

COSMETIC BENEFITS RIDER

<u>ADA CODE</u>	<u>PROCEDURE</u>	<u>MEMBER PAYS</u>
Kiddie Bridge		
D6985	Pediatric Partial Denture – Fixed, Temporary.....	\$180.00
Tooth Colored Fillings		
D2391	Resin-Based Composite – One Surface, Back Tooth.....	\$60.00
D2392	Resin-Based Composite – Two Surfaces, Back Tooth.....	\$80.00
D2393	Resin-Based Composite – Three Surfaces, Back Tooth	\$100.00
D2394	Resin-Based Composite – Four or More Surfaces, Back Tooth.....	\$120.00
Inlay/Onlay Restorations		
D2610	Inlay – Porcelain/Ceramic – One Surface.....	\$240.00
D2620	Inlay – Porcelain/Ceramic – Two Surfaces.....	\$350.00
D2630	Inlay – Porcelain/Ceramic – Three or More Surfaces.....	\$400.00
D2642	Onlay – Porcelain/Ceramic – Two Surfaces.....	\$425.00
D2643	Onlay – Porcelain/Ceramic – Three Surfaces	\$450.00
D2644	Onlay – Porcelain/Ceramic – Four or More Surfaces.....	\$475.00
D2650	Inlay – Resin-Based Composite – One Surface	\$200.00
D2651	Inlay – Resin-Based Composite – Two Surfaces	\$300.00
D2652	Inlay – Resin-Based Composite – Three or More Surfaces	\$325.00
D2662	Onlay – Resin-Based Composite – Two Surfaces.....	\$350.00
D2663	Onlay – Resin-Based Composite – Three Surfaces.....	\$375.00
D2664	Onlay – Resin-Based Composite – Four or More Surfaces.....	\$400.00
Other Restorative Services		
D2910	Recement/Rebond Veneers, Ceramic Inlays/Onlays, Ceramic/Partial Coverage Restoration.....	\$100.00
D2932	Prefabricated Resin Crown, When Placed As A Permanent Restoration.....	\$100.00
D2960	Labial Veneer (Resin Laminate) – Chairside	\$150.00
D2961	Labial Veneer (Resin Laminate) – Laboratory	\$400.00
D2962	Labial Veneer (Porcelain Laminate) – Laboratory	\$400.00
D2981	Inlay repair due to restorative material failure- not allowed to be charged by same provider within 24 months of the original restoration.....	\$25.00
D2982	Onlay repair due to restorative material failure- not allowed to be charged by same provider within 24 months of the original restoration.	\$35.00
D2983	Veneer repair due to restorative material failure- - not allowed to be charged by same provider within 24 months of the original restoration	\$50.00
Teeth Whitening		
D9972	External bleaching - per arch, performed in office	\$250.00
D9975	External bleaching for home application- per arch	\$125.00
Elective/Upgrade Procedures (When Crowns or Bridges Are Not the Covered Benefit)		
D2750 - D2752	Porcelain Fused to Metal* Crown including Molars	\$395.00
D2933	Prefabricated stainless steel crown with resin window	\$175.00
D2934	Prefabricated esthetic coated stainless steel crown.....	\$175.00
D6210 - D6212	Cast Metal* Pontic.....	\$325.00
D6240 - D6242	Porcelain Fused to Metal* Pontic, False Tooth, When Performed As Upgrade to Removable Prosthesis	\$350.00
D6750 - D6752	Porcelain Fused to Metal* Abutment Crown, When Performed As Upgrade To Removable Prosthesis.....	\$395.00
D6780 - D6782	¾ Cast Metal* Abutment Crown.....	\$350.00
D6790 - D6792	Full Cast Metal* Abutment Crown.....	\$350.00
D9940	Night Guards, Soft, Includes Lab Fee.....	\$175.00

Except for bleaching, the above listed cosmetic services are treatment options that Members may elect as upgrades to other covered services that are dentally necessary at the time of treatment or when recommended by the dentist.

* Plus actual dental laboratory fees, including the cost of precious metal.