

DentiCare Select Benefits and Copayment Schedule

Benefits provided by: DentiCare, Inc., Administrative Office: 3595 Grandview Pkwy, Suite 150, Birmingham, AL 35243

This is a prepaid dental plan. THIS IS NOT INSURANCE. This plan is not under the jurisdiction of the insurance laws of the State of Georgia.

1. PLAN DENTIST SERVICES (subject to Limitations and Exclusions listed in the Member Benefits Description):

The dental services listed on the following schedule are provided only when services are provided by Member's selected Plan Dentist. Dental services that do not appear on this list are not benefits of the Plan. Member will be responsible for paying the amount listed in the "Member Copayment" column (plus any applicable lab fees*) at the time the service is received, or in accordance with selected Plan Dentist's billing procedures. To fully understand the benefits, exclusions and limitations of this plan, Member should consult the member Benefits Description.

* Certain services listed below also require separate payment of laboratory charges, up to the amount shown, for that service. The laboratory charges must be paid to the Plan Dentist in addition to any applicable copayment for the service.

Emergency services are available only through Member's selected Plan Dentist. Payment for all services received from a dentist who is not a Plan Dentist will be the responsibility of Member.

ADA Code	Service Description	Member Copayment	Maximum Additional Charges to Members for Lab Fees
Diagnostic Dentistry			
D0120	Periodic oral evaluation (ADA code D0120 may only be obtained once in any six calendar months).	5.00	
D0140	Limited oral evaluation, problem focused	25.00	
D0150	Comprehensive oral evaluation – new or established patient (ADA code D0150 may only be obtained once in any six calendar months.)	5.00	
D0180	Comprehensive periodontal evaluation – new or established patient	5.00	
D0210	X-ray: Intraoral - complete series (including bitewings) (ADA code D0210 may only be obtained once in any three calendar years.)	No Charge	
*** D0220	X-ray: Intraoral - periapical first film	No Charge	
*** D0230	X-ray: Intraoral - periapical each additional film	No Charge	
*** D0240	X-ray: Intraoral - occlusal film	No Charge	
*** D0250	X-ray: Extraoral - first film	No Charge	
*** D0260	X-ray: Extraoral - each additional film	No Charge	
*** D0270	X-ray: Bitewing - single film	No Charge	
D0272	X-ray: Bitewing - two films (ADA code D0272 may only be obtained once in any six calendar months)	No Charge	
D0274	X-ray: Bitewing -four films (ADA code D0274 may only be obtained once in any six calendar months)	No Charge	
D0330	X-ray: Panoramic film (ADA code D0330 may only be obtained once in any three calendar years)	25.00	
*** D0415	Collection of micro-organisms for culture and sensitivity	No Charge	
*** D0425	Caries susceptibility tests	No Charge	
*** D0460	Pulp vitality Tests	No Charge	
None †	Missed appointment without 24-hour notice	20.00	
D9440	Office visit – after regularly scheduled hours	45.00	
None †	Office visit – during regularly scheduled hours	7.00	

ADA Code	Service Description	Member Copayment	Maximum Additional Charges to Members for Lab Fees
Preventive Dentistry			
+ D1110	Prophylaxis – adult -ADA Code D1110 may only be obtained once in any six calendar months.	5.00	
+ D1120	Prophylaxis – child -ADA Code D1120 may only be obtained once in any six calendar months.	5.00	
*** D1201	Topical application of fluoride (prophylaxis included) - child	No Charge	
*** D1203	Topical application of fluoride (prophylaxis not included) - child	No Charge	
*** D1205	Topical application of fluoride (including prophylaxis) - adult	No Charge	
*** D1310	Nutritional counseling for control of dental disease	No Charge	
*** D1330	Oral hygiene instructions	No Charge	
+ D1351	Sealant - per tooth	15.00	
+ D1510	Space maintainer - fixed - unilateral	70.00	75.00
+ D1515	Space maintainer - fixed - bilateral	70.00	75.00
+ D1520	Space maintainer - removable - unilateral	110.00	100.00
+ D1525	Space maintainer -removable - bilateral	110.00	100.00
+ D1550	Re-cementation of space maintainer	15.00	
+ None †	Additional prophylaxis	35.00	
Restorative Dentistry			
+** D2140	Amalgam - one surface, primary or permanent	25.00	
+** D2150	Amalgam - two surfaces, primary or permanent	30.00	
+** D2160	Amalgam - three surfaces, primary or permanent	40.00	
+** D2161	Amalgam - four or more surfaces, primary or permanent	45.00	
+** D2330	Resin-based composite - one surface, anterior	40.00	
+** D2331	Resin-based composite - two surfaces, anterior	50.00	
+** D2332	Resin-based composite - three surfaces, anterior	60.00	
+** D2335	Resin-based composite - four + surfaces or involving incisal angle-anterior	65.00	
+ D2391	Resin-based composite – one surface, posterior	40.00	
+ D2392	Resin-based composite – two surfaces, posterior	50.00	
+ D2393	Resin-based composite – three surfaces, posterior	60.00	
+ D2394	Resin-based composite – four or more surfaces, posterior	70.00	
+ D2510	Inlay - metallic, one surface	100.00	75.00
+ D2520	Inlay - metallic, two surfaces	120.00	75.00
+ D2530	Inlay - metallic, three or more surfaces	145.00	75.00
+ D2543	Onlay - metallic, three surfaces	200.00	75.00
+ D2544	Onlay - metallic, four or more surfaces	240.00	75.00
+ D2610	Inlay - porcelain/ceramic, one surface	190.00	100.00
+ D2620	Inlay - porcelain/ceramic, two surfaces	200.00	100.00
+ D2630	Inlay - porcelain/ceramic, three or more surfaces	230.00	100.00
+ D2740	Crown - porcelain/ceramic substrate	320.00	100.00
+ D2750	Crown - porcelain fused to high noble metal	320.00	100.00
+ D2751	Crown - porcelain fused to predominately base metal	320.00	100.00
+ D2752	Crown - porcelain fused to noble metal	320.00	100.00
+ D2790	Crown - full cast high noble metal	320.00	75.00
+ D2791	Crown - full cast predominately base metal	320.00	75.00
+ D2792	Crown - full cast noble metal	320.00	75.00
+ D2910	Recement inlay, onlay or partial coverage restoration	15.00	
+ D2920	Recement crown	15.00	
+ D2930	Prefabricated stainless steel crown - primary tooth	70.00	
+ D2940	Sedative filling	8.00	
+ D2950	Core buildup, including any pins	85.00	
+ D2951	Pin retention - per tooth, in addition to restoration	15.00	
+ D2952	Cast post and core, in addition to crown	85.00	75.00
+ D2953	Each additional cast post – same tooth	85.00	75.00
+ D2954	Prefabricated post and core, in addition to crown	85.00	
+ D2960	Labial veneer (laminare) – chairside	225.00	
+ D2962	Labial veneer (porcelain laminate) – laboratory	370.00	125.00
+ D2980	Crown repair, by report	30.00	75.00
+ None †	Temporary filling	15.00	
+ D9972	External bleaching, per arch	175.00	
+ None †	External bleaching, both arches	275.00	

ADA Code	Service Description	Member Copayment	Maximum Additional Charges to Members for Lab Fees
Endodontics			
+ D3110	Pulp cap – direct (excluding final restoration)	20.00	
+ D3120	Pulp cap – indirect (excluding final restoration)	10.00	
+ D3220	Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of medicament	30.00	
+ D3310	Root canal therapy: anterior (excluding final restoration)	225.00	
+ D3320	Root canal therapy: bicuspid (excluding final restoration)	345.00	
+ D3330	Root canal therapy: molar (excluding final restoration)	545.00	
+ D3346	Retreatment of previous root canal therapy – anterior	320.00	
+ D3347	Retreatment of previous root canal therapy – bicuspid	420.00	
+ D3348	Retreatment of previous root canal therapy - molar	620.00	
+ D3410	Apicoectomy /periradicular surgery – anterior	75.00	
+ D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	100.00	
+ D3425	Apicoectomy / periradicular surgery - molar (first root)	125.00	
+ D3426	Apicoectomy / periradicular surgery – each additional root	45.00	
+ D3430	Retrograde filling – per root	55.00	
+ D3450	Root amputation – per root	75.00	
+ D3920	Hemisection (including any root removal), not including root canal therapy	85.00	
Periodontics			
+ D4210	Gingivectomy or Gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	100.00	
+ D4211	Gingivectomy or Gingivoplasty – one to three teeth per quadrant	75.00	
+ D4260	Osseous surgery – (including flap entry and closure) four or more contiguous teeth or bounded teeth spaces per quadrant	300.00	
+ D4261	Osseous surgery – (including flap entry and closure) one to three contiguous teeth or bounded teeth spaces per quadrant	240.00	
+ D4320	Provisional splinting – intracoronal	75.00	
+ D4321	Provisional splinting - extracoronal	95.00	
+ D4341	Periodontal scaling and root planing, four or more teeth per quadrant	75.00	
+ D4342	Periodontal scaling and root planing, one to three teeth per quadrant	60.00	
+ D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	95.00	
+ D4910	Periodontal maintenance	50.00	
+ None †	Periodontal hygiene instruction	No Charge	
+ None †	Periodontal charting for planning (specialty)	15.00	
Removable Prosthodontics (Dentures)			
+ D5110	Complete denture – maxillary	350.00	150.00
+ D5120	Complete denture – mandibular	350.00	150.00
+ D5130	Immediate denture – maxillary	395.00	175.00
+ D5140	Immediate denture – mandibular	395.00	175.00
+ D5211	Maxillary partial denture – resin base	395.00	125.00
+ D5212	Mandibular partial denture – resin base	395.00	125.00
+ D5213	Maxillary partial denture – cast metal framework (resin denture base)	425.00	175.00
+ D5214	Mandibular partial denture – cast metal framework (resin denture base)	425.00	175.00
	D5211 – D5214 including any conventional clasps, rests, and teeth		
+ D5410	Adjust complete denture – maxillary	15.00	
+ D5411	Adjust complete denture – mandibular	15.00	
+ D5421	Adjust partial denture – maxillary	15.00	
+ D5422	Adjust partial denture – mandibular	15.00	
+ D5510	Repair broken complete denture base	25.00	75.00
+ D5520	Replace missing or broken teeth – complete denture (each tooth)	40.00	75.00
+ D5610	Repair resin denture base	35.00	75.00
+ D5620	Repair cast framework	35.00	100.00
+ D5630	Repair or replace broken clasps	35.00	100.00
+ D5640	Replace broken teeth - per tooth	35.00	75.00
+ D5650	Add tooth to existing partial denture	35.00	75.00

ADA Code	Service Description	Member Copayment	Maximum Additional Charges to Members for Lab Fees
+ D5730	Reline complete maxillary denture (chairside)	60.00	
+ D5731	Reline complete mandibular denture (chairside)	65.00	
+ D5740	Reline maxillary partial denture (chairside)	65.00	
+ D5741	Reline mandibular partial denture (chairside)	70.00	
+ D5750	Reline complete maxillary denture (laboratory)	95.00	75.00
+ D5751	Reline complete mandibular denture (laboratory)	95.00	75.00
+ D5760	Reline maxillary partial denture (laboratory)	95.00	75.00
+ D5761	Reline mandibular partial denture (laboratory)	95.00	75.00
+ D5850	Tissue conditioning – maxillary	25.00	
+ D5851	Tissue conditioning – mandibular	25.00	
+ D5862	Precision attachment, by report	150.00	
Fixed Prosthodontics			
+ D6210	Pontic – cast high noble metal	320.00	75.00
+ D6211	Pontic – cast predominantly base metal	320.00	75.00
+ D6212	Pontic – cast noble metal	320.00	75.00
+ D6240	Pontic – porcelain fused to high noble metal	320.00	100.00
+ D6241	Pontic – porcelain fused to predominantly base metal	320.00	100.00
+ D6242	Pontic – porcelain fused to noble metal	320.00	100.00
+ D6245	Pontic – porcelain / ceramic	320.00	100.00
+ D6251	Pontic – resin with base metal	320.00	100.00
+ D6740	Crown – porcelain / ceramic	320.00	100.00
+ D6750	Crown – porcelain fused to high noble metal	320.00	100.00
+ D6751	Crown – porcelain fused to predominantly base metal	320.00	100.00
+ D6752	Crown – porcelain fused to noble metal	320.00	100.00
+ D6780	Crown - ¾ cast high noble metal	320.00	75.00
+ D6790	Crown – full cast high noble metal	320.00	75.00
+ D6791	Crown – full cast predominantly base metal	320.00	75.00
+ D6792	Crown – full cast noble metal	320.00	75.00
+ D6930	Recement fixed partial denture	15.00	
+ D6940	Stress breaker	150.00	
+ D6950	Precision attachment, by report	150.00	75.00
+ D6980	Fixed partial denture repair, by report	55.00	75.00
Oral Surgery			
+ D7111	Extraction, coronal remnants – deciduous tooth	30.00	
+ D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	30.00	
+ D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	65.00	
+ D7220	Removal of impacted tooth - soft tissue	80.00	
+ D7230	Removal of impacted tooth - partial bony	90.00	
+ D7240	Removal of impacted tooth – completely bony	115.00	
+ D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	165.00	
+ D7250	Surgical removal of residual tooth roots (cutting procedure)	50.00	
+ D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	60.00	
+ D7280	Surgical access of an unerupted tooth	60.00	
+ D7310	Alveoloplasty in conjunction with extractions, per quadrant	70.00	
+ D7320	Alveoloplasty not in conjunction with extractions, per quadrant	85.00	
+ D7471	Removal of lateral exostosis – maxillary or mandibular	100.00	
+ D7510	Incision and drainage of abscess – intraoral soft tissue	30.00	
+ D7910	Suture of small wound up to 5 cm	15.00	
+ D7960	Frenulectomy (frenectomy or frenotomy) – separate procedure	75.00	
Other Services			
D9110	Palliative (emergency) treatment of dental plan – minor procedures	30.00	
*** D9215	Local anesthesia	No Charge	
+ D9220	Deep Sedation/General anesthesia -first 30 minutes	180.00	
+ D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	20.00	

ADA Code	Service Description	Member Copayment	Maximum Additional Charges to Members for Lab Fees
D9241	Intravenous conscious sedation – first 30 minutes	180.00	
D9242	Intravenous sedation / analgesia – each additional 15 min.	75.00	
D9310	Consultation – provided by someone other than dentist providing treatment	94.00	
D9430	Office visit for observation	5.00	
+ D9440	Office visit after regularly scheduled hours	45.00	
D9910	Application of desensitizing medication	15.00	
D9911	Application of desensitizing resin for cervical or root surface per tooth	10.00	
+ D9940	Occlusal Guards	95.00	75.00
+ D9951	Occlusal Adjustment – limited	35.00	
+ D9952	Occlusal Adjustment – complete	160.00	

** Restorations and endodontic posts and cores placed after root canal therapy are subject to a separate Copayment. *** ADA service codes marked with “***” can only be obtained in conjunction with ADA service codes marked with “+”

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† Service does not have an American Dental Association Current Dental Terminology code or descriptor.

2. PLAN SPECIALIST SERVICES (subject to Limitations and Exclusions listed in the Member Benefits Description):

Should Member require dental services that his selected Plan Dentist is unable to provide, he may obtain those services from a Plan Specialist. No referral is needed from Member's selected Plan Dentist in order for Member to obtain services from Plan Specialist of his choice. There is no applicable copayment schedule for Plan Specialist services. A 15% discount, off that Plan Specialist's list charge will be applied to services obtained from a Plan Specialist who is an Endodontist. A 25% discount, off that Plan Specialist's list charge, will be applied to all other services (including orthodontic services) received from a Plan Specialist. Member will be responsible for paying the entire discounted charge (including any applicable lab fees) at the time the service is received, or in accordance with the Plan Specialist's billing procedures.

Payment for all services received from a specialist who is not a Plan Specialist will be the responsibility of Member.