

PRIMARY SERVICES — Primary services are covered if necessary and performed by your attending Plan Dentist subject to the limitations of the group contract.

PROCEDURE CODES	ENROLLEE COPAYMENTS
Diagnostic	
D0120	Periodic oral evaluation — established patient — per six-month period \$0
D0140	Limited oral evaluation — problem focused \$0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver \$0
D0150	Comprehensive oral evaluation — new or established patient \$0
D0160	Detailed and extensive oral evaluation — problem focused, by report \$0
D0170	Re-evaluation — limited, problem focused (established patient; not post-operative visit) \$0
D0180	Comprehensive periodontal evaluation — new or established patient \$0
D0210	Intraoral — complete series of radiographic images — limited to 1 series every 24 months \$0
D0220	Intraoral — periapical first radiographic image \$0
D0230	Intraoral — periapical each additional radiographic image \$0
D0240	Intraoral — occlusal radiographic image \$0
D0260	Extraoral — each additional film \$0
D0270	Bitewing — single radiographic image \$0
D0272	Bitewings — two radiographic images \$0
D0273	Bitewings — three radiographic images \$0
D0274	Bitewings — four radiographic images — limited to 1 series every 6 months \$0
D0321	Other temporomandibular joint films, by report \$0
D0330	Panoramic radiographic image \$0
D0415	Collection of microorganisms for culture and sensitivity \$0
D0460	Pulp vitality tests \$0
D0470	Diagnostic casts \$0
D0601	Caries risk assessment and documentation, with a finding of low risk — 1 every 3 years \$0
D0602	Caries risk assessment and documentation, with a finding of moderate risk — 1 every 3 years \$0
D0603	Caries risk assessment and documentation, with a finding of high risk — 1 every 3 years \$0
Preventive	
D1110	Prophylaxis cleaning — adult — 1 D1110, D1120, or D4346 per six-month period \$0
D1120	Prophylaxis cleaning — child — 1 D1110, D1120, or D4346 per six-month period \$0
D1208	Topical application of fluoride — excluding varnish — child to age 19; 1 D1206 or D1208 per six-month period \$0
D1330	Oral hygiene instructions \$0
D1351	Sealant — per tooth — limited to permanent molars through age 15 \$30
D1510	Space maintainer — fixed — unilateral \$0
D1515	Space maintainer — fixed — bilateral \$0
D1520	Space maintainer — removable — unilateral \$0
D1525	Space maintainer — removable — bilateral \$0
D1550	Re-cement or re-bond space maintainer \$0
D1555	Removal of fixed space maintainer \$0
D1575	Distal shoe space maintainer — fixed — unilateral — child to age 9 \$0
Restorative — Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners, and acid etch procedures	
<ul style="list-style-type: none"> — Replacement of crowns, inlays, and onlays requires the existing restoration to be 5+ years old. — Extensive treatment plans involving 10 or more crowns or units of fixed bridgework (major mouth reconstruction) and all treatment associated with the reconstruction are not covered. 	
Silver (Amalgam) Restorations — Primary/Permanent Teeth:	
D2140	Amalgam — one surface, primary or permanent \$0
D2150	Amalgam — two surfaces, primary or permanent \$0
D2160	Amalgam — three surfaces, primary or permanent \$0
D2161	Amalgam — four or more surfaces, primary or permanent \$0
Resin (White) Restoration — Anterior/Posterior Teeth:	
D2330	Resin-based composite — one surface, anterior \$0
D2331	Resin-based composite — two surfaces, anterior \$0
D2332	Resin-based composite — three surfaces, anterior \$0
D2335	Resin-based composite — four or more surfaces or involving incisal angle (anterior) \$0
D2390	Resin-based composite crown, anterior \$100

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Restorative, Continued

D2391	Resin-based composite — one surface, posterior	\$35
D2392	Resin-based composite — two surfaces, posterior	\$40
D2393	Resin-based composite — three surfaces, posterior	\$50
D2394	Resin-based composite — four or more surfaces, posterior	\$75
Inlay or Onlay Metallic		
D2510	Inlay — metallic — one surface	Optional
D2520	Inlay — metallic — two surfaces	Optional
D2530	Inlay — metallic — three or more surfaces	Optional
D2542	Onlay — metallic — two surfaces	\$270
D2543	Onlay — metallic — three surfaces	\$270
D2544	Onlay — metallic — four or more surfaces	\$270
Inlay or Onlay Porcelain/Ceramic		
D2610	Inlay — porcelain/ceramic — one surface	Optional
D2620	Inlay — porcelain/ceramic — two surfaces	Optional
D2630	Inlay — porcelain/ceramic — three or more surfaces	Optional
D2642	Onlay — porcelain/ceramic — two surfaces	Optional
D2643	Onlay — porcelain/ceramic — three surfaces	Optional
D2644	Onlay — porcelain/ceramic — four or more surfaces	Optional
Inlay or Onlay Resin-Based Composite		
D2650	Inlay — resin-based composite — one surface	Optional
D2651	Inlay — resin-based composite — two surfaces	Optional
D2652	Inlay — resin-based composite — three or more surfaces	Optional
D2662	Onlay — resin-based composite — two surfaces	Optional
D2663	Onlay — resin-based composite — three surfaces	Optional
D2664	Onlay — resin-based composite — four or more surfaces	Optional

Crowns

Limitations may apply. Refer to your Benefit Plan Summary booklet.

D2710	Crown — resin-based composite (indirect)	\$100
D2712	Crown — ¾ resin-based composite (indirect)	\$270
D2720	Crown — resin with high noble metal*	\$290
D2721	Crown — resin with predominantly base metal	\$290
D2722	Crown — resin with noble metal*	\$290
D2740	Crown — porcelain/ceramic substrate	\$290
D2750	Crown — porcelain fused to high noble metal*	\$290
D2751	Crown — porcelain fused to predominantly base metal	\$290
D2752	Crown — porcelain fused to noble metal*	\$290
D2780	Crown — ¾ cast high noble metal*	\$270
D2781	Crown — ¾ cast predominantly base metal	\$270
D2782	Crown — ¾ cast noble metal*	\$270
D2783	Crown — ¾ porcelain/ceramic	\$270
D2790	Crown — full cast high noble metal*	\$290
D2791	Crown — full cast predominantly base metal	\$290
D2792	Crown — full cast noble metal*	\$290
D2794	Crown — titanium	Optional
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	\$0
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$0
D2920	Re-cement or re-bond crown	\$0
D2921	Reattachment of tooth fragment, incisal edge, or cusp (anterior)	\$0
D2929	Prefabricated porcelain/ceramic crown — primary tooth — anterior	\$125
D2930	Prefabricated stainless steel crown — primary tooth	\$75
D2931	Prefabricated stainless steel crown — permanent tooth	\$75
D2932	Prefabricated resin crown — anterior primary tooth	\$100
D2940	Protective restoration	\$0
D2950	Core buildup, including any pins when required	\$0
D2951	Pin retention — per tooth, in addition to restoration	\$27
D2952	Post and core in addition to crown, indirectly fabricated — includes canal preparation	\$200
D2953	Each additional indirectly fabricated post — same tooth — includes canal preparation	\$200
D2954	Prefabricated post and core in addition to crown — base metal post; includes canal preparation	\$275
D2957	Each additional prefabricated post — same tooth — base metal post; includes canal preparation	\$200

Endodontics

D3110	Pulp cap — direct (excluding final restoration)	\$20
D3120	Pulp cap — indirect (excluding final restoration)	\$20
D3220	Therapeutic pulpotomy (excluding final restoration) — removal of pulp coronal to the dentinocemental junction and application of medicament	\$50
D3221	Pulpal debridement, primary, and permanent teeth	\$50
D3230	Pulpal therapy (resorbable filling) — anterior, primary tooth (excluding final restoration)	\$50

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Endodontics, Continued

D3240	Pulpal therapy (resorbable filling) — posterior, primary tooth (excluding final restoration)	\$50
D3310	Root canal — endodontic therapy, anterior tooth (excluding final restoration)	\$185
D3320	Root canal — endodontic therapy, bicuspid tooth (excluding final restoration)	\$225
D3330	Root canal — endodontic therapy, molar (excluding final restoration)	\$285
D3346	Retreatment of previous root canal therapy — anterior	\$200
D3347	Retreatment of previous root canal therapy — bicuspid	\$260
D3348	Retreatment of previous root canal therapy — molar	\$300
D3410	Apicoectomy — anterior	\$150
D3421	Apicoectomy — bicuspid (first root)	\$150
D3425	Apicoectomy — molar (first root)	\$150
D3426	Apicoectomy (each additional root)	\$100
D3427	Periradicular surgery without apicoectomy	\$150
D3430	Retrograde filling — per root	\$70
D3450	Root amputation — per root	\$85
D3920	Hemisection (including any root removal), not including root canal therapy	\$125

Specialty services are covered if necessary by a plan dental specialist with a referral from your primary care dentist. Services are subject to the limitations and exclusions of the group contract.

Periodontics — Includes preoperative and postoperative evaluations and treatment under a local anesthetic

D4210	Gingivectomy or gingivoplasty — four or more contiguous teeth or tooth bounded spaces per quadrant	\$125
D4211	Gingivectomy or gingivoplasty — one to three contiguous teeth or tooth bounded spaces per quadrant	\$50
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$25
D4240	Gingival flap procedure, including root planing — four or more contiguous teeth or tooth bounded spaces per quadrant	\$135
D4241	Gingival flap procedure, including root planing — one to three contiguous teeth or tooth bounded spaces per quadrant	\$80
D4249	Clinical crown lengthening — hard tissue	\$125
D4260	Osseous surgery (including elevation of a full thickness flap and closure) — four or more contiguous teeth or tooth bounded spaces per quadrant	\$275
D4261	Osseous surgery (including elevation of a full thickness flap and closure) — one to three contiguous teeth or tooth bounded spaces per quadrant	\$180
D4263	Bone replacement graft — retained natural tooth — first site in quadrant	\$150
D4264	Bone replacement graft — retained natural tooth — each additional site in quadrant	\$150
D4270	Pedicle soft tissue graft procedure	\$170
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant, or edentulous tooth position in graft	\$170
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$170
D4341	Periodontal scaling and root planing — four or more teeth per quadrant — limited to 4 quadrants during any 12 consecutive months	\$70
D4342	Periodontal scaling and root planing — one to three teeth per quadrant — limited to 4 quadrants during any 12 consecutive months	\$70
D4346	Scaling in presence of generalized moderate or severe gingival inflammation — full mouth, after oral evaluation — 1 D1110, D1120 or D4346 per six-month period	\$0
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis — limited to 1 treatment in any 12 consecutive months	\$70
D4910	Periodontal maintenance — limited to 1 treatment each six-month period	\$50

Prosthodontics — Removable

- For all listed dentures and partial dentures, co-payment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The covered person must continue to be eligible, and the service must be provided at the Plan Dentist's facility where the denture was originally delivered.
- Rebases, relines, and tissue conditioning are limited to 1 per denture during any 12 consecutive months.
- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.

D5110	Complete denture — maxillary	\$300
D5120	Complete denture — mandibular	\$300
D5211	Maxillary partial denture — resin base (including any conventional clasps, rests, and teeth)	\$320
D5212	Mandibular partial denture — resin base (including any conventional clasps, rests, and teeth)	\$320
D5213	Maxillary partial denture — cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	\$340
D5214	Mandibular partial denture — cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	\$340
D5410	Adjust complete denture — maxillary	\$0
D5411	Adjust complete denture — mandibular	\$0
D5421	Adjust partial denture — maxillary	\$0
D5422	Adjust partial denture — mandibular	\$0
D5511	Repair broken complete denture base, mandibular	\$50
D5512	Repair broken complete denture base, maxillary	\$50
D5520	Replace missing or broken teeth — complete denture (each tooth)	\$60

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Prosthodontics — Removable, Continued

D5611	Repair resin partial denture base, mandibular	\$50
D5612	Repair resin partial denture base, maxillary	\$50
D5621	Repair cast partial framework, mandibular	\$60
D5622	Repair cast partial framework, maxillary	\$60
D5630	Repair or replace broken clasp per tooth	\$60
D5640	Replace broken teeth — per tooth	\$60
D5650	Add tooth to existing partial denture	\$70
D5660	Add clasp to existing partial denture per tooth	\$70
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$225
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$225
D5730	Reline complete maxillary denture (chairside)	\$75
D5731	Reline complete mandibular denture (chairside)	\$75
D5740	Reline maxillary partial denture (chairside)	\$75
D5741	Reline mandibular partial denture (chairside)	\$75
D5750	Reline complete maxillary denture (laboratory)	\$110
D5751	Reline complete mandibular denture (laboratory)	\$110
D5760	Reline maxillary partial denture (laboratory)	\$110
D5761	Reline mandibular partial denture (laboratory)	\$110

Prosthodontics — Fixed — each retainer and each pontic constitutes a unit in a fixed partial denture (bridge)

- Replacement of a crown, pontic, inlay, onlay, or stress breaker requires the existing bridge to be 5+ years old.
- Extensive treatment plans involving 10 or more crowns or units of fixed bridgework (major mouth reconstruction) and all treatment associated with the reconstruction are not covered.

D6210	Pontic cast high noble metal*	\$290
D6211	Pontic cast predominantly base metal	\$290
D6212	Pontic cast noble metal*	\$290
D6240	Pontic porcelain fused to high noble*	\$290
D6241	Pontic — porcelain fused to predominantly base metal	\$290
D6242	Pontic porcelain fused to noble metal*	\$290
D6245	Pontic porcelain/ceramic	\$200
D6250	Pontic resin w/high noble metal*	\$290
D6251	Pontic resin w/predominately base metal	\$290
D6252	Pontic resin with noble metal*	\$290
D6610	Retainer onlay — cast high noble metal, two surfaces*	\$270
D6611	Retainer onlay — cast high noble metal, three or more surfaces*	\$270
D6612	Retainer onlay — cast predominantly base metal, two surfaces	\$270
D6613	Retainer onlay — cast predominantly base metal, three or more surfaces	\$270
D6614	Retainer onlay — cast noble metal, two surfaces*	\$270
D6615	Retainer onlay — cast noble metal, three or more surfaces*	\$270
D6720	Retainer crown — resin with high noble metal*	\$290
D6721	Retainer crown — resin with predominantly base metal	\$290
D6722	Retainer crown — resin with noble metal*	\$290
D6740	Retainer crown — porcelain/ceramic	\$290
D6750	Retainer crown — porcelain fused to high noble metal*	\$290
D6751	Retainer crown — porcelain fused to predominantly base metal	\$290
D6752	Retainer crown — porcelain fused to noble metal*	\$290
D6780	Retainer crown — ¾ cast high noble metal*	\$270
D6781	Retainer crown — ¾ cast predominantly base metal	\$270
D6782	Retainer crown — ¾ cast noble metal*	\$270
D6790	Retainer crown — full cast high noble metal*	\$290
D6791	Retainer crown — full cast predominantly base metal	\$290
D6792	Retainer crown — full cast noble metal*	\$290
D6930	Re-cement or re-bond fixed partial denture	\$0

*Note: Base metal is the benefit. Noble and high noble metal (precious), if used, will be charged to the Enrollee at the additional laboratory cost of the high noble metal. This applies to crowns, bridges, cast post and cores, inlays, and onlays. Porcelain on molars is considered optional treatment.

Oral and Maxillofacial Surgery — Includes preoperative and postoperative evaluations and treatment under a local anesthetic

D7111	Extraction, coronal remnants — primary tooth	\$0
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$0
D7220	Removal of impacted tooth — soft tissue	\$0
D7230	Removal of impacted tooth — partially bony	\$0
D7240	Removal of impacted tooth — completely bony	\$0
D7241	Removal of impacted tooth — completely bony, with unusual surgical complications	\$0
D7250	Removal of residual tooth roots (cutting procedure)	\$0

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Oral and Maxillofacial Surgery, Continued

D7280	Exposure of an unerupted tooth	\$0
D7283	Placement of device to facilitate eruption of impacted tooth	\$0
D7286	Incisional biopsy of oral tissue — soft — does not include pathology laboratory procedures	
D7310	Alveoloplasty in conjunction with extractions — four or more teeth or tooth spaces, per quadrant	\$0
D7311	Alveoloplasty in conjunction with extractions — one to three teeth or tooth spaces, per quadrant	\$0
D7320	Alveoloplasty not in conjunction with extractions — four or more teeth or tooth spaces, per quadrant	\$0
D7321	Alveoloplasty not in conjunction with extractions — one to three teeth or tooth spaces, per quadrant	\$0
D7340	Vestibuloplasty — ridge extension (secondary epithelialization)	\$0
D7350	Vestibuloplasty — ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)	\$0
D7410	Excision of benign lesion up to 1.25 cm	\$0
D7411	Excision of benign lesion greater than 1.25 cm	\$0
D7440	Excision of malignant tumor up to 1.25 cm	\$0
D7441	Excision of malignant tumor greater than 1.25 cm	\$0
D7450	Removal of benign odontogenic cyst or tumor — lesion diameter up to 1.25 cm	\$0
D7451	Removal of benign odontogenic cyst or tumor — lesion diameter greater than 1.25 cm	\$0
D7460	Removal of nonodontogenic cyst or tumor lesion diameter up to 1.25 cm	\$0
D7461	Removal of nonodontogenic cyst or tumor lesion diameter greater than 1.25 cm	\$0
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$0
D7471	Removal of lateral exostosis (maxilla or mandible)	\$0
D7472	Removal of torus palatinus	\$0
D7473	Removal of torus mandibularis	\$0
D7485	Surgical reduction of osseous tuberosity	\$0
D7510	Incision and drainage of abscess — intraoral soft tissue	\$0
D7511	Incision and drainage of abscess — intraoral soft tissue — complicated (includes drainage of multiple fascial spaces)	\$0
D7520	Incision and drainage of abscess extraoral soft tissue	\$0
D7521	Incision and drainage of abscess extraoral soft tissue — complicated (includes drainage of multiple fascial spaces)	\$0
D7530	Removal of foreign bodies	\$0
D7540	Removal of reaction bodies	\$0
D7550	Removal of non-vital bone partial ostectomy/sequestrectomy	\$0
D7960	Frenulectomy — also known as frenectomy or frenotomy — separate procedure not incidental to another procedure	\$0
D7963	Frenuloplasty	\$0
D7970	Excision of hyperplastic tissue — per arch	\$0
D7971	Excision of pericoronal gingiva	\$0

Orthodontics

The listed co-payment for each phase of orthodontic treatment (limited, interceptive, or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee may apply.

Orthodontic treatment under age 19	Variable
Orthodontic treatment over age 19	Variable

Adjunctive General Services

D9110	Palliative (emergency) treatment of dental pain — minor procedure	\$0
D9211	Regional block anesthesia	\$0
D9212	Trigeminal division block anesthesia	\$0
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$0
D9222	Deep sedation/general anesthesia — first 15 minutes	\$0
D9223	Deep sedation/general anesthesia — each 15-minute increment	\$0
D9239	Intravenous moderate (conscious) sedation/analgesia — first 15 minutes	\$0
D9243	Intravenous moderate (conscious) sedation/analgesia — each 15-minute increment	\$0
D9310	Consultation — diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0
D9430	Office visit for observation (during regularly scheduled hours) — no other services performed	\$0
D9440	Office visit — after regularly scheduled hours	\$0
D9450	Case presentation, detailed and extensive treatment planning	\$0
D9986	Missed appointment (failure to cancel appointment 24 hours prior notification)	\$10 per 15 minutes
D9987	Cancelled appointment (failure to cancel appointment 24 hours prior notification)	\$10 per 15 minutes

Out-of-Area Emergency Care

Flagship will reimburse the enrollee for actual charges less any applicable copayment, up to \$100 per enrollee when receiving emergency care while temporarily more than 35 miles from the attending primary care dental office.

Services that are more expensive than the treatment usually provided under accepted dental practice standards are considered optional treatment. The patient must pay the difference in cost between the dentist's usual fees for the covered benefit and the optional or more expensive treatment plus any applicable copayment. All services are subject to the limitations and exclusions outlined in your Dental Benefit Plan summary booklet.

New Jersey: 1-800-722-3524
Out of State: 1-800-848-3524