 50%                           |
| D1525                                   | Space Maintainer/Removable-Bilateral  | 50%                           |
| D1550                                   | Re-cement Space Maintainer  | 100%                          |
| <b>Restorative (Fillings)</b>           |   |                               |
| D2140                                   | Amalgam/Permanent or Primary-1 Surface  | 50%                           |
| D2150                                   | Amalgam/Permanent or Primary-2 Surface  | 50%                           |
| D2160                                   | Amalgam/Permanent or Primary-3 Surface  | 50%                           |
| D2161                                   | Amalgam/Permanent or Primary-4 Surface  | 50%                           |
| D2330                                   | Resin-1 Surface/Anterior  | 50%                           |
| D2331                                   | Resin-2 Surface/Anterior  | 50%                           |
| D2332                                   | Resin-3 Surface/Anterior  | 50%                           |
| D2335                                   | Resin-4+ Surface/Anterior   | 50%                           |
| D2390                                   | Composite Resin Crown/Anterior  | 50%                           |
| D2391                                   | Resin-1 Surface/Posterior   | 50%                           |
| D2392                                   | Resin-2 Surface/Posterior   | 50%                           |
| D2393                                   | Resin-3 Surface/Posterior   | 50%                           |
| D2394                                   | Resin-4+ Surfaces/Posterior   | 50%                           |
| <b>Restorative (Foil/Inlays/Onlays)</b> |   |                               |
| D2510                                   | Inlay/Metallic-1 Surface  | 50%                           |
| D2520                                   | Inlay/Metallic-2 Surface  | 50%                           |
| D2530                                   | Inlay/Metallic-3+ Surface   | 50%                           |
| D2542                                   | Onlay/Metallic-2 Surface  | 50%                           |
| D2543                                   | Onlay/Metallic-3 Surface  | 50%                           |
| D2544                                   | Onlay/Metallic-4+ Surface   | 50%                           |
| D2610                                   | Inlay-Porcelain/Ceramic-1 Surface   | 50%                           |
| D2620                                   | Inlay-Porcelain/Ceramic-2 Surface   | 50%                           |
| D2630                                   | Inlay-Porcelain/Ceramic-3+ Surface  | 50%                           |
| D2642                                   | Onlay-Porcelain/Ceramic-2 Surface   | 50%                           |
| D2643                                   | Onlay-Porcelain/Ceramic-3 Surface   | 50%                           |
| D2644                                   | Onlay-Porcelain/Ceramic-4+ Surface  | 50%                           |
| D2650                                   | Inlay-Composite/Resin-1 Surface (Lab Processed)                                 | 50%                           |
| D2651                                   | Inlay-Composite/Resin-2 Surface (Lab Processed)                                 | 50%                           |

|       |  |     |
|-------|--|-----|
| D2652 | Inlay-Composite/Resin-3+ Surface (Lab Processed) | 50% |
| D2662 | Onlay-Composite/Resin-2 Surface (Lab Processed)  | 50% |
| D2663 | Onlay-Composite/Resin-3 Surface (Lab Processed)  | 50% |
| D2664 | Onlay-Composite/Resin-4+ Surface (Lab Processed) | 50% |

### Restorative (Crowns-Single Restorations Only)

|       |   |     |
|-------|---|-----|
| D2710 | Crown-Resin (Laboratory)  | 50% |
| D2720 | Crown-Resin w/High Noble Metal  | 50% |
| D2721 | Crown-Resin w/Predominantly Base Metal                                  | 50% |
| D2722 | Crown-Resin w/Noble Metal   | 50% |
| D2740 | Crown-Porcelain/Ceramic Substrate                                       | 50% |
| D2750 | Crown-Porcelain Fused to High Noble Metal                               | 50% |
| D2751 | Crown-Porcelain Fused to Predominantly Base Metal                       | 50% |
| D2752 | Crown-Porcelain Fused to Noble Metal                                    | 50% |
| D2780 | Crown-3/4 Cast High Noble Metal   | 50% |
| D2781 | Crown-3/4 Cast Predominantly Base Metal                                 | 50% |
| D2782 | Crown-3/4 Cast Noble Metal  | 50% |
| D2783 | Crown-3/4 Porcelain/Ceramic   | 50% |
| D2790 | Crown-Full Cast High Noble Metal  | 50% |
| D2791 | Crown-Full Cast Predominantly Base Metal                                | 50% |
| D2792 | Crown-Full Cast Noble Metal   | 50% |
| D2799 | Crown-Provisional   | 50% |
| D2910 | Re-cement Inlays  | 50% |
| D2920 | Re-cement Crowns  | 50% |
| D2930 | Prefabricated Stainless Steel Crown-Primary Tooth                       | 50% |
| D2931 | Prefabricated Stainless Steel Crown-Permanent Tooth                     | 50% |
| D2932 | Prefabricated Resin Crown   | 50% |
| D2933 | Prefabricated Stainless Steel Crown w/Resin Window                      | 50% |
| D2940 | Sedative Filling  | 50% |
| D2950 | Crown Buildup-Includes Any Pins   | 50% |
| D2951 | Pin Retention Per Tooth-In Addition to Restoration                      | 50% |
| D2952 | Cast Post & Core-In Addition to Crown                                   | 50% |
| D2953 | Cast Post & Core-As Part of Crown                                       | 50% |
| D2954 | Prefab Post & Core-In Addition to Crown                                 | 50% |
| D2955 | Post Removal (Not in Conjunction w/Endodontic Therapy)                  | 50% |
| D2957 | Each additional prefabricated post - same tooth (to be used with D2954) | 50% |
| D2960 | Labial Veneer (Laminate) Chair-side                                     | 50% |
| D2961 | Labial Veneer (Resin Laminate) Laboratory                               | 50% |
| D2962 | Labial Veneer (Porcelain Laminate) Laboratory                           | 50% |
| D2970 | Crown-Temporary (Fractured Tooth)                                       | 50% |
| D2980 | Crown Repair/By Report  | 50% |
| D2999 | Unlisted Restorative Procedure, (if available) By Report                |     |

### Endodontics

|       |   |     |
|-------|---|-----|
| D3110 | Pulp Cap/Direct   | 50% |
| D3120 | Pulp Cap/Indirect   | 50% |
| D3220 | Therapeutic Pulpotomy   | 50% |
| D3230 | Pupal Therapy/Resorbable Filling-Ant.-Primary Tooth-Excludes Final Restoration  | 50% |
| D3240 | Pupal Therapy/Resorbable Filling-Post.-Primary Tooth-Excludes Final Restoration | 50% |
| D3310 | Root Canal Therapy-Anterior/Excludes Final Restoration                          | 50% |
| D3320 | Root Canal Therapy-Bicuspid/Excludes Final Restoration                          | 50% |
| D3330 | Root Canal Therapy-Molar/Excludes Final Restoration                             | 50% |
| D3346 | Re-treatment of Previous Root Canal Therapy-Anterior                            | 50% |
| D3347 | Re-treatment of Previous Root Canal Therapy-Bicuspid                            | 50% |
| D3348 | Re-treatment of Previous Root Canal Therapy-Molar                               | 50% |
| D3351 | Apexification/Recalcification-Initial Visit                                     | 50% |
| D3352 | Apexification/Recalcification-Interim Visit                                     | 50% |
| D3353 | Apexification/Recalcification-Final Visit                                       | 50% |
| D3410 | Apicoectomy/Periradicular Surgery-Anterior                                      | 50% |
| D3421 | Apicoectomy/Periradicular Surgery-Bicuspid (First Root)                         | 50% |
| D3425 | Apicoectomy/Periradicular Surgery-Molar (First Root)                            | 50% |

|       |   |     |
|-------|---|-----|
| D3426 | Apicoectomy/Periradicular Surgery-Each Additional Root                    | 50% |
| D3430 | Retrograde Filling-Per Root   | 50% |
| D3450 | Root Amputation-Per Root  | 50% |
| D3460 | Endodontic Endosseous Implant   | 50% |
| D3470 | Intentional Re-Implantation/Includes Necessary Splinting                  | 50% |
| D3910 | Surgical Procedure for Isolation of Tooth w/Rubber Dam                    | 50% |
| D3920 | Hemisection-Includes Any Root Removal/Does Not Include Root Canal Therapy | 50% |
| D3950 | Canal Preparation & Fitting of Preformed Dowel or Post                    | 50% |
| D3999 | Unlisted Endodontic Procedures, (if available) By Report                  |     |

### Periodontics

|       |  |     |
|-------|--|-----|
| D4210 | Gingivectomy or Gingivoplasty-Per 4+ Teeth per Quadrant              | 50% |
| D4211 | Gingivectomy or Gingivoplasty-Per 1-3 Teeth per Quadrant             | 50% |
| D4240 | Gingival Flap Surgery-Per Quadrant                                   | 50% |
| D4241 | Gingival Flap-Including Root Planning-Per 1-3 Teeth per Quadrant     | 50% |
| D4245 | Apically Positioned Flap   | 50% |
| D4249 | Clinical Crown Lengthening-Hard Tissue                               | 50% |
| D4260 | Osseous Surgery-Per 4+ Teeth per Quadrant                            | 50% |
| D4261 | Osseous Surgery-Per 1-3 Teeth per Quadrant                           | 50% |
| D4263 | Bone Replacement Graft-First Site in Quadrant                        | 50% |
| D4264 | Bone Replacement Graft-Each Additional Site                          | 50% |
| D4265 | Biologic Materials to Aid in Soft and Osseous Tissue Regeneration    | 50% |
| D4266 | Guided Tissue Regeneration-Resorbable Barrier/Per Site-Per Tooth     | 50% |
| D4267 | Guided Tissue Regeneration-Nonresorbable Barrier/Per Site-Per Tooth  | 50% |
| D4268 | Surgical Revision Procedure, per Tooth                               | 50% |
| D4270 | Pedicle Soft Tissue Graft Procedure                                  | 50% |
| D4271 | Free Soft Tissue Graft Procedure                                     | 50% |
| D4274 | Distal or Proximal Wedge Procedure                                   | 50% |
| D4275 | Soft Tissue Allograft  | 50% |
| D4276 | Combined Connective Tissue and Double Pedicle Graft                  | 50% |
| D4320 | Provisional Splinting-Intracoronary                                  | 50% |
| D4321 | Provisional Splinting-Extracoronary                                  | 50% |
| D4341 | Periodontal Scaling & Root Planing-Per Quadrant                      | 50% |
| D4342 | Periodontal Scaling & Root Planing-1-3 Teeth Per Quadrant            | 50% |
| D4355 | Full Mouth Debridement   | 50% |
| D4381 | Localized Delivery of Chemotherapeutic Agents                        | 50% |
| D4910 | Periodontal Maintenance Procedures-Following Active Therapy          | 50% |
| D4920 | Unscheduled Dressing Change (by someone other than treating dentist) | 50% |
| D4999 | Unlisted Periodontal Procedure, (if available) By Report             |     |

### Prostodontics (Removable)

|       |  |     |
|-------|--|-----|
| D5110 | Complete Denture-Maxillary                                 | 50% |
| D5120 | Complete Denture-Mandibular                                | 50% |
| D5130 | Immediate Denture-Maxillary                                | 50% |
| D5140 | Immediate Denture-Mandibular                               | 50% |
| D5211 | Maxillary Partial Denture-Resin Base                       | 50% |
| D5212 | Mandibular Partial Denture-Resin Base                      | 50% |
| D5213 | Maxillary Partial Denture-Cast Metal Framework/Resin Base  | 50% |
| D5214 | Mandibular Partial Denture-Cast Metal Framework/Resin Base | 50% |
| D5281 | Removable Unilateral Partial Denture-One Piece Cast Metal  | 50% |
| D5410 | Adjust Complete Denture-Maxillary                          | 50% |
| D5411 | Adjust Complete Denture-Mandibular                         | 50% |
| D5421 | Adjust Partial Denture-Maxillary                           | 50% |
| D5422 | Adjust Partial Denture-Mandibular                          | 50% |
| D5510 | Repair Broken Complete Denture Base                        | 50% |
| D5520 | Replace Missing or Broken Teeth-Complete Denture/Per 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)         | 50% |
| D5671 | Replace All Teeth and Acrylic on Cast Metal Framework (mandibular)        | 50% |
| D5710 | Rebase Complete Maxillary Denture   | 50% |
| D5711 | Rebase Complete Mandibular Denture  | 50% |
| D5721 | Rebase Mandibular Partial Denture   | 50% |
| D5730 | Reline Complete Maxillary Denture/Chair-side                              | 50% |
| D5731 | Reline Complete Mandibular Denture/Chair-side                             | 50% |
| D5740 | Reline Maxillary Partial Denture/Chair-side                               | 50% |
| D5741 | Reline Mandibular Partial Denture/Chair-side                              | 50% |
| D5750 | Reline Complete Maxillary Denture/Laboratory                              | 50% |
| D5751 | Reline Complete Mandibular Denture/Laboratory                             | 50% |
| D5760 | Reline Maxillary Partial Denture/Laboratory                               | 50% |
| D5761 | Reline Mandibular Partial Denture/Laboratory                              | 50% |
| D5810 | Interim Complete Denture/Maxillary  | 50% |
| D5811 | Interim Complete Denture/Mandibular                                       | 50% |
| D5820 | Interim Partial Denture/Maxillary   | 50% |
| D5821 | Interim Partial Denture/Mandibular  | 50% |
| D5850 | Tissue Conditioning/Maxillary   | 50% |
| D5851 | Tissue Conditioning/Mandibular  | 50% |
| D5860 | Overdenture-Complete/By Report  | 50% |
| D5861 | Overdenture-Partial/By Report   | 50% |
| D5862 | Precision Attachment/By Report  | 50% |
| D5867 | Replacement of Replaceable Part of Semi-Precision or Precision Attachment | 50% |
| D5875 | Modification of Removable Prosthesis Following Implant Surgery            | 50% |
| D5899 | Unlisted Removable Prosthodontic Procedure, (if available) By Report      |     |

#### Prosthodontics (Fixed)

|       |  |     |
|-------|--|-----|
| D6210 | Pontic-Cast High Noble Metal                                 | 50% |
| D6211 | Pontic-Cast Predominantly Base Metal                         | 50% |
| D6212 | Pontic-Cast Noble Metal                                      | 50% |
| D6240 | Pontic-Porcelain Fused to High Noble Metal                   | 50% |
| D6241 | Pontic-Porcelain Fused to Predominantly Base Metal           | 50% |
| D6242 | Pontic-Porcelain Fused to Noble Metal                        | 50% |
| D6245 | Pontic-Porcelain/Ceramic                                     | 50% |
| D6250 | Pontic-Resin w/High Noble Metal                              | 50% |
| D6251 | Pontic-Resin w/Predominantly Base Metal                      | 50% |
| D6252 | Pontic-Resin w/Noble Metal                                   | 50% |
| D6253 | Provisional Pontic   | 50% |
| D6545 | Retainer-Cast Metal for Resin Bonded Fixed Prosthesis        | 50% |
| D6548 | Retainer-Porcelain/Ceramic for Resin Bonded Fixed Prosthesis | 50% |
| D6600 | Inlay-Porcelain/Ceramic, two surfaces                        | 50% |
| D6601 | Inlay-Porcelain/Ceramic, three or more surfaces              | 50% |
| D6602 | Inlay-Cast High Noble Metal, two surfaces                    | 50% |
| D6603 | Inlay-Cast High Noble Metal, three or more surfaces          | 50% |
| D6604 | Inlay-Cast Predominantly Base Metal, two surfaces            | 50% |
| D6605 | Inlay-Cast Predominantly Base Metal, three or more surfaces  | 50% |
| D6606 | Inlay-Cast Noble Metal, two surfaces                         | 50% |
| D6607 | Inlay-Cast Noble Metal, three or more surfaces               | 50% |
| D6608 | Onlay-Porcelain/Ceramic, two surfaces                        | 50% |
| D6609 | Onlay-Porcelain/Ceramic, three or more surfaces              | 50% |
| D6610 | Onlay- Cast High Noble Metal, two surfaces                   | 50% |
| D6611 | Onlay- Cast High Noble Metal, three or more surfaces         | 50% |
| D6612 | Onlay- Cast Predominantly Base Metal, two surfaces           | 50% |
| D6613 | Onlay- Cast Predominantly Base Metal, three or more surfaces | 50% |
| D6614 | Onlay- Cast Cast Noble Metal, two surfaces                   | 50% |
| D6615 | Onlay- Cast Cast Noble Metal, three or more surfaces         | 50% |
| D6720 | Crown-Resin w/High Noble Metal                               | 50% |
| D6721 | Crown-Resin w/Predominately Base Metal                       | 50% |
| D6722 | Crown-Resin w/Noble Metal                                    | 50% |
| D6740 | Crown-Porcelain/Ceramic                                      | 50% |

|       |   |     |
|-------|---|-----|
| D6750 | Crown-Porcelain Fused to High Noble Metal                               | 50% |
| D6751 | Crown-Porcelain Fused to Predominantly Base Metal                       | 50% |
| D6752 | Crown-Porcelain Fused to Noble Metal                                    | 50% |
| D6780 | Crown-3/4 Cast High Noble Metal   | 50% |
| D6781 | Crown-3/4 Cast Predominantly Base Metal                                 | 50% |
| D6782 | Crown-3/4 Cast Noble Metal  | 50% |
| D6783 | Crown-3/4 Porcelain/Ceramic   | 50% |
| D6790 | Crown-Full Cast High Noble Metal  | 50% |
| D6791 | Crown-Full Cast Predominantly Base Metal                                | 50% |
| D6792 | Crown-Full Cast Noble Metal   | 50% |
| D6793 | Provisional Retainer Crown  | 50% |
| D6920 | Connector Bar   | 50% |
| D6930 | Re-cement Fixed Partial Denture   | 50% |
| D6940 | Stress Breaker  | 50% |
| D6950 | Precision Attachment  | 50% |
| D6970 | Cast Post & Core in Addition to Fixed Partial Denture Retainer          | 50% |
| D6971 | Cast Post & Core as Part of Fixed Partial Denture Retainer              | 50% |
| D6972 | Prefabricated Post & Core in Addition to Fixed Partial Denture Retainer | 50% |
| D6973 | Core Buildup for Retainer-Includes Any Pins                             | 50% |
| D6975 | Coping-Metal  | 50% |
| D6980 | Fixed Partial Denture Repair/By Report                                  | 50% |
| D6999 | Unlisted Fixed Prosthodontic Procedure, (if available) By Report        |     |

### Oral Surgery

|        |  |     |
|--------|--|-----|
| D71 11 | Coronal Remnants-Deciduous Tooth   | 50% |
| D7140  | Extraction-Erupted Tooth or Exposed Root                                       | 50% |
| D7210  | Surgical Removal of Erupted Tooth  | 50% |
| D7220  | Removal of Impacted Tooth-Soft Tissue  | 50% |
| D7230  | Removal of Impacted Tooth-Partially Bony                                       | 50% |
| D7240  | Removal of Impacted Tooth-Completely Bony                                      | 50% |
| D7241  | Removal of Impacted Tooth-Completely Bony, with unusual surgical complications | 50% |
| D7250  | Surgical Removal of Residual Tooth Roots (cutting procedure)                   | 50% |
| D7310  | Alveoloplasty in Conjunction w/Extractions-Per Quadrant                        | 50% |
| D7320  | Alveoloplasty Not in Conjunction w/Extractions-Per Quadrant                    | 50% |
| D7470  | Removal of Exostosis   | 50% |
| D751 0 | Incision & Drainage of Abcess-Intraoral Soft Tissue                            | 50% |
| D7520  | Incision & Drainage of Abcess-Extraoral Soft Tissue                            | 50% |
| D7960  | Frenulectomy   | 50% |
| D7999  | Unlisted Oral Surgery Procedures, (if available) By Report                     |     |

### Orthodontics

Specialists Services used only.

### Adjunctive General Services

|       |  |       |
|-------|--|-------|
| D9110 | Emergency Office Visit/Palliative Treatment-Normal Office Hrs      | \$50  |
| D9430 | Office Visits/Sterilization Fee-Normal Office Hrs                  |       |
| D9440 | Emergency Office Visit/Non-Office Hrs                              | \$125 |
| D9940 | Occlusal Guards/By Report  | 50%   |
| D9951 | Occlusal Adjustment/Limited  | 50%   |
| D9952 | Occlusal Adjustment/Complete                                       | 50%   |
| D9980 | Teeth Whitening – Professional Crest Whitestrips Supreme (per kit) | 25%   |