

D6722	Crown (resin with noble metal) . . . . .	325
D6740	Crown (porcelain/ceramic) . . . . .	325
D6750	Crown (porcelain fused to high noble metal) . . . . .	325
D6751	Crown (porcelain fused to predominantly base metal) . . . . .	325
D6752	Crown (porcelain fused to noble metal) . . . . .	325
D6780	Crown (3/4-cast high noble metal) . . . . .	325
D6781	Crown (3/4-cast predominantly base metal) . . . . .	325
D6782	Crown (3/4-cast noble metal) . . . . .	325
D6783	Crown (3/4-porcelain/ceramic) . . . . .	325
D6790	Crown (full-cast high noble metal) . . . . .	325
D6791	Crown (full-cast predominantly base metal) . . . . .	325
D6792	Crown (full-cast noble metal) . . . . .	325
D6793	Provisional Retainer Crown . . . . .	325
D6970	Cast Post and Core (in addition to fixed partial denture retainer) . . . . .	140
D6971	Cast Post (as part of fixed partial denture retainer) . . . . .	130
D6972	Prefabricated Post and Core (in addition to fixed partial denture retainer) . . . . .	120
D6973	Core Buildup for Retainer (including any pins) . . . . .	90
D6975	Coping (metal) . . . . .	250

**Repairs and Adjustments to Prosthetic Benefits**

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

D5410	Adjust Complete Denture (maxillary) . . . . .	\$ 30
D5411	Adjust Complete Denture (mandibular) . . . . .	30
D5421	Adjust Partial Denture (maxillary) . . . . .	30
D5422	Adjust Partial Denture (mandibular) . . . . .	30
D5510	Repair Broken Complete Denture Base . . . . .	50
D5520	Replace Missing or Broken Teeth (complete denture; each tooth) . . . . .	45
D5610	Repair Resin Denture Base. . . . .	50
D5620	Repair Cast Framework . . . . .	65
D5630	Repair or Replace Broken Clasp . . . . .	55
D5640	Replace Broken Teeth (per tooth) . . . . .	45
D5650	Add Tooth to Existing Partial Denture. . . . .	50
D5660	Add Clasp to Existing Partial Denture . . . . .	65
D5710	Rebase Complete Maxillary Denture . . . . .	140
D5711	Rebase Complete Mandibular Denture . . . . .	180
D5720	Rebase Maxillary Partial Denture . . . . .	180
D5721	Rebase Mandibular Partial Denture . . . . .	180
D5730	Reline Complete Maxillary Denture (chairside) . . . . .	85
D5731	Reline Complete Mandibular Denture (chairside) . . . . .	85
D5740	Reline Maxillary Partial Denture (chairside) . . . . .	100
D5741	Reline Mandibular Partial Denture (chairside) . . . . .	100
D5750	Reline Complete Maxillary Denture (laboratory) . . . . .	120
D5751	Reline Complete Mandibular Denture (laboratory) . . . . .	120
D5760	Reline Maxillary Partial Denture (laboratory) . . . . .	150
D5761	Reline Mandibular Partial Denture (laboratory) . . . . .	150
D5850	Tissue Conditioning (maxillary) . . . . .	45
D5851	Tissue Conditioning (mandibular) . . . . .	45
D6090	Repair of Implanted Supported Prosthetic, by Report . . . . .	120
D6095	Repair of Implanted Abutment, by Report. . . . .	120
D6100	Implant Removal, by Report . . . . .	40
D6930	Recement Fixed Partial Denture. . . . .	40

**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) . . . . .	45
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth . . . . .	80

D7220	Removal of Impacted Tooth (soft tissue) . . . . .	100
D7230	Removal of Impacted Tooth (partially bony) . . . . .	130
D7240	Removal of Impacted Tooth (completely bony) . . . . .	150
D7241	Removal of Impacted Tooth (completely bony, with unusual surgical complications) . . . . .	170
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure) . . . . .	80
D7260	Oroantral Fistula Closure . . . . .	200
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth and/or Alveolus . . . . .	200
D7280	Surgical Access of an Unerupted Tooth . . . . .	225
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) . . . . .	400
D7286	Biopsy of Oral Tissue – Soft (all others) . . . . .	170
D7310	Alveoloplasty in Conjunction With Extractions (per quadrant) . . . . .	70
D7320	Alveoloplasty Not in Conjunction With Extractions (per quadrant) . . . . .	85
D7340	Vestibuloplasty – Ridge Extension (secondary epithelialization) . . . . .	850
D7350	Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue) . . . . .	800
D7410	Excision of Benign Lesion (up to 1.25 cm) . . . . .	575
D7411	Excision of Benign Lesion (greater than 1.25 cm) . . . . .	575
D7412	Excision of Benign Lesion (complicated) . . . . .	575
D7413	Excision of Malignant Lesion (up to 1.25 cm) . . . . .	725
D7414	Excision of Malignant Lesion (greater than 1.25 cm) . . . . .	725
D7415	Excision of Malignant Lesion (complicated) . . . . .	725
D7440	Excision of Malignant Tumor (lesion diameter up to 1.25 cm) . . . . .	725
D7441	Excision of Malignant Tumor (lesion diameter greater than 1.25 cm) . . . . .	725
D7450	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm) . . . . .	575
D7451	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm) . . . . .	575
D7460	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm) . . . . .	575
D7461	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm) . . . . .	575
D7471	Removal of Lateral Exostosis (maxilla or mandible) . . . . .	425
D7472	Removal of Torus Palatinus . . . . .	425
D7473	Removal of Torus Mandibularis . . . . .	425
D7485	Surgical Reduction of Osseous Tuberosity . . . . .	500
D7510	Incision and Drainage of Abscess (intraoral soft tissue) . . . . .	110
D7520	Incision and Drainage of Abscess (extraoral soft tissue) . . . . .	525
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue . . . . .	180
D7540	Removal of Reaction-Producing Foreign Bodies (musculoskeletal system) . . . . .	200
D7550	Partial Osteotomy/Sequestrectomy for Removal of Nonvital Bone . . . . .	130
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body . . . . .	800
D7610	Maxilla (open reduction; teeth immobilized, if present) . . . . .	800
D7620	Maxilla (closed reduction; teeth immobilized, if present) . . . . .	800
D7630	Mandible (open reduction; teeth immobilized, if present) . . . . .	70
D7640	Mandible (closed reduction; teeth immobilized, if present) . . . . .	90
D7650	Malar and/or Zygomatic Arch (open reduction) . . . . .	800
D7660	Malar and/or Zygomatic Arch (closed reduction) . . . . .	600
D7670	Alveolus (closed reduction, may include stabilization of teeth) . . . . .	800
D7671	Alveolus (open reduction, may include stabilization of teeth) . . . . .	400
D7710	Maxilla (open reduction) . . . . .	800
D7720	Maxilla (closed reduction) . . . . .	800
D7730	Mandible (open reduction) . . . . .	85
D7740	Mandible (closed reduction) . . . . .	85
D7750	Malar and/or Zygomatic Arch (open reduction) . . . . .	350
D7760	Malar and/or Zygomatic Arch (closed reduction) . . . . .	350
D7770	Alveolus (open reduction stabilization of teeth) . . . . .	400

D7771	Alveolus (closed reduction stabilization of teeth) . . . . .	800
D7960	Frenulectomy (frenectomy or frenotomy; separate procedure) . . . . .	85
D7970	Excision of Hyperplastic Tissue (per arch) . . . . .	85
D7971	Excision of Pericoronal Gingiva . . . . .	75

**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 . . . . .	85
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide . . . . .	85
D9241	Intravenous Conscious Sedation/Analgesia (first 30 minutes) . . . . .	130
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 Aflac Dental Insurance - Supplemental Plan 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.

**Family Coverage**

Family coverage includes the insured; the insured’s spouse; and dependent children. Dependent children are your natural children, stepchildren, or legally adopted children who are under age 26. Newborn children are automatically covered from the moment of birth. Coverage provided under any one-parent family or two-parent family policy will include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and who became so incapacitated prior to age 26. Please see the policy for additional details.

**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 – Supplemental Plan

## Standard Coverage

### Policy Series A81200

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 \$50** 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 \$25** 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

\*Current Dental Terminology © 2002 American Dental Association. All rights reserved.

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

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### 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) . . . . .	85
D1515 Space Maintainer (fixed, bilateral) . . . . .	110
D1520 Space Maintainer (removable, unilateral) . . . . .	85
D1525 Space Maintainer (removable, bilateral) . . . . .	110
D1550 Recementation of Space Maintainer . . . . .	40

#### 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 . . . . .	65
D0310 Sialography . . . . .	170
D0415 Bacteriologic Studies for Determination of Pathologic Agents . . . . .	15
D0460 Pulp Vitality Tests . . . . .	15
D0470 Diagnostic Casts . . . . .	30
D0471 Diagnostic Photographs . . . . .	15
D0501 Histopathologic Exam . . . . .	45

#### Fillings and Other Basic Restorative Benefits

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

D2140 Amalgam (one surface)	
Primary . . . . .	\$ 45
Permanent . . . . .	60
D2150 Amalgam (two surfaces)	
Primary . . . . .	50
Permanent . . . . .	65
D2160 Amalgam (three surfaces)	
Primary . . . . .	55
Permanent . . . . .	70
D2161 Amalgam (four or more surfaces)	
Primary . . . . .	60
Permanent . . . . .	75
D2330 Resin-Based Composite (one surface, anterior) . . . . .	55
D2331 Resin-Based Composite (two surfaces, anterior) . . . . .	65
D2332 Resin-Based Composite (three surfaces, anterior) . . . . .	75
D2335 Resin-Based Composite (four or more surfaces or involving incisal angle, anterior) . . . . .	85
D2390 Resin-Based Composite Crown (anterior) . . . . .	85
D2391 Resin-Based Composite (one surface, posterior)	
Primary . . . . .	50
Permanent . . . . .	55
D2392 Resin-Based Composite (two surfaces, posterior)	
Primary . . . . .	60
Permanent . . . . .	65
D2393 Resin-Based Composite (three surfaces, posterior)	
Primary . . . . .	70
Permanent . . . . .	75

D2394	Resin-Based Composite (four or more surfaces, posterior)	
	Primary . . . . .	70
	Permanent . . . . .	75
D2410	Gold Foil (one surface) . . . . .	225
D2420	Gold Foil (two surfaces) . . . . .	250

**Crowns and Other Major Restorative Benefits**

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

D2510	Inlay (metallic, one surface) . . . . .	\$200
D2520	Inlay (metallic, two surfaces) . . . . .	250
D2530	Inlay (metallic, three or more surfaces) . . . . .	375
D2542	Onlay (metallic, two surfaces) . . . . .	250
D2543	Onlay (metallic, three surfaces) . . . . .	275
D2544	Onlay (metallic, four or more surfaces) . . . . .	325
D2610	Inlay (porcelain/ceramic, one surface) . . . . .	225
D2620	Inlay (porcelain/ceramic, two surfaces) . . . . .	250
D2630	Inlay (porcelain/ceramic, three or more surfaces) . . . . .	375
D2642	Onlay (porcelain/ceramic, two surfaces) . . . . .	275
D2643	Onlay (porcelain/ceramic, three surfaces) . . . . .	325
D2644	Onlay (porcelain/ceramic, four or more surfaces) . . . . .	350
D2650	Inlay (resin-based composite, one surface) . . . . .	200
D2651	Inlay (resin-based composite, two surfaces) . . . . .	225
D2652	Inlay (resin-based composite, three or more surfaces) . . . . .	275
D2662	Onlay (resin-based composite, two surfaces) . . . . .	250
D2663	Onlay (resin-based composite, three surfaces) . . . . .	275
D2664	Onlay (resin-based composite, four or more surfaces) . . . . .	275
D2710	Crown (resin, indirect) . . . . .	170
D2720	Crown (resin with high noble metal) . . . . .	325
D2721	Crown (resin with predominantly base metal) . . . . .	325
D2722	Crown (resin with noble metal) . . . . .	325
D2740	Crown (porcelain/ceramic substrate) . . . . .	325
D2750	Crown (porcelain fused to high noble metal) . . . . .	325
D2751	Crown (porcelain fused to predominantly base metal) . . . . .	325
D2752	Crown (porcelain fused to noble metal) . . . . .	325
D2780	Crown (3/4-cast high noble metal) . . . . .	325
D2781	Crown (3/4-cast predominantly base metal) . . . . .	325
D2782	Crown (3/4-cast noble metal) . . . . .	325
D2783	Crown (3/4-porcelain/ceramic) . . . . .	325
D2790	Crown (full-cast high noble metal) . . . . .	325
D2791	Crown (full-cast predominantly base metal) . . . . .	325
D2792	Crown (full-cast noble metal) . . . . .	325
D2910	Recement Inlay . . . . .	35
D2920	Recement Crown . . . . .	35
D2930	Prefabricated Stainless Steel Crown (primary tooth) . . . . .	75
D2931	Prefabricated Stainless Steel Crown (permanent tooth) . . . . .	80
D2932	Prefabricated Resin Crown . . . . .	110
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) . . . . .	15
D2952	Cast Post and Core (in addition to crown) . . . . .	110
D2954	Prefabricated Post and Core (in addition to crown) . . . . .	110
D2955	Post Removal (not in conjunction with endodontic therapy) . . . . .	85
D2970	Temporary Crown (fractured tooth) . . . . .	80
D2980	Crown Repairs, by Report . . . . .	160

## 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	45
D3230	Pulpal Therapy (resorbable filling; anterior, primary tooth, excluding final restoration)	50
D3240	Pulpal Therapy (resorbable filling; posterior, primary tooth, excluding final restoration)	50
D3310	Anterior (excluding final restoration, root canal)	200
D3320	Bicuspid (excluding final restoration, root canal)	250
D3330	Molar (excluding final restoration, root canal)	325
D3340	Root Canal (four or more)	325
D3346	Retreatment of Previous Root Canal Therapy (anterior)	180
D3347	Retreatment of Previous Root Canal Therapy (bicuspid)	225
D3348	Retreatment of Previous Root Canal Therapy (molar)	300
D3351	Apexification/Recalcification (initial visit; apical closure/calcific repair of perforations, root resorption, etc.)	140
D3352	Apexification/Recalcification (interim medication replacement; apical closure/calcific repair of perforations, root resorption, etc.)	35
D3353	Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/calcific repair of perforations, root resorption, etc.)	75
D3410	Apicoectomy/Periradicular Surgery (anterior)	160
D3421	Apicoectomy/Periradicular Surgery (bicuspid; first root)	300
D3425	Apicoectomy/Periradicular Surgery (molar; first root)	325
D3426	Apicoectomy/Periradicular Surgery (each additional root)	120
D3430	Retrograde Filling (per root)	85
D3450	Root Amputation (per root)	170
D3920	Hemisection (including any root removal; not including root canal therapy)	130
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	60

## 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)	50
D4240	Gingival Flap Procedure, Including Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	250
D4241	Gingival Flap Procedure, Including Root Planing (one to three teeth per quadrant)	250
D4249	Clinical Crown Lengthening (hard tissue)	275
D4250	Mucogingival Surgery (per quadrant)	275
D4260	Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant)	275
D4261	Osseous Surgery (including flap entry and closure; one to three teeth per quadrant)	275
D4263	Bone Replacement Graft (first site in quadrant)	300
D4264	Bone Replacement Graft (each additional site in quadrant)	225
D4270	Pedicle Soft Tissue Graft Procedure	300
D4271	Free Soft Tissue Graft Procedure (including donor site surgery)	300
D4273	Subepithelial Connective Tissue Graft Procedures	325
D4275	Soft Tissue Allograft	300
D4320	Provisional Splinting (intracoronal)	160
D4321	Provisional Splinting (extracoronal)	130
D4341	Periodontal Scaling and Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	65
D4342	Periodontal Scaling and Root Planing (one to three teeth per quadrant)	65
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	60

## Dentures and Other Prosthetic Benefits

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

D5110	Complete Denture (maxillary) . . . . .	\$425
D5120	Complete Denture (mandibular) . . . . .	425
D5130	Immediate Denture (maxillary) . . . . .	425
D5140	Immediate Denture (mandibular) . . . . .	425
D5211	Maxillary Partial Denture (resin base; including any conventional clasps, rests, and teeth)	325
D5212	Mandibular Partial Denture (resin base; including any conventional clasps, rests, and teeth)	325
D5213	Maxillary Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth) . . . . .	450
D5214	Mandibular Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth) . . . . .	450
D5281	Removable Unilateral Partial Denture (one-piece cast metal; including clasps and teeth)	325
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (maxillary) . . . . .	45
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (mandibular) . . . . .	45
D5810	Interim Complete Denture (maxillary) . . . . .	225
D5811	Interim Complete Denture (mandibular) . . . . .	250
D5820	Interim Partial Denture (maxillary) . . . . .	180
D5821	Interim Partial Denture (mandibular) . . . . .	200
D6010	Surgical Placement of Implant Body: Endosteal Implant . . . . .	550
D6020	Abutment Placement or Substitution: Endosteal Implant . . . . .	550
D6040	Surgical Placement: Eposteal Implant . . . . .	550
D6050	Surgical Placement: Transosteal Implant . . . . .	550
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis . . . . .	175
D6210	Pontic (cast high noble metal) . . . . .	325
D6211	Pontic (cast predominantly base metal) . . . . .	325
D6212	Pontic (cast noble metal) . . . . .	325
D6240	Pontic (porcelain fused to high noble metal) . . . . .	325
D6241	Pontic (porcelain fused to predominantly base metal) . . . . .	325
D6242	Pontic (porcelain fused to noble metal) . . . . .	325
D6245	Pontic (porcelain/ceramic) . . . . .	325
D6250	Pontic (resin with high noble metal) . . . . .	325
D6251	Pontic (resin with predominantly base metal) . . . . .	325
D6252	Pontic (resin with noble metal) . . . . .	325
D6253	Provisional Pontic . . . . .	325
D6545	Retainer (cast metal for resin-bonded fixed prosthesis) . . . . .	160
D6548	Retainer (porcelain/ceramic for resin-bonded fixed prosthesis) . . . . .	160
D6600	Inlay (porcelain/ceramic, two surfaces) . . . . .	250
D6601	Inlay (porcelain/ceramic, three or more surfaces) . . . . .	375
D6602	Inlay (cast high noble metal, two surfaces) . . . . .	350
D6603	Inlay (cast high noble metal, three or more surfaces) . . . . .	375
D6604	Inlay (cast predominantly base metal, two surfaces) . . . . .	350
D6605	Inlay (cast predominantly base metal, three or more surfaces) . . . . .	375
D6606	Inlay (cast noble metal, two surfaces) . . . . .	350
D6607	Inlay (cast noble metal, three or more surfaces) . . . . .	375
D6608	Onlay (porcelain/ceramic, two surfaces) . . . . .	275
D6609	Onlay (porcelain/ceramic, three or more surfaces) . . . . .	325
D6610	Onlay (cast high noble metal, two surfaces) . . . . .	375
D6611	Onlay (cast high noble metal, three or more surfaces) . . . . .	400
D6612	Onlay (cast predominantly base metal, two surfaces) . . . . .	375
D6613	Onlay (cast predominantly base metal, three or more surfaces) . . . . .	400
D6614	Onlay (cast noble metal, two surfaces) . . . . .	375
D6615	Onlay (cast noble metal, three or more surfaces) . . . . .	400
D6720	Crown (resin with high noble metal) . . . . .	325
D6721	Crown (resin with predominantly base metal) . . . . .	325