

# Premier Dental Insurance

## Schedule of Dental Services

Please note that a total of 157 American Dental Association (ADA) treatments and procedures are identified and covered by this Dental Plan. This total is far in excess of the number of treatments and procedures covered under most competing dental plans.

Code	Description of Services	Benefit
<b>I. Preventive (No waiting period)</b>		
0150	Comprehensive oral evaluation	\$ 35
0120	Periodic oral evaluation – 6-month interval	20
0140	Limited oral evaluation – problem focused	35
1110	Prophylaxis – Adult – 6-month interval	55
1120	Prophylaxis – Child – 6-month interval	35
1203	Topical application of fluoride (prophylaxis not included) – 12-month interval to age 19	20
1351	Sealants, per tooth – first and second molar within two years of eruption	15
9110	Palliative (emergency) treatment of dental pain – minor procedure	50
<b>II. Diagnostic (No waiting period)</b>		
0210	Intraoral – complete series (including bitewings) – 36-month interval	\$ 60
0220	Intraoral – periapical – first film	15
0230	Intraoral – periapical – each additional film	10
0240	Intraoral – occlusal film	15
0270	Bitewing – single film – 6-month interval	20
0272	Bitewings – two films – 6-month interval	20
0274	Bitewings – four films – 6-month interval	30
0330	Panoramic film	45
0340	Cephalometric film	65
<b>III. Restorative (No waiting period)</b>		
1520	Space maintainer – removable - unilateral	\$ 35
1525	Space maintainer – removable - bilateral	65
2140	Amalgam - one surface, permanent	40
2150	Amalgam - two surfaces, permanent	45
2160	Amalgam - three surfaces, permanent	45
2161	Amalgam - four or more surfaces, permanent	45
2330	Resin - one surface, anterior	40
2331	Resin - two surfaces, anterior	45
2332	Resin - three surfaces, permanent	60
2335	Resin - four or more surfaces or involving incisal angle (anterior)	65
<b>IV. Restorative – Major (12-month waiting period)</b>		
2520	Inlay – metallic – two surfaces	\$ 190
2530	Inlay – metallic – three or more surfaces	195
2543	Onlay – metallic – three surfaces	200
2544	Onlay – metallic – four or more surfaces	200
2620	Inlay – porcelain/ceramic – two surfaces	190
2630	Inlay – porcelain/ceramic – three or more surfaces	190
2643	Onlay – porcelain/ceramic – three surfaces	190
2644	Onlay – porcelain/ceramic – four or more surfaces	190
2710	Crown resin (laboratory)	130
2720	Crown – resin with high noble metal	260
2721	Crown – resin with predominantly base metal	230
2722	Crown – resin with noble metal	270
2740	Crown – porcelain/ceramic substrate	275
2750	Crown – porcelain fused to high noble metal	295
2751	Crown – porcelain fused to predominantly base metal	285
<b>IV. Restorative – Major (12-month waiting period) cont.</b>		
2752	Crown – porcelain fused to noble metal	\$ 285
2780	Crown – 3/4 cast metal	285
2790	Crown – full cast high noble metal	290
2791	Crown – full cast predominantly base metal	275
2792	Crown – full cast noble metal	275
2910	Recement Inlay	20
2920	Recement Crown	20
2930	Prefabricated Stainless Steel Crown – primary tooth	65
2950	Core Buildup, including any pins	60
2951	Pin Retention - per tooth, in addition to restoration	15
2952	Cast Post and Core in addition to Crown	88
<b>V. Endodontics (6-month waiting period)</b>		
3220	Therapeutic pulpotomy (excluding final restoration)	\$ 30
3310	Root Canal – anterior (excluding final restoration)	160
3320	Root Canal – bicuspid (excluding final restoration)	175
3330	Root Canal – molar (excluding final restoration)	180
3351	Apexification/Recalcification - initial visit (apical closure/calccific repair of perforation, root resorption, etc.)	90
3352	Apexification/Recalcification - interim medication replacement (apical closure/ calcific repair of perforations, root resorption, etc.)	55
3353	Apexification/Recalcification - final visit (includes completed root canal therapy - apical closure/calccific repair of perforations, root resorption, etc.)	40
3410	Apicoectomy/Periradicular surgery - anterior	150
3450	Root Amputation – per root	45
3920	Hemisection (including any root removal), not including root canal therapy	105
3950	Canal Preparation and fitting of preformed dowel or post	35
<b>VI. Periodontics (12-month waiting period)</b>		
4210	Gingivectomy or gingivoplasty – per quadrant	\$ 100
4211	Gingivectomy or gingivoplasty – per tooth	60
4240	Gingival Flap procedure, including root planing – per quadrant	145
4249	Clinical Crown lengthening – hard tissue	30
4260	Osseous surgery (including flap entry and closure) – per quadrant	265
4263	Bone Replacement graft – first site in quadrant	30
4270	Pedicle Soft Tissue Graft procedure	145
4271	Free Soft Tissue Graft procedure (including donor site surgery)	145
4341	Periodontal Scaling and root planing – per quadrant	40
4910	Periodontal Maintenance procedures (following active therapy)	45
<b>VII. Prosthetics - Removable (12-month waiting period)</b>		
5110	Complete Denture – maxillary	\$ 290
5120	Complete Denture – mandibular	290
5211	Maxillary Partial Denture – resin base (including any conventional clasps, rests and teeth)	145
5212	Mandibular Partial Denture – resin base (including any conventional clasps, rests and teeth)	145
5213	Maxillary Partial Denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	170
5214	Mandibular Partial Denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	170

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Code	Description of Services	Benefit
<b>VII. Prosthetics - Removable (12-month waiting period) cont.</b>		
5410	Adjust Complete Denture – maxillary	\$ 20
5411	Adjust Complete Denture – mandibular	20
5421	Adjust Partial Denture – maxillary	20
5422	Adjust Partial Denture – mandibular	20
5510	Repair Broken Complete Denture base	30
5520	Replace Missing or Broken Teeth - complete denture (each tooth)	30
5610	Repair Resin Denture base	30
5620	Repair Cast Framework	40
5630	Repair or Replace Broken Clasp	20
5640	Replace Broken Teeth - per tooth	30
5650	Add Tooth to existing Partial Denture	55
5660	Add Clasp to existing Partial Denture	55
5710	Rebase Complete Maxillary Denture	60
5711	Rebase Complete Mandibular Denture	60
5720	Rebase Maxillary Partial Denture	60
5721	Rebase Mandibular Partial Denture	60
5730	Reline Complete Maxillary Denture (chairside)	75
5731	Reline Complete Mandibular Denture (chairside)	75
5740	Reline Maxillary Partial Denture (chairside)	75
5741	Reline Mandibular Partial Denture (chairside)	75
5750	Reline Complete Maxillary Denture (laboratory)	100
5751	Reline Complete Mandibular Denture (laboratory)	100
5760	Reline Maxillary Partial Denture (laboratory)	100
5761	Reline Mandibular Partial Denture (laboratory)	100
5850	Tissue Conditioning, Maxillary	35
<b>VIII. Fixed Bridge (12-month waiting period)</b>		
1510	Space Maintainer - fixed - unilateral	\$ 115
1515	Space Maintainer - fixed - bilateral	150
6210	Pontic - Cast high noble metal	215
6211	Pontic - Cast predominantly base metal	240
6212	Pontic - Cast noble metal	240
6240	Pontic - Porcelain fused to high noble metal	260
6241	Pontic - Porcelain fused to predominantly base metal	260
6242	Pontic - Porcelain fused to noble metal	260
6250	Pontic - Resin with high noble metal	260
6251	Pontic - Resin with predominantly base metal	195
6252	Pontic - Resin with noble metal	195
6545	Retainer - Cast metal for resin bonded fixed prosthesis	195
6720	Crown - Resin with high noble metal	220
6721	Crown - Resin with predominantly base metal	215
6722	Crown - Resin with noble metal	215
6750	Crown - Porcelain fused to high noble metal	230
6751	Crown - Porcelain fused to predominantly base metal	215
6752	Crown - Porcelain fused to noble metal	215
6780	Crown - 3/4 cast high noble metal	220
6790	Crown - Full cast high noble metal	225
6791	Crown - Full cast predominantly base metal	225
6792	Crown - Full cast noble metal	215
6930	Recent Fixed partial denture	35

Code	Description of Services	Benefit
<b>IX. Oral Surgery (6-month waiting period)</b>		
7140	Single tooth	\$ 30
7210	Surgical Removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	40
7220	Removal of impacted tooth - soft tissue	60
7230	Removal of impacted tooth - partially bony	90
7240	Removal of impacted tooth - completely bony	110
7241	Removal of impacted tooth - completely bony, with unusual surgical Complications	110
7250	Surgical Removal of residual tooth roots (cutting procedure)	40
7285	Biopsy of oral tissue - hard	35
7286	Biopsy of oral tissue - soft	35
7320	Alveoloplasty in conjunction with extractions - per quadrant	100
7410	Excision of benign tumor - lesion diameter up to 1.25cm	85
7411	Excision of benign tumor - lesion diameter greater than 1.25cm	85
7440	Excision of malignant tumor - lesion diameter up to 1.25cm	85
7441	Excision of malignant tumor - lesion diameter greater than 1.25cm	85
7450	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	90
7451	Removal of odontogenic cyst or tumor - lesion diameter greater than 1.25cm	90
7460	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	90
7461	Removal of nonodontogenic cyst or tumor - lesion diameter greater than 1.25cm	90
7465	Destruction of lesion(s) by physical or chemical method, by report	90
7471	Removal of exostosis - maxilla or mandible	130
7510	Incision and Drainage of abscess - intraoral soft tissue	45
7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	80
7970	Excision of pericoronal gingival	100
<b>X. Adjunctive Services (12-month waiting period)</b>		
9220	General anesthesia - first 30 minutes	\$ 65
9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	30