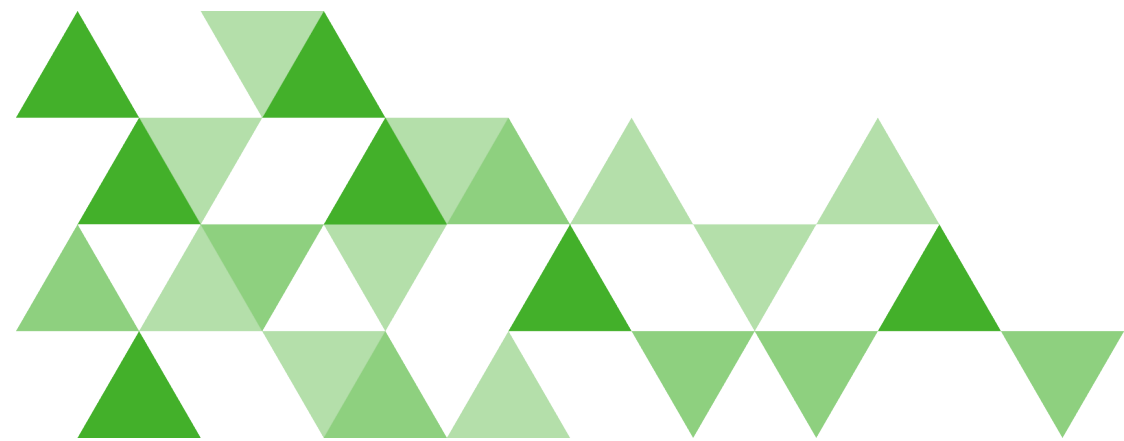


Delta Dental of Minnesota

2021 Medicare Advantage Benefits



		No deductible - No maximum - Limited benefit	\$2,500 maximum per calendar year; \$50.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	Covered up to \$250 allowance limit	Covered up to \$250 allowance limit	Covered up to \$500 allowance limit	Max: \$450.00	Max: \$550.00	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic
Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
CODE	Procedure Description	Classic and Group Preventative Only UCare Medicare Plans	Classic and Group +Choice Comprehensive UCare Medicare Plans	Essentials RX, Standard, Value Plus, Value UCare Medicare Plans	Essentials Rx, Standard, Value Plus, Value + Choice Comprehensive UCare Medicare Plans	UCare Complete Medicare Plans	EssentiaCare UCare Medicare Plans	EssentiaCare +Choice Comprehensive UCare Medicare Plans	EssentiaCare Access UCare Medicare Plans	UCare Prime UCare Medicare Plans	UCare Aware UCare Medicare Plans	UCare Advocate Choice Specialized UCare Medicare Plans	UCare Advocate Plus Specialized Medicare Plans	Essentials Rx, Elite Rx, Elite +Comprehensive BPO - Medicare Advantage Plans	Essentials Rx, Elite Rx, Elite BPO - Medicare Advantage Plans	M Health Fairview & North Memorial UCare Medicare Plans
	I. Clinical Oral Exams/evaluations Note: Does not count towards deductible	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%, no deductible unless noted	100%	100%
D0120	Periodic oral exam/evaluation	2 per Calendar year - includes 0120; 0140; 0150	2 per Calendar year - includes 0120; 0140; 0150	1 per calendar year -includes 0120; 0140; 0150	2 per Calendar year - includes 0120; 0140; 0150 (2nd one counts towards annual maximum)	2 per Calendar year - includes 0120; 0140; 0150 (does not count towards annual maximum)	1 per calendar year -includes 0120; 0140; 0150	2 per Calendar year - includes 0120; 0140; 0150 (2nd one counts towards annual maximum)	Covered	Covered	Covered	Covered	Covered	2 per Calendar year - includes 0120; 0140; 0150 (2nd one counts towards annual maximum)	1 per calendar year -includes 0120; 0140; 0150	2 per Calendar year - includes 0120; 0140; 0150 (does not count towards annual maximum)
D0140	Limited oral evaluation	2 per Calendar year - includes 0120; 0140; 0150	2 per Calendar year - includes 0120; 0140; 0150	1 per calendar year -includes 0120; 0140; 0150	2 per Calendar year - includes 0120; 0140; 0150 (2nd one counts towards annual maximum)	2 per Calendar year - includes 0120; 0140; 0150 (does not count towards annual maximum)	1 per calendar year -includes 0120; 0140; 0150	2 per Calendar year - includes 0120; 0140; 0150 (2nd one counts towards annual maximum)	Covered	Covered	Covered	Covered	Covered	2 per Calendar year - includes 0120; 0140; 0150 (2nd one counts towards annual maximum)	1 per calendar year -includes 0120; 0140; 0150	2 per Calendar year - includes 0120; 0140; 0150 (does not count towards annual maximum)
D0145	Oral Evaluation - under 3 years of age	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0150	Comprehensive oral evaluation	2 per Calendar year - includes 0120; 0140; 0150	2 per Calendar year - includes 0120; 0140; 0150	1 per calendar year -includes 0120; 0140; 0150	2 per Calendar year - includes 0120; 0140; 0150 (2nd one counts towards annual maximum)	2 per Calendar year - includes 0120; 0140; 0150 (does not count towards annual maximum)	1 per calendar year -includes 0120; 0140; 0150	2 per Calendar year - includes 0120; 0140; 0150 (2nd one counts towards annual maximum)	Covered	Covered	Covered	Covered	Covered	2 per Calendar year - includes 0120; 0140; 0150 (2nd one counts towards annual maximum)	1 per calendar year -includes 0120; 0140; 0150	2 per Calendar year - includes 0120; 0140; 0150 (does not count towards annual maximum)
D0160	Detailed & extensive oral evaluation	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0170	Limited, problem focused re-evaluation	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0171	Re-evaluation - post operative office visit	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0180	Comprehensive Periodontal Evaluation-new or established pt.	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0190	Assessment of PT	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0191	Screening of PT	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
	II. Radiographs/Diagnostic Imaging	100%	100%	100%	100%	100%, unless otherwise noted	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%, unless otherwise noted
D0210	Intraoral-complete series (includes BW's)	1 per 5 years - applies to 0330	1 per 5 years - applies to 0330	Not covered	1 per 5 years - applies to 0330 - Counts towards annual maximum	1 per 5 years - applies to 0330 (does not count towards annual maximum)	Not covered	1 per 5 years - applies to 0330 - Counts towards annual maximum	Covered	Covered	Covered	Covered	Covered	1 per 5 years - applies to 0330 - Counts towards annual maximum	Not covered	1 per 5 years - applies to 0330 (does not count towards annual maximum)
D0220	Intraoral-periapical-first film	4 per 12 months - applies to 0230	4 per 12 months - applies to 0230	Not covered	4 per 12 months - applies to 0230 - Counts towards annual maximum	Unlimited - 50% - counts towards annual maximum	Not covered	4 per 12 months - applies to 0230 - Counts towards annual maximum	Covered	Covered	Covered	Covered	Covered	4 per 12 months - applies to 0230 - Counts towards annual maximum	Not covered	Unlimited - 50% - counts towards annual maximum
D0230	Intraoral-periapical-each additional film	4 per 12 months - applies to 0230	4 per 12 months - applies to 0230	Not covered	4 per 12 months - applies to 0230 - Counts towards annual maximum	Unlimited - 50% - counts towards annual maximum	Not covered	4 per 12 months - applies to 0230 - Counts towards annual maximum	Covered	Covered	Covered	Covered	Covered	4 per 12 months - applies to 0230 - Counts towards annual maximum	Not covered	Unlimited - 50% - counts towards annual maximum
D0240	Intraoral-occlusal film	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0250	Extraoral-first film	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

		No deductible - No maximum - Limited benefit	\$2,500 maximum per calendar year; \$50.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	Covered up to \$250 allowance limit	Covered up to \$250 allowance limit	Covered up to \$500 allowance limit	Max: \$450.00	Max: \$550.00	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic
Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
Subgroup Numbers		even	odd (except 0003, 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
D0251	Extraoral posterior film	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0270	Bitewings-single film	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months (does not count towards annual maximum)	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months	Covered	Covered	Covered	Covered	Covered	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months (does not count towards annual maximum)
D0272	Bitewings-two films	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months (does not count towards annual maximum)	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months	Covered	Covered	Covered	Covered	Covered	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months (does not count towards annual maximum)
D0273	Bitewings-three films	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months (does not count towards annual maximum)	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months	Covered	Covered	Covered	Covered	Covered	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months (does not count towards annual maximum)
D0274	Bitewings-four films	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months (does not count towards annual maximum)	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months	Covered	Covered	Covered	Covered	Covered	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months	one set (up to 4 bwx) per 12 months (does not count towards annual maximum)
D0277	Vertical bitewings - 7 to 8 films	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0290	Posterior-anterior or lateral skull & facial bone survey	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0310	Sialography	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0320	Temporomandibular joint arthrogram, including injection	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0321	Other temporomandibular joint films, by report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0322	Tomographic survey	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0330	Panoramic film	1 per 5 years - applies to 0210	1 per 5 years - applies to 0210	Not covered	1 per 5 years - applies to 0330 - Counts towards annual maximum	1 per 5 years - applies to 0330 - Does not count towards annual maximum	Not covered	1 per 5 years - applies to 0330 - Counts towards annual maximum	Covered	Covered	Covered	Covered	Covered	1 per 5 years - applies to 0330 - Counts towards annual maximum	Not covered	1 per 5 years - applies to 0330 - Does not count towards annual maximum
D0340	Cephalometric film	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0350	Oral/facial images (includes intra and extraoral images)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0351	3D photographic image	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0364	Cone beam CT Review	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

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Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
D0369	Maxillofacial MRI capture and interpretation	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0370	Maxillofacial ultrasound capture and interpretation	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0371	Sialoendoscopy capture and interpretation	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0380	Cone beam CT image capture with limited field of view - less than one whole jaw	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0381	Cone beam CT image capture with field of view of one full dental arch - mandible	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0382	Cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0384	Cone beam CT image capture for TMJ series including two or more exposures	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0385	maxillofacial MRI image capture	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0386	maxillofacial ultrasound image capture	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0393	Treatment simulation using 3D image volume	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D00394	Digital subtraction of two or more image volumes of the same modality	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D00395	Fusion of two or more 3D image volumes of one or more modalities	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0415	Bacteriologic studies for determination of pathologic agents	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0416	Viral culture	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0418	Analysis of saliva sample	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

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Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
D0422	Collection and preparation of genetic sample for laboratory analysis and report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0423	Genetic test for susceptibility to diseases - specimen analysis	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0425	Caries susceptibility tests	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0431	Adjunctive pre-diagnostic test	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0460	Pulp vitality tests	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0470	Diagnostic casts	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0472	Accession of tissue, gross examination	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0473	Accession of tissue, gross and microscopic examination	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0474	Accession of tissue, gross and microscopic, incl surg margins	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0475	Decalcification procedure	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0476	Special stains for microorganisms	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0477	Special stains not for microorganisms	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0478	Immunohistochemical stains	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0479	Tissue in-situ hybridization, including interpretation	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0480	Cytologic smears, including preparation of written report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0481	Electron microscopy - diagnostic	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0482	Direct Immunofluorescence	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0483	Indirect immunofluorescence	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0484	Consultation on slides prepared elsewhere	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0486	Accession of brush biopsy	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0502	Other oral pathology procedures, by report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0601	Caries risk assessment and documentation, with a finding of low risk	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0602	Caries risk assessment and documentation, with a finding of moderate risk	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

		No deductible - No maximum - Limited benefit	\$2,500 maximum per calendar year; \$50.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	Covered up to \$250 allowance limit	Covered up to \$250 allowance limit	Covered up to \$500 allowance limit	Max: \$450.00	Max: \$550.00	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic
Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
D0603	Caries risk assessment and documentation, with a finding of high risk	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D0999	Unspecified diagnostic procedure, by report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
	III. Preventive Services Note: Does not count towards deductible	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
D1110	Prophylaxis-adult	3 per calendar year with 4910	3 per calendar year with 4910	1 per calendar year (no 4910 coverage)	2 per calendar year (no 4910 coverage) (2nd one counts towards the annual maximum)	2 per calendar year - does not count towards annual maximum	1 per calendar year (no 4910 coverage)	2 per calendar year (no 4910 coverage) (2nd one counts towards the annual maximum)	Covered	Covered	Covered	Covered	Covered	2 per calendar year (no 4910 coverage) (2nd one counts towards the annual maximum)	1 per calendar year (no 4910 coverage)	2 per calendar year - does not count towards annual maximum
D1120	Prophylaxis-child	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D1206	Topical Fluoride Varnish	Covered - no frequency - no age limitation	Covered - no frequency - no age limitation	Covered - no frequency - no age limitation	Covered - no frequency - no age limitation	Covered - no frequency - no age limitation - does not count towards annual maximum	Covered - no frequency - no age limitation	Covered - no frequency - no age limitation	Covered	Covered	Covered	Covered	Covered	Covered - no frequency - no age limitation	Covered - no frequency - no age limitation	Covered - no frequency - no age limitation - does not count towards annual maximum
D1208	Topical application of fluoride	Covered - no frequency - no age limitation	Covered - no frequency - no age limitation	Covered - no frequency - no age limitation	Covered - no frequency - no age limitation	Covered - no frequency - no age limitation - does not count towards annual maximum	Covered - no frequency - no age limitation	Covered - no frequency - no age limitation	Covered	Covered	Covered	Covered	Covered	Covered - no frequency - no age limitation	Covered - no frequency - no age limitation	Covered - no frequency - no age limitation - does not count towards annual maximum
D1310	Nutritional counseling	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D1320	Tobacco counseling	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D1330	Oral hygiene instructions	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D1351	Sealant-per tooth	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D1352	Preventive resin restoration	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D1353	Sealant repair - per tooth	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D1354	Interim caries arresting medicament application	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
	IV. Space Maintenance (Passive Appliances)															
D1510	Space maintainer-fixed-unilateral	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D1515	Space maintainer-fixed-bilateral	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D1520	Space maintainer-removable-unilateral	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D1525	Space maintainer-removable-bilateral	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D1550	Recementation of space maintainer	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D1555	Removal of space mnt. Not by dentist who placed appliance	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D1999	Unspecified preventive procedure, by report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

		No deductible - No maximum - Limited benefit	\$2,500 maximum per calendar year; \$50.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	Covered up to \$250 allowance limit	Covered up to \$250 a llowance limit	Covered up to \$500 allowance limit	Max: \$450.00	Max: \$550.00	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic
Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
	V. Amalgam Restorations		80%		70%	50%		70%	100%	100%	100%	100%	100%	70%		50%
D2140	Amalgam-one surface	Not covered	1 per 24 months	Not covered	1 per 24 months	1 per 24 months	Not covered	1 per 24 months	Covered	Covered	Covered	Covered	Covered	1 per 24 months	Not covered	1 per 24 months
D2150	Amalgam-two surface	Not covered	1 per 24 months	Not covered	1 per 24 months	1 per 24 months	Not covered	1 per 24 months	Covered	Covered	Covered	Covered	Covered	1 per 24 months	Not covered	1 per 24 months
D2160	Amalgam-three surface	Not covered	1 per 24 months	Not covered	1 per 24 months	1 per 24 months	Not covered	1 per 24 months	Covered	Covered	Covered	Covered	Covered	1 per 24 months	Not covered	1 per 24 months
D2161	Amalgam-four+ surface	Not covered	1 per 24 months	Not covered	1 per 24 months	1 per 24 months	Not covered	1 per 24 months	Covered	Covered	Covered	Covered	Covered	1 per 24 months	Not covered	1 per 24 months
	VII. Resin Restorations		80%		70%	50%		70%	100%	100%	100%	100%	100%	70%		50%
D2330	One surface-anterior	Not covered	1 per 24 months	Not covered	1 per 24 months	1 per 24 months	Not covered	1 per 24 months	Covered	Covered	Covered	Covered	Covered	1 per 24 months	Not covered	1 per 24 months
D2331	Two surface-anterior	Not covered	1 per 24 months	Not covered	1 per 24 months	1 per 24 months	Not covered	1 per 24 months	Covered	Covered	Covered	Covered	Covered	1 per 24 months	Not covered	1 per 24 months
D2332	Three surface-anterior	Not covered	1 per 24 months	Not covered	1 per 24 months	1 per 24 months	Not covered	1 per 24 months	Covered	Covered	Covered	Covered	Covered	1 per 24 months	Not covered	1 per 24 months
D2335	Four surface - involving incisal angle	Not covered	1 per 24 months	Not covered	1 per 24 months	1 per 24 months	Not covered	1 per 24 months	Covered	Covered	Covered	Covered	Covered	1 per 24 months	Not covered	1 per 24 months
D2390	Comp resin crown-anterior	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2391	One surface-posterior	Not covered	1 per 24 months	Not covered	1 per 24 months	1 per 24 months	Not covered	1 per 24 months	Covered	Covered	Covered	Covered	Covered	1 per 24 months	Not covered	1 per 24 months
D2392	Two surface-posterior	Not covered	1 per 24 months	Not covered	1 per 24 months	1 per 24 months	Not covered	1 per 24 months	Covered	Covered	Covered	Covered	Covered	1 per 24 months	Not covered	1 per 24 months
D2393	Three surface-posterior	Not covered	1 per 24 months	Not covered	1 per 24 months	1 per 24 months	Not covered	1 per 24 months	Covered	Covered	Covered	Covered	Covered	1 per 24 months	Not covered	1 per 24 months
D2394	Four + surface - posterior	Not covered	1 per 24 months	Not covered	1 per 24 months	1 per 24 months	Not covered	1 per 24 months	Covered	Covered	Covered	Covered	Covered	1 per 24 months	Not covered	1 per 24 months
	VIII. Gold Foil Restorations	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2410	Gold foil-one surface	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2420	Gold foil-two surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2430	Gold foil-three surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
	IX. Inlay Restorations		50%		40%	50%		40%	100%	100%	100%	100%	100%	40%		50%
D2510	Inlay-metallic, one surface	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2520	Inlay-metallic, two surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2530	Inlay-metallic, three + surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2542	Onlay - metallic, two surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2543	Onlay-metallic,three surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2544	Onlay-metallic,four + surfaces	Not covered	1 per 60 months	Not covered	1 per 60 months	1 per 60 months	Not covered	1 per 60 months	Covered	Covered	Covered	Covered	Covered	1 per 60 months	Not covered	1 per 60 months
D2610	Inlay-porcelain, one surface	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2620	Inlay-porcelain, two surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2630	Inlay-porcelain, three + surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2642	Onlay-porcelain,two surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2643	Onlay-porcelain,three surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2644	Onlay-porcelain,four + surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2650	Inlay-composite, one surface, lab proc	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2651	Inlay-composite, two surfaces, lab proc	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2652	Inlay-composite, three surfaces, lab proc	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

		No deductible - No maximum - Limited benefit	\$2,500 maximum per calendar year; \$50.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	Covered up to \$250 allowance limit	Covered up to \$250 allowance limit	Covered up to \$500 allowance limit	Max: \$450.00	Max: \$550.00	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic
Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
D2662	Onlay-composite,two surfaces, lab proc	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2663	Onlay-composite,three surfaces, lab proc	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2664	Onlay-composite,four + surfaces, lab proc	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
	X. Crowns-single Restorations		50%		40%	30%		40%	100%	100%	100%	100%	100%	40%		30%
D2710	Crown resin, lab proc	Not covered	1 per 60 months	Not covered	1 per 60 months	1 per 60 months	Not covered	1 per 60 months	Covered	Covered	Covered	Covered	Covered	1 per 60 months	Not covered	1 per 60 months
D2712	Crown 3/4 resin, lab proc	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2720	Crown resin/high noble metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2721	Crown resin/pred base metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2722	Crown resin/noble metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2740	Crown porcelain/ceramic substr	Not covered	1 per 60 months	Not covered	1 per 60 months	1 per 60 months	Not covered	1 per 60 months	Covered	Covered	Covered	Covered	Covered	1 per 60 months	Not covered	1 per 60 months
D2750	Crown porcelain/fused high noble	Not covered	1 per 60 months	Not covered	1 per 60 months	1 per 60 months	Not covered	1 per 60 months	Covered	Covered	Covered	Covered	Covered	1 per 60 months	Not covered	1 per 60 months
D2751	Crown porcelain/fused base metal	Not covered	1 per 60 months	Not covered	1 per 60 months	1 per 60 months	Not covered	1 per 60 months	Covered	Covered	Covered	Covered	Covered	1 per 60 months	Not covered	1 per 60 months
D2752	Crown porcelain/fused noble metal	Not covered	1 per 60 months	Not covered	1 per 60 months	1 per 60 months	Not covered	1 per 60 months	Covered	Covered	Covered	Covered	Covered	1 per 60 months	Not covered	1 per 60 months
D2780	Crown 3/4 cast high noble metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2781	Crown 3/4 cast pred base metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2782	Crown 3/4 cast noble metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2783	Crown 3/4 porcelain/ceramic	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2790	Crown full cast high noble metal	Not covered	1 per 60 months	Not covered	1 per 60 months	1 per 60 months	Not covered	1 per 60 months	Covered	Covered	Covered	Covered	Covered	1 per 60 months	Not covered	1 per 60 months
D2791	Crown full cast pred base metal	Not covered	1 per 60 months	Not covered	1 per 60 months	1 per 60 months	Not covered	1 per 60 months	Covered	Covered	Covered	Covered	Covered	1 per 60 months	Not covered	1 per 60 months
D2792	Crown full cast noble metal	Not covered	1 per 60 months	Not covered	1 per 60 months	1 per 60 months	Not covered	1 per 60 months	Covered	Covered	Covered	Covered	Covered	1 per 60 months	Not covered	1 per 60 months
D2794	Crown full cast titanium metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2799	Provisional crown	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
	XI. Other Restorative Services		50%		40%	30%		40%	100%	100%	100%	100%	100%	40%		30%
D2910	Recement Inlay, Onlay, or partial coverage restoration	Not covered	covered	Not covered	covered	covered	Not covered	covered	Covered	Covered	Covered	Covered	Covered	covered	Not covered	covered
D2915	Recement cast or prefabricated post and core	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D2920	Recement crown	Not covered	covered	Not covered	covered	covered	Not covered	covered	Covered	Covered	Covered	Covered	Covered	covered	Not covered	covered
D2921	reattachment of tooth fragment, incisal edge or cusp	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
2929	Prefabricated porcelain/ceramic crown - primary tooth	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
2930	Crown prefab ss crown - primary	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
2931	Crown prefab ss crown - permanent	Not covered	1 per 60 months	Not covered	1 per 60 months	1 per 60 months	Not covered	1 per 60 months	Covered	Covered	Covered	Covered	Covered	1 per 60 months	Not covered	1 per 60 months
2932	Crown prefab resin	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

		No deductible - No maximum - Limited benefit	\$2,500 maximum per calendar year; \$50.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	Covered up to \$250 allowance limit	Covered up to \$250 a llowance limit	Covered up to \$500 allowance limit	Max: \$450.00	Max: \$550.00	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic
Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
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2933	Crown prefab ss crown/resin window	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
2934	Prefabricated esthetic coated stainless steel crown - primary tooth	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
2940	Sedative filling	Not covered	covered - no edits	Not covered	covered - no edits	covered - no edits	Not covered	covered - no edits	Covered	Covered	Covered	Covered	Covered	covered - no edits	Not covered	covered - no edits
2941	interim therapeutic restoration - primary dentition	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
2949	restorative foundation for an indirect restoration	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
2950	Core build-up, includes any pins	Not covered	1 per 60 months	Not covered	1 per 60 months	1 per 60 months	Not covered	1 per 60 months	Covered	Covered	Covered	Covered	Covered	1 per 60 months	Not covered	1 per 60 months
2951	Crown pin reten/per tooth + resto	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
2952	Crown cast post/core +crown	Not covered	1 per 60 months	Not covered	1 per 60 months	1 per 60 months	Not covered	1 per 60 months	Covered	Covered	Covered	Covered	Covered	1 per 60 months	Not covered	1 per 60 months
2953	Crown, add'l cast post/core +crown, same tooth	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
2954	Prefab post/core + crown	Not covered	1 per 60 months	Not covered	1 per 60 months	1 per 60 months	Not covered	1 per 60 months	Covered	Covered	Covered	Covered	Covered	1 per 60 months	Not covered	1 per 60 months
2955	Post removal-not in conj. with endo	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
2957	Prefab add'l post, same tooth	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
2960	Labial veneer(laminate)chairside	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
2961	Labial veneer(resin laminate) laboratory	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
2962	Labial veneer (porcelain) laboratory	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
2971	Additional proc. to construct new crown under existing partial denture framework	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
2975	Coping	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
2980	Crown repair-by report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
2981	Inlay repair necessitated by restorative material failure	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
2982	Onlay repair necessitated by restorative material failure	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
2983	Veneer repair necessitated by restorative material failure	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
2990	Resin infiltration if incipient smooth surface lesions	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
2999	Unspecified restorative procedure	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
	XII. Endodontics		80%		70%	50%		70%	100%	100%	100%	100%	100%	70%		50%
3110	Pulp cap-direct, excl final restora	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3120	Pulp cap-indirect, excl final restora	Not covered	covered	Not covered	covered	covered	Not covered	covered	Covered	Covered	Covered	Covered	Covered	covered	Not covered	covered

		No deductible - No maximum - Limited benefit	\$2,500 maximum per calendar year; \$50.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	Covered up to \$250 allowance limit	Covered up to \$250 a llowance limit	Covered up to \$500 allowance limit	Max: \$450.00	Max: \$550.00	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic
Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
3220	Therapeutic pulpotomy,excl final rest	Not covered	covered	Not covered	covered	covered	Not covered	covered	Covered	Covered	Covered	Covered	Covered	covered	Not covered	covered
3221	Gross pulpal debridement, primary, permanent	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3222	Partial pulpotomy for apexogenesis	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3230	Pulpal therapy-anterior,primary	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3240	Pulpal therapy-posterior, primary	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3310	RCT anterior,excl final restoration	Not covered	covered - once per lifetime	Not covered	covered - once per lifetime	covered - once per lifetime	Not covered	covered - once per lifetime	Covered	Covered	Covered	Covered	Covered	covered - once per lifetime	Not covered	covered - once per lifetime
3320	RCT bicuspid,excl final restoration	Not covered	covered - once per lifetime	Not covered	covered - once per lifetime	covered - once per lifetime	Not covered	covered - once per lifetime	Covered	Covered	Covered	Covered	Covered	covered - once per lifetime	Not covered	covered - once per lifetime
3330	RCT molar,excl final restoration	Not covered	covered - once per lifetime	Not covered	covered - once per lifetime	covered - once per lifetime	Not covered	covered - once per lifetime	Covered	Covered	Covered	Covered	Covered	covered - once per lifetime	Not covered	covered - once per lifetime
3331	Root canal obstruction, non- surgical access	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3332	Incomplete endodontic therapy; inoperable/fractured tooth	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3333	Internal root repair of perforation defects	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3346	Retreatment anterior/by report	Not covered	covered - once per lifetime*	Not covered	covered - once per lifetime*	covered - once per lifetime*	Not covered	covered - once per lifetime*	Covered	Covered	Covered	Covered	Covered	covered - once per lifetime*	Not covered	covered - once per lifetime*
3347	Retreatment bicuspid/by report	Not covered	covered - once per lifetime*	Not covered	covered - once per lifetime*	covered - once per lifetime*	Not covered	covered - once per lifetime*	Covered	Covered	Covered	Covered	Covered	covered - once per lifetime*	Not covered	covered - once per lifetime*
3348	Retreatment molar/by report	Not covered	covered - once per lifetime*	Not covered	covered - once per lifetime*	covered - once per lifetime*	Not covered	covered - once per lifetime*	Covered	Covered	Covered	Covered	Covered	covered - once per lifetime*	Not covered	covered - once per lifetime*
3351	Apexification/recalcif,1st visit	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3352	Apexification/recalcif,interim visit	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3353	Apexification/recalcif,final visit	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3355	pulpal regeneration - initial visit	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3356	pulpal regeneration - interim medication replacement	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3357	Pulpal regeneration - completion or treatment	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3410	Apicoectomy/periradicular anterior	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3421	Apicoectomy/perirad. bicuspid(1st root)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3425	Apicoectomy/periradicular molar(1st root)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3426	Apicoectomy/perirad.(each addl root)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3427	Periradicular surgery without apicoectomy	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

		No deductible - No maximum - Limited benefit	\$2,500 maximum per calendar year; \$50.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	Covered up to \$250 allowance limit	Covered up to \$250 allowance limit	Covered up to \$500 allowance limit	Max: \$450.00	Max: \$550.00	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic
Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3430	Retrograde filling-per root	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3450	Root amputation-per root	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3460	Endodontic endosseous implant	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3470	Intentional reimplantation-inc. splinting	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3910	Surg proc.-isolate with rubber dam	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3920	Hemisection, includes root removal only	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3950	Canal prep & fitting of preformed dowel & post	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
3999	Unspecified endo procedure-by report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
	XIII. Periodontics		80%		70%	50%		70%	100%	100%	100%	100%	100%	70%		50%
4210	Gingivectomy/gingivoplasty 4+ teeth	Not covered	1 per 36 months	Not covered	1 per 36 months	1 per 36 months	Not covered	1 per 36 months	Covered	Covered	Covered	Covered	Covered	1 per 36 months	Not covered	1 per 36 months
4211	Gingivectomy/gingivoplasty 1-3 teeth	Not covered	1 per 36 months	Not covered	1 per 36 months	1 per 36 months	Not covered	1 per 36 months	Covered	Covered	Covered	Covered	Covered	1 per 36 months	Not covered	1 per 36 months
4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
4230	Anatomical crown exposure 4+	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
4231	Anatomical crown exposure 1-3 teeth	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
4240	Gingival flap proc-includes Rt Plan, 4+ teeth	Not covered	1 per 36 months	Not covered	1 per 36 months	1 per 36 months	Not covered	1 per 36 months	Covered	Covered	Covered	Covered	Covered	1 per 36 months	Not covered	1 per 36 months
4241	Gingival flap proc-includes Rt Plan, 1-3 teeth	Not covered	1 per 36 months	Not covered	1 per 36 months	1 per 36 months	Not covered	1 per 36 months	Covered	Covered	Covered	Covered	Covered	1 per 36 months	Not covered	1 per 36 months
4245	Apically positioned flap	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
4249	Crown lengthening-hard tissue	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

		No deductible - No maximum - Limited benefit	\$2,500 maximum per calendar year; \$50.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	Covered up to \$250 allowance limit	Covered up to \$250 allowance limit	Covered up to \$500 allowance limit	Max: \$450.00	Max: \$550.00	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic
Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
4260	Osseous Surgery 4+ teeth	Not covered	1 per 36 months	Not covered	1 per 36 months	1 per 36 months	Not covered	1 per 36 months	Covered	Covered	Covered	Covered	Covered	1 per 36 months	Not covered	1 per 36 months
4261	Osseous Surgery 1-3 teeth	Not covered	1 per 36 months	Not covered	1 per 36 months	1 per 36 months	Not covered	1 per 36 months	Covered	Covered	Covered	Covered	Covered	1 per 36 months	Not covered	1 per 36 months
4263	Bone replacement graft-1st site in quad	Not covered	covered	Not covered	covered	covered	Not covered	covered	Covered	Covered	Covered	Covered	Covered	covered	Not covered	covered
4264	Bone replacement graft-each addl site in quad	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
4265	Biologic materials to aid tissue regeneration	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
4266	Guided tissue regen.-resorb barrier,per tooth	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
4267	Guided tissue regen.- non-resorb barrier,per tooth	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
4268	Surgical revision, per tooth	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
4270	Pedicle soft tissue graft proced	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
4273	Subepithelial conn. tissue graft - per tooth	Not covered	covered	Not covered	covered	covered	Not covered	covered	Covered	Covered	Covered	Covered	Covered	covered	Not covered	covered
4274	Distal/proximal wedge	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
4275	Soft Tissue Allograft	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
4276	Combined connective tissue/ double pedicle graft - per tooth	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in the same graft site	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
4283	Autogenous connective tissue graft procedure	Not covered	covered	Not covered	covered	covered	Not covered	covered	Covered	Covered	Covered	Covered	Covered	covered	Not covered	covered
4285	Non-autogenous connective tissue graft procedure	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
4320	Provisional splinting-intracoronar	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
4321	Provisional splinting-extracoronar	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
4341	Periodontal scaling & root planing- 4+ teeth	Not covered	1 per 36 months	Not covered	1 per 36 months	1 per 36 months	Not covered	1 per 36 months	Covered	Covered	Covered	Covered	Covered	1 per 36 months	Not covered	1 per 36 months
4342	Periodontal scaling & root planing- 1-3 teeth	Not covered	1 per 36 months	Not covered	1 per 36 months	1 per 36 months	Not covered	1 per 36 months	Covered	Covered	Covered	Covered	Covered	1 per 36 months	Not covered	1 per 36 months
4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	Not covered	1 per 36 months	Not covered	1 per 36 months	1 per 36 months	Not covered		Covered	Covered	Covered	Covered	Covered	1 per 36 months	Not covered	1 per 36 months

		No deductible - No maximum - Limited benefit	\$2,500 maximum per calendar year; \$50.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	Covered up to \$250 allowance limit	Covered up to \$250 a llowance limit	Covered up to \$500 allowance limit	Max: \$450.00	Max: \$550.00	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic
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Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
4355	Full mouth debridement	Not covered	1 per 36 months	Not covered	1 per 36 months	1 per 36 months	Not covered	1 per 36 months	Covered	Covered	Covered	Covered	Covered	1 per 36 months	Not covered	1 per 36 months
4381	Antimicrobial agents - per tooth	Not covered	covered	Not covered	covered	covered	Not covered	covered	Covered	Covered	Covered	Covered	Covered	covered	Not covered	covered
D4910	Perio maintenance proc.	3 per cal yr. with 1110 - covered 100%, not subject to deductible	3 per cal yr. with 1110 - covered 100%, not subject to deductible	Not covered	covered - 100% but does count towards the max	covered - 2 per calendar year at 100% and is not subject to deductible	Not covered	covered - 100% but does count towards the max, no deductible	Covered	Covered	Covered	Covered	Covered	covered - 100% but does count towards the max, no deductible	Not covered	covered - 2 per calendar year at 100% and is not subject to deductible
4920	Unscheduled dressing change(other than treating DDS)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
4921	Gingival irrigation - per quadrant	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
4999	Unspecified periodontal service,by report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
	XIV. Prosthodontics (Removable)		50%		40%	30%		40%	100%	100%	100%	100%	100%	40%		30%
5110	Complete denture-maxillary	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
5120	Complete denture-mandibular	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
5130	Immediate denture-maxillary	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
5140	Immediate denture-mandibular	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
5211	Maxillary upper denture-resin base	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
5212	Mandibular partial denture	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
5213	Maxillary partial denture - cast metal	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
5214	Mandibular partial denture - cast metal	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
5221	Immediate maxillary partial denture - resin base	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
5222	Immediate mandibular partial denture - resin base	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
5223	Immediate maxillary partial denture - cast metal framework with resin denture bases	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
5224	Immediate mandibular partial denture - cast metal framework with resin denture bases	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
5225	Maxillary partial denture - flexible base	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
5226	Mandibular partial denture - flexible base	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
5281	Removable unilateral partial denture	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

		No deductible - No maximum - Limited benefit	\$2,500 maximum per calendar year; \$50.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	Covered up to \$250 allowance limit	Covered up to \$250 a llowance limit	Covered up to \$500 allowance limit	Max: \$450.00	Max: \$550.00	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic
Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
5760	Reline partial maxillary denture (laboratory)	Not covered	1 per 24 months after first 6 months	Not covered	1 per 24 months after first 6 months	1 per 24 months after first 6 months	Not covered	1 per 24 months after first 6 months	Covered	Covered	Covered	Covered	Covered	1 per 24 months after first 6 months	Not covered	1 per 24 months after first 6 months
5761	Reline partial mandibular denture (laboratory)	Not covered	1 per 24 months after first 6 months	Not covered	1 per 24 months after first 6 months	1 per 24 months after first 6 months	Not covered	1 per 24 months after first 6 months	Covered	Covered	Covered	Covered	Covered	1 per 24 months after first 6 months	Not covered	1 per 24 months after first 6 months
5810	Interim complete denture (maxillary)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5811	Interim complete denture (mandibular)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5820	Interim partial denture (maxillary)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5821	Interim partial denture (mandibular)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5850	Tissue conditioning,maxillary	Not covered	1 per 24 months	Not covered	1 per 24 months	1 per 24 months	Not covered	1 per 24 months	Covered	Covered	Covered	Covered	Covered	1 per 24 months	Not covered	1 per 24 months
5851	Tissue conditioning,mandibular	Not covered	1 per 24 months	Not covered	1 per 24 months	1 per 24 months	Not covered	1 per 24 months	Covered	Covered	Covered	Covered	Covered	1 per 24 months	Not covered	1 per 24 months
5862	Precision attachment	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5863	Overdenture - complete maxillary	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5864	Overdenture - partial maxillary	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5865	Overdenture - complete mandibular	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5866	Overdenture - partial mandibular	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5867	Replacement of semi-precision/precision attachment	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5875	Modification of removable prosthesis, follow implant surgery	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5899	Unspecified removable prosthodontic procedure	Not covered	PRE AUTH REQUIRED - only for ID in denture	Not covered	PRE AUTH REQUIRED - only for ID in denture	PRE AUTH REQUIRED - only for ID in denture	Not covered	PRE AUTH REQUIRED - only for ID in denture	PRE AUTH REQUIRED - only for ID in denture	PRE AUTH REQUIRED - only for ID in denture	PRE AUTH REQUIRED - only for ID in denture	PRE AUTH REQUIRED - only for ID in denture	PRE AUTH REQUIRED - only for ID in denture	PRE AUTH REQUIRED - only for ID in denture	Not covered	PRE AUTH REQUIRED - only for ID in denture
	XV. Maxillofacial Prosthetics															
5911	Facial moulage(sectional)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5912	Facial moulage (complete	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5913	Nasal Prosthesis	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5914	Auricular Prosthesis	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5915	Orbital Prosthesis	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5916	Ocular Prosthesis	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5919	Facial Prosthesis	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5922	Nasal septal Prosthesis	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5923	Ocular Prosthesis,interim	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5924	Cranial Prosthesis	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5925	facial augmentation implant prosthesis	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5926	Nasal prosthesis,replacement	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

		No deductible - No maximum - Limited benefit	\$2,500 maximum per calendar year; \$50.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	Covered up to \$250 allowance limit	Covered up to \$250 a llowance limit	Covered up to \$500 allowance limit	Max: \$450.00	Max: \$550.00	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic
Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
5927	Auricular prosthesis, replacement	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5928	Orbital prosthesis, replacement	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5929	Facial prosthesis, replacement	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5931	Obturator prosthesis, surgical	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5932	Obturator prosthesis, definitive	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5933	Obturator prosthesis, modification	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5934	Mandibular resection prosthesis with guide flange	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5935	Mandibular resection prosthesis without guide flange	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5936	Obturator prosthesis, interim	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5937	Trismus appliance (not for TMD treatment)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5951	Feeding aid	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5952	Speech aid prosthesis, pediatric	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5953	Speech aid prosthesis, adult	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5954	Palatal augmentation prosthesis	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5955	Palatal lift prosthesis, definitive	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5958	Palatal lift prosthesis, interim	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
5959	Palatal lift prosthesis, modification	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D5960	Speech aid prosthesis, modification	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D5982	Surgical stent	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D5983	Radiation carrier	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D5984	Radiation shield	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D5985	Radiation cone locator	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D5986	Fluoride gel carrier (fluoride tray)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D5987	Commissure splint	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D5988	Surgical splint	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D5991	Topical medicament carrier	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D5992	Adjust maxillofacial prosthetic appliance	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D5993	Maintenance and cleaning of a maxillofacial prosthesis	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

		No deductible - No maximum - Limited benefit	\$2,500 maximum per calendar year; \$50.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	Covered up to \$250 allowance limit	Covered up to \$250 allowance limit	Covered up to \$500 allowance limit	Max: \$450.00	Max: \$550.00	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic
Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
D5994	Periodontal medicament carrier with peripheral seal - laboratory processed	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D5999	Unspecified maxillofacial prosthesis, by report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
	XVI. Implant Services		50%		40%	30%		40%	100%	100%	100%	100%	100%	40%		30%
D6010	Surgical placement of implant body: endosteal implant	Not covered	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies
D6011	Second stage implant surgery	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6012	Interim Implant body for transitional prosthesis	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6013	Surgical placement of mini implant	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6040	Surgical placement: eposteal implant	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6050	Surgical placement: transosteal implant	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6051	Interim abutment	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6052	Semi-precision attachment abutment	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6053	Implant Supported removable denture, full edentulous arch	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6054	Implant Supported removable denture, partially edentulous arch	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6055	Dental implant supported connecting bar	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6056	Prefab implant abutment	Not covered	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies
D6057	Custom implant abutment	Not covered	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies
D6058	Abutment supported porcelain/ceramic crown	Not covered	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies
6059	Abut supported porc fused to metal crn - high noble metal	Not covered	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies
6060	Abut supported porc fused to metal crn - base metal	Not covered	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies
6061	Abut supported porc fused to metal crn - noble metal	Not covered	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies
6062	Abut supported cast metal crown - high noble metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6063	Abut supported cast metal crown - base metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6064	Abut supported cast metal crown - noble metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

		No deductible - No maximum - Limited benefit	\$2,500 maximum per calendar year; \$50.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	Covered up to \$250 allowance limit	Covered up to \$250 allowance limit	Covered up to \$500 allowance limit	Max: \$450.00	Max: \$550.00	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic
Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
6065	Implant supported porcelain ceramic crown	Not covered	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies
6066	Implant supported porcelain fused to metal crown	Not covered	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies
6067	Implant supported metal crown	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6068	Abutment supported retainer for porcelain/ceramic FPD	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6069	Abutment supported retainer for porcelain/fused to metal FPD	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6095	Repair implant abutment	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6100	Implant removal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6101	Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6102	Debridement and osseous contouring or a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6103	Bone graft for repair of periimplant defect - not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6104	Bone graft at time of implant placement	Not covered	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per lifetime - MTC applies	Not covered	1 per lifetime - MTC applies
6110	Implant supported removable denture for edentulous arch - maxillary	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6111	Implant supported removable denture for edentulous arch - mandibular	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6112	Implant supported removable for partial edentulous arch - maxillary	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6113	Implant supported removable denture for partial edentulous arch - mandibular	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6114	Implant supported fixed denture for edentulous arch - maxillary	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6115	Implant supported fixed denture for edentulous arch - mandibular	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

		No deductible - No maximum - Limited benefit	\$2,500 maximum per calendar year; \$50.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	Covered up to \$250 allowance limit	Covered up to \$250 allowance limit	Covered up to \$500 allowance limit	Max: \$450.00	Max: \$550.00	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic
Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
6116	Implant supported fixed denture for partial edentulous arch - maxillary	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6117	Implant supported fixed denture for partial edentulous arch - mandibular	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6190	Radiographic/surgical implant index	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6194	Abutment supported retainer crown for FPD - titanium metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6199	Unspecified implant procedure	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
	XVII. Prosthodontics (Fixed)		50%		40%	30%		40%	100%	100%	100%	100%	100%	40%		30%
6205	Pontic - indirect resin based composite	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6210	Pontic-cast high noble metal	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
6211	Pontic-cast predominantly base metal	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
6212	Pontic - cast noble metal	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
6214	Pontic - full cast titanium metal	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
6240	Pontic-cast noble metal	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
6241	Pontic-porcelain fused to predominantly base metal	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
6242	Pontic-porcelain fused to noble metal	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
6245	Pontic-porcelain/ceramic	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
6250	Pontic-resin with high noble metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6251	Pontic-resin with predominantly base metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6252	Pontic-resin with noble metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6253	Provisional Pontic	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6545	Retainer - cast metal (maryland bridge)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6548	Retainer - porcelain (maryland bridge)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6549	Retainer - Resin	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6600	Inlay-Porc/ceramic, two surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6601	Inlay-Porc/ceramic, three + surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

		No deductible - No maximum - Limited benefit	\$2,500 maximum per calendar year; \$50.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	Covered up to \$250 allowance limit	Covered up to \$250 a llowance limit	Covered up to \$500 allowance limit	Max: \$450.00	Max: \$550.00	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic
Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
6602	Inlay-cast high noble metal, two surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6603	Inlay-cast high noble metal, three + surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6604	Inlay-cast predominantly base metal, two surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6605	Inlay-cast predominantly base metal, three + surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6606	Inlay-cast noble metal, two surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6607	Inlay-cast noble metal, three + surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6608	Onlay-Porc/ceramic, two surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6609	Onlay-Porc/ceramic, three + surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6610	Onlay-cast high noble metal, two surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6611	Onlay-cast high noble metal, three + surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6612	Onlay-cast predominantly base metal, two surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
6613	Onlay-cast predominantly base metal, three + surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6614	Onlay-cast noble metal, two surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6615	Onlay-cast noble metal, three + surfaces	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6624	Inlay - cast titanium metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6634	Onlay - cast titanium metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6710	Crown - indirect resin based composite	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6720	Crown-Resin with high noble metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6721	Crown-resin with predominantly base metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6722	Crown-resin with noble metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6740	Crown-porcelain/ceramic	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
D6750	Crown-porcelain fused to high noble metal	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies
D6751	Crown-porcelain fused to predominantly base metal	Not covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off - MTC applies	Not covered	1 per 60 months -pre auth off - MTC applies

		No deductible - No maximum - Limited benefit	\$2,500 maximum per calendar year; \$50.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	Covered up to \$250 allowance limit	Covered up to \$250 allowance limit	Covered up to \$500 allowance limit	Max: \$450.00	Max: \$550.00	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic
Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
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D6752	Crown-porcelain fused to noble metal	Not covered	1 per 60 months -pre auth off -MTC applies	Not covered	1 per 60 months -pre auth off -MTC applies	1 per 60 months -pre auth off -MTC applies	Not covered	1 per 60 months -pre auth off -MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off -MTC applies	Not covered	1 per 60 months -pre auth off -MTC applies
D6780	Crown-3/4 cast high noble metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6781	Crown-3/4 cast predominantly base metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6782	Crown-3/4 cast noble metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6783	Crown-3/4 porcelain/ceramic	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6790	Crown-full cast high noble metal	Not covered	1 per 60 months -pre auth off -MTC applies	Not covered	1 per 60 months -pre auth off -MTC applies	1 per 60 months -pre auth off -MTC applies	Not covered	1 per 60 months -pre auth off -MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off -MTC applies	Not covered	1 per 60 months -pre auth off -MTC applies
D6791	Crown-full cast predominantly base metal	Not covered	1 per 60 months -pre auth off -MTC applies	Not covered	1 per 60 months -pre auth off -MTC applies	1 per 60 months -pre auth off -MTC applies	Not covered	1 per 60 months -pre auth off -MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off -MTC applies	Not covered	1 per 60 months -pre auth off -MTC applies
D6792	Crown-full cast noble metal	Not covered	1 per 60 months -pre auth off -MTC applies	Not covered	1 per 60 months -pre auth off -MTC applies	1 per 60 months -pre auth off -MTC applies	Not covered	1 per 60 months -pre auth off -MTC applies	Covered	Covered	Covered	Covered	Covered	1 per 60 months -pre auth off -MTC applies	Not covered	1 per 60 months -pre auth off -MTC applies
D6793	Provisional retainer crown	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6794	Crown - full cast titanium metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6920	Connector bar	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6930	Recement fixed partial denture	Not covered	covered	Not covered	covered	covered	Not covered	covered	Covered	Covered	Covered	Covered	Covered	covered	Not covered	covered
D6940	Stress breaker	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6950	Precision attachment	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6975	Coping-metal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6980	Fixed partial denture repair, by report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6985	Pediatric partial denture, fixed	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D6999	Unspecified, fixed prosthodontic procedure	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
	XVIII. Oral & Maxillofacial Surgery		80%		70%	50%		70%	100%	100%	100%	100%	100%	70%		50%
D7111	Coronal remnants - deciduous tooth	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7140	Extraction, erupted or exposed tooth/root	Not covered	covered - once per tooth	Not covered	covered - once per tooth	covered - once per tooth	Not covered	covered - once per tooth	Covered	Covered	Covered	Covered	Covered	covered - once per tooth	Not covered	covered - once per tooth
D7210	Surgical removal of erupted tooth requiring elevation	Not covered	covered - once per tooth	Not covered	covered - once per tooth	covered - once per tooth	Not covered	covered - once per tooth	Covered	Covered	Covered	Covered	Covered	covered - once per tooth	Not covered	covered - once per tooth
D7220	Removal of impacted tooth-soft tissue	Not covered	covered - once per tooth	Not covered	covered - once per tooth	covered - once per tooth	Not covered	covered - once per tooth	Covered	Covered	Covered	Covered	Covered	covered - once per tooth	Not covered	covered - once per tooth
D7230	Removal of impacted tooth-partially bony	Not covered	covered - once per tooth	Not covered	covered - once per tooth	covered - once per tooth	Not covered	covered - once per tooth	Covered	Covered	Covered	Covered	Covered	covered - once per tooth	Not covered	covered - once per tooth
D7240	Removal of impacted tooth-completely bony	Not covered	covered - once per tooth	Not covered	covered - once per tooth	covered - once per tooth	Not covered	covered - once per tooth	Covered	Covered	Covered	Covered	Covered	covered - once per tooth	Not covered	covered - once per tooth
D7241	Removal of impacted tooth-completely bony, unusual surgical comp	Not covered	covered - once per tooth	Not covered	covered - once per tooth	covered - once per tooth	Not covered	covered - once per tooth	Covered	Covered	Covered	Covered	Covered	covered - once per tooth	Not covered	covered - once per tooth

		No deductible - No maximum - Limited benefit	\$2,500 maximum per calendar year; \$50.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	Covered up to \$250 allowance limit	Covered up to \$250 a llowance limit	Covered up to \$500 allowance limit	Max: \$450.00	Max: \$550.00	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic
Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
D7250	Surgical removal of residual tooth roots	Not covered	covered - once per tooth	Not covered	covered - once per tooth	covered - once per tooth	Not covered	covered - once per tooth	Covered	Covered	Covered	Covered	Covered	covered - once per tooth	Not covered	covered - once per tooth
D7251	Coronectomy	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7260	Oroantral fistula closure	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7261	Sinus perforation - primary closure	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7270	Tooth reimplantation- accidentally evulsed or displaced tooth	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7272	Tooth transplantation-includes splinting or stabilization	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7280	Surgical exposure of impacted or unerupted tooth	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7282	Mobilization to aid eruption	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7283	Placement of device to facilitate eruption of impacted tooth	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7285	Biopsy of oral tissue-hard	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7286	Biopsy of oral tissue-soft	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7287	Cytology sample collection	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7288	Brush biopsy	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7290	Surgical repositioning of teeth	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7291	Transseptal fiberotomy, by report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7292	Temporary anchorage device	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7293	Temporary anchorage device	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7294	Temporary anchorage device	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7295	Harvest of Bone	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7310	Alveoplasty in conjunction with extractions- 4+ teeth	Not covered	1 per lifetime	Not covered	1 per lifetime	1 per lifetime	Not covered	1 per lifetime	Covered	Covered	Covered	Covered	Covered	1 per lifetime	Not covered	1 per lifetime
D7311	Alveoplasty in conjunction with extractions- 1-3 teeth	Not covered	1 per lifetime	Not covered	1 per lifetime	1 per lifetime	Not covered	1 per lifetime	Covered	Covered	Covered	Covered	Covered	1 per lifetime	Not covered	1 per lifetime
D7320	Alveoplasty not in conjunction with extractions- 4+ teeth	Not covered	1 per lifetime	Not covered	1 per lifetime	1 per lifetime	Not covered	1 per lifetime	Covered	Covered	Covered	Covered	Covered	1 per lifetime	Not covered	1 per lifetime
D7321	Alveoplasty not in conjunction with extractions- 1-3 teeth	Not covered	1 per lifetime	Not covered	1 per lifetime	1 per lifetime	Not covered	1 per lifetime	Covered	Covered	Covered	Covered	Covered	1 per lifetime	Not covered	1 per lifetime
D7340	Vestibuloplasty-ridge extension (secondary epithelialization)	Not covered	1 per lifetime	Not covered	1 per lifetime	1 per lifetime	Not covered	1 per lifetime	Covered	Covered	Covered	Covered	Covered	1 per lifetime	Not covered	1 per lifetime
D7350	Vestibuloplasty-ridge extension (includes grafts, muscle reattachment)	Not covered	1 per lifetime	Not covered	1 per lifetime	1 per lifetime	Not covered	1 per lifetime	Covered	Covered	Covered	Covered	Covered	1 per lifetime	Not covered	1 per lifetime
D7410	Radical excision-lesion diameter up to 1.25cm	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

		No deductible - No maximum - Limited benefit	\$2,500 maximum per calendar year; \$50.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	Covered up to \$250 allowance limit	Covered up to \$250 allowance limit	Covered up to \$500 allowance limit	Max: \$450.00	Max: \$550.00	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic
Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
D7411	Excision of benign lesion greater than 1.25cm	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7412	Excision of benign lesion, complicated	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7413	Excision of malignant lesion up to 1.25cm	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7414	Excision of malignant lesion greater than 1.25cm	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7415	Excision of malignant lesion, complicated	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7440	Excision of malignant tumor-lesion up to 1.25cm	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7441	Excision of malignant tumor-lesion greater than 1.25cm	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7450	Removal of odontogenic cyst or tumor-lesion diameter up to 1.25cm	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7451	Removal of odontogenic cyst or tumor-lesion diameter greater than 1.25cm	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7460	Removal of nonodontogenic cyst or tumor-lesion diameter up to 1.25cm	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7461	Removal of nonodontogenic cyst or tumor-lesion	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7465	Destruction of lesion(s) by physical or chemical method	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7471	Removal of exostosis-per site	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7472	Removal of Torus Palatinus	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7473	Removal of Torus Mandibularis	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7485	Surgical reduction of tuberosity	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7490	Radical resection of mandible with bone graft	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7510	Incision & drainage of abscess-intraoral soft tissue	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7511	Incision & drainage of abscess-intraoral soft tissue (complicated)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7520	Incision & drainage of abscess-extraoral soft tissue	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7521	Incision & drainage of abscess-extraoral soft tissue (complicated)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7530	Removal of foreign body,skin,or subcutaneous alveolar tissue	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

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Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
D7540	Removal of reaction-producing foreign bodies-musculoskeletal	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7550	Sequestrectomy for osteomyelitis	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7610	Maxilla-open reduction-trt of fractures	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7620	Maxilla-closed reduction-trt of fractures	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7630	Mandible-open reduction-trt of fractures	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7640	Mandible-closed reduction-trt of fractures	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7650	Malar and/or zygomatic arch-open reduction	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7660	Malar and/or zygomatic arch-closed reduction	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7670	Alveolus-stabilization of teeth,closed reduction splinting	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7671	Alveolus-stabilization of teeth,open reduction splinting	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7680	Facial bones-complicated reduction with fixation	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7710	Maxilla-open reduction-trt of compound fractures	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7720	Maxilla-closed reduction-trt of compound fractures	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7730	Mandible-open reduction-trt of compound fractures	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7740	Mandible-closed reduction-trt of compound fractures	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7750	Malar and or zygomatic arch-open reduction-compound fractures	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7760	Malar and/or zygomatic arch-closed reduction-compound fractures	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7770	Alveolus-stabilization of teeth,open reduction splinting-compound	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7771	Alveolus-stabilization of teeth,closed reduction splinting-compound	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

		No deductible - No maximum - Limited benefit	\$2,500 maximum per calendar year; \$50.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	Covered up to \$250 allowance limit	Covered up to \$250 a llowance limit	Covered up to \$500 allowance limit	Max: \$450.00	Max: \$550.00	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/ diagnostic; \$75.00 deductible per calendar year not on preventive/ diagnostic
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Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
D7780	Facial bones-complicated reduction -compound fractures	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7810	Open reduction of dislocation-TMJ	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7820	Closed reduction of dislocation-TMJ	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7830	Manipulation under anesthesia	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7840	Condylectomy	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7850	Surgical discectomy, with/without implant	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7852	Disc repair	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7854	Synovectomy	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7856	Myotomy	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7858	Joint reconstruction	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7860	Arthrotomy	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7865	Arthroplasty	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7870	Arthrocentesis	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7871	Non-arthroscopic lysis and lavage	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7872	Arthroscopy-diagnosis, with/without biopsy	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7873	Arthroscopy-surgical:lavage & lysis of adhesion	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7874	Arthroscopy-surgical:disc repositioning and stabilization	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7875	Arthroscopy-surgical:synovectomy	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7876	Arthroscopy-surgical:discectomy	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7877	Arthroscopy-surgical:debridement	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7880	Occlusal orthotic device, by report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7881	Occlusal orthotic device adjustment	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7899	Unspecified TMD therapy,by report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7910	Suture of recent small wounds up to 5 cm.	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7911	Complicated suture-up to 5 cm	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7912	Complicated suture-greater than 5 cm	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7920	Skin graft	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

		No deductible - No maximum - Limited benefit	\$2,500 maximum per calendar year; \$50.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	Covered up to \$250 allowance limit	Covered up to \$250 allowance limit	Covered up to \$500 allowance limit	Max: \$450.00	Max: \$550.00	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic	No deductible - No maximum - Limited benefit	\$2,000 maximum per calendar year includes some preventive/diagnostic; \$75.00 deductible per calendar year not on preventive/diagnostic
Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
D7921	Collection and application of autologous blood concentrate product	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7940	Osteoplasty	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7941	Osteotomy-ramus closed	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7943	Osteotomy-ramus,open with bone graft	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7944	Osteotomy-segmented or subapical-per sextant	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7945	Osteotomy-body of mandible	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7946	LeFort I (maxilla-total)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7947	LeFort I (maxilla-segmented)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7948	LeFort II or LeFort III-without bone graft	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7949	LeFort II or LeFort III-with bone graft	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7950	Osseous,osteoperiosteal,or cartilage graft of mandible	Not covered	1 per lifetime	Not covered	1 per lifetime	1 per lifetime	Not covered	1 per lifetime	Covered	Covered	Covered	Covered	Covered	1 per lifetime	Not covered	1 per lifetime
D7951	Sinus Augmentation with bone or bone substitutes	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7952	Sinus augmentation via a vertical approach	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7953	Bone replacement graft for ridge preservation - per site	Not covered	1 per lifetime	Not covered	1 per lifetime	1 per lifetime	Not covered	1 per lifetime	Covered	Covered	Covered	Covered	Covered	1 per lifetime	Not covered	1 per lifetime
D7955	Repair of maxillofacial soft & hard tissue defect	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7960	Frenulectomy(frenectomy or frenotomy)-separate procedure	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7963	Frenuloplasty	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7970	Excision of hyperplastic tissue-per arch	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7971	Excision of pericoronal gingiva	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7972	Reduction of fibrous tuberosity	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7980	Sialolithotomy	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7981	Excision of salivary gland	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7982	Sialodochoplasty	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7983	Closure of salivary fistula	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7990	Emergency tracheotomy	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7991	Coronoidectomy	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7995	Synthetic graft-mandible or facial bones,by report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

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Group Number		813385	813385	813385	813385	813385	218746	218746	218746	801064	801064	801065	801065	801066	801066	801067
Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
D7996	Implant-mandible for augmentation purposes,by report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7997	Appliance removal, including removal of archbar	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7998	Placement of an intermaxillary fixation device for documented medically accepted treatment not in conj. With fractures	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D7999	Unspecified oral surgery procedure, by report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
	XX. Adjunctive General Services		80%		70%	30%		70%	100%	100%	100%	100%	100%	70%		30%
D9110	Palliative (emergency) treatment of dental pain-minor	Not covered	covered	Not covered	covered	covered	Not covered	covered	Covered	Covered	Covered	Covered	Covered	covered	Not covered	covered
D9120	Fixed partial denture sectioning	Not covered	one per day	Not covered	one per day	one per day	Not covered	one per day	Covered	Covered	Covered	Covered	Covered	one per day	Not covered	one per day
D9210	Local anesthesia-not in conjunction with operative or surgery	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9211	Regional block anesthesia	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9212	Trigeminal division block anesthesia	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9215	Local anesthesia	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9219	Evaluation for deep sedation or general anesthesia	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9222	Deep sedation/general anesthesia - first 15 minutes	Not covered	covered	Not covered	covered	covered	Not covered	covered	Covered	Covered	Covered	Covered	Covered	covered	Not covered	covered
D9223	Deep sedation/general anesthesia - each 15 minute increment	Not covered	covered	Not covered	covered	covered	Not covered	covered	Covered	Covered	Covered	Covered	Covered	covered	Not covered	covered
D9230	Analgesia-includes nitrous oxide	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9243	Intravenous moderate sedation/analgesia - each 15 minute increment	Not covered	covered	Not covered	covered	covered	Not covered	covered	Covered	Covered	Covered	Covered	Covered	covered	Not covered	covered
D9248	Non-intravenous conscious sedation	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9310	Consultation-other than practitioner providing treatment	Not covered	covered	Not covered	covered	covered	Not covered	covered	Covered	Covered	Covered	Covered	Covered	covered	Not covered	covered
D9410	House call	Not covered	covered	Not covered	covered	covered	Not covered	covered	Covered	Covered	Covered	Covered	Covered	covered	Not covered	covered
D9420	Hospital call	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9430	Office visit for observation-no other service provided	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9440	Office visit-after regularly scheduled hours-no other service provided	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9450	Case Presentation	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

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Subgroup Numbers		even	odd (except 0003; 1103, 1105, and 1107)	0002, 1102, 1104, 1106	0003, 1103, 1105, 1107	1108, 1109	0000 and 0002	0001 and 0003	0004	1200	1201	0001	0002	Odd	Even	1300, 1301, 1302, 1303
D9610	Therapeutic drug injection, by report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9612	Therapeutic Parenteral drug injection - multiple injections	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9630	Other drugs and/or medicaments, by report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9910	Application of desensitizing medicament	Not covered	covered	Not covered	covered	covered	Not covered	covered	Covered	Covered	Covered	Covered	Covered	covered	Not covered	covered
D9911	Application of desensitizing resin, cervical/root surface	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9920	Behavior management, by report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9930	Treatment of complications (post-surgical) unusual circumstances	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9932	Cleaning and inspection of a removable complete denture, maxillary	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9933	Cleaning and inspection of a removable complete denture, mandibular	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9934	Cleaning and inspection of a removable partial denture, maxillary	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9935	Cleaning and inspection of a removable partial denture, mandibular	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9940	Occlusal guard, by report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9941	Fabrication of athletic mouthguard	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9942	Repair and/or reline of occlusal guard	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9943	Occlusal guard adjustment	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9950	Occlusion analysis-mounted case	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9951	Occlusal adjustment-limited	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9952	Occlusal adjustment-complete	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9970	Enamel microabrasion	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9971	Odontoplasty, 1-2 teeth, incl removal of enamel projections	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9972	External bleaching, per arch	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9973	External bleaching, per tooth	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9974	Internal bleaching, per tooth	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

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D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9985	Sales tax	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9986	Missed appointment	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9987	Cancelled appointment	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
D9999	Unspecified adjunctive procedure, by report	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

*Root Canal therapy on permanent teeth, including pulpotomies, indirect pulp-cap, and root canal retreatment (mutually exclusive of final restoration). Limitation: one per tooth per lifetime.