

# Las Vegas Sands Corp.

## PA PPO Benefit Schedule

**Calendar Year Deductible: No deductible for In-Network Benefits. The deductible for Out-of-Network Benefits for each enrollee is \$50. The deductible for Out-of-Network Benefits for all family members is \$150. The deductible is waived for Diagnostic and Preventive Services.**

**Calendar Year Maximum: In-Network is \$2,500. Out-of-Network is \$1,500.**

**Orthodontic Lifetime Maximum: \$1,500.**

**Available In-Network only for dependent enrollee children under age 19.**

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
<b>DIAGNOSTIC SERVICES</b>			
D0120	Periodic oral evaluation, established patient	100%	100%
D0140	Limited oral evaluation, problem focused	100%	100%
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	100%	100%
D0150	Comprehensive oral evaluation, new or established patient	100%	100%
D0160	Detailed and extensive oral evaluation, problem focused, by report	100%	100%
D0170	Re-evaluation, limited, problem focused (established patient; non post-operative visit)	100%	100%
D0171	Re-evaluation, post operative office visit	100%	100%
D0180	Comprehensive periodontal evaluation, new or established patient	100%	100%
D0210	Intraoral, complete series of radiographic images	100%	100%
D0220	Intraoral, periapical, first radiographic image	100%	100%
D0230	Intraoral, periapical, each add 'l radiographic image	100%	100%
D0240	Intraoral, occlusal radiographic image	100%	100%
D0250	Extra-oral 2D projection radiographic image, stationary radiation source	100%	100%
D0251	Extra-oral posterior dental radiographic image	100%	100%
D0270	Bitewing, single radiographic image	100%	100%
D0272	Bitewings, two radiographic images	100%	100%
D0273	Bitewings, three radiographic images	100%	100%
D0274	Bitewings, four radiographic images	100%	100%
D0277	Vertical bitewings, 7 to 8 radiographic images	100%	100%
D0330	Panoramic radiographic image	100%	100%
D0340	2D cephalometric radiographic image, measurement and analysis	50%	50%
D0350	2D oral/facial photographic image, intra-orally/extra-orally	100%	100%
D0460	Pulp vitality tests	100%	100%
D0470	Diagnostic casts	100%	100%
D0472	Accession of tissue, gross exam, prep & report	100%	100%
D0473	Accession of tissue, gross/micro. exam, prep, report	100%	100%
D0474	Accession of tissue, gross/micro. exam, report	100%	100%
<b>PREVENTIVE SERVICES</b>			
D1110	Prophylaxis, adult	100%	100%
D1120	Prophylaxis, child	100%	100%
D1206	Topical application of fluoride varnish	100%	100%
D1208	Topical application of fluoride, excluding varnish	100%	100%
D1351	Sealant, per tooth	100%	100%
D1352	Preventive resin restoration, permanent tooth	100%	100%
D1353	Sealant repair, per tooth	100%	100%
D1354	Interim caries arresting medicament application, per tooth	100%	100%
D1510	Space maintainer, fixed, unilateral	100%	100%
D1515	Space maintainer, fixed, bilateral	100%	100%
D1520	Space maintainer, removable, unilateral	100%	100%
D1525	Space maintainer, removable, bilateral	100%	100%
D1550	Re-cement or re-bond space maintainer	100%	100%
D1555	Removal of fixed space maintainer	100%	100%
D1575	Distal shoe space maintainer, fixed, unilateral	100%	100%
<b>RESTORATIVE SERVICES</b>			
D2140	Amalgam, one surface, primary or permanent	100%	80%

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
	<b>RESTORATIVE SERVICES (Continued)</b>		
D2150	Amalgam, two surfaces, primary or permanent	100%	80%
D2160	Amalgam, three surfaces, primary or permanent	100%	80%
D2161	Amalgam, four or more surfaces, primary or permanent	100%	80%
D2330	Resin-based composite, one surface, anterior	100%	80%
D2331	Resin-based composite, two surfaces, anterior	100%	80%
D2332	Resin-based composite, three surfaces, anterior	100%	80%
D2335	Resin-based composite, four or more surfaces, involving incisal angle	100%	80%
D2390	Resin-based composite crown, anterior	100%	80%
D2391	Resin-based composite, one surface, posterior	100%	80%
D2392	Resin-based composite, two surfaces, posterior	100%	80%
D2393	Resin-based composite, three surfaces, posterior	100%	80%
D2394	Resin-based composite, four or more surfaces, posterior	100%	80%
D2510	Inlay, metallic, one surface	60%	50%
D2520	Inlay, metallic, two surfaces	60%	50%
D2530	Inlay, metallic, three or more surfaces	60%	50%
D2542	Onlay, metallic, two surfaces	60%	50%
D2543	Onlay, metallic, three surfaces	60%	50%
D2544	Onlay, metallic, four or more surfaces	60%	50%
D2610	Inlay, porcelain/ceramic, one surface	60%	50%
D2620	Inlay, porcelain/ceramic, two surfaces	60%	50%
D2630	Inlay, porcelain/ceramic, three or more surfaces	60%	50%
D2642	Onlay, porcelain/ceramic, two surfaces	60%	50%
D2643	Onlay, porcelain/ceramic, three surfaces	60%	50%
D2644	Onlay, porcelain/ceramic, four or more surfaces	60%	50%
D2650	Inlay, resin-based composite, one surface	60%	50%
D2651	Inlay, resin-based composite, two surfaces	60%	50%
D2652	Inlay, resin-based composite, three or more surfaces	60%	50%
D2662	Onlay, resin-based composite, two surfaces	60%	50%
D2663	Onlay, resin-based composite, three surfaces	60%	50%
D2664	Onlay, resin-based composite, four or more surfaces	60%	50%
D2710	Crown, resin-based composite (indirect)	60%	50%
D2712	Crown, $\frac{3}{4}$ resin-based composite (indirect)	60%	50%
D2720	Crown, resin with high noble metal	60%	50%
D2721	Crown, resin with predominantly base metal	60%	50%
D2722	Crown, resin with noble metal	60%	50%
D2740	Crown, porcelain/ceramic	60%	50%
D2750	Crown, porcelain fused to high noble metal	60%	50%
D2751	Crown, porcelain fused to predominantly base metal	60%	50%
D2752	Crown, porcelain fused to noble metal	60%	50%
D2780	Crown, $\frac{3}{4}$ cast high noble metal	60%	50%
D2781	Crown, $\frac{3}{4}$ cast predominantly base metal	60%	50%
D2782	Crown, $\frac{3}{4}$ cast noble metal	60%	50%
D2783	Crown, $\frac{3}{4}$ porcelain/ceramic	60%	50%
D2790	Crown, full cast high noble metal	60%	50%
D2791	Crown, full cast predominantly base metal	60%	50%
D2792	Crown, full cast noble metal	60%	50%
D2794	Crown, titanium	60%	50%
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	60%	50%
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	60%	50%
D2920	Re-cement or re-bond crown	60%	50%
D2930	Prefabricated stainless steel crown, primary tooth	100%	80%
D2931	Prefabricated stainless steel crown, permanent tooth	100%	80%
D2932	Prefabricated resin crown	100%	80%
D2933	Prefabricated stainless steel crown with resin window	100%	80%

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
	<b>RESTORATIVE SERVICES (Continued)</b>		
D2934	Prefabricated esthetic coated stainless steel crown, primary tooth	100%	80%
D2940	Protective restoration	60%	50%
D2950	Core buildup, including any pins when required	60%	50%
D2951	Pin retention, per tooth, in addition to restoration	60%	50%
D2952	Post and core in addition to crown, indirectly fabricated	60%	50%
D2953	Each additional indirectly fabricated post, same tooth	60%	50%
D2954	Prefabricated post and core in addition to crown	60%	50%
D2955	Post removal	60%	50%
D2957	Each additional prefabricated post, same tooth	60%	50%
D2960	Labial veneer (resin laminate), chairside	60%	50%
D2961	Labial veneer (resin laminate), laboratory	60%	50%
D2962	Labial veneer (porcelain laminate), laboratory	60%	50%
D2971	Additional procedure to construct new crown, existing partial denture frame	60%	50%
D2980	Crown repair necessitated by restorative material failure	60%	50%
	<b>ENDODONTIC SERVICES</b>		
D3110	Pulp cap, direct (excluding final restoration)	100%	80%
D3220	Therapeutic pulpotomy (excluding final restoration)	100%	80%
D3221	Pulpal debridement, primary and permanent teeth	100%	80%
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	100%	80%
D3240	Pulpal therapy, posterior, primary tooth (excluding final restoration)	100%	80%
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	100%	80%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	100%	80%
D3330	Endodontic therapy, molar tooth (excluding final restoration)	100%	80%
D3331	Treatment of root canal obstruction; non-surgical access	100%	80%
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	100%	80%
D3333	Internal root repair of perforation defects	100%	80%
D3346	Retreatment of previous root canal therapy, anterior	100%	80%
D3347	Retreatment of previous root canal therapy, premolar	100%	80%
D3348	Retreatment of previous root canal therapy, molar	100%	80%
D3351	Apexification/recalcification, initial visit	100%	80%
D3352	Apexification/recalcification, interim medication replacement	100%	80%
D3353	Apexification/recalcification, final visit	100%	80%
D3410	Apicoectomy, anterior	100%	80%
D3421	Apicoectomy, premolar (first root)	100%	80%
D3425	Apicoectomy, molar (first root)	100%	80%
D3426	Apicoectomy, (each additional root)	100%	80%
D3430	Retrograde filling, per root	100%	80%
D3450	Root amputation, per root	100%	80%
D3920	Hemisection, not including root canal therapy	100%	80%
	<b>PERIODONTAL SERVICES</b>		
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	60%	50%
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	60%	50%
D4230	Anatomical crown exposure, four or more teeth per quadrant	60%	50%
D4231	Anatomical crown exposure, one to three teeth per quadrant	60%	50%
D4240	Gingival flap procedure, four or more teeth per quadrant	60%	50%
D4241	Gingival flap procedure, one to three teeth per quadrant	60%	50%
D4245	Apically positioned flap	60%	50%
D4249	Clinical crown lengthening, hard tissue	60%	50%
D4260	Osseous surgery, four or more teeth per quadrant	60%	50%
D4261	Osseous surgery, one to three teeth per quadrant	60%	50%
D4263	Bone replacement graft, retained natural tooth, first site, quadrant	60%	50%
D4264	Bone replacement graft, retained natural tooth, each additional site	60%	50%
D4266	Guided tissue regeneration, resorbable barrier, per site	60%	50%
D4268	Surgical revision procedure, per tooth	60%	50%

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
	<b>PERIODONTAL SERVICES (Continued)</b>		
D4270	Pedicle soft tissue graft procedure	60%	50%
D4273	Autogenous connective tissue graft procedure, first tooth	60%	50%
D4274	Mesial/distal wedge procedure, single tooth	60%	50%
D4277	Free soft tissue graft, first tooth	60%	50%
D4278	Free soft tissue graft, each additional tooth	60%	50%
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	60%	50%
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	100%	80%
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	100%	80%
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit	100%	80%
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	100%	80%
D4381	Localized delivery of antimicrobial agent/per tooth	60%	50%
D4910	Periodontal maintenance	100%	80%
D4920	Unscheduled dressing change (other than treating dentist or staff)	60%	50%
	<b>REMOVABLE PROSTHODONTIC SERVICES</b>		
D5110	Complete denture, maxillary	60%	50%
D5120	Complete denture, mandibular	60%	50%
D5130	Immediate denture, maxillary	60%	50%
D5140	Immediate denture, mandibular	60%	50%
D5211	Maxillary partial denture, resin base	60%	50%
D5212	Mandibular partial denture, resin base	60%	50%
D5213	Maxillary partial denture, cast metal, resin base	60%	50%
D5214	Mandibular partial denture, cast metal, resin base	60%	50%
D5221	Immediate maxillary partial denture, resin base	60%	50%
D5222	Immediate mandibular partial denture, resin base	60%	50%
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	60%	50%
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	60%	50%
D5225	Maxillary partial denture, flexible base	60%	50%
D5226	Mandibular partial denture, flexible base	60%	50%
D5281	Removable unilateral partial denture, one piece cast metal	60%	50%
D5410	Adjust complete denture, maxillary	100%	80%
D5411	Adjust complete denture, mandibular	100%	80%
D5421	Adjust partial denture, maxillary	100%	80%
D5422	Adjust partial denture, mandibular	100%	80%
D5511	Repair broken complete denture base, mandibular	100%	80%
D5512	Repair broken complete denture base, maxillary	100%	80%
D5520	Replace missing or broken teeth, complete denture	100%	80%
D5611	Repair resin partial denture base, mandibular	100%	80%
D5612	Repair resin partial denture base, maxillary	100%	80%
D5621	Repair cast partial framework, mandibular	100%	80%
D5622	Repair cast partial framework, maxillary	100%	80%
D5630	Repair or replace broken clasp, per tooth	100%	80%
D5640	Replace broken teeth, per tooth	100%	80%
D5650	Add tooth to existing partial denture	100%	80%
D5660	Add clasp to existing partial denture, per tooth	100%	80%
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	100%	80%
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	100%	80%
D5710	Rebase complete maxillary denture	100%	80%
D5711	Rebase complete mandibular denture	100%	80%
D5720	Rebase maxillary partial denture	100%	80%
D5721	Rebase mandibular partial denture	100%	80%
D5730	Reline complete maxillary denture, chairside	100%	80%
D5731	Reline complete mandibular denture, chairside	100%	80%
D5740	Reline maxillary partial denture, chairside	100%	80%
D5741	Reline mandibular partial denture, chairside	100%	80%

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
	<b>REMOVABLE PROSTHODONTIC SERVICES (Continued)</b>		
D5750	Reline complete maxillary denture, laboratory	100%	80%
D5751	Reline complete mandibular denture, laboratory	100%	80%
D5760	Reline maxillary partial denture, laboratory	100%	80%
D5761	Reline mandibular partial denture, laboratory	100%	80%
D5820	Interim partial denture, maxillary	60%	50%
D5821	Interim partial denture, mandibular	60%	50%
D5850	Tissue conditioning, maxillary	100%	80%
D5851	Tissue conditioning, mandibular	100%	80%
D5863	Overdenture, complete, maxillary	60%	50%
D5865	Overdenture, complete, mandibular	60%	50%
	<b>FIXED PROSTHODONTIC SERVICES</b>		
D6205	Pontic, indirect resin based composite	60%	50%
D6210	Pontic, cast high noble metal	60%	50%
D6211	Pontic, cast predominantly base metal	60%	50%
D6212	Pontic, cast noble metal	60%	50%
D6214	Pontic, titanium	60%	50%
D6240	Pontic, porcelain fused to high noble metal	60%	50%
D6241	Pontic, porcelain fused to predominantly base metal	60%	50%
D6242	Pontic, porcelain fused to noble metal	60%	50%
D6245	Pontic, porcelain/ceramic	60%	50%
D6250	Pontic, resin with high noble metal	60%	50%
D6251	Pontic, resin with predominantly base metal	60%	50%
D6252	Pontic, resin with noble metal	60%	50%
D6545	Retainer, cast metal for resin bonded fixed prosthesis	60%	50%
D6548	Retainer, porcelain/ceramic, resin bonded fixed prosthesis	60%	50%
D6549	Resin retainer, for resin bonded fixed prosthesis	60%	50%
D6600	Retainer inlay, porcelain/ceramic, two surfaces	60%	50%
D6601	Retainer inlay, porcelain/ceramic, three or more surfaces	60%	50%
D6602	Retainer inlay, cast high noble metal, two surfaces	60%	50%
D6603	Retainer inlay, cast high noble metal, three or more surfaces	60%	50%
D6604	Retainer inlay, cast base metal, two surfaces	60%	50%
D6605	Retainer inlay, cast base metal, three or more surfaces	60%	50%
D6606	Retainer inlay, cast noble metal, two surfaces	60%	50%
D6607	Retainer inlay, cast noble metal, three or more surfaces	60%	50%
D6624	Retainer inlay, titanium	60%	50%
D6608	Retainer onlay, porcelain/ceramic, two surfaces	60%	50%
D6609	Retainer onlay, porcelain/ceramic, three or more surfaces	60%	50%
D6610	Retainer onlay, cast high noble metal, two surfaces	60%	50%
D6611	Retainer onlay, cast high noble metal, three or more surfaces	60%	50%
D6612	Retainer onlay, cast base metal, two surfaces	60%	50%
D6613	Retainer onlay, cast base metal, three or more surfaces	60%	50%
D6614	Retainer onlay, cast noble metal, two surfaces	60%	50%
D6615	Retainer onlay, cast noble metal three or more surfaces	60%	50%
D6634	Retainer onlay, titanium	60%	50%
D6710	Retainer crown, indirect resin based composite	60%	50%
D6720	Retainer crown, resin with high noble metal	60%	50%
D6721	Retainer crown, resin with predominantly base metal	60%	50%
D6722	Retainer crown, resin with noble metal	60%	50%
D6740	Retainer crown, porcelain/ceramic	60%	50%
D6750	Retainer crown, porcelain fused to high noble metal	60%	50%
D6751	Retainer crown, porcelain fused to predominantly base metal	60%	50%
D6752	Retainer crown, porcelain fused to noble metal	60%	50%
D6780	Retainer crown, ¾ cast high noble metal	60%	50%
D6781	Retainer crown, ¾ cast predominantly base metal	60%	50%

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
	<b>FIXED PROSTHODONTIC SERVICES (Continued)</b>		
D6782	Retainer crown, ¾ cast noble metal	60%	50%
D6783	Retainer crown, ¾ porcelain/ceramic	60%	50%
D6790	Retainer crown, full cast high noble metal	60%	50%
D6791	Retainer crown, full cast predominantly base metal	60%	50%
D6792	Retainer crown, full cast noble metal	60%	50%
D6794	Retainer crown, titanium	60%	50%
D6930	Re-cement or re-bond fixed partial denture	60%	50%
D6940	Stress breaker	60%	50%
D6980	Fixed partial denture repair, restorative material failure	60%	50%
	<b>ORAL AND MAXILLOFACIAL SURGERY</b>		
D7111	Extraction, coronal remnants, primary tooth	100%	80%
D7140	Extraction, erupted tooth or exposed root	100%	80%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	100%	80%
D7220	Removal of impacted tooth, soft tissue	100%	80%
D7230	Removal of impacted tooth, partially bony	100%	80%
D7240	Removal of impacted tooth, completely bony	100%	80%
D7241	Removal impacted tooth, complete bony, complication	100%	80%
D7250	Removal of residual tooth roots (cutting procedure)	100%	80%
D7260	Oroantral fistula closure	100%	80%
D7261	Primary closure of a sinus perforation	100%	80%
D7270	Tooth reimplantation and/or stabilization, accident	100%	80%
D7280	Exposure of an unerupted tooth	100%	80%
D7282	Mobilization of erupted/malpositioned tooth	100%	80%
D7283	Placement, device to facilitate eruption, impaction	100%	80%
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	100%	80%
D7286	Incisional biopsy of oral tissue, soft	100%	80%
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	100%	80%
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	100%	80%
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	100%	80%
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	100%	80%
D7340	Vestibuloplasty, ridge extension (2nd epithelialization)	100%	80%
D7350	Vestibuloplasty, ridge extension	100%	80%
D7410	Excision of benign lesion, up to 1.25 cm	100%	80%
D7411	Excision of benign lesion, greater than 1.25 cm	100%	80%
D7412	Excision of benign lesion, complicated	100%	80%
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	100%	80%
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	100%	80%
D7471	Removal of lateral exostosis, maxilla or mandible	100%	80%
D7472	Removal of torus palatinus	100%	80%
D7473	Removal of torus mandibularis	100%	80%
D7485	Reduction of osseous tuberosity	100%	80%
D7510	Incision & drainage of abscess, intraoral soft tissue	100%	80%
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	100%	80%
D7520	Incision & drainage of abscess, extraoral soft tissue	100%	80%
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	100%	80%
D7530	Remove foreign body, mucosa, skin, tissue	100%	80%
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	100%	80%
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	100%	80%
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	100%	80%
D7960	Frenulectomy (frenectomy or frenotomy), separate procedure	100%	80%
D7963	Frenuloplasty	100%	80%
D7970	Excision of hyperplastic tissue, per arch	100%	80%
D7971	Excision of pericoronal gingiva	100%	80%
D7972	Surgical reduction of fibrous tuberosity	100%	80%

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
	<b>ORAL AND MAXILLOFACIAL SURGERY (Continued)</b>		
D7980	Surgical Sialolithotomy	100%	80%
D7981	Excision of salivary gland, by report	100%	80%
D7982	Sialodochoplasty	100%	80%
D7983	Closure of salivary fistula	100%	80%
	<b>ADJUNCTIVE GENERAL SERVICES</b>		
D9110	Palliative (emergency) treatment, minor procedure	100%	100%
D9120	Fixed partial denture sectioning	60%	50%
D9219	Evaluation for deep sedation or general anesthesia	100%	80%
D9222	Deep sedation/general anesthesia, first 15 minute increment	100%	80%
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	100%	80%
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	100%	80%
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	100%	80%
D9310	Consultation, other than requesting dentist	100%	80%
D9311	Consultation with a medical health care professional	100%	80%
D9430	Office visit, observation, regular hours, no other services	100%	80%
D9440	Office visit, after regularly scheduled hours	100%	80%
D9930	Treatment of complications, post surgical, unusual, by report	100%	80%
D9986	Missed appointment	100%	100%
D9987	Cancelled appointment	100%	100%
D9991	Dental case management, addressing appointment compliance barriers	100%	100%
D9992	Dental case management, care coordination	100%	100%
D9993	Dental case management, motivational interviewing	100%	100%
D9994	Dental case management, patient education to improve oral health literacy	100%	100%
	<b>ORTHODONTICS</b>		
	<b>Primary Dentition:</b> Teeth developed and erupted first in order of time.		
	<b>Transitional Dentition:</b> The final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding and the permanent successors are emerging.		
	<b>Adolescent Dentition:</b> The dentition that is present after the normal loss of primary teeth and prior to cessation of growth that would affect orthodontic treatment.		
	<b>Adult Dentition:</b> The dentition that is present after the cessation of growth that would affect orthodontic treatment.		
	<b>Limited Orthodontic Treatment</b>		
D8010	Limited orthodontic treatment of the primary dentition	50%	Not Covered
D8020	Limited orthodontic treatment of the transitional dentition	50%	Not Covered
D8030	Limited orthodontic treatment of the adolescent dentition	50%	Not Covered
D8040	Limited orthodontic treatment of the adult dentition	50%	Not Covered
	<b>Interceptive Orthodontic Treatment</b>		
D8050	Interceptive orthodontic treatment of the primary dentition	50%	Not Covered
D8060	Interceptive orthodontic treatment of the transitional dentition	50%	Not Covered
	<b>Comprehensive Orthodontic Treatment</b>		
D8070	Comprehensive orthodontic treatment of the transitional dentition	50%	Not Covered
D8080	Comprehensive orthodontic treatment of the adolescent dentition	50%	Not Covered
D8090	Comprehensive orthodontic treatment of the adult dentition	50%	Not Covered
	<b>Minor Treatment to Control Harmful Habits</b>		
D8210	Removable appliance therapy	50%	Not Covered
D8220	Fixed appliance therapy	50%	Not Covered
	<b>Other Orthodontic Services</b>		
D8660	Pre-orthodontic treatment examination to monitor growth and development	50%	Not Covered
D8670	Periodic orthodontic treatment visit	50%	Not Covered
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	50%	Not Covered
D8690	Orthodontic treatment (alternative billing to a contract fee)	50%	Not Covered
D8693	Re-cement or re-bond fixed retainer	50%	Not Covered

### **Limitations:**

- 1 Two (2) oral examinations (D0120, D0145, D0150, D0180) per calendar year.
- 2 One (1) full mouth radiographic images or panoramic image every thirty-six (36) months.
- 3 Two (2) series of bitewing images per calendar year. Routine bitewing images are limited to eight (8) images per calendar year.
- 4 Two (2) prophylaxis, scaling in the presence of inflammation procedures, and/or periodontal maintenance procedures per calendar year.
- 5 One (1) fluoride treatment per calendar year for enrollees under age 18.
- 6 One (1) sealant, sealant repair and interim caries arresting medicament per tooth every 36 months. Sealant benefits are available only to enrollees under the age of 16. Limited to application to permanent molars with no caries (decay), without restorations and with the occlusal surface intact.
- 7 One (1) filling per surface per tooth every twelve (12) months.
- 8 One (1) crown, pontic, or abutment crown per tooth every five (5) years, and only if dentally necessary.
- 9 One (1) gingivectomy/gingivoplasty/gingival flap procedure per quadrant/site every thirty-six (36) months.
- 10 One (1) osseous surgery per quadrant/site every 60 months
- 11 One (1) periodontal scaling & root planing per quadrant/site every twenty-four (24) months.
- 12 Replacement of full dentures and partial dentures every five (5) years, and only if existing appliance cannot be made serviceable.
- 13 One (1) denture or partial rebase or reline per appliance every twenty-four (24) months.
- 14 One (1) tissue conditioning per appliance every twenty-four (24) months.
- 15 Limitation on all benefits - Optional Services that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called "Optional Services." Optional Services also include the use of specialized techniques instead of standard procedures. For example:
  - a. a crown where a filling would restore the tooth
  - b. a precision denture/partial where a standard denture/partial could be used
  - c. an inlay/onlay instead of an amalgam restoration
  - d. a composite restoration instead of an amalgam restoration on posterior teeth

### **Orthodontic Limitations:**

- 1 All payments shall be on a monthly basis. The obligation of the Plan to make periodic payments for an orthodontic treatment plan begun prior to the date the patient becomes covered shall commence with the first payment due following the date the patient's coverage is effective.
- 2 The obligation of the Plan to make periodic payments for orthodontic treatment shall terminate on the payment due date next following the date the dependent enrollee or the primary enrollee loses coverage, or upon termination of the contract, whichever shall occur first.
- 3 The Plan will not make any payment for repair or replacement of an orthodontic appliance furnished, in whole or in part, under this program.
- 4 Orthodontic benefits are limited to dependent enrollee children under age 19.
- 5 X-rays or extractions are not subject to the Orthodontic maximum.
- 6 Surgical procedures are not subject to the Orthodontic maximum.



## Exclusions:

- 1 Topical application of fluoride for anyone over the age of eighteen (18).
- 2 Sealant benefits for anyone over the age of sixteen (16).
- 3 Implants (artificial teeth implanted into or on bone or gums) or their removal, but the Plan will credit the cost of a standard complete or partial denture that would have been allowed under this plan toward the cost of an implant and related services (co-insurance applies).
- 4 Services for injuries or conditions which are compensable under workers' compensation or employers' liability laws; services which are provided to the enrollee by any federal or state government agency or are provided without cost to the enrollee by any municipality, county or other political subdivision except as such exclusion may be prohibited by law.
- 5 Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic surgery or dentistry for purely cosmetic reasons, including but not limited to cleft palate, maxillary and mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to newborn children for congenital defect or birth abnormalities or services that may be provided under Orthodontic Benefits.
- 6 Services for restoring tooth structure lost from wear, erosion or abrasion, for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion or for stabilizing the teeth. Such services include, but are not limited to, equilibration, periodontal splinting and occlusal adjustment.
- 7 Any single procedure started prior to the date the person became covered for such services under this program.
- 8 Prescribed drugs, medication or analgesia.
- 9 Experimental procedures.
- 10 Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility.
- 11 Charges for anesthesia, other than by a licensed Dentist for administering general anesthesia in connection with covered oral surgery services.
- 12 Extraoral grafts (grafting of tissues from outside the mouth to oral tissues).
- 13 Services with respect to any disturbance of the temporomandibular joint (jaw joint).
- 14 Services performed by any person other than a Dentist or auxiliary personnel legally authorized to perform services under the direct supervision of a Dentist.
- 15 For treatment rendered by a person who ordinarily resides in the primary enrollee's household or who is related to the primary enrollee (or to the primary enrollee's spouse) by blood, marriage or legal adoption.
- 16 Orthodontic services (treatment of poor alignment of teeth and/or jaws) if an Out-of-Network Dentist is used.