



**Dental Plan for MGM Resorts Premier Health Plan (PPO) and
MGM Resorts Health Plan (PPO) Members**



Calendar Year Deductible: The Calendar year deductible is \$50 for individuals to a maximum of \$150 for the family. Deductible is waived on Diagnostic and Preventive services.

Calendar Year Maximum: \$1,500.

Orthodontic Lifetime Maximum: \$1,000. Available only for dependent enrollee children under age 19.

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CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
DIAGNOSTIC SERVICES			
D0120	Periodic oral evaluation, established patient	100%	100% EME*
D0140	Limited oral evaluation, problem focused	100%	100% EME*
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	100%	100% EME*
D0150	Comprehensive oral evaluation, new or established patient	100%	100% EME*
D0160	Detailed and extensive oral evaluation, problem focused, by report	100%	100% EME*
D0170	Re-evaluation, limited, problem focused (established patient; non post-operative visit)	100%	100% EME*
D0171	Re-evaluation, post operative office visit	100%	100% EME*
D0180	Comprehensive periodontal evaluation, new or established patient	100%	100% EME*
D0210	Intraoral, complete series of radiographic images	100%	100% EME*
D0220	Intraoral, periapical first radiographic image	100%	100% EME*
D0230	Intraoral, periapical each additional radiographic image	100%	100% EME*
D0240	Intraoral, occlusal radiographic image	100%	100% EME*
D0250	Extraoral, first radiographic image	100%	100% EME*
D0260	Extraoral, each additional radiographic image	100%	100% EME*
D0270	Bitewing, single radiographic image	100%	100% EME*
D0272	Bitewings, two radiographic images	100%	100% EME*
D0273	Bitewings, three radiographic images	100%	100% EME*
D0274	Bitewings, four radiographic images	100%	100% EME*
D0277	Vertical bitewings, 7 to 8 radiographic images	100%	100% EME*
D0330	Panoramic radiographic image	100%	100% EME*
D0340	Cephalometric radiographic image	50%	50% EME*
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	100%	100% EME*
D0460	Pulp vitality tests	100%	100% EME*
D0470	Diagnostic casts	100%	100% EME*
D0472	Accession of tissue, gross exam, prep & transmission written report	100%	100% EME*
D0473	Accession of tissue, gross & micro exam, prep & transmission written report	100%	100% EME*
D0474	Accession of tissue, gross & micro exam, include assessment of surgical margin, prep & transmission written report	100%	100% EME*
PREVENTIVE SERVICES			
D1110	Prophylaxis, adult	100%	100% EME*
D1120	Prophylaxis, child	100%	100% EME*
D1206	Topical application of fluoride varnish	100%	100% EME*
D1208	Topical application of fluoride, excluding varnish	100%	100% EME*
D1351	Sealant, per tooth	100%	100% EME*
D1352	Preventive resin restoration in a moderate to high caries risk patient, permanent tooth	100%	100% EME*
D1353	Sealant repair, per tooth	100%	100% EME*
D1510	Space maintainer, fixed, unilateral	100%	100% EME*
D1515	Space maintainer, fixed, bilateral	100%	100% EME*
D1520	Space maintainer, removable, unilateral	100%	100% EME*
D1525	Space maintainer, removable, bilateral	100%	100% EME*
D1550	Re-cement or re-bond space maintainer	100%	100% EME*
D1555	Removal of fixed space maintainer	100%	100% EME*
RESTORATIVE SERVICES			
D2140	Amalgam, one surface, primary or permanent	80%	80% EME*
D2150	Amalgam, two surfaces, primary or permanent	80%	80% EME*
D2160	Amalgam, three surfaces, primary or permanent	80%	80% EME*
D2161	Amalgam, four or more surfaces, primary or permanent	80%	80% EME*
D2330	Resin-based composite, one surface, anterior	80%	80% EME*
D2331	Resin-based composite, two surfaces, anterior	80%	80% EME*



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RESTORATIVE SERVICES (Continued)			
D2332	Resin-based composite, three surfaces, anterior	80%	80% EME*
D2335	Resin-based composite, four or more surfaces or involving incisal angle (anterior)	80%	80% EME*
D2390	Resin-based composite crown, anterior	80%	80% EME*
D2391	Resin-based composite, one surface, posterior	80%	80% EME*
D2392	Resin-based composite, two surfaces, posterior	80%	80% EME*
D2393	Resin-based composite, three surfaces, posterior	80%	80% EME*
D2394	Resin-based composite, four or more surfaces, posterior	80%	80% EME*
D2510	Inlay, metallic, one surface	50%	50% EME*
D2520	Inlay, metallic, two surfaces	50%	50% EME*
D2530	Inlay, metallic, three or more surfaces	50%	50% EME*
D2542	Onlay, metallic, two surfaces	50%	50% EME*
D2543	Onlay, metallic, three surfaces	50%	50% EME*
D2544	Onlay, metallic, four or more surfaces	50%	50% EME*
D2610	Inlay, porcelain/ceramic, one surface	50%	50% EME*
D2620	Inlay, porcelain/ceramic, two surfaces	50%	50% EME*
D2630	Inlay, porcelain/ceramic, three or more surfaces	50%	50% EME*
D2642	Onlay, porcelain/ceramic, two surfaces	50%	50% EME*
D2643	Onlay, porcelain/ceramic, three surfaces	50%	50% EME*
D2644	Onlay, porcelain/ceramic, four or more surfaces	50%	50% EME*
D2650	Inlay, resin-based composite, one surface	50%	50% EME*
D2651	Inlay, resin-based composite, two surfaces	50%	50% EME*
D2652	Inlay, resin-based composite, three or more surfaces	50%	50% EME*
D2662	Onlay, resin-based composite, two surfaces	50%	50% EME*
D2663	Onlay, resin-based composite, three surfaces	50%	50% EME*
D2664	Onlay, resin-based composite, four or more surfaces	50%	50% EME*
D2710	Crown, resin-based composite (indirect)	50%	50% EME*
D2712	Crown, ¾ resin-based composite (indirect)	50%	50% EME*
D2720	Crown, resin with high noble metal	50%	50% EME*
D2721	Crown, resin with predominantly base metal	50%	50% EME*
D2722	Crown, resin with noble metal	50%	50% EME*
D2740	Crown, porcelain/ceramic substrate	50%	50% EME*
D2750	Crown, porcelain fused to high noble metal	50%	50% EME*
D2751	Crown, porcelain fused to predominantly base metal	50%	50% EME*
D2752	Crown, porcelain fused to noble metal	50%	50% EME*
D2780	Crown, ¾ cast high noble metal	50%	50% EME*
D2781	Crown, ¾ cast predominantly base metal	50%	50% EME*
D2782	Crown, ¾ cast noble metal	50%	50% EME*
D2783	Crown, ¾ porcelain/ceramic	50%	50% EME*
D2790	Crown, full cast high noble metal	50%	50% EME*
D2791	Crown, full cast predominantly base metal	50%	50% EME*
D2792	Crown, full cast noble metal	50%	50% EME*
D2794	Crown, titanium	50%	50% EME*
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	80%	80% EME*
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	80%	80% EME*
D2920	Re-cement or re-bond crown	80%	80% EME*
D2930	Prefabricated stainless steel crown, primary tooth	50%	50% EME*
D2931	Prefabricated stainless steel crown, permanent tooth	50%	50% EME*
D2932	Prefabricated resin crown	50%	50% EME*



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RESTORATIVE SERVICES (Continued)			
D2933	Prefabricated stainless steel crown with resin window	50%	50% EME*
D2934	Prefabricated esthetic coated stainless steel crown, primary tooth	50%	50% EME*
D2940	Protective restoration	80%	80% EME*
D2950	Core buildup, including any pins when required	50%	50% EME*
D2951	Pin retention, per tooth, in addition to restoration	50%	50% EME*
D2952	Post and core in addition to crown, indirectly fabricated	50%	50% EME*
D2953	Each additional indirectly fabricated post, same tooth	50%	50% EME*
D2954	Prefabricated post and core in addition to crown	50%	50% EME*
D2955	Post removal	50%	50% EME*
D2957	Each additional prefabricated post, same tooth	50%	50% EME*
D2960	Labial veneer (resin laminate), chairside	50%	50% EME*
D2961	Labial veneer (resin laminate), laboratory	50%	50% EME*
D2962	Labial veneer (porcelain laminate), laboratory	50%	50% EME*
D2971	Additional procedures to construct new crown under existing partial denture framework	50%	50% EME*
D2980	Crown repair necessitated by restorative material failure	50%	50% EME*
ENDODONTIC SERVICES			
D3110	Pulp cap, direct (excluding final restoration)	80%	80% EME*
D3220	Therapeutic pulpotomy (excluding final restoration)	80%	80% EME*
D3221	Pulpal debridement, primary and permanent teeth	80%	80% EME*
D3230	Pulpal therapy (resorbable filling), anterior, primary tooth (excluding final restoration)	80%	80% EME*
D3240	Pulpal therapy (resorbable filling), posterior, primary tooth (excluding final restoration)	80%	80% EME*
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	80%	80% EME*
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	80%	80% EME*
D3330	Endodontic therapy, molar (excluding final restoration)	80%	80% EME*
D3331	Treatment of root canal obstruction; non-surgical access	80%	80% EME*
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	80%	80% EME*
D3333	Internal root repair of perforation defects	80%	80% EME*
D3346	Retreatment of previous root canal therapy, anterior	80%	80% EME*
D3347	Retreatment of previous root canal therapy, bicuspid	80%	80% EME*
D3348	Retreatment of previous root canal therapy, molar	80%	80% EME*
D3351	Apexification recalcification, initial visit	80%	80% EME*
D3352	Apexification recalcification, interim medication replacement	80%	80% EME*
D3353	Apexification recalcification, final visit (includes completed root canal therapy)	80%	80% EME*
D3410	Apicoectomy, anterior	80%	80% EME*
D3421	Apicoectomy, bicuspid (first root)	80%	80% EME*
D3425	Apicoectomy, molar (first root)	80%	80% EME*
D3426	Apicoectomy, (each additional root)	80%	80% EME*
D3430	Retrograde filling, per root	80%	80% EME*
D3450	Root amputation, per root	80%	80% EME*
D3920	Hemisection (including any root removal), not including root canal therapy	80%	80% EME*
PERIODONTIC SERVICES			
D4210	Gingivectomy or gingivoplasty, four or more contiguous teeth or tooth bounded spaces per quadrant	80%	80% EME*
D4211	Gingivectomy or gingivoplasty, one to three contiguous teeth or tooth bounded spaces per quadrant	80%	80% EME*
D4230	Anatomical crown exposure, four or more contiguous teeth per quadrant	80%	80% EME*
D4231	Anatomical crown exposure, one to three teeth per quadrant	80%	80% EME*
D4240	Gingival flap procedure, including root planing, four or more contiguous teeth or tooth bounded spaces per quadrant	80%	80% EME*
D4241	Gingival flap procedure, including root planing, one to three contiguous teeth or tooth bounded spaces per quadrant	80%	80% EME*
D4245	Apically positioned flap	80%	80% EME*



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PERIODONTIC SERVICES (Continued)			
D4249	Clinical crown lengthening, hard tissue	80%	80% EME*
D4260	Osseous surgery (including elevation of a full thickness flap and closure), four or more contiguous teeth or tooth bounded spaces per quadrant	80%	80% EME*
D4261	Osseous surgery (including elevation of a full thickness flap and closure), one to three contiguous teeth or tooth bounded spaces per quadrant	80%	80% EME*
D4263	Bone replacement graft, first site in quadrant	80%	80% EME*
D4264	Bone replacement graft, each additional site in quadrant	80%	80% EME*
D4265	Biologic materials to aid in soft and osseous tissue regeneration	80%	80% EME*
D4266	Guided tissue regeneration, resorbable barrier, per site	80%	80% EME*
D4268	Surgical revision procedure, per tooth	80%	80% EME*
D4270	Pedicle soft tissue graft procedure	80%	80% EME*
D4273	Subepithelial connective tissue graft procedures, per tooth	80%	80% EME*
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surficial procedures in the same anatomic	80%	80% EME*
D4275	Soft tissue allograft	80%	80% EME*
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	80%	80% EME*
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth pos	80%	80% EME*
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	80%	80% EME*
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	80%	80% EME*
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	80%	80% EME*
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	80%	80% EME*
D4910	Periodontal maintenance	80%	80% EME*
D4920	Unscheduled dressing change (by someone other than treating dentist)	80%	80% EME*
PROSTHODONTIC-REMOVABLE SERVICES			
D5110	Complete denture, maxillary	50%	50% EME*
D5120	Complete denture, mandibular	50%	50% EME*
D5130	Immediate denture, maxillary	50%	50% EME*
D5140	Immediate denture, mandibular	50%	50% EME*
D5211	Maxillary partial denture, resin base (including any conventional clasps, rests and teeth)	50%	50% EME*
D5212	Mandibular partial denture, resin base (including any conventional clasps, rests and teeth)	50%	50% EME*
D5213	Maxillary partial denture, cast metal framework with resin denture bases	50%	50% EME*
D5214	Mandibular partial denture, cast metal framework with resin denture bases	50%	50% EME*
D5225	Maxillary partial denture, flexible base (including any clasps, rests and teeth)	50%	50% EME*
D5226	Mandibular partial denture, flexible base (including any clasps, rests and teeth)	50%	50% EME*
D5281	Removable unilateral partial denture, one piece cast metal (including clasps and teeth)	50%	50% EME*
D5410	Adjust complete denture, maxillary	50%	50% EME*
D5411	Adjust complete denture, mandibular	50%	50% EME*
D5421	Adjust partial denture, maxillary	50%	50% EME*
D5422	Adjust partial denture, mandibular	50%	50% EME*
D5510	Repair broken complete denture base	50%	50% EME*
D5520	Replace missing or broken teeth, complete denture (each tooth)	50%	50% EME*
D5610	Repair resin denture base	50%	50% EME*
D5620	Repair cast framework	50%	50% EME*
D5630	Repair or replace broken clasp	50%	50% EME*
D5640	Replace broken teeth, per tooth	50%	50% EME*
D5650	Add tooth to existing partial denture	50%	50% EME*
D5660	Add clasp to existing partial denture	50%	50% EME*
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	50%	50% EME*
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	50%	50% EME*



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PROSTHODONTIC-REMOVABLE SERVICES(Continued)			
D5710	Rebase complete maxillary denture	50%	50% EME*
D5711	Rebase complete mandibular denture	50%	50% EME*
D5720	Rebase maxillary partial denture	50%	50% EME*
D5721	Rebase mandibular partial denture	50%	50% EME*
D5730	Reline complete maxillary denture (chairside)	50%	50% EME*
D5731	Reline complete mandibular denture (chairside)	50%	50% EME*
D5740	Reline maxillary partial denture (chairside)	50%	50% EME*
D5741	Reline mandibular partial denture (chairside)	50%	50% EME*
D5750	Reline complete maxillary denture (laboratory)	50%	50% EME*
D5751	Reline complete mandibular denture (laboratory)	50%	50% EME*
D5760	Reline maxillary partial denture (laboratory)	50%	50% EME*
D5761	Reline mandibular partial denture (laboratory)	50%	50% EME*
D5820	Interim partial denture (maxillary)	50%	50% EME*
D5821	Interim partial denture (mandibular)	50%	50% EME*
D5850	Tissue conditioning, maxillary	50%	50% EME*
D5851	Tissue conditioning, mandibular	50%	50% EME*
D5863	Overdenture, complete maxillary	50%	50% EME*
D5865	Overdenture, complete mandibular	50%	50% EME*
PROSTHODONTIC-FIXED SERVICES			
D6205	Pontic, indirect resin based composite	50%	50% EME*
D6210	Pontic, cast high noble metal	50%	50% EME*
D6211	Pontic, cast predominantly base metal	50%	50% EME*
D6212	Pontic, cast noble metal	50%	50% EME*
D6214	Pontic, titanium	50%	50% EME*
D6240	Pontic, porcelain fused to high noble metal	50%	50% EME*
D6241	Pontic, porcelain fused to predominantly base metal	50%	50% EME*
D6242	Pontic, porcelain fused to noble metal	50%	50% EME*
D6245	Pontic, porcelain/ceramic	50%	50% EME*
D6250	Pontic, resin with high noble metal	50%	50% EME*
D6251	Pontic, resin with predominantly base metal	50%	50% EME*
D6252	Pontic, resin with noble metal	50%	50% EME*
D6545	Retainer, cast metal for resin bonded fixed prosthesis	50%	50% EME*
D6548	Retainer, porcelain/ceramic for resin bonded fixed prosthesis	50%	50% EME*
D6549	Resin retainer, for resin bonded fixed prosthesis	50%	50% EME*
D6600	Inlay, porcelain/ceramic, two surfaces	50%	50% EME*
D6601	Inlay, porcelain/ceramic, three or more surfaces	50%	50% EME*
D6602	Inlay, cast high noble metal, two surfaces	50%	50% EME*
D6603	Inlay, cast high noble metal, three or more surfaces	50%	50% EME*
D6604	Inlay, cast predominantly base metal, two surfaces	50%	50% EME*
D6605	Inlay, cast predominantly base metal, three or more surfaces	50%	50% EME*
D6606	Inlay, cast noble metal, two surfaces	50%	50% EME*
D6607	Inlay, cast noble metal, three or more surfaces	50%	50% EME*
D6624	Inlay, titanium	50%	50% EME*
D6608	Onlay, porcelain/ceramic, two surfaces	50%	50% EME*
D6609	Onlay, porcelain/ceramic, three or more surfaces	50%	50% EME*
D6610	Onlay, cast high noble metal, two surfaces	50%	50% EME*
D6611	Onlay, cast high noble metal, three or more surfaces	50%	50% EME*
D6612	Onlay, cast predominantly base metal, two surfaces	50%	50% EME*



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PROSTHODONTIC-FIXED SERVICES (Continued)			
D6613	Onlay, cast predominantly base metal, three or more surfaces	50%	50% EME*
D6614	Onlay, cast noble metal, two surfaces	50%	50% EME*
D6615	Onlay, cast noble metal, three or more surfaces	50%	50% EME*
D6634	Onlay, titanium	50%	50% EME*
D6710	Crown, indirect resin based composite	50%	50% EME*
D6720	Crown, resin with high noble metal	50%	50% EME*
D6721	Crown, resin with predominantly base metal	50%	50% EME*
D6722	Crown, resin with noble metal	50%	50% EME*
D6740	Crown, porcelain/ceramic	50%	50% EME*
D6750	Crown, porcelain fused to high noble metal	50%	50% EME*
D6751	Crown, porcelain fused to predominantly base metal	50%	50% EME*
D6752	Crown, porcelain fused to noble metal	50%	50% EME*
D6780	Crown, ¾ cast high noble metal	50%	50% EME*
D6781	Crown, ¾ cast predominantly base metal	50%	50% EME*
D6782	Crown, ¾ cast noble metal	50%	50% EME*
D6783	Crown, ¾ porcelain/ceramic	50%	50% EME*
D6790	Crown, full cast high noble metal	50%	50% EME*
D6791	Crown, full cast predominantly base metal	50%	50% EME*
D6792	Crown, full cast noble metal	50%	50% EME*
D6794	Crown, titanium	50%	50% EME*
D6930	Re-cement or re-bond fixed partial denture	50%	50% EME*
D6940	Stress breaker	50%	50% EME*
D6980	Fixed partial denture repair necessitated by restorative	50%	50% EME*
ORAL AND MAXILLOFACIAL SURGERY SERVICES			
D7111	Extraction, coronal remnants, deciduous tooth	80%	80% EME*
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	80%	80% EME*
D7210	Removal of impacted tooth, soft tissue	80%	80% EME*
D7220	Removal of impacted tooth, partially bony	80%	80% EME*
D7230	Removal of impacted tooth, completely bony	80%	80% EME*
D7240	Removal of impacted tooth, completely bony, with unusual surgical complications	80%	80% EME*
D7241	Surgical removal of residual tooth roots (cutting procedure)	80%	80% EME*
D7250	Oroantral fistula closure	80%	80% EME*
D7260	Primary closure of a sinus perforation	80%	80% EME*
D7261	Primary closure of a sinus perforation	80%	80% EME*
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	80%	80% EME*
D7280	Surgical access of an unerupted tooth	80%	80% EME*
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	80%	80% EME*
D7283	Placement of device to facilitate eruption of impacted tooth	80%	80% EME*
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	80%	80% EME*
D7286	Incisional biopsy of oral tissue, soft	80%	80% EME*
D7310	Alveoloplasty in conjunction with extractions, four or more teeth or tooth spaces, per quadrant	80%	80% EME*
D7311	Alveoloplasty in conjunction with extractions, one to three teeth or tooth spaces, per quadrant	80%	80% EME*
D7320	Alveoloplasty not in conjunction with extractions, four or more teeth or tooth spaces, per quadrant	80%	80% EME*
D7321	Alveoloplasty not in conjunction with extractions, one to three teeth or tooth spaces, per quadrant	80%	80% EME*
D7340	Vestibuloplasty, ridge extension (secondary epithelialization)	80%	80% EME*
D7350	Vestibuloplasty, ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	80%	80% EME*
D7410	Excision of benign lesion up to 1.25 cm	80%	80% EME*
D7411	Excision of benign lesion greater than 1.25 cm	80%	80% EME*



**Dental Plan for MGM Resorts Premier Health Plan (PPO) and
MGM Resorts Health Plan (PPO) Members**



Calendar Year Deductible: The Calendar year deductible is \$50 for individuals to a maximum of \$150 for the family. Deductible is waived on Diagnostic and Preventive services.

Calendar Year Maximum: \$1,500.

Orthodontic Lifetime Maximum: \$1,000. Available only for dependent enrollee children under age 19.

* EME: Eligible Medical Expense, or "allowable charges". Member pays amount above allowable charge or EME

CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
ORAL AND MAXILLOFACIAL SURGERY SERVICES (Continued)			
D7412	Excision of benign lesion, complicated	80%	80% EME*
D7450	Removal of benign odontogenic cyst or tumor, lesion diameter up to 1.25 cm	80%	80% EME*
D7451	Removal of benign odontogenic cyst or tumor, lesion diameter greater than 1.25 cm	80%	80% EME*
D7471	Removal of lateral exostosis (maxilla or mandible)	80%	80% EME*
D7472	Removal of torus palatinus	80%	80% EME*
D7473	Removal of torus mandibularis	80%	80% EME*
D7485	Surgical reduction of osseous tuberosity	80%	80% EME*
D7510	Incision and drainage of abscess, intraoral soft tissue	80%	80% EME*
D7511	Incision and drainage of abscess, intraoral soft tissue, complicated (includes drainage of multiple fascial spaces)	80%	80% EME*
D7520	Incision and drainage of abscess, extraoral soft tissue	80%	80% EME*
D7521	Incision and drainage of abscess, extraoral soft tissue, complicated (includes drainage of multiple fascial spaces)	80%	80% EME*
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	80%	80% EME*
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	80%	80% EME*
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	80%	80% EME*
D7960	Frenulectomy, also known as frenectomy or frenotomy, separate procedure not incidental to another procedure	80%	80% EME*
D7963	Frenuloplasty	80%	80% EME*
D7970	Excision of hyperplastic tissue, per arch	80%	80% EME*
D7971	Excision of pericoronal gingiva	80%	80% EME*
D7972	Surgical reduction of fibrous tuberosity	80%	80% EME*
D7980	Sialolithotomy	80%	80% EME*
D7981	Excision of salivary gland, by report	80%	80% EME*
D7982	Sialodochoplasty	80%	80% EME*
D7983	Closure of salivary fistula	80%	80% EME*
ADJUNCTIVE GENERAL SERVICES			
D9110	Palliative (emergency) treatment of dental pain, minor procedure	100%	100% EME*
D9120	Fixed partial denture sectioning	50%	50% EME*
D9219	Evaluation for deep sedation or general anesthesia	80%	80% EME*
D9220	Deep sedation/general anesthesia, first 30 minutes	80%	80% EME*
D9221	Deep sedation/general anesthesia, each additional 15 minutes	80%	80% EME*
D9241	Intravenous moderate (conscious) sedation/analgesia, first 30 minutes	80%	80% EME*
D9242	Intravenous moderate (conscious) sedation/analgesia, each additional 15 minutes	80%	80% EME*
D9310	Consultation, diagnostic service provided by dentist or physician other than requesting dentist or physician	100%	100% EME*
D9430	Office visit for observation (during regularly scheduled hours), no other services performed	100%	100% EME*
D9440	Office visit, after regularly scheduled hours	100%	100% EME*
D9930	Treatment of complications (post-surgical), unusual circumstances, by report	100%	100% EME*
D9931	Cleaning and inspection of a removable appliance	80%	80% EME*
D9940	Occlusal guard, by report	80%	80% EME*
D9951	Occlusal adjustment, limited	80%	80% EME*
D9952	Occlusal adjustment, complete	80%	80% EME*



**Dental Plan for MGM Resorts Premier Health Plan (PPO) and
MGM Resorts Health Plan (PPO) Members**



Calendar Year Deductible: The Calendar year deductible is \$50 for individuals to a maximum of \$150 for the family. Deductible is waived on Diagnostic and Preventive services.

Calendar Year Maximum: \$1,500.

Orthodontic Lifetime Maximum: \$1,000. Available only for dependent enrollee children under age 19.

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CODE	DESCRIPTION OF SERVICES	In Network	Out of Network
ORTHODONTIC SERVICES			
Primary Dentition:	Teeth developed and erupted first in order of time.		
Transitional Dentition:	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.		
Adolescent Dentition:	The dentition that is present after the normal loss of primary teeth and prior to cessation of growth that would affect orthodontic treatment.		
Adult Dentition:	The dentition that is present after the cessation of growth that would affect orthodontic treatment.		
Limited Orthodontic Treatment			
D8010	Limited orthodontic treatment of the primary dentition	50%	50% EME*
D8020	Limited orthodontic treatment of the transitional dentition	50%	50% EME*
D8030	Limited orthodontic treatment of the adolescent dentition	50%	50% EME*
D8040	Limited orthodontic treatment of the adult dentition	50%	50% EME*
Interceptive Orthodontic Treatment			
D8050	Interceptive orthodontic treatment of the primary dentition	50%	50% EME*
D8060	Interceptive orthodontic treatment of the transitional dentition	50%	50% EME*
Comprehensive Orthodontic Treatment			
D8070	Comprehensive orthodontic treatment of the transitional dentition	50%	50% EME*
D8080	Comprehensive orthodontic treatment of the adolescent dentition	50%	50% EME*
D8090	Comprehensive orthodontic treatment of the adult dentition	50%	50% EME*
Minor Treatment to Control Harmful Habits			
D8210	Removable appliance therapy	50%	50% EME*
D8220	Fixed appliance therapy	50%	50% EME*
Other Orthodontic Services			
D8660	Pre-orthodontic treatment examination to monitor growth and development	50%	50% EME*
D8670	Periodic orthodontic treatment visit	50%	50% EME*
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	50%	50% EME*
D8690	Orthodontic treatment (alternative billing to a contract fee)	50%	50% EME*
D8693	Re-cement or re-bond fixed retainer	50%	50% EME*
D8694	Repair of fixed retainers, includes reattachment	50%	50% EME*

Calendar Year Deductible: The Calendar year deductible is \$50 for individuals to a maximum of \$150 for the family. Deductible is waived on Diagnostic and Preventive services.

Calendar Year Maximum: \$1,500.

Orthodontic Lifetime Maximum: \$1,000. Available only for dependent enrollee children under age 19.

*** EME: Eligible Medical Expense, or "allowable charges". Member pays amount above allowable charge or EME**

Limitations:

1. Two (2) oral examinations (D0120, D0145, D0150, D0180) per calendar year.
2. One (1) full mouth series of x-rays or panoramic film every thirty-six (36) months.
3. Two (2) series of bitewing x-rays per calendar year. Routine bitewing x-rays are limited to eight (8) films per calendar year.
4. Two (2) prophylaxis or periodontal maintenance procedures per calendar year.
5. One (1) fluoride treatment per calendar year for enrollees under age 19.
6. One (1) sealant 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) crown, pontic, or abutment crown per tooth every five (5) years, and only if dentally necessary.
8. One (1) Gingivectomy/gingivoplasty/gingival flap procedure per quadrant/site every thirty-six (36) months.
9. One (1) osseous surgery per quadrant/site every 60 months
10. One (1) Periodontal scaling & root planing per quadrant/site every twenty-four (24) months.
11. Replacement of full dentures and partial dentures every five (5) years, and only if existing appliance cannot be made serviceable.
12. One (1) denture or partial rebase or reline per appliance every twenty-four (24) months.
13. One (1) tissue conditioning per appliance every twenty-four (24) months.
14. Occlusal guards for bruxism and periodontal disease once every thirty-six (36) months.
15. Space maintainers for covered Dependent children under the age of 19 only to replace primary teeth.
16. General Anesthesia is a covered benefit only when in conjunction with covered oral surgery and pedodontic procedures when dispensed in a dental office by a practitioner acting within the scope of his/her licensure; and when warranted by documented conditions that local anesthetic is contraindicated. General anesthesia, as used for dental pain control, means the elimination of all sensations accompanied by a state of unconsciousness. Patient apprehension and/or nervousness are not of themselves sufficient justification for deep sedation/general anesthesia or intravenous conscious sedation/analgesia.

Orthodontic Limitations:

1. The Plan will not make any payment for repair or replacement of an orthodontic appliance furnished, in whole or in part, under this program.
2. Orthodontic benefits are limited to dependent enrollee children under age 19.
3. X-rays or extractions are not subject to the Orthodontic maximum.
4. Surgical procedures are not subject to the Orthodontic maximum.

Calendar Year Deductible: The Calendar year deductible is \$50 for individuals to a maximum of \$150 for the family. Deductible is waived on Diagnostic and Preventive services.

Calendar Year Maximum: \$1,500.

Orthodontic Lifetime Maximum: \$1,000. Available only for dependent enrollee children under age 19.

*** EME: Eligible Medical Expense, or "allowable charges". Member pays amount above allowable charge or EME**

Exclusions:

1. Topical application of fluoride for anyone over the age of nineteen (19).
2. Sealant benefits for anyone over the age of sixteen (16).
3. 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.
4. 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.
5. 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.
6. Any single procedure started prior to the date the person became covered for such services under this program.
7. Prescribed drugs, medication or analgesia.
8. Experimental procedures.
9. Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility.
10. Charges for anesthesia, other than by a licensed Dentist for administering general anesthesia in connection with covered oral surgery services.
11. Extraoral grafts (grafting of tissues from outside the mouth to oral tissues).
12. Services with respect to any disturbance of the temporomandibular joint (jaw joint).
13. Services performed by any person other than a Dentist or auxiliary personnel legally authorized to perform services under the direct supervision of a Dentist.
14. 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.