

Educators Mutual Life Fee Schedule

ADA CODE	PROCEDURE DESCRIPTION	EML SELECT DENTAL PROGRAM Select Dental Plan (S5)
D0100-D0999 DIAGNOSTIC		
CLINICAL ORAL EXAMINATIONS		
D0120	Periodic oral evaluation	\$18.00
D0140	* Limited oral evaluation - problem focused (by General Dentist)	\$35.00
D0150	* Comprehensive oral evaluation - new or established patient (by General Dentist)	39.00
D0170	* Re-evaluation - limited, problem focused - established patient; not post-operative visit (by General Dentist)	\$35.00
D0180	* Comprehensive periodontal evaluation - new or established patient (by General Dentist)	N/C
RADIOGRAPHS		
D0210	* Intraoral - complete series (including bitewings) by General Dentist	\$49.00
D0210	** Intraoral - complete series (including bitewings) by Specialist Only	\$65.00
D0220	Intraoral - periapical - first film	\$10.00
D0230	Intraoral - periapical - each additional film	\$10.00
D0240	Intraoral - occlusal film	\$15.00
D0270	Bitewing - single film	\$10.00
D0272	Bitewings - two films	\$22.00
D0274	Bitewings - four films	\$38.00
D0277	Vertical bitewings - 7 to 8 films	\$45.00
D0330	* Panoramic film by General Dentist	\$45.00
D0330	** Panoramic film by Specialist Only	\$50.00
D0350	Oral/facial images (includes intra and extraoral images)	N/C
TESTS AND LABORATORY EXAMINATIONS		
D0425	Caries susceptibility tests	N/C
D0460	Pulp vitality tests	\$22.00
D0470	Diagnostic casts	N/C
D1000-D1999 PREVENTIVE		
DENTAL PROPHYLAXIS		
D1110	Prophylaxis - adult (every 6 months)	\$43.00
D1120	Prophylaxis - child (every 6 months) - age 14 and under	\$37.00
D4355	Full mouth debridement	\$60.00
TOPICAL FLUORIDE TREATMENT		
D1203	Topical application of fluoride (prophylaxis not included) - child	\$8.00
D1204	Topical application of fluoride (prophylaxis not included) - adult	\$8.00
OTHER PREVENTIVE SERVICES		
D1310	Nutritional counseling for control of dental disease	N/C
D1330	Oral hygiene instruction	N/C
D1351	Sealant - per tooth	\$18.00
D1360	OSHA Compliance Fee - per office visit	\$7.00
SPACE MAINTENANCE (passive appliances)		
D1510	* Space maintainer - fixed - unilateral	\$138.00
D1515	* Space maintainer - fixed - bilateral	\$180.00
D1520	* Space maintainer - removable - unilateral	\$170.00
D1525	* Space maintainer - removable - bilateral	\$235.00
D1550	* Recementation of space maintainer	\$35.00
	* As performed by a General Dentist	
D2000-D2999 RESTORATIVE		
AMALGAM RESTORATIONS (including polishing)		
D2140	Amalgam - one surface, primary or permanent	\$56.00
D2150	Amalgam - two surfaces, primary or permanent	\$68.00
D2160	Amalgam - three surfaces, primary or permanent	\$79.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$89.00
RESIN-BASED COMPOSITE RESTORATIONS (includes acid-etch, light cure & resin bonding agents)		
D2330	Resin-based composite - one surface, anterior	\$66.00
D2331	Resin-based composite - two surfaces, anterior	\$76.00
D2332	Resin-based composite - three surfaces, anterior	\$89.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$115.00
D2391	Resin-based composite - one surface, posterior - primary or permanent	\$69.00
D2392	Resin-based composite - two surfaces, posterior - primary or permanent	\$79.00
D2393	Resin-based composite - three surfaces, posterior - primary or permanent	\$92.00
D2394	Resin-based composite - four or more surfaces, posterior - primary or permanent	\$115.00

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D2000-D2999 RESTORATIVE - Continued		
INLAY / ONLAY RESTORATIONS		
D2510	Inlay - metallic - one surface	\$350.00
D2520	Inlay - metallic - two surfaces	\$390.00
D2530	Inlay - metallic - three or more surfaces	\$415.00
D2542	Onlay - metallic - two surfaces	\$390.00
D2543	Onlay - metallic - three surfaces	\$395.00
D2544	Onlay - metallic - four or more surfaces	\$410.00
D2610	Inlay - porcelain/ceramic - one surface	\$330.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$385.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$405.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$420.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$455.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$480.00
D2650	Inlay - resin-based composite/resin - one surface (lab)	\$330.00
D2651	Inlay - resin-based composite/resin - two surfaces (lab)	\$385.00
D2652	Inlay - resin-based composite/resin - three or more surfaces (lab)	\$425.00
D2662	Onlay - resin-based composite/resin - two surfaces (lab)	\$425.00
D2663	Onlay - resin-based composite/resin - three surfaces (lab)	\$455.00
D2664	Onlay - resin-based composite/resin - four or more surfaces (lab)	\$480.00
CROWNS - SINGLE RESTORATIONS ONLY		
D2710	Crown - resin (indirect) (lab, final restoration)	\$550.00
D2712	Crown ¾ resin based composite (indirect) not to include facial veneers	\$550.00
D2720	Crown - resin with high noble metal	\$490.00
D2721	Crown - resin with predominately base metal	\$490.00
D2722	Crown - resin with noble metal	\$490.00
D2740	Crown - porcelain/ceramic substrate	\$550.00
D2750	Crown - porcelain fused to high noble metal	\$550.00
D2751	Crown - porcelain fused to predominately base metal	\$550.00
D2752	Crown - porcelain fused to noble metal	\$550.00
D2790	Crown - full cast high noble metal	\$540.00
D2791	Crown - full cast predominately base metal	\$540.00
D2792	Crown - full cast noble metal	\$540.00
D2794	Crown titanium	\$550.00
D2799	Provisional crown	\$210.00
A high noble metal (gold) / titanium surcharge may be assessed for the actual lab fee, not to exceed \$50.		
OTHER RESTORATIVE SERVICES		
D2910	Recement inlay	\$45.00
D2920	Recement crown	\$45.00
D2930	Prefabricated stainless steel crown - primary tooth	\$125.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$125.00
D2940	Sedative fillings	\$40.00
D2950	Core buildup - including any pins	\$125.00
D2951	Pin retention - per tooth in addition to restoration	\$45.00
D2952	Cast post & core in addition to crown	\$175.00
D2954	Prefabricated post & core in addition to crown	\$135.00
D2960	Labial veneer (resin laminate) - chairside	\$235.00
D2961	Labial veneer (resin laminate) - lab	\$455.00
D2962	Labial veneer (porcelain laminate) - lab	\$495.00
D3000-D3999 ENDODONTICS		
D0140	** Limited oral evaluation - problem focused (by an Endodontist only)	\$45.00
PULP CAPPING		
D3110	Pulp cap - direct (excluding final restoration)	\$10.00
D3120	Pulp cap - indirect (excluding final restoration)	\$10.00
PULPOTOMY		
D3220	Therapeutic pulpotomy (excluding final restoration)	\$95.00
D3221	Gross pulpal debridement, primary & permanent teeth	\$95.00
ENDODONTIC THERAPY ON PRIMARY TEETH		
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$120.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$130.00

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D3000-D3999 ENDODONTICS - Continued		
ENDODONTIC THERAPY (including treatment plan, clinical procedures, and follow-up care)		
D3310	* Root canal - Anterior (excluding final restoration)	\$385.00
D3320	* Root canal - Bicuspid (excluding final restoration)	\$465.00
D3330	* Root canal - Molar (excluding final restoration)	\$595.00
	* As performed by a General Dentist	
D3310	** Root canal - Anterior (excluding final restoration)	\$595.00
D3320	** Root canal - Bicuspid (excluding final restoration)	\$695.00
D3330	** Root canal - Molar (excluding final restoration)	\$795.00
	** As performed by an Endodontist only	
ENDODONTIC RETREATMENT (includes complete root canal therapy)		
D3346	** Retreatment of previous root canal therapy - Anterior	\$660.00
D3347	** Retreatment of previous root canal therapy - Bicuspid	\$775.00
D3348	** Retreatment of previous root canal therapy - Molar	\$870.00
	** As performed by an Endodontist only	
OTHER ENDODONTIC PROCEDURES		
D3950	Canal preparation and fitting of preformed dowel or post	N/C
D4000-D4999 PERIODONTICS		
D0140	** Limited oral evaluation - problem focused (by a Periodontist only)	\$45.00
D0180	** Comprehensive periodontal evaluation - new or established patient (by Periodontist only) (fee is inclusive of Code D0150 - comprehensive oral evaluation)	\$105.00
D0210	** Intraoral - complete series (including bitewings) (by a Periodontist only)	\$60.00
SURGICAL SERVICES (including usual post-operative services)		
D4210	Gingivectomy or gingivoplasty - (four or more contiguous teeth or bounded teeth species, per quadrant)	\$250.00
D4211	Gingivectomy or gingivoplasty - (one to three teeth, per quadrant)	\$165.00
D4240	Gingival flap procedure, including root planing - (four or more contiguous teeth or bounded spaces, per quadrant)	\$485.00
D4241	Gingival flap procedure, including root planing - (one to three teeth, per quadrant)	\$405.00
D4249	Clinical crown lengthening - hard tissue	\$480.00
D4260	Osseous surgery (including flap entry & closure) - (four or more contiguous teeth or bounded teeth spaces, per quadrant)	\$735.00
D4261	Osseous surgery (including flap entry and closure) - (one to three teeth, per quadrant)	\$625.00
D4270	Pedicle soft tissue graft procedure	\$525.00
D4271	Free soft tissue graft procedure (including donor site surgery)	\$525.00
NON-SURGICAL PERIODONTAL SERVICES		
D4341	Periodontal scaling and root planing - (four or more contiguous teeth or bounded teeth spaces, per quadrant)	\$120.00
D4342	Periodontal scaling and root planing - (one to three teeth, per quadrant)	\$105.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$60.00
D4910	Periodontal maintenance	\$80.00
D9940	** Occlusal guard (by Periodontist only)	\$315.00
D5000-D5899 PROSTHODONTICS (removable)		
COMPLETE DENTURES (including routine post-delivery care)		
D5110	Complete denture - maxillary	\$615.00
D5120	Complete denture - mandibular	\$615.00
D5130	Immediate denture - maxillary	\$670.00
D5140	Immediate denture - mandibular	\$670.00
PARTIAL DENTURES (including routine post-delivery care)		
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests & teeth)	\$575.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests & teeth)	\$575.00
D5213	Maxillary partial denture - cast metal framework with resin dental bases (including any conventional clasps, rests & teeth)	\$695.00
D5214	Mandibular partial denture - cast metal framework with resin dental bases (including any conventional clasps, rests & teeth)	\$695.00
D5225	Maxillary partial denture - flexible base	\$695.00
D5226	Mandibular partial denture - flexible base	\$695.00
D5281	Removable unilateral partial denture - one piece cast metal	\$380.00

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D5000-D5899 PROSTHODONTICS (removable) - Continued		
ADJUSTMENTS TO DENTURES		
D5410	Adjust complete denture - maxillary	\$15.00
D5411	Adjust complete denture - mandibular	\$15.00
D5421	Adjust partial denture - maxillary	\$15.00
D5422	Adjust partial denture - mandibular	\$15.00
REPAIRS TO COMPLETE DENTURES		
D5510	Repair broken complete denture base (office only)	\$55.00
D5510	Repair broken complete denture base (lab)	\$105.00
D5520	Replace missing or broken tooth - complete denture (office only) - one tooth or first tooth - plus \$10.00 for each additional tooth replaced	\$55.00
D5520	Replace missing or broken tooth - complete denture (lab) - one tooth or first tooth - plus \$20.00 for each additional tooth replaced	\$110.00
REPAIRS TO PARTIAL DENTURES		
D5610	Repair resin denture base (office only)	\$52.00
D5610	Repair resin denture base (lab)	\$105.00
D5620	Repair cast framework (office only)	\$120.00
D5620	Repair cast framework (lab)	\$120.00
D5630	Repair or replace broken clasp - one clasp or first clasp - plus \$40.00 for each additional clasp added	\$125.00
D5640	Replace broken tooth - one tooth or first tooth - plus \$15.00 for each additional tooth replaced	\$115.00
D5650	Add tooth to existing partial denture - one tooth or first tooth - plus \$15.00 for each additional tooth added	\$115.00
D5660	Add clasp to existing partial denture - one clasp or first clasp - plus \$40.00 for each additional clasp added	\$125.00
DENTURE REBASE PROCEDURES		
D5710	Rebase complete maxillary denture	\$225.00
D5711	Rebase complete mandibular denture	\$225.00
D5720	Rebase maxillary partial denture	\$190.00
D5721	Rebase mandibular partial denture	\$190.00
DENTURE RELINE PROCEDURES		
D5730	Reline complete maxillary denture - office	\$145.00
D5731	Reline complete mandibular denture - office	\$145.00
D5740	Reline maxillary partial denture - office	\$145.00
D5741	Reline mandibular partial denture - office	\$145.00
D5750	Reline complete maxillary denture - lab	\$195.00
D5751	Reline complete mandibular denture - lab	\$195.00
D5760	Reline maxillary partial denture - lab	\$195.00
D5761	Reline mandibular partial denture - lab	\$195.00
INTERIM PROSTHESIS		
D5810	Interim complete denture (maxillary)	\$325.00
D5811	Interim complete denture (mandibular)	\$325.00
D5820	Interim partial denture (maxillary)	\$295.00
D5821	Interim partial denture (mandibular)	\$295.00
OTHER REMOVABLE PROSTHETIC SERVICES		
D5850	Tissue conditioning, maxillary	\$76.00
D5851	Tissue conditioning, mandibular	\$76.00
D6200-D6999 PROSTHODONTICS - fixed (each retainer and each pontic constitutes a unit in a fixed partial denture)		
FIXED PARTIAL DENTURE PONTICS		
D6205	Pontic - indirect resin based composite	\$550.00
D6210	Pontic - cast high noble metal	\$540.00
D6211	Pontic - cast predominantly base metal	\$540.00
D6212	Pontic - cast noble metal	\$540.00
D6214	Pontic - titanium	\$550.00
D6240	Pontic - porcelain fused to high noble metal	\$550.00
D6241	Pontic - porcelain fused to predominantly base metal	\$550.00
D6242	Pontic - porcelain fused to noble metal	\$550.00
D6245	Pontic - porcelain/ceramic	\$550.00
D6250	Pontic - resin with high noble metal	\$490.00
D6251	Pontic - resin with predominantly base metal	\$490.00
D6252	Pontic - resin with noble metal	\$490.00

A high noble metal (gold) / titanium surcharge may be assessed for the actual lab fee, not to exceed \$50.

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D6200-D6999 PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture) - Continued		
FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS		
D6545	Retainer cast metal for resin bonded fixed prosthesis (MD bridge) (Charge pontics separately with appropriate code from the D6200 series)	\$255.00
D6609	Onlay - porcelain/ceramic, three or more surfaces	\$550.00
D6611	Onlay - cast high noble metal, three or more surfaces	\$540.00
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$540.00
D6615	Onlay - cast noble metal, three or more surfaces	\$540.00
D6624	Inlay - titanium	\$540.00
D6634	Onlay - titanium	\$540.00
A high noble metal (gold) / titanium surcharge may be assessed for the actual lab fee, not to exceed \$50.		
FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D6710	Pontic - indirect resin based composite	\$550.00
D6720	Crown - resin with high noble metal	\$490.00
D6721	Crown - resin with predominantly base metal	\$490.00
D6722	Crown - resin with noble metal	\$490.00
D6740	Crown - porcelain/ceramic	\$550.00
D6750	Crown - porcelain fused to high noble metal	\$550.00
D6751	Crown - porcelain fused to predominantly base metal	\$550.00
D6752	Crown - porcelain fused to noble metal	\$550.00
D6780	Crown - ¾ cast high noble metal	\$540.00
D6790	Crown - full cast high noble metal	\$540.00
D6791	Crown - full cast predominantly base metal	\$540.00
D6792	Crown - full cast noble metal	\$540.00
D6794	Crown - titanium	\$550.00
A high noble metal (gold) / titanium surcharge may be assessed for the actual lab fee, not to exceed \$50.		
OTHER FIXED PARTIAL DENTURE SERVICES		
D6930	Recement fixed partial denture	\$75.00
D6970	Cast post & core in addition to fixed partial denture retainer	\$175.00
D6972	Prefabricated post & core in addition to fixed partial denture retainer	\$135.00
D7000-D7999 ORAL AND MAXILLOFACIAL SURGERY		
D0140	** Limited oral evaluation by an Oral Surgeon only	\$45.00
D0330	** Panoramic film by an Oral Surgeon only	\$50.00
EXTRACTIONS (includes local anesthesia, suturing, and routine postoperative care)		
D7111	Coronal remnants - deciduous tooth	\$80.00
D7140	* Extraction, erupted tooth or exposed root (elevation and/or forceps removal) (by General Dentist)	\$60.00
D7140	** Extraction, erupted tooth or exposed root (elevation and/or forceps removal) (by Oral Surgeon only)	\$85.00
D7210	Surgical removal of erupted tooth	\$130.00
D7220	Removal of impacted tooth - soft tissue	\$170.00
D7230	Removal of impacted tooth - partially bony	\$205.00
D7240	Removal of impacted tooth - completely bony	\$255.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$155.00
Patient will be liable for all hospital costs in the event dental treatment is provided in a hospital.		
D9000-D9999 ADJUNCTIVE GENERAL SERVICES		
UNCLASSIFIED TREATMENT		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$40.00
ANESTHESIA		
D9211	Regional block anesthesia	N/C
D9212	Trigeminal division block anesthesia	N/C
D9215	Local anesthesia	N/C
D9220	Deep sedation/general anesthesia - first 30 minutes	\$175.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$75.00
D9230	Analgesia - (nitrous oxide) - per half hour	\$30.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$175.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$75.00
PROFESSIONAL CONSULTATION		
D9310	Second Opinion Consultation - diagnostic service provided by a Participating Dentist, other than the Participating Dentist providing treatment (includes up to two periapicals or two bitewings, and the treatment plan)	\$50.00

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MISCELLANEOUS SERVICES		
D9450	Case presentation, detailed and extensive treatment planning	N/C
D9630	Drugs and / or medicaments, Subgingival delivery of oral antibiotics / chemotherapeutic agents - per quadrant	\$15.00
D9910	Application of desensitizing medicament - per visit	\$35.00
D9940	* Occlusal guard (Nightguard by General Dentist)	\$225.00
D9940	** Occlusal guard (Nightguard by Specialist only)	\$315.00
BROKEN APPOINTMENT FEE (per ½ hour)		\$15.00

ORTHODONTICS

- | | |
|--|------------|
| 1. Initial Screening Examination | N/C |
| 2. Pre-Orthodontic Treatment Visit (Diagnostic Records and Consultation including X-rays, models, and photographs taken by Orthodontist) | \$165.00 |
| 3. Comprehensive Orthodontic Treatment for standard two year case for children under age 18. | \$2,960.00 |
| A. Initial retainers and retention visits for adjustments / observation for six months. Additional retention visits are provided at \$20 per visit. | \$250.00 |
| B. Any additional treatment or appliances necessary in addition to the standard two year case are provided at a 20% reduction of the Participating Dentist's usual and customary fees. | |
| C. All standard orthodontic treatment cases that extend beyond two years (twenty-four months) are pro-rated per month at: | \$115.00 |
| 4. Non-standard Orthodontic treatment (for children under age 18) and Phase I treatment are provided at a 20% reduction of the Participating Dentist's usual and customary fees. | |
| 5. Adult Orthodontic treatment (for patients age 18 & over) is provided at a 20% reduction of the Participating Dentist's usual and customary fees. | |
| 6. Appliance therapy for tooth guidance and space management is provided at a 20% reduction of the Participating Dentist's usual and customary fees. | |
| 7. Orthodontic treatment already in progress is not covered. | |

ADDITIONAL PROVISIONS

1. All member fees are to be paid directly to the Participating General Dentist or Participating Specialist by the member at the time treatment is provided.
2. Unlisted procedures are provided at a 20% reduction of the Participating General Dentist's or Specialist's usual and customary fees. This includes (but is not limited to) all Implant services, TMJ treatment, bottles of Chlorhexidine and prescription fluoride toothpaste dispensed from the office.
3. Members may be charged \$7 per office visit by the Participating General Dentist or Specialist for the cost of compliance with OSHA guidelines. This fee also applies to No Charge (N/C) visits.
4. Referral forms are not required to see Participating Specialists.
5. There are no exclusions for pre-existing conditions except orthodontic treatment already in progress.
6. Services provided by a **Participating Pediatric Dentist** or a **Participating Prosthodontist** are covered at a 20% reduction of the Participating Specialist's usual and customary fees.
7. Members may be charged a **BROKEN APPOINTMENT FEE** of \$15 per half hour when less than 24 hours notice is provided to the Participating Dentist.
8. Cosmetic Dentistry: There is no exclusion for clinically necessary or appropriate treatment as performed for esthetic reasons.
9. A **PROPHYLAXIS** (ADA Code D1110) performed at three or four month maintenance intervals is provided at a 20% reduction of the Participating Dentist's usual and customary fee. A **PERIODIC ORAL EVALUATION** (ADA Code D0120) is provided at the member fee listed on the fee schedule.
10. A **FULL MOUTH DEBRIDEMENT** (ADA Code D4355) is chargeable when calculus obstructs the ability to perform a comprehensive periodontal evaluation and diagnosis and performed as a preliminary procedure.
11. Recognized and accepted ADA procedure codes must be used when reporting treatment and assessing member fees. Use of alternative or new materials must correspond to a recognized ADA procedure code.
12. Coordination of Benefits: If total reimbursement from other plans is equal to, or in excess of, the member fee, the member fee is considered satisfied. If total reimbursement from other plans is less than the member fee, the patient is responsible to pay the difference up to the member fee.

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