Colonial Life

Dental Full Schedule of Benefits Plan Design - Level 3 - 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 3
	$1,800

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 3
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.
This benefit is payable only once per calendar year per covered person. Radiographic Image Procedure
(X-Ray) Benefits are not subject to the calendar year maximum. Any one or more of the following codes counts as a radiographic image procedure (X-Ray):

CDT Code	Description	Waiting Period	Level 3
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

CDT Code	Description	Waiting Period	Level 3
D0140	limited oral evaluation - problem focused	3 months	$30
D0310	sialography	3 months	$190
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 Period	Level 3
D0423	genetic test for susceptibility to diseases – specimen analysis	3 months	$15
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	3 months	$15
D0460	pulp vitality tests	3 months	$15
D0470	diagnostic casts	3 months	$30
D2140	amalgam - one surface, primary or permanent	3 months	$75
D2150	amalgam - two surfaces, primary or permanent	3 months	$80
D2160	amalgam - three surfaces, primary or permanent	3 months	$85
D2161	amalgam - four or more surfaces, primary or permanent	3 months	$95
D2330	resin-based composite - one surface, anterior	3 months	$70
D2331	resin-based composite - two surfaces, anterior	3 months	$85
D2332	resin-based composite - three surfaces, anterior	3 months	$100
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	3 months	$120
D2390	resin-based composite crown, anterior	3 months	$120
D2391	resin-based composite - one surface, posterior	3 months	$70
D2392	resin-based composite - two surfaces, posterior	3 months	$85
D2393	resin-based composite - three surfaces, posterior	3 months	$100
D2394	resin-based composite - four or more surfaces, posterior	3 months	$100
D2410	gold foil - one surface	3 months	$250
D2420	gold foil - two surfaces	3 months	$275
Pain Management & Adjunctive Services			
CDT Code	**Description**	**Waiting Period**	**Level 3**
D9110	palliative (emergency) treatment of dental pain - minor procedure	3 months	$35
D9222	deep sedation/general anesthesia – first 15 minutes	3 months	$65
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	3 months	$65
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	3 months	$35
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	3 months	$60
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	3 months	$60
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	3 months	$35
D9410	house/extended care facility call	3 months	$35
D9420	hospital or ambulatory surgical center call	3 months	$35
D9440	office visit - after regularly scheduled hours	3 months	$35
D9450	case presentation, detailed and extensive treatment planning	3 months	$35
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	3 months	$35
Other Preventive Services			
CDT Code	**Description**	**Waiting Period**	**Level 3**
D1351	sealant - per tooth	6 months	$20
D1510	space maintainer - fixed - unilateral	6 months	$95
D1515	space maintainer - fixed - bilateral	6 months	$120
D1520	space maintainer - removable - unilateral	6 months	$95
D1525	space maintainer - removable - bilateral	6 months	$120
D1550	re-cement or re-bond space maintainer	6 months	$45
D1555	removal of fixed space maintainer	6 months	$45
D1575	distal shoe space maintainer – fixed – unilateral	6 months	$95
Oral Surgery, Gum Treatments, and Prosthetic Repair			
CDT Code	**Description**	**Waiting Period**	**Level 3**
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	6 months	$160
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	6 months	$50
D4230	anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant	6 months	$160
D4231	anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant	6 months	$50
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	6 months	$275
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	6 months	$275
D4249	clinical crown lengthening – hard tissue	6 months	$300
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	6 months	$300
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	6 months	$300
D4263	bone replacement graft – retained natural tooth – first site in quadrant	6 months	$325
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	6 months	$250
D4266	guided tissue regeneration - resorbable barrier, per site	6 months	$300
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	6 months	$300
D4270	pedicle soft tissue graft procedure	6 months	$325
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	6 months	$375

CDT Code	Description	Waiting Period	Level 3
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	6 months	$325
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	6 months	$200
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	6 months	$200
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	6 months	$375
D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	6 months	$325
D4320	provisional splinting - intracoronal	6 months	$180
D4321	provisional splinting - extracoronal	6 months	$150
D4341	periodontal scaling and root planing - four or more teeth per quadrant	6 months	$65
D4342	periodontal scaling and root planing - one to three teeth per quadrant	6 months	$65
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	6 months	$50
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	6 months	$65
D4921	gingival irrigation – per quadrant	6 months	$30
D5410	adjust complete denture - maxillary	6 months	$30
D5411	adjust complete denture - mandibular	6 months	$30
D5421	adjust partial denture - maxillary	6 months	$30
D5422	adjust partial denture - mandibular	6 months	$30
D5511	repair broken complete denture base, mandibular	6 months	$50
D5512	repair broken complete denture base, maxillary	6 months	$50
D5520	replace missing or broken teeth - complete denture (each tooth)	6 months	$45
D5611	repair resin partial denture base, mandibular	6 months	$50
D5612	repair resin partial denture base, maxillary	6 months	$50
D5621	repair cast partial framework, mandibular	6 months	$75
D5622	repair cast partial framework, maxillary	6 months	$75
D5630	repair or replace broken clasp - per tooth	6 months	$60
D5640	replace broken teeth - per tooth	6 months	$45
D5650	add tooth to existing partial denture	6 months	$55
D5660	add clasp to existing partial denture - per tooth	6 months	$75
D5710	rebase complete maxillary denture	6 months	$160
D5711	rebase complete mandibular denture	6 months	$200
D5720	rebase maxillary partial denture	6 months	$200
D5721	rebase mandibular partial denture	6 months	$200
D5730	reline complete maxillary denture (chairside)	6 months	$95
D5731	reline complete mandibular denture (chairside)	6 months	$95
D5740	reline maxillary partial denture (chairside)	6 months	$110
D5741	reline mandibular partial denture (chairside)	6 months	$110
D5750	reline complete maxillary denture (laboratory)	6 months	$130
D5751	reline complete mandibular denture (laboratory)	6 months	$130
D5760	reline maxillary partial denture (laboratory)	6 months	$160
D5761	reline mandibular partial denture (laboratory)	6 months	$160
D5850	tissue conditioning, maxillary	6 months	$50
D5851	tissue conditioning, mandibular	6 months	$50
D6090	repair implant supported prosthesis, by report	6 months	$130
D6091	replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	6 months	$130
D6092	re-cement or re-bond implant/abutment supported crown	6 months	$90
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	6 months	$110
D6095	repair implant abutment, by report	6 months	$130
D6100	implant removal, by report	6 months	$40
D6930	re-cement or re-bond fixed partial denture	6 months	$40
D7111	extraction, coronal remnants – primary tooth	6 months	$60
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	6 months	$50
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	6 months	$90
D7220	removal of impacted tooth - soft tissue	6 months	$120
D7230	removal of impacted tooth - partially bony	6 months	$140
D7240	removal of impacted tooth - completely bony	6 months	$160
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	6 months	$170
D7250	removal of residual tooth roots (cutting procedure)	6 months	$85
D7251	coronectomy – intentional partial tooth removal	6 months	$160
D7260	oroantral fistula closure	6 months	$225
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	6 months	$225
D7280	exposure of an unerupted tooth	6 months	$250

CDT Code	Description	Waiting Period	Level 3
D7282	mobilization of erupted or malpositioned tooth to aid eruption	6 months	$80
D7283	placement of device to facilitate eruption of impacted tooth	6 months	$80
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	6 months	$175
D7286	incisional biopsy of oral tissue-soft	6 months	$130
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	6 months	$75
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	6 months	$75
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	6 months	$100
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	6 months	$100
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	6 months	$500
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	6 months	$1,000
D7410	excision of benign lesion up to 1.25 cm	6 months	$165
D7411	excision of benign lesion greater than 1.25 cm	6 months	$275
D7412	excision of benign lesion, complicated	6 months	$400
D7413	excision of malignant lesion up to 1.25 cm	6 months	$350
D7414	excision of malignant lesion greater than 1.25 cm	6 months	$500
D7415	excision of malignant lesion, complicated	6 months	$600
D7440	excision of malignant tumor - lesion diameter up to 1.25 cm	6 months	$350
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	6 months	$600
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	6 months	$325
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	6 months	$350
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	6 months	$325
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	6 months	$425
D7471	removal of lateral exostosis (maxilla or mandible)	6 months	$350
D7472	removal of torus palatinus	6 months	$425
D7473	removal of torus mandibularis	6 months	$425
D7485	reduction of osseous tuberosity	6 months	$350
D7510	incision and drainage of abscess - intraoral soft tissue	6 months	$120
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	6 months	$200
D7520	incision and drainage of abscess - extraoral soft tissue	6 months	$250
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	6 months	$350
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	6 months	$180
D7540	removal of reaction producing foreign bodies, musculoskeletal system	6 months	$225
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	6 months	$200
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	6 months	$925
D7610	maxilla - open reduction (teeth immobilized, if present)	6 months	$1,400
D7620	maxilla - closed reduction (teeth immobilized, if present)	6 months	$1,400
D7630	mandible - open reduction (teeth immobilized, if present)	6 months	$1,400
D7640	mandible - closed reduction (teeth immobilized, if present)	6 months	$1,400
D7650	malar and/or zygomatic arch - open reduction	6 months	$1,400
D7660	malar and/or zygomatic arch - closed reduction	6 months	$1,400
D7670	alveolus - closed reduction, may include stabilization of teeth	6 months	$850
D7671	alveolus - open reduction, may include stabilization of teeth	6 months	$450
D7710	maxilla - open reduction	6 months	$1,400
D7720	maxilla - closed reduction	6 months	$1,400
D7730	mandible - open reduction	6 months	$1,400
D7740	mandible - closed reduction	6 months	$1,400
D7750	malar and/or zygomatic arch - open reduction	6 months	$1,400
D7760	malar and/or zygomatic arch - closed reduction	6 months	$1,400
D7770	alveolus - open reduction stabilization of teeth	6 months	$450
D7771	alveolus, closed reduction stabilization of teeth	6 months	$850
D7953	bone replacement graft for ridge preservation - per site	6 months	$100
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	6 months	$100
D7963	frenuloplasty	6 months	$100
D7970	excision of hyperplastic tissue - per arch	6 months	$100
D7971	excision of pericoronal gingiva	6 months	$85
D9120	fixed partial denture sectioning	6 months	$40
	Crowns and Major Services		
CDT Code	**Description**	**Waiting Period**	**Level 3**
D2510	inlay - metallic - one surface	12 months	$225
D2520	inlay - metallic - two surfaces	12 months	$250
D2530	inlay - metallic - three or more surfaces	12 months	$400
D2542	onlay - metallic - two surfaces	12 months	$300
D2543	onlay - metallic - three surfaces	12 months	$325

CDT Code	Description	Waiting Period	Level 3
D2544	onlay - metallic - four or more surfaces	12 months	$350
D2610	inlay - porcelain/ceramic - one surface	12 months	$250
D2620	inlay - porcelain/ceramic - two surfaces	12 months	$275
D2630	inlay - porcelain/ceramic - three or more surfaces	12 months	$425
D2642	onlay - porcelain/ceramic - two surfaces	12 months	$325
D2643	onlay - porcelain/ceramic - three surfaces	12 months	$350
D2644	onlay - porcelain/ceramic - four or more surfaces	12 months	$375
D2650	inlay - resin-based composite - one surface	12 months	$225
D2651	inlay - resin-based composite - two surfaces	12 months	$250
D2652	inlay - resin-based composite - three or more surfaces	12 months	$325
D2662	onlay - resin-based composite - two surfaces	12 months	$275
D2663	onlay - resin-based composite - three surfaces	12 months	$325
D2664	onlay - resin-based composite - four or more surfaces	12 months	$325
D2710	crown - resin-based composite (indirect)	12 months	$190
D2712	crown - ¾ resin-based composite (indirect)	12 months	$190
D2720	crown - resin with high noble metal	12 months	$375
D2721	crown - resin with predominantly base metal	12 months	$375
D2722	crown - resin with noble metal	12 months	$375
D2740	crown - porcelain/ceramic	12 months	$375
D2750	crown - porcelain fused to high noble metal	12 months	$375
D2751	crown - porcelain fused to predominantly base metal	12 months	$375
D2752	crown - porcelain fused to noble metal	12 months	$375
D2780	crown - 3/4 cast high noble metal	12 months	$375
D2781	crown - 3/4 cast predominantly base metal	12 months	$375
D2782	crown - 3/4 cast noble metal	12 months	$375
D2783	crown - 3/4 porcelain/ceramic	12 months	$375
D2790	crown - full cast high noble metal	12 months	$375
D2791	crown - full cast predominantly base metal	12 months	$375
D2792	crown - full cast noble metal	12 months	$375
D2794	crown - titanium	12 months	$375
D2799	#N/A	12 months	#N/A
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	$80
D2931	prefabricated stainless steel crown - permanent tooth	12 months	$90
D2932	prefabricated resin crown	12 months	$130
D2933	prefabricated stainless steel crown with resin window	12 months	$140
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	12 months	$80
D2940	protective restoration	12 months	$30
D2941	interim therapeutic restoration – primary dentition	12 months	$20
D2949	restorative foundation for an indirect restoration	12 months	$30
D2950	core buildup, including any pins when required	12 months	$65
D2951	pin retention - per tooth, in addition to restoration	12 months	$25
D2952	post and core in addition to crown, indirectly fabricated	12 months	$110
D2954	prefabricated post and core in addition to crown	12 months	$130
D2955	post removal	12 months	$90
D2975	coping	12 months	$300
D2980	crown repair necessitated by restorative material failure	12 months	$85
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 application of medicament	12 months	$50
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	12 months	$50
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	$225
D3320	endodontic therapy, premolar tooth (excluding final restoration)	12 months	$275
D3330	endodontic therapy, molar tooth (excluding final restoration)	12 months	$375
D3346	retreatment of previous root canal therapy - anterior	12 months	$200
D3347	retreatment of previous root canal therapy - premolar	12 months	$250
D3348	retreatment of previous root canal therapy - molar	12 months	$325
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	12 months	$160

CDT Code	Description	Waiting Period	Level 3
D3352	apexification/recalcification – interim medication replacement	12 months	$40
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	12 months	$80
D3355	pulpal regeneration - initial visit	12 months	$80
D3356	pulpal regeneration - interim medication replacement	12 months	$40
D3357	pulpal regeneration - completion of treatment	12 months	$40
D3410	apicoectomy - anterior	12 months	$170
D3421	apicoectomy - premolar (first root)	12 months	$325
D3425	apicoectomy - molar (first root)	12 months	$400
D3426	apicoectomy (each additional root)	12 months	$130
D3427	periradicular surgery without apicoectomy	12 months	$240
D3428	bone graft in conjunction with periradicular surgery – per tooth, single site	12 months	$325
D3429	bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	12 months	$150
D3430	retrograde filling - per root	12 months	$95
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	12 months	$40
D3432	guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	12 months	$300
D3450	root amputation - per root	12 months	$190
D3920	hemisection (including any root removal), not including root canal therapy	12 months	$150
D3950	canal preparation and fitting of preformed dowel or post	12 months	$65
	Major Prosthetic Services		
CDT Code	**Description**	**Waiting Period**	**Level 3**
D5110	complete denture - maxillary	24 months	$525
D5120	complete denture - mandibular	24 months	$525
D5130	immediate denture - maxillary	24 months	$525
D5140	immediate denture - mandibular	24 months	$525
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	24 months	$375
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	24 months	$375
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	24 months	$350
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	24 months	$350
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	24 months	$375
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	24 months	$375
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	24 months	$350
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	24 months	$350
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	24 months	$350
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	24 months	$350
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	24 months	$350
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	24 months	$225
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	24 months	$225
D5810	interim complete denture (maxillary)	24 months	$250
D5811	interim complete denture (mandibular)	24 months	$300
D5820	interim partial denture (maxillary)	24 months	$200
D5821	interim partial denture (mandibular)	24 months	$225
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	$650
D6011	second stage implant surgery	24 months	$200
D6012	surgical placement of interim implant body for transitional prosthesis: endosteal implant	24 months	$650
D6013	surgical placement of mini implant	24 months	$650
D6040	surgical placement: eposteal implant	24 months	$1,400
D6050	surgical placement: transosteal implant	24 months	$1,400
D6052	semi-precision attachment abutment	24 months	$375
D6056	prefabricated abutment – includes modification and placement	24 months	$325
D6057	custom fabricated abutment – includes placement	24 months	$325
D6058	abutment supported porcelain/ceramic crown	24 months	$375
D6059	abutment supported porcelain fused to metal crown (high noble metal)	24 months	$375
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	24 months	$375
D6061	abutment supported porcelain fused to metal crown (noble metal)	24 months	$375
D6062	abutment supported cast metal crown (high noble metal)	24 months	$375

CDT Code	Description	Waiting Period	Level 3
D6063	abutment supported cast metal crown (predominantly base metal)	24 months	$375
D6064	abutment supported cast metal crown (noble metal)	24 months	$375
D6065	implant supported porcelain/ceramic crown	24 months	$375
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	24 months	$375
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)	24 months	$375
D6068	abutment supported retainer for porcelain/ceramic FPD	24 months	$375
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	24 months	$375
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	24 months	$375
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	24 months	$375
D6072	abutment supported retainer for cast metal FPD (high noble metal)	24 months	$375
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	24 months	$375
D6074	abutment supported retainer for cast metal FPD (noble metal)	24 months	$375
D6075	implant supported retainer for ceramic FPD	24 months	$375
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	24 months	$375
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	24 months	$375
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	24 months	$110
D6085	provisional implant crown	24 months	$85
D6094	abutment supported crown - (titanium)	24 months	$375
D6110	implant /abutment supported removable denture for edentulous arch – maxillary	24 months	$650
D6111	implant /abutment supported removable denture for edentulous arch – mandibular	24 months	$650
D6112	implant /abutment supported removable denture for partially edentulous arch – maxillary	24 months	$650
D6113	implant /abutment supported removable denture for partially edentulous arch – mandibular	24 months	$650
D6114	implant /abutment supported fixed denture for edentulous arch – maxillary	24 months	$650
D6115	implant /abutment supported fixed denture for edentulous arch – mandibular	24 months	$650
D6116	implant /abutment supported fixed denture for partially edentulous arch – maxillary	24 months	$650
D6117	implant /abutment supported fixed denture for partially edentulous arch – mandibular	24 months	$650
D6194	abutment supported retainer crown for FPD (titanium)	24 months	$375
D6205	pontic - indirect resin based composite	24 months	$375
D6210	pontic - cast high noble metal	24 months	$375
D6211	pontic - cast predominantly base metal	24 months	$375
D6212	pontic - cast noble metal	24 months	$375
D6214	pontic - titanium	24 months	$375
D6240	pontic - porcelain fused to high noble metal	24 months	$375
D6241	pontic - porcelain fused to predominantly base metal	24 months	$375
D6242	pontic - porcelain fused to noble metal	24 months	$375
D6245	pontic - porcelain/ceramic	24 months	$375
D6250	pontic - resin with high noble metal	24 months	$375
D6251	pontic - resin with predominantly base metal	24 months	$375
D6252	pontic - resin with noble metal	24 months	$375
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	24 months	$375
D6545	retainer - cast metal for resin bonded fixed prosthesis	24 months	$170
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	24 months	$170
D6549	resin retainer – for resin bonded fixed prosthesis	24 months	$170
D6600	retainer inlay - porcelain/ceramic, two surfaces	24 months	$275
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	24 months	$425
D6602	retainer inlay - cast high noble metal, two surfaces	24 months	$375
D6603	retainer inlay - cast high noble metal, three or more surfaces	24 months	$400
D6604	retainer inlay - cast predominantly base metal, two surfaces	24 months	$375
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	24 months	$400
D6606	retainer inlay - cast noble metal, two surfaces	24 months	$375
D6607	retainer inlay - cast noble metal, three or more surfaces	24 months	$400
D6608	retainer onlay - porcelain/ceramic, two surfaces	24 months	$325
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	24 months	$350
D6610	retainer onlay - cast high noble metal, two surfaces	24 months	$400
D6611	retainer onlay - cast high noble metal, three or more surfaces	24 months	$425
D6612	retainer onlay - cast predominantly base metal, two surfaces	24 months	$400
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	24 months	$425
D6614	retainer onlay - cast noble metal, two surfaces	24 months	$400
D6615	retainer onlay - cast noble metal, three or more surfaces	24 months	$425
D6624	retainer inlay - titanium	24 months	$400
D6634	retainer onlay - titanium	24 months	$425
D6710	retainer crown - indirect resin based composite	24 months	$375
D6720	retainer crown - resin with high noble metal	24 months	$375

CDT Code	Description	Waiting Period	Level 3
D6721	retainer crown - resin with predominantly base metal	24 months	$375
D6722	retainer crown - resin with noble metal	24 months	$375
D6740	retainer crown - porcelain/ceramic	24 months	$375
D6750	retainer crown - porcelain fused to high noble metal	24 months	$375
D6751	retainer crown - porcelain fused to predominantly base metal	24 months	$375
D6752	retainer crown - porcelain fused to noble metal	24 months	$375
D6780	retainer crown - 3/4 cast high noble metal	24 months	$375
D6781	retainer crown - 3/4 cast predominantly base metal	24 months	$375
D6782	retainer crown - 3/4 cast noble metal	24 months	$375
D6783	retainer crown - 3/4 porcelain/ceramic	24 months	$375
D6790	retainer crown - full cast high noble metal	24 months	$375
D6791	retainer crown - full cast predominantly base metal	24 months	$375
D6792	retainer crown - full cast noble metal	24 months	$375
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	24 months	$190
D6794	retainer crown - titanium	24 months	$375

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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