Code	Description	Copayment
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	950
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	950
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	825
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	825
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	425

Denture Adjustments & Repairs

D5410	adjust complete denture - maxillary	30
D5411	adjust complete denture - mandibular	30
D5421	adjust partial denture - maxillary	30
D5422	adjust partial denture - mandibular	30
D5510	repair broken complete denture base	130
D5520	replace missing or broken teeth - complete denture (each tooth)	125
D5610	repair resin denture base	135
D5620	repair cast framework	135
D5630	repair or replace broken clasp - per tooth	130
D5640	replace broken teeth - per tooth	130
D5650	add tooth to existing partial denture	130
D5660	add clasp to existing partial denture - per tooth	135
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	500
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	500
D5710	rebase complete maxillary denture	225
D5711	rebase complete mandibular denture	225
D5720	rebase maxillary partial denture	225
D5721	rebase mandibular partial denture	225
D5730	reline complete maxillary denture (chairside)	125
D5731	reline complete mandibular denture (chairside)	125
D5740	reline maxillary partial denture (chairside)	125
D5741	reline mandibular partial denture (chairside)	125
D5750	reline complete maxillary denture (laboratory)	200
D5751	reline complete mandibular denture (laboratory)	200
D5760	reline maxillary partial denture (laboratory)	200
D5761	reline mandibular partial denture (laboratory)	200
D5810	interim complete denture (maxillary)	325
D5811	interim complete denture (mandibular)	325
D5820	interim partial denture (maxillary)	325
D5821	interim partial denture (mandibular)	325
D5850	tissue conditioning, maxillary	30
D5851	tissue conditioning, mandibular	30
D5863	overdenture – complete maxillary	900
D5864	overdenture – partial maxillary	900
D5865	overdenture – complete mandibular	900
D5866	overdenture – partial mandibular	900

Code		Description	Copayment

Implants

*Implants are only available at specific participating dental offices. Check www.dentalhealthservices.com to locate participating dental offices which offer this service. *Copayments already include charges of $125 for noble metal and $150 for high noble metal/titanium. **Copayment already includes $175 for specialized porcelain such as Lava, Captek, Cercon, etc.***Standard x-rays include periapical, bitewing and occlusal films. There is an additional fee for panoramic, cephalometric, CT or other films. ****There is an additional fee for any replacement parts, screws, etc.*

D6010		surgical placement of implant body: endosteal implant	1500
D6056		prefabricated abutment – includes modification and placement	450
D6057		custom fabricated abutment – includes placement	450
D6058		abutment supported porcelain/ceramic crown	1000
D6058SP	**	abutment supported porcelain/ceramic crown	1175
D6059	*	abutment supported porcelain fused to metal crown (high noble metal)	1150
D6059SP	**	abutment supported porcelain fused to metal crown (high noble metal)	1175
D6060		abutment supported porcelain fused to metal crown (predominantly base metal)	1000
D6061	*	abutment supported porcelain fused to metal crown (noble metal)	1125
D6061SP	**	abutment supported porcelain fused to metal crown (noble metal)	1175
D6062	*	abutment supported cast metal crown (high noble metal)	1150
D6062SP	**	abutment supported cast metal crown (high noble metal)	1175
D6063		abutment supported cast metal crown (predominantly base metal)	1000
D6064	*	abutment supported cast metal crown (noble metal)	1125
D6064SP	**	abutment supported cast metal crown (noble metal)	1175
D6065		implant supported porcelain/ceramic crown	1000
D6065SP	**	implant supported porcelain/ceramic crown	1175
D6066	*	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1150
D6067	*	implant supported metal crown (titanium, titanium alloy, high noble metal)	1150
D6068	*	abutment supported retainer for porcelain/ceramic FPD	1000
D6069	*	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1150
D6070		abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	1000
D6071	*	abutment supported retainer for porcelain fused to metal FPD (noble metal)	1125
D6072	*	abutment supported retainer for cast metal FPD (high noble metal)	1150
D6073		abutment supported retainer for cast metal FPD (predominantly base metal)	1000
D6074	*	abutment supported retainer for cast metal FPD (noble metal)	1125
D6075		implant supported retainer for ceramic FPD	1000
D6076	*	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1150

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Code		Description	Copayment
D6077	*	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	1150
D6092		re-cement or re-bond implant/abutment supported crown	30
D6093		re-cement or re-bond implant/abutment supported fixed partial denture	40
D6094	*	abutment supported crown - (titanium)	500
D6110		implant /abutment supported removable denture for edentulous arch – maxillary	2300
D6111		implant /abutment supported removable denture for edentulous arch – mandibular	2300
D6112		implant /abutment supported removable denture for partially edentulous arch – maxillary	2300
D6113		implant /abutment supported removable denture for partially edentulous arch – mandibular	2300
D6194	*	abutment supported retainer crown for FPD (titanium)	500

Bridges

**Copayments already include charges of $125 for noble metal and $150 for high noble metal/ titanium. **Copayment already includes $175 for specialized porcelain such as Lava, Captek, Cercon, etc.*

D6205		pontic - indirect resin based composite	240
D6210	*	pontic - cast high noble metal	625
D6211		pontic - cast predominantly base metal	475
D6212	*	pontic - cast noble metal	600
D6214	*	pontic - titanium	625
D6240	*	pontic - porcelain fused to high noble metal	625
D6240SP	**	pontic - porcelain fused to high noble metal	650
D6241		pontic - porcelain fused to predominantly base metal	475
D6242	*	pontic - porcelain fused to noble metal	600
D6242SP	**	pontic - porcelain fused to noble metal	650
D6245	*	pontic - porcelain/ceramic	475
D6250	*	pontic - resin with high noble metal	625
D6250SP	**	pontic - resin with high noble metal	650
D6251		pontic - resin with predominantly base metal	475
D6252	*	pontic - resin with noble metal	600
D6252SP	**	pontic - resin with noble metal	650
D6253		provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	200
D6545		retainer - cast metal for resin bonded fixed prosthesis	310
D6548		retainer - porcelain/ceramic for resin bonded fixed prosthesis	550
D6549		resin retainer – for resin bonded fixed prosthesis	310
D6600		inlay - porcelain/ceramic, two surfaces	435
D6601		retainer inlay - porcelain/ceramic, three or more surfaces	475
D6602	*	retainer inlay - cast high noble metal, two surfaces	585
D6603	*	retainer inlay - cast high noble metal, three or more surfaces	625
D6604		retainer inlay - cast predominantly base metal, two surfaces	435
D6605		retainer inlay - cast predominantly base metal, three or more surfaces	475
D6606	*	retainer inlay - cast noble metal, two surfaces	560
D6607	*	retainer inlay - cast noble metal, three or more surfaces	600
D6608		retainer onlay - porcelain/ceramic, two surfaces	435
D6609		retainer onlay - porcelain/ceramic, three or more surfaces	475
D6610	*	retainer onlay - cast high noble metal, two surfaces	585
D6611	*	retainer onlay - cast high noble metal, three or more surfaces	585
D6612		retainer onlay - cast predominantly base metal, two surfaces	435
D6613		retainer onlay - cast predominantly base metal, three or more surfaces	475
D6614	*	retainer onlay - cast noble metal, two surfaces	560
D6615	*	retainer onlay - cast noble metal, three or more surfaces	600
D6624	*	retainer inlay - titanium	585
D6634	*	retainer onlay - titanium	585
D6710		retainer crown - indirect resin based composite	475
D6720	*	retainer crown - resin with high noble metal	625
D6721		retainer crown - resin with predominantly base metal	475
D6722	*	retainer crown - resin with noble metal	600
D6740		retainer crown - porcelain/ceramic	475
D6740SP	**	retainer crown - porcelain/ceramic	650
D6750	*	retainer crown - porcelain fused to high noble metal	625
D6750SP	**	retainer crown - porcelain fused to high noble metal	650
D6751		retainer crown - porcelain fused to predominantly base metal	475
D6752	*	retainer crown - porcelain fused to noble metal	600
D6752SP	**	retainer crown - porcelain fused to noble metal	650
D6780	*	retainer crown - 3/4 cast high noble metal	625
D6781		retainer crown - 3/4 cast predominantly base metal	475
D6782	*	retainer crown - 3/4 cast noble metal	600
D6783		retainer crown - 3/4 porcelain/ceramic	475
D6783SP	**	retainer crown - 3/4 porcelain/ceramic	650
D6790	*	retainer crown - full cast high noble metal	625
D6791		retainer crown - full cast predominantly base metal	475
D6792	*	retainer crown - full cast noble metal	600
D6793		provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	200
D6794	*	retainer crown - titanium	625
D6930		re-cement or re-bond fixed partial denture	30

Oral Surgery

D7111		extraction, coronal remnants - deciduous tooth	65
D7140		extraction, erupted tooth or exposed root (elevation and/or forceps removal)	65
D7210		surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	134
D7220		removal of impacted tooth - soft tissue	155

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Code	Description	Copayment
D7230	removal of impacted tooth - partially bony	195
D7240	removal of impacted tooth - completely bony	235
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	275
D7250	surgical removal of residual tooth roots (cutting procedure)	150
D7251	coronectomy – intentional partial tooth removal	210
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	270
D7280	surgical access of an unerupted tooth	151
D7282	mobilization of erupted or malpositioned tooth to aid eruption	270
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	100
D7286	incisional biopsy of oral tissue-soft	100
D7288	brush biopsy - transepithelial sample collection	25
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	150
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	165
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	105
D7510	incision and drainage of abscess - intraoral soft tissue	100
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	125
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	150
D7963	frenuloplasty	225
D7970	excision of hyperplastic tissue - per arch	125
D7971	excision of pericoronal gingiva	40

Other Services

General Anesthesia is covered soley for dependent children under the age of seven (7) or the physically or developmentally disabled, only when medically necessary and in conjunction with a covered dental procedure performed at a participating provider.

Code	Description	Copayment
D9110	palliative (emergency) treatment of dental pain - minor procedure	30
D9120	fixed partial denture sectioning	35
D9210	local anesthesia not in conjunction with operative or surgical procedures	50
D9211	regional block anesthesia	60
D9212	trigeminal division block anesthesia	150
D9215	local anesthesia in conjunction with operative or surgical procedures	0
D9219	evaluation for deep sedation or general anesthesia	40
D9223	deep sedation/general anesthesia – each 15 minute increment	150
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	40
D9243	intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	150
D9248	non-intravenous conscious sedation	250
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	20
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	25
D9440	office visit - after regularly scheduled hours	40
D9450	case presentation, detailed and extensive treatment planning	0
D9610	therapeutic parenteral drug, single administration	15
D9612	therapeutic parenteral drugs, two or more administrations, different medications	30
D9630	other drugs and/or medicaments, by report	25
D9910	application of desensitizing medicament	15
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	15
D9932	cleaning and inspection of removable complete denture, maxillary	15
D9933	cleaning and inspection of removable complete denture, mandibular	15
D9934	cleaning and inspection of removable partial denture, maxillary	15
D9935	cleaning and inspection of removable partial denture, mandibular	15
D9940	occlusal guard, by report	350
D9941	fabrication of athletic mouthguard	350
D9942	repair and/or reline of occlusal guard	75
D9943	occlusal guard adjustment	15
D9951	occlusal adjustment - limited	35
D9952	occlusal adjustment - complete	75
D9970	enamel microabrasion	175
D9971	odontoplasty 1 - 2 teeth; includes removal of enamel projections	130
D9972	external bleaching - per arch - performed in office	200
D9973	external bleaching - per tooth	40
D9974	internal bleaching - per tooth	75
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	200

Orthodontics

When performed by a Dental Health Services participating orthodontist.

Code	Description	Copayment
D8010	limited orthodontic treatment of the primary dentition	D8070 prorated
D8020	limited orthodontic treatment of the transitional dentition	D8070 prorated
D8030	limited orthodontic treatment of the adolescent dentition	D8080 prorated
D8040	limited orthodontic treatment of the adult dentition	D8090 prorated
D8050	interceptive orthodontic treatment of the primary dentition	D8070 prorated
D8060	interceptive orthodontic treatment of the transitional dentition	D8070 prorated
D8070	comprehensive orthodontic treatment of the transitional dentition	3395
D8080	comprehensive orthodontic treatment of the adolescent dentition	3395
D8090	comprehensive orthodontic treatment of the adult dentition	3495
D8210	removable appliance therapy	250
D8220	fixed appliance therapy	230
D8660	pre-orthodontic treatment examination to monitor growth and development	40

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Code	Description	Copayment
D8670	periodic orthodontic treatment visit	5
D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))	315
D8690	orthodontic treatment (alternative billing to a contract fee)	included
D8691	repair of orthodontic appliance	50
D8693	re-cement or re-bond fixed retainer	45

Comprehensive orthodontic treatment copayment amounts (D8070, D8080, D8090) are based on a typical 24-month case. If case extends beyond 24 months, additional months are prorated according to the number of extra months of treatment.

Denturists

Covered Denturist Services and Copayments when services are received from a licensed Dental Health Services' Denturist. Only Plastic Teeth will be covered by Dental Health Services. Upgrades on dentures will be the member's responsibility (at a 20% discount).

Code	Description	Copayment
D5110	Complete denture - maxillary	700
D5120	Complete denture - mandibular	700
D5130	Immediate denture - maxillary	725
D5140	Immediate denture - mandibular	725
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	750
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	750
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	750
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	750
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	775
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	775
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	775
D224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	775
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	750
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	750
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	300
D5410	Adjust complete denture - maxillary	20
D5411	Adjust complete denture - mandibular	20
D5421	Adjust partial denture - maxillary	20
D5422	Adjust partial denture - mandibular	20
D5510	Repair broken complete denture base	100
D5520	Replace missing or broken teeth - complete denture (each tooth)	100
D5610	Repair resin denture base	110
D5620	Repair cast framework	110
D5630	repair or replace broken clasp - per tooth	100
D5640	Replace broken teeth - per tooth	100
D5650	Add tooth to existing partial denture	100
D5660	add clasp to existing partial denture - per tooth	105
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	375
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	375
D5710	Rebase complete maxillary denture	195
D5711	Rebase complete mandibular denture	195
D5720	Rebase maxillary partial denture	195
D5721	Rebase mandibular partial denture	195
D5730	Reline complete maxillary denture (chairside)	110
D5731	Reline complete mandibular denture (chairside)	110
D5740	Reline maxillary partial denture (chairside)	110
D5741	Reline mandibular partial denture (chairside)	110
D5750	Reline complete maxillary denture (laboratory)	170
D5751	Reline complete mandibular denture (laboratory)	170
D5760	Reline maxillary partial denture (laboratory)	170
D5761	Reline mandibular partial denture (laboratory)	170
D5810	Interim complete denture (maxillary)	300
D5811	Interim complete denture (mandibular)	300
D5820	Interim partial denture (maxillary)	300
D5821	Interim partial denture (mandibular)	300
D5850	Tissue conditioning, maxillary	25
D5851	Tissue conditioning, mandibular	25
D5863	Overdenture – complete maxillary	725
D5864	Overdenture – partial maxillary	725
D5865	Overdenture – complete mandibular	725
D5866	Overdenture – partial mandibular	725

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Dental Health Services

Exclusions & Limitations of Coverage

Classic SmartSmile - Plan WA-D

Dental Limitations

The following are limitations on covered benefits.

A. Authorized treatment is rendered only by your selected participating provider. Services provided by a dentist other than the enrollee's designated participating provider, except for emergency dental conditions, are not covered. (See item C. below)

B. Limitation on the frequency and appropriateness of services:
   1. D0210 and D0330 – Intraoral complete series films and panoramic films – limited to once every three years.
   2. D1110 – Prophylaxis (removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition) or D4910 – Periodontal Maintenance – limited to one per six month period, with any additional at additional copayment.
   3. D4341 or D4342 – Periodontal scaling and root planing – limited to four quadrants per six months; and two quadrants per day.
   4. D5110 through D5281 – Full/partial dentures (upper and/or lower) – limited to one per five year period. New dentures are covered only if the existing denture cannot be made satisfactory by either a reline or repair. Lost or stolen appliances are the responsibility of the patient.
   5. Fixed bridges are optional and not covered for patients under the age of 16.

C. Emergency dental condition – is the emergent and acute onset of a symptom or symptoms, including severe pain that would lead a prudent layperson acting reasonably to believe that dental condition exists that requires immediate, palliative care by a licensed dentist for the relief of pain, swelling or bleeding. This does not include routine, extensive or postponable treatment. Emergency dental care is limited to palliative treatment.

D. The additional cost to the enrollee for laboratory charges, unless specified in the "Schedule of Covered Services and Copayments," will be charged at the provider's actual cost.

E. Optional services – all cases in which the enrollee selects a plan of treatment that is considered unnecessary by the provider – the enrollee is responsible for fee-for-service rates. This does not apply to standard covered restorative procedures which offer a choice of material.

F. Upgraded services – cases in which the enrollee selects a plan of treatment that is considered an upgraded procedure – Dental Health Services' upgrade charges would apply.

G. Cosmetic dentistry – services for appearance only – may be available at a discount off full fees. This includes such services as the replacement of clinically acceptable amalgam fillings, Veneers and Bonding.

H. Crowns and Bridges – limited to 10 in a 12 month period. Additional Crowns and Bridges are subject to a $200 copayment increase per procedure.

I. Unsatisfactory patient-doctor relationship – Dental Health Services providers reserve the right to limit or deny services to an enrollee who fails to follow the prescribed course of treatment, repeatedly fails to keep appointments, fails to pay applicable copayments, is abusive to the participating provider or their staff, or obtains services by fraud or deception.

J. Submit claims within 60 days. Dental Health Services shall not be liable to pay a claim for emergency care or for any Dental Health Services authorized treatment provided by a dentist other than a participating provider unless the enrollee submits the claim to Dental Health Services within 60 days after treatment.

K. Denturist benefit subject to existence and availability of a licensed denturist within a 30 mile radius. Enrollees may elect to travel to the nearest participating denturist for services.

L. Benefits are only available if work is completed in enrollee's participating provider's office.

M. Not all participating dentists can perform all dental procedures. Please verify what services your selected provider can perform for you. Some complicated extractions, periodontal treatment, osseous surgery and root canal treatment may be referred to a specialist at the discretion of the general dentist.

N. Coverage for services only available during period of enrollment.

O. Implants – only available at specific participating dental offices. Check www.dentalhealthservices.com to locate participating provider offices which offer implant services.

Dental Exclusions

The following are not covered by your dental plan.

A. Services not specifically listed in the "Schedule of Covered Services and Copayments."

B. Treatment at a specialist is not covered, but may be available at a discount unless your specific plan contains specialty copayments.

C. Work in progress – non-emergency/temporary procedures started but not finished prior to the date of eligibility – is not covered. This includes crown preps prepared and temporized but not cemented, root canals in mid treatment, prosthetic cases post final impression stage (sent to the lab), etc. This does not include teeth slated for root canal treatment and/or canals filled during an emergency visit.

D. Temporomandibular joint (TMJ) disorders and related disease including myofunctional therapy. Procedures for training, treating or developing muscles in and around the jaw of the mouth (unless provided by a separate, supplemental Dental Health Services program.)

E. Any dental procedure that cannot be performed in the dental office due to the general health and/or physical limitations of the enrollee.

F. Services that are reimbursed by a third party such as the medical portion of a health insurance plan or any other third party indemnification. (The member may be responsible for the payment of usual and customary charges to his/her dentist for services that are reimbursed by a third party.)

Orthodontic Limitations

The following are limitations on covered benefits.

A. Changes in treatment necessitated by accident of any kind.

B. Services which are compensable under Worker's Compensation or employer liability laws.

C. Malocclusions too severe or mutilated which are not amenable to ideal orthodontic therapy.

Orthodontic Exclusions

The following are not covered by your dental plan.

A. Cephalometric x-rays, dental x-rays for orthodontic purposes.

B. Tracings and photographs.

C. Study Models.

D. Replacement of lost or broken appliances.

E. Retreatment of orthodontic cases.

F. Treatment of a case in progress at inception of eligibility.

G. Treatment and/or surgical procedures related to cleft palate, micrognathia or microdontia.

H. Treatment related to temporomandibular joint disturbances and/or hormonal imbalances.

I. Any dental procedures considered to be within the field of general dentistry, including but not limited to:
   1. Myofunctional therapy.
   2. General anesthetics including intravenous and inhalation sedation.
   3. Dental services of any nature performed in a hospital.
   4. Services which are compensable under Worker's Compensation or employer liability laws.

J. Payment by Dental Health Services or any special discounted orthodontic copayment for treatment rendered or required after enrollee is no longer eligible for coverage (i.e. current premium unpaid). The cost of treatment in progress will be prorated and converted to the Orthodontist's actual fee-for-service amount.

Dental Health Services

A Great Reason to Smile℠

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www.dentalhealthservices.com

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