

**DENTAL INSURANCE POLICY
PREMIUMS SUBJECT TO CHANGE**

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

The **Named Insured** as shown in the Policy Schedule will be referred to as "you," "your," or "yours." **American Family Life Assurance Company of Columbus**, a stock company, will be referred to as "we," "our," "us," or "Aflac."

IMPORTANT: This is a dental policy.

Read it carefully with the Outline of Coverage, if applicable.

THIS POLICY IS GUARANTEED-RENEWABLE FOR YOUR LIFE SUBJECT TO AFLAC'S RIGHT TO CHANGE THE APPLICABLE TABLE OF PREMIUM RATES BY CLASS UPON ANY RENEWAL DATE.

We agree that this policy will never be restricted by the addition of any rider without your consent, nor will renewal be refused because of any change in any covered person's health or physical condition. You are guaranteed the right to renew this policy for your lifetime by the payment of premiums at the rate in effect at the beginning of each term. Aflac may change the established premium rate, but only if the rate is changed for all policies of this class. While this policy is in force, no change will be made in your class because of the age, sex or physical condition of any covered person(s). "Class" means all policies of this form number and premium classification in your state that are then in force. If the established premium rate changes, Aflac will notify you in writing at your last known address at least 30 days before the change becomes effective.

CONSIDERATION

This policy is issued in consideration of the statements made in your application and the payment of the premium shown in the Policy Schedule. A copy of your application is attached and is a part of this policy. The following paragraphs set forth the insurance benefits, limitations and exclusions, definitions of terms, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy and that it meets your insurance needs. If you are not satisfied, you may return it within 30 days after you receive it. Send it to your associate (duly licensed agent) or to Aflac Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999. Our toll-free telephone number is 1-800-99-AFLAC (1-800-992-3522). You will receive a full refund of all premiums paid, and your policy will be void from its effective date. If you return the policy, please note in writing: "This policy is returned for cancellation and refund of premium."

IMPORTANT NOTICE

Please read your application attached to this policy. This policy is issued on the basis that the information shown on the application is correct and complete to the best of your knowledge and belief. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information shown on it is not correct or complete. A material misrepresentation can result in the denial of a claim or termination of the policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.

**Aflac Worldwide Headquarters: 1932 Wynnton Road, Columbus, Georgia 31999
For assistance or information about this policy, call 1-800-99-AFLAC (1-800-992-3522).**

Visit our Web site at www.aflac.com.

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Policy Schedule

NAMED INSURED: John A. Doe

POLICY NUMBER: 111-2222

TYPE OF COVERAGE: Individual

COVERAGE: XXXXXX
AAABBB

MODE OF PAYMENT: Monthly

PREMIUMS:

Policy: \$XX.xx
Rider: \$XX.xx
Rider: \$XX.xx

EFFECTIVE DATES:

Policy: XX/XX/XX
Rider: XX/XX/XX
Rider: XX/XX/XX

Benefit Categories

Waiting Periods

- A. Dental Wellness Benefit [0, 0 months]
- B. X-Ray Benefit [0, 0 months]
- C. Other Preventive Benefits [0, 6 months]
- D. Other Diagnostic Benefits [0, 3 months]
- E. Fillings and Other Basic Restorative Benefits [0, 3 months]
- F. Crowns and Other Major Restorative Benefits [3, 12 months]
- G. Root Canals and Other Endodontic Benefits [3, 12 months]
- H. Gum Treatments/Periodontic Benefits [3, 6 months]
- I. Dentures and Other Prosthetic Benefits [6, 24 months]
- J. Repairs and Adjustments to Prosthetic Benefits [3, 6 months]
- K. Extractions and Other Oral Surgery Benefits [3, 6 months]
- L. Pain Relief and Adjunctive Services Benefits..... [3, 3 months]

Optional Benefits

Waiting Periods

- Orthodontic Benefit Rider 24 months
- Cosmetic Benefit Rider..... 24 months

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the effective date shown in the Policy Schedule.

ABCD
Joey M. Loudermilk, Secretary

ABCD
Daniel P. Amos, President

This is a legal contract between you and Aflac.

READ YOUR POLICY CAREFULLY.

Part 1

DEFINITIONS

- A. DENTAL HYGIENIST:** a legally qualified person, other than a member of your Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.
- B. DENTIST:** a legally qualified person, other than a member of your Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.
- C. IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brother or sister (includes stepbrother and stepsister); children (includes stepchildren); parent(s) (includes stepparents); grandchildren; father- or mother-in-law; and spouses, as applicable, of any of these.
- D. POLICY YEAR:**
1. **First Policy Year:** the period of time that begins on the effective date of coverage as shown in the Policy Schedule and ends 365 days from the effective date.
 2. **Each Subsequent Policy Year:** each 12-month period thereafter.
- E. TYPE OF COVERAGE** (see your Policy Schedule to determine the type of coverage in force — Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family):
1. **Individual:** coverage for only you, the insured person listed in the Policy Schedule.
 2. **Named Insured/Spouse Only:** coverage for you (the insured person) and your spouse.
 3. **One-Parent Family:** coverage for you (the insured person) and all of your dependent children who are unmarried and under 25 years of age. Children are your natural children, stepchildren, or legally adopted children who are unmarried and under 25 years of age. Children born to dependent children of you or your spouse are covered under this policy.
 4. **Two-Parent Family:** coverage for you (the insured person), your spouse, and all of your dependent children (or those of your spouse) who are unmarried and under 25 years of age. Children are your natural children, stepchildren, or legally adopted children who are unmarried and under 25 years of age. Children born to dependent children of you or your spouse are covered under this policy.

Persons covered under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage are referred to as "covered persons." Newborn children are automatically covered under the terms of the policy from the moment of birth, and adopted children are covered from the date of petition. Children in which you must provide medical support under a court order are also covered under the terms of the policy. Coverage for newborn or adopted children will be in effect through the 31st day following the date of such event. If you desire uninterrupted coverage for a newborn or an adopted child, you must notify Aflac within 31 days of the child's birth or the date of petition for adoption. Upon notification, Aflac will convert this policy to the Type of Coverage you requested and advise you of the additional premium due, if any. If you wish any other person to be covered after the effective date of the policy, you must apply for such coverage, and that person must be added by endorsement. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

the child's 25th birthday or the child's marriage, whichever occurs first. Termination will be without prejudice to any claim originating prior thereto. Upon notification to us of the deletion of the last qualified dependent child, Aflac will convert this policy to Individual or Named Insured/Spouse Only coverage and will apply any excess premium paid as requested by the Insured. Aflac's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as covered persons under the policy. Coverage provided under any One-Parent Family or Two-Parent Family contract will include any other unmarried dependent child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated while covered hereunder. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the dependent child's 25th birthday. At Aflac's request you must furnish proof of continued incapacity and dependency, but not more often than annually after the two-year period following the child's 25th birthday.

In the event of your death, your spouse, if covered by this policy, will become the Named Insured.

- F. WAITING PERIOD:** the period after the effective date of coverage for which benefits are not payable. If the policy is reinstated, all covered persons will be subject to new Waiting Periods beginning with the effective date of reinstatement. If a dependent is added by endorsement, the Waiting Period for such dependent will begin from the effective date of the addition. The Waiting Period will vary based on the benefit category (see the Policy Schedule).

Part 2

LIMITATIONS AND EXCLUSIONS

- A.** This policy does not cover losses caused by or resulting from:
1. Any procedure not shown on the Schedule of Dental Procedures.
 2. Services that are not recommended by a Dentist or that are not required for the preservation or restoration of oral health.
 3. Repairs to dental work within six months of the initial work.
 4. Replacement prosthetics within five years of last placement.
 5. Treatment involving crowns for a given tooth within five years of last placement, regardless of the type of crown.
 6. Replacement for inlays or onlays for a given tooth within five years of last placement.
 7. Treatment received while outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where your policy was issued.
- B.** Benefits for sealants are limited to secondary molars for dependent children under age 16 and will not be payable more often than every five years.
- C.** No benefits will be paid for replacement of teeth missing before the effective date of coverage.

Part 3

RIGHT OF CONVERSION

- A. DISSOLUTION OF MARRIAGE:** If you and your spouse dissolve your marriage by a valid decree of dissolution of marriage and your spouse was covered under a Named Insured/Spouse Only policy or a Two-Parent Family policy, the ex-spouse's coverage will terminate. Your ex-spouse may then apply for and receive, without evidence of insurability, a policy providing coverage not greater than the terminated coverage. To obtain the policy, your ex-spouse must make application to Aflac within 60 days following the entry of the decree of dissolution of marriage and pay the appropriate premium for the policy. No Waiting Period is required except to the extent that such period has not been met under this policy. If such dissolution of marriage occurs, the Named Insured under this policy at the time of the dissolution will retain that status. Any covered dependents may be covered under either policy, but not both.
- B. DEATH:** In the event of your death, your spouse, if alive and covered hereunder, will become the Named Insured. All benefits accrued prior to your death will be paid to your estate. No Waiting Period is required except to the extent that such period has not been satisfied by that person under this policy.
- C. TERMINATION OF DEPENDENCY:** A covered person whose dependency has terminated and who desires to continue coverage as a Named Insured under a separate policy may do so by notifying Aflac of the request in writing. The dependent will have the right to apply for a policy without evidence of insurability and without interruption in coverage, provided Aflac receives written notification of the request prior to 31 days after the anniversary date of this policy following the date he or she is no longer considered a dependent.

Part 4

UNIFORM PROVISIONS

- A. ENTIRE CONTRACT; CHANGES:** This policy, together with the application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance. No change in this policy is valid until approved in writing by the secretary and president of Aflac at our worldwide headquarters. Any such change must be noted on or attached hereto. No associate (duly licensed agent) has the authority to change this policy or to waive any of its provisions.
- B. TIME LIMIT ON CERTAIN DEFENSES:** After two years from the effective date of this policy, any misstatements, except fraudulent misstatements, made by you in the application shall not be used to void the policy or to deny a claim for care commencing after the expiration of such two-year period.
- C. TERM:** The term of this policy begins at midnight, standard time, at the place where you reside on the effective date shown in the Policy Schedule. It ends at midnight, at the same standard time, on the first renewal date. Each renewal term ends at midnight, at the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of this policy is shown in the Policy Schedule. An annual premium will maintain this policy in force for 12 months, semiannual for six months, quarterly for three months, and monthly for one month. Premium for a term is due on the first day of that term. If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.

D. GRACE PERIOD: A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, this policy shall continue in force.

E. REINSTATEMENT: You may request reinstatement of your policy from our associate (duly licensed agent) or Aflac. If your policy has lapsed for nonpayment of premium and we accept a later payment without requiring an application, your policy will be reinstated. If we require a written application and provide you with a conditional receipt, your policy shall be reinstated upon our approval of the application. If we do not notify you of our disapproval in writing within 45 days of the date of your application, your policy shall be deemed reinstated. The reinstated policy shall cover loss resulting only from covered dental treatment that occurs after the date of reinstatement. In all other respects, you and Aflac shall have the same rights as provided under the policy immediately before the due date of the defaulted premium, subject to new Waiting Periods beginning with the effective date of reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

F. NOTICE OF CLAIM: Written notice of claim must be given within 60 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Aflac at our worldwide headquarters or to our associate (duly licensed agent). Notice of claim should include the name of the covered person and the policy number.

G. CLAIM FORMS: When we receive a notice of claim, we will send you forms for filing proof of loss. If the forms are not given to you within ten working days, you will meet the proof-of-loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

H. PROOF OF LOSS: Written proof of loss must be furnished to Aflac at our worldwide headquarters, in the case of claim for loss for which this policy provides any periodic payment contingent upon continuing loss, within 90 days after the termination of the period for which Aflac is liable and in case of claim for any other loss, within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than 15 months from the time proof is otherwise required.

I. TIME OF PAYMENT OF CLAIMS: All benefits payable under this policy will be paid immediately upon receipt of written proof of loss.

J. PAYMENT OF CLAIMS: All benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate.

Any premium due and unpaid may be deducted from a claim payment. If a covered person under this policy is eligible for and receives medical assistance from the Texas Department of Human Resources, the benefits payable under this policy shall be paid to that agency. The amount of the benefits payable to the Texas Department of Human Resources shall be the actual medical expenses paid by the agency on behalf of the insured, subject to any benefit limitations provided by the policy. The payments will be made after receipt by Aflac, or a notice of assignment of benefits from the Texas Department of Human Resources.

All benefits paid on behalf of the child or children under the policy must be paid to the Texas Department of Human Resources whenever: (1) the Texas Department of Human Services is paying benefits under the Human Resources code, Chapter 31 or 32, and (2) the parent who purchased the individual policy has possession or access to the child pursuant to a court order, or is entitled to access or possession of the child and is required by a court order to pay child support.

- K. LEGAL ACTIONS:** No legal action may be brought to recover on this policy within 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action may be brought after six years from the time written proof of loss is required to be furnished.
- L. CONFORMITY WITH STATE AND FEDERAL STATUTES:** Any provision of this policy that on its effective date is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.
- M. OTHER INSURANCE WITH AFLAC:** Insurance effective at any one time on the Named Insured under more than one Aflac dental policy or rider, if any, is limited to one such Aflac dental policy chosen by you, your beneficiary, or your estate, as the case may be. We will pay benefits under the policies for claims that may have been incurred since their respective effective dates. We will also return all premiums paid for all other such policies.

Part 5
BENEFITS

SUBJECT TO THE WAITING PERIOD LISTED IN THE POLICY SCHEDULE AND THE PROVISIONS IN THE LIMITATIONS AND EXCLUSIONS SECTION, WE WILL PAY THE FOLLOWING BENEFITS WHEN A CHARGE IS INCURRED FOR COVERED DENTAL TREATMENT THAT OCCURS WHILE COVERAGE IS IN FORCE (IF A COVERED ADA CODE IS REVISED OR REPLACED BY THE AMERICAN DENTAL ASSOCIATION, AFLAC WILL PAY AN AMOUNT COMPARABLE TO THE AMOUNT SHOWN IN THE SCHEDULE OF DENTAL PROCEDURES FOR THE PROCEDURE OR CODE SHOWN BELOW).

SCHEDULE OF DENTAL PROCEDURES

*ADA Code	<u>Description</u>	<u>Benefit Level</u>
A.	DENTAL WELLNESS BENEFIT	\$50

This benefit is payable for you or any covered person for any one treatment listed below per visit. This benefit is payable once per visit, regardless of the number of treatments received. To be payable, dental wellness visits must be separated by 150 days or more. This benefit is payable twice per Policy Year per covered person. The treatment must be performed by a Dentist or Dental

Hygienist.

- D0110 Initial Oral Evaluation
- D0120 Periodic Oral Evaluation
- D0150 Comprehensive Oral Evaluation (new or established patient)
- D0160 Detailed and Extensive Oral Evaluation (problem focused, by report)
- D0170 Re-evaluation – Limited, Problem (established patient; not postoperative visit)
- D0180 Comprehensive Periodontal Evaluation (new or established patient)
- D0425 Caries Susceptibility Tests
- D1110 Prophylaxis (adult)
- D1120 Prophylaxis (child)
- D1201 Topical Application of Fluoride (child, including prophylaxis)
- D1203 Topical Application of Fluoride (child, prophylaxis not included)
- D1204 Topical Application of Fluoride (adult, prophylaxis not included)
- D1205 Topical Application of Fluoride (adult, including prophylaxis)
- D1310 Nutritional Counseling for Control of Dental Disease
- D1320 Tobacco Counseling for the Control and Prevention of Oral Disease
- D1330 Oral Hygiene Instructions
- D4910 Periodontal Maintenance
- D9430 Office Visit for Observation (during regularly scheduled hours, no other services performed)
- D9910 Application of Desensitizing Medicament

<u>ADA Code</u>	<u>Description</u>	<u>Benefit Level</u>
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B. X-RAY BENEFIT \$25

This benefit is payable for you or any covered person for any one X-ray procedure listed below per visit. This benefit is payable once per visit, regardless of the number of X-rays received. This benefit is payable only once per Policy Year per covered person. The treatment must be performed by a Dentist or Dental Hygienist.

- D0210 Intraoral (complete series, including bitewings)
- D0220 Intraoral (periapical, first film)
- D0230 Intraoral (periapical, each additional film)
- D0240 Intraoral (occlusal film)
- D0250 Extraoral (first film)
- D0260 Extraoral (each additional film)
- D0270 Bitewing (single film)
- D0272 Bitewings (two films)
- D0274 Bitewings (four films)
- D0277 Vertical Bitewings (seven to eight films)
- D0330 Panoramic Film
- D0340 Cephalometric Film

The benefits below are subject to the Waiting Period, as shown in the Policy Schedule, and a Policy Year maximum of \$1,600 per covered person. The benefits listed are per covered person. All treatments must be performed by a Dentist.

ADA	<u>Description</u>	Benefit
Form A81300TX	8	A81300TX.3

Code

Level

C. OTHER PREVENTIVE BENEFITS

D1351	Sealant (per tooth)	\$20
D1510	Space Maintainer (fixed, unilateral)	95
D1515	Space Maintainer (fixed, bilateral)	120
D1520	Space Maintainer (removable, unilateral)	95
D1525	Space Maintainer (removable, bilateral)	120
D1550	Recementation of Space Maintainer	45

D. OTHER DIAGNOSTIC BENEFITS

Benefits D0130 and D0140 are payable only for visits where no other covered services are performed.

D0130	Emergency Oral Evaluation	\$30
D0140	Limited Oral Evaluation	30
D0290	Posterior-Anterior or Lateral Skull and Facial Bone Survey Film	75
D0310	Sialography	190
D0415	Bacteriologic Studies for Determination of Pathologic Agents	15
D0460	Pulp Vitality Tests	15
D0470	Diagnostic Casts	30
D0471	Diagnostic Photographs	15
D0501	Histopathologic Exam	50

E . FILLINGS AND OTHER BASIC RESTORATIVE BENEFITS

D2140	Amalgam (one surface)	
	Primary	\$55
	Permanent	75
D2150	Amalgam (two surfaces)	
	Primary	65
	Permanent	80
D2160	Amalgam (three surfaces)	
	Primary	65
	Permanent	85
D2161	Amalgam (four or more surfaces)	
	Primary	75
	Permanent	95
D2330	Resin-Based Composite (one surface, anterior)	70
D2331	Resin-Based Composite (two surfaces, anterior)	85
D2332	Resin-Based Composite (three surfaces, anterior)	100
D2335	Resin-Based Composite (four or more surfaces or involving incisal angle, anterior)	120
D2390	Resin-Based Composite Crown (anterior)	120
D2391	Resin-Based Composite (one surface, posterior)	
	Primary	65
	Permanent	70
D2392	Resin-Based Composite (two surfaces, posterior)	
	Primary	80
	Permanent	85
D2393	Resin-Based Composite (three surfaces, posterior)	
	Primary	95

	Permanent	100
D2394	Resin-Based Composite (four or more surfaces, posterior)	
	Primary	95
	Permanent	100
D2410	Gold Foil (one surface)	250
D2420	Gold Foil (two surfaces)	275

F. CROWNS AND OTHER MAJOR RESTORATIVE BENEFITS

D2510	Inlay (metallic, one surface)	\$225
D2520	Inlay (metallic, two surfaces)	250
D2530	Inlay (metallic, three or more surfaces)	400
D2542	Onlay (metallic, two surfaces)	300
D2543	Onlay (metallic, three surfaces)	325
D2544	Onlay (metallic, four or more surfaces)	350
D2610	Inlay (porcelain/ceramic, one surface)	250
D2620	Inlay (porcelain/ceramic, two surfaces)	275
D2630	Inlay (porcelain/ceramic, three or more surfaces)	425
D2642	Onlay (porcelain/ceramic, two surfaces)	325
D2643	Onlay (porcelain/ceramic, three surfaces)	350
D2644	Onlay (porcelain/ceramic, four or more surfaces)	375
D2650	Inlay (resin-based composite, one surface)	225
D2651	Inlay (resin-based composite, two surfaces)	250
D2652	Inlay (resin-based composite, three or more surfaces)	325
D2662	Onlay (resin-based composite, two surfaces)	275
D2663	Onlay (resin-based composite, three surfaces)	325
D2664	Onlay (resin-based composite, four or more surfaces)	325
D2710	Crown (resin, indirect)	190
D2720	Crown (resin with high noble metal)	375
D2721	Crown (resin with predominantly base metal)	375
D2722	Crown (resin with noble metal)	375
D2740	Crown (porcelain/ceramic substrate)	375
D2750	Crown (porcelain fused to high noble metal)	375
D2751	Crown (porcelain fused to predominantly base metal)	375
D2752	Crown (porcelain fused to noble metal)	375
D2780	Crown (3/4-cast high noble metal)	375
D2781	Crown (3/4-cast predominantly base metal)	375
D2782	Crown (3/4-cast noble metal)	375
D2783	Crown (3/4-porcelain/ceramic)	375
D2790	Crown (full-cast high noble metal)	375
D2791	Crown (full-cast predominantly base metal)	375
D2792	Crown (full-cast noble metal)	375
D2910	Recement Inlay	35
D2920	Recement Crown	35
D2930	Prefabricated Stainless Steel Crown (primary tooth)	80
D2931	Prefabricated Stainless Steel Crown (permanent tooth)	90
D2932	Prefabricated Resin Crown	130
D2933	Prefabricated Stainless Steel Crown with Resin Window	140
D2940	Sedative Filling	30
D2950	Core Buildup (including any pins)	80
D2951	Pin Retention (per tooth, in addition to restoration)	25
D2952	Cast Post and Core (in addition to crown)	110

D2954	Prefabricated Post and Core (in addition to crown)	130
D2955	Post Removal (not in conjunction with endodontic therapy)	90
D2970	Temporary Crown (fractured tooth)	85
D2980	Crown Repairs, By Report.....	190

G. ROOT CANALS AND OTHER ENDODONTIC BENEFITS

D3110	Pulp Cap (direct, excluding final restoration)	\$20
D3120	Pulp Cap (indirect, excluding final restoration)	20
D3220	Therapeutic Pulpotomy (excluding final restoration) Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament ..	50
D3230	Pulpal Therapy (resorbable filling; anterior, primary tooth, excluding final restoration)	50
D3240	Pulpal Therapy (resorbable filling; posterior, primary tooth, excluding final restoration)	50
D3310	Anterior (excluding final restoration, root canal)	225
D3320	Bicuspid (excluding final restoration, root canal)	275
D3330	Molar (excluding final restoration, root canal)	375
D3340	Root Canal (four or more)	375
D3346	Retreatment of Previous Root Canal Therapy (anterior)	200
D3347	Retreatment of Previous Root Canal Therapy (bicuspid)	250
D3348	Retreatment of Previous Root Canal Therapy (molar)	325
D3351	Apexification/Recalcification (initial visit; apical closure/calcific repair of perforations, root resorption, etc.)	160
D3352	Apexification/Recalcification (interim medication replacement; apical closure/calcific repair of perforations, root resorption, etc.)	40
D3353	Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/calcific repair of perforations, root resorption, etc.) .	80
D3410	Apicoectomy/Periradicular Surgery (anterior).....	170
D3421	Apicoectomy/Periradicular Surgery (bicuspid; first root)	325
D3425	Apicoectomy/Periradicular Surgery (molar; first root)	400
D3426	Apicoectomy/Periradicular Surgery (each additional root)	130
D3430	Retrograde Filling (per root)	95
D3450	Root Amputation (per root)	190
D3920	Hemisection (including any root removal; not including root canal therapy)	150
D3950	Canal Preparation and Fitting of Preformed Dowel or Post.....	65

H. GUM TREATMENTS/PERIODONTIC BENEFITS

D4210	Gingivectomy or Gingivoplasty (four or more contiguous teeth or bounded teeth spaces per quadrant)	\$160
D4211	Gingivectomy or Gingivoplasty (one to three teeth per quadrant)	50
D4240	Gingival Flap Procedure, Including Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	275
D4241	Gingival Flap Procedure, Including Root Planing (one to three teeth per quadrant)	275
D4249	Clinical Crown Lengthening (hard tissue).....	300
D4250	Mucogingival Surgery (per quadrant)	300
D4260	Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant)	300
D4261	Osseous Surgery (including flap entry and closure; one to three teeth per quadrant)	300
D4263	Bone Replacement Graft (first site in quadrant)	325

D4264	Bone Replacement Graft (each additional site in quadrant)	250
D4270	Pedicle Soft Tissue Graft Procedure	325
D4271	Free Soft Tissue Graft Procedure (including donor site surgery)	325
D4273	Subepithelial Connective Tissue Graft Procedures	375
D4275	Soft Tissue Allograft.....	325
D4320	Provisional Splinting (intracoronal).....	180
D4321	Provisional Splinting (extracoronal).....	150
D4341	Periodontal Scaling and Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	80
D4342	Periodontal Scaling and Root Planing (one to three teeth per quadrant)	80
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis.....	65

I. DENTURES AND OTHER PROSTHETIC BENEFITS

D5110	Complete Denture (maxillary)	\$525
D5120	Complete Denture (mandibular).....	525
D5130	Immediate Denture (maxillary).....	525
D5140	Immediate Denture (mandibular)	525
D5211	Maxillary Partial Denture (resin base; including any conventional clasps, rests, and teeth).....	375
D5212	Mandibular Partial Denture (resin base; including any conventional clasps, rests, and teeth).....	375
D5213	Maxillary Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	550
D5214	Mandibular Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	550
D5281	Removable Unilateral Partial Denture (one-piece cast metal; including clasps and teeth)	350
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (maxillary)	45
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (mandibular).....	45
D5810	Interim Complete Denture (maxillary).....	250
D5811	Interim Complete Denture (mandibular)	300
D5820	Interim Partial Denture (maxillary).....	200
D5821	Interim Partial Denture (mandibular)	225
D6010	Surgical Placement of Implant Body: Endosteal Implant.....	650
D6020	Abutment Placement or Substitution: Endosteal Implant.....	650
D6040	Surgical Placement: Eposteal Implant.....	650
D6050	Surgical Placement: Transosteal Implant.....	650
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis	225
D6210	Pontic (cast high noble metal).....	375
D6211	Pontic (cast predominantly base metal)	375
D6212	Pontic (cast noble metal)	375
D6240	Pontic (porcelain fused to high noble metal)	375
D6241	Pontic (porcelain fused to predominantly base metal).....	375
D6242	Pontic (porcelain fused to noble metal).....	375
D6245	Pontic (porcelain/ceramic).....	375
D6250	Pontic (resin with high noble metal)	375
D6251	Pontic (resin with predominantly base metal).....	375
D6252	Pontic (resin with noble metal)	375
D6253	Provisional Pontic	375

D6545	Retainer (cast metal for resin-bonded fixed prosthesis)	170
D6548	Retainer (porcelain/ceramic for resin-bonded fixed prosthesis).....	170
D6600	Inlay (porcelain/ceramic, two surfaces)	275
D6601	Inlay (porcelain/ceramic, three or more surfaces)	425
D6602	Inlay (cast high noble metal, two surfaces)	375
D6603	Inlay (cast high noble metal, three or more surfaces)	400
D6604	Inlay (cast predominantly base metal, two surfaces)	375
D6605	Inlay (cast predominantly base metal, three or more surfaces)	400
D6606	Inlay (cast noble metal, two surfaces)	375
D6607	Inlay (cast noble metal, three or more surfaces)	400
D6608	Onlay (porcelain/ceramic, two surfaces)	325
D6609	Onlay (porcelain/ceramic, three or more surfaces)	350
D6610	Onlay (cast high noble metal, two surfaces)	400
D6611	Onlay (cast high noble metal, three or more surfaces).....	425
D6612	Onlay (cast predominantly base metal, two surfaces).....	400
D6613	Onlay (cast predominantly base metal, three or more surfaces)	425
D6614	Onlay (cast noble metal, two surfaces)	400
D6615	Onlay (cast noble metal, three or more surfaces)	425
D6720	Crown (resin with high noble metal)	375
D6721	Crown (resin with predominantly base metal).....	375
D6722	Crown (resin with noble metal).....	375
D6740	Crown (porcelain/ceramic)	375
D6750	Crown (porcelain fused to high noble metal).....	375
D6751	Crown (porcelain fused to predominantly base metal)	375
D6752	Crown (porcelain fused to noble metal).....	375
D6780	Crown (3/4-cast high noble metal)	375
D6781	Crown (3/4-cast predominantly base metal).....	375
D6782	Crown (3/4-cast noble metal).....	375
D6783	Crown (3/4-porcelain/ceramic)	375
D6790	Crown (full-cast high noble metal).....	375
D6791	Crown (full-cast predominantly base metal)	375
D6792	Crown (full-cast noble metal)	375
D6793	Provisional Retainer Crown.....	375
D6970	Cast Post and Core (in addition to fixed partial denture retainer)	160
D6971	Cast Post (as part of fixed partial denture retainer).....	140
D6972	Prefabricated Post and Core (in addition to fixed partial denture retainer) ..	130
D6973	Core Buildup for Retainer (including any pins)	100
D6975	Coping (metal)	300

J. REPAIRS AND ADJUSTMENTS TO PROSTHETIC BENEFITS

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	50
D5520	Replace Missing or Broken Teeth (complete denture; each tooth).....	45
D5610	Repair Resin Denture Base	50
D5620	Repair Cast Framework	75
D5630	Repair or Replace Broken Clasp.....	60
D5640	Replace Broken Teeth (per tooth).....	45
D5650	Add Tooth to Existing Partial Denture	55

D5660	Add Clasp to Existing Partial Denture	75
D5710	Rebase Complete Maxillary Denture	160
D5711	Rebase Complete Mandibular Denture	200
D5720	Rebase Maxillary Partial Denture	200
D5721	Rebase Mandibular Partial Denture	200
D5730	Reline Complete Maxillary Denture (chairside)	95
D5731	Reline Complete Mandibular Denture (chairside)	95
D5740	Reline Maxillary Partial Denture (chairside)	110
D5741	Reline Mandibular Partial Denture (chairside)	110
D5750	Reline Complete Maxillary Denture (laboratory)	130
D5751	Reline Complete Mandibular Denture (laboratory)	130
D5760	Reline Maxillary Partial Denture (laboratory)	160
D5761	Reline Mandibular Partial Denture (laboratory)	160
D5850	Tissue Conditioning (maxillary)	50
D5851	Tissue Conditioning (mandibular)	50
D6090	Repair of Implanted Supported Prosthetic, By Report	130
D6095	Repair of Implanted Abutment, By Report	130
D6100	Implant Removal, By Report	40
D6930	Recement Fixed Partial Denture	40

K. EXTRACTIONS AND OTHER ORAL SURGERY BENEFITS

D7111	Coronal Remnants (deciduous tooth)	\$60
D7140	Extraction, Erupted Tooth, or Exposed Root (elevation and/or forceps removal)	50
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	90
D7220	Removal of Impacted Tooth (soft tissue)	120
D7230	Removal of Impacted Tooth (partially bony)	140
D7240	Removal of Impacted Tooth (completely bony)	160
D7241	Removal of Impacted Tooth (completely bony, with unusual surgical complications)	170
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	85
D7260	Oroantral Fistula Closure	225
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth and/or Alveolus	225
D7280	Surgical Access of an Unerupted Tooth	250
D7281	Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption	80
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	80
D7285	Biopsy of Oral Tissue – Hard (bone, tooth)	425
D7286	Biopsy of Oral Tissue –Soft (all others)	180
D7310	Alveoloplasty in Conjunction with Extractions (per quadrant)	75
D7320	Alveoloplasty Not in Conjunction with Extractions (per quadrant)	100
D7340	Vestibuloplasty – Ridge Extension (secondary epithelialization)	975
D7350	Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)	925
D7410	Excision of Benign Lesion (up to 1.25 cm)	650
D7411	Excision of Benign Lesion (greater than 1.25 cm)	650
D7412	Excision of Benign Lesion (complicated)	650
D7413	Excision of Malignant Lesion (up to 1.25 cm)	800
D7414	Excision of Malignant Lesion (greater than 1.25 cm)	800

D7415	Excision of Malignant Lesion (complicated)	800
D7440	Excision of Malignant Tumor (lesion diameter up to 1.25 cm)	800
D7441	Excision of Malignant Tumor (lesion diameter greater than 1.25 cm).....	800
D7450	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm).....	650
D7451	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm).....	650
D7460	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm).....	650
D7461	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	650
D7471	Removal of Lateral Exostosis (maxilla or mandible)	450
D7472	Removal of Torus Palatinus	450
D7473	Removal of Torus Mandibularis	450
D7485	Surgical Reduction of Osseous Tuberosity	550
D7510	Incision and Drainage of Abscess (intraoral soft tissue).....	120
D7520	Incision and Drainage of Abscess (extraoral soft tissue).....	575
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue.....	200
D7540	Removal of Reaction-Producing Foreign Bodies (musculoskeletal system)	225
D7550	Partial Osteotomy/Sequestrectomy for Removal of Nonvital Bone.....	140
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body.....	925
D7610	Maxilla (open reduction; teeth immobilized, if present).....	925
D7620	Maxilla (closed reduction; teeth immobilized, if present)	925
D7630	Mandible (open reduction; teeth immobilized, if present)	75
D7640	Mandible (closed reduction; teeth immobilized, if present)	100
D7650	Malar and/or Zygomatic Arch (open reduction)	925
D7660	Malar and/or Zygomatic Arch (closed reduction).....	650
D7670	Alveolus (closed reduction, may include stabilization of teeth).....	850
D7671	Alveolus (open reduction, may include stabilization of teeth)	450
D7710	Maxilla (open reduction).....	925
D7720	Maxilla (closed reduction)	925
D7730	Mandible (open reduction)	100
D7740	Mandible (closed reduction)	100
D7750	Malar and/or Zygomatic Arch (open reduction)	400
D7760	Malar and/or Zygomatic Arch (closed reduction).....	400
D7770	Alveolus (open reduction stabilization of teeth)	450
D7771	Alveolus (closed reduction stabilization of teeth).....	850
D7960	Frenulectomy (frenectomy or frenotomy; separate procedure)	100
D7970	Excision of Hyperplastic Tissue (per arch)	100
D7971	Excision of Pericoronal Gingiva.....	85

L. PAIN RELIEF AND ADJUNCTIVE SERVICES BENEFITS

Benefits D9220 and D9230 are not payable for the same surgery.

D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure).....	\$35
D9220	Deep Sedation/General Anesthesia	90
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide.....	90
D9241	Intravenous Conscious Sedation/Analgesia (first 30 minutes).....	140
D9310	Consultation (diagnostic service provided by Dentist or physician other than practitioner providing treatment).....	35
D9410	House/Extended-Care Facility Call.....	35

D9420	Hospital Call.....	35
D9440	Office Visit (after regularly scheduled hours)	35
D9450	Case Presentation, Detailed and Extensive Treatment Planning	35

FOR TRAINING PURPOSES ONLY