

Dental Summary

DentalSelect

Summary of Benefits for:

Jordan School District

Co-Pay Plan

Gold Network

	Contracted Dentist	Non-Contracted Dentist
Preventive Routine exams, cleanings (2 per year), topical fluoride, x-rays	100%	See Out of Network Payment
Basic Fillings, extractions, oral surgery	Fixed Co-Pays Refer to Co-Pay Schedule	See Out of Network Payment
Major Crowns, bridges, dentures, endodontics, periodontics	Fixed Co-Pays Refer to Co-Pay Schedule	See Out of Network Payment
Orthodontics All Members: Lifetime Maximum: Waiting Period:	Discounts May Apply; See Plan Notes No Maximum No Waiting Period	No Benefit
Maximum Benefit <i>Applies to Preventive, Basic and Major Services</i>	Benefit Period is: Per Member Effective Date	No Maximum
Deductible <i>Applies to Basic and Major Services</i>	Per Year:	No Deductible

Schedule of Copay/Plan Payments for Contracted General Dentists and Specialists
Effective January 1, 2023

ADA Code	Procedure Description	GENERAL DENTIST		SPECIALIST	
		In-Network Member Copay	In & Out-Of-Network	In-Network Member Copay	In & Out-Of-Network
D0120	Periodic oral evaluation - established patient	\$0	\$20	\$0	\$35
D0140	Limited oral evaluation - problem focused	\$0	\$23	\$0	\$47
D0150	Comprehensive oral evaluation - new or established patient	\$0	\$23	\$0	\$51
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0	\$58	\$0	\$90
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0	\$22	\$0	\$35
D0180	Comprehensive periodontal evaluation - new or established patient	\$0	\$29	\$0	\$55
D0210	Intraoral - comprehensive series of radiographic images	\$0	\$43	\$0	\$85
D0220	Intraoral - periapical first radiographic image	\$0	\$8	\$0	\$19
D0230	Intraoral - periapical each additional radiographic image	\$0	\$7	\$0	\$17
D0240	Intraoral - occlusal radiographic image	\$0	\$16	\$0	\$24
D0250	Extra-oral - 2D projection radiographic image	\$0	\$20	\$0	\$31
D0251	Extra-oral posterior dental radiographic image	\$0	\$19	\$0	\$30
D0270	Bitewing - single radiographic image	\$0	\$10	\$0	\$17
D0272	Bitewings - two radiographic images	\$0	\$17	\$0	\$33
D0273	Bitewings - three radiographic images	\$0	\$20	\$0	\$38
D0274	Bitewings - four radiographic images	\$0	\$23	\$0	\$40
D0277	Vertical bitewings - 7 to 8 radiographic images	\$0	\$33	\$0	\$62
D0330	Panoramic radiographic image	\$0	\$44	\$0	\$73
D1110	Prophylaxis - adult	\$0	\$40	\$0	\$60
D1120	Prophylaxis - child	\$0	\$29	\$0	\$41
D1206	Topical application of fluoride varnish (age 15 & under)	\$0	\$13	\$0	\$23
D1208	Topical application of fluoride - excluding varnish (age 15 & under)	\$0	\$13	\$0	\$23
D1351	Sealant - per tooth (age 15 & under)	\$14	\$8	\$24	\$8
D1353	Sealant repair - per tooth (age 15 & under)	\$17	\$10	\$26	\$10
D1510	Space maintainer - fixed - unilateral (age 15 & under)	\$95	\$32	\$169	\$32
D1516	Space maintainer - fixed - bilateral, maxillary (age 15 & under)	\$134	\$45	\$241	\$45
D1517	Space maintainer - fixed - bilateral, mandibular (age 15 & under)	\$134	\$45	\$241	\$45
D1520	Space maintainer - removable - unilateral (age 15 & under)	\$104	\$35	\$182	\$35
D1526	Space maintainer - removable - bilateral, maxillary (age 15 & under)	\$161	\$53	\$283	\$53
D1527	Space maintainer - removable - bilateral, mandibular (age 15 & under)	\$161	\$53	\$283	\$53
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$20	\$7	\$35	\$7
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$20	\$7	\$35	\$7
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	\$15	\$5	\$26	\$5
D2140	Amalgam - one surface, primary or permanent	\$19	\$31	\$43	\$31
D2150	Amalgam - two surfaces, primary or permanent	\$26	\$35	\$57	\$35
D2160	Amalgam - three surfaces, primary or permanent	\$32	\$39	\$70	\$39
D2161	Amalgam - four or more surfaces, primary or permanent	\$41	\$40	\$91	\$40
D2330	Resin-based composite - one surface, anterior	\$38	\$33	\$59	\$33
D2331	Resin-based composite - two surfaces, anterior	\$42	\$41	\$71	\$41
D2332	Resin-based composite - three surfaces, anterior	\$50	\$44	\$90	\$44
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$55	\$50	\$108	\$50
D2390	Resin-based composite crown, anterior	\$86	\$29	\$172	\$29
D2391	Resin-based composite - one surface, posterior	\$37	\$33	\$67	\$33
D2392	Resin-based composite - two surfaces, posterior	\$56	\$39	\$92	\$39
D2393	Resin-based composite - three surfaces, posterior	\$68	\$45	\$118	\$45
D2394	Resin-based composite - four or more surfaces, posterior	\$73	\$46	\$148	\$46
D2610	Inlay - porcelain/ceramic - one surface	\$235	\$167	\$405	\$167
D2620	Inlay - porcelain/ceramic - two surfaces	\$248	\$216	\$388	\$216
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$251	\$338	\$377	\$338
D2642	Onlay - porcelain/ceramic - two surfaces	\$249	\$347	\$376	\$347
D2643	Onlay - porcelain/ceramic - three surfaces	\$277	\$320	\$404	\$320
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$301	\$297	\$454	\$297
D2650	Inlay - resin-based composite - one surface	\$167	\$65	\$310	\$65
D2651	Inlay - resin-based composite - two surfaces	\$185	\$145	\$303	\$145
D2652	Inlay - resin-based composite - three or more surfaces	\$203	\$131	\$339	\$131
D2662	Onlay - resin-based composite - two surfaces	\$182	\$270	\$279	\$270
D2663	Onlay - resin-based composite - three surfaces	\$212	\$241	\$309	\$241
D2664	Onlay - resin-based composite - four or more surfaces	\$212	\$242	\$309	\$242
D2710	Crown - resin-based composite (indirect)	\$142	\$208	\$217	\$208
D2712	Crown - 3/4 resin-based composite (indirect)	\$142	\$331	\$243	\$331
D2720	Crown - resin with high noble metal	\$295	\$285	\$442	\$285
D2721	Crown - resin with predominantly base metal	\$284	\$296	\$407	\$296
D2722	Crown - resin with noble metal	\$286	\$293	\$409	\$293
D2740	Crown - porcelain/ceramic	\$341	\$277	\$473	\$277
D2750	Crown - porcelain fused to high noble metal	\$329	\$251	\$453	\$251
D2751	Crown - porcelain fused to predominantly base metal	\$329	\$174	\$478	\$174
D2752	Crown - porcelain fused to noble metal	\$329	\$251	\$452	\$251

ADA Code	Procedure Description	GENERAL DENTIST		SPECIALIST	
		In-Network Member Copay	In & Out-Of-Network	In-Network Member Copay	In & Out-Of-Network
D2753	Crown - porcelain fused to titanium and titanium alloys	\$329	\$338	\$472	\$338
D2780	Crown - 3/4 cast high noble metal	\$315	\$424	\$472	\$424
D2781	Crown - 3/4 cast predominantly base metal	\$270	\$467	\$428	\$467
D2782	Crown - 3/4 cast noble metal	\$279	\$460	\$436	\$460
D2783	Crown - 3/4 porcelain/ceramic	\$299	\$340	\$436	\$340
D2790	Crown - full cast high noble metal	\$291	\$329	\$424	\$329
D2791	Crown - full cast predominantly base metal	\$275	\$276	\$393	\$276
D2792	Crown - full cast noble metal	\$273	\$286	\$393	\$286
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$27	\$9	\$50	\$9
D2920	Re-cement or re-bond crown	\$28	\$9	\$51	\$9
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	\$110	\$37	\$199	\$37
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$110	\$37	\$199	\$37
D2930	Prefabricated stainless steel crown - primary tooth	\$82	\$26	\$146	\$26
D2931	Prefabricated stainless steel crown - permanent tooth	\$86	\$28	\$153	\$28
D2933	Refabricated stainless steel crown with resin window	\$104	\$35	\$189	\$35
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$104	\$35	\$189	\$35
D2940	Protective restoration	\$29	\$9	\$51	\$9
D2950	Core buildup, including any pins when required	\$74	\$24	\$131	\$24
D2951	Pin retention - per tooth, in addition to restoration	\$17	\$5	\$29	\$5
D2952	Post and core in addition to crown, indirectly fabricated	\$113	\$38	\$199	\$38
D2953	Each additional indirectly fabricated post - same tooth	\$58	\$18	\$105	\$18
D2954	Prefabricated post and core in addition to crown	\$92	\$30	\$166	\$30
D2957	Each additional prefabricated post - same tooth	\$46	\$15	\$83	\$15
D3110	Pulp cap - direct (excluding final restoration)	\$23	\$7	\$41	\$7
D3220	Therapeutic pulpotomy (excluding final restoration)	\$51	\$17	\$80	\$17
D3221	Pulpal debridement, primary and permanent teeth	\$56	\$18	\$91	\$18
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$54	\$18	\$98	\$18
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$66	\$21	\$121	\$21
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$207	\$89	\$378	\$89
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$250	\$88	\$458	\$88
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$345	\$92	\$615	\$92
D3346	Retreatment of previous root canal therapy - anterior	\$282	\$80	\$521	\$80
D3347	Retreatment of previous root canal therapy - premolar	\$325	\$103	\$603	\$103
D3348	Retreatment of previous root canal therapy - molar	\$402	\$127	\$742	\$127
D3351	Apexification/recalcification - initial visit	\$116	\$38	\$202	\$38
D3352	Apexification/recalcification - interim medication replacement	\$53	\$18	\$97	\$18
D3353	Apexification/recalcification - final visit	\$161	\$54	\$295	\$54
D3450	Root amputation - per root	\$150	\$50	\$250	\$50
D3920	Hemisection (including any root removal), not including root canal therapy	\$113	\$38	\$198	\$38
D3921	Decoronation or submergence of an erupted tooth	\$38	\$19	\$72	\$19
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$87	\$19	\$139	\$19
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$62	\$17	\$94	\$17
D4355	Full mouth debridement to enable a comp. periodontal evaluation and diagnosis on a subsequent visit	\$72	\$10	\$106	\$10
D4910	Periodontal maintenance	\$61	\$17	\$89	\$17
D5110	Complete denture - maxillary	\$424	\$375	\$766	\$375
D5120	Complete denture - mandibular	\$424	\$375	\$766	\$375
D5130	Immediate denture - maxillary	\$461	\$375	\$820	\$375
D5140	Immediate denture - mandibular	\$461	\$375	\$819	\$375
D5211	Maxillary partial denture - resin base	\$412	\$165	\$684	\$165
D5212	Mandibular partial denture - resin base	\$412	\$165	\$684	\$165
D5213	Maxillary partial denture - cast metal framework with resin denture bases	\$467	\$409	\$841	\$409
D5214	Mandibular partial denture - cast metal framework with resin denture bases	\$467	\$409	\$841	\$409
D5410	Adjust complete denture - maxillary	\$24	\$7	\$42	\$7
D5411	Adjust complete denture - mandibular	\$24	\$7	\$42	\$7
D5421	Adjust partial denture - maxillary	\$23	\$7	\$41	\$7
D5422	Adjust partial denture - mandibular	\$23	\$7	\$41	\$7
D5511	Repair broken complete denture base, mandibular	\$46	\$48	\$86	\$48
D5512	Repair broken complete denture base, maxillary	\$46	\$48	\$86	\$48
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$38	\$12	\$69	\$12
D5611	Repair resin partial denture base, mandibular	\$50	\$38	\$88	\$38
D5612	Repair resin partial denture base, maxillary	\$50	\$39	\$87	\$39
D5621	Repair cast partial framework, mandibular	\$55	\$74	\$109	\$74
D5622	Repair cast partial framework, maxillary	\$55	\$74	\$110	\$74
D5630	Repair or replace broken retentive clasping materials - per tooth	\$65	\$47	\$113	\$47
D5640	Replace broken teeth - per tooth	\$43	\$13	\$76	\$13
D5650	Add tooth to existing partial denture	\$58	\$18	\$104	\$18
D5730	Reline complete maxillary denture (chairside)	\$92	\$31	\$171	\$31
D5731	Reline complete mandibular denture (chairside)	\$92	\$31	\$171	\$31
D5740	Reline maxillary partial denture (chairside)	\$85	\$28	\$158	\$28
D5741	Reline mandibular partial denture (chairside)	\$85	\$28	\$158	\$28
D5750	Reline complete maxillary denture (laboratory)	\$122	\$40	\$231	\$40
D5751	Reline complete mandibular denture (laboratory)	\$122	\$40	\$230	\$40
D5760	Reline maxillary partial denture (laboratory)	\$120	\$40	\$226	\$40
D5761	Reline mandibular partial denture (laboratory)	\$120	\$40	\$226	\$40

ADA Code	Procedure Description	GENERAL DENTIST		SPECIALIST	
		In-Network Member Copay	In & Out-Of-Network	In-Network Member Copay	In & Out-Of-Network
D5850	Tissue conditioning, maxillary	\$40	\$13	\$72	\$13
D5851	Tissue conditioning, mandibular	\$40	\$13	\$72	\$13
D6205	Pontic - indirect resin based composite	\$144	\$104	\$307	\$104
D6210	Pontic - cast high noble metal	\$279	\$157	\$492	\$157
D6211	Pontic - cast predominantly base metal	\$260	\$147	\$442	\$147
D6212	Pontic - cast noble metal	\$271	\$153	\$480	\$153
D6240	Pontic - porcelain fused to high noble metal	\$280	\$150	\$491	\$150
D6241	Pontic - porcelain fused to predominantly base metal	\$265	\$131	\$442	\$131
D6242	Pontic - porcelain fused to noble metal	\$284	\$133	\$492	\$133
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$284	\$133	\$492	\$133
D6245	Pontic - porcelain/ceramic	\$299	\$147	\$515	\$147
D6250	Pontic - resin with high noble metal	\$280	\$144	\$489	\$144
D6251	Pontic - resin with predominantly base metal	\$254	\$136	\$429	\$136
D6252	Pontic - resin with noble metal	\$263	\$141	\$462	\$141
D6608	Retainer onlay - porcelain/ceramic, two surfaces	\$231	\$108	\$454	\$108
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$229	\$123	\$464	\$123
D6610	Retainer onlay - cast high noble metal, two surfaces	\$215	\$143	\$453	\$143
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$246	\$145	\$508	\$145
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$221	\$135	\$458	\$135
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$231	\$141	\$479	\$141
D6614	Retainer onlay - cast noble metal, two surfaces	\$220	\$129	\$452	\$129
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$229	\$134	\$470	\$134
D6720	Retainer crown - resin with high noble metal	\$292	\$151	\$540	\$151
D6721	Retainer crown - resin with predominantly base metal	\$277	\$143	\$513	\$143
D6722	Retainer crown - resin with noble metal	\$278	\$149	\$519	\$149
D6740	Retainer crown - porcelain/ceramic	\$315	\$155	\$572	\$155
D6750	Retainer crown - porcelain fused to high noble metal	\$306	\$151	\$557	\$151
D6751	Retainer crown - porcelain fused to predominantly base metal	\$293	\$132	\$528	\$132
D6752	Retainer crown - porcelain fused to noble metal	\$302	\$135	\$541	\$135
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	\$302	\$135	\$541	\$135
D6780	Retainer crown - 3/4 cast high noble metal	\$282	\$155	\$528	\$155
D6781	Retainer crown - 3/4 cast predominantly base metal	\$277	\$149	\$519	\$149
D6782	Retainer crown - 3/4 cast noble metal	\$258	\$172	\$500	\$172
D6783	Retainer crown - 3/4 porcelain/ceramic	\$282	\$188	\$539	\$188
D6784	Retainer crown - 3/4 titanium and titanium alloys	\$277	\$149	\$519	\$149
D6790	Retainer crown - full cast high noble metal	\$293	\$144	\$562	\$144
D6791	Retainer crown - full cast predominantly base metal	\$282	\$132	\$516	\$132
D6792	Retainer crown - full cast noble metal	\$284	\$146	\$526	\$146
D6930	Re-cement or re-bond fixed partial denture	\$40	\$13	\$70	\$13
D7111	Extraction, coronal remnants - primary tooth	\$27	\$17	\$51	\$17
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$39	\$19	\$73	\$19
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	\$72	\$27	\$145	\$27
D7220	Removal of impacted tooth - soft tissue	\$96	\$30	\$186	\$30
D7230	Removal of impacted tooth - partially bony	\$128	\$38	\$240	\$38
D7240	Removal of impacted tooth - completely bony	\$158	\$39	\$289	\$39
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$185	\$49	\$326	\$49
D7250	Removal of residual tooth roots (cutting procedure)	\$82	\$27	\$153	\$27
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$137	\$45	\$257	\$45
D7471	Removal of lateral exostosis (maxilla or mandible)	\$275	\$91	\$508	\$91
D7510	I & D of abscess - intraoral soft tissue	\$83	\$27	\$147	\$27
D7511	I & D of abscess - intraoral soft tissue - complicated (incl. drainage of multiple fascial spaces)	\$125	\$42	\$221	\$42
D7953	Bone replacement graft for ridge preservation - per site	\$123	\$41	\$212	\$41
D7961	Buccal / labial frenectomy (frenulectomy)	\$120	\$40	\$208	\$40
D7962	Lingual frenectomy (frenulectomy)	\$120	\$40	\$208	\$40
D9110	Palliative treatment of dental pain - per visit	\$29	\$10	\$51	\$10
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$19	\$6	\$30	\$6
D9440	Office visit - after regularly scheduled hours	\$37	\$12	\$67	\$12
D9944	Occlusal guard - hard appliance, full arch	\$125	\$42	\$208	\$42
D9945	Occlusal guard - soft appliance, full arch	\$122	\$40	\$202	\$40
D9946	Occlusal guard - hard appliance, partial arch	\$92	\$31	\$153	\$31
D9951	Occlusal adjustment - limited	\$32	\$10	\$57	\$10
D9995	Teledentistry - synchronous; real-time encounter	\$0	\$19	\$0	\$36

NOTE 1: Any non-covered procedure not listed above is available at the provider's regular charge.

NOTE 2: Covered orthodontic treatment services include a 20% discount off the submitted charge.

FREQUENCY & PLAN LIMITATIONS MAY APPLY. A member's ID card is not a guarantee of benefits; plans and eligibility are subject to change. For a complete list of your plan's specific covered services, and the limitations and exclusions that apply to those services, refer to your Policy or contact Customer Care at 800-999-9789.

N/C = Not Covered

PROPRIETARY INFORMATION

DentalSelect

Claims Submission:
PO Box 851917 Richardson, TX 75085

Benefit & Claims Questions:
Phone 800-999-9789 Fax 888-673-5328

dentalselect.com

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