

<b>Plan Reimb %</b>	<b>CDT Code</b>	<b>Description</b>	<b>Schedule Allowance</b>	<b>Plan Pays up to</b>	<b>Member Responsibility</b>
100%	D0120	PERIODIC ORAL EXAMINATION	\$46.20	\$46.20	\$0.00
100%	D0140	LIMITED ORAL EVAL PROBLEM FOCUSED	\$38.50	\$38.50	\$0.00
100%	D0150	COMPR. ORAL EVALUATION	\$60.00	\$60.00	\$0.00
100%	D0160	DETAILED ORAL EVALUATION	\$60.00	\$60.00	\$0.00
100%	D0180	COMPREHENSIVE PERIODONTAL EVALUATION	\$60.00	\$60.00	\$0.00
100%	D0210	INTRAORAL-COMPLETE SERIES INCLUDING BITEWINGS	\$93.50	\$93.50	\$0.00
100%	D0220	INTRAORAL-PERIAPICAL-FIRST FILM	\$19.80	\$19.80	\$0.00
100%	D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM	\$18.70	\$18.70	\$0.00
100%	D0232	PERIAPICAL-THREE ADDITIONAL FILMS	\$0.00	\$0.00	Provider full fee
100%	D0240	INTRAORAL-OCCLUSAL FILM	\$33.50	\$33.50	\$0.00
100%	D0250	EXTRAORAL	\$0.00	\$0.00	Provider full fee
100%	D0270	BITEWINGS-SINGLE FILM	\$15.00	\$15.00	\$0.00
100%	D0272	BITEWINGS-TWO FILMS	\$35.20	\$35.20	\$0.00
100%	D0273	DENTAL - RADIOGRAPHS BITEWINGS-THREE FILMS	\$0.00	\$0.00	Provider full fee
100%	D0274	BITEWINGS-FOUR FILMS	\$66.00	\$66.00	\$0.00
100%	D0321	OTHER TMJ FILMS, BY REPORT	\$139.70	\$139.70	\$0.00
100%	D0330	PANORAMIC FILM	\$91.25	\$91.25	\$0.00
100%	D0364	CONE BEAM CT	\$165.00	\$165.00	\$0.00
100%	D0460	PULP VITALITY TESTS	\$0.00	\$0.00	Provider full fee
100%	D0470	DIAGNOSTIC CASTS	\$0.00	\$0.00	Provider full fee
100%	D0471	DIAGNOSTIC PHOTOGRAPHS	\$0.00	\$0.00	Provider full fee
100%	D1110	PROPHYLAXIS-ADULT	\$93.50	\$93.50	\$0.00
100%	D1120	PROPHYLAXIS-CHILD	\$38.50	\$38.50	\$0.00
100%	D1203	TOPICAL APPLICATION OF FLUORIDE EXCLD/PXS CHILD	\$33.00	\$33.00	\$0.00
100%	D1204	TOPICAL APPLICATION OF FLUORIDE EXCLD/PXS ADULT	\$33.00	\$33.00	\$0.00
100%	D1206	TOP FLUORIDE VARNISH TX APPL MOD HI CARIES RISK	\$33.00	\$33.00	\$0.00
100%	D1208	TOPICAL APP FLUORIDE	\$33.00	\$33.00	\$0.00
100%	D1350	DENTAL - PREVENTIVE SVS, TOP APL SEALANTS(QUAD.)	\$40.45	\$40.45	\$0.00
100%	D1351	SEALANT-PER TOOTH	\$40.45	\$40.45	\$0.00
100%	D1510	SPACE MAINTAINER-FIXED-UNILATERAL	\$189.40	\$189.40	\$0.00

100%	D1515	SPACE MAINTAINER-FIXED-BILATERAL	\$189.40	\$189.40	\$0.00
100%	D1520	SPACE MAINTAINER-REMOVABLE-UNILATERAL	\$0.00	\$0.00	Provider full fee
100%	D1525	SPACE MAINTAINER-REMOVABLE-BILATERAL	\$0.00	\$0.00	Provider full fee
80%	D2110	AMALGAM-ONE SURFACE, PRIMARY	\$64.70	\$51.76	\$12.94
80%	D2120	AMALGAM-TWO SURFACES, PRIMARY	\$0.00	\$0.00	Provider full fee
80%	D2130	AMALGAM-THREE SURFACES, PRIMARY	\$78.55	\$62.84	\$15.71
80%	D2131	AMALGAM-FOUR OR MORE SURFACES, PRIMARY	\$78.55	\$62.84	\$15.71
80%	D2140	AMALGAM-ONE SURFACE,PERMANENT	\$66.00	\$52.80	\$13.20
80%	D2150	AMALGAM-TWO SURFACES, PERMANENT	\$93.50	\$74.80	\$18.70
80%	D2160	AMALGAM-THREE SURFACES, PERMANENT	\$110.00	\$88.00	\$22.00
80%	D2161	AMALGAM-FOUR OR MORE SURFACES, PERMANENT	\$115.50	\$92.40	\$23.10
80%	D2190	PIN RETENTION-EXCLUSIVE OF AMALGAM	\$0.00	\$0.00	Provider full fee
80%	D2310	DENTAL - ACRYLIC,OR PLASTIC PER TOOTH	\$0.00	\$0.00	Provider full fee
80%	D2330	RESIN-ONE SURFACE, ANTERIOR	\$93.50	\$74.80	\$18.70
80%	D2331	RESIN-TWO SURFACES, ANTERIOR	\$104.50	\$83.60	\$20.90
80%	D2332	RESIN-THREE SURFACES, ANTERIOR	\$110.00	\$88.00	\$22.00
80%	D2334	PIN RETENTION-EXCLUSIVE OF COMPOSITE RESIN	\$0.00	\$0.00	Provider full fee
80%	D2335	RESIN-FOUR+ SURF OR INVL INCISAL ANGLE(ANTERIOR)	\$115.50	\$92.40	\$23.10
80%	D2336	COMPOSITE RESIN CROWN-ANTERIOR-PRIMARY	\$0.00	\$0.00	Provider full fee
80%	D2337	RESIN-ONE SURFACE, ANTERIOR, ACID ETCH	\$0.00	\$0.00	Provider full fee
80%	D2338	RESIN-TWO SURFACES, ANTERIOR, ACID ETCH	\$0.00	\$0.00	Provider full fee
80%	D2339	RESIN-THREE SURFACE, ANTERIOR, ACID ETCH	\$0.00	\$0.00	Provider full fee
80%	D2340	ACID ETCH FOR RESTORATIONS	\$0.00	\$0.00	Provider full fee
80%	D2380	RESIN-ONE SURFACE, POSTERIOR-PRIMARY	\$45.10	\$36.08	\$9.02
80%	D2381	RESIN-TWO SURFACES, POSTERIOR-PRIMARY	\$64.70	\$51.76	\$12.94
80%	D2382	RESIN-THREE OR MORE SURFACES, POSTERIOR-PRIMARY	\$78.55	\$62.84	\$15.71
80%	D2385	RESIN-ONE SURFACE, POSTERIOR-PERMANENT	\$56.60	\$45.28	\$11.32
80%	D2386	RESIN-TWO SURFACES, POSTERIOR-PERMANENT	\$82.00	\$65.60	\$16.40
80%	D2387	RESIN-THREE OR MORE SURFACES,POSTERIOR-PERMANENT	\$97.00	\$77.60	\$19.40
80%	D2391	RESIN-ONE SURFACE POSTERIOR	\$71.50	\$57.20	\$14.30
80%	D2392	RESIN-TWO SURFACE POSTERIOR	\$99.00	\$79.20	\$19.80
80%	D2393	RESIN-THREE SURFACE POSTERIOR	\$115.50	\$92.40	\$23.10

80%	D2394	RESIN-FOUR SURFACE POSTERIOR	\$121.00	\$96.80	\$24.20
80%	D2520	INLAY-METALLIC-TWO SURFACES	\$0.00	\$0.00	Provider full fee
80%	D2530	INLAY-METALLIC-THREE SURFACES	\$475.90	\$380.72	\$95.18
80%	D2540	ONLAY-METALLIC-PER TOOTH (IN ADDITION TO INLAY)	\$0.00	\$0.00	Provider full fee
80%	D2610	INLAY-PORCELAIN/CERAMIC-ONE SURFACE	\$210.20	\$168.16	\$42.04
80%	D2620	INLAY-PORCELAIN/CERAMIC-TWO SURFACES	\$343.00	\$274.40	\$68.60
80%	D2630	INLAY-PORCELAIN/CERAMIC-THREE SURFACES	\$475.90	\$380.72	\$95.18
80%	D2640	ONLAY-PROCELAIN/CERAMIC-PER TOOTH (ADD.TO INLAY)	\$0.00	\$0.00	Provider full fee
80%	D2660	ONLAY-COMP./RESIN-PER TOOTH(IN ADD.TO INLAY-LAB)	\$0.00	\$0.00	Provider full fee
80%	D2710	CROWN-RESIN-LABORATORY	\$0.00	\$0.00	Provider full fee
80%	D2711	DENTAL - CROWNS,PLASTIC PREFABRICATED	\$0.00	\$0.00	Provider full fee
80%	D2721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	\$0.00	\$0.00	Provider full fee
80%	D2722	CROWN-RESIN WITH NOBLE METAL	\$0.00	\$0.00	Provider full fee
80%	D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	\$687.50	\$550.00	\$137.50
80%	D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$687.50	\$550.00	\$137.50
80%	D2751	CROWN-PORC FUSED TO PREDOMINANTLY BASE METAL	\$687.50	\$550.00	\$137.50
80%	D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$687.50	\$550.00	\$137.50
80%	D2790	CROWN-FULL CAST HIGH NOBLE METAL	\$687.50	\$550.00	\$137.50
80%	D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$687.50	\$550.00	\$137.50
80%	D2792	CROWN-FULL CAST NOBLE METAL	\$687.50	\$550.00	\$137.50
80%	D2810	CROWN-3/4 CAST METALLIC	\$0.00	\$0.00	Provider full fee
80%	D2830	DENTAL - CROWNS,STAINLESS STEEL	\$0.00	\$0.00	Provider full fee
80%	D2891	DENTAL - CROWNS,CAST POST&CORE IN ADTN TO CROWN	\$0.00	\$0.00	Provider full fee
80%	D2892	DENTAL - CROWNS,PREFABRICATED POST&COMP OR ALGM	\$0.00	\$0.00	Provider full fee
80%	D2910	RECEMENT INLAY	\$43.90	\$35.12	\$8.78
80%	D2920	RECEMENT CROWN	\$43.90	\$35.12	\$8.78
80%	D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY	\$343.20	\$274.56	\$68.64
80%	D2940	SEDATIVE FILLING	\$69.30	\$55.44	\$13.86
80%	D2950	CORE BUILD-UP, INCLUDING ANY PINS	\$155.90	\$124.72	\$31.18
80%	D2951	PIN RETENTION/TOOTH, IN ADDITION TO RESTORATION	\$0.00	\$0.00	Provider full fee
80%	D2952	CAST POST AND CORE IN ADDITION TO CROWN	\$155.90	\$124.72	\$31.18
80%	D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$124.75	\$99.80	\$24.95

80%	D2960	LABIAL VENEER (LAMINATE)-CHAIRSIDE	\$0.00	\$0.00	Provider full fee
80%	D2962	LABIAL VENEER (PORCELAIN LAMINATE)-LABORATORY	\$0.00	\$0.00	Provider full fee
80%	D2970	TEMPORARY CROWN (FRACTURED TOOTH)	\$121.30	\$97.04	\$24.26
80%	D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	\$0.00	\$0.00	Provider full fee
80%	D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	\$95.90	\$76.72	\$19.18
80%	D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL REST)	\$95.90	\$76.72	\$19.18
80%	D3221	PULPAL DEBRIDEMENT	\$95.90	\$76.72	\$19.18
80%	D3310	ROOT CANAL-ANTERIOR(EXCLUDING FINAL RESTORATION)	\$380.00	\$304.00	\$76.00
80%	D3320	ROOT CANAL-BICUSPID(EXCLUDING FINAL RESTORATION)	\$392.70	\$314.16	\$78.54
80%	D3330	ROOT CANAL-MOLAR (EXCLUDING FINAL RESTORATION)	\$488.60	\$390.88	\$97.72
80%	D3346	RETREATMENT-ANTERIOR, BY REPORT	\$380.00	\$304.00	\$76.00
80%	D3347	RETREATMENT-BICUSPID, BY REPORT	\$392.70	\$314.16	\$78.54
80%	D3348	RETREATMENT-MOLAR, BY REPORT	\$488.60	\$390.88	\$97.72
80%	D3410	APICOECTOMY/PERIRADICULAR SURGERY- ANTERIOR	\$345.35	\$276.28	\$69.07
80%	D3421	APICOECTOMY/PERIRADICULAR SURG-BICUSP (FIRST RT)	\$345.35	\$276.28	\$69.07
80%	D3425	APICOECTOMY/PERIRADICULAR SURG-MOLAR(FIRST ROOT)	\$345.35	\$276.28	\$69.07
80%	D3426	APICOECTOMY/PERIRADICULAR SURG (EA. ADDT'L ROOT)	\$173.25	\$138.60	\$34.65
80%	D3430	RETROGRADE FILLING-PER ROOT	\$86.70	\$69.36	\$17.34
80%	D3440	APICAL CURETTAGE	\$0.00	\$0.00	Provider full fee
80%	D3450	ROOT AMPUTATION-PER ROOT	\$173.25	\$138.60	\$34.65
80%	D3920	HEMISECTION (INC ROOT REMOVAL) NOT INC ENDO	\$0.00	\$0.00	Provider full fee
80%	D4000	PERIO EXAM	\$0.00	\$0.00	Provider full fee
80%	D4210	GINGIVECTOMY OR GINGIVOPLASTY-PER QUADRANT	\$368.45	\$294.76	\$73.69
80%	D4211	GINGIVECTOMY OR GINGIVOPLASTY-PER TOOTH	\$0.00	\$0.00	Provider full fee
80%	D4220	GINGIVAL CURETTAGE, SURGICAL,PER QUAD, BY REPORT	\$61.25	\$49.00	\$12.25
80%	D4240	GINGIVAL FLAP PROCEDURE INC ROOT PLANING/QUAD	\$0.00	\$0.00	Provider full fee
80%	D4249	CROWN LENGTHENING-HARD & SOFT TISSUE, BY REPORT	\$216.00	\$172.80	\$43.20
80%	D4250	MUCOGINGIVAL SURGERY-PER QUADRANT	\$368.45	\$294.76	\$73.69
80%	D4251	DENTAL - PERIODNTCS,SURG SVS,MUCO-GINGIVAL/SEXT	\$138.60	\$110.88	\$27.72
80%	D4260	OSSEOUS SURGERY INC FLAP ENTRY/CLOSURE/QUAD	\$518.60	\$414.88	\$103.72
80%	D4261	OSSEOUS SURGERY INCL FLAP ENTRY /CLOSE PER QUAD	\$0.00	\$0.00	Provider full fee
80%	D4262	BONE REPL.GRAFT-MULT. SITES(INCL FLAP ENTRY/CLS)	\$0.00	\$0.00	Provider full fee

80%	D4263	BONE REPLACEMENT GRAFT-FIRST SITE IN QUAD	\$0.00	\$0.00	Provider full fee
80%	D4264	BONE REPLACEMENT GRAFT EACH ADDITIONAL SITE	\$0.00	\$0.00	Provider full fee
80%	D4268	GUIDED TISSUE REGENERATION (INCL.SURG.&RE-ENTRY)	\$0.00	\$0.00	Provider full fee
80%	D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$0.00	\$0.00	Provider full fee
80%	D4271	FREE SOFT TISSUE GRAFT PROC (INC DONOR SITE)	\$0.00	\$0.00	Provider full fee
80%	D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT INCL DONOR	\$0.00	\$0.00	Provider full fee
80%	D4320	PROVISIONAL SPLINTING-INTRACORONAL	\$0.00	\$0.00	Provider full fee
80%	D4321	PROVISIONAL SPLINTING-EXTRACORONAL	\$0.00	\$0.00	Provider full fee
80%	D4330	OCCLUSAL ADJUSTMENT (LIMITED)	\$0.00	\$0.00	Provider full fee
80%	D4331	OCCLUSAL ADJUSTMENT (COMPLETE)	\$0.00	\$0.00	Provider full fee
80%	D4340	PERIO SCALING AND ROOT PLANING-ENTIRE MOUTH	\$0.00	\$0.00	Provider full fee
80%	D4341	PERIO SCALING AND ROOT PLANING-PER QUADRANT	\$69.30	\$55.44	\$13.86
80%	D4345	PERIO SCALING IN PRESENCE OF GING INFLAMMATION	\$0.00	\$0.00	Provider full fee
80%	D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMP PERIO EVAL	\$109.75	\$87.80	\$21.95
80%	D4360	SPEC PERIO APPLIANCES (INC OCCL GUARDS), B.R.	\$0.00	\$0.00	Provider full fee
80%	D4910	PERIO MAINTENANCE PROC FOLLOWING ACTIVE THERAPY	\$121.30	\$97.04	\$24.26
80%	D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	\$0.00	\$0.00	Provider full fee
80%	D5110	COMPLETE UPPER DENTURE	\$604.00	\$483.20	\$120.80
80%	D5120	COMPLETE LOWER DENTURE	\$604.00	\$483.20	\$120.80
80%	D5130	IMMEDIATE UPPER DENTURE	\$604.00	\$483.20	\$120.80
80%	D5140	IMMEDIATE LOWER DENTURE	\$604.00	\$483.20	\$120.80
80%	D5211	U PD-RESIN BASE INCL. CONVEN. CLASPS/RESTS/TEETH	\$561.00	\$448.80	\$112.20
80%	D5212	L PD-RESIN BASE INCL. CONVEN. CLASPS/RESTS/TEETH	\$561.00	\$448.80	\$112.20
80%	D5213	U PD-CST METL BASE W/RES SAD INC CLAS/RSTS/TEETH	\$561.00	\$448.80	\$112.20
80%	D5214	L PD-CST METL BASE W/RES SAD INC CLAS/RSTS/TEETH	\$561.00	\$448.80	\$112.20
80%	D5216	L PD-H NOB CST BASE/ACRY SAD INC ANY CLASPS/RSTS	\$0.00	\$0.00	Provider full fee
80%	D5218	DENTAL - PROSDNTCS,PARTL DENTRS,LWR W/2 CHROME	\$0.00	\$0.00	Provider full fee
80%	D5231	DENTAL - PROSDNTCS,PARTL DENTRS,LWR W/LNG BAR C	\$0.00	\$0.00	Provider full fee
80%	D5251	DENTAL - PROSDNTCS,PARTL DENTRS,LWR W/PAL ACRYC	\$0.00	\$0.00	Provider full fee
80%	D5281	REM UNIL PD-ONE PIECE CST METAL/INC CLSPS/PONTCS	\$561.00	\$448.80	\$112.20
80%	D5291	DENTAL - PROSDNTCS,PARTL DENTRS,FULL CAST 2 U G	\$0.00	\$0.00	Provider full fee
80%	D5292	DENTAL - PROSDNTCS,PARTL DENTRS,FULL CAST 2 U C	\$0.00	\$0.00	Provider full fee

80%	D5293	DENTAL - PROSDNTCS,PARTL DENTRS,FULL CAST 2 L G	\$0.00	\$0.00	Provider full fee
80%	D5294	DENTAL - PROSDNTCS,PARTL DENTRS,FULL CAST 2 L C	\$0.00	\$0.00	Provider full fee
80%	D5310	DENTAL - PROSDNTCS,ADDTL UNITS,ADDTL CLASP W/RE	\$0.00	\$0.00	Provider full fee
80%	D5320	DENTAL - PROSDNTCS,ADDTL UNITS,ADDTL TOOTH	\$0.00	\$0.00	Provider full fee
80%	D5410	ADJUST COMPLETE DENTURE-UPPER	\$43.90	\$35.12	\$8.78
80%	D5411	ADJUST COMPLETE DENTURE-LOWER	\$43.90	\$35.12	\$8.78
80%	D5421	ADJUST PARTIAL DENTURE-UPPER	\$43.90	\$35.12	\$8.78
80%	D5422	ADJUST PARTIAL DENTURE-LOWER	\$43.90	\$35.12	\$8.78
80%	D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$78.50	\$62.80	\$15.70
80%	D5520	REPLACE MISS/BRKN TEETH-COMPLETE DENTURE/TOOTH	\$64.70	\$51.76	\$12.94
80%	D5610	REPAIR RESIN SADDLE OR BASE, PARTIAL DENTURE	\$78.55	\$62.84	\$15.71
80%	D5620	REPAIR CAST FRAMEWORK, PARTIAL DENTURE	\$78.55	\$62.84	\$15.71
80%	D5630	REPAIR OR REPLACE BROKEN CLASP, PARTIAL DENTURE	\$43.90	\$35.12	\$8.78
80%	D5640	REPLACE BROKEN TEETH-PER TOOTH, PARTIAL DENTURE	\$64.70	\$51.76	\$12.94
80%	D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$64.70	\$51.76	\$12.94
80%	D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$43.90	\$35.12	\$8.78
80%	D5670	DENTAL - RPR-DENT,REATTACH DAMAGD CLASP-DENTURE	\$0.00	\$0.00	Provider full fee
80%	D5680	DENTAL - RPR-DENT,REPLCE BROKN CLASP W/NEW CLSP	\$0.00	\$0.00	Provider full fee
80%	D5690	DENTAL - RPR-DENT,EACH ADDTL CLASP W/REST	\$0.00	\$0.00	Provider full fee
80%	D5730	RELIN COMPLETE UPPER DENTURE (CHAIRSIDE)	\$78.55	\$62.84	\$15.71
80%	D5731	RELIN COMPLETE LOWER DENTURE (CHAIRSIDE)	\$78.55	\$62.84	\$15.71
80%	D5740	RELIN UPPER PARTIAL DENTURE (CHAIRSIDE)	\$78.55	\$62.84	\$15.71
80%	D5741	RELIN LOWER PARTIAL DENTURE (CHAIRSIDE)	\$78.55	\$62.84	\$15.71
80%	D5750	RELIN COMPLETE UPPER DENTURE (LABORATORY)	\$78.55	\$62.84	\$15.71
80%	D5751	RELIN COMPLETE LOWER DENTURE (LABORATORY)	\$78.55	\$62.84	\$15.71
80%	D5760	RELIN UPPER PARTIAL DENTURE (LABORATORY)	\$78.55	\$62.84	\$15.71
80%	D5761	RELIN LOWER PARTIAL DENTURE (LABORATORY)	\$78.55	\$62.84	\$15.71
80%	D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPL	\$796.95	\$637.56	\$159.39
80%	D6020	ABUTMENT PLACEMENT OR SUBSTITUTION: ENDOSTEAL IMPL	\$796.95	\$637.56	\$159.39
80%	D6040	SUBPERIOSTEAL IMPLANT	\$796.95	\$637.56	\$159.39
80%	D6050	TRANSOSSEOUS IMPLANT	\$796.95	\$637.56	\$159.39
80%	D6055	IMPLANT CONNECTING BAR	\$796.95	\$637.56	\$159.39

80%	D6056	PREFABRICATED ABUTEMENT	\$687.50	\$550.00	\$137.50
80%	D6057	CUSTOM ABUTMENT	\$687.50	\$550.00	\$137.50
80%	D6058	ABUTMENT SUPPORTED CROWN	\$687.50	\$550.00	\$137.50
80%	D6059	ABUTMENT SUPPORTED PORCELAIN	\$687.50	\$550.00	\$137.50
80%	D6066	IMPLANT SUPPORTED PORCELAIN	\$687.50	\$550.00	\$137.50
80%	D6080	IMPLANT MAINT. INCL: REMOV., CLEANS., REINSERT.	\$796.95	\$637.56	\$159.39
80%	D6090	REPAIR IMPLANT, BY REPORT	\$796.95	\$637.56	\$159.39
80%	D6210	PONTIC-CAST HIGH NOBLE METAL	\$0.00	\$0.00	Provider full fee
80%	D6211	PONTIC-CAST PREDOMINANTLY BASE METAL	\$0.00	\$0.00	Provider full fee
80%	D6212	PONTIC-CAST NOBLE METAL	\$0.00	\$0.00	Provider full fee
80%	D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	\$687.50	\$550.00	\$137.50
80%	D6241	PONTIC-PORCELAIN FUSED TO PREDOM. BASE METAL	\$687.50	\$550.00	\$137.50
80%	D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	\$687.50	\$550.00	\$137.50
80%	D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	\$0.00	\$0.00	Provider full fee
80%	D6251	PONTIC-RESIN WITH PREDOMINANTLY BASE METAL	\$0.00	\$0.00	Provider full fee
80%	D6252	PONTIC-RESIN WITH NOBLE METAL	\$0.00	\$0.00	Provider full fee
80%	D6540	RETAINER-ONLAY-METALLIC PER TOOTH (ADD TO INLAY)	\$0.00	\$0.00	Provider full fee
80%	D6548	RETAINER-PORC FIXED PROSTHESIS	\$232.10	\$185.68	\$46.42
80%	D6640	DENTAL - PROS FIXD,REPR,REPLC BRKN POST/ACRYLIC	\$0.00	\$0.00	Provider full fee
80%	D6710	DENTAL - PROS FIXD,CROWN,PLASTIC ACRYLIC	\$0.00	\$0.00	Provider full fee
80%	D6720	CROWN-BRIDGE RETAINER-RESIN W/ HIGH NOBLE METAL	\$0.00	\$0.00	Provider full fee
80%	D6721	CROWN-BRIDGE RETAINER-RESIN PREDOM. BASE METAL	\$0.00	\$0.00	Provider full fee
80%	D6722	CROWN-RETAINER-RESIN WITH NOBLE METAL	\$0.00	\$0.00	Provider full fee
80%	D6740	CROWN-RETAINER-PORCELAIN	\$0.00	\$0.00	Provider full fee
80%	D6750	CROWN-RETAINER-PORCELAIN FUSED HIGH NOBLE METAL	\$687.50	\$550.00	\$137.50
80%	D6751	CROWN-RETAINER-PORCELAIN FUSED PRED. BASE METAL	\$687.50	\$550.00	\$137.50
80%	D6752	CROWN-RETAINER-PORCELAIN FUSED TO NOBLE METAL	\$687.50	\$550.00	\$137.50
80%	D6780	CROWN-RETAINER 3/4 CAST HIGH NOBLE METAL	\$0.00	\$0.00	Provider full fee
80%	D6790	CROWN-RETAINER-FULL CAST HIGH NOBLE METAL	\$687.50	\$550.00	\$137.50
80%	D6791	CROWN-RETAINER-FULL CAST PREDOM. BASE METAL	\$687.50	\$550.00	\$137.50
80%	D6792	CROWN-RETAINER-FULL CAST NOBLE METAL	\$687.50	\$550.00	\$137.50
80%	D6930	RECEMENT BRIDGE	\$43.90	\$35.12	\$8.78

80%	D6970	CAST POST AND CORE/ADDITION TO BRIDGE RETAINER	\$155.95	\$124.76	\$31.19
80%	D6980	BRIDGE REPAIR, BY REPORT	\$0.00	\$0.00	Provider full fee
80%	D7110	EXTRACTION-SINGLE TOOTH	\$61.25	\$49.00	\$12.25
80%	D7120	EXTRACTION-EACH ADDITIONAL TOOTH	\$61.25	\$49.00	\$12.25
80%	D7130	ROOT REMOVAL-EXPOSED ROOT	\$61.25	\$49.00	\$12.25
80%	D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	\$61.25	\$49.00	\$12.25
80%	D7210	SURG REM ERUP TOOTH REQ FLAP/BONE REM/SEC TOOTH	\$173.25	\$138.60	\$34.65
80%	D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$258.75	\$207.00	\$51.75
80%	D7230	REMOVAL OF IMPACTED TOOTH-PARTIAL BONY	\$432.00	\$345.60	\$86.40
80%	D7240	REMOVAL OF IMPACTED TOOTH-COMPLETE BONY	\$475.90	\$380.72	\$95.18
80%	D7241	REM IMPAC. TOOTH-COMP BONY/UNUSUAL COMPLICATIONS	\$475.90	\$380.72	\$95.18
80%	D7250	SURG REM OF RESIDUAL TOOTH ROOTS (CUTTING PROC)	\$61.25	\$49.00	\$12.25
80%	D7280	SURG EXP-IMP/UNERUP TOOTH FOR ORTHO INCL ATTACH	\$475.90	\$380.72	\$95.18
80%	D7281	SUG EXP-IMP/UNERUP TOOTH TO AID ERUPTION	\$475.90	\$380.72	\$95.18
80%	D7285	BIOPSY OF ORAL TISSUE-HARD	\$173.25	\$138.60	\$34.65
80%	D7286	BIOPSY OF ORAL TISSUE-SOFT	\$173.25	\$138.60	\$34.65
80%	D7310	ALVEOLOPLASTY IN CONJUNC WITH EXTS-PER QUAD	\$237.95	\$190.36	\$47.59
80%	D7320	ALVEOLOPLASTY NOT IN CONJUNC WITH EXTS-PER QUAD	\$237.95	\$190.36	\$47.59
80%	D7410	RADICAL EXC-REAC INFLAMM LESION DIAMETER <1.25CM	\$121.30	\$97.04	\$24.26
80%	D7420	RADICAL EXCISION-REAC INFLAMM DIAMETER > 1.25 CM	\$121.30	\$97.04	\$24.26
80%	D7430	EXCISION OF BENIGN TUMOR LESION < 1.25 CM	\$121.30	\$97.04	\$24.26
80%	D7431	EXCISION OF BENIGN TUMOR LESION > 1.25 CM	\$121.30	\$97.04	\$24.26
80%	D7440	EXC OF MALIGNANT TUMOR/LESION DIAMETER <1.25 CM	\$121.30	\$97.04	\$24.26
80%	D7441	EXC OF MALIGNANT TUMOR/LESION DIAMETER >1.25 CM	\$121.30	\$97.04	\$24.26
80%	D7450	REMOVAL OF ODONTOGENIC CYST/TUMOR/LESION<1.25 CM	\$121.30	\$97.04	\$24.26
80%	D7451	REMOVAL OF ODONTOGENIC CYST/TUMOR/LESION>1.25 CM	\$258.75	\$207.00	\$51.75
80%	D7460	REM OF NONODONTOGENIC CYST/TUMOR/LESION <1.25 CM	\$258.75	\$207.00	\$51.75
80%	D7461	REM OF NONODONTOGENIC CYST/TUMOR/LESION >1.25 CM	\$258.75	\$207.00	\$51.75
80%	D7520	I & D ABSCESS-EXTRAORAL-SOFT TISSUE	\$95.90	\$76.72	\$19.18
80%	D7800	TMJ TREATMENT	\$0.00	\$0.00	Provider full fee
80%	D7801	TMJ EVALUATION	\$0.00	\$0.00	Provider full fee
80%	D7802	TMJ APPLIANCE	\$0.00	\$0.00	Provider full fee



80%	D7803	TMJ MONTHLY MAINTENANCE	\$0.00	\$0.00	Provider full fee
80%	D7960	FRENULECTOMY (FRENECTOMY/FRENOTOMY) SEP. PROC.	\$258.75	\$207.00	\$51.75
80%	D8020	LIMIT ORTH TRMNT/ ORTHO APPLIANCES	\$660.00	\$528.00	\$132.00
80%	D8030	LIMIT ORTH TRMNT / MONTHLY MAINTENANCE	\$110.00	\$88.00	\$22.00
80%	D8100	ORTHO RETENTION CARE	\$44.00	\$35.20	\$8.80
80%	D8460	CLASS I MALOCCLUSION-COMPREHENSIVE/TRANSITIONAL	\$660.00	\$528.00	\$132.00
80%	D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	\$192.50	\$154.00	\$38.50
80%	D9110	PALLIATIVE (EMERG) TX DENTAL PAIN-MINOR PROC	\$43.90	\$35.12	\$8.78
80%	D9220	GENERAL ANESTHESIA-FIRST 30 MINUTES	\$138.60	\$110.88	\$27.72
80%	D9221	GENERAL ANESTHESIA-EACH ADDITIONAL 15 MINUTES	\$69.30	\$55.44	\$13.86
80%	D9222	GENERAL ANESTHESIA-FIRST 15 MINUTES	\$69.30	\$55.44	\$13.86
80%	D9223	DEEP SEDATION/GENERAL ANASTHESIA-EACH 15 MIN	\$69.30	\$55.44	\$13.86
80%	D9230	ANALGESIA	\$43.90	\$35.12	\$8.78
80%	D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION-FIRST 15	\$69.30	\$55.44	\$13.86
80%	D9240	INTRAVENOUS SEDATION	\$137.50	\$110.00	\$27.50
80%	D9242	INTRAVENOUS CONSCIOUS SEDATION ADDITIONAL	\$110.00	\$88.00	\$22.00
80%	D9310	PROF CONSULT (DIAG SERV BY OTHER DENTIST/PHYS)	\$0.00	\$0.00	Provider full fee
80%	D9430	OFFICE VISIT FOR OBSER (REG.HOURS)NO OTHER SERVS	\$0.00	\$0.00	Provider full fee
80%	D9440	OFFICE VISIT-AFTER REGULAR HOURS	\$0.00	\$0.00	Provider full fee
80%	D9930	TX OF COMPLICATIONS/POSTSURGICAL/UNUSUAL CIRC BR	\$0.00	\$0.00	Provider full fee
80%	D9940	OCCLUSAL GUARDS, BY REPORT	\$0.00	\$0.00	Provider full fee
80%	D9944	OCCLUSAL GUARD - HARD APP FULL ARCH	\$0.00	\$0.00	Provider full fee
80%	D9998	DENTAL PROCEDURE	\$715.00	\$572.00	\$143.00
80%	D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, B.R. 4/93	\$0.00	\$0.00	Provider full fee