SCHEDULE OF DENTAL PROCEDURES

This schedule accompanies Plan 2 Brochure A82275.

TERMS YOU NEED TO KNOW

COVERED PERSON: Any person insured under the coverage type you applied for: individual (named insured listed in the Policy Schedule), named insured/Spouse only (named insured and Spouse), one-parent family (named insured and Dependent Children), or two-parent family (named insured, Spouse, and Dependent Children). *Spouse* is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/Spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage 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 and while covered under the policy. *Dependent Children* are your natural children, stepchildren, or legally adopted children who are under age 26.

EFFECTIVE DATE: The *Effective Date* is the date coverage begins, as shown in the Policy Schedule. It is not the date you signed the application for coverage.

WHAT IS NOT COVERED

Aflac will not pay benefits for losses caused by or resulting from:

- 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.
- A dentist's or dental practice's failure to comply with the current ADA coding* convention, including but not limited to upcoding, the overutilization of certain codes, and/or the misrepresentation of services (e.g., unbundling).

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.

Aflac will not pay benefits for services rendered by you or a member of the immediate family of a Covered Person.

WHAT WE WILL PAY

Aflac will pay the following benefits when a charge is incurred for covered dental treatment that is received while coverage is in force. If a covered ADA code is revised or replaced by the American Dental Association, Aflac will pay the amount shown in the Schedule of Dental Procedures for the code most comparable to the revised or replaced code. Benefits will be paid based on the current ADA coding convention.

A. **PREVENTIVE BENEFITS**

1. **Dental Wellness Benefit:** This benefit is payable for you or any Covered Person for any one treatment listed below per visit. This benefit is payable once per visit, regardless of the number of treatments received. 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.

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THIS SCHEDULE OF DENTAL PROCEDURES IS FOR ILLUSTRATIVE PURPOSES ONLY.
REFER TO THE POLICY FOR COMPLETE DEFINITIONS, DETAILS, LIMITATIONS, AND EXCLUSIONS.

Underwritten by:
American Family Life Assurance Company of Columbus

1. **Dental Wellness Benefit – continued**

ADA Code	Description	Amount
D0120	Periodic Oral Evaluation	$50
D0145	Oral Evaluation for Patient Wellness	50
D0150	Comprehensive Oral Evaluation (new or established patient)	50
D0160	Detailed and Extensive Oral Evaluation (problem focused, by report)	50
D0170	Re-Evaluation – Limited, Problem (established patient; not postoperative visit)	50
D0180	Comprehensive Periodontal Evaluation (new or established patient)	50
D0425	Caries Susceptibility Tests	50
D1110	Prophylaxis (adult)	50
D1120	Prophylaxis (child)	50
D1203	Topical Application of Fluoride (child, prophylaxis not included)	50
D1204	Topical Application of Fluoride (adult, prophylaxis not included)	50
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients	50
D1310	Nutritional Counseling for Control of Dental Disease	50
D1320	Tobacco Counseling for the Control and Prevention of Oral Disease	50
D1330	Oral Hygiene Instructions	50
D4910	Periodontal Maintenance	50
D9430	Office Visit for Observation (during regularly scheduled hours, no other services performed)	50
D9910	Application of Desensitizing Medicament	50

2. **X-Ray Benefit:** This benefit is payable for you or any Covered Person for any one X-ray procedure listed below per visit. 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.

ADA Code	Description	Amount
D0210	Intraoral (complete series, including bitewings)	$35
D0220	Intraoral (periapical, first film)	35
D0230	Intraoral (periapical, each additional film)	35
D0240	Intraoral (occlusal film)	35
D0250	Extraoral (first film)	35
D0260	Extraoral (each additional film)	35
D0270	Bitewing (single film)	35
D0272	Bitewings (two films)	35
D0273	Bitewings (three films)	35
D0274	Bitewings (four films)	35
D0277	Vertical Bitewings (seven to eight films)	35
D0330	Panoramic Film	35
D0340	Cephalometric Film	35

The benefits below are subject to the Waiting Period shown in the Policy Schedule and a Policy Year Maximum of $1,600 per Covered Person. The benefits listed are per Covered Person. All treatments must be performed by a dentist.

B. **ANNUAL MAXIMUM BUILDING BENEFIT:** Aflac will increase each Covered Person's Policy Year Maximum by $100 after each 12 consecutive months of the policy's being in force. This benefit builds to a maximum of $500 per Covered Person.

C. **FILLINGS AND BASIC SERVICES:** Benefits in this category are subject to a three-month Waiting Period. Benefit D0140 is payable only for visits where no other covered services are performed.

C. FILLINGS AND BASIC SERVICES – continued

ADA Code	Description	Amount
D0140	Limited Oral Evaluation	$30
D0290	Posterior/Anterior or Lateral Skull and Facial Bone Survey Film	75
D0310	Sialography	190
D0415	Bacteriologic Studies for Determination of Pathologic Agents	15
D0416	Viral Culture	15
D0417	Collection and Preparation of Saliva Sample for Lab Diagnostic Testing	15
D0418	Analysis of Saliva Sample	15
D0421	Genetic Test for Susceptibility to Oral Diseases	15
D0431	Adjunctive Prediagnostic Test That Aids in Detection of Mucosal Abnormalities, Including Premalignant and Malignant Lesions, Not to Include Cytology or Biopsy	15
D0460	Pulp Vitality Tests	15
D0470	Diagnostic Casts	30
D2140	Amalgam (one surface)	
	Primary	55
	Permanent	75
D2150	Amalgam (two surfaces)	
	Primary	65
	Permanent	80
D2160	Amalgam (three surfaces)	
	Primary	65
	Permanent	85
D2161	Amalgam (four or more surfaces)	
	Primary	75
	Permanent	95
D2330	Resin-Based Composite (one surface, anterior)	70
D2331	Resin-Based Composite (two surfaces, anterior)	85
D2332	Resin-Based Composite (three surfaces, anterior)	100
D2335	Resin-Based Composite (four or more surfaces or involving incisal angle, anterior)	120
D2390	Resin-Based Composite Crown (anterior)	120
D2391	Resin-Based Composite (one surface, posterior)	
	Primary	65
	Permanent	70
D2392	Resin-Based Composite (two surfaces, posterior)	
	Primary	80
	Permanent	85
D2393	Resin-Based Composite (three surfaces, posterior)	
	Primary	95
	Permanent	100
D2394	Resin-Based Composite (four or more surfaces, posterior)	
	Primary	95
	Permanent	100
D2410	Gold Foil (one surface)	250
D2420	Gold Foil (two surfaces)	275

D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES: Benefits in this category are subject to a three-month Waiting Period. Benefits D9220 and D9230 are not payable for the same surgery.

ADA Code	Description	Amount
D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure)	$35
D9220	Deep Sedation/General Anesthesia (first 30 minutes)	90
D9221	Deep Sedation/General Anesthesia (each additional 15 minutes)	90

D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES – continued

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)	35
D9410	House/Extended-Care Facility Call	35
D9420	Hospital Call	35
D9440	Office Visit (after regularly scheduled hours)	35
D9450	Case Presentation, Detailed and Extensive Treatment Planning	35

E. OTHER PREVENTIVE SERVICES: Benefits in this category are subject to a six-month Waiting Period.

ADA Code	Description	Amount
D1351	Sealant (per tooth)	$20
D1510	Space Maintainer (fixed, unilateral)	95
D1515	Space Maintainer (fixed, bilateral)	120
D1520	Space Maintainer (removable, unilateral)	95
D1525	Space Maintainer (removable, bilateral)	120
D1550	Recementation of Space Maintainer	45
D1555	Removal of Fixed Space Maintainer	95

F. ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR: Benefits in this category are subject to a six-month Waiting Period.

ADA Code	Description	Amount
D4210	Gingivectomy or Gingivoplasty (four or more contiguous teeth or bounded teeth spaces per quadrant)	$160
D4211	Gingivectomy or Gingivoplasty (one to three teeth per quadrant)	50
D4230	Anatomical Crown Exposure (four or more contiguous teeth per quadrant)	160
D4231	Anatomical Crown Exposure (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)	275
D4241	Gingival Flap Procedure, Including Root Planing (one to three teeth per quadrant)	275
D4249	Clinical Crown Lengthening (hard tissue)	300
D4260	Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant)	300
D4261	Osseous Surgery (including flap entry and closure; one to three teeth per quadrant)	300
D4263	Bone Replacement Graft (first site in quadrant)	325
D4264	Bone Replacement Graft (each additional site in quadrant)	250
D4270	Pedicle Soft Tissue Graft Procedure	325
D4271	Free Soft Tissue Graft Procedure (including donor site surgery)	325
D4273	Subepithelial Connective Tissue Graft Procedures	375
D4275	Soft Tissue Allograft	325
D4320	Provisional Splinting (intracoronal)	180
D4321	Provisional Splinting (extracoronal)	150
D4341	Periodontal Scaling and Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	80
D4342	Periodontal Scaling and Root Planing (one to three teeth per quadrant)	80
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	65
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	75
D5630	Repair or Replace Broken Clasp	60
D5640	Replace Broken Teeth (per tooth)	45
D5650	Add Tooth to Existing Partial Denture	55
D5660	Add Clasp to Existing Partial Denture	75
D5710	Rebase Complete Maxillary Denture	160
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)	110
D5741	Reline Mandibular Partial Denture (chairside)	110
D5750	Reline Complete Maxillary Denture (laboratory)	130
D5751	Reline Complete Mandibular Denture (laboratory)	130
D5760	Reline Maxillary Partial Denture (laboratory)	160
D5761	Reline Mandibular Partial Denture (laboratory)	160
D5850	Tissue Conditioning (maxillary)	50
D5851	Tissue Conditioning (mandibular)	50
D6090	Repair of Implanted Supported Prosthetic, by Report	130
D6091	Replacement of Semiprecision or Precision Attachment (male or female component) of Implant/ Abutment-Supported Prosthesis (per attachment)	130
D6092	Recement Implant/Abutment-Supported Crown	130
D6093	Recement Implant/Abutment-Supported Fixed Partial Denture	130
D6095	Repair of Implanted Abutment, by Report	130
D6100	Implant Removal, by Report	40
D6930	Recement Fixed Partial Denture	40
D7111	Coronal Remnants (deciduous tooth)	60
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	90
D7220	Removal of Impacted Tooth (soft tissue)	120
D7230	Removal of Impacted Tooth (partially bony)	140
D7240	Removal of Impacted Tooth (completely bony)	160
D7241	Removal of Impacted Tooth (completely bony, with unusual surgical complications)	170
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	85
D7260	Oroantral Fistula Closure	225
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth and/or Alveolus	225
D7280	Surgical Access of an Unerupted Tooth	250
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	80
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	80
D7285	Biopsy of Oral Tissue – Hard (bone, tooth)	425
D7286	Biopsy of Oral Tissue – Soft (all others)	180
D7310	Alveoloplasty in Conjunction With Extractions (per quadrant)	75
D7311	Alveoloplasty in Conjunction With Extractions (one to three teeth or tooth spaces, per quadrant)	75
D7320	Alveoloplasty Not in Conjunction With Extractions (per quadrant)	100

Code	Description	Fee
D7321	Alveoloplasty Not in Conjunction With Extractions (one to three teeth or tooth spaces, per quadrant)	$100
D7340	Vestibuloplasty – Ridge Extension (secondary epithelialization)	975
D7350	Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)	925
D7410	Excision of Benign Lesion (up to 1.25 cm)	650
D7411	Excision of Benign Lesion (greater than 1.25 cm)	650
D7412	Excision of Benign Lesion (complicated)	650
D7413	Excision of Malignant Lesion (up to 1.25 cm)	800
D7414	Excision of Malignant Lesion (greater than 1.25 cm)	800
D7415	Excision of Malignant Lesion (complicated)	800
D7440	Excision of Malignant Tumor (lesion diameter up to 1.25 cm)	800
D7441	Excision of Malignant Tumor (lesion diameter greater than 1.25 cm)	800
D7450	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	650
D7451	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	650
D7460	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	650
D7461	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	650
D7471	Removal of Lateral Exostosis (maxilla or mandible)	450
D7472	Removal of Torus Palatinus	450
D7473	Removal of Torus Mandibularis	450
D7485	Surgical Reduction of Osseous Tuberosity	550
D7510	Incision and Drainage of Abscess (intraoral soft tissue)	120
D7511	Incision and Drainage of Abscess (intraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	575
D7520	Incision and Drainage of Abscess (extraoral soft tissue)	575
D7521	Incision and Drainage of Abscess (extraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	575
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	200
D7540	Removal of Reaction-Producing Foreign Bodies (musculoskeletal system)	225
D7550	Partial Ostectomy/Sequestrectomy for Removal of Nonvital Bone	140
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	925
D7610	Maxilla (open reduction; teeth immobilized, if present)	925
D7620	Maxilla (closed reduction; teeth immobilized, if present)	925
D7630	Mandible (open reduction; teeth immobilized, if present)	75
D7640	Mandible (closed reduction; teeth immobilized, if present)	100
D7650	Malar and/or Zygomatic Arch (open reduction)	925
D7660	Malar and/or Zygomatic Arch (closed reduction)	650
D7670	Alveolus (closed reduction, may include stabilization of teeth)	850
D7671	Alveolus (open reduction, may include stabilization of teeth)	450
D7710	Maxilla (open reduction)	925
D7720	Maxilla (closed reduction)	925
D7730	Mandible (open reduction)	100
D7740	Mandible (closed reduction)	100
D7750	Malar and/or Zygomatic Arch (open reduction)	400
D7760	Malar and/or Zygomatic Arch (closed reduction)	400
D7770	Alveolus (open reduction stabilization of teeth)	450
D7771	Alveolus (closed reduction stabilization of teeth)	850
D7960	Frenulectomy (frenectomy or frenotomy; separate procedure)	100
D7963	Frenuloplasty	100
D7970	Excision of Hyperplastic Tissue (per arch)	100
D7971	Excision of Pericoronal Gingiva	85
D9120	Fixed Partial Denture Sectioning	40

G. CROWNS AND MAJOR SERVICES: Benefits in this category are subject to a 12-month Waiting Period.

ADA Code	Description	Amount
D2510	Inlay (metallic, one surface)	$225
D2520	Inlay (metallic, two surfaces)	250
D2530	Inlay (metallic, three or more surfaces)	400
D2542	Onlay (metallic, two surfaces)	300
D2543	Onlay (metallic, three surfaces)	325
D2544	Onlay (metallic, four or more surfaces)	350
D2610	Inlay (porcelain/ceramic, one surface)	250
D2620	Inlay (porcelain/ceramic, two surfaces)	275
D2630	Inlay (porcelain/ceramic, three or more surfaces)	425
D2642	Onlay (porcelain/ceramic, two surfaces)	325
D2643	Onlay (porcelain/ceramic, three surfaces)	350
D2644	Onlay (porcelain/ceramic, four or more surfaces)	375
D2650	Inlay (resin-based composite, one surface)	225
D2651	Inlay (resin-based composite, two surfaces)	250
D2652	Inlay (resin-based composite, three or more surfaces)	325
D2662	Onlay (resin-based composite, two surfaces)	275
D2663	Onlay (resin-based composite, three surfaces)	325
D2664	Onlay (resin-based composite, four or more surfaces)	325
D2710	Crown (resin, indirect)	190
D2712	Crown (3/4 resin-based composite, indirect)	190
D2720	Crown (resin with high noble metal)	375
D2721	Crown (resin with predominantly base metal)	375
D2722	Crown (resin with noble metal)	375
D2740	Crown (porcelain/ceramic substrate)	375
D2750	Crown (porcelain fused to high noble metal)	375
D2751	Crown (porcelain fused to predominantly base metal)	375
D2752	Crown (porcelain fused to noble metal)	375
D2780	Crown (3/4-cast high noble metal)	375
D2781	Crown (3/4-cast predominantly base metal)	375
D2782	Crown (3/4-cast noble metal)	375
D2783	Crown (3/4-porcelain/ceramic)	375
D2790	Crown (full-cast high noble metal)	375
D2791	Crown (full-cast predominantly base metal)	375
D2792	Crown (full-cast noble metal)	375
D2794	Crown (titanium)	375
D2910	Recement Inlay	35
D2915	Recement Cast or Prefabricated Post and Core	35
D2920	Recement Crown	35
D2930	Prefabricated Stainless Steel Crown (primary tooth)	80
D2931	Prefabricated Stainless Steel Crown (permanent tooth)	90
D2932	Prefabricated Resin Crown	130
D2933	Prefabricated Stainless Steel Crown With Resin Window	140
D2934	Prefabricated Esthetic-Coated Stainless Steel Crown (primary tooth)	80
D2940	Sedative Filling	30
D2950	Core Buildup (including any pins)	80
D2951	Pin Retention (per tooth, in addition to restoration)	25
D2952	Cast Post and Core (in addition to crown)	110
D2954	Prefabricated Post and Core (in addition to crown)	130
D2955	Post Removal (not in conjunction with endodontic therapy)	90
D2970	Temporary Crown (fractured tooth)	85
D2980	Crown Repairs, by Report	190
D3110	Pulp Cap (direct, excluding final restoration)	20

G. CROWNS AND MAJOR SERVICES – continued

D3120	Pulp Cap (indirect, excluding final restoration)	$20
D3220	Therapeutic Pulpotomy (excluding final restoration) Removal of Pulp Coronal to the Dentinoce-mental Junction and Application of Medicament	50
D3222	Partial Pulpotomy for Apexogenesis (perm tooth with incomplete root development)	50
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)	225
D3320	Bicuspid (excluding final restoration, root canal)	275
D3330	Molar (excluding final restoration, root canal)	375
D3346	Retreatment of Previous Root Canal Therapy (anterior)	200
D3347	Retreatment of Previous Root Canal Therapy (bicuspid)	250
D3348	Retreatment of Previous Root Canal Therapy (molar)	325
D3351	Apexification/Recalcification (initial visit; apical closure/calcific repair of perforations, root resorption, etc.)	160
D3352	Apexification/Recalcification (interim medication replacement; apical closure/calcific repair of perforations, root resorption, etc.)	40
D3353	Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/calcific repair of perforations, root resorption, etc.)	80
D3410	Apicoectomy/Periradicular Surgery (anterior)	170
D3421	Apicoectomy/Periradicular Surgery (bicuspid; first root)	325
D3425	Apicoectomy/Periradicular Surgery (molar; first root)	400
D3426	Apicoectomy/Periradicular Surgery (each additional root)	130
D3430	Retrograde Filling (per root)	95
D3450	Root Amputation (per root)	190
D3920	Hemisection (including any root removal; not including root canal therapy)	150
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	65

H. MAJOR PROSTHETIC SERVICES: Benefits in this category are subject to a 24-month Waiting Period.

ADA Code	Description	Amount
D5110	Complete Denture (maxillary)	$525
D5120	Complete Denture (mandibular)	525
D5130	Immediate Denture (maxillary)	525
D5140	Immediate Denture (mandibular)	525
D5211	Maxillary Partial Denture (resin base, including any conventional clasps, rests, and teeth)	375
D5212	Mandibular Partial Denture (resin base, including any conventional clasps, rests, and teeth)	375
D5213	Maxillary Partial Denture (cast metal framework with resin denture bases, including any conventional clasps, rests, and teeth)	550
D5214	Mandibular Partial Denture (cast metal framework with resin denture bases, including any conventional clasps, rests, and teeth)	550
D5225	Maxillary Partial Denture (flexible base, including any clasps, rests, and teeth)	550
D5226	Mandibular Partial Denture (flexible base, including any clasps, rests, and teeth)	550
D5281	Removable Unilateral Partial Denture (one-piece cast metal, including clasps and teeth)	350
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)	250
D5811	Interim Complete Denture (mandibular)	300
D5820	Interim Partial Denture (maxillary)	200
D5821	Interim Partial Denture (mandibular)	225
D6010	Surgical Placement of Implant Body: Endosteal Implant	650
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant	650

H. MAJOR PROSTHETIC SERVICES – continued

D6040	Surgical Placement: Eposteal Implant	$650
D6050	Surgical Placement: Transosteal Implant	650
D6056	Prefabricated Abutment (includes placement)	650
D6057	Custom Abutment (includes placement)	650
D6058	Abutment-Supported Porcelain/Ceramic Crown	375
D6059	Abutment-Supported Porcelain Fused to Metal Crown (high noble metal)	375
D6060	Abutment-Supported Porcelain Fused to Metal Crown (predominantly base metal)	375
D6061	Abutment-Supported Porcelain Fused to Metal Crown (noble metal)	375
D6062	Abutment-Supported Cast Metal Crown (high noble metal)	375
D6063	Abutment-Supported Cast Metal Crown (predominantly base metal)	375
D6064	Abutment-Supported Cast Metal Crown (noble metal)	375
D6065	Implant-Supported Porcelain/Ceramic Crown	375
D6066	Implant-Supported Porcelain Fused to Metal Crown (titanium, titanium alloy, high noble metal)	375
D6067	Implant-Supported Metal Crown (titanium, titanium alloy, high noble metal)	375
D6068	Abutment-Supported Retainer for Porcelain/Ceramic FPD	375
D6069	Abutment-Supported Retainer for Porcelain Fused to Metal FPD (high noble metal)	375
D6070	Abutment-Supported Retainer for Porcelain Fused to Metal FPD (predominantly base metal)	375
D6071	Abutment-Supported Retainer for Porcelain Fused to Metal FPD (noble metal)	375
D6072	Abutment-Supported Retainer for Cast Metal FPD (high noble metal)	375
D6073	Abutment-Supported Retainer for Cast Metal FPD (predominantly base metal)	375
D6074	Abutment-Supported Retainer for Cast Metal FPD (noble metal)	375
D6075	Implant-Supported Retainer for Ceramic FPD	375
D6076	Implant-Supported Retainer for Porcelain Fused to Metal FPD (titanium, titanium alloy, or high noble metal)	375
D6077	Implant-Supported Retainer for Cast Metal FPD (titanium, titanium alloy, or high noble metal)	375
D6078	Implant/Abutment-Supported Fixed Denture for Completely Edentulous Arch	375
D6079	Implant/Abutment-Supported Fixed Denture for Partially Edentulous Arch	375
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis	225
D6094	Abutment-Supported Crown (titanium)	375
D6194	Abutment-Supported Retainer Crown for FPD (titanium)	375
D6205	Pontic (indirect resin-based composite)	375
D6210	Pontic (cast high noble metal)	375
D6211	Pontic (cast predominantly base metal)	375
D6212	Pontic (cast noble metal)	375
D6214	Pontic (titanium)	375
D6240	Pontic (porcelain fused to high noble metal)	375
D6241	Pontic (porcelain fused to predominantly base metal)	375
D6242	Pontic (porcelain fused to noble metal)	375
D6245	Pontic (porcelain/ceramic)	375
D6250	Pontic (resin with high noble metal)	375
D6251	Pontic (resin with predominantly base metal)	375
D6252	Pontic (resin with noble metal)	375
D6253	Provisional Pontic	375
D6545	Retainer (cast metal for resin-bonded fixed prosthesis)	170
D6548	Retainer (porcelain/ceramic for resin-bonded fixed prosthesis)	170
D6600	Inlay (porcelain/ceramic, two surfaces)	275
D6601	Inlay (porcelain/ceramic, three or more surfaces)	425
D6602	Inlay (cast high noble metal, two surfaces)	375
D6603	Inlay (cast high noble metal, three or more surfaces)	400
D6604	Inlay (cast predominantly base metal, two surfaces)	375

D6605	Inlay (cast predominantly base metal, three or more surfaces)	$400
D6606	Inlay (cast noble metal, two surfaces)	375
D6607	Inlay (cast noble metal, three or more surfaces)	400
D6608	Onlay (porcelain/ceramic, two surfaces)	325
D6609	Onlay (porcelain/ceramic, three or more surfaces)	350
D6610	Onlay (cast high noble metal, two surfaces)	400
D6611	Onlay (cast high noble metal, three or more surfaces)	425
D6612	Onlay (cast predominantly base metal, two surfaces)	400
D6613	Onlay (cast predominantly base metal, three or more surfaces)	425
D6614	Onlay (cast noble metal, two surfaces)	400
D6615	Onlay (cast noble metal, three or more surfaces)	425
D6624	Inlay (titanium)	400
D6634	Onlay (titanium)	425
D6710	Crown (indirect resin-based composite)	375
D6720	Crown (resin with high noble metal)	375
D6721	Crown (resin with predominantly base metal)	375
D6722	Crown (resin with noble metal)	375
D6740	Crown (porcelain/ceramic)	375
D6750	Crown (porcelain fused to high noble metal)	375
D6751	Crown (porcelain fused to predominantly base metal)	375
D6752	Crown (porcelain fused to noble metal)	375
D6780	Crown (3/4-cast high noble metal)	375
D6781	Crown (3/4-cast predominantly base metal)	375
D6782	Crown (3/4-cast noble metal)	375
D6783	Crown (3/4-porcelain/ceramic)	375
D6790	Crown (full-cast high noble metal)	375
D6791	Crown (full-cast predominantly base metal)	375
D6792	Crown (full-cast noble metal)	375
D6793	Provisional Retainer Crown	375
D6794	Crown (titanium)	375
D6970	Cast Post and Core (in addition to fixed partial denture retainer)	160
D6972	Prefabricated Post and Core (in addition to fixed partial denture retainer)	130
D6973	Core Buildup for Retainer (including any pins)	100
D6975	Coping (metal)	300