

Dental Full Schedule of Benefits Plan Design - Level 2 - Regular

The following benefit categories are payable using the 2018 CDT codes assigned by the American Dental Association® (ADA).

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These codes are proprietary and are subject to change by the ADA.

Plan benefits and amounts vary by states. Please refer to policy schedule addendum for complete list of covered procedures and benefit amounts.

Calendar Year Maximum per Covered Insured

Level 2 \$1,600

Dental Wellness (Cleanings)

Pays two visits per calendar year per covered insured.

Visits must be separated by 150 days or more.

Dental Wellness Benefits are not subject to the calendar year maximum. Any one or more of the following codes counts as a dental wellness visit:

CDT Code	Description	Waiting Period	Level 2
D0120	periodic oral evaluation - established patient	None	\$50
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	None	\$50
D0150	comprehensive oral evaluation - new or established patient	None	\$50
D0160	detailed and extensive oral evaluation - problem focused, by report	None	\$50
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	None	\$50
D0180	comprehensive periodontal evaluation - new or established patient	None	\$50
D0425	caries susceptibility tests	None	\$50
D0601	caries risk assessment and documentation, with a finding of low risk	None	\$50
D0602	caries risk assessment and documentation, with a finding of moderate risk	None	\$50
D0603	caries risk assessment and documentation, with a finding of high risk	None	\$50
D1110	prophylaxis - adult	None	\$50
D1120	prophylaxis - child	None	\$50
D1206	topical application of fluoride varnish	None	\$50
D1208	topical application of fluoride – excluding varnish	None	\$50
D1310	nutritional counseling for control of dental disease	None	\$50
D1320	tobacco counseling for the control and prevention of oral disease	None	\$50
D1330	oral hygiene instructions	None	\$50
D4910	periodontal maintenance	None	\$50
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	None	\$50
D9910	application of desensitizing medicament	None	\$50

Radiographic Image Procedure (X-Ray)

Payable once per visit, regardless of the number of X-Rays received.

CDT Code	Description	Waiting Period	Level 2
D0210	intraoral - complete series of radiographic images	None	\$35
D0220	intraoral - periapical first radiographic image	None	\$35
D0230	intraoral - periapical each additional radiographic image	None	\$35
D0240	intraoral - occlusal radiographic image	None	\$35
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	None	\$35
D0251	extra-oral posterior dental radiographic image	None	\$35
D0270	bitewing - single radiographic image	None	\$35
D0272	bitewings - two radiographic images	None	\$35
D0273	bitewings - three radiographic images	None	\$35
D0274	bitewings - four radiographic images	None	\$35
D0277	vertical bitewings - 7 to 8 radiographic images	None	\$35
D0330	panoramic radiographic image	None	\$35
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	None	\$35
D0393	treatment simulation using 3D image volume	None	\$35
D0394	digital subtraction of two or more images or image volumes of the same modality	None	\$35
D0395	fusion of two or more 3D image volumes of one or more modalities	None	\$35
	Filling & Basic Services		

Filling & Basic Services	
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CDT Code	Description	waiting Period	Level 2
D0140	limited oral evaluation - problem focused	3 months	\$25
D0310	sialography	3 months	\$170
D0415	collection of microorganisms for culture and sensitivity	3 months	\$15
D0416	viral culture	3 months	\$15
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	3 months	\$15
D0418	analysis of saliva sample	3 months	\$15



CDT Code	Description	Waiting	Level 2
D0423	genetic test for susceptibility to diseases – specimen analysis	Period 3 months	\$15
D0423	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions,	3 months	\$15
D0460	not to include cytology or biopsy procedures pulp vitality tests	3 months	\$15
D0400 D0470	diagnostic casts	3 months	\$30
D2140	amalgam - one surface, primary or permanent	3 months	\$60
D2150	amalgam - two surfaces, primary or permanent	3 months	\$65
D2160	amalgam - three surfaces, primary or permanent	3 months	\$70
D2161	amalgam - four or more surfaces, primary or permanent	3 months	\$75
D2330	resin-based composite - one surface, anterior	3 months	\$55
D2331	resin-based composite - two surfaces, anterior	3 months	\$65
D2332	resin-based composite - three surfaces, anterior	3 months	\$75
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	3 months	\$85
D2390	resin-based composite crown, anterior	3 months	\$85
D2391	resin-based composite - one surface, posterior	3 months	\$55
D2392	resin-based composite - two surfaces, posterior	3 months	\$65
D2393	resin-based composite - three surfaces, posterior	3 months	\$75
D2394	resin-based composite - four or more surfaces, posterior	3 months	\$75
D2410	gold foil - one surface	3 months	\$225
D2420	gold foil - two surfaces	3 months	\$250
	Pain Management & Adjunctive Services		
CDT Code	Description	Waiting	Level 2
D0110		Period	¢20
D9110	palliative (emergency) treatment of dental pain - minor procedure	3 months	\$30
D9222	deep sedation/general anesthesia – first 15 minutes	3 months	\$60
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	3 months	\$60
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	3 months	\$30
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	3 months	\$55
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	3 months	\$55
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	3 months	\$30
D9410	house/extended care facility call	3 months	\$30
D9420	hospital or ambulatory surgical center call	3 months	\$30
D9440	office visit - after regularly scheduled hours	3 months	\$30
D9450 D9930	case presentation, detailed and extensive treatment planning treatment of complications (post-surgical) - unusual circumstances, by report	3 months 3 months	\$30 \$30
D9930	Other Preventive Services	3 1110111113	\$30
		Waiting	
CDT Code	Description	Period	Level 2
D1351	sealant - per tooth	6 months	\$20
D1510	space maintainer - fixed - unilateral	6 months	\$85
D1515	space maintainer - fixed - bilateral	6 months	\$110
D1520	space maintainer - removable - unilateral	6 months	\$85
D1525	space maintainer - removable - bilateral	6 months	\$110
D1550	re-cement or re-bond space maintainer		
D1555		6 months	\$40
	removal of fixed space maintainer	6 months	\$40 \$40
D1575	removal of fixed space maintainer distal shoe space maintainer – fixed – unilateral		
D1575		6 months	\$40
	distal shoe space maintainer – fixed – unilateral Oral Surgery, Gum Treatments, and Prosthetic Repair	6 months	\$40 \$85
CDT Code	distal shoe space maintainer – fixed – unilateral Oral Surgery, Gum Treatments, and Prosthetic Repair Description	6 months 6 months Waiting Period	\$40
CDT Code D4210	distal shoe space maintainer – fixed – unilateral Oral Surgery, Gum Treatments, and Prosthetic Repair Description gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	6 months 6 months Waiting Period 6 months	\$40 \$85 Level 2 \$150
CDT Code D4210 D4211	distal shoe space maintainer – fixed – unilateral Oral Surgery, Gum Treatments, and Prosthetic Repair Description gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	6 months 6 months Waiting Period 6 months 6 months	\$40 \$85 Level 2 \$150 \$50
CDT Code D4210 D4211 D4230	distal shoe space maintainer – fixed – unilateral Oral Surgery, Gum Treatments, and Prosthetic Repair Description gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant	6 months 6 months Waiting Period 6 months 6 months 6 months	\$40 \$85 Level 2 \$150 \$50 \$150
CDT Code D4210 D4211	distal shoe space maintainer – fixed – unilateral Oral Surgery, Gum Treatments, and Prosthetic Repair Description gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	6 months 6 months Waiting Period 6 months 6 months	\$40 \$85 Level 2 \$150 \$50
CDT Code D4210 D4211 D4230	distal shoe space maintainer – fixed – unilateral Oral Surgery, Gum Treatments, and Prosthetic Repair Description gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant	6 months 6 months Waiting Period 6 months 6 months 6 months	\$40 \$85 Level 2 \$150 \$50 \$150
D4210 D4211 D4230 D4231 D4240 D4241	distal shoe space maintainer – fixed – unilateral Oral Surgery, Gum Treatments, and Prosthetic Repair Description gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	6 months 6 months Waiting Period 6 months 6 months 6 months 6 months 6 months 6 months	\$40 \$85 Level 2 \$150 \$50 \$150 \$50 \$250
D4210 D4211 D4230 D4231 D4240	distal shoe space maintainer – fixed – unilateral Oral Surgery, Gum Treatments, and Prosthetic Repair Description gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant clinical crown lengthening - hard tissue	6 months 6 months Waiting Period 6 months 6 months 6 months 6 months 6 months	\$40 \$85 Level 2 \$150 \$50 \$150 \$50 \$250
D4210 D4211 D4230 D4231 D4240 D4241	distal shoe space maintainer – fixed – unilateral Oral Surgery, Gum Treatments, and Prosthetic Repair Description gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant clinical crown lengthening – hard tissue osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	6 months 6 months Waiting Period 6 months 6 months 6 months 6 months 6 months 6 months	\$40 \$85 Level 2 \$150 \$50 \$150 \$50 \$250
D4210 D4211 D4230 D4231 D4240 D4241 D4249	distal shoe space maintainer – fixed – unilateral Oral Surgery, Gum Treatments, and Prosthetic Repair Description gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant clinical crown lengthening - hard tissue osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded	6 months 6 months Waiting Period 6 months	\$40 \$85 Level 2 \$150 \$50 \$150 \$50 \$250 \$250
D4210 D4211 D4230 D4231 D4240 D4241 D4249 D4260	distal shoe space maintainer – fixed – unilateral Oral Surgery, Gum Treatments, and Prosthetic Repair Description gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant clinical crown lengthening - hard tissue osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded	6 months 6 months Waiting Period 6 months	\$40 \$85 Level 2 \$150 \$50 \$150 \$50 \$250 \$250 \$275 \$275
D4210 D4211 D4230 D4231 D4240 D4241 D4249 D4260	distal shoe space maintainer – fixed – unilateral Oral Surgery, Gum Treatments, and Prosthetic Repair Description gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant clinical crown lengthening – hard tissue osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	6 months 6 months Waiting Period 6 months	\$40 \$85 Level 2 \$150 \$50 \$150 \$50 \$250 \$250 \$275 \$275
D4210 D4211 D4230 D4231 D4240 D4241 D4249 D4260 D4261 D4263	distal shoe space maintainer – fixed – unilateral Oral Surgery, Gum Treatments, and Prosthetic Repair Description gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant clinical crown lengthening – hard tissue osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant bone replacement graft – retained natural tooth – first site in quadrant	6 months 6 months Waiting Period 6 months	\$40 \$85 Level 2 \$150 \$50 \$150 \$50 \$250 \$250 \$275 \$275 \$275 \$300
D4210 D4211 D4230 D4231 D4240 D4241 D4249 D4260 D4261 D4263 D4264	distal shoe space maintainer – fixed – unilateral Oral Surgery, Gum Treatments, and Prosthetic Repair Description gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant clinical crown lengthening – hard tissue osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant bone replacement graft – retained natural tooth – first site in quadrant bone replacement graft – retained natural tooth – each additional site in quadrant	6 months 6 months Waiting Period 6 months	\$40 \$85 Level 2 \$150 \$50 \$150 \$50 \$250 \$250 \$275 \$275 \$275 \$300 \$225



autogenous connective tissue graft procedure (including recipient size and droor material) first tooth, implant, or edemalous tooth position in graft the search (including recipient size and droor material) first tooth, implant or edemalous tooth position in graft the search (issue graft procedure (including recipient and droor surgical size) first tooth, implant or edemalous tooth position in graft size and procedure (including recipient and droor surgical size) first tooth, implant or edemalous tooth position in same graft size and procedure (including recipient and droor surgical size) and tooth, implant or edemalous tooth position in same graft size and surgical size) and tooth, implant or edemalous tooth position in same graft size and surgical size) - each additional configuration tooth, implant or edemalous tooth, implant or edemalous tooth, position in same graft size and surgical size) - each additional configuration tooth, implant or edemalous tooth, position in same graft size and size of the surgical size) - each additional configuration of the surgical size of the surgica	CDT Code	Description	Waiting Period	Level 2
December	D4273			\$325
D4278 fee soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site or surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site or surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site or surgical sites and donor material) each additional contiguous tooth, implant or edentulous tooth position in same graft site or surgical sites and donor material) each additional contiguous tooth, implant or edentulous tooth position in same graft site or surgical sites and donor material) each additional contiguous tooth, implant or edentulous tooth position in same graft site or surgical sites and donor material) each additional contiguous tooth, implant or edentulous tooth position in same graft site or surgical sites and donor material) each additional contiguous tooth, implant or edentulous tooth position in same graft site or surgical sites and donor material) each additional contiguous tooth, implant or edentulous tooth position in same graft site or surgical sites and donor material) each additional contiguous too surgical sites and surgical sites and donor material) each additional contiguous too surgical sites and surgical sites and donor material) each additional contiguous donor surgical sites and donor material) each additional contiguous donor surgical sites and donor material) each additional contiguous donor surgical sites and donor material) each additional contiguous donor surgical sites and donor material) each additional contiguous donor surgical sites and donor material sites and donor material sites and donor material sites and donor material sites and surgical sites and donor material sites and donor surgical sites and donor material sites and donor material sites and donor surgical sites and donor sur	D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth	6 months	\$300
D4283 tooth, implant or edentulous tooth position in same graft site contiguous tooth, implant or edentulous tooth position in same graft site contiguous tooth, implant or edentulous tooth position in same graft site contiguous tooth, implant or edentulous tooth position in same graft site contiguous tooth, implant or edentulous tooth position in same graft site contiguous tooth, implant or edentulous tooth position in same graft site contiguous tooth, implant or edentulous tooth position in same graft site contiguous tooth, implant or edentulous tooth position in same graft site contiguous tooth, implant or edentulous tooth position in same graft site contiguous tooth, implant or edentulous tooth position in same graft site contiguous tooth, implant or edentulous tooth position in same graft site contiguous tooth, implant or edentulous tooth position in same graft site contiguous too the position of the same graft site contiguous too too the same graft site contiguous too too the same graft site contiguous too the same graft site of the same graft site contiguous too the same graft s	D4277		6 months	\$175
tooth, implant or edentitious cooth position in same graft site contiguous tooth, implant or edentitious tooth position in same graft site contiguous tooth, implant or edentitious tooth position in same graft site positional spiniting—intracoronal page in provisional spiniting—intracoronal page provisional spiniting—intracor	D4278		6 months	\$175
contiguous tooth, implant or edentatious tooth position in same graft site May 10 provisional spiniting, intracoronal May 10 provisional spiniting and root planing, tour or more teeth per quadrant May 10 provisional spiniting and root planing, tour to more teeth per quadrant May 10 provisional spiniting and root planing, tour to more teeth per quadrant May 10 provisional spiniting and root planing, tour to more teeth per quadrant May 10 provisional spiniting and root planing, tour to more teeth per quadrant May 10 provisional spiniting and root planing, tour tour tour tour tour tour tour tour	D4283	tooth, implant or edentulous tooth position in same graft site	6 months	\$325
D4311 provisional splinting: extracoronal 6 months \$30 months 530 mo	D4285	contiguous tooth, implant or edentulous tooth position in same graft site	6 months	\$300
D4341 periodontal scaling and root planing- four or more teeth per quadrant D4346 scaling in presence of generalized moderate or severe gingwal inflammation - full mouth, after oral evaluation D4346 scaling in presence of generalized moderate or severe gingwal inflammation - full mouth, after oral evaluation D4931 gingwal irrigation - per quadrant D4931 gingwal irrigation - per quadrant D5411 adjust complete denture - mandibular D5411 adjust complete denture - mandibular D5411 adjust somplete denture - mandibular D5411 adjust starbuil denture - mandibular D5412 adjust partial denture - mandibular D5413 adjust spatial denture - mandibular D5414 adjust spatial denture - mandibular D5415 adjust partial denture - mandibular D5416 adjust partial denture - mandibular D5417 adjust partial denture - mandibular D5418 adjust partial denture - mandibular D5419 adjust partial denture - mandibular D5410 adjust partial denture - mandibular D5411 adjust partial denture - mandibular D5411 adjust partial denture - mandibular D5412 adjust partial denture - mandibular D5413 adjust partial denture - mandibular D5414 adjust partial denture - mandibular D5415 adjust partial denture - mandibular D5416 adjust partial denture - mandibular D5417 adjust partial denture - mandibular D5418 adjust partial denture - mandibular D5419 adjust partial denture - mandibular D5410 adjust - mandibular - mandibular - mandibular D5410 adjust - mandibular -			6 months	
D4342 períodontal scaling and root planing- one to three teeth per quadrant	D4321		6 months	\$130
D8346 scaling in presence of generalized moderate or severe gingval inflammation – full mouth, after oral evaluation 6 months 540 mounts of the comprehensive oral evaluation and diagnosis on a subsequent visit 6 months 530 mounts of the comprehensive oral evaluation and diagnosis on a subsequent visit 6 months 530 mounts of the complete denture – manifoliular 6 months 530 mounts of the complete denture – manifoliular 6 months 530 mounts of the complete denture – manifoliular 6 months 530 mounts of the complete denture base, manifoliular 6 months 530 mounts of the complete denture base, manifoliular 6 months 530 mounts of the complete denture base, manifoliular 6 months 530 mounts of the complete denture base, manifoliular 6 months 550 mounts of the complete denture base, manifoliular 6 months 550 mounts of the complete denture base, manifoliular 6 months 550 mounts of the complete denture base, manifoliular 6 months 550 mounts of the complete denture base, manifoliular 7 mounts of the complete denture base, manifoliular 9 mounts of the complete manifoliular denture 9 mounts of the complete manifoliular denture 1 mo				
D4355 full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit 6 months 530 complete denture - marillary 6 months 530 adjust complete denture - marillary 6 months 530 adjust complete denture - marillary 6 months 530 adjust somplete denture - marillary 6 months 530 adjust partial denture - marillary 7 6 months 530 adjust partial denture - marillary 7 6 months 530 adjust partial denture base, marillary 7 6 months 530 adjust partial denture base, marillary 7 6 months 530 adjust partial denture base, marillary 7 6 months 540 adjust partial denture base, marillary 7 6 months 540 adjust partial denture base, marillary 7 6 months 540 adjust partial denture base, marillary 7 6 months 540 adjust partial denture base, marillary 7 6 months 540 adjust partial denture base, marillary 8 6 months 540 adjust partial denture base, marillary 8 6 months 540 adjust partial denture base, marillary 8 6 months 540 adjust partial denture base, marillary 8 6 months 540 adjust partial denture base, marillary 8 6 months 540 adjust partial denture base partial framework, marillary 8 6 months 540 adjust partial denture 5 months 540 adjust partial denture 6 months 540 adjust partial denture 7 months 540 adjust partial denture 7 months 540 adjust partial denture 7 months 540 adjust 54				
D9421 ging/bal irrigation - per quadrant D9410 adjust complete denture - mandibular D9411 adjust scomplete denture - mandibular D9411 adjust somplete denture - mandibular D9412 adjust partial denture - mandibular D9413 adjust partial denture - mandibular D9414 adjust partial denture - mandibular D9515 repair broken complete denture base, mandibular D9516 repair broken complete denture base, mandibular D9517 repair broken complete denture base, mandibular D9518 repair broken complete denture base, mandibular D9519 repair broken complete denture base, mandibular D9510 repair seni partial denture base, mandibular D9510 repair resin partial denture base, mandibular D9511 repair resin partial denture base, mandibular D9512 repair resin partial denture base, mandibular D9512 repair resin partial denture base, mandibular D9512 repair resin partial denture base, mandibular D9513 repair area partial framework, mandibular D9514 repair area partial framework, mandibular D9515 repair area partial framework, mandibular D9516 repair area partial framework, mandibular D9517 repair area partial denture base partial dentu	D4346		6 months	
DS410 adjust complete denture - marillary DS411 adjust complete denture - marillary DS421 adjust partial denture - marillary DS422 adjust partial denture - marillary DS422 adjust partial denture - marillary DS423 adjust partial denture - marillary DS424 adjust partial denture - marillary DS425 repair broken complete denture base, marillary DS521 repair broken complete denture base, marillary DS521 repair broken complete denture base, marillary DS522 repair cast partial denture base, marillary DS520 repair cast partial denture base, marillary DS520 repair cast partial denture base, marillary DS521 repair resin partial denture base, marillary DS521 repair resin partial denture base, marillary DS522 repair resin partial denture base, marillary DS522 repair resin partial denture base, marillary DS521 repair resin partial denture base, marillary DS522 repair resin partial denture base, marillary DS522 repair resin partial denture base, marillary DS522 repair resin partial denture base, marillary DS523 repair resin partial denture base, marillary DS524 repair resin partial denture base, marillary DS525 repair resin partial denture base, marillary DS526 repair resin partial denture base base base base base base base bas		i i	6 months	
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D1241 Temoval of impacted tooth - completely bony, with unusual surgical complications 6 months 51/0	D7241	removal of impacted tooth - completely bony, with unusual surgical complications	6 months	\$170



CDT Code	Description	Waiting	Level 2
D7250	·	Period 6 months	\$80
D7250 D7251	removal of residual tooth roots (cutting procedure) coronectomy – intentional partial tooth removal	6 months	\$150
D7260	oroantral fistula closure	6 months	\$200
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	6 months	\$200
D7280	exposure of an unerupted tooth	6 months	\$225
D7282	mobilization of erupted or malpositioned tooth to aid eruption	6 months	\$75
D7283	placement of device to facilitate eruption of impacted tooth	6 months	\$75
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	6 months	\$165
D7286	incisional biopsy of oral tissue-soft	6 months	\$120
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	6 months	\$70
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	6 months	\$70
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	6 months	\$85
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	6 months	\$85
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	6 months	\$450
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and	6 months	\$900
	management of hypertrophied and hyperplastic tissue)	OTHOREIS	,
D7410	excision of benign lesion up to 1.25 cm	6 months	\$150
D7411	excision of benign lesion greater than 1.25 cm	6 months	\$225
D7412	excision of benign lesion, complicated	6 months	\$375
D7413	excision of malignant lesion up to 1.25 cm	6 months	\$300
D7414	excision of malignant lesion greater than 1.25 cm excision of malignant lesion, complicated	6 months	\$425
D7415		6 months	\$500
D7440 D7441	excision of malignant tumor - lesion diameter up to 1.25 cm excision of malignant tumor - lesion diameter greater than 1.25 cm	6 months	\$300 \$500
D7441 D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	6 months	\$290
D7450	removal of benign odontogenic cyst of tumor - lesion diameter up to 1.25 cm	6 months	\$300
D7451	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	6 months	\$275
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	6 months	\$375
D7471	removal of lateral exostosis (maxilla or mandible)	6 months	\$325
D7472	removal of torus palatinus	6 months	\$375
D7473	removal of torus mandibularis	6 months	\$375
D7485	reduction of osseous tuberosity	6 months	\$325
D7510	incision and drainage of abscess - intraoral soft tissue	6 months	\$110
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	6 months	\$175
D7520	incision and drainage of abscess - extraoral soft tissue	6 months	\$225
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	6 months	\$300
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	6 months	\$160
D7540	removal of reaction producing foreign bodies, musculoskeletal system	6 months	\$200
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	6 months	\$180
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	6 months	\$800
D7610	maxilla - open reduction (teeth immobilized, if present)	6 months	\$1,200
D7620	maxilla - closed reduction (teeth immobilized, if present)	6 months	\$1,200
D7630	mandible - open reduction (teeth immobilized, if present)	6 months	\$1,200
D7640	mandible - closed reduction (teeth immobilized, if present)	6 months	\$1,200
D7650 D7660	malar and/or zygomatic arch - open reduction malar and/or zygomatic arch - closed reduction	6 months	\$1,200 \$1,200
D7660 D7670	alveolus - closed reduction, may include stabilization of teeth	6 months	\$1,200
D7670	alveolus - crosed reduction, may include stabilization of teeth	6 months	\$400
D7710	maxilla - open reduction	6 months	\$1,200
D7720	maxilla - closed reduction	6 months	\$1,200
D7730	mandible - open reduction	6 months	\$1,200
D7740	mandible - closed reduction	6 months	\$1,200
D7750	malar and/or zygomatic arch - open reduction	6 months	\$1,200
D7760	malar and/or zygomatic arch - closed reduction	6 months	\$1,200
D7770	alveolus - open reduction stabilization of teeth	6 months	\$400
D7771	alveolus, closed reduction stabilization of teeth	6 months	\$800
D7953	bone replacement graft for ridge preservation - per site	6 months	\$85
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	6 months	\$85
D7963	frenuloplasty	6 months	\$85
D7970	excision of hyperplastic tissue - per arch	6 months	\$85
D7971	excision of pericoronal gingiva	6 months	\$75
D9120	fixed partial denture sectioning	6 months	\$40
	Crowns and Major Services	Waiting	
CDT Code	Description	Waiting Period	Level 2
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CDT Code	Description	Waiting Period	Level 2
D2510	inlay - metallic - one surface	12 months	\$200
D2520	inlay - metallic - two surfaces	12 months	\$250
D2530	inlay - metallic - three or more surfaces	12 months	\$375
D2542	onlay - metallic - two surfaces	12 months	\$250
D2543	onlay - metallic - three surfaces	12 months	\$275
D2544	onlay - metallic - four or more surfaces	12 months	\$325
D2610	inlay - porcelain/ceramic - one surface	12 months	\$225
D2620	inlay - porcelain/ceramic - two surfaces	12 months	\$250
D2630	inlay - porcelain/ceramic - three or more surfaces	12 months	\$375
D2642	onlay - porcelain/ceramic - two surfaces	12 months	\$275
D2643	onlay - porcelain/ceramic - three surfaces	12 months	\$325
D2644	onlay - porcelain/ceramic - four or more surfaces	12 months	\$350
D2650	inlay - resin-based composite - one surface	12 months	\$200
D2651	inlay - resin-based composite - two surfaces	12 months	\$225
D2652	inlay - resin-based composite - three or more surfaces	12 months	\$275
D2662	onlay - resin-based composite - two surfaces	12 months	\$250
D2663 D2664	onlay - resin-based composite - three surfaces onlay - resin-based composite - four or more surfaces	12 months 12 months	\$275 \$275
D2664 D2710	crown - resin-based composite (indirect)	12 months	\$170
D2710 D2712	crown - 34 resin-based composite (indirect)	12 months	\$170
D2712 D2720	crown - resin with high noble metal	12 months	\$325
D2720	crown - resin with predominantly base metal	12 months	\$325
D2721	crown - resin with noble metal	12 months	\$325
D2740	crown - porcelain/ceramic	12 months	\$325
D2750	crown - porcelain fused to high noble metal	12 months	\$325
D2751	crown - porcelain fused to right hose metal	12 months	\$325
D2752	crown - porcelain fused to noble metal	12 months	\$325
D2780	crown - 3/4 cast high noble metal	12 months	\$325
D2781	crown - 3/4 cast predominantly base metal	12 months	\$325
D2782	crown - 3/4 cast noble metal	12 months	\$325
D2783	crown - 3/4 porcelain/ceramic	12 months	\$325
D2790	crown - full cast high noble metal	12 months	\$325
D2791	crown - full cast predominantly base metal	12 months	\$325
D2792	crown - full cast noble metal	12 months	\$325
D2794	crown - titanium	12 months	\$325
D2799	provisional crown- further treatment or completion of diagnosis necessary prior to final impression	12 months	\$80
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	12 months	\$35
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	12 months	\$35
D2920	re-cement or re-bond crown	12 months	\$35
D2921	reattachment of tooth fragment, incisal edge or cusp	12 months	\$35
D2930	prefabricated stainless steel crown - primary tooth	12 months	\$75
D2931	prefabricated stainless steel crown - permanent tooth	12 months	\$80
D2932 D2933	prefabricated resin crown	12 months	\$110 \$130
D2933	prefabricated stainless steel crown with resin window prefabricated esthetic coated stainless steel crown - primary tooth	12 months 12 months	\$75
D2934 D2940	protective restoration	12 months	\$30
D2940 D2941	interim therapeutic restoration – primary dentition	12 months	\$30
D2941 D2949	restorative foundation for an indirect restoration	12 months	\$30
D2950	core buildup, including any pins when required	12 months	\$60
D2951	pin retention - per tooth, in addition to restoration	12 months	\$15
D2952	post and core in addition to crown, indirectly fabricated	12 months	\$110
D2954	prefabricated post and core in addition to crown	12 months	\$110
D2955	post removal	12 months	\$85
D2975	coping	12 months	\$250
D2980	crown repair necessitated by restorative material failure	12 months	\$80
D3110	pulp cap - direct (excluding final restoration)	12 months	\$20
D3120	pulp cap - indirect (excluding final restoration)	12 months	\$20
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and	12 months	\$45
DSZZU	application of medicament	12 months	345
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	12 months	\$45
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	12 months	\$50
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	12 months	\$50
D3310	endodontic therapy, anterior tooth (excluding final restoration)	12 months	\$200
D3320	endodontic therapy, premolar tooth (excluding final restoration)	12 months	\$250



CDT Code	Description	Waiting Period	Level 2
D3330	endodontic therapy, molar tooth (excluding final restoration)	12 months	\$325
D3346	retreatment of previous root canal therapy - anterior	12 months	\$180
D3347	retreatment of previous root canal therapy - premolar	12 months	\$225
D3348	retreatment of previous root canal therapy - molar	12 months	\$300
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	12 months	\$140
D3352	apexification/recalcification – interim medication replacement	12 months	\$35
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	12 months	\$75
D3355	pulpal regeneration - initial visit	12 months	\$75
D3356	pulpal regeneration - interim medication replacement	12 months	\$35
D3357	pulpal regeneration - completion of treatment	12 months	\$35
D3410	apicoectomy - anterior	12 months	\$160
D3421	apicoectomy - premolar (first root)	12 months	\$300
D3425	apicoectomy - molar (first root)	12 months	\$325
D3426	apicoectomy (each additional root)	12 months	\$120
D3427	periradicular surgery without apicoectomy	12 months	\$240
D3428	bone graft in conjunction with periradicular surgery – per tooth, single site	12 months	\$300
D3429	bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	12 months	\$140
D3430	retrograde filling - per root	12 months	\$85
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	12 months	\$35
D3432	guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	12 months	\$275
D3450	root amputation - per root	12 months	\$170
D3920	hemisection (including any root removal), not including root canal therapy	12 months	\$130
D3950	canal preparation and fitting of preformed dowel or post	12 months	\$60
	Major Prosthetic Services	144 - 141	
CDT Code	Description	Waiting Period	Level 2
D5110	complete denture - maxillary	24 months	\$425
D5120	complete denture - mandibular	24 months	\$425
D5130	immediate denture - maxillary	24 months	\$425
D5140	immediate denture - mandibular	24 months	\$425
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	24 months	\$325
D5212 D5213	mandibular partial denture - resin base (including any conventional clasps, rests and teeth) maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	24 months 24 months	\$325 \$325
	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and		
D5214	teeth)	24 months	\$325
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	24 months	\$325
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	24 months	\$325
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	24 months	\$325
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	24 months	\$325
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	24 months	\$325
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	24 months	\$325
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	24 months	\$325
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	24 months	\$200
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	24 months	\$200
D5810	interim complete denture (maxillary)	24 months	\$225
D5811	interim complete denture (mandibular)	24 months	\$250
D5820	interim partial denture (maxillary)	24 months	\$180
D5821	interim partial denture (mandibular)	24 months	\$200
D5863	overdenture – complete maxillary	24 months	\$400
D5864	overdenture – partial maxillary	24 months	\$200
D5865	overdenture – complete mandibular	24 months	\$400
D5866	overdenture – partial mandibular	24 months	\$200
D6010	surgical placement of implant body: endosteal implant	24 months	\$550
D6011	second stage implant surgery	24 months	\$200
D6012	surgical placement of interim implant body for transitional prosthesis: endosteal implant	24 months	\$550
D6013	surgical placement of mini implant	24 months	\$550 \$1,200
D6040	surgical placement: eposteal implant surgical placement: transosteal implant	24 months	\$1,200
D6050 D6052	surgical placement: transosteal implant semi-precision attachment abutment	24 months 24 months	\$1,200 \$325
D6052	prefabricated abutment – includes modification and placement	24 months	\$325
D6056	custom fabricated abutment – includes placement	24 months	\$275
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CDT Code	Doccrintion	Waiting	Level 2
CDT Code	Description	Period	Level 2
D6058	abutment supported porcelain/ceramic crown	24 months	\$325
D6059	abutment supported porcelain fused to metal crown (high noble metal)	24 months	\$325
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	24 months	\$325
D6061	abutment supported porcelain fused to metal crown (noble metal)	24 months	\$325
D6062	abutment supported cast metal crown (high noble metal)	24 months	\$325
D6063	abutment supported cast metal crown (predominantly base metal)	24 months	\$325
D6064 D6065	abutment supported cast metal crown (noble metal)	24 months	\$325 \$325
D6065 D6066	implant supported porcelain/ceramic crown implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	24 months 24 months	\$325
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)	24 months	\$325
D6068	abutment supported retainer for porcelain/ceramic FPD	24 months	\$325
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	24 months	\$325
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	24 months	\$325
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	24 months	\$325
D6072	abutment supported retainer for cast metal FPD (high noble metal)	24 months	\$325
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	24 months	\$325
D6074	abutment supported retainer for cast metal FPD (noble metal)	24 months	\$325
D6075	implant supported retainer for ceramic FPD	24 months	\$325
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	24 months	\$325
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	24 months	\$325
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and	24 months	\$90
	abutments		·
D6085	provisional implant crown	24 months	\$80
D6094	abutment supported crown - (titanium)	24 months	\$325
D6110	implant /abutment supported removable denture for edentulous arch – maxillary	24 months	\$550
D6111	implant/abutment supported removable denture for edentulous arch – mandibular	24 months	\$550
D6112 D6113	implant /abutment supported removable denture for partially edentulous arch – maxillary	24 months 24 months	\$550 \$550
D6113 D6114	implant /abutment supported removable denture for partially edentulous arch – mandibular implant /abutment supported fixed denture for edentulous arch – maxillary	24 months	\$550
D6114	implant /abutment supported fixed denture for edentulous arch – mandibular	24 months	\$550
D6116	implant /abutment supported fixed denture for partially edentulous arch – maxillary	24 months	\$550
D6117	implant /abutment supported fixed denture for partially edentulous arch – mandibular	24 months	\$550
D6194	abutment supported retainer crown for FPD (titanium)	24 months	\$325
D6205	pontic - indirect resin based composite	24 months	\$325
D6210	pontic - cast high noble metal	24 months	\$325
D6211	pontic - cast predominantly base metal	24 months	\$325
D6212	pontic - cast noble metal	24 months	\$325
D6214	pontic - titanium	24 months	\$325
D6240	pontic - porcelain fused to high noble metal	24 months	\$325
D6241	pontic - porcelain fused to predominantly base metal	24 months	\$325
D6242	pontic - porcelain fused to noble metal	24 months	\$325
D6245	pontic - porcelain/ceramic	24 months	\$325
D6250	pontic - resin with high noble metal	24 months	\$325
D6251	pontic - resin with predominantly base metal	24 months	\$325
D6252	pontic - resin with noble metal	24 months 24 months	\$325
D6253 D6545	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression retainer - cast metal for resin bonded fixed prosthesis	24 months 24 months	\$325 \$160
D6545 D6548	retainer - cast metal for resin bonded fixed prostnesis retainer - porcelain/ceramic for resin bonded fixed prosthesis	24 months	\$160
D6546 D6549	resin retainer – for resin bonded fixed prosthesis	24 months	\$160
D6600	retainer inlay - porcelain/ceramic, two surfaces	24 months	\$250
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	24 months	\$375
D6602	retainer inlay - cast high noble metal, two surfaces	24 months	\$350
D6603	retainer inlay - cast high noble metal, three or more surfaces	24 months	\$375
D6604	retainer inlay - cast predominantly base metal, two surfaces	24 months	\$350
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	24 months	\$375
D6606	retainer inlay - cast noble metal, two surfaces	24 months	\$350
D6607	retainer inlay - cast noble metal, three or more surfaces	24 months	\$375
D6608	retainer onlay - porcelain/ceramic, two surfaces	24 months	\$275
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	24 months	\$325
D6610	retainer onlay - cast high noble metal, two surfaces	24 months	\$375
D6611	retainer onlay - cast high noble metal, three or more surfaces	24 months	\$400
D6612	retainer onlay - cast predominantly base metal, two surfaces	24 months	\$375
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	24 months	\$400
D6614	retainer onlay - cast noble metal, two surfaces	24 months	\$375



CDT Code	Description	Waiting Period	Level 2
D6615	retainer onlay - cast noble metal, three or more surfaces	24 months	\$400
D6624	retainer inlay - titanium	24 months	\$375
D6634	retainer onlay - titanium	24 months	\$400
D6710	retainer crown - indirect resin based composite	24 months	\$325
D6720	retainer crown - resin with high noble metal	24 months	\$325
D6721	retainer crown - resin with predominantly base metal	24 months	\$325
D6722	retainer crown - resin with noble metal	24 months	\$325
D6740	retainer crown - porcelain/ceramic	24 months	\$325
D6750	retainer crown - porcelain fused to high noble metal	24 months	\$325
D6751	retainer crown - porcelain fused to predominantly base metal	24 months	\$325
D6752	retainer crown - porcelain fused to noble metal	24 months	\$325
D6780	retainer crown - 3/4 cast high noble metal	24 months	\$325
D6781	retainer crown - 3/4 cast predominantly base metal	24 months	\$325
D6782	retainer crown - 3/4 cast noble metal	24 months	\$325
D6783	retainer crown - 3/4 porcelain/ceramic	24 months	\$325
D6790	retainer crown - full cast high noble metal	24 months	\$325
D6791	retainer crown - full cast predominantly base metal	24 months	\$325
D6792	retainer crown - full cast noble metal	24 months	\$325
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	24 months	\$165
D6794	retainer crown - titanium	24 months	\$325

EXCLUSIONS AND LIMITATIONS

Each benefit requires that charges are incurred for treatment. We will not pay benefits for: coding convention errors, misrepresentations or upcoding, crown replacement services within five years of last placement, inlay or onlay replacement services within five years of last placement, procedures prior to the effective date, procedures prior to the expiration of the waiting period, prosthetic replacement services within five years of last placement, repairs within six months of the initial procedure, sealant limitation (limited to secondary molars for dependent children under age 16 and will not be payable more often than every five years), teeth missing before the policy coverage effective date, treatment outside of the United States, unlisted procedures, or unrecommended or unrequired services. This list does not include a complete description of each limitation and exclusion. To obtain a complete description of benefits, limitations and exclusions, please refer to the policy or see your Colonial Life benefits counselor.

Applicable to policy Dental (including state abbreviations where used, for example: Dental-TX). Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual policy provisions will control.

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