

IBX Dental Managed Care

| ADA CODE | DESCRIPTION | COPAYMENT |
|--|--|-----------|
| DIAGNOSTIC/PREVENTIVE | | |
| Preventive Reward: Primary subscriber will receive a \$20 payment for each family member that receives two cleanings during the plan year from a participating network dentist. Contact your benefit administrator for details. | | |
| | Office visit | \$10 |
| 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 | \$35 |
| D0210 | Intraoral — Comprehensive 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 |
| D0270-74 | Bitewing X-rays — One to four radiographic images | \$0 |
| D0277 | Vertical bitewings — Seven to eight radiographic images | \$0 |
| D0330 | Panoramic radiographic image | \$25 |
| D0340 | 2D cephalometric radiographic image | \$0 |
| D0350 | 2D oral/facial photographic images | \$0 |
| D0372 | Intraoral tomosynthesis — Comprehensive series of radiographic images | \$0 |
| D0373 | Intraoral tomosynthesis — Bitewing radiographic image | \$0 |
| D0374 | Intraoral tomosynthesis — Periapical radiographic image | \$0 |
| D0387 | Intraoral tomosynthesis — Comprehensive series of radiographic images — Image capture only | \$0 |
| D0388 | Intraoral tomosynthesis — Bitewing radiographic image — Image capture only | \$0 |
| D0389 | Intraoral tomosynthesis — Periapical radiographic image — Image capture only | \$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 |
| D0701 | Panoramic radiographic image — Image capture only | \$0 |
| D0702 | 2-D cephalometric radiographic image — Image capture only | \$0 |

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| DIAGNOSTIC/PREVENTIVE | | |
| D0703 | 2-D oral/facial photographic image obtained intra-orally or extra-orally — Image capture only | \$0 |
| D0705 | Extra-oral posterior dental radiographic image — Image capture only | \$0 |
| D0706 | Intraoral — Occlusal radiographic image — Image capture only | \$0 |
| D0707 | Intraoral — Periapical radiographic image — Image capture only | \$0 |
| D0708 | Intraoral — Bitewing radiographic image — Image capture only | \$0 |
| D0709 | Intraoral — Comprehensive series of radiographic images — Image capture only | \$0 |
| D1110 | Prophylaxis — Adult | \$0 |
| D1110* | Additional cleaning (expecting mothers or diabetics) | \$40 |
| D1120 | Prophylaxis — 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 |
| D1321 | Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use | \$0 |
| D1351 | Sealant — Per tooth | \$15 |
| D1352 | Preventive resin restoration moderate/high caries risk — Permanent tooth | \$15 |
| D1354 | Application of caries arresting medicament — Per tooth | \$0 |
| D1355 | Caries preventive medicament application — Per tooth | \$15 |
| D1510/20 | Space maintainer — Fixed/Removable — Unilateral — Per quadrant | \$117 |
| D1516/17 | Space maintainer — Fixed — Bilateral, maxillary/mandibular | \$136 |
| D1526/27 | Space maintainer — Removable — Bilateral, maxillary/mandibular | \$136 |
| D1551 | Recement or rebond bilateral space maintainer — Maxillary | \$30 |
| D1552 | Recement or rebond bilateral space maintainer — Mandibular | \$30 |
| D1553 | Recement or rebond unilateral space maintainer — Per quadrant | \$30 |
| D1556 | Removal of fixed unilateral space maintainer — Per quadrant | \$30 |
| D1557 | Removal of fixed bilateral space maintainer — Maxillary | \$30 |
| D1558 | Removal of fixed bilateral space maintainer — Mandibular | \$30 |
| D1575 | Distal shoe space maintainer — Fixed — Unilateral — Per quadrant | \$117 |
| RESTORATIVE (FILLINGS) | | |
| D2140 | Amalgam — One surface, primary or permanent | \$19 |
| D2150 | Amalgam — Two surfaces, primary or permanent | \$23 |
| D2160 | Amalgam — Three surfaces, primary or permanent | \$29 |
| D2161 | Amalgam — Four or more surfaces, primary or permanent | \$35 |
| D2330 | Resin-based composite — One surface, anterior | \$46 |
| D2331 | Resin-based composite — Two surfaces, anterior | \$54 |
| D2332 | Resin-based composite — Three surfaces, anterior | \$63 |
| D2335 | Resin-based composite — Four or more surfaces, anterior | \$72 |
| D2390 | Resin-based composite crown, anterior | \$140 |
| D2391 | Resin-based composite — One surface, posterior | \$49 |
| D2392 | Resin-based composite — Two surfaces, posterior | \$57 |
| D2393 | Resin-based composite — Three surfaces, posterior | \$66 |
| D2394 | Resin-based composite — Four or more surfaces, posterior | \$75 |

| ADA CODE | DESCRIPTION | COPAYMENT |
|-------------------------|---|-----------|
| CROWN AND BRIDGE | | |
| D2510 | Inlay — Metallic — One surface | \$282 |
| D2520 | Inlay — Metallic — Two surfaces | \$282 |
| D2530 | Inlay — Metallic — Three or more surfaces | \$290 |
| D2542 | Onlay — Metallic — Two surfaces | \$338 |
| D2543 | Onlay — Metallic — Three surfaces | \$380 |
| D2544 | Onlay — Metallic — Four or more surfaces | \$380 |
| D2610 | Inlay — Porcelain/ceramic — One surface | \$302 |
| D2620 | Inlay — Porcelain/Ceramic — Two surfaces | \$302 |
| D2630 | Inlay — Porcelain/Ceramic — Three or more surfaces | \$314 |
| D2642 | Onlay — Porcelain/Ceramic — Two surfaces | \$345 |
| D2643 | Onlay — Porcelain/Ceramic — Three surfaces | \$355 |
| D2644 | Onlay — Porcelain/Ceramic — Four or more surfaces | \$355 |
| D2650 | Inlay — Resin-based composite — One surface | \$272 |
| D2651 | Inlay — Resin-based composite — Two surfaces | \$272 |
| D2652 | Inlay — Resin-based composite — Three or more surfaces | \$272 |
| D2662 | Onlay — Resin-based composite — Two surfaces | \$320 |
| D2663 | Onlay — Resin-based composite — Three surfaces | \$320 |
| D2664 | Onlay — Resin-based composite — Four or more surfaces | \$320 |
| D2710 | Crown — Resin-based composite (indirect) | \$207 |
| D2712 | Crown — 3/4 resin-based composite (indirect) | \$381 |
| D2720/21/22 | Crown — Resin with metal | \$342 |
| D2740 | Crown — Porcelain/Ceramic | \$417 |
| D2750/51/52 | Crown — Porcelain fused metal | \$380 |
| D2753 | Crown — Porcelain fused to titanium and titanium alloys | \$380 |
| D2780/81/82 | Crown — 3/4 cast with metal | \$348 |
| D2783 | Crown — 3/4 porcelain/ceramic | \$357 |
| D2790/91/92 | Crown — Full cast metal | \$366 |
| D2794 | Crown — Titanium and titanium alloys | \$366 |
| D2910/20 | Recent inlay, onlay, crown, or partial coverage restoration | \$33 |
| D2930 | Prefabricated stainless steel crown — Primary tooth | \$96 |
| D2931 | Prefabricated stainless steel crown — Permanent tooth | \$105 |
| D2932 | Prefabricated resin crown | \$105 |
| D2940 | Protective restoration | \$31 |
| D2950 | Core buildup, including any pins | \$90 |
| D2951 | Pin retention — Per tooth, in addition to restoration | \$18 |
| D2952 | Post and core in addition to crown | \$136 |
| D2954 | Prefabricated post and core in addition to crown | \$112 |
| D2955 | Post removal (not in conjunction with endodontic therapy) | \$81 |
| D2980 | Crown repair necessitated by restorative material failure | \$76 |
| D2981 | Inlay repair necessitated by restorative material failure | \$76 |
| D2982 | Onlay repair necessitated by restorative material failure | \$76 |

| ADA CODE | DESCRIPTION | COPAYMENT |
|--------------------------------|---|-----------|
| ENDODONTICS¹ | | |
| D3110/20 | Pulp cap — Direct/Indirect (excluding final restoration) | \$21 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) | \$63 |
| D3221 | Pulpal debridement, primary and permanent teeth | \$67 |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | \$260 |
| D3320 | Endodontic therapy, premolar tooth (excluding final restoration) | \$334 |
| D3330 | Endodontic therapy, molar tooth (excluding final restoration) | \$416 |
| D3333 | Internal root repair of perforation defects | \$75 |
| D3346 | Retreat of previous root canal therapy, anterior | \$290 |
| D3347 | Retreat of previous root canal therapy, premolar | \$371 |
| D3348 | Retreat of previous root canal therapy, molar | \$438 |
| D3351 | Apexification/Recalcification — Initial visit | \$242 |
| D3352 | Apexification/Recalcification — Interim medication replacement | \$172 |
| D3353 | Apexification/Recalcification — Final visit | \$315 |
| D3410 | Apicoectomy — Anterior | \$238 |
| D3421 | Apicoectomy — Premolar (first root) | \$268 |
| D3425 | Apicoectomy — Molar (first root) | \$283 |
| D3426 | Apicoectomy (each additional root) | \$112 |
| D3430 | Retrograde filling — Per root | \$89 |
| D3450 | Root amputation — Per root | \$156 |
| D3471 | Surgical repair of root resorption — Anterior | \$238 |
| D3472 | Surgical repair of root resorption — Premolar | \$268 |
| D3473 | Surgical repair of root resorption — Molar | \$283 |
| D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption — Anterior | \$238 |
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption — Premolar | \$268 |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption — Molar | \$283 |
| D3920 | Hemisection, not including root canal therapy | \$156 |
| D3921 | Decoronation or submergence of an erupted tooth | \$78 |
| D3950 | Canal prep/fitting of preformed dowel or post | \$112 |

PERIODONTICS¹

| | | |
|-------|---|-------|
| D4210 | Gingivectomy or gingivoplasty — Four or more contiguous teeth | \$205 |
| D4211 | Gingivectomy or gingivoplasty — One to three contiguous teeth | \$70 |
| D4240 | Gingival flap procedure, including root planing — Four or more contiguous teeth or tooth bounded spaces, per quadrant | \$303 |
| D4241 | Gingival flap procedure, including root planing — One to three contiguous teeth or tooth bounded spaces, per quadrant | \$74 |
| D4260 | Osseous surgery — Four or more contiguous teeth | \$422 |
| D4261 | Osseous surgery — One to three contiguous teeth | \$282 |
| D4263 | Bone replacement graft — Retained natural tooth — First site in quad | \$437 |
| D4264 | Bone replacement graft — Retained natural tooth — Each additional site in quad | \$340 |
| D4265 | Biological materials to aid in soft and osseous tissue regeneration, per site | \$238 |
| D4268 | Surgical revision procedure, per tooth | \$258 |
| D4270 | Pedicle soft tissue graft procedure | \$378 |
| D4273 | Autogenous connective tissue graft procedure, first tooth | \$470 |
| D4274 | Mesial/Distal wedge procedure, single tooth | \$225 |

| ADA CODE | DESCRIPTION | COPAYMENT |
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| PERIODONTICS¹ | | |
| D4275 | Non-autogenous connective tissue graft (including recipient site and donor material), first tooth, implant, or edentulous tooth position in graft | \$470 |
| D4277 | Free soft tissue graft procedure, first tooth | \$358 |
| D4278 | Free soft tissue graft procedure, each additional tooth | \$55 |
| D4286 | Removal of non-resorbable barrier | \$70 |
| D4341 | Periodontal scaling and root planing — Four or more teeth, per quadrant | \$83 |
| D4342 | Periodontal scaling and root planing — One to three teeth, per quadrant | \$45 |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation — Full mouth, after oral evaluation | \$32 |
| D4355 | Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit | \$64 |
| D4381 | Localized delivery of antimicrobial agents | \$70 |
| D4910 | Periodontal maintenance | \$65 |
| PROSTHETICS (DENTURES) | | |
| D5110/20 | Complete denture — Maxillary/Mandibular | \$578 |
| D5130/40 | Immediate denture — Maxillary/Mandibular | \$605 |
| D5211/12 | Maxillary/Mandibular partial denture — Resin base | \$563 |
| D5213/14 | Maxillary/Mandibular partial denture — Cast metal framework with resin denture bases (including retentive/clasing materials, rests, and teeth) | \$613 |
| D5221/22 | Immediate maxillary/mandibular partial denture — Resin base (including retentive/clasing materials, rests, and teeth) | \$563 |
| D5223/24 | Immediate maxillary/mandibular partial denture — Cast metal framework with resin denture bases (including retentive/clasing materials, rests, and teeth) | \$613 |
| D5225/26 | Maxillary/Mandibular partial denture — Flexible base | \$613 |
| D5227/28 | Immediate maxillary/mandibular partial denture — Flexible base (including any clasps, rests, and teeth) | \$613 |
| D5282/83 | Removable unilateral partial denture — One piece cast metal, maxillary/mandibular | \$362 |
| D5284 | Removable unilateral partial denture — One piece flexible base (including clasps and teeth) — Per quadrant | \$362 |
| D5286 | Removable unilateral partial denture — One piece resin (including clasps and teeth) — Per quadrant | \$362 |
| D5410/11 | Adjust complete denture — Maxillary/Mandibular | \$29 |
| D5421/22 | Adjust partial denture — Maxillary/Mandibular | \$29 |
| D5511/12 | Repair broken complete denture base, mandibular/maxillary | \$73 |
| D5520 | Replace missing or broken teeth — Complete denture | \$73 |
| D5611/12 | Repair resin partial denture base, mandibular/maxillary | \$73 |
| D5621/22 | Repair cast partial framework, mandibular/maxillary | \$73 |
| D5630/60 | Clasp repaired, replaced or added | \$95 |
| D5640 | Replace broken teeth — Per tooth | \$73 |
| D5650 | Add tooth to existing partial denture | \$73 |
| D5670/71 | Replace all teeth and acrylic on cast metal framework | \$214 |
| D5710/11 | Rebase complete maxillary/mandibular denture | \$232 |
| D5720/21 | Rebase maxillary/mandibular partial denture | \$232 |
| D5725 | Rebase hybrid prosthesis | \$232 |
| D5730/31 | Reline complete maxillary/mandibular denture (chairside) | \$130 |
| D5740/41 | Reline maxillary/mandibular partial denture (chairside) | \$130 |
| D5750/51 | Reline complete maxillary/mandibular denture (lab) | \$203 |
| D5760/61 | Reline maxillary/mandibular partial denture (lab) | \$203 |

| ADA CODE | DESCRIPTION | COPAYMENT |
|-------------------------------|--|-----------|
| PROSTHETICS (DENTURES) | | |
| D5765 | Soft liner for complete or partial removable denture — Indirect | \$43 |
| D5810/11 | Interim complete denture — Maxillary/Mandibular | \$318 |
| D5820/21 | Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary/mandibular | \$318 |
| D5850/51 | Tissue conditioning — Maxillary/Mandibular | \$61 |
| BRIDGE AND PONTICS | | |
| D6000-D6199 | All implant services — 15 percent discount (including D0360-D0363 cone beam imaging with implants) | |
| D6210/11/12 | Pontic — Metal | \$366 |
| D6240/41/42 | Pontic — Porcelain fused metal | \$380 |
| D6243 | Pontic — Porcelain fused to titanium and titanium alloys | \$380 |
| D6245 | Pontic — Porcelain/Ceramic | \$417 |
| D6250/51/52 | Pontic — Resin with metal | \$342 |
| D6545 | Retainer — Cast metal for resin-bonded fixed prosthesis | \$197 |
| D6548 | Retainer — Porcelain/Ceramic for resin-bonded fixed prosthesis | \$308 |
| D6549 | Resin retainer — Resin-bonded fixed prosthesis | \$197 |
| D6600 | Retainer inlay — Porcelain/Ceramic, two surfaces | \$302 |
| D6601 | Retainer inlay — Porcelain/Ceramic, three or more surfaces | \$314 |
| D6602 | Retainer inlay — Cast high noble metal, two surfaces | \$282 |
| D6603 | Retainer inlay — Cast high noble metal, three or more surfaces | \$290 |
| D6604 | Retainer inlay — Cast predominantly base metal, two surfaces | \$282 |
| D6605 | Retainer inlay — Cast predominantly base metal, three or more surfaces | \$290 |
| D6606 | Retainer inlay — Cast noble metal, two surfaces | \$282 |
| D6607 | Retainer inlay — Cast noble metal, three or more surfaces | \$290 |
| D6608 | Retainer onlay — Porcelain/Ceramic, two surfaces | \$345 |
| D6609 | Retainer onlay — Porcelain/Ceramic, three or more surfaces | \$355 |
| D6610 | Retainer onlay — Cast high noble metal, two surfaces | \$338 |
| D6611 | Retainer onlay — Cast high noble metal, three or more surfaces | \$380 |
| D6612 | Retainer onlay — Cast predominantly base metal, two surfaces | \$338 |
| D6613 | Retainer onlay — Cast predominantly base metal, three or more surfaces | \$380 |
| D6614 | Retainer onlay — Cast noble metal, two surfaces | \$338 |
| D6615 | Retainer onlay — Cast noble metal, three or more surfaces | \$380 |
| D6720/21/22 | Retainer crown — Resin with metal | \$342 |
| D6740 | Retainer crown — Porcelain/Ceramic | \$417 |
| D6750/51/52 | Retainer crown — Porcelain fused metal | \$380 |
| D6753 | Retainer crown — Porcelain fused to titanium and titanium alloys | \$380 |
| D6780 | Retainer crown — 3/4 cast high noble metal | \$348 |
| D6781 | Retainer crown — 3/4 cast predominantly base metal | \$348 |
| D6782 | Retainer crown — 3/4 cast noble metal | \$348 |
| D6783 | Retainer crown — 3/4 porcelain/ceramic | \$357 |
| D6784 | Retainer crown — 3/4 titanium and titanium alloys | \$348 |
| D6790/91/92 | Crown — Full cast metal | \$366 |
| D6794 | Retainer crown — Titanium and titanium alloys | \$366 |
| D6930 | Recement or rebond fixed partial denture | \$49 |
| D6980 | Fixed partial denture repair | \$124 |

| ADA CODE | DESCRIPTION | COPAYMENT |
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| ORAL SURGERY¹ | | |
| D7111 | Extraction, coronal remnants — Primary tooth | \$27 |
| D7140 | Extraction, erupted tooth or exposed root | \$50 |
| D7210 | Extraction, erupted tooth requiring elevation, etc. | \$102 |
| D7220 | Removal of impacted tooth — Soft tissue | \$123 |
| D7230 | Removal of impacted tooth — Partially bony | \$145 |
| D7240 | Removal of impacted tooth — Completely bony | \$181 |
| D7241 | Removal of impacted tooth — Completely bony, with unusual surgical complications | \$159 |
| D7250 | Removal of residual tooth roots | \$108 |
| D7251 | Coronectomy — Intentional partial tooth removal, impacted teeth only | \$159 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | \$163 |
| D7280 | Exposure of an unerupted tooth | \$103 |
| D7291 | Transseptal fiberotomy/Supra crestal fiberotomy | \$39 |
| D7310/20 | Alveoloplasty, per quad | \$102 |
| D7509 | Marsupialization of odontogenic cyst | \$288 |
| D7510 | Incision and drainage of abscess — Intraoral soft tissue | \$70 |
| D7922 | Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site | \$25 |
| D7961 | Buccal/Labial frenectomy (frenulectomy) | \$179 |
| D7962 | Lingual frenectomy (frenulectomy) | \$179 |
| D7979 | Non-surgical sialolithotomy | \$35 |
| ORTHODONTICS² | | |
| Invisalign — 15 percent discount | | |
| D8070 | Comprehensive orthodontic treatment — Transitional dentition | \$3,304 |
| D8080 | Comprehensive orthodontic treatment — Adolescent dentition | \$3,422 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition | \$3,658 |
| D8660 | Pre-orthodontic treatment exam to monitor | \$413 |
| D8670 | Periodic orthodontic treatment visit (as part of contract) | \$118 |
| D8680 | Orthodontic retention | \$413 |
| ADJUNCTIVE GENERAL SERVICES | | |
| D9110 | Palliative treatment of dental pain — Per visit | \$35 |
| D9210/15 | Local anesthesia | \$0 |
| D9211 | Regional block anesthesia | \$0 |
| D9212 | Trigeminal division block anesthesia | \$0 |
| D9219 | Evaluation for deep sedation or general anesthesia | \$0 |
| D9222 | Deep sedation/General anesthesia — First 15 minutes | \$103 |
| D9223 | Deep sedation/General anesthesia — Each subsequent 15 minute increment | \$103 |
| D9230 | Inhalation of nitrous oxide/Analgesia, anxiolysis | \$30 |
| D9239 | Intravenous moderate sedation/Analgesia — First 15 minutes | \$103 |
| D9243 | Intravenous moderate sedation/Analgesia — Each subsequent 15 minutes | \$103 |
| D9310 | Consultation — Diagnostic service provided by dentist or physician other than requesting dentist or physician | \$36 |
| D9613 | Infiltration of sustained release therapeutic drug, per quadrant | \$190 |
| D9910 | Application of desensitizing medicament | \$18 |
| D9930 | Treatment of complications (post-surgical) — Unusual circumstances, by report | \$42 |

| ADA CODE | DESCRIPTION | COPAYMENT |
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| ADJUNCTIVE GENERAL SERVICES | | |
| D9944 | Occlusal guard — Hard appliance, full arch | \$208 |
| D9945 | Occlusal guard — Soft appliance, full arch | \$208 |
| D9946 | Occlusal guard — Hard appliance, partial arch | \$208 |
| D9950 | Occlusion analysis — Mounted case | \$74 |
| D9951 | Occlusal adjustment — Limited | \$47 |
| D9952 | Occlusal adjustment — Complete | \$192 |
| D9953 | Reline custom sleep apnea appliance (indirect) | \$120 |
| D9972-D9975 | Internal/External bleaching — 15 percent discount | |
| D9986 | Missed appointment | \$50 |
| D9995 | Teledentistry — Synchronous; real-time encounter | \$0 |
| D9996 | Teledentistry — Asynchronous; information stored and forwarded to dentist for subsequent review | \$0 |
| D9997 | Dental case management — Patients with special health care needs | \$50 |

Managed Dental Care plan options require the selection of a Primary Dental Office (PDO) from the Plan's Managed Dental Care network. The member's PDO provides routine care and arranges or provides most other necessary and appropriate dental services. Except for emergency services, benefits are covered only when provided or properly referred by the member's PDO. The manner of accessing benefits through the PDO is made clear in the terms of the Certificate of Coverage.

IBX Dental Managed Care Standard Plans — Exclusions and Limitations

For 2-50, 51-99, 100+ sized groups

| SERVICE DESCRIPTION | EXCLUSIONS AND LIMITATIONS |
|--|--|
| DIAGNOSTIC AND PREVENTIVE SERVICES | |
| Oral evaluations (exams) | Two evaluations are covered per calendar year including a maximum of one comprehensive evaluation |
| Emergency or problem-focused exam | One problem-focused exam is covered per calendar year |
| Prophylaxis (cleaning, scaling, and polishing teeth) | Two teeth cleanings (prophylaxis) are covered per calendar year (one additional cleaning is covered during pregnancy and for diabetic patients) |
| Preventive Rewards | Primary subscriber will receive a \$20 payment for each family member that receives two cleanings during the calendar year from a participating network dentist. Contact your benefit administrator for details. |
| Topical fluoride | One topical fluoride or fluoride varnish is covered per calendar year |
| Bitewing X-rays | Two bitewing X-rays are covered per calendar year |
| Periapical X-rays | No limitations |
| Full mouth or panoramic X-ray | One set of full mouth X-rays or panoramic film is covered every three years |
| Emergency palliative treatment | No limitations |
| Sealants | One sealant or preventive resin restoration per tooth is covered per lifetime, up to age 16 (limited to permanent first and second molars) |
| Teledentistry, synchronous or asynchronous | Teledentistry, synchronous or asynchronous, limited to two per calendar year |
| Antibiotic injections administered by a dentist | No limitations |
| Space maintainers | Distal shoe space maintainer — Fixed — Unilateral, limited to once per lifetime |
| RESTORATIVE SERVICES | |
| Amalgam and composite fillings (anterior restorations of mesiolingual, distolingual, mesiobuccal, and distobuccal surfaces considered single-surface restorations) | Replacement of a filling is covered if it is more than two years from the date of original placement |
| Pin retention of fillings | No limitations |
| ORAL SURGERY | |
| Oral surgery, including post-operative care for coronectomy, intentional partial tooth removal | Coronectomy, intentional partial tooth removal, once per tooth per lifetime |
| Oral surgery, including post-operative care for: removal of teeth, including impacted teeth; extraction of tooth root; alveolectomy, alveoplasty, and frenectomy; excision of periocoronary gingiva, exostosis, or hyperplastic tissue and excision of oral tissue for biopsy; tooth reimplantation and/or stabilization; tooth transplantation; excision of a tumor or cyst and incision and drainage of an abscess or cyst | No limitations |
| Simple extraction of teeth | No limitations |
| ENDODONTIC SERVICES | |
| Endodontic services | Retreatment of root canal is covered if it is more than two years from the original treatment |

| SERVICE DESCRIPTION | EXCLUSIONS AND LIMITATIONS |
|--|---|
| PERIODONTIC SERVICES | |
| Periodontic services, limited to periodontal maintenance | Periodontal maintenance after periodontal surgery is covered twice per calendar year, within 24 months after definitive periodontal therapy |
| Periodontic services, limited to root scaling and planing | Root planing or scaling is covered once every 24 months, per quadrant |
| Periodontic services, limited to full mouth debridement | Full mouth debridement is covered once per lifetime |
| Periodontic services, limited to scaling in presence of generalized moderate or severe gingival inflammation | Scaling in presence of generalized moderate or severe gingival inflammation — Full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two years |
| Periodontic services, limited to: occlusal adjustment performed with covered surgery; gingivectomy; osseous surgery including flap entry and closure — Surgery perio | No limitations |
| Other periodontic services | <p>Localized delivery of antimicrobial agents via a controlled release vehicle into disease cravicular tissue per tooth is limited to one benefit per tooth for three teeth per quadrant or a total of 12 teeth for all four quadrants per 12 months. Must have pocket depths of five millimeters or greater.</p> <p>Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site</p> |
| Periodontic services, limited to occlusal guard (night guard) | No limitations |
| REPAIRS AND ADJUSTMENTS | |
| Recementing bridges, inlays, onlays, and crowns | No limitations |
| Repair of dentures or fixed bridgework | No limitations |
| ANESTHESIA | |
| General anesthesia and analgesia, including intravenous sedation | No limitations |
| Infiltration of sustained release therapeutic drug — Single or multiple sites | No limitations |
| CROWNS, INLAYS, ONLAYS, AND RESTORATIVE SERVICES | |
| Crown build-up for non-vital teeth | No limitations |
| Restoration services | Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25 percent. All fees exclude material upgrades, including the cost of noble and precious metals. An additional fee will be charged by the participating dentist if these materials are used. |
| PROSTHETICS | |
| Prosthetic services | Replacement of a bridge, crown, or denture is covered if it is more than seven years from the date of original placement; relining and rebasing of dentures is covered once every 24 months |

| SERVICE DESCRIPTION | EXCLUSIONS AND LIMITATIONS |
|--|---|
| IMPLANTS AND RELATED SERVICES | |
| Implants and related services | Not covered in Managed Care standard plans |
| Prosthetic services related to implants and related services | Not covered in Managed Care standard plans |
| ORTHODONTIA | |
| Orthodontia services | Orthodontia treatment is covered once per lifetime (High Plan only) |
| OTHER | |
| Study model (diagnostic cast) | No limitations |

ALTERNATE BENEFIT: If: 1) the Plan determines that a less expensive alternate procedure, service, or course of treatment can be performed in place of the proposed treatment to correct a dental condition, and 2) the alternate treatment will produce a professionally satisfactory result, then the maximum the Plan will allow will be the charge for the less expensive treatment.

- Services which are covered under worker's compensation, employer's liability laws, or the Pennsylvania Motor Vehicle Financial Responsibility Law (Pennsylvania policyholders only).
- Services which are not necessary for the patient's dental health as determined by the plan.
- Cosmetic, elective, or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the plan.
- Oral surgery requiring the setting of fractures or dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism, or developmental malformations where, in the opinion of the plan, such services should not be performed in a dental office.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- Treatment required for conditions resulting from major disaster, epidemic, war, acts of war (whether declared or undeclared), or while on active duty as a member of the armed forces of any nation.
- Replacement due to loss or theft of prosthetic appliance.
- Procedures not listed as covered benefits under this plan.
- Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the plan (with the exception of out-of-area emergency dental services and/or for services provided when a member is referred to an out-of-network specialist).
- Services related to the treatment of TMD (temporomandibular disorder).
- Services related to procedures that are of such a degree of complexity as to not be normally performed by a participating general dentist. Above copayments do not apply when performed by a participating plan specialist (with the exception of orthodontics). Participating plan specialists, if available, have entered into an agreement with Dominion National to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees.
- Elective surgery including, but not limited to, extraction of nonpathologic, asymptomatic impacted teeth including third molars.
- The Invisalign system and similar specialized braces are not a covered benefit.

Managed Dental Care plan options require the selection of a Primary Dental Office (PDO) from the Plan's Managed Dental Care network. The member's PDO provides routine care and arranges or provides most other necessary and appropriate dental services. Except for emergency services, benefits are covered only when provided or properly referred by the member's PDO. The manner of accessing benefits through the PDO is made clear in the terms of the Certificate of Coverage.

1 As performed by a participating general dentist. See plan exclusion 13.

2 Phase I treatment (D8010 - D8050) is provided at a 15% reduction from the orthodontist's UCR fees. See exclusion 15 for additional coverage exclusions.

Current Dental Terminology© American Dental Association. Only current ADA CDT codes are considered valid by Dominion. For a full description of each code, please consult the ADA's CDT guidelines.

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