

# Dental Summary

DentalSelect

Summary of Benefits for:

## Jordan School District

### Co-Pay Plan

Platinum Network

	Contracted Dentist	Non-Contracted Dentist
<b>Preventive</b> Routine exams, cleanings (2 per year), topical fluoride, x-rays	100%	See Out of Network Payment
<b>Basic</b> Fillings, extractions, oral surgery	Fixed Co-Pays Refer to Co-Pay Schedule	See Out of Network Payment
<b>Major</b> Crowns, bridges, dentures, endodontics, periodontics	Fixed Co-Pays Refer to Co-Pay Schedule	See Out of Network Payment
<b>Orthodontics</b> All Members: Lifetime Maximum: Waiting Period:	Discounts May Apply; See Plan Notes No Maximum No Waiting Period	No Benefit
<b>Maximum Benefit</b> <i>Applies to Preventive, Basic and Major Services</i>	Benefit Period is: Per Member Effective Date	No Maximum
<b>Deductible</b> <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	\$24	\$0	\$35
D0140	Limited oral evaluation - problem focused	\$0	\$33	\$0	\$47
D0150	Comprehensive oral evaluation - new or established patient	\$0	\$34	\$0	\$51
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0	\$76	\$0	\$90
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0	\$26	\$0	\$35
D0180	Comprehensive periodontal evaluation - new or established patient	\$0	\$40	\$0	\$55
D0210	Intraoral - comprehensive series of radiographic images	\$0	\$60	\$0	\$85
D0220	Intraoral - periapical first radiographic image	\$0	\$12	\$0	\$19
D0230	Intraoral - periapical each additional radiographic image	\$0	\$9	\$0	\$17
D0240	Intraoral - occlusal radiographic image	\$0	\$20	\$0	\$24
D0250	Extra-oral - 2D projection radiographic image	\$0	\$24	\$0	\$31
D0251	Extra-oral posterior dental radiographic image	\$0	\$23	\$0	\$30
D0270	Bitewing - single radiographic image	\$0	\$12	\$0	\$17
D0272	Bitewings - two radiographic images	\$0	\$24	\$0	\$33
D0273	Bitewings - three radiographic images	\$0	\$25	\$0	\$38
D0274	Bitewings - four radiographic images	\$0	\$31	\$0	\$40
D0277	Vertical bitewings - 7 to 8 radiographic images	\$0	\$43	\$0	\$62
D0330	Panoramic radiographic image	\$0	\$50	\$0	\$73
D0340	2D Cephalometric radiographic image - acquisition, measurement and analysis	\$48	\$16	\$67	\$16
D0470	Diagnostic casts	\$41	\$13	\$57	\$13
D1110	Prophylaxis - adult	\$0	\$45	\$0	\$60
D1120	Prophylaxis - child	\$0	\$32	\$0	\$41
D1206	Topical application of fluoride varnish (age 15 & under)	\$0	\$15	\$0	\$23
D1208	Topical application of fluoride - excluding varnish (age 15 & under)	\$0	\$15	\$0	\$23
D1351	Sealant - per tooth (age 15 & under)	\$16	\$9	\$23	\$9
D1353	Sealant repair - per tooth (age 15 & under)	\$18	\$11	\$25	\$11
D1510	Space maintainer - fixed - unilateral (age 15 & under)	\$119	\$39	\$162	\$39
D1516	Space maintainer - fixed - bilateral, maxillary (age 15 & under)	\$165	\$55	\$231	\$55
D1517	Space maintainer - fixed - bilateral, mandibular (age 15 & under)	\$165	\$55	\$231	\$55
D1520	Space maintainer - removable - unilateral (age 15 & under)	\$130	\$43	\$174	\$43
D1526	Space maintainer - removable - bilateral, maxillary (age 15 & under)	\$200	\$67	\$269	\$67
D1527	Space maintainer - removable - bilateral, mandibular (age 15 & under)	\$200	\$67	\$269	\$67
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$25	\$8	\$34	\$8
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$25	\$8	\$34	\$8
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	\$17	\$6	\$25	\$6
D2140	Amalgam - one surface, primary or permanent	\$13	\$45	\$29	\$45
D2150	Amalgam - two surfaces, primary or permanent	\$24	\$49	\$43	\$49
D2160	Amalgam - three surfaces, primary or permanent	\$32	\$49	\$60	\$49
D2161	Amalgam - four or more surfaces, primary or permanent	\$45	\$55	\$76	\$55
D2330	Resin-based composite - one surface, anterior	\$37	\$36	\$56	\$36
D2331	Resin-based composite - two surfaces, anterior	\$42	\$43	\$69	\$43
D2332	Resin-based composite - three surfaces, anterior	\$47	\$53	\$81	\$53
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$61	\$63	\$95	\$63
D2390	Resin-based composite crown, anterior	\$108	\$36	\$165	\$36
D2391	Resin-based composite - one surface, posterior	\$39	\$37	\$63	\$37
D2392	Resin-based composite - two surfaces, posterior	\$55	\$46	\$85	\$46
D2393	Resin-based composite - three surfaces, posterior	\$65	\$51	\$112	\$51
D2394	Resin-based composite - four or more surfaces, posterior	\$78	\$58	\$136	\$58
D2610	Inlay - porcelain/ceramic - one surface	\$282	\$158	\$414	\$158
D2620	Inlay - porcelain/ceramic - two surfaces	\$279	\$197	\$407	\$197
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$297	\$307	\$408	\$307
D2642	Onlay - porcelain/ceramic - two surfaces	\$323	\$288	\$435	\$288
D2643	Onlay - porcelain/ceramic - three surfaces	\$338	\$274	\$450	\$274
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$381	\$232	\$519	\$232
D2650	Inlay - resin-based composite - one surface	\$208	\$81	\$294	\$81
D2651	Inlay - resin-based composite - two surfaces	\$227	\$117	\$331	\$117
D2652	Inlay - resin-based composite - three or more surfaces	\$243	\$119	\$351	\$119
D2662	Onlay - resin-based composite - two surfaces	\$217	\$247	\$302	\$247
D2663	Onlay - resin-based composite - three surfaces	\$253	\$212	\$338	\$212
D2664	Onlay - resin-based composite - four or more surfaces	\$258	\$208	\$343	\$208
D2710	Crown - resin-based composite (indirect)	\$171	\$188	\$237	\$188
D2712	Crown - 3/4 resin-based composite (indirect)	\$191	\$294	\$280	\$294
D2720	Crown - resin with high noble metal	\$370	\$224	\$503	\$224
D2721	Crown - resin with predominantly base metal	\$336	\$258	\$445	\$258
D2722	Crown - resin with noble metal	\$343	\$250	\$452	\$250
D2740	Crown - porcelain/ceramic	\$365	\$268	\$482	\$268
D2750	Crown - porcelain fused to high noble metal	\$356	\$238	\$466	\$238

ADA Code	Procedure Description	GENERAL DENTIST		SPECIALIST	
		In-Network Member Copay	In & Out-Of-Network	In-Network Member Copay	In & Out-Of-Network
D2751	Crown - porcelain fused to predominantly base metal	\$328	\$187	\$465	\$187
D2752	Crown - porcelain fused to noble metal	\$334	\$260	\$443	\$260
D2753	Crown - porcelain fused to titanium and titanium alloys	\$334	\$350	\$460	\$350
D2780	Crown - 3/4 cast high noble metal	\$340	\$417	\$479	\$417
D2781	Crown - 3/4 cast predominantly base metal	\$326	\$429	\$466	\$429
D2782	Crown - 3/4 cast noble metal	\$336	\$420	\$476	\$420
D2783	Crown - 3/4 porcelain/ceramic	\$355	\$300	\$476	\$300
D2790	Crown - full cast high noble metal	\$342	\$294	\$459	\$294
D2791	Crown - full cast predominantly base metal	\$314	\$251	\$418	\$251
D2792	Crown - full cast noble metal	\$308	\$266	\$413	\$266
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$34	\$11	\$48	\$11
D2920	Re-cement or re-bond crown	\$35	\$11	\$49	\$11
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	\$136	\$45	\$191	\$45
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$136	\$45	\$191	\$45
D2930	Prefabricated stainless steel crown - primary tooth	\$100	\$33	\$139	\$33
D2931	Prefabricated stainless steel crown - permanent tooth	\$106	\$35	\$146	\$35
D2933	Refabricated stainless steel crown with resin window	\$130	\$43	\$181	\$43
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$130	\$43	\$181	\$43
D2940	Protective restoration	\$36	\$11	\$49	\$11
D2950	Core buildup, including any pins when required	\$87	\$29	\$126	\$29
D2951	Pin retention - per tooth, in addition to restoration	\$21	\$6	\$28	\$6
D2952	Post and core in addition to crown, indirectly fabricated	\$141	\$47	\$190	\$47
D2953	Each additional indirectly fabricated post - same tooth	\$71	\$24	\$99	\$24
D2954	Prefabricated post and core in addition to crown	\$108	\$36	\$160	\$36
D2957	Each additional prefabricated post - same tooth	\$56	\$19	\$79	\$19
D3110	Pulp cap - direct (excluding final restoration)	\$29	\$9	\$39	\$9
D3220	Therapeutic pulpotomy (excluding final restoration)	\$63	\$21	\$76	\$21
D3221	Pulpal debridement, primary and permanent teeth	\$68	\$22	\$87	\$22
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$66	\$22	\$94	\$22
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$83	\$26	\$116	\$26
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$242	\$114	\$353	\$114
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$288	\$118	\$428	\$118
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$415	\$131	\$576	\$131
D3346	Retreatment of previous root canal therapy - anterior	\$360	\$102	\$499	\$102
D3347	Retreatment of previous root canal therapy - premolar	\$413	\$131	\$575	\$131
D3348	Retreatment of previous root canal therapy - molar	\$500	\$166	\$703	\$166
D3351	Apexification/recalcification - initial visit	\$114	\$70	\$170	\$70
D3352	Apexification/recalcification - interim medication replacement	\$52	\$36	\$79	\$36
D3353	Apexification/recalcification - final visit	\$165	\$106	\$243	\$106
D3410	Apicoectomy - anterior	\$293	\$98	\$411	\$98
D3421	Apicoectomy - premolar (first root)	\$326	\$109	\$457	\$109
D3425	Apicoectomy - molar (first root)	\$369	\$123	\$519	\$123
D3426	Apicoectomy (each additional root)	\$116	\$39	\$164	\$39
D3430	Retrograde filling - per root	\$86	\$28	\$121	\$28
D3450	Root amputation - per root	\$162	\$76	\$224	\$76
D3920	Hemisection (including any root removal), not including root canal therapy	\$130	\$51	\$185	\$51
D3921	Decoronation or submergence of an erupted tooth	\$40	\$27	\$64	\$27
D4210	Gingivectomy/gingivoplasty - 4+ contiguous teeth/tooth bounded spaces per quadrant	\$211	\$70	\$293	\$70
D4211	Gingivectomy/gingivoplasty - 1-3 contiguous teeth/tooth bounded spaces per quadrant	\$93	\$31	\$131	\$31
D4240	Gingival flap proc. Incl. root planing - 4+ contiguous teeth/tooth bounded spaces per quadrant	\$266	\$89	\$361	\$89
D4241	Gingival flap proc. Incl. root planing - 1-3 contiguous teeth/tooth bounded spaces per quadrant	\$164	\$55	\$233	\$55
D4249	Clinical crown lengthening - hard tissue	\$292	\$97	\$399	\$97
D4260	Osseous surgery - 4+ contiguous teeth/tooth bounded spaces per quadrant	\$444	\$148	\$616	\$148
D4261	Osseous surgery - 1-3 contiguous teeth/tooth bounded spaces per quadrant	\$255	\$85	\$361	\$85
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$158	\$53	\$227	\$53
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$136	\$45	\$189	\$45
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	\$164	\$54	\$257	\$54
D4267	Guided tissue regeneration, natural teeth - nonresorbable barrier, per site (includes membrane removal)	\$211	\$70	\$287	\$70
D4270	Pedicle soft tissue graft procedure	\$315	\$105	\$431	\$105
D4273	Autogenous connective tissue graft procedure, first tooth	\$385	\$128	\$530	\$128
D4275	Non-autogenous connective tissue graft, first tooth	\$307	\$102	\$444	\$102
D4276	Combined connective tissue and double pedicle graft, per tooth	\$431	\$144	\$592	\$144
D4277	Free soft tissue graft procedure, first tooth	\$327	\$109	\$446	\$109
D4278	Free soft tissue graft procedure, each additional contiguous tooth	\$114	\$38	\$168	\$38
D4283	Autogenous connective tissue graft procedure - each additional contiguous tooth	\$317	\$106	\$443	\$106
D4285	Non-autogenous connective tissue graft procedure - each additional contiguous tooth	\$215	\$72	\$313	\$72
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	\$154	\$51	\$216	\$51
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	\$140	\$47	\$195	\$47
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$119	\$26	\$132	\$26
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$76	\$22	\$89	\$22
D4355	Full mouth debridement to enable a comp. periodontal evaluation and diagnosis on a subsequent visit	\$87	\$13	\$103	\$13
D4910	Periodontal maintenance	\$71	\$21	\$85	\$21
D5110	Complete denture - maxillary	\$545	\$395	\$746	\$395
D5120	Complete denture - mandibular	\$545	\$395	\$746	\$395

GENERAL DENTIST

SPECIALIST

ADA Code	Procedure Description	GENERAL DENTIST		SPECIALIST	
		In-Network Member Copay	In & Out-Of-Network	In-Network Member Copay	In & Out-Of-Network
D5130	Immediate denture - maxillary	\$601	\$384	\$811	\$384
D5140	Immediate denture - mandibular	\$601	\$383	\$811	\$383
D5211	Maxillary partial denture - resin base	\$528	\$151	\$698	\$151
D5212	Mandibular partial denture - resin base	\$528	\$150	\$699	\$150
D5213	Maxillary partial denture - cast metal framework with resin denture bases	\$610	\$420	\$830	\$420
D5214	Mandibular partial denture - cast metal framework with resin denture bases	\$610	\$420	\$830	\$420
D5282	Removable unilateral partial denture - one piece cast metal, maxillary	\$335	\$183	\$446	\$183
D5283	Removable unilateral partial denture - one piece cast metal, mandibular	\$335	\$184	\$446	\$184
D5410	Adjust complete denture - maxillary	\$30	\$9	\$40	\$9
D5411	Adjust complete denture - mandibular	\$30	\$9	\$40	\$9
D5421	Adjust partial denture - maxillary	\$29	\$9	\$39	\$9
D5422	Adjust partial denture - mandibular	\$29	\$9	\$39	\$9
D5511	Repair broken complete denture base, mandibular	\$58	\$52	\$82	\$52
D5512	Repair broken complete denture base, maxillary	\$58	\$52	\$82	\$52
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$47	\$16	\$65	\$16
D5611	Repair resin partial denture base, mandibular	\$62	\$42	\$84	\$42
D5612	Repair resin partial denture base, maxillary	\$62	\$42	\$84	\$42
D5621	Repair cast partial framework, mandibular	\$67	\$84	\$99	\$84
D5622	Repair cast partial framework, maxillary	\$67	\$84	\$100	\$84
D5630	Repair or replace broken retentive clasping materials - per tooth	\$82	\$50	\$110	\$50
D5640	Replace broken teeth - per tooth	\$52	\$17	\$72	\$17
D5650	Add tooth to existing partial denture	\$71	\$24	\$98	\$24
D5660	Add clasp to existing partial denture - per tooth	\$85	\$28	\$117	\$28
D5710	Rebase complete maxillary denture	\$209	\$70	\$290	\$70
D5711	Rebase complete mandibular denture	\$209	\$70	\$289	\$70
D5720	Rebase maxillary partial denture	\$198	\$66	\$273	\$66
D5721	Rebase mandibular partial denture	\$198	\$66	\$273	\$66
D5725	Rebase hybrid prosthesis	\$168	\$56	\$232	\$56
D5730	Reline complete maxillary denture (chairside)	\$119	\$39	\$163	\$39
D5731	Reline complete mandibular denture (chairside)	\$119	\$39	\$163	\$39
D5740	Reline maxillary partial denture (chairside)	\$108	\$36	\$150	\$36
D5741	Reline mandibular partial denture (chairside)	\$108	\$36	\$150	\$36
D5750	Reline complete maxillary denture (laboratory)	\$158	\$52	\$219	\$52
D5751	Reline complete mandibular denture (laboratory)	\$158	\$52	\$218	\$52
D5760	Reline maxillary partial denture (laboratory)	\$155	\$52	\$214	\$52
D5761	Reline mandibular partial denture (laboratory)	\$155	\$52	\$214	\$52
D5850	Tissue conditioning, maxillary	\$50	\$16	\$69	\$16
D5851	Tissue conditioning, mandibular	\$50	\$16	\$69	\$16
D6205	Pontic - indirect resin based composite	\$183	\$144	\$267	\$144
D6210	Pontic - cast high noble metal	\$315	\$185	\$464	\$185
D6211	Pontic - cast predominantly base metal	\$290	\$178	\$411	\$178
D6212	Pontic - cast noble metal	\$297	\$190	\$443	\$190
D6240	Pontic - porcelain fused to high noble metal	\$320	\$173	\$468	\$173
D6241	Pontic - porcelain fused to predominantly base metal	\$305	\$150	\$423	\$150
D6242	Pontic - porcelain fused to noble metal	\$317	\$164	\$461	\$164
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$317	\$164	\$461	\$164
D6245	Pontic - porcelain/ceramic	\$336	\$173	\$489	\$173
D6250	Pontic - resin with high noble metal	\$317	\$170	\$463	\$170
D6251	Pontic - resin with predominantly base metal	\$287	\$162	\$403	\$162
D6252	Pontic - resin with noble metal	\$288	\$176	\$427	\$176
D6608	Retainer onlay - porcelain/ceramic, two surfaces	\$308	\$139	\$423	\$139
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$304	\$163	\$424	\$163
D6610	Retainer onlay - cast high noble metal, two surfaces	\$285	\$190	\$406	\$190
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$317	\$202	\$451	\$202
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$283	\$189	\$404	\$189
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$306	\$187	\$433	\$187
D6614	Retainer onlay - cast noble metal, two surfaces	\$277	\$184	\$397	\$184
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$298	\$182	\$422	\$182
D6720	Retainer crown - resin with high noble metal	\$352	\$198	\$493	\$198
D6721	Retainer crown - resin with predominantly base metal	\$333	\$188	\$468	\$188
D6722	Retainer crown - resin with noble metal	\$339	\$191	\$477	\$191
D6740	Retainer crown - porcelain/ceramic	\$379	\$195	\$532	\$195
D6750	Retainer crown - porcelain fused to high noble metal	\$363	\$195	\$513	\$195
D6751	Retainer crown - porcelain fused to predominantly base metal	\$345	\$177	\$483	\$177
D6752	Retainer crown - porcelain fused to noble metal	\$358	\$177	\$499	\$177
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	\$358	\$177	\$499	\$177
D6780	Retainer crown - 3/4 cast high noble metal	\$347	\$197	\$486	\$197
D6781	Retainer crown - 3/4 cast predominantly base metal	\$339	\$191	\$477	\$191
D6782	Retainer crown - 3/4 cast noble metal	\$312	\$223	\$449	\$223
D6783	Retainer crown - 3/4 porcelain/ceramic	\$340	\$234	\$493	\$234
D6784	Retainer crown - 3/4 titanium and titanium alloys	\$339	\$191	\$477	\$191
D6790	Retainer crown - full cast high noble metal	\$348	\$196	\$510	\$196
D6791	Retainer crown - full cast predominantly base metal	\$319	\$196	\$452	\$196
D6792	Retainer crown - full cast noble metal	\$332	\$203	\$469	\$203

ADA Code	Procedure Description	GENERAL DENTIST		SPECIALIST	
		In-Network Member Copay	In & Out-Of-Network	In-Network Member Copay	In & Out-Of-Network
D6930	Re-cement or re-bond fixed partial denture	\$50	\$16	\$67	\$16
D7111	Extraction, coronal remnants - primary tooth	\$30	\$23	\$45	\$23
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$40	\$27	\$65	\$27
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	\$89	\$33	\$139	\$33
D7220	Removal of impacted tooth - soft tissue	\$115	\$38	\$178	\$38
D7230	Removal of impacted tooth - partially bony	\$140	\$47	\$231	\$47
D7240	Removal of impacted tooth - completely bony	\$172	\$49	\$279	\$49
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$229	\$76	\$299	\$76
D7250	Removal of residual tooth roots (cutting procedure)	\$105	\$35	\$145	\$35
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$180	\$60	\$242	\$60
D7280	Exposure of an unerupted tooth	\$180	\$60	\$253	\$60
D7290	Surgical repositioning of teeth	\$144	\$48	\$202	\$48
D7310	Alveoloplasty in conjunction with extractions - 4+ teeth or tooth spaces, per quadrant	\$96	\$32	\$136	\$32
D7311	Alveoloplasty in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant	\$84	\$28	\$113	\$28
D7320	Alveoloplasty not in conjunction with extractions - 4+ teeth or tooth spaces, per quadrant	\$156	\$52	\$210	\$52
D7321	Alveoloplasty not in conjunction with extractions - 1-3 teeth or tooth spaces, per quadrant	\$132	\$44	\$178	\$44
D7471	Removal of lateral exostosis (maxilla or mandible)	\$395	\$81	\$518	\$81
D7510	I & D of abscess - intraoral soft tissue	\$103	\$35	\$139	\$35
D7511	I & D of abscess - intraoral soft tissue - complicated (incl. drainage of multiple fascial spaces)	\$156	\$52	\$211	\$52
D7953	Bone replacement graft for ridge preservation - per site	\$146	\$49	\$204	\$49
D7961	Buccal / labial frenectomy (frenulectomy)	\$143	\$48	\$200	\$48
D7962	Lingual frenectomy (frenulectomy)	\$143	\$48	\$200	\$48
D7971	Excision of pericoronal gingiva	\$72	\$25	\$97	\$25
D9110	Palliative treatment of dental pain - per visit	\$35	\$12	\$49	\$12
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$22	\$7	\$29	\$7
D9440	Office visit - after regularly scheduled hours	\$46	\$15	\$64	\$15
D9944	Occlusal guard - hard appliance, full arch	\$144	\$48	\$202	\$48
D9945	Occlusal guard - soft appliance, full arch	\$140	\$47	\$195	\$47
D9946	Occlusal guard - hard appliance, partial arch	\$106	\$35	\$149	\$35
D9951	Occlusal adjustment - limited	\$39	\$13	\$54	\$13
D9995	Teledentistry - synchronous, real-time encounter	\$0	\$23	\$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

M1