

Teachers Health Trust

Non-PPO Dental Fee Schedule Effective January 01, 2007

If you use an out-of-network (non-PPO) dentist, the Trust will pay the amount indicated in the third (3rd) column of the fee schedule regardless of how much your out-of-network dentist charges for the services. You will be responsible for all charges over and above that amount. After you have met the annual plan maximum, you will be responsible for all charges incurred for the remainder of the year.

(1) ADA CODE	(2) PROCEDURE DESCRIPTION	(3) WHAT THE TRUST WILL PAY
0120	PERIODIC ORAL EVALUATION	\$29.00
0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$26.24
0145	ORAL EVALUATION UNDER 3 WITH CONSULT WITH PRIMARY CARE GIVER	\$31.00
0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$41.00
0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY	\$40.96
0170	RE-EVALUATION - LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIEN	\$26.24
0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PA	\$25.60
0210	INTRAORAL - COMPLETE SERIES (INCLUDING BITEWINGS)	\$66.00
0220	INTRAORAL - PERIAPICAL FIRST FILM	\$17.00
0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL FILM	\$14.00
0240	INTRAORAL - OCCLUSAL FILM	\$21.00
0250	EXTRAORAL - FIRST FILM	\$28.00
0260	EXTRAORAL - EACH ADDITIONAL FILM	\$22.00
0270	BITEWING - SINGLE FILM	\$20.00
0272	BITEWINGS - TWO FILMS	\$27.00
0273	BITEWINGS-THREE FILMS	\$32.00
0274	BITEWINGS - FOUR FILMS	\$36.00
0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	\$60.00
0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY F	\$76.00
0310	SIALOGRAPHY	\$84.00
0322	TOMOGRAPHIC SURVEY	\$172.00
0330	PANORAMIC FILM	\$61.00
0340	CEPHALOMETRIC FILM	\$59.00
0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	\$27.00
0415	COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY	\$14.08
0425	CARIES SUSCEPTIBILITY TESTS	\$10.24
0460	PULP VITALITY TESTS	\$15.36
0470	DIAGNOSTIC CASTS	\$33.28
0472	ACCESSION OF TISSUE, GROSS EXAMINATION, PREPARATION AND TRAN	\$21.76
0473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, PREP	\$58.24

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0474	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, INCL	\$58.24
0480	PROCESSING AND INTERPRETATION OF EXFOLIATIVE CYTOLOGIC SMEAR	\$58.24
0486	OTHER PATHOLOGY PROCEDURES	\$58.24
0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	\$65.92
1110	PROPHYLAXIS - ADULT	\$64.00
1120	PROPHYLAXIS - CHILD	\$45.00
1203	TOPICAL APPLICATION OF FLUORIDE (PROPHYLAXIS NOT INCLUDED) -	\$22.00
1206	TOPICAL FLUORIDE VARNISH	\$22.00
1351	SEALANT - PER TOOTH	\$32.00
1510	SPACE MAINTAINER - FIXED - UNILATERAL	\$108.16
1515	SPACE MAINTAINER - FIXED - BILATERAL	\$141.44
1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL	\$132.48
1525	SPACE MAINTAINER - REMOVABLE - BILATERAL	\$197.76
1550	RE-CEMENTATION OF SPACE MAINTAINER	\$24.96
1555	AMALGAM-ONE SURFACE PRIMARY OR PERMENANT	\$24.96
2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	\$47.36
2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	\$58.24
2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	\$68.48
2161	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$71.04
2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	\$55.68
2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	\$62.72
2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	\$73.60
2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING I	\$90.88
2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$106.56
2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$55.68
2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$76.16
2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$90.88
2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$105.60
2410	GOLD FOIL - ONE SURFACE	\$159.36
2420	GOLD FOIL - TWO SURFACES	\$199.20
2430	GOLD FOIL - THREE SURFACES	\$242.40
2510	INLAY - METALLIC - ONE SURFACE	\$140.16
2520	INLAY - METALLIC - TWO SURFACES	\$182.88

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(1) ADA CODE	(2) PROCEDURE DESCRIPTION	(3) WHAT THE TRUST WILL PAY
2530	INLAY - METALLIC - THREE OR MORE SURFACES	\$203.04
2542	ONLAY - METALLIC-TWO SURFACES	\$161.76
2543	ONLAY - METALLIC-THREE SURFACES	\$212.64
2544	ONLAY - METALLIC-FOUR OR MORE SURFACES	\$240.48
2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	\$203.04
2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	\$231.36
2630	INLAY - PORCELAIN/CERAMIC - THREE OR MORE SURFACES	\$255.84
2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	\$265.92
2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	\$279.36
2644	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	\$282.72
2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	\$176.16
2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	\$207.36
2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES	\$225.60
2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	\$180.00
2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	\$206.40
2664	ONLAY - RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES	\$212.16
2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$115.68
2712	CROWN 3/4 RESIN BASED COMPOSITE (INDIRECT)	\$303.36
2720	CROWN - RESIN WITH HIGH NOBLE METAL	\$309.60
2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$294.72
2722	CROWN - RESIN WITH NOBLE METAL	\$299.04
2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$321.60
2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$312.48
2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$273.12
2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$299.04
2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$297.60
2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$275.04
2782	CROWN - 3/4 CAST NOBLE METAL	\$292.80
2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$310.56
2790	CROWN - FULL CAST HIGH NOBLE METAL	\$303.36
2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$275.52
2792	CROWN - FULL CAST NOBLE METAL	\$303.84
2794	CROWN - TITANIUM	\$297.60

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(1) ADA CODE	(2) PROCEDURE DESCRIPTION	(3) WHAT THE TRUST WILL PAY
2799	PROVISIONAL CROWN	\$52.80
2910	RECEMENT INLAY, ONLAY, OR PARTIAL COVERAGE RESTORATION	\$40.96
2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	\$35.20
2920	RECEMENT CROWN	\$35.20
2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$69.60
2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	\$82.56
2932	PREFABRICATED RESIN CROWN	\$81.12
2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMAR	\$92.64
2940	SEDATIVE FILLING	\$40.96
2950	CORE BUILDUP, INCLUDING ANY PINS	\$64.32
2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	\$24.96
2952	CAST POST AND CORE IN ADDITION TO CROWN	\$99.36
2953	EACH ADDITIONAL CAST POST - SAME TOOTH	\$47.04
2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$87.36
2955	POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC THERAPY)	\$66.24
2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$32.64
2970	CROWN-TEMPORARY- FRACTURED TOOTH	\$69.60
2980	CROWN REPAIR, BY REPORT	\$70.08
3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	\$22.40
3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	\$21.12
3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVA	\$65.28
3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$40.32
3230	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOT	\$83.84
3240	PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOO	\$87.68
3310	ANTERIOR (EXCLUDING FINAL RESTORATION)	\$258.56
3320	BICUSPID (EXCLUDING FINAL RESTORATION)	\$312.32
3330	MOLAR (EXCLUDING FINAL RESTORATION)	\$394.88
3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	\$117.12
3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR F	\$132.48
3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$76.80
3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	\$323.20
3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - BICUSPID	\$420.48
3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	\$456.96

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3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSUR	\$144.00
3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEME	\$88.32
3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT (INCLUDES COMPLE	\$207.36
3410	APICOECTOMY/PERIRADICULAR SURGERY - ANTERIOR	\$222.72
3421	APICOECTOMY/PERIRADICULAR SURGERY - BICUSPID (FIRST ROOT)	\$277.76
3425	APICOECTOMY/PERIRADICULAR SURGERY - MOLAR (FIRST ROOT)	\$291.20
3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)	\$112.00
3430	RETROGRADE FILLING - PER ROOT	\$79.36
3450	ROOT AMPUTATION - PER ROOT	\$131.20
3460	ENDODONTIC ENDOSSEOUS IMPLANT	\$319.20
3470	INTENTIONAL REIMPLANTATION (INCLUDING NECESSARY SPLINTING)	\$220.80
3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	\$42.24
3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT	\$136.96
3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	\$59.52
4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEET	\$143.52
4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEET	\$71.04
4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MO	\$198.24
4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THR	\$98.88
4245	APICALLY POSITIONED FLAP	\$125.76
4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	\$220.80
4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR	\$306.72
4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO	\$154.56
4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	\$104.16
4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	\$102.72
4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENER	\$52.32
4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE	\$151.20
4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE	\$158.40
4268	SURGICAL REVISION PROCEDURE, PER TOOTH	\$94.08
4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$224.64
4271	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGE	\$225.60
4274	DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CO	\$79.20
4275	SOFT TISSUE ALLOGRAFT	\$215.52
4320	PROVISIONAL SPLINTING - INTRACORONAL	\$131.84

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4321	PROVISIONAL SPLINTING - EXTRACORONAL	\$121.60
4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PE	\$101.12
4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PE	\$50.56
4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AN	\$52.48
4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED	\$57.60
4910	PERIODONTAL MAINTENANCE	\$50.56
4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING	\$24.96
5110	COMPLETE DENTURE - MAXILLARY	\$426.24
5120	COMPLETE DENTURE - MANDIBULAR	\$426.24
5130	IMMEDIATE DENTURE - MAXILLARY	\$456.00
5140	IMMEDIATE DENTURE - MANDIBULAR	\$456.00
5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVEN	\$324.96
5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVE	\$324.96
5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN	\$476.16
5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN	\$476.16
5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLA	\$537.12
5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CL	\$537.12
5281	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL	\$212.64
5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$27.36
5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$27.36
5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$25.44
5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$25.44
5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$48.48
5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOO	\$41.76
5610	REPAIR RESIN DENTURE BASE	\$48.96
5620	REPAIR CAST FRAMEWORK	\$62.40
5630	REPAIR OR REPLACE BROKEN CLASP	\$59.52
5640	REPLACE BROKEN TEETH - PER TOOTH	\$43.68
5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$61.44
5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$68.16
5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXIL	\$311.04
5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDI	\$311.04
5710	REBASE COMPLETE MAXILLARY DENTURE	\$149.28

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(1) ADA CODE	(2) PROCEDURE DESCRIPTION	(3) WHAT THE TRUST WILL PAY
5711	REBASE COMPLETE MANDIBULAR DENTURE	\$149.28
5720	REBASE MAXILLARY PARTIAL DENTURE	\$131.04
5721	REBASE MANDIBULAR PARTIAL DENTURE	\$131.04
5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$86.40
5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$86.40
5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$74.88
5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$74.88
5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$99.84
5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$99.84
5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$102.24
5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$102.24
5810	INTERIM COMPLETE DENTURE (MAXILLARY)	\$193.44
5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	\$193.44
5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$161.28
5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	\$161.28
5850	TISSUE CONDITIONING, MAXILLARY	\$36.96
5851	TISSUE CONDITIONING, MANDIBULAR	\$36.96
5860	OVERDENTURE - COMPLETE, BY REPORT	\$459.84
5861	OVERDENTURE - PARTIAL, BY REPORT	\$459.84
5875	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGE	\$42.24
5988	SURGICAL SPLINT	\$211.68
6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	\$688.32
6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	\$2,052.00
6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	\$1,433.76
6053	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY	\$446.40
6054	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY E	\$446.40
6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR	\$514.08
6056	PREFABRICATED ABUTMENT - INCLUDES PLACEMENT	\$133.92
6057	CUSTOM ABUTMENT - INCLUDES PLACEMENT	\$232.80
6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$336.48
6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBL	\$335.52
6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINA	\$298.56
6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE MET	\$329.76

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(1) ADA CODE	(2) PROCEDURE DESCRIPTION	(3) WHAT THE TRUST WILL PAY
6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	\$334.56
6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	\$298.08
6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	\$326.40
6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$387.84
6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM,	\$386.88
6067	IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH	\$371.04
6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	\$339.84
6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD	\$336.48
6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD	\$289.44
6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD	\$319.20
6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE	\$329.76
6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANT	\$300.00
6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	\$325.44
6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	\$373.92
6076	IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD	\$371.52
6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (TITANIUM, TIT	\$373.44
6078	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENT	\$589.44
6079	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENT	\$549.12
6080	IMPLANT MAINTENANCE PROCEDURES, INCLUDING REMOVAL OF PROSTHE	\$27.84
6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT	\$190.08
6092	RECEMENT IMPLANT/ABUTMENT CROWN	\$35.20
6093	RECEMENT IMPLANT/ABUTMENT PARTIAL DENTURE	\$52.48
6094	ABUTMENT SUPPORTED CROWN - (TITANIUM)	\$330.72
6095	REPAIR IMPLANT ABUTMENT, BY REPORT	\$195.20
6100	IMPLANT REMOVAL, BY REPORT	\$154.08
6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD - (TITANIUM)	\$329.76
6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	\$303.36
6210	PONTIC - CAST HIGH NOBLE METAL	\$303.36
6211	PONTIC - CAST PREDOMINANTLY BASE METAL	\$275.52
6212	PONTIC - CAST NOBLE METAL	\$303.84
6214	PONTIC - TITANIUM	\$297.60
6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	\$312.48
6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$273.12

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6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	\$299.04
6245	PONTIC - PORCELAIN/CERAMIC	\$321.60
6250	PONTIC - RESIN WITH HIGH NOBLE METAL	\$309.60
6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	\$294.72
6252	PONTIC - RESIN WITH NOBLE METAL	\$299.04
6253	PROVISIONAL PONTIC	\$52.80
6545	RETAINER - CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	\$157.44
6548	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHES	\$228.00
6600	INLAY - PORCELAIN/CERAMIC, TWO SURFACES	\$238.56
6601	INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	\$258.72
6602	INLAY - CAST HIGH NOBLE METAL, TWO SURFACES	\$200.64
6603	INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$218.40
6604	INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$173.28
6605	INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACE	\$190.56
6606	INLAY - CAST NOBLE METAL, TWO SURFACES	\$180.48
6607	INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	\$200.64
6608	ONLAY -PORCELAIN/CERAMIC, TWO SURFACES	\$265.92
6609	ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	\$291.36
6610	ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES	\$220.32
6611	ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$240.96
6612	ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$190.08
6613	ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACE	\$210.24
6614	ONLAY - CAST NOBLE METAL, TWO SURFACES	\$201.12
6615	ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	\$217.92
6624	INLAY - TITANIUM	\$212.16
6634	ONLAY - TITANIUM	\$232.32
6710	CROWN - INDIRECT RESIN BASED COMPOSITE	\$303.36
6720	CROWN - RESIN WITH HIGH NOBLE METAL	\$309.60
6721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$294.72
6722	CROWN - RESIN WITH NOBLE METAL	\$299.04
6740	CROWN - PORCELAIN/CERAMIC	\$321.60
6750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$312.48
6751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$273.12

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(1) ADA CODE	(2) PROCEDURE DESCRIPTION	(3) WHAT THE TRUST WILL PAY
6752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$299.04
6780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$297.60
6781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$275.04
6782	CROWN - 3/4 CAST NOBLE METAL	\$292.80
6783	CROWN - 3/4 PORCELAIN/CERAMIC	\$310.56
6790	CROWN - FULL CAST HIGH NOBLE METAL	\$303.36
6791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$275.52
6792	CROWN - FULL CAST NOBLE METAL	\$303.84
6793	PROVISIONAL RETAINER CROWN	\$52.80
6794	CROWN - TITANIUM	\$297.60
6920	CONNECTOR BAR	\$224.64
6930	RECEMENT FIXED PARTIAL DENTURE	\$52.48
6970	CAST POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETA	\$84.00
6972	PREFABRICATED POST AND CORE IN ADDITION TO FIXED PARTIAL DEN	\$77.76
6973	CORE BUILD UP FOR RETAINER, INCLUDING ANY PINS	\$61.44
6975	COPING - METAL	\$162.24
6976	EACH ADDITIONAL CAST POST - SAME TOOTH	\$116.16
6977	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$28.80
6980	FIXED PARTIAL DENTURE REPAIR, BY REPORT	\$139.52
6985	PEDIATRIC PARTIAL DENTURE, FIXED	\$197.28
7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	\$50.56
7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR	\$51.84
7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUC	\$80.64
7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	\$99.20
7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	\$121.60
7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	\$142.08
7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SU	\$158.72
7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$83.84
7260	OROANTRAL FISTULA CLOSURE	\$98.40
7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$100.80
7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EV	\$158.72
7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FROM ONE SITE	\$159.36
7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$123.52

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(1) ADA CODE	(2) PROCEDURE DESCRIPTION	(3) WHAT THE TRUST WILL PAY
7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTI	\$119.68
7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$49.92
7285	BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	\$141.44
7286	BIOPSY OF ORAL TISSUE - SOFT	\$57.60
7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	\$27.52
7290	SURGICAL REPOSITIONING OF TEETH	\$104.32
7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT	\$105.60
7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	\$80.00
7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE	\$57.60
7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUAD	\$105.60
7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO T	\$75.52
7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATI	\$429.60
7350	VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRA	\$739.20
7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	\$51.36
7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$86.40
7412	EXCISION OF BENIGN LESION, COMPLICATED	\$93.12
7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	\$139.20
7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	\$160.32
7415	EXCISION OF MALIGNANT LESION, COMPLICATED	\$176.16
7440	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25 CM	\$139.20
7441	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER GREATER THAN 1	\$163.20
7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETE	\$81.60
7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETE	\$114.72
7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAM	\$60.00
7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAM	\$67.20
7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY	\$65.76
7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	\$57.12
7472	REMOVAL OF TORUS PALATINUS	\$57.60
7473	REMOVAL OF TORUS MANDIBULARIS	\$56.64
7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	\$84.00
7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	\$74.24
7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - C	\$92.16
7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	\$74.24

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(1) ADA CODE	(2) PROCEDURE DESCRIPTION	(3) WHAT THE TRUST WILL PAY
7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - C	\$92.16
7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS A	\$32.64
7540	REMOVAL OF REACTION PRODUCING FOREIGN BODIES, MUSCULOSKELETA	\$66.24
7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL B	\$95.04
7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	\$27.84
7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$48.00
7911	COMPLICATED SUTURE - UP TO 5 CM	\$43.20
7912	COMPLICATED SUTURE - GREATER THAN 5 CM	\$51.84
7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY) - SEPARATE PROCEDURE	\$117.12
7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	\$122.40
7971	EXCISION OF PERICORONAL GINGIVA	\$63.36
7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$76.32
8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$1,000.00
8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$893.00
8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTI	\$1,000.00
8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENT	\$1,000.00
8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTIT	\$1,000.00
8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$1,000.00
8210	REMOVABLE APPLIANCE THERAPY	\$144.96
8220	FIXED APPLIANCE THERAPY	\$252.00
8660	PRE-ORTHODONTIC TREATMENT VISIT	\$28.80
8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION A	\$274.40
8691	REPAIR OF ORTHODONTIC APPLIANCE	\$110.40
8692	REPLACEMENT OF LOST OR BROKEN RETAINER	\$76.80
9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROC	\$42.88
9120	FIX PARTIAL DENTURE SECTION	\$42.24
9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGIC	\$23.04
9211	REGIONAL BLOCK ANESTHESIA	\$19.84
9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	\$73.60
9215	LOCAL ANESTHESIA	\$13.44
9220	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 30 MINUTES	\$114.56
9221	DEEP SEDATION/GENERAL ANESTHESIA - EACH ADDITIONAL 15 MINUTE	\$69.76
9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	\$20.48

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9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - FIRST 30 MINUTES	\$89.60
9242	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - EACH ADDITIONAL 1	\$44.80
9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$105.60
9310	CONSULTATION (DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYS	\$44.16
9410	HOUSE/EXTENDED CARE FACILITY CALL	\$82.56
9420	HOSPITAL CALL	\$67.84
9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOU	\$29.44
9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	\$48.00
9610	THERAPEUTIC DRUG INJECTION, BY REPORT	\$23.68
9612	THERAPEUTIC PARENTERAL DRUGS 2 OR MORE	\$41.60
9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$21.12
9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT	\$21.12
9940	OCCLUSAL GUARD, BY REPORT	\$151.04
9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	\$75.52
9950	OCCLUSION ANALYSIS - MOUNTED CASE	\$55.68
9951	OCCLUSAL ADJUSTMENT - LIMITED	\$50.56
9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$141.44