



Freedom Plan – Affinity 110**

Schedule of Benefits



ADA Code ADA Code Description

In-Network No Annual Max No Deductible Out-of-Network Annual Max: \$1000 Deductible: \$50

The benefits apply only when treatment is performed at a participating dental office. Specialty services require predetermination of benefits. Procedures not listed or excluded are not covered. Exclusions and Limitations apply. Treatment will vary according to the Dentist's treatment plan and the Member's individual clinical needs.

DIAGNOSTIC

D0120	Periodic Oral Evaluation	0	25
D0140	Limited Oral Evaluation - problem focused	0	21
D0150	Comprehensive Oral Evaluation - new or established patient	0	30
D0160	Detailed & Extensive Oral Evaluation - problem focused, by report	0	24
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	20
D0180	Comprehensive Periodontal Evaluation - new or established patient	0	20
D0210	Intraoral - complete series (including bitewings)	0	40
D0220	Intraoral - periapical first film	0	8
D0230	Intraoral - periapical each additional film	0	8
D0240	Intraoral - occlusal film	0	10
D0270	Bitewing - single film	0	8
D0272	Bitewing - two films	0	10
D0274	Bitewing - four films	0	17
D0277	Vertical Bitewings - 7 to 8 films	0	20
D0290	Posterior-anterior or Lateral Skull and Facial Bone Survey Film	0	20
D0310	Sialography	0	50
D0330	Panaoramic Film	0	24
D0340	Cephalometric Film	0	33
D0415	Collection of Microorganisms for Culture and Sensitivity	0	20
D0416	Viral Culture	0	20
D0421	Genetic Test for Susceptibility to Oral Diseases	0	20
D0425	Caries Susceptibility Tests	0	20
D0460	Pulp Vitality Tests	0	4
D0470	Diagnostic Casts	0	21
D0999	Unspecified Diagnostic Procedure, by report	0	20

PREVENTIVE

D1110	Prophylaxis - adult	0	55
D1120	Prophylaxis - child	0	40
D1201	Topical Application of Fluoride (including prophylaxis) - child	0	45
D1203	Topical Application of Fluoride (prophylaxis not included) - child	0	10
D1204	Topical Application of Fluoride (prophylaxis not included) - adult	0	10
D1205	Topical Application of Fluoride (including prophylaxis) - adult	0	37
D1310	Nutritional Counseling for Control of Dental Disease	0	10
D1330	Oral Hygiene Instructions (No RVU Value)	0	8
D1351	Sealant - per tooth (1 series per 24 months to age 16. Perm. 1st & 2nd molars only)	5	13
D1510	Space Maintainer - fixed - unilateral	33	66
D1515	Space Maintainer - fixed - bilateral	46	132
D1520	Space Maintainer - removable - unilateral	38	83
D1525	Space Maintainer - removable - bilateral	39	116
D1550	Recementation of Space Maintainer	10	10

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RESTORATIVE			
D2140	Amalgam - one surface, primary or permanent	12	33
D2150	Amalgam - two surfaces, primary or permanent	15	50
D2160	Amalgam - three surfaces, primary or permanent	18	62
D2161	Amalgam - four or more surfaces, primary or permanent	22	74
D2330	Resin-based Composite - one surface, anterior	16	33
D2331	Resin-based Composite - two surfaces, anterior	24	50
D2332	Resin-based Composite - three surfaces, anterior	26	57
D2335	Resin-based Composite - four or more surfaces or involving incisal angle (anterior)	26	66
D2710	Crown - Resin-Based Composite (indirect)	112	135
D2712	Crown - 3/4 Resin Based Composite (indirect)	112	135
D2720	Crown - resin with high noble metal	158	264
D2721	Crown - resin with predominately base metal	159	198
D2722	Crown - resin with noble metal	167	224
D2740	Crown - porcelain/ceramic substrate	219	264
D2750	Crown - porcelain fused to high noble metal	239	290
D2751	Crown - porcelain fused to predominately base metal	201	211
D2752	Crown - porcelain fused to noble metal	219	238
D2790	Crown - full cast high noble metal	219	251
D2791	Crown - full cast predominately base metal	219	185
D2792	Crown - full cast noble metal	223	211
D2794	Crown-titanium	219	200
D2910	Recement Inlay, Onlay or Partial Coverage Restoration	17	20
D2915	Recement Cast or Prefabricated Post and Core	17	20
D2920	Recement Crown	18	20
D2930	Prefabricated Stainless Steel Crown - primary tooth	38	53
D2931	Prefabricated Stainless Steel Crown - permanent tooth	45	79
D2932	Prefabricated Resin Crown	39	40
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - primary tooth	38	53
D2940	Sedative Filling	22	20
D2950	Core Buildup, including any pins	50	50
D2951	Pin Retention, per tooth in addition to restoration	17	13
D2952	Cast Post and Core in Addition to Crown	93	106
D2953	Each Additional Cast Post - same tooth	93	75
D2954	Prefabricated Post and Core in Addition to Crown	41	66
D2980	Crown Repair, by report	30	20
D2999	Unspecified Restorative Procedure, by report	0	20
ENDODONTICS			
D3110	Pulp Cap - direct (excluding final restoration)	16	17
D3120	Pulp Cap- indirect (excluding final restoration)	12	13
D3220	Therapeutic Pulpotomy (excluding final restoration)	24	40
D3230	Pulpal Therapy - Anterior, Primary Tooth	24	20
D3240	Pulpal Therapy - Posterior, Primary Tooth	24	30
D3310	Anterior (excluding final restoration)	114	92
D3320	Bicuspid (excluding final restoration)	157	119
D3330	Molar (excluding final restoration)	200	211
D3346	Retreatment of previous root canal therapy - anterior	157	92
D3347	Retreatment of previous root canal therapy - bicuspid	200	119

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ENDODONTICS			
D3348	Retreatment of pervious root canal therapy - molar	261	211
D3351	Apexification/Recalcification - initial visit	43	35
D3410	Apicoectomy/Periradicular Surgery - Anterior	109	92
D3421	Apicoectomy/Periradicular Surgery - Bicuspid (first root)	171	185
D3425	Apicoectomy/Periradicular Surgery, Molar (first root)	257	277
D3426	Apicoectomy/Periradicular Surgery, (each additional root)	134	92
D3430	Retrograde Filling - per root	127	40
D3450	Root Amputation - per root	86	66
D3920	Hemisection (including any root removal), not including root canal therapy	35	53
D3999	Unspecified Endodontic Procedure, by report	0	20
PERIODONTICS			
D4210	Gingivectomy or Gingivoplasty - 4 or more contiguous/bounded teeth spaces per quad.	89	79
D4211	Gingivectomy or Gingivoplasty - 1 to 3 contiguous/bounded teeth spaces per quad.	43	26
D4240	Gingival Flap Procedure - 4 or more contiguous/bounded teeth spaces per quadrant	40	79
D4241	Gingival Flap Procedure - 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	26	26
D4260	Osseous Surgery - four or more contiguous teeth or bounded teeth spaces per quadrant	239	264
D4261	Osseous Surgery - 1 to 3 contiguous teeth or bounded teeth spaces per quadrant	158	88
D4270	Pedicle Soft Tissue Graft Procedure	162	79
D4271	Free Soft Tissue Graft Procedure (including donor site surgery)	162	106
D4341	Periodonal Scaling and Root Planing - four or more teeth per quadrant	57	51
D4342	Root Planing - 1 to 3 teeth per quadrant	38	17
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	30	26
D4910	Periodontal Maintenance	22	26
D4999	Unspecified Periodontal Procedure, by report	0	20
PROSTHODONTICS - REMOVABLE			
D5110	Complete Denture - maxillary	323	330
D5120	Complete Denture - mandibular	323	330
D5130	Immediate Denture - maxillary	304	330
D5140	Immediate Denture - mandibular	304	330
D5211	Maxillary Partial Denture - resin base	195	132
D5212	Mandibular Partial Denture - resin base	173	132
D5213	Maxillary Partial Denture - cast metal framework with resin denture bases	173	330
D5214	Mandibular Partila Denture - case metal framework with resin denture bases	345	330
D5225	Maxillary Partial Denture - flexible Base	195	150
D5226	Mandibular Partial Denture - flexible Base	173	150
D5410	Adjust Complete Denture - maxillary	18	13
D5411	Adjust Complete Denture - mandibular	11	13
D5421	Adjust Partial Denture - maxillary	33	13
D5422	Adjust Partial Denture - mandibular	33	13
D5510	Repair Broken Complete Denture Base	27	40
D5520	Replace Missing/Broken Teeth - complete denture (each tooth)	25	26
D5610	Repair Resin Denture Base	28	40
D5620	Repair Cast Framework	24	79
D5630	Repair or Replace Broken Clasp	30	79
D5640	Replace Broken Teeth - per tooth	34	40
D5650	Add Tooth to Existing Partial Denture	38	40
D5660	Add Clasp to Existing Partial Denture	62	66

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PROSTHODONTICS - REMOVABLE			
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)	176	106
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	156	106
D5710	Rebase Complete Maxillary Denture	143	132
D5711	Rebase Complete Mandibular Denture	98	132
D5720	Rebase Maxillary Partial Denture	98	106
D5721	Rebase Mandibular Partial Denture	98	106
D5730	Reline Complete Maxillary Denture (Chairside)	73	79
D5731	Reline Complete Mandibular Denture (Chairside)	73	79
D5740	Reline Maxillary Partial Denture (Chairside)	73	66
D5741	Reline Mandibular Partial Denture (Chairside)	73	66
D5750	Reline Complete Maxillary Denture (Laboratory)	88	106
D5751	Reline Complete Mandibular Denture (Laboratory)	73	106
D5760	Reline Maxillary Partial Denture (Laboratory)	75	106
D5761	Reline Mandibular Partial Denture (Laboratory)	75	106
D5820	Interim Partial Upper (Maxillary)	76	132
D5821	Interim Partial Lower (Mandibular)	73	132
D5850	Tissue Conditioning, Maxillary	29	20
D5851	Tissue Conditioning, Mandibular	29	20
PROSTHODONTICS - FIXED			
D6205	Pontic - indirect resin based composite	112	132
D6210	Pontic - cast high noble metal	189	264
D6211	Pontic - cast predominantly base metal	187	185
D6212	Pontic - cast noble metal	185	211
D6214	Pontic - titanium	189	264
D6240	Pontic - porcelain fused to high noble metal	183	290
D6241	Pontic - porcelain fused to predominantly base metal	217	238
D6242	Pontic - porcelain fused to noble metal	211	251
D6250	Pontic - resin w/ high noble metal	179	264
D6251	Pontic - resin with predominantly base metal	178	185
D6252	Pontic - resin w/ noble metal	202	238
D6545	Retainer - cast metal for resin bonded fixed prosthesis	112	106
D6710	Crown - indirect resin based composite	112	132
D6720	Crown - resin with high noble metal	174	264
D6721	Crown - resin with predominantly base metal	175	198
D6722	Crown - resin with noble metal	198	224
D6740	Crown- Porcelain/Ceramic	198	224
D6750	Crown - porcelain fused to high noble metal	233	317
D6751	Crown - porcelain fused to predominantly base metal	209	211
D6752	Crown - porcelain fused to noble metal	182	264
D6780	Crown - 3/4 cast high noble metal	219	251
D6790	Crown - full cast high noble metal	219	251
D6791	Crown - full cast predominantly base metal	219	185
D6792	Crown - full cast noble metal	219	224
D6794	Crown - titanium	219	251
D6930	Recement Fixed Partial Denture	26	26
D6970	Cast Post and Core in Addition to Fixed Partial Denture Retainer	61	79
D6971	Cast Post as Part of Fixed Partial Denture Retainer	54	106

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PROSTHODONTICS - FIXED			
D6972	Prefabricated Post and Core in Addition to Fixed Partial Denture Retainer	44	66
D6980	Fixed Partial Denture Repair, by report	29	20
D6999	Unspecified, Fixed Prosthodontic Procedure, by report	0	20
ORAL AND MAXILLOFACIAL SURGERY			
D7111	Extraction, Coronal Remnants - deciduous tooth	16	26
D7140	Extraction, Erupted Tooth or Exposed Root (delevation and/or forceps removal)	26	40
D7210	Surgical Removal of Erupted Tooth	36	53
D7220	Removal of Impacted Tooth - soft tissue	50	92
D7230	Removal of Impacted Tooth - partially bony	62	106
D7240	Removal of Impacted Tooth - completely bony	80	132
D7241	Removal of Impacted Tooth - completely bony, with unusual surgical complications	114	145
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	46	53
D7280	Surgical Access of an Unerupted Tooth	46	50
D7282	Mobilization of Erupted Tooth or Malpositioned Tooth to Aid Eruption	46	50
D7285	Biopsy of Oral Tissue - hard (bone, tooth)	80	40
D7286	Biopsy of Oral Tissue - Soft	80	30
D7287	Exfoliative Cytological Sample Collection	0	25
D7288	Brush Biopsy - transepithelial sample collection	0	25
D7290	Surgical Repositioning of Teeth	65	40
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, by report	15	40
D7310	Alveoloplasty in Conjunction with Extractions - per quadrant	36	55
D7311	Alveoloplasty in Conjunction with Extractions - 1 to 3 teeth or tooth spaces, per quadrant	24	27
D7320	Alveoloplasty not in Conjunction with Extractions - per quadrant	38	70
D7321	Alveoloplasty not in Conjunction with Extractions - 1 to 3 teeth or tooth spaces per quadrant	25	38
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	125	158
D7350	Vestibuloplasty - ridge extension	200	264
D7410	Excision of Benign Lesion up to 1.25 cm	48	100
D7450	Removal of Benign Odontogenic Cyst or Tumor - lesion diameter up to to 1.25 cm	76	100
D7460	Removal of Benign Nonodontogenic Cyst or Tumor - lesion diameter up to 1.25 cm	80	100
D7471	Removal of Lateral Exostosis	48	100
D7472	Removal of Torus Palatinus	50	100
D7473	Removal of Torus Mandibularis	50	100
D7485	Surgical Reduction of Osseous Tuberosity	50	100
D7510	Incision and Drainage of Abscess - intraoral soft tissue	23	53
D7511	Incision and Drainage of Abscess - intraoral soft tissue - complicated	23	53
D7530	Removal of Foreign Body, Skin or Subcutaneous Alveolar Tissue	40	53
D7540	Removal of Reaction-Producing Foreign Bodies, Musculoskeletal System	40	25
D7550	Partial Osteotomy/Sequestrectomy for removal of non-vital bone	60	25
D7910	Suture of Recent Small Wounds to 5 cm	0	25
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	35	53
D7963	Frenuloplasty	35	53
ADJUNCTIVE GENERAL SERVICES			
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	12	21
D9230	Analgesia, anxiolyses, inhalation of nitrous oxide (pedo. only)	0	10
D9310	Consultation	0	40
D9420	Hospital call	25	20
D9430	Office Visit for Observation (no other procedures performed)	0	15

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ADJUNCTIVE GENERAL SERVICES			
D9440	Office Visit - after regularly scheduled hours	25	40
D9930	Treatment of Complications (post-surgical) - Unusual Circumstances, by report	0	10
D9940	Occlusal Guard, by report	25	20
D9941	Fabrication of Athletic Mouthgard	0	20
D9942	Repair and/or Reline of Occlusal Guard	27	35
D9951	Occlusal Adjustment - limited	20	33
D9952	Occlusal Adjustment - complete	60	79
D9999	Unspecified Adjunctive Procedure, by report	0	20

- The Member selects a participating provider from which to receive in-network benefits.
 - The Member may transfer participating providers at anytime. Changes before the 20th of the month will be effective by the 1st of the following month.
 - The Member must be referred to a participating specialist by their selected participating provider to receive the In-Network benefit.
 - The POS Out-of-Network benefit has a \$50/\$150 family maximum calendar year deductible & a \$1000 calendar year (depending on the group)
 - In-Network - Annual Max: None Deductible: None
- **NPD LIMITATION: If two or more covered procedures would appropriately correct a clinical situation, the NPD director QA/dental director will select the most appropriate procedure.

