D6740	Crown (porcelain/ceramic)	250
D6750	Crown (porcelain fused to high noble metal)	250
D6751	Crown (porcelain fused to predominantly base metal)	250
D6752	Crown (porcelain fused to noble metal)	250
D6780	Crown (3/4-cast high noble metal)	250
D6781	Crown (3/4-cast predominantly base metal)	250
D6782	Crown (3/4-cast noble metal)	250
D6783	Crown (3/4-porcelain/ceramic)	250
D6790	Crown (full-cast high noble metal)	250
D6791	Crown (full-cast predominantly base metal)	250
D6792	Crown (full-cast noble metal)	250
D6793	Provisional Retainer Crown	250
D6970	Cast Post and Core (in addition to fixed partial denture retainer)	130
D6971	Cast Post (as part of fixed partial denture retainer)	120
D6972	Prefabricated Post and Core (in addition to fixed partial denture retainer)	100
D6973	Core Buildup for Retainer (including any pins)	85
D6975	Coping (metal)	225

Repairs and Adjustments to Prosthetic Benefits

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

D5410	Adjust Complete Denture (maxillary)	$ 20
D5411	Adjust Complete Denture (mandibular)	20
D5421	Adjust Partial Denture (maxillary)	20
D5422	Adjust Partial Denture (mandibular)	20
D5510	Repair Broken Complete Denture Base	45
D5520	Replace Missing or Broken Teeth (complete denture; each tooth)	40
D5610	Repair Resin Denture Base	45
D5620	Repair Cast Framework	60
D5630	Repair or Replace Broken Clasp	50
D5640	Replace Broken Teeth (per tooth)	40
D5650	Add Tooth to Existing Partial Denture	45
D5660	Add Clasp to Existing Partial Denture	60
D5710	Rebase Complete Maxillary Denture	130
D5711	Rebase Complete Mandibular Denture	170
D5720	Rebase Maxillary Partial Denture	170
D5721	Rebase Mandibular Partial Denture	170
D5730	Reline Complete Maxillary Denture (chairside)	80
D5731	Reline Complete Mandibular Denture (chairside)	80
D5740	Reline Maxillary Partial Denture (chairside)	90
D5741	Reline Mandibular Partial Denture (chairside)	90
D5750	Reline Complete Maxillary Denture (laboratory)	110
D5751	Reline Complete Mandibular Denture (laboratory)	110
D5760	Reline Maxillary Partial Denture (laboratory)	130
D5761	Reline Mandibular Partial Denture (laboratory)	130
D5850	Tissue Conditioning (maxillary)	40
D5851	Tissue Conditioning (mandibular)	40
D6090	Repair of Implanted Supported Prosthetic, by Report	110
D6095	Repair of Implanted Abutment, by Report	110
D6100	Implant Removal, by Report	35
D6930	Recement Fixed Partial Denture	35

Extractions and Other Oral Surgery Benefits

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

D7111	Coronal Remnants (deciduous tooth)	$ 35
D7140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	40
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	70
D7220	Removal of Impacted Tooth (soft tissue)	85
D7230	Removal of Impacted Tooth (partially bony)	120
D7240	Removal of Impacted Tooth (completely bony)	130
D7241	Removal of Impacted Tooth (completely bony, with unusual surgical complications)	150
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	70
D7260	Oroantral Fistula Closure	180
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth and/or Alveolus	180
D7280	Surgical Access of an Unerupted Tooth	200
D7281	Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption	65
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	65
D7285	Biopsy of Oral Tissue – Hard (bone, tooth)	375
D7286	Biopsy of Oral Tissue – Soft (all others)	150
D7310	Alveoloplasty in Conjunction With Extractions (per quadrant)	65
D7320	Alveoloplasty Not in Conjunction With Extractions (per quadrant)	80
D7340	Vestibuloplasty – Ridge Extension (secondary epithelialization)	750
D7350	Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)	700
D7410	Excision of Benign Lesion (up to 1.25 cm)	525
D7411	Excision of Benign Lesion (greater than 1.25 cm)	525
D7412	Excision of Benign Lesion (complicated)	525
D7413	Excision of Malignant Lesion (up to 1.25 cm)	650
D7414	Excision of Malignant Lesion (greater than 1.25 cm)	650
D7415	Excision of Malignant Lesion (complicated)	650
D7440	Excision of Malignant Tumor (lesion diameter up to 1.25 cm)	650
D7441	Excision of Malignant Tumor (lesion diameter greater than 1.25 cm)	650
D7450	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	525
D7451	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	525
D7460	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	525
D7461	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	525
D7471	Removal of Lateral Exostosis (maxilla or mandible)	375
D7472	Removal of Torus Palatinus	375
D7473	Removal of Torus Mandibularis	375
D7485	Surgical Reduction of Osseous Tuberosity	425
D7510	Incision and Drainage of Abscess (intraoral soft tissue)	100
D7520	Incision and Drainage of Abscess (extraoral soft tissue)	450
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	170
D7540	Removal of Reaction-Producing Foreign Bodies (musculoskeletal system)	180
D7550	Partial Ostectomy/Sequestrectomy for Removal of Nonvital Bone	120
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	700
D7610	Maxilla (open reduction; teeth immobilized, if present)	700
D7620	Maxilla (closed reduction; teeth immobilized, if present)	700
D7630	Mandible (open reduction; teeth immobilized, if present)	65
D7640	Mandible (closed reduction; teeth immobilized, if present)	80
D7650	Malar and/or Zygomatic Arch (open reduction)	700
D7660	Malar and/or Zygomatic Arch (closed reduction)	550
D7670	Alveolus (closed reduction, may include stabilization of teeth)	725
D7671	Alveolus (open reduction, may include stabilization of teeth)	350
D7710	Maxilla (open reduction)	700
D7720	Maxilla (closed reduction)	700
D7730	Mandible (open reduction)	80
D7740	Mandible (closed reduction)	80
D7750	Malar and/or Zygomatic Arch (open reduction)	300
D7760	Malar and/or Zygomatic Arch (closed reduction)	300
D7770	Alveolus (open reduction stabilization of teeth)	350
D7771	Alveolus (closed reduction stabilization of teeth)	725
D7960	Frenulectomy (frenectomy or frenotomy; separate procedure)	80
D7970	Excision of Hyperplastic Tissue (per arch)	80
D7971	Excision of Pericoronal Gingiva	70

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)	$ 30
D9220	Deep Sedation/General Anesthesia	75
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	75
D9241	Intravenous Conscious Sedation/Analgesia (first 30 minutes)	120
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	25
D9410	House/Extended-Care Facility Call	25
D9420	Hospital Call	25
D9440	Office Visit (after regularly scheduled hours)	25
D9450	Case Presentation, Detailed and Extensive Treatment Planning	25

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.

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.

Waiting Period

This is 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.

Aflac Dental Insurance – Basic Coverage

Limited Benefit Dental Insurance

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 $25 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 $10 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.

Scheduled Benefits
The benefits listed below are subject to waiting periods as shown and a policy year maximum of $1,200 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)	$ 15
D1510	Space Maintainer (fixed, unilateral)	80
D1515	Space Maintainer (fixed, bilateral)	100
D1520	Space Maintainer (removable, unilateral)	80
D1525	Space Maintainer (removable, bilateral)	100
D1550	Recementation of Space Maintainer	35

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	$ 20
D0140	Limited Oral Evaluation	20
D0290	Posterior-Anterior or Lateral Skull and Facial Bone Survey Film	60
D0310	Sialography	160
D0415	Bacteriologic Studies for Determination of Pathologic Agents	10
D0460	Pulp Vitality Tests	15
D0470	Diagnostic Casts	20
D0471	Diagnostic Photographs	10
D0501	Histopathologic Exam	40

Fillings and Other Basic Restorative Benefits

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

D2140	Amalgam (one surface)	
	Primary	$ 30
	Permanent	45
D2150	Amalgam (two surfaces)	
	Primary	30
	Permanent	50
D2160	Amalgam (three surfaces)	
	Primary	40
	Permanent	55
D2161	Amalgam (four or more surfaces)	
	Primary	45
	Permanent	60
D2330	Resin-Based Composite (one surface, anterior)	40
D2331	Resin-Based Composite (two surfaces, anterior)	50
D2332	Resin-Based Composite (three surfaces, anterior)	55
D2335	Resin-Based Composite (four or more surfaces or involving incisal angle, anterior)	60
D2390	Resin-Based Composite Crown (anterior)	60
D2391	Resin-Based Composite (one surface, posterior)	
	Primary	30
	Permanent	40
D2392	Resin-Based Composite (two surfaces, posterior)	
	Primary	45
	Permanent	50
D2393	Resin-Based Composite (three surfaces, posterior)	
	Primary	50
	Permanent	55
D2394	Resin-Based Composite (four or more surfaces, posterior)	
	Primary	50
	Permanent	55
D2410	Gold Foil (one surface)	200
D2420	Gold Foil (two surfaces)	225

Crowns and Other Major Restorative Benefits

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

D2510	Inlay (metallic, one surface)	$190
D2520	Inlay (metallic, two surfaces)	225
D2530	Inlay (metallic, three or more surfaces)	350
D2542	Onlay (metallic, two surfaces)	225
D2543	Onlay (metallic, three surfaces)	250
D2544	Onlay (metallic, four or more surfaces)	275
D2610	Inlay (porcelain/ceramic, one surface)	200
D2620	Inlay (porcelain/ceramic, two surfaces)	225
D2630	Inlay (porcelain/ceramic, three or more surfaces)	350
D2642	Onlay (porcelain/ceramic, two surfaces)	250
D2643	Onlay (porcelain/ceramic, three surfaces)	275
D2644	Onlay (porcelain/ceramic, four or more surfaces)	325
D2650	Inlay (resin-based composite, one surface)	180
D2651	Inlay (resin-based composite, two surfaces)	200
D2652	Inlay (resin-based composite, three or more surfaces)	250
D2662	Onlay (resin-based composite, two surfaces)	225
D2663	Onlay (resin-based composite, three surfaces)	250
D2664	Onlay (resin-based composite, four or more surfaces)	250
D2710	Crown (resin, indirect)	150
D2720	Crown (resin with high noble metal)	250
D2721	Crown (resin with predominantly base metal)	250
D2722	Crown (resin with noble metal)	250
D2740	Crown (porcelain/ceramic substrate)	250
D2750	Crown (porcelain fused to high noble metal)	250
D2751	Crown (porcelain fused to predominantly base metal)	250
D2752	Crown (porcelain fused to noble metal)	250
D2780	Crown (3/4-cast high noble metal)	250
D2781	Crown (3/4-cast predominantly base metal)	250
D2782	Crown (3/4-cast noble metal)	250
D2783	Crown (3/4-porcelain/ceramic)	250
D2790	Crown (full-cast high noble metal)	250
D2791	Crown (full-cast predominantly base metal)	250
D2792	Crown (full-cast noble metal)	250
D2910	Recement Inlay	30
D2920	Recement Crown	30
D2930	Prefabricated Stainless Steel Crown (primary tooth)	65
D2931	Prefabricated Stainless Steel Crown (permanent tooth)	75
D2932	Prefabricated Resin Crown	100
D2933	Prefabricated Stainless Steel Crown With Resin Window	110
D2940	Sedative Filling	25
D2950	Core Buildup (including any pins)	65
D2951	Pin Retention (per tooth, in addition to restoration)	15
D2952	Cast Post and Core (in addition to crown)	95
D2954	Prefabricated Post and Core (in addition to crown)	100
D2955	Post Removal (not in conjunction with endodontic therapy)	75
D2970	Temporary Crown (fractured tooth)	75
D2980	Crown Repairs, by Report	125

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)	$ 15
D3120	Pulp Cap (indirect, excluding final restoration)	15
D3220	Therapeutic Pulpotomy (excluding final restoration) Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	40
D3230	Pulpal Therapy (resorbable filling; anterior, primary tooth, excluding final restoration)	45
D3240	Pulpal Therapy (resorbable filling; posterior, primary tooth, excluding final restoration)	45
D3310	Anterior (excluding final restoration, root canal)	150
D3320	Bicuspid (excluding final restoration, root canal)	200
D3330	Molar (excluding final restoration, root canal)	250
D3340	Root Canal (four or more)	250
D3346	Retreatment of Previous Root Canal Therapy (anterior)	130
D3347	Retreatment of Previous Root Canal Therapy (bicuspid)	180
D3348	Retreatment of Previous Root Canal Therapy (molar)	225
D3351	Apexification/Recalcification (initial visit; apical closure/calcific repair of perforations, root resorption, etc.)	130
D3352	Apexification/Recalcification (interim medication replacement; apical closure/calcific repair of perforations, root resorption, etc.)	30
D3353	Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/calcific repair of perforations, root resorption, etc.)	65
D3410	Apicoectomy/Periradicular Surgery (anterior)	140
D3421	Apicoectomy/Periradicular Surgery (bicuspid; first root)	275
D3425	Apicoectomy/Periradicular Surgery (molar; first root)	300
D3426	Apicoectomy/Periradicular Surgery (each additional root)	110
D3430	Retrograde Filling (per root)	80
D3450	Root Amputation (per root)	160
D3920	Hemisection (including any root removal; not including root canal therapy)	120
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	55

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)	$130
D4211	Gingivectomy or Gingivoplasty (one to three teeth per quadrant)	45
D4240	Gingival Flap Procedure, Including Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	225
D4241	Gingival Flap Procedure, Including Root Planing (one to three teeth per quadrant)	225
D4249	Clinical Crown Lengthening (hard tissue)	250
D4250	Mucogingival Surgery (per quadrant)	250
D4260	Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant)	250
D4261	Osseous Surgery (including flap entry and closure; one to three teeth per quadrant)	250
D4263	Bone Replacement Graft (first site in quadrant)	275
D4264	Bone Replacement Graft (each additional site in quadrant)	225
D4270	Pedicle Soft Tissue Graft Procedure	275
D4271	Free Soft Tissue Graft Procedure (including donor site surgery)	275
D4273	Subepithelial Connective Tissue Graft Procedures	300
D4275	Soft Tissue Allograft	275
D4320	Provisional Splinting (intracoronal)	150
D4321	Provisional Splinting (extracoronal)	110
D4341	Periodontal Scaling and Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	60
D4342	Periodontal Scaling and Root Planing (one to three teeth per quadrant)	60
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	55

Dentures and Other Prosthetic Benefits

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

D5110	Complete Denture (maxillary)	$350
D5120	Complete Denture (mandibular)	350
D5130	Immediate Denture (maxillary)	350
D5140	Immediate Denture (mandibular)	350
D5211	Maxillary Partial Denture (resin base; including any conventional clasps, rests, and teeth)	250
D5212	Mandibular Partial Denture (resin base; including any conventional clasps, rests, and teeth)	250
D5213	Maxillary Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	375
D5214	Mandibular Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	375
D5281	Removable Unilateral Partial Denture (one-piece cast metal; including clasps and teeth)	300
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (maxillary)	40
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (mandibular)	40
D5810	Interim Complete Denture (maxillary)	225
D5811	Interim Complete Denture (mandibular)	225
D5820	Interim Partial Denture (maxillary)	170
D5821	Interim Partial Denture (mandibular)	180
D6010	Surgical Placement of Implant Body: Endosteal Implant	450
D6020	Abutment Placement or Substitution: Endosteal Implant	450
D6040	Surgical Placement: Eposteal Implant	450
D6050	Surgical Placement: Transosteal Implant	450
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis	150
D6210	Pontic (cast high noble metal)	250
D6211	Pontic (cast predominantly base metal)	250
D6212	Pontic (cast noble metal)	250
D6240	Pontic (porcelain fused to high noble metal)	250
D6241	Pontic (porcelain fused to predominantly base metal)	250
D6242	Pontic (porcelain fused to noble metal)	250
D6245	Pontic (porcelain/ceramic)	250
D6250	Pontic (resin with high noble metal)	250
D6251	Pontic (resin with predominantly base metal)	250
D6252	Pontic (resin with noble metal)	250
D6253	Provisional Pontic	250
D6545	Retainer (cast metal for resin-bonded fixed prosthesis)	140
D6548	Retainer (porcelain/ceramic for resin-bonded fixed prosthesis)	140
D6600	Inlay (porcelain/ceramic, two surfaces)	225
D6601	Inlay (porcelain/ceramic, three or more surfaces)	350
D6602	Inlay (cast high noble metal, two surfaces)	300
D6603	Inlay (cast high noble metal, three or more surfaces)	325
D6604	Inlay (cast predominantly base metal, two surfaces)	300
D6605	Inlay (cast predominantly base metal, three or more surfaces)	325
D6606	Inlay (cast noble metal, two surfaces)	300
D6607	Inlay (cast noble metal, three or more surfaces)	325
D6608	Onlay (porcelain/ceramic, two surfaces)	250
D6609	Onlay (porcelain/ceramic, three or more surfaces)	275
D6610	Onlay (cast high noble metal, two surfaces)	325
D6611	Onlay (cast high noble metal, three or more surfaces)	350
D6612	Onlay (cast predominantly base metal, two surfaces)	325
D6613	Onlay (cast predominantly base metal, three or more surfaces)	350
D6614	Onlay (cast noble metal, two surfaces)	325
D6615	Onlay (cast noble metal, three or more surfaces)	350
D6720	Crown (resin with high noble metal)	250
D6721	Crown (resin with predominantly base metal)	250
D6722	Crown (resin with noble metal)	250