CareFirst BlueCross BlueShield
Medicare Advantage
10455 Mill Run Circle
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CareFirst Medicare Advantage

CareFirst BlueCross BlueShield Advantage Enhanced (HMO) w/Dental and Vision Add-On Dental Benefits Summary

DG03	**In-Network***
Plan Type	**Medicare Advantage HMO**
Plan Features	Includes the Dental and Vision Add-On
Individual Deductible:	$0 *Note: certain services are subject to $1,000 maximum plan coverage*
Network:	***** CareFirst Advantage Providers are In - Network

- Members must receive covered services from in-network providers. Except in the highly limited circumstances as provided in the Evidence of Coverage, services provided by out-of-network providers are not covered. Members will be responsible for the full charge for services provided by out-of-network providers. Out-of-network providers are urged to contact Provider Services at [833-493-0535] before rendering services to a CareFirst BlueCross BlueShield Medicare Advantage member.
- Coverage for the benefits below are subject to the member eligibility and the terms of the Evidence of Coverage (EOC). If the Dental Procedure code is not listed below; it is not a covered benefit.

CDT CODE	PROCEDURE NAME	COPAY ($)
Oral Exams		
D0120	PERIODIC ORAL EXAMINATION—ESTABLISHED PATIENT	$20
D0140	LIMITED ORAL EVALUATION—PROBLEM FOCUSED	
D0150	COMPREHENSIVE ORAL EVALUATION—NEW OR ESTABLISHED PATIENT	
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION—PROBLEM FOCUSED, BY REPORT	
D0180	COMPREHENSIVE PERIODONTAL EVALUATION—NEW OR ESTABLISHED PATIENT	
Dental X-Rays		
D0210	INTRAORAL—COMPLETE SERIES OF RADIOGRAPHIC IMAGES	$20
D0220	INTRAORAL—PERIAPICAL FIRST RADIOGRAPHIC IMAGE	
D0230	INTRAORAL—PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	

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CDT CODE	PROCEDURE NAME	COPAY ($)
D0270	BITEWING—SINGLE RADIOGRAPHIC IMAGE	
D0272	BITEWINGS—TWO RADIOGRAPHIC IMAGES	
D0273	BITEWINGS—THREE RADIOGRAPHIC IMAGES	
D0274	BITEWINGS—FOUR RADIOGRAPHIC IMAGES	
D0277	VERTICAL BITEWINGS—7 TO 8 RADIOGRAPHIC IMAGES	
D0330	PANORAMIC RADIOGRAPHIC IMAGE	
Prophylaxis – Routine Cleanings		
D1110	PROPHYLAXIS—ADULT	$20
Topical Fluoride Treatment		
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	$20
D1208	TOPICAL APPLICATION OF FLUORIDE—EXCLUDING VARNISH	
Non-Routine Services		
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION—PER TOOTH	$15
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN, MINOR PROCEDURE	$30
Basic Restorative Services - Fillings		
D2140	AMALGAM—ONE SURFACE, PRIMARY OR PERMANENT	$30
D2150	AMALGAM—TWO SURFACES, PRIMARY OR PERMANENT	$40
D2160	AMALGAM—THREE SURFACES, PRIMARY OR PERMANENT	$50
D2161	AMALGAM—FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	$60
D2330	RESIN-BASED COMPOSITE—ONE SURFACE, ANTERIOR	$30
D2331	RESIN-BASED COMPOSITE—TWO SURFACES, ANTERIOR	$40
D2332	RESIN-BASED COMPOSITE—THREE SURFACES, ANTERIOR	$50
D2335	RESIN-BASED COMPOSITE—FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	$60
D2391	RESIN-BASED COMPOSITE—ONE SURFACE, POSTERIOR	$30
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	$60
Non-Surgical Periodontics		
D4341	PERIODONTAL SCALING AND ROOT PLANING—FOUR OR MORE TEETH PER QUADRANT	$50
D4342	PERIODONTAL SCALING AND ROOT PLANING—ONE TO THREE TEETH PER QUADRANT	$50
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION—FULL MOUTH, AFTER ORAL EVALUATION	$50
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE ORAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	$60
D4910	PERIODONTAL MAINTENANCE	$50
Non-Surgical Extractions		
D7111	EXTRACTION, CORONAL REMNANTS—PRIMARY TOOTH	$40
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	$50

The following services are subject to a $1,000 plan maximum:

CDT CODE	PROCEDURE NAME	COPAY ($)
Major Restorative Services		
D2542	ONLAY—METALLIC—TWO SURFACES	$200
D2543	ONLAY—METALLIC—THREE SURFACES	$200
D2544	ONLAY—METALLIC—FOUR OR MORE SURFACES	$300
D2642	ONLAY—PORCELAIN/CERAMIC—TWO SURFACES	$200
D2643	ONLAY—PORCELAIN/CERAMIC—THREE SURFACES	$300
D2644	ONLAY—PORCELAIN/CERAMIC—FOUR OR MORE SURFACES	$300
D2662	ONLAY—RESIN-BASED COMPOSITE—TWO SURFACES	$200
D2663	ONLAY—RESIN-BASED COMPOSITE—THREE SURFACES	$300
D2664	ONLAY—RESIN-BASED COMPOSITE—FOUR OR MORE SURFACES	$300
D2721	CROWN—RESIN WITH PREDOMINANTLY BASE METAL	$400
D2740	CROWN—PORCELAIN/CERAMIC	$400
D2751	CROWN—PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	$400
D2753	CROWN—PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	$400
D2781	CROWN—3/4 CAST PREDOMINATELY BASE METAL	$400
D2783	CROWN—3/4 PORCELAIN/CERAMIC	$400
D2790	CROWN—FULL CAST HIGH NOBLE METAL	$400
D2791	CROWN—FULL CAST PREDOMINANTLY BASE	$400
D2792	CROWN—FULL CAST NOBLE METAL	$400
D2794	CROWN—TITANIUM AND TITANIUM ALLOYS	$400
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	$20
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	$20
D2920	RE-CEMENT OR RE-BOND CROWN	$20
D2940	PROTECTIVE RESTORATION	$20
D2950	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	$60
D2951	PIN RETENTION—PER TOOTH, IN ADDITION TO RESTORATION	$15
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	$100
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	$60
Endodontics		
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	$200
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	$200
D3330	ENDODONTIC THERAPY, MOLAR (EXCLUDING FINAL RESTORATION)	$200
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	$200
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	$200
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	$200
D3410	APICOECTOMY—ANTERIOR	$200
D3421	APICOECTOMY—PREMOLAR (FIRST ROOT)	$200
D3425	APICOECTOMY—MOLAR (FIRST ROOT)	$200

CDT CODE	PROCEDURE NAME	COPAY ($)
Endodontics (continued)		
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	$100
D3430	RETROGRADE FILLING—PER ROOT	$100
D3450	ROOT AMPUTATION—PER ROOT	$100
Periodontics		
D4210	GINGIVECTOMY OR GINGIVOPLASTY—FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	$200
D4211	GINGIVECTOMY OR GINGIVOPLASTY—ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	$100
D4212	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH	$100
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING— FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	$100
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING— ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	$100
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF FULL THICKNESS FLAP ENTRY AND CLOSURE)—FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	$300
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF FULL THICKNESS FLAP ENTRY AND CLOSURE)—ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	$300
D4263	BONE REPLACEMENT GRAFT—RETAINED NATURAL TOOTH—FIRST SITE IN QUADRANT	$200
D4264	BONE REPLACEMENT GRAFT—RETAINED NATURAL TOOTH—EACH ADDITIONAL SITE IN QUADRANT	$100
Prosthodontics		
D5110	COMPLETE DENTURE—MAXILLARY	$400
D5120	COMPLETE DENTURE—MANDIBULAR	$400
D5130	IMMEDIATE DENTURE—MAXILLARY	$400
D5140	IMMEDIATE DENTURE—MANDIBULAR	$400
D5211	MAXILLARY PARTIAL DENTURE—RESIN BASE (INCLUDING RETENTIVE / CLASPING MATERIALS, RESTS AND TEETH)	$400
D5212	MANDIBULAR PARTIAL DENTURE—RESIN BASE (INCLUDING RETENTIVE / CLASPING MATERIALS, RESTS AND TEETH)	$400
D5213	MAXILLARY PARTIAL DENTURE—CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE / CLASPING MATERIALS, RESTS AND TEETH)	$400
D5214	MANDIBULAR PARTIAL DENTURE—CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE / CLASPING MATERIALS, RESTS AND TEETH)	$400

CDT CODE	PROCEDURE NAME	COPAY ($)
Prosthodontics (continued)		
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE—RESIN BASE (INCLUDING RETENTIVE / CLASPING MATERIALS, RESTS AND TEETH)	$400
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE—RESIN BASE (INCLUDING RETENTIVE / CLASPING MATERIALS, RESTS AND TEETH)	$400
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE—CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE / CLASPING MATERIALS, RESTS AND TEETH)	$400
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE—CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE / CLASPING MATERIALS, RESTS AND TEETH)	$400
D5225	MAXILLARY PARTIAL DENTURE—FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	$400
D5226	MANDIBULAR PARTIAL DENTURE—FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	$400
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE—ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH), MAXILLARY	$200
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE—ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH), MANDIBULAR	$200
D5410	ADJUST COMPLETE DENTURE—MAXILLARY	$30
D5411	ADJUST COMPLETE DENTURE—MANDIBULAR	$30
D5421	ADJUST PARTIAL DENTURE—MAXILLARY	$30
D5422	ADJUST PARTIAL DENTURE—MANDIBULAR	$30
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	$50
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	$50
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	$50
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	$50
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	$50
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	$50
D5630	REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS—PER TOOTH	$50
D5640	REPLACE BROKEN TEETH—PER TOOTH	$50
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	$50
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE—PER TOOTH	$50
D5710	REBASE COMPLETE MAXILLARY DENTURE	$60
D5711	REBASE COMPLETE MANDIBULAR DENTURE	$60
D5720	REBASE MAXILLARY PARTIAL DENTURE	$60
D5721	REBASE MANDIBULAR PARTIAL DENTURE	$60
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	$60
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	$60
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	$60
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	$60
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	$60
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	$60

CDT CODE	PROCEDURE NAME	COPAY ($)
Prosthodontics (continued)		
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	$60
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	$60
D5850	TISSUE CONDITIONING, MAXILLARY	$60
D5851	TISSUE CONDITIONING, MANDIBULAR	$60
D5863	OVERDENTURE—COMPLETE MAXILLARY	$700
D5864	OVERDENTURE—PARTIAL MAXILLARY	$700
D5865	OVERDENTURE—COMPLETE MANDIBULAR	$700
D5866	OVERDENTURE—PARTIAL MANDIBULAR	$700
D5875	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY	$60
Major Restorative Services - Implants		
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	$200
D6056	PREFABRICATED ABUTMENT—INCLUDES MODIFICATION AND PLACEMENT	$300
D6057	CUSTOM FABRICATED ABUTMENT—INCLUDES PLACEMENT	$300
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	$400
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	$400
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)	$400
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	$400
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	$400
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	$400
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	$400
D6065	IMPLANT SUPORTED PORCELAIN/CERAMIC CROWN	$400
D6066	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO HIGH NOBLE ALLOYS	$400
D6067	IMPLANT SUPPORTED CROWN - HIGH NOBLE ALLOYS	$400
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	$400
D6076	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO HIGH NOBLE ALLOYS	$400
D6077	IMPLANT SUPPORTED RETAINER FOR METAL FPD - HIGH NOBLE ALLOYS	$400
D6082	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE ALLOYS	$400
D6083	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO NOBLE ALLOYS	$400
D6084	IMPLANT SUPPORTED CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	$400
D6086	IMPLANT SUPPORTED CROWN - PREDOMINATELY BASE ALLOYS	$400

CDT CODE	PROCEDURE NAME	COPAY ($)
Major Restorative Services - Implants (continued)		
D6087	IMPLANT SUPPORTED CROWN - NOBLE ALLOYS	$400
D6088	IMPLANT SUPPORTED CROWN - TITANIUM AND TITANIUM ALLOYS	$400
D6094	ABUTMENT SUPPORTED CROWN TITANIUM AND TITANIUM ALLOYS	$400
D6097	ABUTMENT SUPPORTED CROWN - PORCELAIN FUSED TO TITANIUM OR TITANIUM ALLOYS	$400
D6098	IMPLANT SUPPORTED RETAINER - PORCELAIN FUSED TO PREDOMINANTLY BASE ALLOYS	$400
D6099	IMPLANT SUPPORTED RETAINER FOR FPD - PORCELAIN FUSED TO NOBLE ALLOYS	$400
D6100	IMPLANT REMOVAL, BY REPORT	$500
D6101	DEBRIDEMENT OF A PERI-IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT, AND SURFACE CLEANING OF THE EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE	$150
D6102	DEBRIDEMENT AND OSSEOUS CONTOURING OF A PERI-IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT AND INCLUDES SURFACE CLEANING OF THE EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE	$150
D6120	IMPLANT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	$400
D6121	IMPLANT SUPPORTED RETAINER FOR METAL FPD - PREDOMINANTLY BASE ALLOYS	$400
D6122	IMPLANT SUPPORTED RETAINER FOR METAL FPD - NOBLE ALLOYS	$400
D6123	IMPLANT SUPPORTED RETAINER FOR METAL FPD - TITANIUM AND TITANIUM ALLOYS	$400
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	$70
D6195	ABUTMENT SUPPORTED RETAINER - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	$400
Prosthodontics		
D6210	PONTIC—CAST HIGH NOBLE METAL	$400
D6211	PONTIC—CAST PREDOMINANTLY BASE METAL	$400
D6212	PONTIC—CAST NOBLE METAL	$400
D6214	PONTIC—TITANIUM AND TITANIUM ALLOYS	$400
D6240	PONTIC—PORCELAIN FUSED TO HIGH NOBLE METAL	$400
D6241	PONTIC—PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	$400
D6242	PONTIC—PORCELAIN FUSED TO NOBLE METAL	$400
D6243	PONTIC—PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	$400
D6245	PONTIC—PORCELAIN/CERAMIC	$400
D6250	PONTIC—RESIN WITH HIGH NOBLE METAL	$400
D6251	PONTIC—RESIN WITH PREDOMINANTLY BASE METAL	$400
D6252	PONTIC—RESIN WITH NOBLE METAL	$400
D6750	RETAINER CROWN—PORCELAIN FUSED TO HIGH NOBLE METAL	$400
D6751	RETAINER CROWN—PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	$400

CDT CODE	PROCEDURE NAME	COPAY ($)
Prosthodontics (continued)		
D6752	RETAINER CROWN—PORCELAIN FUSED TO NOBLE METAL	$400
D6753	RETAINER CROWN—PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	$400
D6780	RETAINER CROWN—3/4 CAST HIGH NOBLE METAL	$400
D6781	RETAINER CROWN—3/4 CAST PREDOMINANTLY BASED METAL	$400
D6782	RETAINER CROWN—3/4 CAST NOBLE METAL	$400
D6783	RETAINER CROWN—3/4 PORCELAIN/CERAMIC	$400
D6790	RETAINER CROWN—FULL CAST HIGH NOBLE METAL	$400
D6791	RETAINER CROWN—FULL CAST PREDOMINANTLY BASE METAL	$400
D6792	RETAINER CROWN—FULL CAST NOBLE METAL	$400
D6794	RETAINER CROWN—TITANIUM AND TITANIUM ALLOYS	$400
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	$40
Surgical Extractions		
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND EXCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	$100
D7220	REMOVAL OF IMPACTED TOOTH—SOFT TISSUE	$100
D7230	REMOVAL OF IMPACTED TOOTH—PARTIALLY BONY	$100
D7240	REMOVAL OF IMPACTED TOOTH—COMPLETELY BONY	$100
D7241	REMOVAL OF IMPACTED TOOTH—COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	$100
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PRCEDURE)	$100
Other Oral/Maxillofacial Surgery		
D7280	EXPOSURE OF AN UNERUPTED TOOTH	$100
D9222	DEEP SEDATION/GENERAL ANESTHESIA—FIRST 15 MINUTES	$60
D9223	DEEP SEDATION/GENERAL ANESTHESIA—EACH SUBSEQUENT 15 MINUTE INCREMENT	$60
Other Services		
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	$15

Benefit Frequencies & Limitations

Class 1 - Preventive and Diagnostic Services:

1. Twice per benefit period (Calendar Year):
    a. oral exam
    b. routine cleaning
    c. topical fluoride
    d. x-rays

2. Application of caries arresting medicament limited to once per surface per lifetime

3. Palliative (emergency) treatment of dental pain available as required

Class 2 - Basic Services:

1. Direct placement fillings limited to:
    a. silver amalgam or composite resin
    b. one filling per surface per 12 months

2. Non-surgical periodontal services (one treatment per site) limited to:
    a. Once per 24 months for periodontal scaling and root planning services
    b. Once per 36 months for full mouth debridement
    c. Twice per benefit period for periodontal maintenance

3. Non-surgical extractions limited to once per tooth per lifetime

Class 3 - Major Surgical Services:

1. Surgical periodontal procedures (gingivectomy or gingivoplasty, gingival flap procedure, osseous surgery, and bone replacement graft) limited to once every 5 years

2. Extractions limited to once per tooth per lifetime

3. Endodontic procedures, including root canals and apicoectomy, limited to once per tooth per lifetime

Class 4 - Major Restorative Services:

1. Major restorative services (crowns, onlays, bridges and implant procedures) limited to once per tooth every 5 years

2. Fixed and removable prosthodontics limited to once every 5 years
    a. Tissue conditioning limited to once every 12 months
    b. Denture adjustments, repairs and re-cement procedures limited to once every 12 months
    c. Denture rebase and reline procedures limited to once every 36 months