



## Principal Benefits Coverage Plan 430

Code	Description	Plan 430 Member Copayment	Code	Description	Plan 430 Member Copayment
<b>Diagnostic Services</b>					
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)	\$5.00			
D0120	Periodic oral evaluation	\$0.00			
D0140	Limited oral evaluation - problem focused	\$0.00			
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	\$0.00			
D0150	Comprehensive oral evaluation - new or established patient	\$0.00			
D0170	Re-evaluation - limited, problem focused	\$0.00			
D0171	Re-evaluation - post operative visit	\$0.00			
D0180	Comprehensive periodontal evaluation - new or established patient	\$15.00			
D0210	Intraoral - complete series (including bitewings)	\$0.00			
D0220	Intraoral - periapical first image	\$0.00			
D0230	Intraoral - periapical each additional image	\$0.00			
D0240	Intraoral - occlusal image	\$0.00			
D0270	Bitewing - single image	\$0.00			
D0272	Bitewings - two images	\$0.00			
D0273	Bitewings, 3 images	\$0.00			
D0274	Bitewings - four images	\$0.00			
D0330	Panoramic image	\$0.00			
D0350	Oral/facial photographic images, non-orthodontic, obtained intraorally or extraorally	\$0.00			
D0460	Pulp vitality tests	\$0.00			
D0470	Diagnostic casts, non-orthodontic	\$10.00			
D0601	Caries risk assessment and documentation, with a finding of low risk	\$0.00			
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0.00			
D0603	Caries risk assessment and documentation, with a finding of high risk	\$0.00			
<b>Preventive Services</b>					
* - 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			
D1120	Prophylaxis - child *	\$0.00			
D1206	Topical Fluoride Varnish -children to age 14 (except on Advantage Plans: no age limit)	\$5.00			
D1208	Topical application of fluoride-children to age 14 (except on Advantage Plans: no age limit)	\$10.00			
D1310	Nutritional counseling for control of dental disease	\$0.00			
D1320	Tobacco counseling for the control and prevention of oral disease	\$0.00			
D1330	Oral hygiene instructions	\$0.00			
D1351	Sealant - per tooth	\$20.00			
D1352	Preventive resin restoration - permanent tooth - including placement of a sealant in non-cariou pits and fissures	\$20.00			
D1353	Sealant repair-per tooth. May not be charged by placing provider within 18mos of initial placement.	\$20.00			
D1510	Space maintainer - fixed - unilateral	70% of UCR*			
D1515	Space maintainer - fixed - bilateral	70% of UCR*			
D1520	Space maintainer - removable - unilateral	70% of UCR*			
D1525	Space maintainer - removable - bilateral	70% of UCR*			
D1550	Re-cementation of space maintainer	70% of UCR*			
D1555	Removal of fixed space maintainer	\$15.00			
<b>Restorative Services</b>					
Includes all bases, liners, adhesives, bonding agents, desensitizing agents, removal of existing restorations.					
D2140	Amalgam - 1 surface, primary or permanent	\$20.00			
D2150	Amalgam - 2 surfaces, primary or permanent	\$25.00			
D2160	Amalgam - 3 surfaces, primary or permanent	\$34.00			
D2161	Amalgam - 4 or more surfaces, primary or permanent	\$43.00			
D2330	Resin-based composite - 1 surface, anterior	\$35.00			
D2331	Resin-based composite - 2 surfaces, anterior	\$35.00			
D2332	Resin-based composite - 3 surfaces, anterior	\$35.00			
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)	\$37.00			
D2390	Resin-based composite crown, anterior	\$45.00			
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.	\$45.00			
<b>Inlays/Onlays</b>					
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.					
D2510	Inlay - metallic - 1 surface	\$115.00			
D2520	Inlay - metallic - 2 surfaces	\$115.00			
D2530	Inlay - metallic - 3 or more surfaces	\$115.00			
D2542	Onlay - metallic - 2 surfaces	\$145.00			
D2543	Onlay - metallic - 3 surfaces	\$145.00			
D2544	Onlay - metallic - 4 or more surfaces	\$145.00			
<b>Crowns</b>					
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.					
D2710	Crown - resin-based composite (indirect)	\$115.00			
D2720	Crown - resin with high noble metal	\$140.00			
D2721	Crown - resin with predominantly base metal	\$140.00			
D2722	Crown - resin with noble metal	\$140.00			
D2750	Crown - porcelain fused to high noble metal	\$200.00			
D2751	Crown - porcelain fused to predominantly base metal	\$200.00			
D2752	Crown - porcelain fused to noble metal	\$200.00			
275MLR	Crown-porcelain fused to any metal for molars	\$275.00			
D2780	Crown - 3/4 cast high noble metal	\$185.00			
D2781	Crown - 3/4 cast predominantly base metal	\$185.00			
D2782	Crown - 3/4 cast noble metal	\$185.00			
D2790	Crown - full cast high noble metal	\$185.00			
D2791	Crown - full cast predominantly base metal	\$185.00			
D2792	Crown - full cast noble metal	\$185.00			
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.	\$12.00			
D2915	Recement indirectly fabricated or prefabricated post and core	\$10.00			
D2920	Recement crown	\$12.00			
D2930	Prefabricated stainless steel crown - primary tooth	\$45.00			
D2931	Prefabricated stainless steel crown - permanent tooth	\$45.00			
D2940	Sedative filling	\$7.00			
D2941	Interim therapeutic restoration-primary dentition	\$7.00			
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	\$70.00			
D2957	Each additional prefabricated post - same tooth	\$0.00			

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 \*\*NCB: Not a Covered Benefit

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Code	Description	Plan 430 Member Copayment
D2970	Temporary crown (fractured tooth) - when not part of crown preparation	\$0.00
D2980	Crown repair, by report	\$50.00
D2990	Resin infiltration of incipient smooth surface lesions.	\$20.00
<b>Endodontics (excluding final restorations)</b>		
Includes all irrigants, adhesives, and filling materials, removal of existing restorations, and post-treatment temporization.		
D3110	Pulp cap - direct	\$15.00
D3120	Pulp cap - indirect	\$15.00
D3220	Therapeutic pulpotomy	\$25.00
D3221	Pulpal debridement - primary and permanent when endodontic treatment not completed on same day	\$15.00
D3310	Root canal - anterior per tooth	\$125.00
D3320	Root canal - bicuspid per tooth	\$150.00
D3330	Root canal - molar per tooth	\$185.00
D3331	Treatment of root canal obstruction - <i>subject to proper documentation of condition and procedure. See clinical guidelines.</i>	70% of UCR*
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$35.00
D3346	Retreatment of previous root canal therapy - anterior	\$225.00
D3347	Retreatment of previous root canal therapy - bicuspid	\$250.00
D3348	Retreatment of previous root canal therapy - molar	\$285.00
D3410	Apicoectomy - anterior	\$90.00
D3421	Apicoectomy- bicuspid (first root)	\$90.00
D3425	Apicoectomy- molar (first root)	\$90.00
D3426	Apicoectomy-(each additional root)	\$90.00
D3427	Periradicular surgery without apicoectomy	\$90.00
D3430	Retrograde filling - per root	\$65.00
D3950	Canal preparation & fitting of preformed dowel or post by provider other than provider placing post.	\$70.00
<b>Periodontics</b>		
* - 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.		
+-The Plan considers gingivectomy provided in association with any direct fill restoration to be included in the fee for the rest		
D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth per quadrant	\$150.00
D4211	Gingivectomy or gingivoplasty - 1 to 3 contiguous teeth per quadrant	\$140.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth +	\$70.00
D4240	Gingival flap procedure - 4 or more contiguous teeth per quadrant	\$150.00
D4241	Gingival flap procedure - 1 to 3 contiguous teeth per quadrant	\$140.00
D4260	Osseous surgery - 4 or more contiguous teeth per quadrant	70% of UCR*
D4261	Osseous surgery - 1 to 3 contiguous teeth per quadrant	70% of UCR*
D4263	Bone replacement graft - first site in quadrant	\$150.00
D4264	Bone replacement graft - each additional site in quadrant	\$100.00
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	\$30.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, Separate Visit from Prophylaxis	\$10.00
D4910	Periodontal maintenance - once every 6 months	\$25.00
D4910	Periodontal maintenance - each additional	\$25.00
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$0.00
<b>Removable Prosthodontics</b>		
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.		
D5110	Complete upper denture	\$280.00
D5120	Complete lower denture	\$280.00

Code	Description	Plan 430 Member Copayment
D5130	Immediate upper denture	\$280.00
D5140	Immediate lower denture	\$280.00
D5211	Upper partial denture - resin base	\$250.00
D5212	Lower partial denture - resin base	\$250.00
D5213	Upper partial denture - cast metal framework with resin denture bases	\$280.00
D5214	Lower partial denture - cast metal framework with resin denture bases	\$280.00
D5410	Adjust complete denture - upper	\$20.00
D5411	Adjust complete denture - lower	\$20.00
D5421	Adjust partial denture - upper	\$20.00
D5422	Adjust partial denture - lower	\$20.00
D5510	Repair broken complete denture base*	\$37.00
D5520	Replace missing or broken teeth - complete denture (each tooth)*	\$25.00
D5610	Repair resin denture base*	\$37.00
D5620	Repair cast framework	\$40.00
D5630	Repair or replace broken clasp*	\$25.00
D5640	Replace partial denture broken teeth - per tooth	\$25.00
D5650	Add tooth to existing partial denture*	\$40.00
D5660	Add clasp to existing partial denture*	\$40.00
D5670	Replace all teeth and acrylic on cast metal framework (Upper)	\$125.00
D5671	Replace all teeth and acrylic on cast metal framework (Lower)	\$125.00
D5730	Reline complete upper denture (chairside)	\$45.00
D5731	Reline complete lower denture (chairside)	\$45.00
D5740	Reline upper partial denture (chairside)	\$45.00
D5741	Reline lower partial denture (chairside)	\$45.00
D5750	Reline complete upper denture (laboratory)*	\$87.00
D5751	Reline complete lower denture (laboratory)*	\$87.00
D5760	Reline upper partial denture (laboratory)*	\$87.00
D5761	Reline lower partial denture (laboratory)*	\$87.00
D5820	Interim partial denture (upper)	\$150.00
D5821	Interim partial denture (lower)	\$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		
<b>D5900 - D5999 VII Maxillofacial Prosthetics - Not Covered</b>		
<b>D6000 - D6199 VIII Implant Services - Not Covered</b>		
<b>Fixed Prosthodontics</b>		
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.		
D6210	Pontic - cast high noble metal	\$177.00
D6211	Pontic - cast predominantly base metal	\$177.00
D6212	Pontic - cast noble metal	\$177.00
D6240	Pontic - porcelain fused to high noble metal	\$187.00
D6241	Pontic - porcelain fused to predominantly base metal	\$187.00
D6242	Pontic - porcelain fused to noble metal	\$187.00
624MLR	Pontic- porcelain fused to any metal for molars	\$262.00
D6250	Pontic - resin with high noble metal	\$155.00
D6251	Pontic - resin with predominantly base metal	\$155.00
D6252	Pontic - resin with noble metal	\$155.00
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
<b>Fixed Prosthodontics</b>		

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Revised 01/2015

Code	Description	Plan 430 Member Copayment
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	\$115.00
D6603	Inlay - cast high noble metal, 3 or more surfaces	\$115.00
D6604	Inlay - cast predominantly base metal, 2 surfaces	\$115.00
D6605	Inlay - cast predominantly base metal, 3 or more surfaces	\$115.00
D6606	Inlay - cast noble metal, 2 surfaces	\$115.00
D6607	Inlay - cast noble metal, 3 or more surface	\$115.00
D6610	Onlay - cast high noble metal, 2 surfaces	\$145.00
D6611	Onlay - cast high noble metal, 3 or more surfaces	\$145.00
D6612	Onlay - cast predominantly base metal, 2 surfaces	\$145.00
D6613	Onlay - cast predominantly base metal, 3 or more surfaces	\$145.00
D6614	Onlay - cast noble metal, 2 surfaces	\$145.00
D6615	Onlay - cast noble metal, 3 or more surfaces	\$145.00
D6720	Crown - resin with high noble metal	\$185.00
D6721	Crown - resin with predominantly base metal	\$185.00
D6722	Crown - resin with noble metal	\$185.00
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	\$185.00
D6781	Crown - 3/4 cast predominantly base metal	\$185.00
D6782	Crown - 3/4 cast noble metal	\$185.00
D6790	Crown - full cast high noble metal	\$185.00
D6791	Crown - full cast predominantly base metal	\$185.00
D6792	Crown - full cast noble metal	\$185.00
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	\$18.00
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	\$19.00
D7140	Extraction, erupted tooth or exposed root	\$19.00
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	70% of UCR*
D7311	Alveoplasty in conjunction with extractions - 1 to 3 teeth/spaces per quadrant	70% of UCR*
D7320	Alveoplasty not in conjunction with extractions - 4 or more contiguous teeth per quadrant	70% of UCR*
D7321	Alveoplasty not in conjunction with extractions - 1 to 3 teeth/spaces per quadrant	70% of UCR*
D7510	Incision and drainage of abscess - intraoral soft tissue	\$40.00

## Orthodontics (only when provided by participating orthodontist)

Code	Description	Plan 430 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*	\$1,775.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition*	\$1,775.00
D8090	Comprehensive orthodontic treatment of the adult dentition*	\$1,975.00
D8660	Pre-orthodontic treatment visit	\$25.00
D8670	Periodic orthodontic treatment visit (as part of contract)	\$0.00
D8680	Orthodontic retention - Per Arch	UCR*
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*
<b>Adjunctive General Services</b>		
* - 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, <b>with prior authorization from Plan</b> . 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)	\$8.00
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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# Principal Benefits Coverage Plan 430

Revised 01/2015

Rev. 4/2013

## Specialty Referrals

Plan Coverage  
430 Type A

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.



## 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.

NCB\*\* = Not a Covered Benefit

UCR= Doctor's Usual, Customary, and Reasonable Fees

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## 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.**