PART IV - SCHEDULE OF COVERED PROCEDURES

The following is a complete list of Covered Procedures, with the assigned Procedure Class, Waiting Period, Maximum Reimbursement and applicable Frequency Limitations. We will not pay benefits for expenses incurred for any procedure not listed in this Schedule of Covered Procedures.

Procedure Class

A	Preventive/Diagnostic
B	Basic
C	Major
NC	Not Covered

Frequency Limitations

(a) Maximum of 1 per 6 months

(a1) Maximum of 2 per 12 months

(b) Maximum of 1 procedure per 36 months

(c) Maximum of 12 films per 36 months

(d) Limited to Dependent Children under age 19

(e) Maximum of 1 procedure per 12 months

(f) Limited to Dependent Children under age 14

(g) Limited to Dependent Children under age 12

(h) Maximum of 1 procedure per 24 months

(j) Applications made to permanent molar teeth only

(k) Maximum of 2 procedures per arch per 24 months

(l) Maximum of 1 per 5-year period per tooth

(m) Maximum of 1 each quadrant per 12 months

(n) Maximum of 1 each quadrant per 24 months

(o) Maximum of 1 each tooth per 24 months

(p) Subject to a yearly and a lifetime maximum

(q) Maximum of 1 each quadrant per 36 months

(r) Replacement of existing only if in place for 12 months (insured under age 19)

(s) Replace existing only if in place for 36 months (insured over age 19)

(t) Benefits will be based on the benefit for the corresponding non-cosmetic restoration.

(u) Maximum 1 time per tooth

(v) Maximum of 1 per lifetime

(w) Only in conjunction with listed complex oral surgery procedures and subject to review.

(x) Limited to Dependent Children under age 16

(y) Maximum of 1 per 24 months for age 17+

(z) Maximum of 1 per 12 months for age 16 & under

(aa) Limited to those age 25+

(bb) 6 months must have passed since initial placement

(cc) Maximum of 1 per 7-year period

(dd) Maximum of 1 per 10-year period

(ee) Maximum of 1 per 3-year period

(ff) Maximum of 1 per 4-year period

(gg) Maximum of 1 per 5-year period

(hh) In lieu of a single tooth replacement when a 2 or 3 unit bridge has been approved for coverage

(ii) Maximum of 3 procedures per 12 months

(jj) Only for those age 40 and over who demonstrate risk factors for oral cancer and/or a suspicious lesion

(kk) One additional prophylaxis or periodontal maintenance per year if Insured Member is in second or third trimester of pregnancy. Written verification of pregnancy and due date from patient's physician and claim narrative from dentist must be submitted at the time of claim.

(ll) Two additional cleanings (either prophylaxis or periodontal maintenance) per year if Insured Member has been diagnosed with diabetes mellitus and periodontal disease. Written verification of diabetes mellitus from patient's physician and claim narrative from dentist must be submitted at the time of claim.

(mm) Limited to 3 oral evaluation procedures, in any combination (D0120, D0150, D9310) per 12-month period

(nn) Limited to premature loss of primary tooth under age 14

Covered Procedures	Procedure Class	Waiting Period	Frequency Limitation	Maximum Reimbursement/Co-Pay		
PREVENTIVE & DIAGNOSTIC		**Months**		**In-Network Benefits**	**Out-of-Network Benefits**	**Co-Pay or SAF Amount**
Comprehensive Oral Exam or	A	0	(a1)	AC	AC	
Periodic Oral Exam	A	0	(a1)	AC	AC	
Adjunctive Pre-Diagnostic Oral Cancer Screening	NC	NC	NC	NC	NC	
Single Film	A	0	(e)	AC	AC	
Additional Films	A	0	(e)	AC	AC	
Intra-Oral Occlusal Film	A	0	(e)	AC	AC	
Panoramic Film	A	0	(b)	AC	AC	
Full Mouth X-Ray	A	0	(b)	AC	AC	
Bitewing – Single Film, or	A	0	(e)	AC	AC	
Bitewing – Two Films, or	A	0	(e)	AC	AC	
Bitewing – Four Films	A	0	(e)	AC	AC	
Prophylaxis	A	0	(a1)	AC	AC	
Topical Application of Fluoride	A	0	(e) (x)	AC	AC	
Sealant	A	0	(b) (x) (j)	AC	AC	
Space Maintainer – Fixed Unilateral	A	0	(x) (o)	AC	AC	
Space Maintainer – Fixed Bilateral	A	0	(x) (o)	AC	AC	
Space Maintainer – Removable Unilateral	A	0	(x) (o)	AC	AC	
Space Maintainer – Removable Bilateral	A	0	(x) (o)	AC	AC	
FILLINGS						
Problem Focused Exam	B	0	(e)	AC	AC	
Emergency Palliative Treatment	B	0	(e)	AC	AC	
One Surface Amalgam	B	0	(r) (s)	AC	AC	
Two Surface Amalgam	B	0	(r) (s)	AC	AC	
Three Surface Amalgam	B	0	(r) (s)	AC	AC	
Four + Surface Amalgam	B	0	(r) (s)	AC	AC	
One Surface Resin	B	0	(r) (s)	AC	AC	
Two Surface Resin	B	0	(r) (s)	AC	AC	
Three Surface Resin	B	0	(r) (s)	AC	AC	
Four + Surface or Incisal Resin – Anterior	B	0	(r) (s)	AC	AC	
Sedative Fillings	B	0	(o)	AC	AC	
ORAL SURGERY						
Extraction, erupted tooth or exposed root	B	0		AC	AC	
Coronal Remnants	B	0		AC	AC	
Surgical Extraction	C	0		AC	AC	
Impacted (soft tissue)	C	0		AC	AC	

Impacted (partial bony)	C	0		AC	AC	
Impacted (complete bony)	C	0		AC	AC	
Surgical Removal of Root	C	0		AC	AC	
Alveolectomy (with extraction) – per quadrant	C	0		AC	AC	
Alveolectomy (without extraction) – per quadrant	C	0		AC	AC	
Incision and Drainage of Abscess – Intraoral	C	0		AC	AC	
General Anesthesia/Intravenous Sedation	C	0	(w)	AC	AC	
CROWN AND BRIDGE REPAIR						
Inlay Recementation	C	0	(bb)	AC	AC	
Crown Recementation	C	0	(bb)	AC	AC	
Bridge Repair	C	0	(bb)	AC	AC	
Crown Repair	C	0	(bb)	AC	AC	
Bridge Recementation	C	0	(bb)	AC	AC	
DENTURE REPAIR						
Repair Denture Base	C	0	(e) (bb)	AC	AC	
Repair Teeth – per tooth	C	0	(e) (bb)	AC	AC	
Repair Partial Base	C	0	(e) (bb)	AC	AC	
Repair Partial Framework	C	0	(e) (bb)	AC	AC	
Repair Broken Clasp	C	0	(e) (bb)	AC	AC	
Add Tooth to Existing Partial Denture	C	0	(e) (bb)	AC	AC	
Add Clasp to Existing Partial Denture	C	0	(e) (bb)	AC	AC	
Replace Teeth – per tooth	C	0	(e) (bb)	AC	AC	
Reline Upper Denture	C	0	(h) (bb)	AC	AC	
Reline Lower Partial Denture	C	0	(h) (bb)	AC	AC	
Reline Upper Denture (Lab)	C	0	(h) (bb)	AC	AC	
Reline Lower Denture (Lab)	C	0	(h) (bb)	AC	AC	
Reline Upper Partial Denture (Lab)	C	0	(h) (bb)	AC	AC	
Reline Lower Partial Denture (Lab)	C	0	(h) (bb)	AC	AC	
Rebase Complete Denture – Upper	C	0	(h) (bb)	AC	AC	
Rebase Complete Denture – Lower	C	0	(h) (bb)	AC	AC	
Rebase Partial Denture – Lower	C	0	(h) (bb)	AC	AC	
Tissue Conditioning – Upper	C	0	(k) (bb)	AC	AC	
Tissue Conditioning – Lower	C	0	(k) (bb)	AC	AC	
PERIODONTICS (Non-surgical)						
Scaling and Root Planing–per quadrant	B	0	(n)	AC	AC	
Periodontal Debridement (full mouth)	B	0	(v)	AC	AC	
Periodontal Maintenance Procedure	B	0	(a1)	AC	AC	

ENDODONTICS						
Vital Pulpotomy – primary teeth only	B	0	(f)	AC	AC	
Root Canal – Anterior	B	0	(u)	AC	AC	
Root Canal – Bicuspid	B	0	(u)	AC	AC	
Root Canal – Molar	B	0	(u)	AC	AC	
Apicoectomy – Anterior	B	0	(u)	AC	AC	
Apicoectomy – Molar	B	0	(u)	AC	AC	
Retrograde Filling	B	0	(u)	AC	AC	
Root Amputation	B	0	(u)	AC	AC	
PERIODONTICS (Surgical)						
Gingivectomy – per quadrant	C	0	(q)	AC	AC	
Gingivectomy – per tooth	C	0	(q)	AC	AC	
Gingival Curettage – Surgical per quadrant	C	0	(q)	AC	AC	
Osseous Surgery – per quadrant	C	0	(q)	AC	AC	
Soft Tissue Grafts	C	0	(q)	AC	AC	
Gingival Flap Surgery	C	0	(q)	AC	AC	
CROWN						
Crown Resin – resin with high noble metal	C	0	(l) (t)	AC	AC	
Crown Resin – resin with noble metal	C	0	(l) (t)	AC	AC	
Crown Resin – resin with predominately base metal	C	0	(l) (t)	AC	AC	
Crown – porcelain/ceramic substrate	C	0	(l) (t)	AC	AC	
Crown – porcelain fused to high noble metal	C	0	(l) (t)	AC	AC	
Crown – porcelain fused to noble metal	C	0	(l) (t)	AC	AC	
Crown – porcelain fused to predominantly base metal	C	0	(l) (t)	AC	AC	
Crown – full cast high noble metal	C	0	(l) (t)	AC	AC	
Crown – ¾ cast high noble metal	C	0	(l) (t)	AC	AC	
Crown – full cast noble metal	C	0	(l) (t)	AC	AC	
Crown – full cast predominantly base metal	C	0	(l)	AC	AC	
Crown Prefabricated Stainless Steel	C	0	(l)	AC	AC	
Cast Post and Core – In Addition to Crown	C	0	(l)	AC	AC	
Prefabricated Post and Core – In Addition to Crown	C	0	(l)	AC	AC	
BRIDGE						
Pontic Cast High Noble Metal	C	0	(l) (t)	AC	AC	
Pontic Cast Noble Metal	C	0	(l) (t)	AC	AC	
Pontic Cast Predominantly Base Metal	C	0	(l)	AC	AC	
Pontic Porcelain Fused to High Noble Metal	C	0	(l) (t)	AC	AC	

Pontic Porcelain Fused to Noble Metal	C	0	(I) (t)	AC	AC	
Pontic Porcelain Fused to Predominantly Base Metal	C	0	(I) (t)	AC	AC	
Pontic Resin with High Noble Metal	C	0	(I)	AC	AC	
Pontic Resin with Noble Metal	C	0	(I)	AC	AC	
Pontic Resin with Predominantly Base Metal	C	0	(I)	AC	AC	
Crown Resin with High Noble Metal	C	0	(I) (t)	AC	AC	
Crown Resin with Noble Metal	C	0	(I) (t)	AC	AC	
Crown Resin with Predominantly Base Metal	C	0	(I) (t)	AC	AC	
Crown Porcelain / Ceramic; Porcelain Fused to High Noble Metal	C	0	(I) (t) (I) (t)	AC	AC	
Crown Porcelain Fused to Noble / High Noble Metal	C	0	(I) (t)	AC	AC	
Crown Porcelain Fused to Predominantly Base Metal	C	0	(I) (t)	AC	AC	
Crown Porcelain Fused to Noble Metal; Full Cast High Noble Metal	C	0	(I)	AC	AC	
Crown ¾ Cast High Noble Metal	C	0	(I)	AC	AC	
Crown Full Cast Noble Metal	C	0	(I)	AC	AC	
Crown Full Cast Predominantly Base Metal	C	0	(I)	AC	AC	
Prefabricated Post and Core in Addition to Fixed Partial Denture Retainer	C	0	(I)	AC	AC	
Core Buildup for Retainer, (including any pins)	C	0	(I)	AC	AC	
Core Build-up (including any pins	C	0	(I)	AC	AC	
Inlay	C	0	(I)	AC	AC	
Onlay	C	0	(I)	AC	AC	
Veneers – excluding cosmetic; restorative only	C	0	(I)	AC	AC	
DENTURES						
Complete Upper Denture	C	0	(I)	AC	AC	
Complete Lower Denture	C	0	(I)	AC	AC	
Immediate Upper Denture	C	0	(I)	AC	AC	
Immediate Lower Denture	C	0	(I)	AC	AC	
Upper Partial – Resin Base	C	0	(I)	AC	AC	
Lower Partial – Resin Base	C	0	(I)	AC	AC	
Prefabricated Post and Core in Addition to Fixed Partial Denture Retainer	C	0	(I)	AC	AC	
Core Build-up for Retainer, (including any pins)	C	0	(I)	AC	AC	
Core Build-up (including any pins)	C	0	(I)	AC	AC	
Inlay	C	0	(I)	AC	AC	
Onlay	C	0	(I)	AC	AC	
Veneers – excluding cosmetic; restorative only	C	0	(I)	AC	AC	

Upper Partial – Cast Metal Base	C	0	(l)	AC	AC	
Lower Partial – Cast Metal Base	C	0	(l)	AC	AC	
Removable Unilateral Partial Denture	C	0	(l)	AC	AC	
Denture Adjustment – Upper	C	0	(a) (bb)	AC	AC	
Denture Adjustment – Lower	C	0	(a) (bb)	AC	AC	
Partial Adjustment – Upper	C	0	(a) (bb)	AC	AC	
Partial Adjustment – Lower	C	0	(a) (bb)	AC	AC	
OTHER						
Implants	C	0	(l) (hh)	AC	AC	