

2022-2023

BrightSmile

for Students

Dental insurance
coverage and plan
features



Share your BrightSmile with the world.

Bright
Benefits™



REGULAR DENTAL CARE

What to expect when visiting the dentist

Regular visits to the dentist are essential for maintaining your BrightSmile. In fact, the American Dental Association recommends you go every six months, and your dentist may suggest even more frequent visits if you need additional help.

During a regular dental checkup, your dentist (or a dental hygienist) will take a look at your face, head and neck and conduct a thorough dental examination on your teeth, gums and throat. They will evaluate the health of your mouth because an exam can uncover signs of oral cancer, diabetes or vitamin deficiencies.

Your dentist will assess the overall state of your teeth, gums and oral health by examining the following:

- ✓ Overall face and neck
- ✓ Lymph nodes and lower jaw joints (TMJs)
- ✓ Any changes in the gums covering your teeth
- ✓ Any loose or missing teeth and signs of decay
- ✓ Tongue and mouth tissue
- ✓ Your bite
- ✓ Damaged fillings
- ✓ Gums and signs of gum disease
- ✓ Plaque & tartar buildup or cavities
- ✓ X-rays of your mouth

Your dental professional will also clean your teeth, discuss the results of your exam and X-rays and provide recommendations for your general oral care routine.

With dental insurance, your exam and cleaning are covered.

Benefits apply once the premium is paid and the policy is effective. Annual maximum, limitations, deductibles and age and frequency restrictions may apply, as outlined in the policy. Must be under age 65 and have an address in the same state as the school to be issued a policy. Coverage up to the amounts stated will be paid by the plan in the form of a reimbursement once a claim has been submitted. Any amount beyond what is covered is the member's responsibility. Where differences between this document and the policy exist, the policy will prevail. Exact coverage amounts vary by plan. *Members may cancel their policy within 30 days of enrollment for a refund if no claims have been paid on the policy, otherwise a reimbursement of paid claims will be requested of the member or deducted from the refund issued. This product is not available in all states. Underwritten by National Guardian Life Insurance Company, Madison, WI. Policy form number NDNINDSCP 2021 or NDNINDSCP 2022. National Guardian Life Insurance Company is not affiliated with the Guardian Life Insurance Company of America, a.k.a. The Guardian or Guardian Life. BrightBenefits and PrimeCare Administrators are brands of PrimeCare Benefits Group, Inc. © 2022 BrightBenefits. All rights reserved. BSMILE-C22-UWS

THE IMPORTANCE OF A HEALTHY MOUTH

We care about student smiles.

Insurance keeps the cost of care manageable and affordable.

Good oral health is critical to performing basic daily activities like eating, smiling and talking. It is also important for relationships, communicating and financial prosperity. Conversely, poor dental health can have serious negative consequences including painful and costly health conditions.¹ The American Dental Association has indicated that young people age 18-34 want to go to the dentist but don't because of cost or access to care.²



Covered services and procedures

Be confident in getting the care you need to maintain a healthy smile. Your BrightSmile for Students plan offers a generous reimbursement on the most common services and procedures.

- | | | |
|-----------------------|--------------------|-------------------------------|
| ✓ Routine dental exam | ✓ Fillings | ✓ Emergency pain treatment |
| ✓ Teeth cleaning | ✓ Root canals | ✓ X-Rays |
| ✓ Crowns | ✓ Tooth extraction | ✓ Plus almost 200 others..... |

BrightSmile for Students addresses those barriers by covering the most common dental care needs at any dentist in America.

Visiting a dentist for regular care and cleanings can help reduce the possibility of more expensive treatment later. It supports healthy teeth and gums, and that investment in oral health is an investment in overall wellness.

1. "The Surprising Connections Between Oral Health and Well Being," University of Illinois Chicago, 2019. dentistry.uic.edu/news-stories/the-surprising-connections-between-oral-health-and-well-being/ 2. "Oral Health and Well-Being in the United States," American Dental Association Health Policy Institute, 2015.

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CAMPUS SMILES

A dental clinic, right where you already are.

Campus Smiles provides comprehensive dental services to the school and surrounding community, and the clinic is conveniently located right on campus, usually near a student wellness center. Plus, plan benefits go even farther at Campus Smiles. Often, students pay \$0 out-of-pocket during their visit because the clinic has agreed to price-match the plan allowance. This means you can be confident you won't be charged more than what your plan covers.

The dental care team at Campus Smiles are licensed professionals who provide students, faculty and staff with the most affordable, high-quality, and convenient dental care available. Campus Smiles is dedicated to providing patients full service dentistry. Here's what you can expect on your first visit:



- ✓ Comprehensive exam
- ✓ Teeth cleaning
- ✓ Full series of X-Rays
- ✓ Friendly staff
- ✓ Licensed dental experts
- ✓ \$0 cost with your BrightSmile plan

Campus Smiles is open during normal business hours and is usually located inside the student wellness center. If you have a dental emergency or need an appointment outside of regular hours, call us, and we will do our best to accommodate you.

To find your nearest Campus Smiles office and phone number, visit us online:

www.Campus-Smiles.com





Make it insurance... but keep it simple.

BrightSmile for Students is a dental insurance plan built with busy students in mind. First, we kept the plan design simple and straightforward - there is no co-insurance, no waiting periods, and there's no network. Visit any dentist you like, anywhere in the U.S. without the hassle or worry of out-of-network costs. Whether you're at school, at home or traveling, you're covered!

Each procedure is covered up to a certain amount, like getting an allowance.

You've also got great coverage - your plan pays up to \$1,250 on covered services for a whole year. Each procedure is covered up to a certain amount, like getting an allowance. If a dentist charges more than that, you are only responsible for the difference.

Once you see the dentist, a claim for services is sent to us (usually by the dentist's office). If the office does not submit a claim for you, you pay for the services during the visit and then submit the claim yourself, for reimbursement of the covered amount. If a service is not listed in the plan's fee schedule, it is not covered, and you pay for it in full during your visit. But don't worry - there are almost 200 of the most common procedures listed!

Plan highlights

No monthly premium payments!
One lump-sum premium
payment helps students plan
and stay on a budget.

Almost 200 common services
and procedures are covered,
including preventive and
emergency care.

Simple eligibility requirements
- must be under age 65 and
have an address in the same
state as the school.

Coverage for international
students - just visit a dentist in
the U.S. (eligibility requirements
apply)

Easy online enrollment, and
emailed ID card and policy.

30-day grace period - members
can cancel their policy within
30 days of enrollment for a full
refund*

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Some common questions we get asked...

How do I enroll?

Typically, students enroll online - Visit your school's page at BrightSmileForStudents.com for details.

What are the eligibility requirements for coverage?

A member must be under the age of 65 and have a physical address in the same state as the school.

When can I use my benefits?

If you enroll at the beginning of the school year, you have a 12-month policy, and your benefits can be used starting August 1, 2022. If Spring enrollment is available at your school, the short-term policy is typically for 7 months, beginning January 1, 2023.

What services and procedures does the plan cover? How much will I have to pay at the dentist's office?

Your plan's fee schedule is a list of all covered services and procedures, along with the coverage amount for each one. The plan pays up to the amount listed for those services, up to your annual maximum each year. Any cost beyond the listed amount is your responsibility. Procedures not listed are not covered in any amount.

Can I renew my policy?

Yes! Before your policy expires, you will have the opportunity to enroll in coverage for another benefit period.

Will I need to submit a claim form?

Not likely. Usually, your dentist will submit the claim for you, but if they do not, you will pay for the service rendered and submit a claim form to receive reimbursement. If you need a claim form, visit your school's page at BrightSmileForStudents.com. Information on how to submit a claim can be found online or on the back of your member ID card.

Is there a member ID card? If so, how do I get one?

Yes! Within a few days of receiving your enrollment information, we will email you a link to download your member ID card and official policy document, unless a hard copy was requested. You may receive this information before your plan is effective, so be sure to review it closely before scheduling an appointment. If you lose your ID card or policy, don't worry - call us, and we can send it again.

Do I have to have an ID card to make a dentist appointment?

Not necessarily, but it is strongly recommended you have your member information on-hand, digitally or in hard copy, because it is easier for the dentist to find your insurance information. If you don't have your ID card, don't worry - just have your dentist call us.

Are any dental prescriptions covered on this policy?

No. This policy only covers services and procedures.

If you have other questions, review your policy document, visit BrightSmileForStudents.com, or contact us at (866) 998-3944.

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WE'RE ALL HERE TO HELP

Additional important resources

Together with dentists across the country, your school, and so many others, we are dedicated to helping you maintain a bright smile - because we believe in healthy smiles, and we believe in you. If you have questions or need guidance on your oral health journey, reach out to us - we are here to help.



Questions on coverage, eligibility or the plan in general?

Contact BrightSmile
for Students

www.BrightSmileForStudents.com

(866) 998-3944

Ready for a dental checkup or procedure?

Visit any dentist, or find
a nearby Campus Smiles

Visit any dentist in the U.S., or see if
there is a Campus Smiles near you at
www.Campus-Smiles.com

Questions about enrolling or premium payment?

Contact
Benefit Partners Group

(877) 247-8817
Enrollment@benefitpartnersgroup.com

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ALSO REFERRED TO AS THE "FEE SCHEDULE"

Covered services and procedures

Once the premium is paid and your policy is effective, your BrightSmile for Students plan pays up to the amounts listed below for these most-common services and procedures, up to the policy's annual maximum. If a dentist charges more than what is listed, you are responsible for the overage. Procedures not listed are not covered in any amount.

Limitations

- (a) Maximum of 1 procedure per 6 months
- (b) Maximum of 1 procedure per 36 months per tooth
- (d) Maximum of 1 procedure per 12 months
- (f) Maximum of 1 procedure per 24 months
- (g) Applications made to permanent molar teeth only
- (k) Maximum of 1 each quadrant per 24 months
- (l) Maximum of 1 per tooth surface per 24 months
- (o) Replacement of existing only if in place for 24 months
- (r) Maximum 1 time per tooth
- (s) Maximum of 1 per lifetime per tooth
- (t) Only in conjunction with listed complex oral surgery procedures and subject to review
- (u) Limited to 2 oral exams in any combination (D0120, D0140, D0145, D0150, D0180, D9310, D9995) per 12 month period
- (v) Limited to 1 bitewing x-ray procedure (D0270, D0272, D0273, D0274) per 12 month period
- (w) Limited to patients age 16 and under
- (z) 6 months must have passed since initial placement
- (aa) Maximum of 1 per 7 year period
- (bb) Maximum of 1 per lifetime, per quadrant or arch
- (dd) Limited to patients age 16 and over
- (ff) Limited to 1 x-ray procedure (D0210, D0330, D0367) per 5 year period

Plan C

Dental Code	Description of Procedure	Limitations	Amount the plan covers
D0120	Periodic oral evaluation-established patient	(u)	\$37
D0140	Limited oral evaluation-problem focused	(u)	\$62
D0145	Oral Evaluation for a patient under three years of age and counseling with primary caregiver.	(u)	\$58
D0150	Comprehensive oral evaluation-new or established patient	(u)	\$65
D0180	Comprehensive periodontal evaluation-new or established patient	(u)	\$71
D0210	Intraoral-complete series of radiographic Images	(ff)	\$99
D0220	Intraoral-periapical first radiographic image		\$20
D0230	Intraoral-periapical each additional radiographic image		\$18
D0240	Intraoral-occlusal radiographic image		\$31
D0270	Bitewing-single radiographic image	(v)	\$21
D0272	Bitewings-two radiographic images	(v)	\$33
D0273	Bitewings-three radiographic images	(v)	\$40
D0274	Bitewings-four radiographic images	(v)	\$46
D0330	Panoramic radiographic image	(ff)	\$84
D0367	Cone Beam CT capture and interpretation with field of view of both jaws	(ff)	\$217

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Fee schedule cont.

Plan C

Dental Code	Description of Procedure	Limitations	Amount the plan covers
D1110	Prophylaxis - adult	(a)	\$68
D1120	Prophylaxis - child	(a)	\$47
D1206	Topical application of fluoride varnish	(w) (d)	\$36
D1208	Topical application of fluoride - excluding varnish	(w) (d)	\$24
D1351	Sealant-per tooth (permanent molar teeth)	(b) (w) (g)	\$39
D1510	Space maintainer-fixed-unilateral (quad)	(w) (bb)	\$247
D1516	Space maintainer-fixed-bilateral,maxillary	(w) (bb)	\$345
D1517	Space maintainer-fixed-bilateral,mandibular	(w) (bb)	\$345
D1551	Recement or re-bond space maintainer,maxillary	(w) (bb)	\$53
D1552	Recement or re-bond space maintainer,mandibular	(w) (bb)	\$53
D2140	Amalgam-one surface, primary or permanent	(o) (l)	\$93
D2150	Amalgam-two surfaces, primary or permanent	(o) (l)	\$120
D2160	Amalgam-three surfaces, primary or permanent	(o) (l)	\$145
D2161	Amalgam-four or more surfaces, primary or Permanent	(o) (l)	\$177
D2330	Resin-based composite-one surface, anterior	(o) (l)	\$106
D2331	Resin-based composite-two surfaces, anterior	(o) (l)	\$135
D2332	Resin-based composite-three surfaces, anterior	(o) (l)	\$165
D2335	Resin-based composite-four or more surfaces or involving incisal angle (anterior)	(o) (l)	\$195
D2390	Resin-based composite crown, anterior (primary only)	(o) (l)	\$217
D2391	Resin-based composite-one surface, posterior	(o) (l)	\$124
D2392	Resin-based composite-two surfaces, posterior	(o) (l)	\$162
D2393	Resin-based composite-three surfaces, Posterior	(o) (l)	\$201
D2394	Resin-based composite-four or more surfaces, Posterior	(o) (l)	\$247
D2520	Inlay-metallic-two surfaces	(aa) (dd)	\$632

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Fee schedule cont.

Plan C

Dental Code	Description of Procedure	Limitations	Amount the plan covers
D2530	Inlay-metallic-three or more surfaces	(aa) (dd)	\$728
D2542	Onlay-metallic-two surfaces	(aa) (dd)	\$714
D2543	Onlay-metallic-three surfaces	(aa) (dd)	\$747
D2544	Onlay-metallic-four or more surfaces	(aa) (dd)	\$777
D2643	Onlay-porcelain/ceramic-three surfaces	(aa) (dd)	\$772
D2644	Onlay-porcelain/ceramic-four or more surfaces	(aa) (dd)	\$819
D2740	Crown-porcelain/ceramic substrate	(aa) (dd)	\$823
D2750	Crown-porcelain fused to high noble metal	(aa) (dd)	\$812
D2751	Crown-porcelain fused to predominantly base metal	(aa) (dd)	\$756
D2752	Crown-porcelain fused to noble metal	(aa) (dd)	\$775
D2783	Crown-3/4 porcelain/ceramic	(aa) (dd)	\$801
D2790	Crown-full cast high noble metal	(aa) (dd)	\$784
D2791	Crown-full cast predominantly base metal	(aa) (dd)	\$743
D2792	Crown-full cast noble metal	(aa) (dd)	\$756
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	(z)	\$71
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	(z)	\$71
D2920	Re-cement or re-bond crown	(z)	\$72
D2930	Prefabricated stainless steel crown-primary Tooth	(aa) (w)	\$197
D2931	Prefabricated stainless steel crown-permanent Tooth	(aa) (w)	\$223
D2933	Prefabricated stainless steel crown with resin window (primary tooth)	(aa) (w)	\$273
D2950	Core buildup, including any pins when required	(aa) (dd)	\$188
D2951	Pin retention, per tooth, in addition to Restoration	(aa) (dd)	\$43
D2952	Post and core in addition to crown, indirectly Fabricated	(aa) (dd)	\$297
D2954	Prefabricated post and core in addition to Crown	(aa) (dd)	\$238

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Fee schedule cont.

Plan C

Dental Code	Description of Procedure	Limitations	Amount the plan covers
D3110	Pulp cap - direct (excluding final restoration)	(r)	\$65
D3120	Pulp cap - indirect (excluding final restoration)	(r)	\$52
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of Medicament	(r)	\$134
D3221	Pulpal debridement, primary and permanent teeth	(r)	\$147
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	(r)	\$170
D3310	Anterior Root Canal Therapy	(r)	\$541
D3320	Bicuspid Root Canal Therapy	(r)	\$663
D3330	Molar Root Canal Therapy	(r)	\$822
D3346	Retreatment of previous root canal therapy- Anterior	(r)	\$721
D3347	Retreatment of previous root canal therapy- Bicuspid	(r)	\$849
D3348	Retreatment of previous root canal therapy- molar	(r)	\$1,000
D3410	Apicoectomy - anterior	(r)	\$572
D3421	Apicoectomy - bicuspid (first root)	(r)	\$636
D3425	Apicoectomy - molar (first root)	(r)	\$721
D3426	Apicoectomy (each additional root)	(r)	\$244
D3430	Retrograde filling-per root	(r)	\$179
D3450	Root amputation-per root	(r)	\$373
D3920	Hemisection (including any root removal), not including root canal therapy	(s)	\$283
D3950	Canal Preparation and fitting of preformed dowel or post	(s)	\$129
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	(k)	\$454
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	(k)	\$202
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces, per quadrant	(k)	\$575
D4241	Gingival flap procedure, including root planing - one to three teeth or bounded teeth spaces, per quadrant	(k)	\$333
D4249	Clinical crown lengthening - hard tissue	(k)	\$630

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Fee schedule cont.

Plan C

Dental Code	Description of Procedure	Limitations	Amount the plan covers
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	(k)	\$958
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	(k)	\$514
D4263	Bone replacement graft - first site in quadrant	(k)	\$343
D4264	Bone replacement graft - each additional site in quadrant	(k)	\$292
D4266	Guided tissue regeneration - resorbable barrier, per site	(k)	\$353
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	(k)	\$454
D4270	Pedicle soft tissue graft procedure	(k)	\$681
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	(k)	\$832
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	(k)	\$472
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	(k)	\$625
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	(k)	\$176
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	(k)	\$102
D4346	Scaling in presence of generalized moderate or severe gingival inflammation	(a)	\$102
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	(a)	\$120
D4910	Periodontal maintenance	(a)	\$108
D5110	Complete denture - maxillary	(aa)	\$1,000
D5120	Complete denture - mandibular	(aa)	\$1,000
D5130	Immediate denture - maxillary	(aa)	\$1,000
D5140	Immediate denture - mandibular	(aa)	\$1,000
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	(aa)	\$886
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	(aa)	\$1,000
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	(aa)	\$1,000
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	(aa)	\$1,000
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	(aa)	\$886

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Fee schedule cont.

Plan C

Dental Code	Description of Procedure	Limitations	Amount the plan covers
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	(aa)	\$1,000
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth) maxillary	(aa)	\$677
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth) mandibular	(aa)	\$677
D5410	Adjust complete denture - maxillary	(d) (z)	\$58
D5411	Adjust complete denture - mandibular	(d) (z)	\$58
D5421	Adjust partial denture - maxillary	(d) (z)	\$58
D5422	Adjust partial denture - mandibular	(d) (z)	\$58
D5511	Repair broken complete denture base, Mandibular	(d) (z)	\$115
D5512	Repair broken complete denture base, Maxillary	(d) (z)	\$115
D5520	Replace missing or broken teeth - complete denture (each tooth)	(d) (z)	\$96
D5630	Repair or replace broken clasp	(d) (z)	\$163
D5640	Replace broken teeth - per tooth	(d) (z)	\$105
D5650	Add tooth to existing partial denture	(d) (z)	\$144
D5660	Add clasp to existing partial denture	(d) (z)	\$173
D5710	Rebase complete maxillary denture	(f) (z)	\$426
D5711	Rebase complete mandibular denture	(f) (z)	\$407
D5720	Rebase maxillary partial denture	(f) (z)	\$403
D5721	Rebase mandibular partial denture	(f) (z)	\$403
D5730	Reline complete maxillary denture (chairside)	(f) (z)	\$241
D5731	Reline complete mandibular denture (chairside)	(f) (z)	\$241
D5740	Reline maxillary partial denture (chairside)	(f) (z)	\$220
D5741	Reline mandibular partial denture (chairside)	(f) (z)	\$220
D5750	Reline complete maxillary denture (laboratory)	(f) (z)	\$321
D5751	Reline complete mandibular denture (laboratory)	(f) (z)	\$321

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Fee schedule cont.

Plan C

Dental Code	Description of Procedure	Limitations	Amount the plan covers
D5760	Reline maxillary partial denture (laboratory)	(f) (z)	\$316
D5761	Reline mandibular partial denture (laboratory)	(f) (z)	\$316
D5820	Interim partial denture (maxillary)	(f)	\$393
D5821	Interim partial denture (mandibular)	(f)	\$417
D6010	Surgical placement of implant body: endosteal Implant	(aa) (dd)	\$1,000
D6056	Prefabrication abutment - includes modification and placement	(aa) (dd)	\$364
D6057	Custom abutment - includes placement	(aa) (dd)	\$450
D6058	Abutment supported porcelain/ceramic crown	(aa) (dd)	\$1,000
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	(aa) (dd)	\$997
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	(aa) (dd)	\$942
D6061	Abutment supported porcelain fused to metal crown (noble metal)	(aa) (dd)	\$961
D6062	Abutment supported cast metal crown (high noble metal)	(aa) (dd)	\$957
D6063	Abutment supported cast metal crown (predominantly base metal)	(aa) (dd)	\$834
D6065	Implant supported porcelain/ceramic crown)	(aa) (dd)	\$994
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	(aa) (dd)	\$968
D6210	Pontic - Cast high noble metal	(aa) (dd)	\$781
D6211	Pontic - Cast predominately base metal	(aa) (dd)	\$732
D6212	Pontic - Cast noble metal	(aa) (dd)	\$761
D6240	Pontic - Porcelain fused to high noble metal	(aa) (dd)	\$771
D6241	Pontic - Porcelain fused to predominantly base metal	(aa) (dd)	\$712
D6242	Pontic - Porcelain fused to noble metal	(aa) (dd)	\$752
D6245	Pontic - Porcelain/ceramic	(aa) (dd)	\$796
D6545	Retainer-cast metal for resin bonded fixed Prosthesis	(aa) (dd)	\$293
D6548	Retainer-porcelain/ceramic for resin bonded fixed prosthesis	(aa) (dd)	\$322

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Fee schedule cont.

Plan C

Dental Code	Description of Procedure	Limitations	Amount the plan covers
D6740	Crown - porcelain/ceramic	(aa) (dd)	\$816
D6750	Crown - porcelain fused to high noble metal	(aa) (dd)	\$795
D6751	Crown - porcelain fused to predominantly base metal	(aa) (dd)	\$742
D6752	Crown - porcelain fused to noble metal	(aa) (dd)	\$760
D6790	Crown - full cast high noble metal	(aa) (dd)	\$768
D6792	Crown - full cast noble metal	(aa) (dd)	\$754
D6930	Recement fixed partial denture	(d) (z)	\$105
D7111	Extraction, coronal remnants - deciduous tooth	(r)	\$91
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	(r)	\$121
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated.	(r)	\$195
D7220	Removal of impacted tooth - soft tissue	(r)	\$245
D7230	Removal of impacted tooth - partially bony	(r)	\$326
D7240	Removal of impacted tooth - complete bony	(r)	\$383
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	(r)	\$481
D7250	Surgical removal of residual tooth roots (cutting procedure)	(r)	\$206
D7251	Coronectomy - intentional partial tooth removal	(r)	\$206
D7280	Surgical access of an unerupted tooth	(r)	\$373
D7283	Placement of device to facilitate eruption of impacted tooth	(r)	\$160
D7286	Incisional biopsy of oral tissue-soft	(r)	\$319
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	(bb)	\$204
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	(bb)	\$178
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	(bb)	\$331
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	(bb)	\$280
D7510	Incision and drainage of abscess - intraoral soft Tissue	(bb)	\$219

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Fee schedule cont.

Plan C

Dental Code	Description of Procedure	Limitations	Amount the plan covers
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	(bb)	\$331
D7953	Bone replacement graft for ridge preservation - per site	(bb)	\$346
D7961	Buccal/labial frenectomy (frenulectomy)	(bb)	\$280
D7962	Lingual frenectomy (frenulectomy)	(bb)	\$280
D9110	Palliative (emergency) treatment of dental pain - minor procedure	(t)	\$85
D9222	Deep sedation/general anesthesia - first 15 Minutes	(t)	\$190
D9223	Deep sedation/general anesthesia - each additional 15 minutes	(t)	\$145
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis (per visit)	(t)	\$54
D9239	Intravenous conscious sedation/analgesia - first 15 minutes	(t)	\$156
D9243	Intravenous conscious sedation/analgesia - each additional 15 minutes	(t)	\$123
D9310	Consultation - diagnostic service provided by dentist or physician other than re-requesting dentist or physician	(u)	\$97
D9995	Teledentistry - synchronous; real-time Encounter	(u)	\$37

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