

Principal Benefits Coverage Plan 300

| Code | Description | Plan 300 Member Copayment | Code | Description | Plan 300 Member Copayment |
|--|--|---------------------------------|--|---|---------------------------------|
| Diagnostic Services | | | | | |
| All radiographs and all diagnostic images include reading and interpretation by any contracting provider. Contracted dentists may not charge a surcharge to interpret diagnostic images. | | | | | |
| | Office Visit (includes infection control) | \$0.00 | | | |
| D0120 | Periodic oral evaluation | \$0.00 | D2160 | Amalgam - 3 surfaces, primary or permanent | \$25.00 |
| D0140 | Limited oral evaluation - problem focused | \$0.00 | D2161 | Amalgam - 4 or more surfaces, primary or permanent | \$35.00 |
| D0145 | Oral evaluation for a patient under 3 years of age and counseling with primary caregiver | \$0.00 | D2330 | Resin-based composite - 1 surface, anterior | \$25.00 |
| D0150 | Comprehensive oral evaluation - new or established patient | \$0.00 | D2331 | Resin-based composite - 2 surfaces, anterior | \$35.00 |
| D0170 | Re-evaluation - limited, problem focused | \$0.00 | D2332 | Resin-based composite - 3 surfaces, anterior | \$40.00 |
| D0171 | Re-evaluation - post operative visit | \$0.00 | D2335 | Resin-based composite - 4 or more surfaces or involving incisal angle (anterior) | \$55.00 |
| D0180 | Comprehensive periodontal evaluation - new or established patient | \$15.00 | D2390 | Resin-based composite crown, anterior | \$60.00 |
| D0210 | Intraoral - complete series (including bitewings) | \$0.00 | D2391 | Resin-based composite - 1 surface, posterior. Except on Advantage Plans and Plan 309 (with coverage on all surfaces). Covered for Facial surfaces of Bicuspids Only, when Caries or Failing Restoration Exists. | \$60.00 |
| D0220 | Intraoral - periapical first image | \$0.00 | Inlays/Onlays | | |
| D0230 | Intraoral - periapical each additional image | \$0.00 | Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, and temporization; except for Advantage Plans, member is responsible for lab cost of gold. | | |
| D0240 | Intraoral - occlusal image | \$0.00 | D2510 | Inlay - metallic - 1 surface | \$100.00 |
| D0270 | Bitewing - single image | \$0.00 | D2520 | Inlay - metallic - 2 surfaces | \$100.00 |
| D0272 | Bitewings - two images | \$0.00 | D2530 | Inlay - metallic - 3 or more surfaces | \$100.00 |
| D0273 | Bitewings, 3 images | \$0.00 | D2542 | Onlay - metallic - 2 surfaces | \$185.00 |
| D0274 | Bitewings - four images | \$0.00 | D2543 | Onlay - metallic - 3 surfaces | \$185.00 |
| D0330 | Panoramic image | \$0.00 | D2544 | Onlay - metallic - 4 or more surfaces | \$185.00 |
| D0350 | Oral/facial photographic images, non-orthodontic, obtained intraorally or extraorally | \$0.00 | Crowns | | |
| D0460 | Pulp vitality tests | \$0.00 | Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, and temporization; except for Advantage Plans, member is responsible for lab cost of gold. | | |
| D0470 | Diagnostic casts, non-orthodontic | \$10.00 | D2710 | Crown - resin-based composite (indirect) | \$150.00 |
| D0601 | Caries risk assessment and documentation, with a finding of low risk | \$0.00 | D2720 | Crown - resin with high noble metal | \$200.00 |
| D0602 | Caries risk assessment and documentation, with a finding of moderate risk | \$0.00 | D2721 | Crown - resin with predominantly base metal | \$200.00 |
| D0603 | Caries risk assessment and documentation, with a finding of high risk | \$0.00 | D2722 | Crown - resin with noble metal | \$200.00 |
| Preventive Services | | | | | |
| * - Procedures limited to once every 6 months | | | | | |
| + - Limited to one every 12 months on all Basic Plans, Advantage Plans-once every 6 months. | | | | | |
| D1110 | Prophylaxis - adult * | \$0.00 | D2750 | Crown - porcelain fused to high noble metal | \$200.00 |
| D1120 | Prophylaxis - child * | \$0.00 | D2751 | Crown - porcelain fused to predominantly base metal | \$200.00 |
| D1206 | Topical Fluoride Varnish -children to age 14 (except on Advantage Plans: no age limit) | \$5.00 | D2752 | Crown - porcelain fused to noble metal | \$200.00 |
| D1208 | Topical application of fluoride-children to age 14 (except on Advantage Plans: no age limit) | \$0.00 | 275MLR | Crown-porcelain fused to any metal for molars | \$275.00 |
| D1310 | Nutritional counseling for control of dental disease | \$0.00 | D2780 | Crown - 3/4 cast high noble metal | \$200.00 |
| D1320 | Tobacco counseling for the control and prevention of oral disease | \$0.00 | D2781 | Crown - 3/4 cast predominantly base metal | \$200.00 |
| D1330 | Oral hygiene instructions | \$0.00 | D2782 | Crown - 3/4 cast noble metal | \$200.00 |
| D1351 | Sealant - per tooth | \$5.00 | D2790 | Crown - full cast high noble metal | \$200.00 |
| D1352 | Preventive resin restoration - permanent tooth - including placement of a sealant in non-carious pits and fissures | \$5.00 | D2791 | Crown - full cast predominantly base metal | \$200.00 |
| D1353 | Sealant repair-per tooth. May not be charged by placing provider within 18mos of initial placement. | \$5.00 | D2792 | Crown - full cast noble metal | \$200.00 |
| D1510 | Space maintainer - fixed - unilateral | \$45.00 | D2910 | Recement inlay, onlay, or partial coverage restoration. Except on Advantage Plans and Cosmetic Benefits Rider, D2910 shall only be covered when recementing metallic substrate restorations. | \$20.00 |
| D1515 | Space maintainer - fixed - bilateral | \$45.00 | D2915 | Recement indirectly fabricated or prefabricated post and core | \$10.00 |
| D1520 | Space maintainer - removable - unilateral | \$45.00 | D2920 | Recement crown | \$20.00 |
| D1525 | Space maintainer - removable - bilateral | \$45.00 | D2930 | Prefabricated stainless steel crown - primary tooth | \$50.00 |
| D1550 | Re-cementation of space maintainer | \$10.00 | D2931 | Prefabricated stainless steel crown - permanent tooth | \$50.00 |
| D1555 | Removal of fixed space maintainer | \$15.00 | D2940 | Sedative filling | \$15.00 |
| Restorative Services | | | | | |
| Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations. | | | | | |
| D2140 | Amalgam - 1 surface, primary or permanent | \$9.00 | D2941 | Interim therapeutic restoration-primary dentition | \$15.00 |
| D2150 | Amalgam - 2 surfaces, primary or permanent | \$14.00 | D2949 | Restorative foundation for an indirect restoration | \$0.00 |
| | | | D2950 | Core buildup, including any pins when required | \$0.00 |
| | | | D2951 | Pin retention - per tooth, in addition to restoration | \$0.00 |
| | | | D2952 | Indirectly fabricated post and core in addition to crown | \$75.00 |
| | | | D2953 | Each additional indirectly fabricated post - same tooth | \$0.00 |
| | | | D2954 | Prefabricated post and core in addition to crown | \$75.00 |
| | | | D2957 | Each additional prefabricated post - same tooth | \$0.00 |

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|---|---|---------------------------------|--|---|---------------------------------|
| D2970 | Temporary crown (fractured tooth) - when not part of crown preparation | \$0.00 | D5130 | Immediate upper denture | \$225.00 |
| D2980 | Crown repair, by report | \$50.00 | D5140 | Immediate lower denture | \$225.00 |
| D2990 | Resin infiltration of incipient smooth surface lesions. | \$5.00 | D5211 | Upper partial denture - resin base | \$200.00 |
| Endodontics (excluding final restorations) | | | D5212 | Lower partial denture - resin base | \$200.00 |
| Includes all irrigants, adhesives, and filling materials, removal of existing restorations, and post-treatment temporization. | | | D5213 | Upper partial denture - cast metal framework with resin denture bases | \$200.00 |
| D3110 | Pulp cap - direct | \$0.00 | D5214 | Lower partial denture - cast metal framework with resin denture bases | \$200.00 |
| D3120 | Pulp cap - indirect | \$0.00 | D5410 | Adjust complete denture - upper | \$0.00 |
| D3220 | Therapeutic pulpotomy | \$25.00 | D5411 | Adjust complete denture - lower | \$0.00 |
| D3221 | Pulpal debridement - primary and permanent when endodontic treatment not completed on same day | \$25.00 | D5421 | Adjust partial denture - upper | \$0.00 |
| D3310 | Root canal - anterior per tooth | \$100.00 | D5422 | Adjust partial denture - lower | \$0.00 |
| D3320 | Root canal - bicuspid per tooth | \$135.00 | D5510 | Repair broken complete denture base* | \$40.00 |
| D3330 | Root canal - molar per tooth | \$185.00 | D5520 | Replace missing or broken teeth - complete denture (each tooth)* | \$20.00 |
| D3331 | Treatment of root canal obstruction - <i>subject to proper documentation of condition and procedure. See clinical guidelines.</i> | 70% of UCR* | D5610 | Repair resin denture base* | \$40.00 |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | \$25.00 | D5620 | Repair cast framework | \$40.00 |
| D3346 | Retreatment of previous root canal therapy - anterior | 70% of UCR* | D5630 | Repair or replace broken clasp* | \$25.00 |
| D3347 | Retreatment of previous root canal therapy - bicuspid | 70% of UCR* | D5640 | Replace partial denture broken teeth - per tooth | \$20.00 |
| D3348 | Retreatment of previous root canal therapy - molar | 70% of UCR* | D5650 | Add tooth to existing partial denture* | \$40.00 |
| D3410 | Apicoectomy - anterior | \$100.00 | D5660 | Add clasp to existing partial denture* | \$40.00 |
| D3421 | Apicoectomy- bicuspid (first root) | \$100.00 | D5670 | Replace all teeth and acrylic on cast metal framework (Upper) | \$125.00 |
| D3425 | Apicoectomy- molar (first root) | \$125.00 | D5671 | Replace all teeth and acrylic on cast metal framework (Lower) | \$125.00 |
| D3426 | Apicoectomy-(each additional root) | \$50.00 | D5730 | Reline complete upper denture (chairside) | \$0.00 |
| D3427 | Periradicular surgery without apicoectomy | \$100.00 | D5731 | Reline complete lower denture (chairside) | \$0.00 |
| D3430 | Retrograde filling - per root | \$65.00 | D5740 | Reline upper partial denture (chairside) | \$0.00 |
| D3950 | Canal preparation & fitting of preformed dowel or post by provider other than provider placing post. | \$0.00 | D5741 | Reline lower partial denture (chairside) | \$0.00 |
| Periodontics | | | D5750 | Reline complete upper denture (laboratory)* | \$85.00 |
| * - Covered only when performed by the Member's primary general dentist. Crown lengthening (D4249), when listed as a covered benefit, performed the same day as impression will be considered to be D4212. | | | D5751 | Reline complete lower denture (laboratory)* | \$85.00 |
| +-The Plan considers gingivectomy provided in association with any direct fill restoration to be included in the fee for the rest | | | D5760 | Reline upper partial denture (laboratory)* | \$85.00 |
| D4210 | Gingivectomy or gingivoplasty - 4 or more contiguous teeth per quadrant | \$150.00 | D5761 | Reline lower partial denture (laboratory)* | \$85.00 |
| D4211 | Gingivectomy or gingivoplasty - 1 to 3 contiguous teeth per quadrant | \$125.00 | D5820 | Interim partial denture (upper) | \$125.00 |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth + | \$65.00 | D5821 | Interim partial denture (lower) | \$125.00 |
| D4240 | Gingival flap procedure - 4 or more contiguous teeth per quadrant | \$150.00 | * Reline, repair, rebase, and replace of thermoplastic partials is covered only on Advantage Plans. On Advantage Plans add \$25 for repairs/relines/rebases of thermoplastic/flexible base full and partial dentures | | |
| D4241 | Gingival flap procedure - 1 to 3 contiguous teeth per quadrant | \$125.00 | D5900 - D5999 VII Maxillofacial Prosthetics - Not Covered | | |
| D4260 | Osseous surgery - 4 or more contiguous teeth per quadrant | 70% of UCR* | D6000 - D6199 VIII Implant Services - Not Covered | | |
| D4261 | Osseous surgery - 1 to 3 contiguous teeth per quadrant | 70% of UCR* | Fixed Prosthodontics | | |
| D4263 | Bone replacement graft - first site in quadrant | 70% of UCR | Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, and temporization; except for Advantage Plans, member is responsible for lab cost of gold. | | |
| D4264 | Bone replacement graft - each additional site in quadrant | 70% of UCR | D6210 | Pontic - cast high noble metal | \$175.00 |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant | \$40.00 | D6211 | Pontic - cast predominantly base metal | \$175.00 |
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant | \$30.00 | D6212 | Pontic - cast noble metal | \$175.00 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis, Separate Visit from Prophylaxis | \$10.00 | D6240 | Pontic - porcelain fused to high noble metal | \$200.00 |
| D4910 | Periodontal maintenance - once every 6 months | \$25.00 | D6241 | Pontic - porcelain fused to predominantly base metal | \$200.00 |
| D4910 | Periodontal maintenance - each additional | \$25.00 | D6242 | Pontic - porcelain fused to noble metal | \$200.00 |
| D4920 | Unscheduled dressing change (by someone other than treating dentist or their staff) | \$0.00 | 624MLR | Pontic- porcelain fused to any metal for molars | \$275.00 |
| Removable Prosthodontics | | | D6250 | Pontic - resin with high noble metal | \$200.00 |
| Except when noted, includes all lab costs and post delivery adjustments for 6 months following delivery. Replaced once every 5 years from initial placement under Plan coverage & relined once every 24 months, as per limitations, exclusions, and guidelines. | | | D6251 | Pontic - resin with predominantly base metal | \$200.00 |
| D5110 | Complete upper denture | \$200.00 | D6252 | Pontic - resin with noble metal | \$200.00 |
| D5120 | Complete lower denture | \$200.00 | D6253 | Provisional Pontic- When final impression not taken and when replacing anterior tooth lost or anterior prosthesis being replaced while covered by CDN | \$15.00 |
| | | | Fixed Prosthodontics | | |

*UCR: Usual and Customary Fees

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| Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations, lab costs, and temporization; except for Advantage Plans, member is responsible for lab cost of gold. | | |
| D6602 | Inlay - cast high noble metal, 2 surfaces | \$100.00 |
| D6603 | Inlay - cast high noble metal, 3 or more surfaces | \$100.00 |
| D6604 | Inlay - cast predominantly base metal, 2 surfaces | \$100.00 |
| D6605 | Inlay - cast predominantly base metal, 3 or more surfaces | \$100.00 |
| D6606 | Inlay - cast noble metal, 2 surfaces | \$100.00 |
| D6607 | Inlay - cast noble metal, 3 or more surface | \$100.00 |
| D6610 | Onlay - cast high noble metal, 2 surfaces | \$185.00 |
| D6611 | Onlay - cast high noble metal, 3 or more surfaces | \$185.00 |
| D6612 | Onlay - cast predominantly base metal, 2 surfaces | \$185.00 |
| D6613 | Onlay - cast predominantly base metal, 3 or more surfaces | \$185.00 |
| D6614 | Onlay - cast noble metal, 2 surfaces | \$185.00 |
| D6615 | Onlay - cast noble metal, 3 or more surfaces | \$185.00 |
| D6720 | Crown - resin with high noble metal | \$200.00 |
| D6721 | Crown - resin with predominantly base metal | \$200.00 |
| D6722 | Crown - resin with noble metal | \$200.00 |
| D6750 | Crown - porcelain fused to high noble metal | \$200.00 |
| D6751 | Crown - porcelain fused to predominantly base metal | \$200.00 |
| D6752 | Crown - porcelain fused to noble metal | \$200.00 |
| 675MLR | Crown-porcelain fused to any metal for Molars | \$275.00 |
| D6780 | Crown - 3/4 cast high noble metal | \$200.00 |
| D6781 | Crown - 3/4 cast predominantly base metal | \$200.00 |
| D6782 | Crown - 3/4 cast noble metal | \$200.00 |
| D6790 | Crown - full cast high noble metal | \$200.00 |
| D6791 | Crown - full cast predominantly base metal | \$200.00 |
| D6792 | Crown - full cast noble metal | \$200.00 |
| D6793 | Provisional retainer crown - When final impression not taken and when replacing anterior tooth lost or anterior prosthesis being replaced while covered by CDN | \$15.00 |
| D6930 | Recement fixed partial denture | \$25.00 |
| D6971 | Indirectly fabricated post as part of fixed partial denture retainer | \$75.00 |
| D6973 | Core build up for retainer, including any pins | \$0.00 |
| D6975 | Coping | \$0.00 |
| D6980 | Fixed partial denture repair, necessitated by restorative material failure. Not allowed to be charged by same provider within 24 months of the original restoration | \$50.00 |
| Oral Surgery | | |
| Includes sutures and clotting agents; extractions include minor smoothing of bone. | | |
| D7111 | Extraction, coronal remnants - deciduous tooth | \$10.00 |
| D7140 | Extraction, erupted tooth or exposed root | \$0.00 |
| D7210 | Surgical removal of erupted tooth | \$45.00 |
| D7220 | Removal of impacted tooth - soft tissue | \$60.00 |
| D7230 | Removal of impacted tooth - partially bony | \$75.00 |
| D7240 | Removal of impacted tooth - completely bony | 70% of UCR* |
| D7241 | Removal of impacted tooth - completely bony, with unusual complications | 70% of UCR* |
| D7250 | Surgical removal of residual tooth roots (cutting procedure) | 70% of UCR* |
| D7251 | Coronectomy - intentional partial tooth removal | 70% of UCR* |
| D7310 | Alveoplasty in conjunction with extractions - 4 or more contiguous teeth per quadrant | \$100.00 |
| D7311 | Alveoplasty in conjunction with extractions - 1 to 3 teeth/spaces per quadrant | \$100.00 |
| D7320 | Alveoplasty not in conjunction with extractions - 4 or more contiguous teeth per quadrant | \$100.00 |
| D7321 | Alveoplasty not in conjunction with extractions - 1 to 3 teeth/spaces per quadrant | \$100.00 |
| D7510 | Incision and drainage of abscess - intraoral soft tissue | \$25.00 |

Orthodontics (only when provided by participating orthodontist)

| Code | Description | Plan 300 Member Copayment |
|--|--|---------------------------|
| * - Covered for up to 24 months of active treatment | | |
| D8020 | Limited orthodontic treatment of the transitional dentition* | \$1,000.00 |
| D8030 | Limited orthodontic treatment of the adolescent dentition* | \$1,000.00 |
| D8040 | Limited orthodontic treatment of the adult dentition* | \$1,000.00 |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition* | \$1,695.00 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition* | \$1,695.00 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition* | \$1,695.00 |
| D8660 | Pre-orthodontic treatment visit | \$40.00 |
| D8670 | Periodic orthodontic treatment visit (as part of contract) | \$0.00 |
| D8680 | Orthodontic retention - Per Arch | \$150.00 |
| D8999 | Orthodontic Treatment Plan and Records(pre/post x-rays, photos, study models) | UCR* |
| D8999 | Active Orthodontic Treatment beyond 24 months - Per Visit. Except on Advantage Plans, Orthodontists may charge Members additional fees for costs of cases over 24 months, based on the differences in UCR fees for the needed treatment periods less the UCR fees for a 24 month period. | See Code Description. |
| | Appliances (head gear, maxillary expansion, etc.) may be required in addition to full banding. | UCR* |
| Adjunctive General Services | | |
| * - Covered only for the removal of impacted wisdom teeth (1,16,17 & 32) | | |
| D9110 | Palliative (emergency) treatment of dental pain - minor procedure | \$20.00 |
| D9120 | Sectioning of fixed partial denture (bridge) | \$25.00 |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | \$0.00 |
| D9215 | Local anesthesia | \$0.00 |
| D9310 | Consultation & Second Opinion, with prior authorization from Plan . Diagnostic service provided by dentist or physician other than requesting dentist or physician, not chargeable on same day as therapeutic services. | \$10.00 |
| D9430 | Office visit for observation (during regularly scheduled hours) | \$20.00 |
| D9440 | Office visit - after regularly scheduled hours | \$25.00 |
| D9450 | Case presentation, detailed and extensive treatment planning | \$0.00 |
| D9931 | Cleaning and inspection of a removable appliance. Limited to once every 6 months. | \$10.00 |
| D9930 | Treatment of complication (post-surgical), unusual circumstances, by report | \$0.00 |
| D9951 | Occlusal adjustment - limited | \$0.00 |
| D9986 | Missed appointment | \$25.00 |
| D9987 | Cancelled appointment | \$25.00 |
| D9999 | Broken Appointment - less than 24 notice | \$30.00 |
| D9999 | Broken Specialist Appointment - less than 24 notice | \$40.00 |

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Revised 01/2015

EXCLUSIONS AND LIMITATIONS

The Plan's basic Limitations and Exclusions are applicable to all basic plan designs (Group and Individual Plans 100 to 695, and UABT plans). Some limitations and exclusions are waived for Members on Advantage Plans and Plans with the Cosmetic Benefits Rider. See Clinical Guidelines for specific policies.

EXCLUSIONS

- General anesthesia, analgesia (nitrous oxide), intravenous sedation, or the services of an anesthesiologist.
- Treatment of fractures or dislocations; congenital malformations; malignancies, cysts, or neoplasms; or Temporomandibular Joint Syndrome (TMJ).
- Extractions or x-rays for orthodontic purposes.
- Prescription Drugs and over the counter medicines.
- Any services involving implants or experimental procedures.
- Any procedures performed for cosmetic, elective, or aesthetic purposes.
- Any procedure to replace or stabilize tooth structure lost by attrition, abrasion, erosion, or bruxism (grinding).
- Any procedure not specifically listed as a covered Benefit.
- Covered services provided outside of the CDN general dentist's office that the Member selected, or was assigned to, unless expressly authorized by CDN.
- Services which, in the opinion of the attending CDN dentist, cannot be performed because of physical or behavioral limitations of the Member.
- Services for injuries or conditions, which were caused by acts of war or are covered under Worker's Compensation or Employer's Liability Laws.
- Services which, in the opinion of the attending CDN dentist are not necessary for the Member's dental health, or which have a poor prognosis.
- Expenses incurred in connection with any dental procedure started prior to the effective date of Coverage or after the termination date of Coverage.
- Hospital costs of any kind.
- Loss or theft of full or partial dentures.
- Any procedures or appliances for the purpose of correcting contour, contact, occlusion or to change vertical dimension.
- Damage to teeth due to harmful habits including, but not limited to, mouth jewelry, tongue piercing, etc.

Specialty Referrals

| <u>Plan</u> | <u>Coverage</u> |
|-------------|-----------------|
| 300 | Type A |
| 300SW | Type B |
| 300LS | Type C |
| 300S | Type D |

The Plan offers varying types of specialty coverage, dependent upon which plan the Member is enrolled on. Please note the following types of specialty coverage.

| | |
|--------|---|
| Type A | Not all general dentists are capable of performing each of the services listed herein and, based upon the Member's condition, certain procedures may not be within the scope of practice or ability of a general dentist. In such cases, once approved by the Plan, the Member will be referred to a contracted dental specialist. The participating dental specialist will provide Members the covered, approved, services listed above at a 30% discount from the participating contracted specialist's UCR fees. Not all types of specialists are available in all areas. Please contact the Plan. |
| Type B | Not all general dentists are capable of performing each of the services listed herein and, based upon the Member's condition, certain procedures may not be within the scope of practice or ability of a general dentist. In such cases, once approved by the Plan, the Member will be referred to a contracted dental specialist. The costs of services provided by a contracted dental specialist in excess of the Members listed copayments (which are due and payable by the Member at the time of service) are covered benefits for Members with an "LSW" after the plan number on their identification card, and they are limited to \$1,000 in benefits paid by the Plan on the Member's behalf per Member per year, and then a 30% discount from the specialist's UCR fee on covered, approved, services listed above thereafter. Members enrolled in Plans with a "LSW" will have a 12-month waiting period before the costs of services provided by a contracted specialist are covered as described above, during which waiting period time the Member will receive a 30% discount from the participating specialist's UCR fees on covered, approved, services. Pedodontic specialty services are covered at a 50% discount off of the specialist's UCR fees on covered, approved, services up to \$500 in benefits paid by the Plan on the Member's behalf per Member per year, and then a 30% discount from the specialist's UCR fee on covered, approved, services listed above thereafter. |
| Type C | Not all general dentists are capable of performing each of the services listed herein and, based upon the Member's condition, certain procedures may not be within the scope of practice or ability of a general dentist. In such cases, once approved by the Plan, the Member will be referred to a contracted dental specialist. The costs of services provided by a contracted dental specialist in excess of the Member's listed copayments (which are due and payable by the Member at the time of service) are covered benefits for Members with an "LS" after the Plan number on their identification card, or, for Advantage plans those that have NO suffix on the plan number, and they are limited to \$1,000 in benefits paid by the Plan on the Member's behalf per Member per year and then a 30% discount from the specialist's UCR fee on covered, approved, services listed above thereafter. Pedodontic specialty services are covered at a 50% discount off of the specialist's UCR fees on covered, approved, services up to \$500 in benefits paid by the Plan on the Member's behalf per Member per year, and then a 30% discount from the specialist's UCR fee on covered, approved, services listed above thereafter. |
| Type D | Not all general dentists are capable of performing each of the services listed herein and, based upon the Member's condition, certain procedures may not be within the scope of practice or ability of a general dentist. In such cases, once approved by the Plan, the Member will be referred to a contracted dental specialist. The costs of services provided by a contracted dental specialist in excess of the Member's listed copayments (which are due and payable by the Member at the time of service) are covered benefits for Members with an "S" after the Plan number on their identification card, and the Member will pay the copayment amounts listed on their plan benefit schedule with no annual maximum. Pedodontic specialty services are covered at a 50% discount off of the specialist's UCR fees on covered, approved, services up to \$500 in benefits paid by the Plan on the Member's behalf per Member per year, and then a 30% discount from the specialist's UCR fee on covered, approved, services listed above thereafter. |



LIMITATIONS

- Prophylaxis (teeth cleaning) is limited to once every six months.
- Fluoride treatment is covered once every 12 months for Members up through age 14.
- Bitewing x-rays are limited to one series of four films every 12 months.
- Full mouth x-rays are limited to once every 24 months.
- Periodontal scaling and root planing is limited to one treatment per quadrant in any 12-month period.
- Except as noted in Clinical Guidelines, fixed bridgework will be covered only when a partial cannot satisfactorily restore the case. If fixed bridges are used when a partial could satisfactorily restore the case, the fixed bridge is considered optional treatment.
- Replacement of partial dentures is limited to once every five years, unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.
- Full upper and/or lower dentures are not to exceed one each in any five-year period.
- Replacement will be provided by CDN for an existing full or partial denture only if it is unserviceable and cannot be made serviceable by either relines or repair.
- Denture relines are limited to one per arch in any 12-month period.
- Sealants, when covered, are limited to permanent first and second molars for members up through 14 years of age.
- Replacement of a restoration is covered only when dentally necessary.
- Replacement of existing bridgework is covered only when it cannot be made satisfactory by repair.
- Services of a specialist are covered Benefits only when specifically listed, and when covered.
- Pedodontic referrals are limited to those Benefit programs that have Specialist Coverage and are limited to Members up through age five, and at 50% of the pedodontist's fees to a maximum of \$500 per Member per year.
- Optional Treatment – Except as noted in Clinical Guidelines, if (1) a less expensive alternative procedure, service or course of treatment can be performed in place of the proposed treatment to correct a dental condition, as determined by the Plan; and (2) the alternate treatment will produce a professionally satisfactory result with a good prognosis; then the maximum eligible dental expense to be considered for payment will be the less expensive treatment.
- Crowns and bridge units are limited to five per arch per year.

Please contact the Plan for Additional Exclusions and Limitations for Orthodontics.

If you question a course of treatment, a fee, or covered benefits, DO NOT START TREATMENT until you have contacted Member Services toll-free at 1-877-433-6825 for a review of your treatment plan and charges. Or a second opinion may be arranged by Member Services only before treatment is rendered.