

# IBX Dental EPO — Low Plan

## Description of services and member copayments

### Plan highlights

- This plan has fixed copayments. In-network providers accept the in-network member copayment as payment in full.
- There is no out-of-network coverage (with the exception of out-of-area emergency services and/or for services provided when a member is referred by the Plan to an out-of-network specialist).
- Waiting Periods apply to class 3 services - see benefit booklet for details.
- If course of treatment is to exceed \$300, prior review is recommended.

ANNUAL DEDUCTIBLE	IN-NETWORK	
Amount	\$25	Each member must pay the deductible amount for dental services before the plan will begin to cover the member's dental procedures. The deductible is combined for all applicable services for each benefit period per member.
Max per family	\$75	
Applies to	Class 2 and Class 3	
MAXIMUMS	IN-NETWORK	
Annual	\$2,000	The maximum listed is the dollar amount that the plan will pay towards the cost of dental care within the benefit period per member.
Lifetime ortho	N/A	

**THE ANNUAL MAXIMUM APPLIES TO: CLASS 1, CLASS 2, AND CLASS 3**

ROLLOVER SERVICES	SERVICE MAXIMUM (PAID BY PLAN)	ROLLOVER MAXIMUM	
Maximum amounts	\$1,000	\$2,500	<ul style="list-style-type: none"> <li>• A member may be eligible for a rollover of unused annual maximum for Class 1, 2, and 3 services. The following requirements must be adhered to:</li> <li>• At least one claim must be submitted for Class 1 covered services during the benefit period.</li> <li>• The member must have received services in excess of any deductible.</li> <li>• The member must not have received services that exceed the service maximum, which is the amount paid by the plan.</li> <li>• If eligible, the amount of rollover services may not be greater than the rollover maximum.</li> <li>• A member's rollover services may be eliminated, and the accrued service lost, if there is a break in coverage of any length of time, for any reason, or if the service threshold is exceeded in any given benefit period.</li> </ul>

ADA CODE	DESCRIPTION	COPAYMENT
<b>CLASS 1      DIAGNOSTIC/PREVENTIVE</b>		
<b>Preventive Reward:</b> Primary subscriber will receive a \$20 payment from the Plan for each family member that receives two cleanings during the calendar year from a participating network dentist. Contact your benefit administrator for details.		
D0120	Periodic oral evaluation — Established patient	\$0
D0140	Limited oral evaluation — Problem focused	\$0
D0145	Oral evaluation for a patient under three years of age	\$0
D0150	Comprehensive oral evaluation — New or established patient	\$0
D0160	Detailed and extensive oral evaluation — Problem focused	\$0
D0170	Re-evaluation — Limited, problem focused	\$0
D0180	Comprehensive periodontal evaluation— New or established patient	\$0
D0210	Intraoral — Complete series of radiographic images	\$0
D0220	Intraoral — Periapical, first radiographic image	\$0
D0230	Intraoral — Periapical, each additional radiographic image	\$0
D0240	Intraoral — Occlusal radiographic image	\$0
D0250	Extraoral — 2D projection radiographic image	\$0
D0270	Bitewing X-rays — Single radiographic image	\$0
D0272	Bitewing X-rays — Two radiographic images	\$0
D0273	Bitewing X-rays — Three radiographic images	\$0
D0274	Bitewing X-rays — Four radiographic images	\$0
D0277	Vertical bitewings — Seven to eight radiographic images	\$0
D0330	Panoramic radiographic image	\$0
D0340	2D cephalometric radiographic image	\$0
D0350	2D oral/facial photographic images	\$0
D0351	3D photographic image	\$0
D0425	Caries susceptibility tests	\$0
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	\$0
D0601	Caries risk assessment and documentation, with a finding of low risk	\$0
D0602	Caries risk assessment and documentation, with a finding of moderate risk	\$0
D0603	Caries risk assessment and documentation, with a finding of high risk	\$0
D1110	Prophylaxis (cleaning) — Adult	\$0
D1110*	Additional cleaning (expecting mothers or diabetics)	\$40
D1120	Prophylaxis (cleaning) — Child	\$0
D1206	Topical application of fluoride varnish	\$0
D1208	Topical application of fluoride — Excluding varnish	\$0
D1310	Nutritional counseling for control of dental disease	\$0
D1320/30	Oral hygiene instructions	\$0
D1351	Sealant — Per tooth	\$11
D1352	Preventive resin restoration moderate/high caries risk — Permanent tooth	\$18
D1510	Space maintainer — Fixed — Unilateral	\$95
D1516/17	Space maintainer — Fixed — Bilateral, maxillary/mandibular	\$105
D1520	Space maintainer — Removable — Unilateral	\$95

ADA CODE	DESCRIPTION	COPAYMENT
<b>CLASS 1</b>	<b>DIAGNOSTIC/PREVENTIVE</b>	
D1526/27	Space maintainer — Removable — Bilateral, maxillary/mandibular	\$115
D1550	Recementation of space maintainer	\$30
D1555	Removal of fixed space maintainer (once per arch or quadrant for children under age 14)	\$30
D1575	Distal shoe space maintainer — Fixed — Unilateral	\$95
<b>CLASS 2</b>	<b>RESTORATIVE (FILLINGS)</b>	
D2140	Amalgam — One surface, primary or permanent	\$20
D2150	Amalgam — Two surfaces, primary or permanent	\$30
D2160	Amalgam — Three surfaces, primary or permanent	\$40
D2161	Amalgam — Four or more surfaces, primary or permanent	\$55
D2330	Resin-based composite — One surface, anterior	\$32
D2331	Resin-based composite — Two surfaces, anterior	\$42
D2332	Resin-based composite — Three surfaces, anterior	\$52
D2335	Resin-based composite — Four or more surfaces, anterior	\$100
D2390	Resin-based composite crown — Anterior	\$70
D2391	Resin-based composite — One surface, posterior	\$45
D2392	Resin-based composite — Two surfaces, posterior	\$55
D2393	Resin-based composite — Three surfaces, posterior	\$65
D2394	Resin-based composite — Four or more surfaces, posterior	\$115
<b>CLASS 3</b>	<b>CROWN AND BRIDGE</b>	
D2510	Inlay — Metallic — One surface	\$261
D2520	Inlay — Metallic — Two surfaces	\$336
D2530	Inlay — Metallic — Three or more surfaces	\$375
D2542	Onlay — Metallic — Two surfaces	\$355
D2543	Onlay — Metallic — Three surfaces	\$375
D2544	Onlay — Metallic — Four or more surfaces	\$391
D2610	Inlay — Porcelain/Ceramic — One surface	\$317
D2620	Inlay — Porcelain/Ceramic — Two surfaces	\$331
D2630	Inlay — Porcelain/Ceramic — Three or more surfaces	\$374
D2642	Onlay — Porcelain/Ceramic — Two surfaces	\$375
D2643	Onlay — Porcelain/Ceramic — Three surfaces	\$391
D2644	Onlay — Porcelain/Ceramic — Four or more surfaces	\$393
D2650	Inlay — Resin-based composite — One surface	\$317
D2651	Inlay — Resin-based composite — Two surfaces	\$331
D2652	Inlay — Resin-based composite — Three or more surfaces	\$374
D2662	Onlay — Resin-based composite — Two surfaces	\$375
D2663	Onlay — Resin-based composite — Three surfaces	\$391
D2664	Onlay — Resin-based composite — Four or more surfaces	\$393
D2710	Crown — Resin-based composite (indirect)	\$433
D2712	Crown — 3/4 resin-based composite (indirect)	\$433
D2720	Crown — Resin with high noble metal	\$465
D2721	Crown — Resin with predominantly base metal	\$450
D2722	Crown — Resin with noble metal	\$450

ADA CODE	DESCRIPTION	COPAYMENT
<b>CLASS 3</b>	<b>CROWN AND BRIDGE</b>	
D2740	Crown — Porcelain/Ceramic	\$545
D2750	Crown — Porcelain fused to high noble metal	\$570
D2751	Crown — Porcelain fused to predominantly base metal	\$520
D2752	Crown — Porcelain fused to noble metal	\$520
D2780	Crown — 3/4 cast high noble metal	\$393
D2781	Crown — 3/4 cast predominantly base metal	\$368
D2782	Crown — 3/4 cast noble metal	\$391
D2783	Crown — 3/4 porcelain/ceramic	\$400
D2790	Crown — Full cast high noble metal	\$507
D2791	Crown — Full cast predominantly base metal	\$455
D2792	Crown — Full cast noble metal	\$473
D2794	Crown — Titanium	\$530
D2799	Provisional crown	\$155
D2910	Recement inlay, onlay, veneer, or partial coverage restoration	\$34
D2915	Recement indirectly fabricated or prefabricated post and core (once in a lifetime)	\$34
D2920	Recement crown	\$27
D2930	Prefabricated stainless steel crown — Primary tooth	\$90
D2931	Prefabricated stainless steel crown — Permanent tooth	\$90
D2932	Prefabricated resin crown	\$66
D2933	Prefabricated stainless steel crown with resin window (once every 24 months on anterior primary tooth)	\$84
D2934	Prefabricated esthetic coated stainless steel crown — Primary tooth (once every 24 months on anterior primary tooth)	\$84
D2940	Placement of interim direct restoration	\$30
D2950	Core buildup, including any pins	\$100
D2951	Pin retention — Per tooth, in addition to restoration	\$28
D2952	Post and core in addition to crown, indirectly fabricated	\$141
D2953	Each additional indirectly fabricated post, same tooth	\$77
D2954	Prefabricated post and core in addition to crown	\$105
D2955	Post removal	\$101
D2961	Labial veneer (resin laminated) — Laboratory (not covered if considered cosmetic; once per 60 months)	\$285
D2962	Labial veneer (porcelain laminated) — Laboratory (not covered if considered cosmetic; once per 60 months)	\$436
D2971	Additional procedures to construct new crown under existing partial denture framework (once per tooth, per 60 months)	\$54
D2980	Crown repair necessitated by restorative material failure	\$85
D2981	Inlay repair necessitated by restorative material failure	\$85
D2982	Onlay repair necessitated by restorative material failure	\$85
<b>CLASS 3</b>	<b>ENDODONTICS</b>	
D3110/20	Pulp cap — Direct/Indirect (excluding final restoration)	\$13
D3220	Therapeutic pulpotomy (excluding final restoration)	\$100
D3221	Pulpal debridement, primary and permanent teeth	\$100
D3222	Partial pulpotomy for apexogenesis with incomplete root development once per permanent tooth, per lifetime for patients under 19 years	\$100
D3230	Pulpal therapy (resorbable filling), anterior primary tooth (excluding final restoration and on primary molar without a permanent successor)	\$90

ADA CODE	DESCRIPTION	COPAYMENT
<b>CLASS 3</b>	<b>ENDODONTICS</b>	
D3240	Pulpal therapy (resorbable filling), posterior primary tooth (excluding final restoration and on primary molar without a permanent successor)	\$102
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$550
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$640
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$780
D3331	Treatment of root canal obstruction; non-surgical access	\$127
D3332	Incomplete endodontic therapy; inoperable, unrestorable, or fractured tooth	\$234
D3333	Internal root repair of perforation defects	\$119
D3346	Retreat of previous root canal therapy, anterior	\$569
D3347	Retreat of previous root canal therapy, premolar	\$658
D3348	Retreat of previous root canal therapy, molar	\$776
D3351	Apexification/Recalcification — Initial visit (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow four to six months of healing or narrowing of canal	\$170
D3352	Apexification/Recalcification — Interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) for permanent teeth and must follow four to six months of healing or narrowing of canal	\$83
D3353	Apexification/Recalcification — Final visit (includes completed root canal therapy — apical closure/calcific repair of perforations, root resorption, etc.)	\$179
D3410	Apicoectomy — Anterior	\$414
D3421	Apicoectomy — Premolar (first root)	\$446
D3425	Apicoectomy — Molar (first root)	\$543
D3426	Apicoectomy (each additional root)	\$145
D3430	Retrograde filling — Per root	\$138
D3450	Root amputation — Per root	\$258
D3920	Hemisection, not including root canal therapy	\$194
D3950	Canal prep/Fitting of preformed dowel or post	\$130
<b>CLASS 3</b>	<b>PERIODONTICS</b>	
D4210	Gingivectomy or gingivoplasty — Three or more contiguous teeth, per quad	\$198
D4211	Gingivectomy or gingivoplasty — Less than three teeth, per quad	\$100
D4240	Gingival flap procedure, including root planing — Three or more contiguous teeth, per quad	\$368
D4241	Gingival flap procedure, including root planing — Less than three contiguous teeth, per quad	\$221
D4249	Clinical crown lengthening — Hard tissue (covered when bone removed; once per tooth, per 60 months)	\$379
D4260	Osseous surgery — Three or more contiguous teeth, per quad	\$600
D4261	Osseous surgery — Less than three contiguous teeth, per quad	\$360
D4263	Bone replacement graft — Retained natural tooth — First site in quadrant (once per site, per 36 months)	\$230
D4264	Bone replacement graft — Retained natural tooth — Each additional site in quadrant, not to exceed two sites in a quadrant (once per site, per 36 months)	\$134
D4265	Biological materials to aid in soft and osseous tissue regeneration (once per site, per 36 months)	\$194
D4266	Guided tissue regeneration — Resorbable barrier, per site (not to exceed two sites in a quadrant per 36 months)	\$341
D4267	Guided tissue regeneration — Non-resorbable barrier, per site (includes membrane removal; not to exceed two sites in a quadrant per 36 months)	\$358
D4268	Surgical revision procedure, per tooth	\$329
D4270	Pedicle soft tissue graft procedure (once per tooth, per 36 months; not to exceed two teeth per 36 months)	\$401

ADA CODE	DESCRIPTION	COPAYMENT
<b>CLASS 3</b>	<b>PERIODONTICS</b>	
D4273	Autogenous connective tissue graft procedures (including donor site surgery; once per tooth, per 36 months; not to exceed two teeth per 36 months)	\$626
D4274	Mesial/Distal wedge procedure, single tooth	\$194
D4275	Non-autogenous connective tissue graft — First tooth, implant or edentulous tooth position in graft (once per tooth, per 36 months; not to exceed two teeth per 36 months)	\$405
D4276	Combined connective tissue and double pedicle graft (once per tooth per 36 months; not to exceed two teeth, per 36 months)	\$544
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$381
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$30
D4341	Perio scaling and root planing — Three or more contiguous teeth, per quad	\$97
D4342	Perio scaling and root planing — Less than three teeth, per quad	\$52
D4346	Scaling in presence of generalized moderate or severe gingival inflammation — Full mouth, after oral evaluation	\$30
D4355	Full mouth debridement to enable a comprehensive evaluation and diagnosis on a subsequent visit	\$60
D4381	Localized delivery of antimicrobial agents	\$42
D4910	Periodontal maintenance	\$75
D4920	Unscheduled dressing change (by someone other than treating dentist)	\$49
<b>CLASS 3</b>	<b>PROSTHETICS (DENTURES)</b>	
D5110/20	Complete denture — Maxillary/Mandibular	\$560
D5130/40	Immediate denture — Maxillary/Mandibular	\$565
D5211/12	Maxillary/Mandibular partial denture — Resin base	\$375
D5213/14	Maxillary/Mandibular partial denture — Cast metal	\$625
D5221/22	Immediate maxillary/mandibular partial denture — Resin base	\$375
D5223/24	Immediate maxillary/mandibular partial denture — Cast metal framework	\$625
D5225/26	Maxillary/Mandibular partial denture — Flexible base	\$625
D5282/83	Removable unilateral partial denture — One piece cast metal, maxillary/mandibular	\$318
D5410/11	Adjust complete denture — Maxillary/Mandibular	\$20
D5421/22	Adjust partial denture — Maxillary/Mandibular	\$20
D5511/12	Repair broken complete denture base — Maxillary/Mandibular	\$59
D5520	Replace missing or broken teeth — Complete denture per tooth	\$65
D5611/12	Repair resin partial denture base — Maxillary/Mandibular	\$59
D5621/22	Repair cast partial framework — Maxillary/Mandibular	\$59
D5630	Clasp repaired, replaced or added	\$59
D5640	Replace missing or broken teeth partial denture — Per tooth	\$65
D5650	Add tooth to existing partial denture	\$65
D5660	Add clasp to existing partial denture — Per tooth	\$70
D5670/71	Replace all teeth and acrylic on cast metal framework — Maxillary/Mandibular	\$245
D5710/11	Rebase complete maxillary/mandibular denture	\$185
D5720/21	Rebase maxillary/mandibular partial denture	\$110
D5730/31	Reline complete maxillary/mandibular denture (chairside)	\$93
D5740/41	Reline maxillary/mandibular partial denture (chairside)	\$93
D5750/51	Reline complete maxillary/mandibular denture (lab)	\$134

ADA CODE	DESCRIPTION	COPAYMENT
<b>CLASS 3</b>	<b>PROSTHETICS (DENTURES)</b>	
D5760/61	Reline maxillary/mandibular partial denture (lab)	\$134
D5810/11	Interim complete denture — Maxillary/Mandibular	\$228
D5820/21	Interim partial denture — Maxillary/Mandibular	\$228
D5850/51	Tissue conditioning — Maxillary/Mandibular	\$41
D5863/65	Overdenture — Complete maxillary/mandibular	\$600
D5864/66	Overdenture — Partial maxillary/mandibular	\$565
<b>CLASS 3</b>	<b>IMPLANT SERVICES</b>	
D6010	Surgical placement of implant body: endosteal implant (in lieu of three-unit bridge; for age 16 and older; once per tooth, per 60 months)	\$1,360
D6056	Prefabricated abutment (includes placement)	\$468
D6057	Custom abutment (includes placement)	\$560
D6058	Abutment supported porcelain/ceramic crown	\$705
D6059	Abutment supported porcelain fused to metal crown (high noble)	\$665
D6060	Abutment supported porcelain fused to metal crown (base metal)	\$600
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$640
D6062	Abutment supported cast metal crown (high noble)	\$632
D6063	Abutment supported cast metal crown (base metal)	\$600
D6064	Abutment supported cast metal crown (noble metal)	\$620
D6065	Implant supported porcelain/ceramic crown	\$705
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$665
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$665
D6090	Repair implant/Abutment supported prosthesis, by report	\$76
D6092	Recement implant/Abutment supported crown (once per tooth after six months from initial placement)	\$24
D6093	Recement implant/Abutment supported fixed partial denture (once in 12 months after six months from initial placement)	\$35
D6094	Abutment supported crown (titanium)	\$640
D6100	Implant removal, by report (once per tooth)	\$116
<b>CLASS 3</b>	<b>BRIDGE AND PONTICS</b>	
D6205	Pontic — Indirect resin-based composite	\$520
D6210	Pontic — Cast high noble metal	\$510
D6211	Pontic — Cast predominantly base metal	\$463
D6212	Pontic — Cast noble metal	\$473
D6214	Pontic — Titanium	\$520
D6240	Pontic — Porcelain fused to high noble metal	\$570
D6241	Pontic — Porcelain fused to predominantly base metal	\$520
D6242	Pontic — Porcelain fused to noble metal	\$520
D6245	Pontic — Porcelain/Ceramic	\$500
D6250	Pontic — Resin with high noble metal	\$552
D6251	Pontic — Resin with predominantly base metal	\$442
D6252	Pontic — Resin with noble metal	\$508



ADA CODE	DESCRIPTION	COPAYMENT
<b>CLASS 3</b>	<b>BRIDGE AND PONTICS</b>	
D6545	Retainer — Cast metal for resin bonded fixed prosthesis	\$251
D6548	Retainer — Porcelain/Ceramic for resin bonded fixed prosthesis	\$364
D6600	Retainer inlay — Porcelain/Ceramic, two surfaces	\$394
D6601	Retainer inlay — Porcelain/Ceramic, three or more surfaces	\$405
D6602	Retainer inlay — Cast high noble metal, two surfaces	\$344
D6603	Retainer inlay — Cast high noble metal, three or more surfaces	\$379
D6604	Retainer inlay — Cast predominantly base metal, two surfaces	\$394
D6605	Retainer inlay — Cast predominantly base metal, three or more surfaces	\$379
D6606	Retainer inlay — Cast noble metal, two surfaces	\$394
D6607	Retainer inlay — Cast noble metal, three or more surfaces	\$379
D6608	Retainer onlay — Porcelain/Ceramic, two surfaces	\$415
D6609	Retainer onlay — Porcelain/Ceramic, three or more surfaces	\$401
D6610	Retainer onlay — Cast high noble metal, two surfaces	\$415
D6611	Retainer onlay — Cast high noble metal, three or more surfaces	\$401
D6612	Retainer onlay — Cast predominantly base metal, two surfaces	\$415
D6613	Retainer onlay — Cast predominantly base metal, three or more surfaces	\$401
D6614	Retainer onlay — Cast noble metal, two surfaces	\$415
D6615	Retainer onlay — Cast noble metal, three or more surfaces	\$401
D6624	Retainer inlay — Titanium	\$401
D6634	Retainer onlay — Titanium	\$401
D6710	Retainer crown — Indirect resin-based composite	\$502
D6720	Retainer crown — Resin with high noble metal	\$446
D6721	Retainer crown — Resin with predominantly base metal	\$425
D6722	Retainer crown — Resin with noble metal	\$425
D6740	Retainer crown — Porcelain/Ceramic	\$506
D6750	Retainer crown — Porcelain fused to high noble metal	\$520
D6751	Retainer crown — Porcelain fused to predominantly base metal	\$475
D6752	Retainer crown — Porcelain fused to noble metal	\$475
D6780	Retainer crown — 3/4 cast high noble metal	\$410
D6781	Retainer crown — 3/4 cast predominantly base metal	\$375
D6782	Retainer crown — 3/4 cast noble metal	\$404
D6783	Retainer crown — 3/4 porcelain/ceramic	\$469
D6790	Retainer crown — Full cast high noble metal	\$512
D6791	Retainer crown — Full cast predominantly base metal	\$446
D6792	Retainer crown — Full cast noble metal	\$473
D6793	Provisional retainer crown (if used at least six months during multi-stage care)	\$156
D6794	Retainer crown — Titanium	\$502
D6930	Recement or rebond fixed partial denture	\$50
D6980	Fixed partial denture repair, by report	\$100
D6985	Pediatric partial denture — Fixed (once per arch, per 60 months)	\$375



ADA CODE	DESCRIPTION	COPAYMENT
<b>CLASS 3</b>	<b>ORAL SURGERY</b>	
D7111	Extraction, coronal remnants — Primary tooth	\$40
D7140	Extraction, erupted tooth or exposed root	\$50
D7210	Extraction, erupted tooth requiring elevation, etc.	\$104
D7220	Removal of impacted tooth — Soft tissue	\$130
D7230	Removal of impacted tooth — Partially bony	\$190
D7240	Removal of impacted tooth — Completely bony	\$225
D7241	Removal of impacted tooth — Completely bony, with unusual surgical complications	\$235
D7250	Removal of residual tooth roots	\$120
D7251	Coronectomy — Intentional partial tooth removal (once per lifetime)	\$235
D7260	Oroantral fistula closure	\$689
D7261	Primary closure of a sinus perforation	\$200
D7270	Tooth reimplantation/Stabilization of accidentally evulsed/Displaced tooth	\$414
D7280	Exposure of an unerupted tooth	\$165
D7285	Incisional biopsy of oral tissue — Hard (bone, tooth)	\$253
D7286	Incisional biopsy of oral tissue — Soft	\$259
D7287	Exfoliative cytological sample collection	\$50
D7288	Brush biopsy — Transepithelial sample collection	\$40
D7291	Transseptal fiberotomy/Supra crestal fiberotomy, by report	\$86
D7310	Alveoloplasty in conjunction with extractions — Four or more teeth or tooth spaces, per quad	\$201
D7311	Alveoloplasty in conjunction with extractions — One to three teeth or tooth spaces, per quadrant	\$132
D7320	Alveoloplasty not in conjunction with extractions — Four or more teeth or tooth spaces, per quad	\$276
D7321	Alveoloplasty not in conjunction with extractions — One to three teeth or tooth spaces, per quadrant	\$228
D7340	Vestibuloplasty — Ridge extension (secondary epithelialization)	\$690
D7350	Vestibuloplasty — Ridge extension (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)	\$1,322
D7510	Incision and drainage of abscess — Intraoral soft tissue	\$175
D7960	Frenulectomy (frenectomy/frenotomy) — Separate procedure	\$322
D7963	Frenuloplasty (once per site)	\$322
D7970	Excision of hyperplastic tissue — Per arch	\$322
D7971	Excision of pericoronal gingiva	\$106
D7979	Non-surgical sialolithotomy	\$35
D7980	Surgical sialolithotomy	\$644
D7981	Excision of salivary gland, by report	\$2,300
D7982	Sialodochoplasty	\$1,380
D7983	Closure of salivary fistula	\$1,196

ADA CODE	DESCRIPTION	COPAYMENT
<b>CLASS 3</b>	<b>ADJUNCTIVE GENERAL SERVICES</b>	
D9110	Palliative (emergency) treatment of dental pain	\$35
D9120	Fixed partial denture sectioning (once per tooth)	\$35
D9210/15	Local anesthesia	\$14
D9219	Evaluation for deep sedation or general anesthesia	\$0
D9222	Deep sedation/General anesthesia — First 15 minutes	\$58
D9223	Deep sedation/General anesthesia — Each subsequent 15 minute increment	\$58
D9230	Inhalation of nitrous oxide/Analgesia, anxiolysis	\$15
D9239	Intravenous moderate sedation/Analgesia — First 15 minutes	\$58
D9243	Intravenous moderate sedation/Analgesia — Each subsequent 15 minute increment	\$58
D9248	Non-intravenous conscious sedation	\$89
D9310	Consultation (diagnostic service by non-treating dentist)	\$40
D9613	Infiltration of sustained release therapeutic drug — Single or multiple sites	\$190
D9910	Application of desensitizing medicament	\$20
D9930	Treatment of complications (post-surgical)	\$42
D9942	Repair or reline of an occlusal guard (only when D9944/45/46 has been benefited and after six months of initial placement)	\$82
D9944	Occlusal guard — Hard appliance, full arch	\$220
D9945	Occlusal guard — Soft appliance, full arch	\$220
D9946	Occlusal guard — Hard appliance, partial arch	\$220
D9950	Occlusion analysis — Mounted case	\$81
D9951	Occlusal adjustment — Limited	\$62
D9952	Occlusal adjustment — Complete	\$255
D9995	Teledentistry — Synchronous; real-time encounter	\$20
D9996	Teledentistry — Asynchronous; information stored and forwarded to dentist for subsequent review	\$20
<b>CLASS 4</b>	<b>ORTHODONTICS — NOT COVERED</b>	<b>0%</b>

Please see your benefit booklet for a complete list of Exclusions and Limitations.

Independence Blue Cross offers products through its subsidiaries Independence Assurance Company, Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company — independent licensees of the Blue Cross and Blue Shield Association.



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