

ADA	DESCRIPTION	MEMBER'S COPAYMENT	ADA	DESCRIPTION	MEMBER'S COPAYMENT
DIAGNOSTIC SERVICES					
00120	Periodic Oral Exam-Established Patient	0	02720	Crown Resin with High Noble ^{1,2}	90
00140	Limited Oral Evaluation-Focused	0	02721	Crown Resin w/Predom. Base Metal ²	90
00145	Oral Evaluation-Pt Under 3 yrs/Counseling	0	02722	Crown Resin Noble ^{1,2}	90
00150	Comprehensive Oral Evaluation	0	02740	Crown - Porcelain/Ceramic Substrate ²	90
00160	Detailed & Extensive Oral Examination	0	02750	Crown-Porc Fused/High Noble Metal ^{1,2}	90
00170	Re-evaluation - Limited	0	02751	Crown-Porc Fused/Pred Base Metal ²	90
00180	Comprehensive Periodontal Eval	0	02752	Crown-Porc Fused To Noble Metal ^{1,2}	90
00210	Intraoral-Complete (Inc. Bitewings)	0	02780	Crown-3/4 Cast High Noble Metal ¹	90
00220	Intraoral-Periapical First Film	0	02781	Crown-3/4 Cast/Predom Base Metal	90
00230	Intraoral-Periapical Each Additional	0	02782	Crown-3/4 Cast Noble Metal ¹	90
00240	Intraoral-Occlusal Film	0	02783	Crown - 3/4 Porcelain/Ceramic ²	90
00250	Extraoral-First Film	0	02790	Crown-Full Cast High Noble Metal ¹	90
00260	Extraoral-Each Additional Film	0	02791	Crown-Full Cast/Predom Base Metal	90
00270	Bitewings-Single Film	0	02792	Crown-Full Cast Noble Metal ¹	90
00272	Bitewings-Two Films	0	02794	Crown-Titanium ¹	90
00273	Bitewings-Three Films	0	02910	Recement Inlay/Onlay/Partial Coverage Rest	5
00274	Bitewings-Four Films	0	02915	Recement Cast/Prefab Post & Core	5
00277	Vertical Bitewings - 7 to 8 Films	0	02920	Recement Crown	5
00330	Panorex Film	0	02930	Prefab Stain. St. Crown Prim	10
00460	Pulp Vitality Tests	0	02931	Prefab Stain. St. Crown Perm	10
00470	Diagnostic Casts	0	02932	Prefab Resin Crown ²	25
PREVENTIVE SERVICES			02934	Prefab Esthetic Coated Stain St Crn Prim ^{1,2}	10
01110	Prophylaxis, Adult	0	02940	Sedative Fillings	25
01120	Prophylaxis, Child	0	02950	Core Build-up, Including Pins	25
01203	Topical Fluoride w/o Prophy - Child	0	02951	Pin Retention - Per Tooth, w/Restoration	25
01206	Topical Fluoride Varnish	0	02952	Cast Post/Core In Add. To Crown ¹ , Indirect Fab	25
01351	Sealant, Per Tooth	8	02953	Ea Add Ind Fab Post-Same Tooth (Inc Canal Prep) ¹	13
01510	Space Maintainer-Fixed-Unilateral	13	02954	Prefab/Post & Core In Add. To Crown	25
01515	Space Maintainer-Fixed-Bilateral	18	02957	Ea Add Prefab Post-Same Tooth	13
01520	Space Maintainer-Rem.-Unilateral	18	02970	Temporary Crown (Fractured Tooth)	10
01525	Space Maintainer-Removable-Bilateral	18	ENDODONTIC SERVICES		
01550	Recementation of Space Maintainer	5	03110	Pulp Cap-Direct (w/o Final Restoration)	0
01555	Removal of Fixed Space Maintainer	6	03120	Pulp Cap-Indirect (w/o Final Restoration)	5
BASIC RESTORATIVE SERVICES			03220	Therapeutic Pulpotomy (w/o Final Rest)	5
02140	Amalgam 1 Surface	0	03221	Gross Pulpal Debridement	8
02150	Amalgam 2 Surfaces	0	03230	Pulpal Therapy Anterior Primary	8
02160	Amalgam 3 Surfaces	0	03240	Pulpal Therapy Post Primary	8
02161	Amalgam 4 or More Surfaces	0	03310	Root Canal, Anterior (w/o Final Rest)	50
02330	Resin Composite - 1 Surface, Anterior	0	03320	Root Canal, Bicuspid (w/o Final Rest)	75
02331	Resin Composite - 2 Surfaces, Anterior	0	03330	Root Canal, Molar (w/o Final Rest)	100
02332	Resin Composite - 3 Surfaces, Anterior	0	03332	Inc Endo Ther., Inoper/Unrest/Fx Tooth	25
02335	Resin Comp 4+ Surf or Incisal Edge, Ant	0	03346	Retreatment Previous RCT - Anterior	110
02390	Composite Crown - Anterior	0	03347	Retreatment Previous RCT - Bicuspid	220
02391	Composite, 1 Surface, Post	27	03348	Retreatment Previous RCT - Molar	330
02392	Composite, 2 Surfaces, Post	62	03351	Apexification, Initial visit	28
02393	Composite, 3 Surfaces, Post	62	03352	Apexification, Interim visit	12
02394	Composite - 4 or More Surface, Post	77	03353	Apexification, Final visit	42
ADVANCED RESTORATIVE SERVICES			03410	Apicoectomy, Anterior	60
02510	Inlay-1 Surface ¹	90	03421	Apicoectomy, Bicuspid (First Root)	60
02520	Inlay-2 Surface ¹	90	03425	Apicoectomy, Molar (First Root)	60
02530	Inlay-3 Surfaces ¹	90	03426	Apicoectomy, Each Additional Root	30
02542	Onlay - Metallic 2 Surface ¹	90	03430	Retrograde Filling (Per Root)	60
02543	Onlay-3 Surfaces ¹	90	03450	Root Amputation (Per Root)	70
02544	Onlay-4 or More Surfaces ¹	90	03920	Hemisection (Inc Root Rem) w/o RCT	65
02642	Onlay-Porcelain/Ceramic-2 Surfaces ²	90	PERIODONTAL SERVICES		
02643	Onlay-Porcelain/Ceramic-3 Surfaces ²	90	04210	Gingivectomy/Gingivoplasty (4+ Teeth)	85
02644	Onlay-Porcelain/Ceramic-4+ Surfaces ²	90	04211	Gingivectomy/Gingivoplasty (1-3 Teeth)	30
02710	Crown-Resin Based Composite Indirect ²	40	04240	Gingival Flap w/Root Planing (4+ Teeth)	125
02712	Crown 3/4 Resin Based Composite Indirect ²	40	04241	Gingival Flap With Rp (1 to 3 Teeth)	75
			04260	Osseous Surgery (4+ Teeth)	250

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04261	Osseous Surgery (1 to 3 Teeth)	150	06251	Pontic Resin w/Predom. Base Metal ²	90
04270	Pedicle Soft Tissue Graft Procedure	275	06252	Pontic Resin w/Noble Metal ^{1, 2}	90
04271	Free Soft Tissue Gr w/Donor Site Surg	275	06545	Retainer-Cast Mtl For Resin Fxd Pros	90
04274	Distal/Proximal Wedge Procedure	38	06548	Ret-Porc/Cer for Resin Bonded Fixed Pros ²	90
04341	Perio Scaling & RP (4+ Teeth)	40	06710	Crown-Indirect Resin Based Composite ²	40
04342	Perio Scale & RP (1 to 3 Teeth)	24	06720	Crown Resin High Noble Metal ^{1, 2}	90
04910	Perio. Maint. Procedure	25	06721	Crown-Resin w/Predom Base Metal ²	90
	REMOVABLE PROSTHODONTICS		06722	Crown-Resin w/Noble Metal ^{1, 2}	90
05110	Complete Denture - Maxillary	190	06740	Crown-Porcelain/Ceramic ²	90
05120	Complete Denture - Mandibular	190	06750	Crown-Porc/High Noble Metal ^{1, 2}	90
05130	Immediate Denture - Maxillary	200	06751	Crown-Porc/Predom Base Metal ²	90
05140	Immediate Denture - Mandibular	200	06752	Crown-Porc/Noble Metal ^{1, 2}	90
05211	Maxillary Partial Denture - Resin Base	165	06780	Crown-3/4 Cast High Noble Metal ¹	90
05212	Mandibular Partial Denture - Resin Base	165	06781	Crown-3/4 Cast Predom Based Metal	90
05213	Max Partial Denture - Cast Metal Frame ¹	200	06782	Crown-3/4 Cast Noble Metal ¹	90
05214	Mand Partial Denture-Cast Metal Frame ¹	200	06783	Crown-3/4 Porcelain/Ceramic ²	90
05225	Max Partial Denture-Flexible Base ³	165	06790	Crown-Full Cast High Noble Metal ¹	90
05226	Mand Partial Denture-Flexible Base ³	165	06791	Crown-Full Cast Predom Base Metal	90
05410	Adjust Complete Denture - Maxillary	10	06792	Crown-Full Cast Noble Metal ¹	90
05411	Adjust Complete Denture - Mandibular	10	06794	Crown-Titanium ¹	90
05421	Adjust Partial Denture - Maxillary	10	06930	Recement Fixed Partial Denture	15
05422	Adjust Partial Denture - Mandibular	10	06970	Post/Core-Add to Bridge Retainer ¹ -Indirect Fab	35
05510	Repair Broken Complete Denture Base	20	06972	Prefab. Post/Core-Add to Fixed Part Ret	35
05520	Replace Missing/Broken Teeth-Per Tooth	12	06973	Core Buildup For Retainer Inc Pins	25
05610	Repair Resin Denture Base	25	06976	Each Add'l Indirectly Fab Post-Same Tooth ¹	18
05620	Repair Cast Framework	25	06977	Each Add Prefab Post-Same Tooth ¹	18
05630	Repair or Replace Broken Clasp	25		ORAL SURGERY	
05640	Replace Broken Teeth-Per Tooth	20	07111	Extraction Coronal Remnants - Prim Tooth	3
05650	Add Tooth to Existing Partial Denture	20	07140	Extraction-Erupted Tooth/Exposed Root	5
05660	Add Clasp to Existing Partial Denture	20	07210	Surg Rem/Erupted Tooth-Req Elevation	20
05670	Replace All Teeth - Maxillary	90	07220	Removal Impacted Tooth - Soft Tissue	45
05671	Replace All Teeth - Mandibular	90	07230	Removal Impacted Tooth - Part Bony	50
05710	Rebase Complete Maxillary Denture	60	07240	Rem. Impacted Tooth-Comp Bony	75
05711	Rebase Complete Mandibular Denture	60	07241	Rem. Impacted Tooth-Comp Bony w/Comp	75
05720	Rebase Maxillary Partial Denture	60	07250	Surgical Removal Residual Tooth Roots	5
05721	Rebase Mandibular Partial Denture	60	07285	Biopsy of Oral Tissue-Hard	45
05730	Reline Comp Maxillary Denture- Chair	35	07286	Biopsy of Oral Tissue-Soft	10
05731	Reline Comp Mandibular Denture-Chair	35	07287	Exfoliative Cytological Sample Collection	10
05740	Reline Maxillary Partial Denture-Chair	30	07288	Brush Biopsy-Trans Sample Collection	10
05741	Reline Mandibular Partial Denture-Chair	30	07310	Alveoloplasty w/Ext-4+ Teeth/Spaces, per quad	45
05750	Reline Complete Maxillary Denture-Lab	50	07311	Alveoloplasty w/Ext (1 to 3 Teeth/Sp)	30
05751	Reline Complete Mandibular Denture-Lab	50	07320	Alveoloplasty w/o Ext-4+ Teeth/Spaces, per quad	60
05760	Reline Maxillary Partial Denture - Lab	50	07321	Alveoloplasty w/o Ext (1 to 3 Teeth/Sp)	40
05761	Reline Mandibular Partial Denture - Lab	50	07510	I & D of Abscess, Intraoral Soft Tissue	0
05820	Interim Partial Denture, Maxillary	50	07511	I & D of Abscess, Intraoral Complicated	0
05821	Interim Partial Denture, Mandibular	50	07520	I & D of Abscess, Extraoral Soft Tissue	0
05850	Tissue Conditioning, Maxillary	15	07521	I & D of Abscess, Extraoral Complicated	0
05851	Tissue Conditioning, Mandibular	15	07530	Rem of Forgn Body-Skin/Subcutaneous	45
	FIXED PROSTHODONTICS		07960	Frenulectomy - Separate Procedure	15
06205	Pontic-Indirect Resin Based Composite ²	40	07963	Frenuloplasty	15
06210	Pontic-Cast High Noble Metal ¹	90		ADJUNCTIVE SERVICES	
06211	Pontic-Cast Predom Base Metal	90	09110	Palliative (Emergency) Treatment	5
06212	Pontic-Cast Noble Metal ¹	90	09120	Fixed Partial Denture Sectioning	30
06214	Pontic-Titanium ¹	90	09310	Consult-Diag Srv Provided by another DDS	15
06240	Pontic-Porcelain/High Noble Metal ^{1, 2}	90	09430	Office Visit for Observation	0
06241	Pontic-Porcelain/Predom Base Metal ²	90	09440	Office Visit After Regular Sched Hours	20
06242	Pontic-Porcelain/Noble Metal ^{1, 2}	90	09450	Case Presentation	0
06245	Pontic-Porcelain/Ceramic ²	90	09930	Treatment of Complications, By Report	10
06250	Pontic Resin High Noble Metal ^{1, 2}	90	09951	Occlusal Adjustment Limited	20
			09971	Odontoplasty	5

¹ If titanium, noble or high noble metals are requested for fillings, crowns, inlays, onlays, pontics, bridges, or prosthetic devices, there will be an additional charge, based on the amount of metal used. ² Member pays an additional \$100 fee for resin or porcelain on molars.

³ Flexible base partial dentures are subject to an additional charge based on additional laboratory.