

UnitedHealthcare®
Exclusive Network Dental Plan SNY50

**Dental Plan Schedule of
Benefits**

Members of the S50B Dental Plan are eligible to receive benefits immediately upon the effective date of coverage with:

- No waiting Periods
- No Deductibles
- No claim forms to submit

The Member co-payments listed are offered by a Participating Provider. The member receives:

- Most diagnostic and preventive care at no charge
- Cosmetic & orthodontia treatment covered

We urge all of our Members to verify all fees for proposed treatment via the Schedule of Benefits and/or with our Member Services Department and/or submit a pre-treatment estimate prior to receiving care.

The following Member Copayments apply when a Participating Dentist who is a General Dentist performs the services. An "*" or a "+" denotes limitations and/or additional fees on certain benefits. See the Limitations and Additional Fees sections below for details.

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
CLINICAL ORAL EVALUATIONS					
D0120	*Periodic oral evaluation - established patient	0	D0273	*Bitewings - three radiographic images	0
D0140	Limited oral evaluation - problem focused	0	D0274	*Bitewings - four radiographic images	0
D0145	*Oral evaluation for a patient under three years of age and counseling with primary caregiver	0	D0277	*Vertical bitewings - 7 to 8 radiographic images	0
D0150	*Comprehensive oral evaluation - new or established patient	0	D0310	Sialography	0
D0160	*Detailed and extensive oral evaluation - problem focused, by report	0	D0320	Temporomandibular joint arthrogram, including injection	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	D0321	Other temporomandibular joint radiographic images, by report	0
D0171	Re-evaluation – post-operative office visit	0	D0322	Tomographic survey	0
D0180	*Comprehensive periodontal evaluation - new or established patient	0	D0330	*Panoramic radiographic image	0
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	0	D0340	2d cephalometric radiographic image – acquisition, measurement and analysis	0
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0	D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	0
D9440	Office visit - after regularly scheduled hours	0	D0364	*Cone beam ct capture and interpretation with limited field of view – less than one whole jaw	0
D9450	Case presentation, detailed and extensive treatment planning	0	D0365	*Cone beam ct capture and interpretation with field of view of one full dental arch – mandible	0
D9986	Missed appointment	0	D0366	*Cone beam ct capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	0
DIAGNOSTIC IMAGING					
D0210	*Intraoral - complete series of radiographic images	0	D0367	*Cone beam ct capture and interpretation with field of view of both jaws; with or without cranium	0
D0220	Intraoral - periapical first radiographic image	0	D0368	*Cone beam ct capture and interpretation for tmj series including two or more exposures	0
D0230	Intraoral - periapical each additional radiographic image	0	D0369	*Maxillofacial mri capture and interpretation	0
D0240	Intraoral - occlusal radiographic image	0	D0370	*Maxillofacial ultrasound capture and interpretation	0
D0250	Extra-oral – 2d projection radiographic image created using a stationary radiation source, and detector	0	D0371	*Sialoendoscopy capture and interpretation	0
D0251	*Extra-oral posterior dental radiographic image	0	D0380	*Cone beam ct image capture with limited field of view – less than one whole jaw	0
D0270	*Bitewing - single radiographic image	0	D0381	*Cone beam ct image capture with field of view of one full dental arch – mandible	0
D0272	*Bitewings - two radiographic images	0	D0382	*Cone beam ct image capture with field of view of one full dental arch – maxilla, with or without cranium	0
			D0383	*Cone beam ct image capture with field of view of both jaws; with or without cranium	0
			D0384	*Cone beam ct image capture for tmj series including two or more exposures	0

		MEMBER			MEMBER
CODE	DESCRIPTION	COPAY	CODE	DESCRIPTION	COPAY
D0385	*Maxillofacial mri image capture	0	D2330	Resin-based composite - one surface, anterior	0
D0386	*Maxillofacial ultrasound image capture	0	D2331	Resin-based composite - two surfaces, anterior	0
D0393	*Treatment simulation using 3d image volume	0	D2332	Resin-based composite - three surfaces, anterior	0
D0394	*Digital subtraction of two or more images or image volumes of the same modality	0	D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	0
D0395	*Fusion of two or more 3d image volumes of one or more modalities	0	D2390	Resin-based composite crown, anterior	0
TESTS AND EXAMINATIONS			D2391	Resin-based composite - one surface, posterior	0
D0415	Collection of microorganisms for culture and sensitivity	0	D2392	Resin-based composite - two surfaces, posterior	0
D0425	Caries susceptibility tests	0	D2393	Resin-based composite - three surfaces, posterior	0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	0	D2394	Resin-based composite - four or more surfaces, posterior	0
D0460	Pulp vitality tests	0	GOLD FOIL RESTORATIONS		
D0470	Diagnostic casts	0	D2410	Gold foil - one surface	0
ORAL PATHOLOGY LABORATORY			D2420	Gold foil - two surfaces	0
D0472	Accession of tissue, gross examination, preparation and transmission of written report	0	D2430	Gold foil - three surfaces	0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	0	INLAY/ONLAY RESTORATIONS		
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	0	D2510	Inlay - metallic - one surface	0
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	0	D2520	Inlay - metallic - two surfaces	0
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	0	D2530	Inlay - metallic - three or more surfaces	0
D0502	Other oral pathology procedures, by report	0	D2542	Onlay - metallic - two surfaces	0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	0	D2543	Onlay - metallic - three surfaces	0
D0601	Caries risk assessment and documentation, with a finding of low risk	0	D2544	Onlay - metallic - four or more surfaces	0
D0602	Caries risk assessment and documentation, with a finding of moderate risk	0	D2610	Inlay - porcelain/ceramic - one surface	0*
D0603	Caries risk assessment and documentation, with a finding of high risk	0	D2620	Inlay - porcelain/ceramic - two surfaces	0*
D0999	Unspecified diagnostic procedure, by report	0	D2630	Inlay - porcelain/ceramic - three or more surfaces	0*
DENTAL PROPHYLAXIS			D2642	Onlay - porcelain/ceramic - two surfaces	0*
D1110	*Prophylaxis - adult	0	D2643	Onlay - porcelain/ceramic - three surfaces	0*
D1110	Additional prophylaxis - adult	0	D2644	Onlay - porcelain/ceramic - four or more surfaces	0*
D1120	*Prophylaxis - child	0	D2650	Inlay - resin-based composite - one surface	0
D1120	Additional prophylaxis - child	0	D2651	Inlay - resin-based composite - two surfaces	0
TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)			D2652	Inlay - resin-based composite - three or more surfaces	0
D1206	*Topical application of fluoride varnish	0	D2662	Onlay - resin-based composite - two surfaces	0
D1208	*Topical application of fluoride - excluding varnish	0	D2663	Onlay - resin-based composite - three surfaces	0
D9910	*Application of desensitizing medicament	0	D2664	Onlay - resin-based composite - four or more surfaces	0
OTHER PREVENTIVE SERVICES			CROWNS - SINGLE RESTORATIONS ONLY		
D1310	Nutritional counseling for control of dental disease	0	D2710	*Crown - resin-based composite (indirect)	150
D1320	Tobacco counseling for the control and prevention of oral disease	0	D2712	*Crown - ¾ resin-based composite (indirect)	150
D1330	Oral hygiene instructions	0	D2720	*Crown - resin with high noble metal	150*
D1351	*Sealant - per tooth	0	D2721	*Crown - resin with predominantly base metal	150*
D1352	*Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	0	D2722	*Crown - resin with noble metal	150*
D1353	Sealant repair - per tooth	0	D2740	*Crown - porcelain/ceramic	150*
D1354	*Interim caries arresting medicament application - per tooth	0	D2750	*Crown - porcelain fused to high noble metal	150*
SPACE MAINTAINERS (PASSIVE APPLIANCES)			D2751	*Crown - porcelain fused to predominantly base metal	150*
D1510	*Space maintainer - fixed - unilateral	0	D2752	*Crown - porcelain fused to noble metal	150*
D1516	*Space maintainer - fixed - bilateral, maxillary	0	D2780	*Crown - 3/4 cast high noble metal	150*
D1517	*Space maintainer - fixed - bilateral, mandibular	0	D2781	*Crown - 3/4 cast predominantly base metal	150*
D1520	*Space maintainer - removable - unilateral	0	D2782	*Crown - 3/4 cast noble metal	150*
D1526	*Space maintainer - removable - bilateral, maxillary	0	D2783	*Crown - 3/4 porcelain/ceramic	150*
D1527	*Space maintainer - removable - bilateral, mandibular	0	D2790	*Crown - full cast high noble metal	150*
D1550	Re-cement or re-bond space maintainer	0	D2791	*Crown - full cast predominantly base metal	150*
D1555	Removal of fixed space maintainer	0	D2792	*Crown - full cast noble metal	150*
D1575	Distal shoe space maintainer - fixed - unilateral	0	D2794	*Crown - titanium	150*
AMALGAMS RESTORATIONS (INCLUDING POLISHING)			D2799	*Provisional crown- further treatment or completion of diagnosis necessary prior to final impression	150
D2140	Amalgam - one surface, primary or permanent	0	OTHER RESTORATIVE SERVICES		
D2150	Amalgam - two surfaces, primary or permanent	0	D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	0
D2160	Amalgam - three surfaces, primary or permanent	0	D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	0
D2161	Amalgam - four or more surfaces, primary or permanent	0	D2920	Re-cement or re-bond crown	0

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D2921	Reattachment of tooth fragment, incisal edge or cusp	0	D3347	Retreatment of previous root canal therapy - premolar	0
D2929	*Prefabricated porcelain/ceramic crown – primary tooth	0*	D3348	Retreatment of previous root canal therapy - molar	0
D2930	Prefabricated stainless steel crown - primary tooth	0		APEXIFICATION/RECALCIFICATION PROCEDURES	0
D2931	Prefabricated stainless steel crown - permanent tooth	0	D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	0
D2932	Prefabricated resin crown	0	D3352	Apexification/recalcification – interim medication replacement	0
D2933	Prefabricated stainless steel crown with resin window	0	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	0
D2940	Protective restoration	0		APICOECTOMY/PERIRADICULAR SERVICES	
D2941	Interim therapeutic restoration – primary dentition	0	D3410	Apicoectomy - anterior	0
D2949	Restorative foundation for an indirect restoration	0	D3421	Apicoectomy - premolar (first root)	0
D2950	Core buildup, including any pins when required	0	D3425	Apicoectomy - molar (first root)	0
D2951	Pin retention - per tooth, in addition to restoration	0	D3426	Apicoectomy (each additional root)	0
D2952	Post and core in addition to crown, indirectly fabricated	0	D3427	Periradicular surgery without apicoectomy	0
D2953	Each additional indirectly fabricated post - same tooth	0	D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	0
D2954	Prefabricated post and core in addition to crown	0	D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	0
D2955	Post removal	0	D3430	Retrograde filling - per root	0
D2957	Each additional prefabricated post - same tooth	0	D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	0
D2960	Labial veneer (resin laminate) - chairside	0	D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	0
D2961	Labial veneer (resin laminate) - laboratory	0*	D3450	Root amputation - per root	0
D2962	Labial veneer (porcelain laminate) - laboratory	0*	D3460	Endodontic endosseous implant	0
D2971	Additional procedures to construct new crown under existing partial denture framework	0	D3470	Intentional reimplantation (including necessary splinting)	0
D2975	Coping	0		OTHER ENDODONTIC PROCEDURES	
D2980	Crown repair necessitated by restorative material failure	0	D3910	Surgical procedure for isolation of tooth with rubber dam	0
D2981	Inlay repair necessitated by restorative material failure	0	D3920	Hemisection (including any root removal), not including root canal therapy	0
D2982	Onlay repair necessitated by restorative material failure	0	D3950	Canal preparation and fitting of preformed dowel or post	0
D2983	Veneer repair necessitated by restorative material failure	0		SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)	
D2990	Resin infiltration of incipient smooth surface lesions	0	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	0
	PULP CAPPING		D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	0
D3110	Pulp cap - direct (excluding final restoration)	0	D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	0
D3120	Pulp cap - indirect (excluding final restoration)	0	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	0
	PULPOTOMY		D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	0
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	0	D4245	Apically positioned flap	0
D3221	Pulpal debridement, primary and permanent teeth	0	D4249	Clinical crown lengthening – hard tissue	0
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	0	D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	0
	ENDODONTIC THERAPY ON PRIMARY TEETH		D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	0
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	0	D4263	Bone replacement graft – retained natural tooth – first site in quadrant	0
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	0	D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	0
	PROCEDURES & FOLLOW-UP CARE		D4265	Biologic materials to aid in soft and osseous tissue regeneration	0
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	75	D4266	Guided tissue regeneration - resorbable barrier, per site	0
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	125	D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	0
D3330	Endodontic therapy, molar tooth (excluding final restoration)	150	D4268	Surgical revision procedure, per tooth	0
D3331	Treatment of root canal obstruction; non-surgical access	0	D4270	Pedicle soft tissue graft procedure	0
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	0	D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	0
D3333	Internal root repair of perforation defects	0	D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	0
	ENDODONTIC RETREATMENT		D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	0
D3346	Retreatment of previous root canal therapy - anterior	0	D4276	Combined connective tissue and double pedicle graft, per tooth	0

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D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	0			
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	0			
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	0			
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	0			
	NON SURGICAL PERIODONTAL SERVICE		D5622	*Repair cast partial framework, maxillary	0*
D4320	Provisional splinting - intracoronal	0	D5630	*Repair or replace broken retentive clasping materials – per tooth	0*
D4321	Provisional splinting - extracoronal	0	D5640	*Replace broken teeth - per tooth	0*
D4341	*Periodontal scaling and root planing - four or more teeth per quadrant	0†	D5650	*Add tooth to existing partial denture	0*
D4342	*Periodontal scaling and root planing - one to three teeth per quadrant	0†	D5660	*Add clasp to existing partial denture - per tooth	0*
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	0†	D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	0*
D4355	*Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	0†	D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	0*
D4381	*Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	0†	D5710	*Rebase complete maxillary denture	0*
	OTHER PERIODONTAL SERVICES		D5711	*Rebase complete mandibular denture	0*
D4910	*Periodontal maintenance	0	D5720	*Rebase maxillary partial denture	0*
D4910	Additional Periodontal maintenance procedures	0	D5721	*Rebase mandibular partial denture	0*
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	0	D5730	*Reline complete maxillary denture (chairside)	0*
D4921	Gingival irrigation – per quadrant	0	D5731	*Reline complete mandibular denture (chairside)	0*
D4999	Unspecified periodontal procedure, by report	0	D5740	*Reline maxillary partial denture (chairside)	0*
	COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)		D5741	*Reline mandibular partial denture (chairside)	0*
D5110	*Complete denture - maxillary	0*	D5750	*Reline complete maxillary denture (laboratory)	0*
D5120	*Complete denture - mandibular	0*	D5751	*Reline complete mandibular denture (laboratory)	0*
D5130	*Immediate denture - maxillary	0*	D5760	*Reline maxillary partial denture (laboratory)	0*
D5140	*Immediate denture - mandibular	0*	D5761	*Reline mandibular partial denture (laboratory)	0*
	PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)			INTERIM PROSTHESIS	
D5211	*Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	0*	D5810	*Interim complete denture (maxillary)	0*
D5212	*Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	0*	D5811	*Interim complete denture (mandibular)	0*
D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0*	D5820	*Interim partial denture (maxillary)	0*
D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0*	D5821	*Interim partial denture (mandibular)	0*
D5221	*Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	0*		OTHER REMOVABLE PROSTHESIS	
D5222	*Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	0*	D5850	Tissue conditioning, maxillary	0
D5223	*Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0*	D5851	Tissue conditioning, mandibular	0
D5224	*Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0*	D5862	Precision attachment, by report	0
D5225	*Maxillary partial denture - flexible base (including any clasps, rests and teeth)	0*	D5899	Unspecified removable prosthodontic procedure, by report	0
D5226	*Mandibular partial denture - flexible base (including any clasps, rests and teeth)	0*		NON-CLINICAL PROCEDURES	
D5282	*Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	0*	D5982	Surgical stent	0*
D5283	*Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	0*	D5987	Commissure splint	0*
	ADJUSTMENTS TO DENTURES		D5988	Surgical splint	0*
D5410	Adjust complete denture - maxillary	0		PRE-SURGICAL SERVICES	
D5411	Adjust complete denture - mandibular	0	D6190	Radiographic/surgical implant index, by report	235
D5421	Adjust partial denture - maxillary	0		SURGICAL SERVICES	
D5422	Adjust partial denture - mandibular	0	D6010	*Surgical placement of implant body: endosteal implant	950
	REPAIRS TO COMPLETE DENTURES		D6012	*Surgical placement of interim implant body for transitional prosthesis: endosteal implant	950
D5511	*Repair broken complete denture base, mandibular	0*	D6100	Implant removal, by report	700
D5512	*Repair broken complete denture base, maxillary	0*		IMPLANT SUPPORTED PROSTHETICS	
D5520	*Replace missing or broken teeth - complete denture (each tooth)	0*	D6056	*Prefabricated abutment – includes modification and placement	385

			MEMBER				MEMBER
CODE	DESCRIPTION		COPAY	CODE	DESCRIPTION		COPAY
D6057	*Custom fabricated abutment – includes placement		495	D6240	*Pontic - porcelain fused to high noble metal		150*
D6058	*Abutment supported porcelain/ceramic crown		695	D6241	*Pontic - porcelain fused to predominantly base metal		150*
D6059	*Abutment supported porcelain fused to metal crown (high noble metal)		695	D6242	*Pontic - porcelain fused to noble metal		150*
D6060	*Abutment supported porcelain fused to metal crown (predominantly base metal)		695	D6245	*Pontic - porcelain/ceramic		150*
D6061	*Abutment supported porcelain fused to metal crown (noble metal)		695	D6250	*Pontic - resin with high noble metal		150*
D6062	*Abutment supported cast metal crown (high noble metal)		695	D6251	*Pontic - resin with predominantly base metal		150*
D6063	*Abutment supported cast metal crown (predominantly base metal)		695	D6252	*Pontic - resin with noble metal		150*
D6064	*Abutment supported cast metal crown (noble metal)		695	D6253	*Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression		150
D6065	*Implant supported porcelain/ceramic crown		695	FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS			
D6066	*Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)		695	D6545	Retainer - cast metal for resin bonded fixed prosthesis		150
D6067	*Implant supported metal crown (titanium, titanium alloy, high noble metal)		695	D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis		150*
D6068	*Abutment supported retainer for porcelain/ceramic fpd		695	D6600	Retainer inlay - porcelain/ceramic, two surfaces		150*
D6069	*Abutment supported retainer for porcelain fused to metal fpd (high noble metal)		695	D6601	Retainer inlay - porcelain/ceramic, three or more surfaces		150*
D6070	*Abutment supported retainer for porcelain fused to metal fpd (predominantly base metal)		695	D6602	Retainer inlay - cast high noble metal, two surfaces		150*
D6071	*Abutment supported retainer for porcelain fused to metal fpd (noble metal)		695	D6603	Retainer inlay - cast high noble metal, three or more surfaces		150*
D6072	*Abutment supported retainer for cast metal fpd (high noble metal)		695	D6604	Retainer inlay - cast predominantly base metal, two surfaces		150*
D6073	*Abutment supported retainer for cast metal fpd (predominantly base metal)		695	D6605	Retainer inlay - cast predominantly base metal, three or more surfaces		150*
D6074	*Abutment supported retainer for cast metal fpd (noble metal)		695	D6606	Retainer inlay - cast noble metal, two surfaces		150*
D6075	*Implant supported retainer for ceramic fpd		695	D6607	Retainer inlay - cast noble metal, three or more surfaces		150*
D6076	*Implant supported retainer for porcelain fused to metal fpd (titanium, titanium alloy, or high noble metal)		695	D6608	Retainer onlay - porcelain/ceramic, two surfaces		150*
D6077	*Implant supported retainer for cast metal fpd (titanium, titanium alloy, or high noble metal)		695	D6609	Retainer onlay - porcelain/ceramic, three or more surfaces		150*
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure		36†	D6610	Retainer onlay - cast high noble metal, two surfaces		150*
D6085	Provisional implant crown		125	D6611	Retainer onlay - cast high noble metal, three or more surfaces		150*
D6094	*Abutment supported crown - (titanium)		695	D6612	Retainer onlay - cast predominantly base metal, two surfaces		150*
D6110	*Implant /abutment supported removable denture for edentulous arch – maxillary		1200	D6613	Retainer onlay - cast predominantly base metal, three or more surfaces		150*
D6111	*Implant /abutment supported removable denture for edentulous arch – mandibular		1200	D6614	Retainer onlay - cast noble metal, two surfaces		150*
D6112	*Implant /abutment supported removable denture for partially edentulous arch – maxillary		940	D6615	Retainer onlay - cast noble metal, three or more surfaces		150*
D6113	*Implant /abutment supported removable denture for partially edentulous arch – mandibular		940	D6624	Retainer inlay - titanium		150*
D6114	*Implant /abutment supported fixed denture for edentulous arch – maxillary		3800	D6634	Retainer onlay - titanium		150*
D6115	*Implant /abutment supported fixed denture for edentulous arch – mandibular		3800	FIXED PARTIAL DENTURE RETAINERS - CROWNS			
D6116	*Implant /abutment supported fixed denture for partially edentulous arch – maxillary		2200	D6710	*Retainer crown - indirect resin based composite		150*
D6117	*Implant /abutment supported fixed denture for partially edentulous arch – mandibular		2200	D6720	*Retainer crown - resin with high noble metal		150*
D6118	*Implant/abutment supported interim fixed denture for edentulous arch – mandibular		1760	D6721	*Retainer crown - resin with predominantly base metal		150*
D6119	*Implant/abutment supported interim fixed denture for edentulous arch – maxillary		1760	D6722	*Retainer crown - resin with noble metal		150*
OTHER IMPLANT SERVICES				D6740	*Retainer crown - porcelain/ceramic		150*
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments		180	D6750	*Retainer crown - porcelain fused to high noble metal		150*
D6090	Repair implant supported prosthesis, by report		400	D6751	*Retainer crown - porcelain fused to predominantly base metal		150*
D6092	Re-cement or re-bond implant/abutment supported crown		45	D6752	*Retainer crown - porcelain fused to noble metal		150*
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture		65	D6780	*Retainer crown - 3/4 cast high noble metal		150*
D6095	Repair implant abutment, by report		220	D6781	*Retainer crown - 3/4 cast predominantly base metal		150*
D6096	Remove broken implant retaining screw		500	D6782	*Retainer crown - 3/4 cast noble metal		150*
FIXED PARTIAL DENTURE PONTICS				D6783	*Retainer crown - 3/4 porcelain/ceramic		150*
D6205	*Pontic - indirect resin based composite		150	D6790	*Retainer crown - full cast high noble metal		150*
D6210	*Pontic - cast high noble metal		150*	D6791	*Retainer crown - full cast predominantly base metal		150*
D6211	*Pontic - cast predominantly base metal		150*	D6792	*Retainer crown - full cast noble metal		150*
D6212	*Pontic - cast noble metal		150*	D6793	*Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression		150
D6214	*Pontic - titanium		150*	D6794	*Retainer crown - titanium		150*

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
	OTHER FIXED PARTIAL DENTURE SERVICES				
D6930	Re-cement or re-bond fixed partial denture	0	D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	0
D6940	Stress breaker	0	D7520	Incision and drainage of abscess - extraoral soft tissue	0
				Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	0
D6950	Precision attachment	0		REPAIR OF TRAUMATIC WOUNDS	
D6980	Fixed partial denture repair necessitated by restorative material failure	0	D7910	Suture of recent small wounds up to 5 cm	0
	EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POST OPERATIVE CARE)			OTHER REPAIR PROCEDURES	
D7111	Extraction, coronal remnants – primary tooth	0	D7921	Collection and application of autologous blood concentrate product	0
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0	D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	0
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	10	D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	0
	OTHER SURGICAL PROCEDURES		D7952	Sinus augmentation via a vertical approach	0
D7220	Removal of impacted tooth - soft tissue	25	D7953	Bone replacement graft for ridge preservation - per site	0
D7230	Removal of impacted tooth - partially bony	35	D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	0
D7240	Removal of impacted tooth - completely bony	50	D7963	Frenuloplasty	0
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	75	D7970	Excision of hyperplastic tissue - per arch	0
D7250	Removal of residual tooth roots (cutting procedure)	0	D7971	Excision of pericoronal gingiva	0
D7251	Coronectomy – intentional partial tooth removal	0	D7972	Surgical reduction of fibrous tuberosity	0
D7260	Oroantral fistula closure	0		LIMITED ORTHODONTIC TREATMENT	
D7261	Primary closure of a sinus perforation	0	D8010	Limited orthodontic treatment of the primary dentition	1000
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	0	D8020	Limited orthodontic treatment of the transitional dentition	1000
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	0	D8030	Limited orthodontic treatment of the adolescent dentition	1000
D7280	Exposure of an unerupted tooth	0	D8040	Limited orthodontic treatment of the adult dentition	1000
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	0		COMPREHENSIVE ORTHODONTIC TREATMENT	
D7283	Placement of device to facilitate eruption of impacted tooth	0	D8070	Comprehensive orthodontic treatment of the transitional dentition	1500
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	0	D8080	Comprehensive orthodontic treatment of the adolescent dentition	1500
D7286	Incisional biopsy of oral tissue-soft	0	D8090	Comprehensive orthodontic treatment of the adult dentition	1500
D7287	Exfoliative cytological sample collection	0		MINOR TREATMENT TO CONTROL HARMFUL HABITS	
D7288	Brush biopsy - transepithelial sample collection	0	D8210	*Removable appliance therapy	0
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	0	D8220	*Fixed appliance therapy	0
	ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE			OTHER ORTHODONTIC SERVICES	
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0	D8660	Pre-orthodontic treatment examination to monitor growth and development	35
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0	D8670	Periodic orthodontic treatment visit	0
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	250
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0	D8681	Removable orthodontic retainer adjustment	0
	VESTIBULOPLASTY		D8693	Re-cement or re-bond fixed retainer	0
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	0		UNCLASSIFIED TREATMENT	
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	0	D9110	Palliative (emergency) treatment of dental pain - minor procedure	0
	SURGICAL EXCISION OF SOFT TISSUE LESIONS		D9120	Fixed partial denture sectioning	0
D7410	Excision of benign lesion up to 1.25 cm	0		ANESTHESIA	
D7411	Excision of benign lesion greater than 1.25 cm	0	D9210	Local anesthesia not in conjunction with operative or surgical procedures	0
D7412	Excision of benign lesion, complicated	0	D9211	Regional block anesthesia	0
	SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS		D9212	Trigeminal division block anesthesia	0
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	0	D9215	Local anesthesia in conjunction with operative or surgical procedures	0
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	0	D9222	Deep sedation/general anesthesia – first 15 minutes	0
	EXCISION OF BONE TISSUE		D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	0
D7471	Removal of lateral exostosis (maxilla or mandible)	0	D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	0
D7472	Removal of torus palatinus	0	D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	0
D7473	Removal of torus mandibularis	0	D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	0
D7485	Reduction of osseous tuberosity	0	D9248	Non-intravenous conscious sedation	0
	SURGICAL INCISION			DRUGS	
D7510	Incision and drainage of abscess - intraoral soft tissue	0	D9610	Therapeutic parenteral drug, single administration	0

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D9630	Drugs or medicaments dispensed in the office for home use	0	D9945	*Occlusal guard – soft appliance, full arch	150
	MISCELLANEOUS SERVICES		D9946	*Occlusal guard – hard appliance, partial arch	150
D9910	*Application of desensitizing medicament	0	D9950	Occlusion analysis - mounted case	0
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	0	D9951	Occlusal adjustment - limited	0
D9932	Cleaning and inspection of removable complete denture, maxillary	0	D9952	Occlusal adjustment - complete	0
D9933	Cleaning and inspection of removable complete denture, mandibular	0	D9973	External bleaching - per tooth	25
D9934	Cleaning and inspection of removable partial denture, maxillary	0	D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	225
D9935	Cleaning and inspection of removable partial denture, mandibular	0	D9991	Dental case management – addressing appointment compliance barriers	0
D9942	Repair and/or reline of occlusal guard	0	D9992	Dental case management – care coordination	0
D9943	Occlusal guard adjustment	0	D9993	Dental case management – motivational interviewing	0
D9944	*Occlusal guard – hard appliance, full arch	150	D9994	Dental case management – patient education to improve oral health literacy	0

Additional Fees

Copayments marked by ‘*’ do not include the cost of material and laboratory fees. Additional cost to patient is as follows:

- High noble metal (precious) up to \$145.00
- Titanium metal up to \$120 (covered with proof of allergy to other metals)
- Noble metal (semi-precious) up to \$120.00
- Predominantly base metal (non-precious) up to \$55.00
- Crown laboratory fees up to \$155.00
- Laboratory fees on dentures up to \$225.00
- Porcelain laboratory fees for D2610-D2644, D2929, D2961, D2962, D6600, D6601, D6608, and D6609 up to \$65.00
- Denture repair laboratory fees up to \$50.00
- All ceramic and/or porcelain crown material fees up to \$155.00

Specialty Services

- 1 The Schedule of Benefits applies when listed Dental Services are performed by a Participating General Dentist, unless otherwise authorized by UnitedHealthcare.
- 2 Procedures not listed on the Schedule of Benefits that are performed by a participating General Dentist will be charged at the participating General Dentist’s usual and customary fee less 25%.
- 3 The Participating General Dentist you select may not perform all Dental Procedures listed. The Copayments shown apply to Participating Dentists who do perform these Dental Services. Therefore, you are encouraged to secure availability of the scheduled Dental Services with your Participating General Dentist
- 4 Should the services of a Specialist (Oral Surgeon, Endodontist, Periodontist, or Pediatric Dentist) be necessary, you may receive this care by going directly to a Participating Specialist with no referral and receive a 25% reduction off the Provider’s usual and customary fee; or your Provider may obtain written authorization from UnitedHealthcare and You may receive specialty treatment by an approved Participating Specialist at the listed Copayments.
- 5 Should the services of an Orthodontist be necessary, you may receive care in either of two ways: (1) You may go directly to a Network Specialty Dentist with no referral and receive a 25% reduction off the provider’s Usual and Customary Fee; or (2) You may contact Member Services to locate your nearest participating Orthodontist who will perform covered services at the listed member Co-payment.
- 6 Members seeking implant treatment should refer to their participating implantologist, a select Network of Participating Providers. Not all providers perform the implant procedures at the Co-payment listed on the Schedule of Benefits. Please refer to the provider listing at www.myuhc.com.

¹Additional Prophy within 6 months will be based upon the necessity recommended by the provider.

For additional coverage details and to locate a dentist please visit myuhc.com[®] or contact Customer Service.

*If a noble, high noble or titanium metal is used, there will be an additional charge not to exceed \$150 per unit. If a base metal is used, there are no additional charges from the provider.

IMPORTANT DISCLAIMER

The above Summary of Benefits is for informational purposes only and is not an offer of coverage. For a complete listing of your coverage, including specialty services, non covered services, exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the Certificate of Coverage/benefits administrator will govern. All terms and conditions and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

UnitedHealthcare/Exclusive Network Dental Plan dental exclusions and limitations

LIMITATIONS OF BENEFITS

The following are the limitation of benefits, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits

1. BITEWING RADIOGRAPHS	D0274, D0277 or D0210 are payable only when other inclusive image have not been taken (paid) within the last six (6) months. All Bitewing X-rays are limited to one set in any twelve (12) consecutive month period.
2. SPACE MAINTAINERS	Space maintainers and all adjustments are limited to children under the age of 16.
3. SEALANTS	Sealants (D1351 or D1352) are limited to one (1) time per tooth in any three (3) consecutive year period. This is only allowed for unrestored permanent molar teeth for children under the age of 16.
4. RESTORATIONS (Amalgam or Composite)	Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period for children under the age of 16
5. OCCLUSAL GUARDS	Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/Bruxism.
6. GENERAL ANESTHESIA	General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved.
7. ADJUSTMENTS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES OR CROWNS	All denture adjustment fees are for dentures which were not fabricated at the present office; All denture adjustment for new dentures made within 12 months are included as part of the initial insertion.
8. ORAL EVALUATION	Any oral evaluation (excluding problem) is limited to One (1) time per consecutive six (6) months; Comprehensive exams can only be covered one (1) time per 36 months, if and only if patient is considered to be new or an established patient. All subsequent oral evaluations will be at a 25% reduction off the dentist's usual and customary fee without a frequency limitation.
9. CROWNS, FIXED BRIDGES, AND IMPLANTS	When crown, implant and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
10. THIRD-MOLAR ("WISDOM TEETH") EXTRACTIONS	Surgical removal of wisdom tooth covered when pathology (disease) exists. Surgical removal of wisdom teeth/3rd molar when pathology does not exist will be covered at 25% off of the general dentists or specialists usual and customary fees. Orthodontic related surgeries (except D7280) needed to relieve crowding or to facilitate eruption are available at a 25% reduction off of the doctor's usual and customary fees.
11. PROPHYLAXIS AND PERIODONTAL MAINTENANCE	The dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive six (6) month period. Any additional procedures will follow D1110 and D4910 Member copayments as listed in the Schedule of Benefits.
12. HARMFUL HABIT APPLIANCES	Harmful habit appliances are limited to one (1) time per person under the age of 16.
13. DENTURES	New dentures include one (1) reline within the first six (6) months.
14. REPLACEMENT OF CROWNS, IMPLANTS AND FIXED BRIDGES OR DENTURES	Replacement of crowns, implants, and fixed bridges or dentures is limited to one (1) time every consecutive five (5) years.
15. COST OF MATERIAL AND LAB FEES	Copayments marked by "*" do not include the cost of material and laboratory fees. Additional cost to patient is as follows: - High noble metal (precious) up to \$145.00- Titanium metal up to \$120 (covered with proof of allergy to other metals)- Noble metal (semi-precious) up to \$120.00- Predominantly base metal (non-precious) up to \$55.00- Crown laboratory fees up to \$155.00- Laboratory fees on dentures up to \$225.00- Porcelain laboratory fees for D2610-D2644, D2929, D2961, D2962, D6600, D6601, D6608, and D6609 up to \$65.00- Denture repair laboratory fees up to \$50.00- All ceramic and/or porcelain crown material fees up to \$155.00.
16. X-RAYS	Copies of X-rays can be obtained for \$2 per periapical image up to a maximum of \$30. Panoramic X-ray can be obtained for a \$15 fee.
17. EMERGENCY TREATMENT	Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
18. ORTHO	Member may choose Invisalign in place of traditional Orthodontic treatment, and would pay the sum of the listed member Ortho co-pay plus the difference in cost for the enhanced treatment.
19. RADIOGRAPHS	D0364-D0365 is limited to 1 time per 60 months, covered only in a dental setting and not in a radiographic imaging center.

EXCLUSIONS OF BENEFITS

The following procedures and services are excluded and not Covered Services, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

1. Dental Services that are not Necessary.
2. Hospitalization or other facility charges.
3. Any Dental Procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
4. Reconstructive surgery, regardless of whether or not the surgery is incidental to a dental disease, injury, or Congenital Anomaly, when the primary purpose is to improve physiological functioning of the involved part of the body.
5. Any Dental Procedure not directly associated with dental disease.
6. Any Dental Procedure not performed in a dental setting.

EXCLUSIONS OF BENEFITS

The following procedures and services are excluded and not Covered Services, unless otherwise specifically listed as a covered benefit on this Plan's Schedule of Benefits:

7.	Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
8.	Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
9.	Replacement of complete dentures, fixed and removable partial dentures or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement.
10.	Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
11.	Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
12.	Expenses for Dental Procedures begun prior to the Covered Person becoming enrolled under the Policy.
13.	Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
14.	Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
15.	Occlusal guards used as safety items or to affect performance primarily in sports-related activities.
16.	Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
17.	Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
18.	Orthodontic service Coverage does not include the installation of a space maintainer, any treatment related to treatment of the temporomandibular joint, or a surgical procedure to correct a malocclusion, replacement of retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances previously submitted for payment under the plan.
19.	Foreign Services are not Covered unless required as an Emergency.
20.	Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
21.	Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
22.	Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.