

Benefit Levels for Town of Auburn Effective July 1, 2018

Schedule of Covered Services Benefits for In – Network Services Only

ADA CODE	PROCEDURE NAME	Member Pay
D0120	Periodic Oral Exam	Office Copay (OVC) 10
D0140	Limited Oral Eval - Problem Foc	OVC10
D0145	Oral Eval < 3 yrs & Counseling	OVC10
D0150	Comprehensive Oral Eval	OVC10
D0170	Limited Re-eval., Problem Focused	OVC10
D0180	Comprehensive Perio Eval	OVC10
D0210	Intraoral Complete Series w/ Btwgs	20
D0220	Intraoral - Periapical - First Film	OVC10
D0230	Intraoral Periapical - Ea Addl Film	OVC10
D0240	Intraoral - Occlusal Film	OVC10
D0270	Bitewing - Single Film	OVC10
D0272	Bitewings - 2 Films	OVC10
D0273	Bitewings - 3 Films	OVC10
D0274	Bitewings - 4 Films	OVC10
D0277	Vertical Bitewings	20
D0330	Panoramic Film	20
D0460	Pulp Vitality Test	OVC10
D0470	Diagnostic Casts	OVC10
D1110	Prophylaxis Adults	OVC10
D1120	Prophylaxis Child	OVC10
D1203	Top Fluoride Exlud Prophy - Child	OVC10
D1204	Top Fluoride Exlud Prophy - Adult	OVC10
D1206	Topical Fluoride Varnish	OVC10
D1330	Oral Hygiene Instruction	OVC10
D1351	Sealant - Per Tth (Note A)	22
D1510	Space Maint - Fixed Unilateral	145
D1515	Space Maint - Fixed Bilateral	270
D1520	Space Maint - Remov Unilateral	197
D1525	Space Maint - Remov Bilateral	262
D1550	Recement Space Maint	29
D1555	Removal of Fixed Space Maintainer	29
D2140	Amalgam - One Surface	19
D2150	Amalgam - 2 Surfaces	25
D2160	Amalgam - 3 Surfaces	27
D2161	Amalgam - 4+ Surfaces	36
D2330	Resin - One Surf - Anterior	24
D2331	Resin - 2 Surfaces - Anterior	27
D2332	Resin - 3 Surfaces - Anterior	36

ADA CODE	PROCEDURE NAME	Member Pay
D2335	Res - 4+ Surf or Inv Inc Angle Ant	42
D2391	Resin Comp - One Surf Post	24
D2392	Resin Comp - 2 Surf Post	32
D2393	Resin Comp - 3 Surf Post	44
D2394	Resin Comp - 4+ Surf Post	51
D2510	Inlay - Metallic - One Surf	466
D2520	Inlay - Metallic - 2 Surfs	527
D2530	Inlay - Metallic - 3 Surfs	626
D2542	Onlay - Metallic - 2 Surfs	662
D2543	Onlay - Metallic - 3 Surfs	735
D2544	Onlay - Metallic - 4+ Surfs	798
D2610	Inlay - Porc/Ceramic - One Surf	580
D2620	Inlay - Porc/Ceramic - 2 Surfs	585
D2630	Inlay - Porc/Ceramic - 3 Surfs	666
D2642	Onlay - Porc/Ceramic - 2 Surfs	536
D2643	Onlay - Porc/Ceramic - 3 Surfs	595
D2644	Onlay - Porc/Ceramic - 4+ Surfs	646
D2650	Inlay Resin/Comp - One Surf (Lab)	287
D2651	Inlay Resin/Comp - 2 Surfs (Lab)	772
D2652	Inlay Resin/Comp - 3+ Surfs (Lab)	772
D2710	Crown - Resin Composite (Indirect)	287
D2712	Crown - 3/4 Resin Comp. (Indirect)	287
D2740	Crown - Porc/Ceramic Sub	793
D2750	Crown - Porc Fused Hi Noble Mtl.	772
D2751	Crown - Porc Fused Pred Base Mtl	686
D2752	Crown - Porc Fused Noble Mtl	733
D2780	Crown - 3/4 Cast Hi Noble Mtl	759
D2781	Crown - 3/4 Cast Pred Base Mtl	679
D2782	Crown - 3/4 Cast Noble Mtl	713
D2783	Crown - 3/3 Porcelain/Ceramic	793
D2790	Crown - Full Cast Hi Noble Mtl	759
D2791	Crown - Full Cast Pred Base Mtl	679
D2792	Crown - Full Cast Noble Mtl	713
D2794	Crown - Titanium	759
D2910	Recement Inlay	55
D2915	Recement Cast/Prefab Post & Core	55
D2920	Recement Crown	53
D2930	Prefab Stainless Stl - Crown Prim Tth	167
D2931	Prefab Stainless Stl - Crown Perm Tth	173
D2932	Prefab Resin Crown	167
D2933	Prefab Stainless Steel Crown w/ Resin	176
D2934	Prefab Esth. Stainls Stl -Crown Prim	167
D2940	Sedative Filling	57
D2950	Crown Buildup (Substructure) w/ Pins	167
D2951	Pin Retention - Per Tth w/ Restoration	31
D2952	Cast Post & Core w/ Crown	227
D2954	Prefab Post & Core w/ Crown	200

ADA CODE	PROCEDURE NAME	Member Pay
D2970	Temporary Crown (Fractured Tooth)	167
D2980	Crown Repair	133
D3110	Pulp Cap - Direct Excl Final Restor	40
D3120	Pulp Cap - Indirect Excl Final Restor	34
D3220	Therapeutic Pulptmy Excl Final Restor	107
D3310	Root Canal - Ant. Excl Final Restor	460
D3320	Root Canal - Bicusp Excl Final Restor	546
D3330	Root Canal - Molar Excl Final Restor	838
D3346	Retreat Previous Root Canal - Ant.	542
D3347	Retreat Previous Root Canal - Bicusp	644
D3348	Retreat Previous Root Canal - Molar	990
D3351	Apexification/Recalcification - Int. Visit	213
D3352	Apexification/Recalcification - Interim	155
D3353	Apexification/Recalcification - Last Vst	213
D3410	Apicoectomy/Periradicular Surg - Ant.	593
D3421	Apico/Perirad Surg - Bicusp 1st Root	652
D3425	Apico/Perirad Surg - Molar 1st Root	733
D3426	Apico/Perirad Surg - Ea Addl Root	233
D3430	Retrograde Filling - Per Tooth	194
D3450	Root Amputation Per Root	373
D3920	Hemisect w/ Rt Remov - w/o RC	340
D4210	Gingivectomy/Gingivoplasty /Quad	480
D4211	GingivectGingivo 1-3 Tth / Quad	154
D4230	Anatomical Crn Exp.- 4+ Tth / Quad	858
D4231	Anatomical Crn Exp.- 1-3 Tth / Quad	240
D4240	Gingival Flap Incl Rt Planing /Quad	585
D4241	Gingival Flap Incl Rt. Plng 1-3/Quad	293
D4245	Apically Positioned Flap	585
D4249	Crown Length-Hard/Soft By Report	660
D4260	Oss. Surg 4+ Teeth/Quad	953
D4261	Oss. Surg 1-3 Teeth/Quad	476
D4263	Bone Replace Graft 1st Site/Quad	426
D4264	Bone Replace Graft Ea Addl/Quad	606
D4265	Bio Material -Tissue Regen.	213
D4266	Guided Tissue Regen Resorb/Site	546
D4267	Guided Tissue Regen Nonresorb	667
D4270	Pedicle Soft Tissue Graft	639
D4271	Free Soft Tissue Graft	746
D4273	Subepithelial Tissue Graft	746
D4275	Soft Tissue Allograft	746
D4276	Conn.Tissue & Dble Pedicle Graft	746
D4320	Provisional Splinting- Intracoronal	133
D4321	Provisional Splinting- Extracoronal	133
D4341	Scaling & Root Planing / Quad	160
D4342	Scaling & Root Planing 1-3 Teeth	80
D4355	Debridement - Full Mouth	107
D4381	Local Deliv Chemo Agent	NB

ADA CODE	PROCEDURE NAME	Member Pay
D4910	Perio Maintenance	107
D5110	Complete Denture - Upper	745
D5120	Complete Denture - Lower	745
D5130	Immediate Denture - Upper	811
D5140	Immediate Denture - Lower	811
D5211	Upper Partial Denture w/ Clasps	660
D5212	Lower Partial Denture w/ Clasps	660
D5213	Upper Partial - Cast Metal w/ Resin	823
D5214	Lower Partial - Cast Metal w/ Resin	823
D5225	Upper Partial - Flexible Base	823
D5226	Lower Partial - Flexible Base	823
D5281	Removable Unilateral Partial	442
D5410	Adjust Complete Upper Denture	37
D5411	Adjust Complete Lower Denture	37
D5421	Adjust Upper Partial	37
D5422	Adjust Lower Partial	37
D5510	Repair Broken Complete Denture Base	85
D5520	Replace Tooth - Complete Denture	69
D5610	Repair Acrylic Saddle or Base	80
D5620	Repair Cast Framework	97
D5630	Repair/Replace Broken Clasps	91
D5640	Replace Broken teeth - Partial	70
D5650	Add Tooth to Existing Partial	88
D5660	Add Clasp to Existing Partial	109
D5670	Replace All Teeth - Upper Partial	396
D5671	Replace All Teeth - Lower Partial	396
D5710	Rebase Complete Upper Denture	278
D5711	Rebase Complete Lower Denture	278
D5720	Rebase Upper Partial	278
D5721	Rebase Lower Partial	278
D5730	Reline Complete Max Dent -Chairside	164
D5731	Reline Complete Mand Dent -Chairside	164
D5740	Reline Upper Partial - Chairside	164
D5741	Reline Lower Partial - Chairside	164
D5750	Reline Complete Upper Dent - Lab	224
D5751	Reline Complete Lower Dent - Lab	224
D5760	Reline Upper Partial Dent (Lab)	224
D5761	Reline Lower Partial Denture (Lab)	224
D5820	Interim Partial Denture (Max)	290
D5821	Interim Partial Denture (Mand)	290
D5850	Tissue Conditioning (Max)	84
D5851	Tissue Conditioning (Mand)	79
D6205	Pontic Indirect Resin Composite	287
D6210	Pontic Cast High Noble Metal	746
D6211	Pontic Cast Predom Base Metal	686
D6212	Pontic Cast Noble Metal	660
D6214	Pontic Titanium	746

ADA CODE	PROCEDURE NAME	Member Pay
D6240	Pontic Porc Fused High Noble Metal	752
D6241	Pontic Porc Fused Predm Bse Metal	660
D6242	Pontic Porc Fused Noble Metal	718
D6245	Pontic Porcelain/Ceramic	752
D6545	Retainer Cast Metal for Resin Fixed	279
D6548	Retainer Porcln/Ceramic- Resin Fixed	279
D6600	Inlay- Porcelain/Ceramic- 2 Surf.	713
D6601	Inlay- Porcelain Ceramic- 3+ Surf	787
D6602	Inlay Cast High Noble Metal- 2 Surf	580
D6603	Inlay Cast High Noble Metal- 3+ Surf	689
D6604	Inlay Cast Predm Bse Metal- 2 Surf	580
D6605	Inlay Cast Predm Bse Metal- 3+ Surf	595
D6606	Inlay Cast Noble Metal- 2 Surf	527
D6607	Inlay Cast Noble Metal- 3+ Surf	626
D6608	Onlay- Porcelain/Ceramic- 2 Surf.	713
D6609	Onlay- Porcelain Ceramic- 3+ Surf	787
D6610	Onlay Cast High Noble Metal- 2 Surf	787
D6611	Onlay Cast High Noble Metal- 3+ Surf	860
D6612	Onlay Cast Predm Bse Metal- 2 Surf	677
D6613	Onlay Cast Predm Bse Metal-3+ Surf	749
D6614	Onlay - Cast Noble metal-2 surf	713
D6615	Onlay - Cast Noble Metal- 3+ Surf	787
D6624	Inlay - Titanium	689
D6634	Onlay - Titanium	860
D6710	Crown - Indirect Resin Base Composite	287
D6740	Crown - Porcelain/Ceramic	772
D6750	Crown - Porc to High Noble Metal	772
D6751	Crown - Porc to Predom Base Metal	686
D6752	Crown - Porc to Noble Metal	733
D6780	Crown - 3/4 Cast Noble Metal	705
D6781	Crown - 3/4 Cast Base Metal	686
D6782	Crown - 3/4 Cast Noble Metal	733
D6783	Crown - 3/4 Porcelain/Ceramic	772
D6790	Crown - Full Cast High Noble Metal	759
D6791	Crown - Full Cast Predom Base Metal	679
D6792	Crown - Full Cast Noble Metal	713
D6794	Crown - Titanium	759
D6930	Recement Bridge	76
D6970	Post & Core w/ Fixed Partial	227
D6972	Prefab Post & Core w/ Fixed Partial	200
D6973	Core Build-up for Retainer w/ Pins	167
D7111	Extraction Remnanta Deciduous Tooth	42
D7140	Extraction Erupted Tth / Exposed Root	84
D7210	Surgical Removal of Erupted Tooth	194
D7220	Removal Impacted Tooth - Soft Tissue	NB*
D7230	Removal Impacted Tooth - Partial Bony	NB*
D7240	Removal Impacted Tooth - Comp Bony	NB*

ADA CODE	PROCEDURE NAME	Member Pay
D7250	Surgical Removal - Residual Roots	213
D7260	Oroantral Sistula Closure	506
D7261	Primary Closure of Sinus Perforation	506
D7270	Tooth Reimplantation	287
D7280	Surgical Access of Unerupted Tooth	NB*
D7282	Mobilization Erupted/Malpositioned Tth	NB*
D7283	Place Device to Facilitate Eruption	NB*
D7285	Biopsy of Oral Tissue - Hard	NB*
D7286	Biopsy of Oral Tissue - Soft	NB*
D7287	Cytology Sample Collection	NB*
D7288	Brush Biopsy - Transepethelial Sample	NB*
D7291	Transseptal Fiberotomy	61
D7310	Alveoplasty w/ Extractions 4+ Tth/Q	154
D7311	Alveoplasty w/ Extractions 1-3 Tth/Q	77
D7320	Alveoplasty No Extractions 4+ /Quad	306
D7321	Alveoplasty No Extractions 1-3 /Quad	153
D7410	Excision Benign Lesion up to 1.25cm	NB*
D7411	Excision Benign Lesion > 1.25cm	NB*
D7412	Excision Benign Lesion- Complicated	NB*
D7450	Remove Odont. Cyst up to 1.25cm	NB*
D7451	Remove Odont. Cyst > 1.25cm	NB*
D7460	Remove Nonodont. Cyst up to 1.25cm	NB*
D7461	Remove Nonodont. Cyst > 1.25cm	NB*
D7471	Removal- Lateral Exostosis Max/Mand	233
D7472	Removal- Torus Palatinus	233
D7473	Removal- Torus Mandibularis	233
D7485	Surg Reduction - Osseous Tuberosity	233
D7510	Incision/Drainage Abscess - Soft	NB*
D7511	Incision/Drainage Abscess Complex	NB*
D7520	Incision/Drainage Abscess Extraoral	NB*
D7521	Incision/Drainage Abs.Extra Sft Comp.	NB*
D7530	Remove Foreign Body	NB*
D7550	Part.Ostectomy/Seq.- Non-Vital Bone	NB*
D7880	Occlusal Orthotic Device- By Report	NB*
D7899	Unspecified TMD Therapy- By Report	NB*
D7910	Suture Simple Wounds up to 5cm	75
D7960	Frenulectomy	287
D7963	Frenuloplasty	287
D7970	Excision of Hyperplastic Tissue / Arch	261
D7971	Excision of Pericoronal Gingiva	120
D7972	Surg Reduction of Fribrous Tuberosity	261
D9110	Palliative Treatment	53
D9120	Fixed Partial Sectioning	107
D9210	Local Anesthesia w/out Procedures	0
D9220	General Anesthesia First 30 Minutes	314
D9221	General Anesthesia each Add'l 15 Min.	97
D9230	Analgesia	39

ADA CODE	PROCEDURE NAME	Member Pay
D9241	IV Sedation First 30 Minutes	0
D9242	IV Sedation each Add'l 15 Minutes	0
D9910	Application -Desensitizing Medicament	28
D9911	Application -Desensitizing... Per Tth	10
D9920	Behavior Management	53
D9940	Occlusal Guards (Soft/Hard) By Report	366
D9942	Repair/Reline Occlusal Guard	110
D9951	Occlusal Adjustment - Limited	67
D9952	Occlusal Adjustment - Complete	287
D9999	Unspecified Adjunctive By Report	19

Note: NB* denotes No Dental Benefit available.

Exclusions and Limitations

1. Dental services that are not necessary.
2. Hospitalization or other facility charges.
3. Any dental procedure performed solely for cosmetic/aesthetic reasons.
4. Reconstructive surgery regardless of whether or not the surgery which is incidental to a dental disease, injury, or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body.
5. Any dental procedure not directly associated with dental disease.
6. Any procedure not performed in a dental setting.
7. Procedures that are considered experimental, investigational or unproven. This includes pharmacological regimens not accepted by the American Dental Association council on dental therapeutics. The fact that an experimental, investigational or unproven service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be experimental, investigational or unproven in the treatment of that particular condition.
8. Service for injuries or conditions covered by workmen's compensation or employer liability laws, and services that are provided without cost to the covered persons by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.
9. Expenses for dental procedures begun prior to the covered persons eligibility with the plan.
10. Dental services otherwise covered under the policy, but rendered after the date individual coverage under the policy terminates, including dental services for dental conditions arising prior to the date individual coverage under the policy terminates.
11. Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including spouse, brother, sister, parent or child.
12. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.