

Brand New Day WD59 Plan

**ADA
CODE**

CO-PAY

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Listed referable procedures, that are not available in the contract facility or that require a Dentist to provide specialized services, may be provided by a contracted oral surgeon, endodontist, periodontist - at 75 percent of the Contract Specialist's usual fees. Specialist services are only available in areas where there is a Western Dental Contract Specialist, and upon referral by the assigned Contract Dentist.

D0100-D0999 I. DIAGNOSTIC - *When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's usual fees*

D0120	Periodic oral examination - established patient - <i>1 per 6 month period</i>	No Cost
D0140	Limited oral evaluation - problem focused - <i>1 per 6 month period</i>	No Cost
D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient - <i>1 per 6 month period</i>	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient: not post-operative visit) - <i>1 per 6 month period</i>	No Cost
D0171	Re-evaluation - post-operative office visit	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient - <i>1 per 6 month period</i>	No Cost
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost
D0210	Intraoral - complete series of radiographic images - <i>limited to 1 series every 36 months</i>	No Cost
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	No Cost
D0251	Extraoral posterior dental radiographic image	No Cost
D0270	Bitewing - single radiographic image	No Cost
D0272	Bitewings - two radiographic images - <i>limited to 1 every 12 months, per provider</i>	No Cost
D0273	Bitewings - three radiographic images - <i>limited to 1 every 12 months, per provider</i>	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 12 months, per provider</i>	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image - <i>1 in a 24-month period</i>	No Cost
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	No Cost
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - <i>1 every 3 years</i>	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>1 every 3 years</i>	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - <i>1 every 3 years</i>	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	No Cost

D1000-D1999 II. PREVENTITIVE - *When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's usual fees*

D1110	Prophylaxis - adult - <i>1 per 6 month period</i>	No Cost
D1110	<i>Additional prophylaxis cleaning - adult (within 6 month period)</i>	No Cost
D1206	Topical application of fluoride varnish - <i>1 D1206 or D1208 per 6 month period</i>	\$12
D1208	Topical application of fluoride - excluding varnish - <i>1 D1206 or D1208 per 6 month period</i>	No Cost
D1310	Nutritional Counseling for control of dental disease	No Cost
D1320	Tobacco counseling for the control and prevention of oral disease	No Cost
D1330	Oral hygiene instructions	No Cost

D1351	Sealant - per tooth - limited to first and second permanent molars up to the age of 14	\$10
D1352	Preventive resin restoration in moderate to high caries risk patient permanent tooth - limited to first and second permanent molars up to age 14	\$10
D1353	Sealant repair - per tooth - limited to first and second permanent molars up to age 14	\$10
D1354	Interim caries arresting medicament application - per tooth - 1 per 6 month period	\$12
D1510	Space maintainer - fixed - unilateral	\$75
D1515	Space maintainer - fixed - bilateral	\$95
D1520	Space maintainer - removable - unilateral	\$75
D1525	Space maintainer - removable - bilateral	\$95
D1550	Re-cement or re-bond space maintainer	\$20
D1555	Removal of fixed space maintainer	No Cost
D1575	Distal shoe space maintainer - fixed - unilateral - child to age 9	\$75

D2000-D2999 III. RESTORATIVE - *When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's usual fees*

- *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*

- *Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.*

- *Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #3 for additional information.*

- *Base metal is the benefit. If a crown, pontic, inlay, onlay or indirectly fabricated post and core is made of noble or high noble metal, an additional fee up to \$250.00 per tooth will be charged for the upgrade. This charge also applies to a titanium crown.*

- *Porcelain and other tooth-colored materials (i.e. resin) on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$250.00.*

D2140	Amalgam - one surface, primary or permanent	\$58
D2150	Amalgam - two surfaces, primary or permanent	\$68
D2160	Amalgam - three surfaces, primary or permanent	\$78
D2161	Amalgam - four or more surfaces, primary or permanent	\$88
D2330	Resin-based composite - one surface, anterior	\$68
D2331	Resin-based composite - two surfaces, anterior	\$78
D2332	Resin-based composite - three surfaces, anterior	\$88
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$98
D2390	Resin-based composite crown, anterior	\$98
D2391	Resin-based composite - one surface, posterior	\$130
D2392	Resin-based composite - two surfaces, posterior	\$150
D2393	Resin-based composite - three surfaces, posterior	\$170
D2394	Resin-based composite - four or more surfaces, posterior	\$190
D2510	Inlay - metallic - one surface	\$300
D2520	Inlay - metallic - two surfaces	\$300
D2530	Inlay - metallic - three or more surfaces	\$300
D2542	Onlay - metallic - two surfaces	\$450
D2543	Onlays - metallic - three surfaces	\$450
D2544	Onlays - metallic - four or more surfaces	\$450
D2610	Inlay - porcelain/ceramic - one surface	\$500
D2620	Inlay - porcelain/ceramic - two surfaces	\$520
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$540
D2642	Onlay - porcelain/ceramic - two surfaces	\$640
D2643	Onlay - porcelain/ceramic - four or more surfaces	\$660
D2644	Onlay - porcelain/ceramic - three surfaces	\$660
D2650	Inlay - resin-based composite - one surface	\$460
D2651	Inlay - resin-based composite - two surfaces	\$480
D2652	Inlay - resin-based composite - three or more surfaces	\$520
D2662	Onlay - resin-based composite - two surfaces	\$440
D2663	Onlay - resin-based composite - three surfaces	\$460
D2664	Onlay - resin based composite - four or more surfaces	\$520
D2710	Crown - resin-based composite (indirect)	\$480
D2711	Crown - resin-based composite (indirect) - limited to permanent anterior teeth	\$480
D2712	Crown - 3/4 resin-based composite (indirect)	\$480

D2720	Crown - resin with high noble metal	\$520
D2721	Crown - resin with predominantly base metal	\$480
D2722	Crown - resin with noble metal	\$490
D2740	Crown - porcelain/ceramic substrate	\$400
D2750	Crown - porcelain fused to high noble metal	\$350
D2751	Crown - porcelain fused to predominantly base metal	\$480
D2752	Crown - porcelain fused to noble metal	\$490
D2780	Crown - 3/4 cast high noble metal	\$520
D2781	Crown - 3/4 cast predominantly base metal	\$480
D2782	Crown - 3/4 cast noble metal	\$490
D2783	Crown - 3/4 porcelain/ceramic	\$670
D2790	Crown - full cast high noble metal	\$520
D2791	Crown - full cast predominantly base metal	\$480
D2792	Crown - full cast noble metal	\$490
D2794	Crown - titanium	\$520
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	\$25
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$50
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$50
D2920	Re-cement or re-bond crown	\$50
D2921	Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>)	\$98
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$190
D2930	Prefabricated stainless steel crown - primary tooth	\$150
D2931	Prefabricated stainless steel crown - permanent tooth - <i>1 in 36 months</i>	\$170
D2932	Prefabricated resin crown - anterior primary tooth - <i>1 in 36 months</i>	\$170
D2933	Prefabricated stainless steel crown with resin window - <i>1 in 36 months</i>	\$190
D2940	Protective restoration	\$40
D2941	Interim therapeutic restoration - primary dentition	\$40
D2949	Restorative foundation for an indirect restoration	\$150
D2950	Core buildup, including any pins when required	\$150
D2951	Pin retention - per tooth, in addition to restoration	\$50
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	\$220
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	\$110
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i>	\$160
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i>	\$90
D2971	Additional procedures to construct new crown under existing partial denture framework	\$50
D2975	Coping	\$110
D2980	Crown repair necessitated by restorative material failure	\$25
D2981	Inlay repair necessitated by restorative material failure	\$25
D2982	Onlay repair necessitated by restorative material failure	\$25
D2983	Veneer repair necessitated by restorative material failure	\$25
D2990	Resin infiltration of incipient smooth surface lesions	\$65

D3000-D3999 IV. ENDODONTICS - *When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's usual fees*

- *Endodontic services are limited to 1 per tooth, per lifetime (i.e. root canal)*

D3110	Pulp cap - direct (excluding final restoration)	\$25
D3120	Pulp cap - indirect (excluding final restoration)	\$40
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$150
D3221	Pulpal debridement, primary and permanent teeth	\$150
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$180
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$300
D3310	Root canal - endodontic therapy, anterior tooth (excluding final restoration)	\$380
D3320	Root canal - endodontic therapy, bicuspid tooth (excluding final restoration)	\$490
D3330	Root canal - endodontic therapy, molar (excluding final restoration)	\$620
D3331	Treatment of root canal obstruction; non-surgical access	\$180

D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$200
D3333	Internal root repair of perforation defects	\$160
D3346	Retreatment of previous root canal therapy - anterior	\$500
D3347	Retreatment of previous root canal therapy - bicuspid	\$620
D3348	Retreatment of previous root canal therapy - molar	\$720
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$190
D3352	Apexification/recalcification - interim medication replacement	\$130
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$150
D3410	Apicoectomy - anterior	\$420
D3421	Apicoectomy - bicuspid (first root)	\$460
D3425	Apicoectomy - molar (first root)	\$480
D3426	Apicoectomy (each additional root)	\$150
D3427	Periradicular surgery without apicoectomy	\$360
D3430	Retrograde filling - per root	\$130
D3450	Root amputation - per root	\$220
D3920	Hemisection (including any root removal), not including root canal therapy	\$190

D4000-D4999 V. PERIODONTICS - *When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's usual fees*
- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

- No more than 2 quadrants of periodontal scaling and root planning per appointment/per day are allowable.

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded spaces per quadrant - <i>once per quadrant in 36 months</i>	\$220
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded spaces per quadrant - <i>once per quadrant in 36 months</i>	\$150
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth - <i>once per quadrant in 36 months</i>	\$150
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$540
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$540
D4245	Apically positioned flap	\$425
D4249	Clinical crown lengthening - hard tissue	\$500
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or bounded spaces per quadrant - <i>once per quadrant in 36 months</i>	\$780
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or bounded spaces per quadrant - <i>once per quadrant in 36 months</i>	\$550
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$360
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$300
D4270	Pedicle soft tissue graft procedure	\$400
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$320
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft	\$480
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	\$480
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 1 per quadrant in 2 calendar years</i>	\$60
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 1 per quadrant in 2 calendar years</i>	\$35
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - 1 per 6 month period	\$15
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - limited to 1 treatment in any 12 consecutive months	\$40
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue per tooth	\$40
D4910	Periodontal maintenance - limited to 1 treatment each 3 month period	\$35
D4921	Gingival Irrigation - per quadrant	No Cost

D5000-D5999 VI. PROSTHODONTICS (removable)

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

- Rebases, relines and tissue conditioning are limited to 2 per denture per calendar year.

- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.

D5110	Complete denture - maxillary	\$740
D5120	Complete denture - mandibular	\$740
D5130	Immediate denture - maxillary	\$740
D5140	Immediate denture - mandibular	\$740
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$680
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$680
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$780
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$780
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$680
D5222	Immediate mandibular partial denture- resin base (including any conventional clasps, rests and teeth)	\$680
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps)	\$780
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$780
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$840
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$840
D5410	Adjust complete denture - maxillary	No Cost
D5411	Adjust complete denture - mandibular	No Cost
D5421	Adjust partial denture - maxillary	No Cost
D5422	Adjust partial denture - mandibular	No Cost
D5511	Repair broken complete denture base, mandibular	\$100
D5512	Repair broken complete denture base, maxillary	\$100
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$80
D5611	Repair resin partial denture base, mandibular	\$120
D5612	Repair resin partial denture base, maxillary	\$120
D5621	Repair cast partial framework, mandibular	\$140
D5622	Repair cast partial framework, maxillary	\$140
D5630	Repair or replace broken clasp - per tooth	\$140
D5640	Replace broken teeth - per tooth	\$100
D5650	Add tooth to existing partial denture	\$100
D5660	Add clasp to existing partial denture - per tooth	\$120
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$450
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$450
D5710	Rebase complete maxillary denture	\$300
D5711	Rebase complete mandibular denture	\$300
D5720	Rebase maxillary partial denture	\$300
D5721	Rebase mandibular partial denture	\$300
D5730	Reline complete maxillary denture (chairside)	\$160
D5731	Reline complete mandibular denture (chairside)	\$160
D5740	Reline maxillary partial denture (chairside)	\$160
D5741	Reline mandibular partial denture (chairside)	\$160
D5750	Reline complete maxillary denture (laboratory)	\$280
D5751	Reline complete mandibular denture (laboratory)	\$280
D5760	Reline maxillary partial denture (laboratory)	\$280
D5761	Reline mandibular partial denture (laboratory)	\$280
D5820	Interim partial denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i>	\$360
D5821	Interim partial denture (mandibular) - <i>limited to 1 in any 12 consecutive months</i>	\$360
D5850	Tissue conditioning, maxillary	\$100
D5851	Tissue conditioning, mandibular	\$100
D5863	Overdenture - complete maxillary	\$450

D5864	Overdenture - partial maxillary	\$450
D5900-D5999	VII. MAXILLOFACIAL PROSTHETICS - Not Covered	
D6000-D6199	VIII. IMPLANT SERVICES	
D6010	Implant - surgical placement - endosteal	No Cost

All services associated with implants are listed at the actual member co-payment amount. No additional fee is allowable for porcelain, noble metal, high noble metal or titanium for procedures associated with implants.

D6055	Connecting bar - Implant supported or abutment supported	\$250
D6056	Prefabricated abutment - includes modification and placement	No Cost
D6058	Abutment supported porcelain/ceramic crown	\$1,110
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$1,096
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$1,035
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$1,056
D6062	Abutment supported cast metal crown (high noble metal)	\$1,003
D6063	Abutment supported cast metal crown (predominantly base metal)	\$861
D6064	Abutment supported cast metal crown (noble metal)	\$912
D6065	Implant supported porcelain/ceramic crown	\$1,040
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$1,013
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$984
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$1,110
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$1,096
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$1,035
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$1,056
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$1,028
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$930
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$1,005
D6075	Implant supported retainer for ceramic FPD	\$1,092
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$1,064
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$984
D6082	Implant supported porcelain fused to metal crown	\$350
D6092	Re-cement or re-bond implant/abutment supported crown	\$45
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$65
D6094	Abutment supported crown, titanium	\$670
D6096	Remove broken implant retaining screw	\$45
D6194	Abutment supported retainer crown, for FPD, titanium	\$670

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.

- Name brand laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment.

- Base metal is the benefit. If a crown, pontic, inlay, onlay or indirectly fabricated post and core is made of noble or high noble metal, an additional fee up to \$250.00 per tooth will be charged for the upgrade. This charge also applies to a titanium crown.

- Porcelain and other tooth-colored materials (i.e. resin) on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$250.00.

D6210	Pontic - cast high noble metal	\$520
D6211	Pontic - cast predominantly base metal	\$480
D6212	Pontic - cast noble metal	\$490
D6240	Pontic - porcelain fused to high noble metal	\$520
D6241	Pontic - porcelain fused to predominantly base metal	\$480
D6242	Pontic - porcelain fused to noble metal	\$490
D6245	Pontic - porcelain/ceramic	\$690
D6250	Pontic - resin with high noble metal	\$520
D6251	Pontic - resin with predominantly base metal	\$480

D6252	Pontic - resin with noble metal	\$490
D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$400
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	\$400
D6602	Retainer inlay - cast high noble metal, two surfaces	\$375
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$375
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$350
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$350
D6606	Retainer inlay - cast noble metal, two surfaces	\$360
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$360
D6608	Retainer onlay - porcelain/ceramic, two surfaces	\$400
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$400
D6610	Retainer onlay - cast high noble metal, two surfaces	\$375
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$375
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$350
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$350
D6614	Retainer onlay - cast noble metal, two surfaces	\$360
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$360
D6720	Crown - resin with high noble metal	\$520
D6721	Crown - resin with predominantly base metal	\$480
D6722	Crown - resin with noble metal	\$490
D6740	Crown - porcelain/ceramic	\$690
D6750	Crown - porcelain fused to high noble metal	\$520
D6751	Crown - porcelain fused to predominantly base metal	\$480
D6752	Crown - porcelain fused to noble metal	\$490
D6780	Crown - 3/4 cast high noble metal	\$520
D6781	Crown - 3/4 cast predominantly base metal	\$480
D6782	Crown - 3/4 cast noble metal	\$490
D6790	Crown - full cast high noble metal	\$520
D6791	Crown - full cast predominantly base metal	\$480
D6792	Crown - full cast noble metal	\$490
D6930	Recement fixed partial denture	\$60
D6940	Stress breaker	\$25
D6980	Fixed partial denture repair, necessitated by restorative material failure	\$25
D6999	Unspecified fixed prosthodontic procedure, by report	No Cost

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY - *When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's usual fees*
- *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

D7111	Extraction, coronal remnants - deciduous tooth	\$70
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$80
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$140
D7220	Removal of impacted tooth - soft tissue	\$210
D7230	Removal of impacted tooth - partially bony	\$290
D7240	Removal of impacted tooth - completely bony	\$360
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$350
D7250	Removal of residual tooth roots (cutting procedure)	\$210
D7251	Coronectomy - intentional partial tooth removal	\$350
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$340
D7280	Exposure of an unerupted tooth	\$210
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$290
D7283	Placement of device to facilitate eruption of impacted tooth	\$250
D7286	Biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	\$260
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$150
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$150
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$170
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$170

D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	\$380
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25cm	\$380
D7471	Removal of lateral exostosis (maxilla or mandible)	\$330
D7472	Removal of torus palatinus	\$330
D7473	Removal of torus mandibularis	\$330
D7510	Incision and drainage of abscess - intraoral soft tissue	\$40
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$180
D7970	Excision of hyperplastic tissue - per arch	\$170
D7971	Excision of pericoronal gingiva	\$120

D8000-D8999 XI. ORTHODONTICS - *Not Covered*

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES - *When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's usual fees*

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$20
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for deep sedation or general anesthesia - <i>1 per 6 month period</i>	No Cost
D9222	Deep sedation/general anesthesia - first 15 minute increment	\$75
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$75
D9239	Intravenous (conscious) sedation/analgesia - first 15 minutes	\$75
D9243	Intravenous (conscious) sedation/analgesia - each subsequent 15 minute increment	\$75
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$40
D9311	Consultation with medical health care professional	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No Cost
D9440	Office visit, after regularly scheduled hours	\$50
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9932	Cleaning and inspection of removable complete denture, maxillary	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular	No Cost
D9934	Cleaning and inspection of removable partial denture maxillary	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular	No Cost
D9940	Occlusal guard, by report - limited to 1 in 3 years	\$300
D9943	Occlusal guard adjustment	\$10
D9950	Occlusion analysis - mounted case	\$160
D9951	Occlusal adjustment - limited - for natural teeth only	\$70
D9952	Occlusal adjustment - complete - for permanent dentition	\$120
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$170
D9986	Missed appointment - <i>without 24 hour notice</i>	No Cost
D9987	Cancelled appointment - <i>without 24 hour notice</i>	No Cost
D9991	Dental case management - addressing appointment compliance barriers	No Cost
D9992	Dental case management - care coordination	No Cost
D9995	Teledentistry - synchronous; real-time encounter	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	No Cost

Listed referable procedures, that are not available in the contract facility or that require a dentist to provide specialized services, may be provided by a contracted oral surgeon, endodontist, periodontist or pediatric dentist at 75 percent of the contract specialist's usual fees. Specialist services are only available in areas where the Western Dental Plan specialist, and upon referral by the assigned contract dentist.

SCHEDULE B

Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a participating oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
3. Benefits provided by a participating pediatric Dentist are available at 75 percent of the Participating Specialist's usual fees. Referral by the assigned Participating Provider is required before services are rendered.
4. Participating Providers may offer services that utilize brand or trade names at an additional fee. The Enrollee must be offered the plan benefits of a high quality laboratory processed crown/pontic that may include: porcelain/ceramic; porcelain with base, noble or high-noble metal. If the Enrollee chooses the alternative of a material upgrade (name brand laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek, Procera, Lava, Empress and Cerec) the Participating Provider may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Contact the Member Services Department at 1-800-992-3366 if you have questions regarding the additional fee or name brand services.

Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Participating Provider:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or
 - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Implant and implant-supported crowns and appliances, porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant, *unless listed as a covered benefit*.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Participating Provider or a preauthorized participating specialist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, Home Health services or other similar care facility.
12. Ambulance services.

13. Durable Medical Equipment.
14. Mental health services.
15. Chemical Dependency services.
16. Prescription drugs.
17. General anesthesia and/or intravenous sedation/analgesia.
18. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the Western Dental Plan.
Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics.
19. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

Dental Implant Surgery Rider

Dental implants are metal anchors that are put inside the jawbone during a surgery. Small posts are attached to the implants. An implant and post can support a crown to replace a single missing tooth. Implants can also support a fixed or removable prosthesis to replace multiple teeth. Most patients need two surgical procedures to install the implants. The first procedure involves drilling small holes into the jawbone and placing the anchors. A temporary denture may be worn for a few months while the anchors bond with the jawbone and the gums and bone heal. The second surgery uncovers the implants to allow posts to be placed. Depending on the condition of the mouth, bone grafting or guided tissue regeneration also may be necessary to install the anchors and posts. Complications and side effects of dental implant surgery could include but may not be limited to the following:

- Postoperative discomfort, swelling, bleeding and/or infection.
- Injury or damage to adjacent teeth, roots of the teeth or nerves, which in the lower jaw can cause temporary or permanent numbness and tingling of the chin, lips, cheek, gums or tongue.
- Restricted ability to open the mouth because of swelling and muscle soreness or stress on the joints of the jaw, and/or temporomandibular joint (TMJ) syndrome.
- Fracture of the jaw or bone loss.
- Penetration into the sinus cavity.
- Mechanical failure of the implant, posts, or an attached crown or appliance.
- Failure of the implant to integrate with the surrounding bone.
- Allergic or adverse reaction to any medications or materials.

Most of the above risks, complications and side effects are not serious or do not happen frequently, but they do sometimes occur. Some cannot be predicted or prevented by the practitioner performing the procedure. These potential risks and complications could result in the need to repeat the procedures; remove the implants; or undergo additional dental, medical or surgical treatment or procedures, hospitalization, or blood transfusions. Very rarely, the potential risks and complications could result in permanent disability or death.

After referral by the assigned Participating Provider to a Participating Specialist, the Enrollee pays 75% of the Participating Specialist's usual fees for the services listed below.

D6010 surgical placement of implant body: endosteal implant

D6011 second stage implant surgery

D6013 surgical placement of mini implant

Dental Implant Surgery Rider benefits are subject to plan limitations and exclusions of benefits, and any definitions and/or other terms of the Western Dental Plan Group Dental Subscriber Agreement

not in conflict with the express terms of this Rider, in addition to the following:

Limitations

1. If any existing fixed bridge or removable denture that already replaces the tooth or teeth, which would be replaced by a new implant-supported prosthesis, that existing appliance must be covered for replacement under the terms of the Western Dental Plan Group Subscriber Agreement.
2. Replacement of implants and implant-supported prosthesis requires the existing implants and implant-supported prosthesis to be 5+ years old.
3. To support a crown or other prosthesis to replace one or more natural permanent teeth lost due to accidental trauma or removal.

Exclusions

1. Implant and implant-supported crowns and appliances for children under 16 years of age.
2. Repair, maintenance, peri-implant surgery, or removal.
3. Bone, soft tissue or allografts augment to facilitate implant placement or to treat an existing implant.