



**Access ePPO**

**DentaQuest<sup>®</sup>**

**MID-ATLANTIC, INC.**

# Welcome to the DentaQuest ACCESS ePPO Dental Plan

The ACCESS ePPO dental plan provides much of the flexibility of a traditional PPO along with the ease of predicting your out-of-pocket costs.

## HOW DOES THE ACCESS ePPO DENTAL PLAN WORK?

As a member of the ACCESS ePPO dental plan, you (and each covered member of your family) can choose to receive care from any of the more than 2,100 Participating Dentists in the ACCESS ePPO network. By receiving care from one of our Participating Dentists, you'll enjoy:

- **Freedom to Choose** – You can visit any one of the Participating General Dentists or Specialists in the ACCESS ePPO network; no specialty referrals are required to see any of the Participating Specialists.
- **A Focus on Oral Health** – DentaQuest's oral health program "Healthy Mouths, Happy Smiles" helps patients improve and manage their oral health through dedicated information directed at preventing and treating gum disease and tooth decay.
- **Maximum Rollover Benefit** – The *Maximum Rollover benefit* allows patients to roll over a portion of their unused benefit dollars from one year to the next giving patients the ability to plan ahead for covered services. For complete details of the *Maximum Rollover* benefit visit our website at: [www.dentaquestdental.com](http://www.dentaquestdental.com)
- **Predictable Out-of-Pocket Costs** – Your co-payments for most covered services are listed in the enclosed Member Fee Schedule. For a specific procedure not listed contact our Customer Service Department at: 1-800-334-6277.
- **Comprehensive Coverage** – Most preventive and diagnostic services are covered at 100%. For other services a co-payment and/or a deductible may apply. Your out-of-pocket obligation for most covered services is listed in this brochure.

## SEE YOUR PLAN ADMINISTRATOR FOR SPECIFICS ON YOUR CALENDAR YEAR MAXIMUM AND DEDUCTIBLE.

### FIND A DENTIST

To find an ACCESS ePPO Plan Participating General Dentist or Specialist, or to see if your current dentist is an ACCESS ePPO network provider, visit our website at: [www.dentaquestdental.com](http://www.dentaquestdental.com) and click on "Find A Dentist" and the ACCESS ePPO network dentist search. You may also contact our Customer Service Department at: 1-800-334-6277.

### OUT-OF-NETWORK SERVICES

The ACCESS ePPO Plan does not cover dental services provided by Non-Participating Dentists. You must receive your dental care from a Participating Dentist in order for your care to be covered. To find a Participating Dentist near you, visit our website at: [www.dentaquestdental.com](http://www.dentaquestdental.com) and click on "Find A Dentist" and the ACCESS ePPO network dentist search. An exception will be made in the case of an emergency that occurs outside the DentaQuest service area. A maximum of \$50 per occurrence minus any applicable member fees will be reimbursed.

### IDENTIFICATION CARDS

Two identification cards will be mailed to your home shortly after your enrollment. Both cards are issued in the subscriber's name, but can be used by everyone covered under your plan.

## THE CLAIMS PROCESS FOR ACCESS DENTISTS

- Present your ID card to the Participating Dentist at the time of your visit.
- You are responsible for paying the Participating Dentist for any co-payments and deductibles (if applicable).
- The Participating Dentist will submit your claim to DentaQuest and DentaQuest will pay the Participating Dentist directly for the portion DentaQuest is responsible for paying.
- DentaQuest will send you an Explanation of Benefits (EOB) detailing what DentaQuest paid the Participating Dentist under your plan's coverage.
- If you receive treatment that is not covered under your plan, you may be billed at the Participating Dentist's usual fee rather than DentaQuest's negotiated fee. The same is true if you continue to receive services once you have reached your annual maximum.

## COORDINATION OF BENEFITS

If your family is covered by more than one dental plan, or by a medical plan that includes dental coverage, DentaQuest will coordinate benefits with the other carrier. In determining coverage, total payments from both carriers cannot exceed the allowable charge for service. If you have a question about Coordination of Benefits, please contact our Customer Service Department at: 1-800-334-6277.

## OTHER CLAIM INFORMATION

- Ask your dentist to submit a "pre-treatment estimate" for any procedure that exceeds \$600. This will enable us to help you estimate any out-of-pocket expenses you may incur.
- Under your plan's subrogation clause, you may be required to reimburse DentaQuest for claim payments if you also receive payment from a third party who is held liable for an injury that required the dental care.

## HOW TO ENROLL

- Complete a DentaQuest Enrollment Form. If employee contributions are required, your signature authorizes payroll deductions.
- Return your completed Enrollment Form to your supervisor or personnel director.
- You will receive a DentaQuest Member Identification Card shortly after your enrollment has been processed.

## FOR MORE INFORMATION

If you require further information or have any questions, you may contact us by visiting our website at: [www.dentaquestdental.com](http://www.dentaquestdental.com) or by calling our Customer Service Department at: 1-800-334-6277.

**Note:** This material is a guide to the dental benefits available with the ACCESS ePPO dental plan. Limitations and exclusions may apply. If any question arises about the benefits described in this brochure, please see your benefits administrator for a copy of the subscriber certificate.

# Access ePPO Plan Member Fee Schedule C

ADA CODE	PROCEDURE DESCRIPTION	CUSTOMARY FEE*	MEMBER FEE**
<b>D0100-D0999</b>	<b>DIAGNOSTIC</b>		
	<b>CLINICAL ORAL EXAMINATIONS</b>		
D0120	Periodic oral evaluation – established patient (once every 6 months)	\$45.00	\$0.00
D0140	Limited oral evaluation – problem focused (not to exceed 3 in 6 months)	\$65.00	\$0.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver (once every 6 months for child age 3 or under)	\$60.00	\$0.00
D0150	Comprehensive oral evaluation – new or established patient for first encounter with the dentist/dental office (once per 60 months)	\$70.00	\$0.00
D0160	Detailed and extensive oral evaluation – problem focused, by report (once per 60 months)	\$143.00	\$0.00
D0170	Re-evaluation – limited problem focused (established patient; not a postop visit; not to exceed 3 in 6 months)	\$65.00	\$0.00
D0180	Comprehensive periodontal evaluation – new or established patient (once per 60 months)	\$110.00	\$0.00
	<b>RADIOGRAPHS</b>		
D0210	Intraoral – complete series including bitewings (once in 60 months)	\$125.00	\$0.00
D0220	Intraoral periapical – first film	\$22.00	\$0.00
D0230	Intraoral periapical – each additional film	\$22.00	\$0.00
D0240	Intraoral occlusal film (2 per 6 months)	\$30.00	\$0.00
D0250	Extraoral – first film (2 per 6 months)	\$45.00	\$0.00
D0260	Extraoral – each additional film (2 per 6 months)	\$22.00	\$0.00
D0270	Bitewing – single film (one series without duplication per 6 months)	\$22.00	\$0.00
D0272	Bitewings – two films (one series without duplication per 6 months)	\$35.00	\$0.00
D0273	Bitewings – three films (one series without duplication per 6 months)	\$40.00	\$0.00
D0274	Bitewings – four films (one series without duplication per 6 months)	\$60.00	\$0.00
D0277	Vertical bitewings – 7 to 8 films (one series without duplication per 6 months)	\$98.00	\$0.00
D0290	Posterior/anterior or lateral skull and facial bone survey film (when dentally necessary)	\$85.00	\$0.00
D0330	Panoramic film (once in 60 months)	\$125.00	\$0.00
	<b>TESTS AND EXAMINATIONS</b>		
D0460	Pulp vitality tests (per visit, not per tooth, for emergencies)	\$40.00	\$0.00
	<b>UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT</b>		
D0999	Chlorhexidine mouth rinse or fluoride toothpaste (twice per year for 2 years; covered only following scaling and root planing (a deep cleaning) and must be dispensed in the dentist's office.)	\$15.00	\$0.00
<b>D1000-D1999</b>	<b>PREVENTIVE</b>		
	<b>DENTAL PROPHYLAXIS (ROUTINE CLEANING)</b>		
D1110	Prophylaxis – adult, age 14 and over (once per 6 months)	\$80.00	\$0.00
D1120	Prophylaxis – child, under age 14 (once per 6 months)	\$55.00	\$0.00
	<b>TOPICAL FLUORIDE TREATMENT (once per 6 months)</b>		
D1203	Topical application of fluoride (excluding prophylaxis), child up to 14th birthday	\$30.00	\$0.00
D1204	Topical application of fluoride (excluding prophylaxis), adult up to 19th birthday	\$36.00	\$0.00
D1206	Topical application of fluoride varnish up to 19th birthday	\$30.00	\$0.00
	<b>OTHER PREVENTIVE SERVICES</b>		
D1351	Sealant on unrestored permanent molars – per tooth (once per 4 years through age 15, or up to age 19 when decay in molar)	\$40.00	\$17.00
	<b>SPACE MAINTENANCE (passive appliances)</b>		
D1510	Space maintainer – fixed unilateral (once per quadrant per lifetime for children under age 14 for replacement of primary or permanent posterior teeth)	\$300.00	\$95.00
D1515	Space maintainer – fixed bilateral (once per arch per lifetime for children under age 14 for replacement of primary or permanent posterior teeth)	\$450.00	\$105.00
D1520	Space maintainer – removable unilateral (once per quadrant per lifetime for children under age 14 for replacement of primary or permanent posterior teeth)	\$300.00	\$95.00
D1525	Space maintainer – removable bilateral (once per arch per lifetime for children under age 14 for replacement of primary or permanent posterior teeth)	\$450.00	\$115.00
D1550	Recementation of space maintainer (once per arch or quadrant for children under age 14)	\$55.00	\$30.00
D1555	Removal of fixed space maintainer (once per arch or quadrant for children under age 14)	\$55.00	\$30.00

## SYMBOL KEY

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DentaQuest Mid-Atlantic, Inc.  
Form #MA-AeMFC.8-09

## Access ePPO Plan Member Fee Schedule C

ADA CODE	PROCEDURE DESCRIPTION	CUSTOMARY FEE*	MEMBER FEE**
<b>D2000-D2999 RESTORATIVE</b>			
<b>AMALGAM RESTORATIONS (includes polishing; one filling per tooth per surface within 24 months)</b>			
D2140	Amalgam, one surface – primary or permanent	\$150.00	\$20.00
D2150	Amalgam, two surfaces – primary or permanent	\$175.00	\$30.00
D2160	Amalgam, three surfaces – primary or permanent	\$220.00	\$40.00
D2161	Amalgam, four or more surfaces – primary or permanent	\$252.00	\$55.00
<b>RESIN-BASED COMPOSITE RESTORATIONS (includes acid-etch, light cure &amp; resin bonding; one filling per tooth per surface once within 24 month period)</b>			
D2330	Resin-based composite – one surface, anterior	\$150.00	\$32.00
D2331	Resin-based composite – two surfaces, anterior	\$190.00	\$42.00
D2332	Resin-based composite – three surfaces, anterior	\$220.00	\$52.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle, anterior	\$265.00	\$100.00
D2390	Resin-based composite crown – anterior	\$300.00	\$70.00
D2391	Resin-based composite, one surface, posterior	\$150.00	\$45.00
D2392	Resin-based composite, two surfaces, posterior	\$190.00	\$55.00
D2393	Resin-based composite, three surfaces, posterior	\$220.00	\$65.00
D2394	Resin-based composite, four or more surfaces, posterior	\$265.00	\$115.00
<b>INLAY/ONLAY RESTORATIONS (cast/laboratory restorations once every 60 months)</b>			
D2510	Inlay – metallic – one surface	\$550.00	\$261.00
D2520	Inlay – metallic – two surfaces	\$625.00	\$336.00
D2530	Inlay – metallic – three or more surfaces	\$950.00	\$375.00
D2542	Onlay – metallic – two surfaces (must be 12 or older)	\$800.00	\$355.00
D2543	Onlay – metallic – three surfaces (must be 12 or older)	\$900.00	\$375.00
D2544	Onlay – metallic – four or more surfaces (must be 12 or older)	\$1,000.00	\$391.00
D2610	Inlay – porcelain/ceramic – one surface	\$625.00	\$317.00
D2620	Inlay – porcelain/ceramic – two surfaces	\$880.00	\$331.00
D2630	Inlay – porcelain/ceramic – three or more surfaces	\$850.00	\$374.00
D2642	Onlay – porcelain/ceramic – two surfaces (must be 12 or older)	\$850.00	\$375.00
D2643	Onlay – porcelain/ceramic – three surfaces (must be 12 or older)	\$935.00	\$391.00
D2644	Onlay – porcelain/ceramic four or more surfaces (must be 12 or older)	\$1,000.00	\$393.00
D2650	Inlay – composite/resin – one surface (laboratory processed)	\$500.00	\$317.00
D2651	Inlay – composite/resin – two surfaces (laboratory processed)	\$650.00	\$331.00
D2652	Inlay – composite/resin – three or more surfaces (laboratory processed)	\$730.00	\$374.00
D2662	Onlay – composite/resin – two surfaces (laboratory processed; must be 12 or older)	\$775.00	\$375.00
D2663	Onlay – composite/resin – three surfaces (laboratory processed; must be 12 or older)	\$900.00	\$391.00
D2664	Onlay – composite/resin – four or more surfaces (laboratory processed; must be 12 or older)	\$900.00	\$393.00
<b>CROWNS – SINGLE RESTORATIONS (once every 60 months except children under age 12)</b>			
D2710	Crown – resin (indirect)	\$800.00	\$433.00
D2712	Crown – 3/4 resin based composite (indirect) does not include facial veneers	\$800.00	\$433.00
D2720	Crown – resin with high noble metal	\$900.00	\$465.00
D2721	Crown – resin with predominantly base metal	\$750.00	\$450.00
D2722	Crown – resin with noble metal	\$800.00	\$450.00
D2740	Crown – porcelain/ceramic substrate	\$1,000.00	\$545.00
D2750	Crown – porcelain fused to high noble metal	\$1,000.00	\$570.00
D2751	Crown – porcelain fused to predominantly base metal	\$900.00	\$520.00
D2752	Crown – porcelain fused to noble metal	\$975.00	\$520.00
D2780	Crown – 3/4 cast high noble metal	\$950.00	\$393.00
D2781	Crown – 3/4 cast predominately base metal	\$900.00	\$368.00
D2782	Crown – 3/4 cast noble metal	\$925.00	\$391.00
D2783	Crown – 3/4 porcelain/ceramic	\$990.00	\$400.00
D2790	Crown – full cast high noble metal	\$900.00	\$507.00
D2791	Crown – full cast predominantly base metal	\$850.00	\$455.00
D2792	Crown – full cast noble metal	\$900.00	\$473.00
D2794	Crown – titanium	\$1,000.00	\$530.00
<b>OTHER RESTORATIVE SERVICES</b>			
D2910	Recement inlay (after 6 months of initial placement)	\$85.00	\$34.00
D2915	Recement cast or prefabricated post and core (once in lifetime)	\$85.00	\$34.00
D2920	Recement crown (once every 12 months per tooth after 6 months of initial placement)	\$85.00	\$27.00
D2930	Prefabricated stainless steel crown – primary tooth (once every 24 months)	\$200.00	\$90.00

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ADA CODE	PROCEDURE DESCRIPTION	CUSTOMARY FEE*	MEMBER FEE**
<b>D2000-D2999 RESTORATIVE – Continued</b>			
D2931	Prefabricated stainless steel crown – permanent tooth (once every 24 months)	\$225.00	\$90.00
D2932	Prefabricated resin crown (once every 24 months on anterior primary tooth)	\$225.00	\$66.00
D2933	Prefabricated stainless steel crown with resin window. Open face stainless steel crown with aesthetic resin facing or veneer. (once every 24 months on anterior primary tooth)	\$250.00	\$84.00
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth (once every 24 months on anterior primary tooth)	\$250.00	\$84.00
D2940	Sedative filling – once per tooth; excluded when definitive restoration is performed on tooth	\$80.00	\$30.00
D2950	Core build-up, including any pins (once per tooth per 60 months)	\$250.00	\$100.00
D2951	Pin retention – per tooth, in addition to restoration (once per permanent tooth during same appointment for restoration)	\$45.00	\$28.00
D2952	Post and core in addition to crown, indirectly fabricated (once per tooth, per 60 months)	\$295.00	\$141.00
D2953	Each additional indirectly fabricated post, same tooth, indirectly fabricated	\$190.00	\$77.00
D2954	Prefabricated post and core in addition to crown (once per tooth per 60 months)	\$250.00	\$105.00
D2961	Labial veneer (resin laminate) – laboratory (not covered if considered cosmetic; once per 60 months)	\$700.00	\$285.00
D2962	Labial veneer (porcelain laminate) – laboratory (not covered if considered cosmetic; once per 60 months)	\$990.00	\$436.00
D2970	Temporary crown – fractured tooth, by report (may be covered when treatment is definitive and no other restoration is planned)	\$225.00	\$104.00
D2971	Additional procedures to construct new crown under existing partial denture framework (once per tooth per 60 months)	\$150.00	\$54.00
D2980	Crown repair, by report (once per tooth per 12 months) after 6 months of initial placement	\$240.00	\$85.00
<b>D3000-D3999 ENDODONTICS</b>			
<b>PULP CAPPING (excluding final restoration or sedative filling for same tooth)</b>			
D3110	Pulp cap direct	\$70.00	\$13.00
D3120	Pulp cap indirect	\$55.00	\$13.00
<b>PULPOTOMY</b>			
D3220	Therapeutic pulpotomy (only on primary teeth, excluding final restoration; once per tooth per lifetime)	\$175.00	\$100.00
D3221	Gross pulpal debridement primary and permanent teeth (once per tooth per lifetime)	\$200.00	\$100.00
<b>ENDODONTIC THERAPY</b>			
D3222	Therapeutic pulpotomy (once per permanent tooth per lifetime for patients under 19 years)	\$166.00	\$100.00
D3230	Pulpal therapy (resorbable filling) anterior primary tooth (excluding final restoration and on primary molar without a permanent successor)	\$200.00	\$90.00
D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration and on primary molar without a permanent successor)	\$250.00	\$102.00
<b>ENDODONTIC THERAPY (includes treatment plan, clinical procedures, and follow-up care)</b>			
D3310	Anterior (excluding final restoration) retreatment not before 24 months	\$850.00	\$550.00
D3320	Bicuspid (excluding final restoration) retreatment not before 24 months	\$950.00	\$640.00
D3330	Molar (excluding final restoration) retreatment not before 24 months	\$1,200.00	\$780.00
D3331	Treatment of root canal obstruction; non-surgical access	\$360.00	\$127.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$400.00	\$234.00
D3333	Internal root repair of perforation defects	\$305.00	\$119.00
<b>ENDODONTIC RETREATMENT (includes complete root canal therapy)</b>			
D3346	Retreatment of previous root canal therapy, anterior, by report (once per tooth after 24 months)	\$950.00	\$569.00
D3347	Retreatment of previous root canal therapy, bicuspid, by report (once per tooth after 24 months)	\$1,100.00	\$658.00
D3348	Retreatment of previous root canal therapy, molar, by report (once per tooth after 24 months)	\$1,275.00	\$776.00
D3351	Apexification/recalcification – initial visit. (apical closure/calific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4–6 months of healing or narrowing of canal	\$390.00	\$170.00
D3352	Apexification/recalcification – interim medication replacement (apical closure/calific repair of perforations, root resorption, etc.) for permanent teeth and must follow 4–6 months of healing or narrowing of canal	\$135.00	\$83.00
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calific repair of perforations, root resorption, etc.)	\$360.00	\$179.00
D3410	Apicoectomy/periradicular surgery – anterior (once per tooth)	\$1,000.00	\$414.00

### SYMBOL KEY

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ADA CODE	PROCEDURE DESCRIPTION	CUSTOMARY FEE*	MEMBER FEE**
<b>D3000-D3999      ENDODONTICS – Continued</b>			
D3421	Apicoectomy/periradicular surgery – bicuspid (first root; once per tooth)	\$1,100.00	\$446.00
D3425	Apicoectomy/periradicular surgery – molar (first root; once per tooth)	\$1,200.00	\$543.00
D3426	Apicoectomy/periradicular surgery – (each additional root; must be submitted with D3421 or D3425 on same date of service)	\$250.00	\$145.00
D3430	Retrograde filling (one per root up to maximum of 2 retrogrades on a molar)	\$220.00	\$138.00
D3450	Root amputation – per root (once per posterior tooth)	\$425.00	\$258.00
D3920	Hemisection (including any root removal), not including root canal therapy (once per posterior tooth)	\$325.00	\$194.00
<b>D4000-D4999      PERIODONTICS (Limited to 2 Quadrants per Date of Service)</b>			
<b>SURGICAL SERVICES (includes usual post-operative care)</b>			
D4210	Gingivectomy or gingivoplasty – 4 or more contiguous teeth or tooth bounded spaces per quadrant for 5 mm or greater pocketing (once per quadrant per 36 months)	\$550.00	\$198.00
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant for 5 mm or greater pocketing (once per tooth per 36 months)	\$175.00	\$100.00
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant for 5mm or greater pocketing (once per quadrant per 36 months)	\$700.00	\$368.00
D4241	Gingival flap procedure, including root planing one to three contiguous teeth or tooth bounded spaces with 5mm or greater pocketing per quadrant (once per tooth per 36 months)	\$550.00	\$221.00
D4249	Clinical crown lengthening – hard tissue (covered when bone removed, once per tooth per 60 months)	\$740.00	\$379.00
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or tooth bounded spaces with 5mm or greater pocketing, once per quadrant per 36 months	\$950.00	\$600.00
D4261	Osseous surgery (including flap and closure) – one to three contiguous teeth or tooth bounded spaces with 5mm or greater pocketing, once per quadrant per 36 months	\$820.00	\$360.00
D4263	Bone replacement graft – first site in quadrant (once per site per 36 months)	\$525.00	\$230.00
D4264	Bone replacement graft – each additional site in quadrant, not to exceed 2 sites in a quadrant (once per site per 36 months)	\$436.00	\$134.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration (once per site per 36 months)	\$546.00	\$194.00
D4266	Guided tissue regeneration – resorbable barrier, per site (not to exceed 2 sites in a quadrant per 36 months)	\$585.00	\$341.00
D4267	Guided tissue regeneration – non-resorbable barrier, per site, (includes membrane removal; not to exceed 2 sites in a quadrant per 36 months)	\$606.00	\$358.00
D4270	Pedicle soft tissue graft procedure (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	\$700.00	\$401.00
D4271	Free soft tissue graft procedure (including donor site surgery; once per tooth per 36 months, not to exceed 2 teeth per 36 months)	\$800.00	\$401.00
D4273	Subepithelial connective tissue graft procedures (including donor site surgery; once per tooth per 36 months, not to exceed 2 teeth per 36 months)	\$1,088.00	\$626.00
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area; once per site per 36 months)	\$400.00	\$194.00
D4275	Soft tissue allograft, per site (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	\$1,120.00	\$405.00
D4276	Combined connective tissue and double pedicle graft (once per tooth per 36 months, not to exceed 2 teeth per 36 months)	\$1,190.00	\$544.00
<b>NON-SURGICAL SERVICES (includes usual post-operative costs)</b>			
D4341	Periodontal scaling and root planing – four or more teeth per quadrant with 4 mm pocketing (once per quadrant per 24 months)	\$225.00	\$97.00
D4342	Periodontal scaling and root planing – (once per quad per 24 months; one to three teeth per quadrant)	\$170.00	\$52.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (once)	\$125.00	\$60.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue (Once per tooth per 24 months 4 weeks after scaling and root planing)	\$65.00	\$42.00

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ADA CODE	PROCEDURE DESCRIPTION	CUSTOMARY FEE*	MEMBER FEE**
<b>D4000-D4999 PERIODONTICS (Limited to 2 Quadrants per Date of Service) – Continued</b>			
<b>OTHER PERIODONTAL SERVICES</b>			
D4910	Periodontal maintenance procedures (following active therapy) (once per 3 months following active periodontal therapy)	\$125.00	\$75.00
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$65.00	\$49.00
<b>D5000-D5999 PROSTHODONTICS (removable)</b>			
<b>COMPLETE DENTURES (includes routine post-delivery care)</b>			
D5110	Complete denture – maxillary (once per 60 months)	\$1,200.00	\$560.00
D5120	Complete denture – mandibular (once per 60 months)	\$1,200.00	\$560.00
D5130	Immediate denture – maxillary (once per lifetime)	\$1,200.00	\$565.00
D5140	Immediate denture – mandibular (once per lifetime)	\$1,200.00	\$565.00
<b>PARTIAL DENTURES (includes routine post-delivery care; once per arch per 60 months after 6 months from initial placement)</b>			
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests, and teeth)	\$1,100.00	\$375.00
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests, and teeth)	\$1,100.00	\$375.00
D5213	Maxillary partial denture – case metal framework with resin saddles (including any conventional clasps, rests, and teeth)	\$1,200.00	\$625.00
D5214	Mandibular partial denture – cast metal framework and resin saddles (including any conventional clasps, rests, and teeth)	\$1,200.00	\$625.00
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	\$1,200.00	\$625.00
D5226	Mandibular partial denture – flexible base (including clasps, rests and teeth)	\$1,200.00	\$625.00
D5281	Removable unilateral partial denture – one piece cast metal (including clasps and arch)	\$700.00	\$318.00
<b>ADJUSTMENTS TO DENTURES (2 adjustments per denture per 12 months after 6 months from initial placement)</b>			
D5410	Adjust complete denture – maxillary	\$60.00	\$20.00
D5411	Adjust complete denture – mandibular	\$60.00	\$20.00
D5421	Adjust partial denture – maxillary	\$60.00	\$20.00
D5422	Adjust partial denture – mandibular	\$60.00	\$20.00
<b>REPAIRS TO COMPLETE DENTURES</b>			
D5510	Repair broken complete denture base (once per arch per 12 months)	\$140.00	\$59.00
D5520	Replace missing or broken teeth (once per tooth per 12 months)	\$130.00	\$65.00
<b>REPAIRS TO PARTIAL DENTURES</b>			
D5610	Repair resin denture base (once per arch per 12 months)	\$135.00	\$59.00
D5620	Repair cast framework (once per arch per 12 months)	\$165.00	\$59.00
D5630	Repair or replace broken clasp (once per tooth per 12 months)	\$175.00	\$59.00
D5640	Repair broken teeth – per tooth (once per tooth per 12 months)	\$150.00	\$65.00
D5650	Add tooth to existing partial denture (once per tooth per 12 months)	\$150.00	\$65.00
D5660	Add clasp to existing partial denture (once per tooth per 12 months)	\$180.00	\$70.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary; once in 60 months)	\$500.00	\$245.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular; once in 60 months)	\$500.00	\$245.00
<b>DENTURE REBASE PROCEDURES (once per arch per 36 months after 6 months from insertion)</b>			
D5710	Rebase complete maxillary denture	\$350.00	\$185.00
D5711	Rebase complete mandibular denture	\$350.00	\$185.00
D5720	Rebase maxillary partial denture	\$350.00	\$110.00
D5721	Rebase mandibular partial denture	\$350.00	\$110.00
<b>DENTURE RELINE PROCEDURES (per arch per 36 months after 6 months from insertion)</b>			
D5730	Reline complete maxillary denture (chair side)	\$250.00	\$93.00
D5731	Reline complete mandibular denture (chair side)	\$250.00	\$93.00
D5740	Reline maxillary partial denture (chair side)	\$220.00	\$93.00
D5741	Reline mandibular partial denture (chair side)	\$220.00	\$93.00
D5750	Reline complete maxillary denture (laboratory)	\$350.00	\$134.00
D5751	Reline complete mandibular denture (laboratory)	\$350.00	\$134.00
D5760	Reline maxillary partial denture (laboratory)	\$340.00	\$134.00
D5761	Reline mandibular partial denture (laboratory)	\$340.00	\$134.00

### SYMBOL KEY

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**DentaQuest Mid-Atlantic, Inc.**

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## Access ePPO Plan Member Fee Schedule C

ADA CODE	PROCEDURE DESCRIPTION	CUSTOMARY FEE***	MEMBER FEE*
<b>D5000-D5999    PROSTHODONTICS (removable) – Continued</b>			
<b>INTERIM PROSTHESIS</b>			
D5820	Interim partial denture – maxillary (for replacement of anterior teeth during healing; once in 60 months)	\$500.00	\$228.00
D5821	Interim partial denture – mandibular (for replacement of anterior teeth during healing; once in 60 months)	\$500.00	\$228.00
D5850	Tissue conditioning (maxillary; up to twice per denture unit per 36 months)	\$125.00	\$41.00
D5851	Tissue conditioning (mandibular; up to twice per denture unit per 36 months)	\$125.00	\$41.00
D5860	Overdenture – complete, by report (once per arch per 60 months)	\$900.00	\$600.00
D5861	Overdenture – partial, by report (once per arch per 60 months)	\$1,108.00	\$565.00
<b>D6000-D6199    IMPLANT SERVICES</b>			
D6010	Surgical placement of implant body: endosteal implant (in lieu of 3 unit bridge; for age 16 and older; once per tooth per 60 months)	\$2,300.00	\$1,360.00
<b>IMPLANT SUPPORTED PROSTHETICS (Once per tooth per 60 months)</b>			
D6056	Prefabricated abutment (includes placement)	\$650.00	\$468.00
D6057	Custom abutment (includes placement)	\$950.00	\$560.00
D6058	Abutment supported porcelain/ceramic crown	\$1,600.00	\$705.00
D6059	Abutment supported porcelain fused to metal crown (high noble)	\$1,600.00	\$665.00
D6060	Abutment supported porcelain fused to metal crown (base metal)	\$1,500.00	\$600.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$1,600.00	\$640.00
D6062	Abutment supported cast metal crown (high noble)	\$1,400.00	\$632.00
D6063	Abutment supported cast metal crown (base metal)	\$1,200.00	\$600.00
D6064	Abutment supported cast metal crown (noble metal)	\$1,400.00	\$620.00
D6065	Implant supported porcelain/ceramic crown	\$1,400.00	\$705.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$1,600.00	\$665.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$1,600.00	\$665.00
D6094	Abutment supported crown (titanium)	\$1,200.00	\$640.00
<b>REPAIRS, RECEMENT, OR REMOVAL</b>			
D6090	Repair implant supported prosthesis, by report (once in 12 months per tooth)	\$200.00	\$76.00
D6092	Recement implant/abutment supported crown (once per tooth after 6 months from initial placement)	\$150.00	\$24.00
D6093	Recement implant/abutment supported fixed partial denture (once in 12 months after 6 months from initial placement)	\$150.00	\$35.00
D6095	Repair implant abutment, by report (once per year after 24 months of initial placement)	\$250.00	\$140.00
D6100	Implant removal, by report (once per tooth)	\$300.00	\$116.00
<b>D6200-D6999    PROSTHODONTICS, FIXED (Each retainer and each pontic constitutes a unit in a fixed partial denture. For age 16 and older. Once per tooth per 60 months, unless otherwise noted.)</b>			
<b>FIXED PARTIAL DENTURE PONTICS</b>			
D6205	Pontic – indirect resin based composite	\$800.00	\$520.00
D6210	Pontic – cast high noble	\$900.00	\$510.00
D6211	Pontic – cast predominantly base metal	\$825.00	\$463.00
D6212	Pontic – cast noble metal	\$900.00	\$473.00
D6214	Pontic – titanium	\$900.00	\$520.00
D6240	Pontic – porcelain fused to high noble metal	\$900.00	\$570.00
D6241	Pontic – porcelain fused to predominantly base metal	\$850.00	\$520.00
D6242	Pontic – porcelain fused to noble metal	\$900.00	\$520.00
D6245	Pontic – porcelain ceramic substrate	\$950.00	\$500.00
D6250	Pontic – resin with high noble metal	\$900.00	\$552.00
D6251	Pontic – resin with predominantly base metal	\$850.00	\$442.00
D6252	Pontic – resin with noble metal	\$900.00	\$508.00
<b>FIXED PARTIAL DENTURE RETAINERS – INLAYS/ONLAYS</b>			
D6545	Retainer – cast metal for resin bonded prosthesis	\$500.00	\$251.00
D6602	Inlay – cast high noble metal two surfaces	\$670.00	\$344.00
D6603	Inlay – cast high noble metal three or more surfaces	\$825.00	\$379.00
D6604	Inlay – cast predominantly base metal two surfaces	\$825.00	\$394.00

### SYMBOL KEY

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## Access ePPO Plan Member Fee Schedule C

ADA CODE	PROCEDURE DESCRIPTION	CUSTOMARY FEE*	MEMBER FEE**
<b>D6200-D6999</b>	<b>PROSTHODONTICS, FIXED (Each retainer and each pontic constitutes a unit in a fixed partial denture. For age 16 and older. Once per tooth per 60 months, unless otherwise noted.) – Continued</b>		
D6605	Inlay – cast predominantly base metal three or more surfaces	\$825.00	\$379.00
D6606	Inlay – cast noble metal two surfaces	\$670.00	\$394.00
D6607	Inlay – cast noble metal three or more surfaces	\$700.00	\$379.00
D6610	Onlay – cast high noble metal two surfaces	\$970.00	\$415.00
D6611	Onlay – cast high noble metal three or more surfaces	\$900.00	\$401.00
D6612	Onlay – cast predominantly base metal two surfaces	\$825.00	\$415.00
D6613	Onlay – cast predominantly base metal three or more surfaces	\$800.00	\$401.00
D6614	Onlay – cast noble metal two surfaces	\$945.00	\$415.00
D6615	Onlay – cast noble metal three or more surfaces	\$900.00	\$401.00
D6624	Inlay – titanium	\$850.00	\$401.00
D6634	Onlay – titanium	\$850.00	\$401.00
<b>FIXED PARTIAL DENTURE RETAINERS – CROWNS</b>			
D6710	Crown – indirect resin based composite	\$800.00	\$502.00
D6720	Crown – resin with high noble metal	\$950.00	\$446.00
D6721	Crown – resin with predominantly base metal	\$900.00	\$425.00
D6722	Crown – resin with noble metal	\$900.00	\$425.00
D6740	Crown – porcelain/ceramic	\$930.00	\$506.00
D6750	Crown – porcelain fused to high noble	\$1,000.00	\$520.00
D6751	Crown – porcelain fused to predominantly base metal	\$900.00	\$475.00
D6752	Crown – porcelain fused to noble metal	\$1,000.00	\$475.00
D6780	Crown – 3/4 cast high noble metal	\$830.00	\$410.00
D6781	Crown – 3/4 cast predominately based metal	\$800.00	\$375.00
D6782	Crown – 3/4 cast noble metal	\$945.00	\$404.00
D6790	Crown – full cast high noble metal	\$900.00	\$512.00
D6791	Crown – full cast predominantly base metal	\$850.00	\$446.00
D6792	Crown – full cast noble metal	\$900.00	\$473.00
D6793	Provisional retainer crown (If used at least 6 months during multistage care)	\$350.00	\$156.00
D6794	Crown – titanium	\$900.00	\$502.00
<b>OTHER FIXED PARTIAL DENTURE SERVICES</b>			
D6930	Recement fixed bridge (once every 12 months after 6 months from initial placement)	\$110.00	\$50.00
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$290.00	\$138.00
D6972	Prefabricated post and core in addition to bridge retainer	\$260.00	\$116.00
D6973	Core build-up for retainer, including any pins (not covered in conjunction with D6970 and D6972)	\$260.00	\$116.00
D6977	Each additional prefabricated post – same tooth	\$85.00	\$64.00
D6980	Bridge repair, by report (once every 12 months)	\$250.00	\$100.00
D6985	Pediatric partial denture – fixed (once per arch per 60 months)	\$500.00	\$375.00
<b>D7000-D7999</b>	<b>ORAL AND MAXILLOFACIAL SURGERY</b>		
D7111	Extraction coronal remnants – deciduous tooth (once per tooth)	\$115.00	\$40.00
D7140	Extraction – erupted tooth or exposed roots (elevation and/or forceps removal; once per tooth)	\$125.00	\$50.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth (once per tooth)	\$260.00	\$104.00
D7220	Removal of impacted tooth – soft tissue (once per tooth)	\$285.00	\$130.00
D7230	Removal of impacted tooth – partially bony (once per tooth)	\$350.00	\$190.00
D7240	Removal of impacted tooth – completely bony (once per tooth)	\$400.00	\$225.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications (once per tooth)	\$450.00	\$235.00
D7250	Surgical removal of residual tooth roots (once per tooth)	\$250.00	\$120.00
D7260	Oroantral fistula closure	\$850.00	\$689.00
D7261	Primary closure of a sinus perforation	\$640.00	\$200.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus (once per tooth)	\$518.00	\$414.00
D7285	Biopsy of oral tissue – hard (bone, tooth)	\$330.00	\$253.00
D7286	Biopsy of oral tissue – soft	\$350.00	\$259.00
D7287	Exfoliative cytological sample collection	\$160.00	\$50.00
D7288	Brush biopsy – transepithelial sample collection	\$90.00	\$40.00
D7310	Alveoloplasty in conjunction with extractions – per quadrant (once per quadrant per lifetime)	\$225.00	\$201.00

### SYMBOL KEY

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## Access ePPO Plan Member Fee Schedule C

ADA CODE	PROCEDURE DESCRIPTION	CUSTOMARY FEE*	MEMBER FEE**
<b>D7000-D7999 ORAL AND MAXILLOFACIAL SURGERY – Continued</b>			
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces per quadrant (once per quadrant)	\$205.00	\$132.00
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces per quadrant (no extractions performed in a quadrant; once per quadrant)	\$465.00	\$276.00
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces per quadrant (once per quadrant)	\$285.00	\$228.00
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	\$862.00	\$690.00
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$1,575.00	\$1,322.00
D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure (once per site)	\$450.00	\$322.00
D7963	Frenuoplasty (once per site)	\$402.00	\$322.00
D7970	Excision of hyperplastic tissue – per arch	\$402.00	\$322.00
D7971	Excision of pericoronal gingiva	\$250.00	\$106.00
D7980	Sialolithotomy	\$805.00	\$644.00
D7981	Excision of salivary gland, by report	\$2,875.00	\$2,300.00
D7982	Sialodochoplasty	\$1,725.00	\$1,380.00
D7983	Closure of salivary fistula	\$1,495.00	\$1,196.00
<b>D9000-D9999 ADJUNCTIVE GENERAL SERVICES</b>			
<b>UNCLASSIFIED TREATMENT</b>			
D9110	Palliative (emergency) treatment of dental pain – minor procedure (per visit basis, once on same date; limit 3 times per 12 months)	\$95.00	\$35.00
D9120	Fixed partial denture sectioning (once per tooth)	\$159.00	\$35.00
<b>ANESTHESIA</b>			
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$35.00	\$14.00
D9220	Deep sedation/general anesthesia – up to 30 minutes (covered when administered with covered surgery)	\$320.00	\$160.00
D9221	Deep sedation/general anesthesia – each additional 15 minutes (covered when administered with covered surgery)	\$120.00	\$65.00
D9241	Intravenous conscious sedation/analgesia – up to 30 minutes (covered when administered with covered surgery)	\$320.00	\$115.00
D9242	Intravenous conscious sedation/analgesia – each additional 15 minutes (covered when administered with covered surgery by licensed dentist in a dental office)	\$120.00	\$55.00
D9248	Non-Intravenous conscious sedation	\$120.00	\$89.00
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician (not covered in conjunction with an examination/evaluation)	\$46.00	\$40.00
D9940	Occlusal guard, by report (includes adjustments or repairs 6 months after delivery; once in 60 months when delivered within 36 months following active periodontal treatment)	\$270.00	\$220.00
D9942	Repair or reline of an occlusal guard (Only when D9940 has been benefited and after 6 months of initial placement)	\$154.00	\$82.00

### PLAN PROVISIONS

- Referral Forms are not required to see Participating Specialists.
- Recognized and accepted ADA-CDT procedure codes must be used when reporting treatment and assessing member fees. Use of alternative or new materials must correspond to a recognized ADA-CDT procedure code.
- Procedures "Not Covered" by the Plan may be charged at the Participating Dentist's usual and customary fee(s).
- Dental procedures performed solely for esthetic or cosmetic reasons are not covered services under the Plan, and the patient may be charged the Participating Dentist's usual and customary fee(s).
- It is recommended that Participating Dentist's contact the Plan, or submit a pre-treatment estimate, prior to providing treatment for services of \$600.00 or more.
- Patient will be liable for all hospital costs in the event dental treatment is provided in a hospital.
- Fluoride Toothpaste is only covered following periodontal surgery and must be dispensed in the dentist's office.
- Recement or repair onlay falls under procedure codes D2920 (Recement crown) or D2980 (Crown repair).
- No benefits are provided for dental services rendered by a non-plan participating dentist, except in the case of an out-of-area emergency or when the Plan has given the member a referral to a non-plan participating dentist. For these exceptions, the member is responsible for filing claims forms for reimbursement.
- Plan benefits may be verified by contacting the DentaQuest Customer Service Department at 1-800-334-6277.

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## Disclosure of Compensation Methodologies

Our compensation to dentists who offer dental care services to our insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary, or capitation. Bonuses may be used with these various types of payment methods.

If you desire additional information about our methods of paying dentists, or if you want to know which method(s) apply to your dentist, please call our Customer Service department at 1-800-334-6277, or write to:  
DentaQuest Mid-Atlantic, Inc., 4061 Powder Mill Road, Suite 325, Calverton, MD 20705.

## Methods of Paying Dentists

This table shows definitions of how Dental Plan Organizations (DPOs) may pay dentists for your dental care services with a simple example of how each payment mechanism works.

Terms	The example shows how Dr. Jones, a dentist, would be compensated under each method of payment.
<b>Salary</b>	A dentist is an employee of the DPO and is paid compensation (monetary wages) for providing specific dental care services. Since Dr. Jones is an employee of a DPO, she receives her usual bi-weekly salary regardless of how many patients she sees or the number of services she provides. During the months of providing dental care to Mrs. Smith, who is a member of the DPO, Dr. Jones' salary is unchanged. Although Mrs. Smith has received a variety of routine and restorative dental services, including a crown which is a much more complicated restorative procedure than a standard filling, the type of service provided will not have any effect upon Dr. Jones' salary.
<b>Capitation</b>	A dentist (or group of dentists) is paid a fixed amount of money per month by a DPO for each patient who chooses the dentist(s) to be his or her primary dentist. Payment is fixed without regard to the volume of services that an individual patient requires.  Under this type of contractual agreement, Dr. Jones participates in the DPO's network. She is not employed by the DPO. Her contract with the DPO stipulates that she is paid a certain amount each month for patients who select her as their primary dentist. Since Mrs. Smith is a member of the DPO, Dr. Jones' monthly payment does not change as a result of her providing ongoing care to Mrs. Smith. The capitation amount paid to Dr. Jones is the same whether or not Mrs. Smith requires dental services.
<b>Fee-for-Service</b>	A dentist charges a fee for each patient visit, dental procedure, or dental service provided. A DPO pays all or part of the fee for dentists it has under contract, depending on the type of coverage. The patient is expected to pay the remainder.  Dr. Jones' contract with the DPO states that Dr. Jones will be paid a fee for each patient visit and each service she provides. The amount of payment Dr. Jones receives will depend upon the number, types, and complexity of services, and the time she spends providing services to Mrs. Smith. Because a crown is a more complicated procedure than a standard filling, Dr. Jones is paid more for a crown than she would be paid for a standard filling. Mrs. Smith may be responsible for paying some portion of Dr. Jones' bill.
<b>Discounted Fee-for-Service</b>	Payment is less than the rate usually received by the dentist for each patient visit, dental procedure, or service. This arrangement is the result of an agreement between the payer, who gets lower costs, and the dentist, who usually gets an increased volume of patients.  Like fee-for-service, this type of contractual agreement involves the DPO paying Dr. Jones for each patient visit and each service she provides; but, under this arrangement, the rate, agreed upon in advance, is less than Dr. Jones' usual fee. Dr. Jones expects that in exchange for agreeing to accept a reduced rate, she will serve a certain number of patients. For each procedure that she performs, Dr. Jones will be paid a discounted rate by the DPO.
<b>Bonus</b>	A dentist is paid an additional amount over what he or she is paid under salary, capitation, fee-for-service, or other type of payment arrangement. Bonuses may be based on many factors, including member satisfaction, quality of care, control of costs, and use of services.  A DPO rewards its dentist staff or contracted dentists who have demonstrated higher than average quality and productivity. Because Dr. Jones has performed so many preventive dental procedures and she has been rated highly by her patients and fellow dentists, Dr. Jones will receive a monetary award in addition to her usual payment.
<b>Case Rate</b>	The DPO or insurer and the dentist agree in advance that payment will cover a combination of services provided by the dentist for an episode of care.  An example of this type of arrangement stipulates how much a DPO will pay for a patient's orthodontic treatment plan. All office visits for diagnostic and treatment procedures, as well as the banding and ongoing follow up are covered by one fee. Dr. Jones will accept the case rate payment, usually in combination from the DPO and the patient, as payment in full for the care provided to Mrs. Smith.

Under the PPO plans, DentaQuest pays 100% of the contracted dentists on a discounted fee-for-service basis.

### Premium Distribution



The chart above shows how premium dollars were distributed during 2006. It is based on the proportion of \$100 of premium that DentaQuest used to pay for administrative costs and services.



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