

Aflac Dental Insurance – Basic Coverage

Policy Series A81100

Aflac 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.

Dental Wellness Benefit

Aflac will pay \$30 per visit to you or any covered person for any one treatment listed below. This benefit is payable once per visit, regardless of the number of treatments received. For benefits 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. There is no waiting period for this benefit.

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

X-Ray Benefit

Aflac will pay \$15 per visit to you or any covered person for any one of the X-ray procedures listed below. 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. There is no waiting period for this benefit.

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

Refer to the policy for complete details, limitations, and exclusions.

American Family Life Assurance Company of Columbus (Aflac) · Worldwide Headquarters · 1932 Wynnton Road · Columbus, Georgia 31999 · aflac.com

Form A81175B1NC

IC(6/09)

D6740	Crown (porcelain/ceramic)	290
D6750	Crown (porcelain fused to high noble metal)	290
D6751	Crown (porcelain fused to predominantly base metal)	290
D6752	Crown (porcelain fused to noble metal)	290
D6780	Crown (3/4-cast high noble metal)	290
D6781	Crown (3/4-cast predominantly base metal)	290
D6782	Crown (3/4-cast noble metal)	290
D6783	Crown (3/4-porcelain/ceramic)	290
D6790	Crown (full-cast high noble metal)	290
D6791	Crown (full-cast predominantly base metal)	290
D6792	Crown (full-cast noble metal)	290
D6793	Provisional Retainer Crown	290
D6970	Cast Post and Core (in addition to fixed partial denture retainer)	150
D6971	Cast Post (as part of fixed partial denture retainer)	140
D6972	Prefabricated Post and Core (in addition to fixed partial denture retainer)	115
D6973	Core Buildup for Retainer (including any pins)	100
D6975	Coping (metal)	260

Repairs and Adjustments to Prosthetic Benefits

Benefits in this category are subject to a 6-month waiting period.

D5410	Adjust Complete Denture (maxillary)	\$ 25
D5411	Adjust Complete Denture (mandibular)	25
D5421	Adjust Partial Denture (maxillary)	25
D5422	Adjust Partial Denture (mandibular)	25
D5510	Repair Broken Complete Denture Base	55
D5520	Replace Missing or Broken Teeth (complete denture; each tooth)	50
D5610	Repair Resin Denture Base	55
D5620	Repair Cast Framework	70
D5630	Repair or Replace Broken Clasp	60
D5640	Replace Broken Teeth (per tooth)	50
D5650	Add Tooth to Existing Partial Denture	55
D5660	Add Clasp to Existing Partial Denture	70
D5710	Rebase Complete Maxillary Denture	150
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)	105
D5741	Reline Mandibular Partial Denture (chairside)	105
D5750	Reline Complete Maxillary Denture (laboratory)	130
D5751	Reline Complete Mandibular Denture (laboratory)	130
D5760	Reline Maxillary Partial Denture (laboratory)	150
D5761	Reline Mandibular Partial Denture (laboratory)	150
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	45
D6930	Recent Fixed Partial Denture	45

Extractions and Other Oral Surgery Benefits

Benefits in this category are subject to a 6-month waiting period.

D7111	Coronal Remnants (deciduous tooth)	\$ 45
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	85

D7220	Removal of Impacted Tooth (soft tissue)	100
D7230	Removal of Impacted Tooth (partially bony)	140
D7240	Removal of Impacted Tooth (completely bony)	150
D7241	Removal of Impacted Tooth (completely bony, with unusual surgical complications)	175
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	85
D7260	Oroantral Fistula Closure	210
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth and/or Alveolus	210
D7280	Surgical Access of an Unerupted Tooth	230
D7281	Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption	75
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	75
D7285	Biopsy of Oral Tissue – Hard (bone, tooth)	435
D7286	Biopsy of Oral Tissue – Soft (all others)	175
D7310	Alveoloplasty in Conjunction With Extractions (per quadrant)	75
D7320	Alveoloplasty Not in Conjunction With Extractions (per quadrant)	95
D7340	Vestibuloplasty – Ridge Extension (secondary epithelialization)	865
D7350	Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)	805
D7410	Excision of Benign Lesion (up to 1.25 cm)	605
D7411	Excision of Benign Lesion (greater than 1.25 cm)	605
D7412	Excision of Benign Lesion (complicated)	605
D7413	Excision of Malignant Lesion (up to 1.25 cm)	750
D7414	Excision of Malignant Lesion (greater than 1.25 cm)	750
D7415	Excision of Malignant Lesion (complicated)	750
D7440	Excision of Malignant Tumor (lesion diameter up to 1.25 cm)	750
D7441	Excision of Malignant Tumor (lesion diameter greater than 1.25 cm)	750
D7450	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	605
D7451	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	605
D7460	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	605
D7461	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	605
D7471	Removal of Lateral Exostosis (maxilla or mandible)	435
D7472	Removal of Torus Palatinus	435
D7473	Removal of Torus Mandibularis	435
D7485	Surgical Reduction of Osseous Tuberosity	490
D7510	Incision and Drainage of Abscess (intraoral soft tissue)	115
D7520	Incision and Drainage of Abscess (extraoral soft tissue)	520
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	200
D7540	Removal of Reaction-Producing Foreign Bodies (musculoskeletal system)	210
D7550	Partial Osteotomy/Sequestrectomy for Removal of Nonvital Bone	140
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	805
D7610	Maxilla (open reduction; teeth immobilized, if present)	805
D7620	Maxilla (closed reduction; teeth immobilized, if present)	805
D7630	Mandible (open reduction; teeth immobilized, if present)	75
D7640	Mandible (closed reduction; teeth immobilized, if present)	95
D7650	Malar and/or Zygomatic Arch (open reduction)	805
D7660	Malar and/or Zygomatic Arch (closed reduction)	635
D7670	Alveolus (closed reduction, may include stabilization of teeth)	835
D7671	Alveolus (open reduction, may include stabilization of teeth)	405
D7710	Maxilla (open reduction)	805
D7720	Maxilla (closed reduction)	805
D7730	Mandible (open reduction)	95
D7740	Mandible (closed reduction)	95
D7750	Malar and/or Zygomatic Arch (open reduction)	345
D7760	Malar and/or Zygomatic Arch (closed reduction)	345
D7770	Alveolus (open reduction stabilization of teeth)	405

D7771	Alveolus (closed reduction stabilization of teeth)	835
D7960	Frenulectomy (frenectomy or frenotomy; separate procedure)	95
D7970	Excision of Hyperplastic Tissue (per arch)	95
D7971	Excision of Pericoronal Gingiva	85

Pain Relief and Adjunctive Services Benefits

Benefits in this category are subject to a 3-month waiting period. 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)	30
D9410	House/Extended-Care Facility Call	30
D9420	Hospital Call	30
D9440	Office Visit (after regularly scheduled hours)	30
D9450	Case Presentation, Detailed and Extensive Treatment Planning	30

Guaranteed-Renewable for Your Lifetime

The policy is guaranteed-renewable for your lifetime, subject to Aflac's right to change premium rates for all policies of this class upon any renewal date.

Effective Date

The effective date of the policy will be the date shown in the Policy Schedule, not the date the application is signed. The policy is available through age 65 on payroll deduction and age 64 on direct.

Family Coverage

Family coverage includes the insured; the insured's spouse; and dependent, unmarried children to age 19 (age 23 if full-time students). One-parent family coverage includes the insured and dependent, unmarried children to age 19 (age 23 if full-time students). Newborn children are automatically covered from the moment of birth. A dependent child must be under the age of 19 at the time of application to be eligible for coverage.

Waiting Period

The period after the effective date of coverage for which benefits are not payable for each covered person. If a dependent is added by endorsement, the waiting period will begin from the effective date of the addition. In the event of reinstatement, all covered persons will be subject to new waiting periods beginning with the effective date of reinstatement.

Exceptions, Reductions, and Limitations of the Policy

The policy does not cover losses caused by or resulting from any procedure not shown on the Schedule of Dental Procedures; services that are not recommended by a dentist or that are not required for the preservation or restoration of oral health; repairs to dental work within six months of the initial work; replacement prosthetics within five years of last placement; treatment involving crowns for a given tooth within five years of last placement, regardless of the type of crown; replacement for inlays or onlays for a given tooth within five years of last placement; 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.

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. No benefits will be paid for replacement of teeth missing before the effective date of coverage. Benefits are not payable for procedures performed by a member of your immediate family.

American Family Life Assurance Company of Columbus (Aflac) · Worldwide Headquarters · 1932 Wynnton Road · Columbus, Georgia 31999 · aflac.com

Scheduled Benefits

The benefits listed below are subject to waiting periods as shown and a policy year maximum of \$1,400 per covered person. Benefits will be paid only for specific ADA codes as listed in the policy when a charge is incurred for the covered dental treatment while coverage is in force. All treatments must be performed by a dentist.

Other Preventive Benefits

Benefits in this category are subject to a 6-month waiting period.

D1351 Sealant (per tooth)	\$ 20
D1510 Space Maintainer (fixed, unilateral)	95
D1515 Space Maintainer (fixed, bilateral)	115
D1520 Space Maintainer (removable, unilateral)	95
D1525 Space Maintainer (removable, bilateral)	115
D1550 Recementation of Space Maintainer	45

Other Diagnostic Benefits

Benefits in this category are subject to a 3-month waiting period. Benefits D0130 and D0140 are payable only for visits where no other covered services are performed.

D0130 Emergency Oral Evaluation	\$ 25
D0140 Limited Oral Evaluation	25
D0290 Posterior-Anterior or Lateral Skull and Facial Bone Survey Film	70
D0310 Sialography	185
D0415 Bacteriologic Studies for Determination of Pathologic Agents	15
D0460 Pulp Vitality Tests	20
D0470 Diagnostic Casts	25
D0471 Diagnostic Photographs	15
D0501 Histopathologic Exam	50

Fillings and Other Basic Restorative Benefits

Benefits in this category are subject to a 3-month waiting period.

D2140 Amalgam (one surface)	
Primary	\$ 35
Permanent	55
D2150 Amalgam (two surfaces)	
Primary	35
Permanent	60
D2160 Amalgam (three surfaces)	
Primary	50
Permanent	65
D2161 Amalgam (four or more surfaces)	
Primary	55
Permanent	70
D2330 Resin-Based Composite (one surface, anterior)	50
D2331 Resin-Based Composite (two surfaces, anterior)	60
D2332 Resin-Based Composite (three surfaces, anterior)	65
D2335 Resin-Based Composite (four or more surfaces or involving incisal angle, anterior)	70
D2390 Resin-Based Composite Crown (anterior)	70
D2391 Resin-Based Composite (one surface, posterior)	
Primary	35
Permanent	50
D2392 Resin-Based Composite (two surfaces, posterior)	
Primary	55
Permanent	60
D2393 Resin-Based Composite (three surfaces, posterior)	
Primary	60
Permanent	65

D2394 Resin-Based Composite (four or more surfaces, posterior)	
Primary	60
Permanent	65
D2410 Gold Foil (one surface)	230
D2420 Gold Foil (two surfaces)	260

Crowns and Other Major Restorative Benefits

Benefits in this category are subject to a 12-month waiting period.

D2510 Inlay (metallic, one surface)	\$220
D2520 Inlay (metallic, two surfaces)	260
D2530 Inlay (metallic, three or more surfaces)	405
D2542 Onlay (metallic, two surfaces)	260
D2543 Onlay (metallic, three surfaces)	290
D2544 Onlay (metallic, four or more surfaces)	320
D2610 Inlay (porcelain/ceramic, one surface)	230
D2620 Inlay (porcelain/ceramic, two surfaces)	260
D2630 Inlay (porcelain/ceramic, three or more surfaces)	405
D2642 Onlay (porcelain/ceramic, two surfaces)	290
D2643 Onlay (porcelain/ceramic, three surfaces)	320
D2644 Onlay (porcelain/ceramic, four or more surfaces)	375
D2650 Inlay (resin-based composite, one surface)	210
D2651 Inlay (resin-based composite, two surfaces)	230
D2652 Inlay (resin-based composite, three or more surfaces)	290
D2662 Onlay (resin-based composite, two surfaces)	260
D2663 Onlay (resin-based composite, three surfaces)	290
D2664 Onlay (resin-based composite, four or more surfaces)	290
D2710 Crown (resin, indirect)	175
D2720 Crown (resin with high noble metal)	290
D2721 Crown (resin with predominantly base metal)	290
D2722 Crown (resin with noble metal)	290
D2740 Crown (porcelain/ceramic substrate)	290
D2750 Crown (porcelain fused to high noble metal)	290
D2751 Crown (porcelain fused to predominantly base metal)	290
D2752 Crown (porcelain fused to noble metal)	290
D2780 Crown (3/4-cast high noble metal)	290
D2781 Crown (3/4-cast predominantly base metal)	290
D2782 Crown (3/4-cast noble metal)	290
D2783 Crown (3/4-porcelain/ceramic)	290
D2790 Crown (full-cast high noble metal)	290
D2791 Crown (full-cast predominantly base metal)	290
D2792 Crown (full-cast noble metal)	290
D2910 Recement Inlay	35
D2920 Recement Crown	35
D2930 Prefabricated Stainless Steel Crown (primary tooth)	75
D2931 Prefabricated Stainless Steel Crown (permanent tooth)	90
D2932 Prefabricated Resin Crown	115
D2933 Prefabricated Stainless Steel Crown With Resin Window	130
D2940 Sedative Filling	30
D2950 Core Buildup (including any pins)	75
D2951 Pin Retention (per tooth, in addition to restoration)	20
D2952 Cast Post and Core (in addition to crown)	110
D2954 Prefabricated Post and Core (in addition to crown)	115
D2955 Post Removal (not in conjunction with endodontic therapy)	90
D2970 Temporary Crown (fractured tooth)	90
D2980 Crown Repairs, by Report	145

Root Canals and Other Endodontic Benefits

Benefits in this category are subject to a 12-month waiting period.

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)	55
D3240 Pulpal Therapy (resorbable filling; posterior, primary tooth, excluding final restoration)	55
D3310 Anterior (excluding final restoration, root canal)	175
D3320 Bicuspid (excluding final restoration, root canal)	230
D3330 Molar (excluding final restoration, root canal)	290
D3340 Root Canal (four or more)	290
D3346 Retreatment of Previous Root Canal Therapy (anterior)	150
D3347 Retreatment of Previous Root Canal Therapy (bicuspid)	210
D3348 Retreatment of Previous Root Canal Therapy (molar)	260
D3351 Apexification/Recalcification (initial visit; apical closure/calific repair of perforations, root resorption, etc.)	150
D3352 Apexification/Recalcification (interim medication replacement; apical closure/calific repair of perforations, root resorption, etc.)	35
D3353 Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/calific repair of perforations, root resorption, etc.)	75
D3410 Apicoectomy/Periradicular Surgery (anterior)	165
D3421 Apicoectomy/Periradicular Surgery (bicuspid; first root)	320
D3425 Apicoectomy/Periradicular Surgery (molar; first root)	345
D3426 Apicoectomy/Periradicular Surgery (each additional root)	130
D3430 Retrograde Filling (per root)	95
D3450 Root Amputation (per root)	185
D3920 Hemisection (including any root removal; not including root canal therapy)	140
D3950 Canal Preparation and Fitting of Preformed Dowel or Post	65

Gum Treatments/Periodontic Benefits

Benefits in this category are subject to a 6-month waiting period.

D4210 Gingivectomy or Gingivoplasty (four or more contiguous teeth or bounded teeth spaces per quadrant)	\$150
D4211 Gingivectomy or Gingivoplasty (one to three teeth per quadrant)	55
D4240 Gingival Flap Procedure, Including Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	260
D4241 Gingival Flap Procedure, Including Root Planing (one to three teeth per quadrant)	260
D4249 Clinical Crown Lengthening (hard tissue)	290
D4250 Mucoingival Surgery (per quadrant)	290
D4260 Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant)	290
D4261 Osseous Surgery (including flap entry and closure; one to three teeth per quadrant)	290
D4263 Bone Replacement Graft (first site in quadrant)	320
D4264 Bone Replacement Graft (each additional site in quadrant)	260
D4270 Pedicle Soft Tissue Graft Procedure	320
D4271 Free Soft Tissue Graft Procedure (including donor site surgery)	320
D4273 Subepithelial Connective Tissue Graft Procedures	345
D4275 Soft Tissue Allograft	320
D4320 Provisional Splinting (intracoronal)	175
D4321 Provisional Splinting (extracoronal)	130
D4341 Periodontal Scaling and Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	70
D4342 Periodontal Scaling and Root Planing (one to three teeth per quadrant)	70
D4355 Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	65

Dentures and Other Prosthetic Benefits

Benefits in this category are subject to a 24-month waiting period.

D5110 Complete Denture (maxillary)	\$405
D5120 Complete Denture (mandibular)	405
D5130 Immediate Denture (maxillary)	405
D5140 Immediate Denture (mandibular)	405
D5211 Maxillary Partial Denture (resin base; including any conventional clasps, rests, and teeth)	290
D5212 Mandibular Partial Denture (resin base; including any conventional clasps, rests, and teeth)	290
D5213 Maxillary Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	435
D5214 Mandibular Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	435
D5281 Removable Unilateral Partial Denture (one-piece cast metal; including clasps and teeth)	345
D5670 Replace All Teeth and Acrylic on Cast Metal Framework (maxillary)	50
D5671 Replace All Teeth and Acrylic on Cast Metal Framework (mandibular)	50
D5810 Interim Complete Denture (maxillary)	260
D5811 Interim Complete Denture (mandibular)	260
D5820 Interim Partial Denture (maxillary)	200
D5821 Interim Partial Denture (mandibular)	210
D6010 Surgical Placement of Implant Body: Endosteal Implant	520
D6020 Abutment Placement or Substitution: Endosteal Implant	520
D6040 Surgical Placement: Eposteal Implant	520
D6050 Surgical Placement: Transosteal Implant	520
D6080 Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis	175
D6210 Pontic (cast high noble metal)	290
D6211 Pontic (cast predominantly base metal)	290
D6212 Pontic (cast noble metal)	290
D6240 Pontic (porcelain fused to high noble metal)	290
D6241 Pontic (porcelain fused to predominantly base metal)	290
D6242 Pontic (porcelain fused to noble metal)	290
D6245 Pontic (porcelain/ceramic)	290
D6250 Pontic (resin with high noble metal)	290
D6251 Pontic (resin with predominantly base metal)	290
D6252 Pontic (resin with noble metal)	290
D6253 Provisional Pontic	290
D6545 Retainer (cast metal for resin-bonded fixed prosthesis)	165
D6548 Retainer (porcelain/ceramic for resin-bonded fixed prosthesis)	165
D6600 Inlay (porcelain/ceramic, two surfaces)	260
D6601 Inlay (porcelain/ceramic, three or more surfaces)	405
D6602 Inlay (cast high noble metal, two surfaces)	345
D6603 Inlay (cast high noble metal, three or more surfaces)	375
D6604 Inlay (cast predominantly base metal, two surfaces)	345
D6605 Inlay (cast predominantly base metal, three or more surfaces)	375
D6606 Inlay (cast noble metal, two surfaces)	345
D6607 Inlay (cast noble metal, three or more surfaces)	375
D6608 Onlay (porcelain/ceramic, two surfaces)	290
D6609 Onlay (porcelain/ceramic, three or more surfaces)	320
D6610 Onlay (cast high noble metal, two surfaces)	375
D6611 Inlay (cast high noble metal, three or more surfaces)	405
D6612 Onlay (cast predominantly base metal, two surfaces)	375
D6613 Onlay (cast predominantly base metal, three or more surfaces)	405
D6614 Onlay (cast noble metal, two surfaces)	375
D6615 Onlay (cast noble metal, three or more surfaces)	405
D6720 Crown (resin with high noble metal)	290
D6721 Crown (resin with predominantly base metal)	290
D6722 Crown (resin with noble metal)	290