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## Covered Services List

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Covered Services shall include only those services listed specifically below. Covered Services are subject to Alternative Benefit, Coinsurance, Deductibles, Maximum Benefit Limits, Predetermination of Benefits, Waiting Periods, and the other limitations and exclusions described in the CONNECTION Dental *Plus* plan brochure. The Dental Plan reserves the right to add, change or delete procedures as required by changes in Current Dental Terminology by the ADA.

*Current Dental Terminology* © American Dental Association

### **Class A - No deductible, No Waiting Period**

#### **Diagnostic**

D0120 Periodic Oral Evaluation  
D0140 Limited Oral Evaluation-Problem Focused  
D0145 Oral Evaluation Under age 3  
D0150 Comprehensive Oral Evaluation  
D0180 Comprehensive Periodontal Evaluation  
D0270 Bitewing-Single Film  
D0272 Bitewings-Two Films  
D0273 Bitewings-Three Films  
D0274 Bitewings-Four Films  
D0277 Vertical Bitewings-Seven To Eight Films

#### **Preventive**

D1110 Prophylaxis Adults  
D1120 Prophylaxis Child  
D1203 Topical Application Of Fluoride (Prophy Not Incl.) Child

### **Class B - \$50 Calendar Year Deductible Per Person, No Waiting Period**

#### **Diagnostic**

D0210 Intraoral-Complete Series (Including Bitewings)  
D0220 Intraoral-Periapical - First Film  
D0230 Intraoral-Periapical - Each Add Film  
D0330 Panoramic Film  
D0460 Pulp Vitality Tests

#### **Preventive**

D1351 Sealant-Per Tooth  
D1510 Space Maintainer-Fixed Unilateral  
D1515 Space Maintainer-Fixed Bilateral  
D1520 Space Maintainer-Removable Unilateral  
D1525 Space Maintainer-Removable Bilateral

#### **Restorative**

D2140 Amalgam-1 Surface  
D2150 Amalgam-2 Surfaces  
D2160 Amalgam-3 Surfaces  
D2161 Amalgam-4 Or More Surfaces  
D2330 Resin-1 Surface, Anterior  
D2331 Resin-2 Surfaces, Anterior  
D2332 Resin-3 Surfaces, Anterior  
D2335 Resin-4 Or More Surf or Inv Incisal Angle, Ant.  
D2391 Resin-Based Composite 1 Surface, Posterior  
D2392 Resin-Based Composite 2 Surfaces, Posterior  
D2393 Resin-Based Composite 3 Surfaces, Posterior  
D2394 Resin-Based Composite 4 Or More Surf, Posterior  
D2930 Prefab Stainless Steel Crown - Primary Tooth  
D2934 Prefab Esthetic Coated Stainless Steel Crown – Primary Tooth  
D2951 Pin Retention-Per Tooth, In Add To Restoration

#### **Prosthodontics - Removable**

D5410 Adjust Complete Denture-Upper  
D5411 Adjust Complete Denture-Lower  
D5421 Adjust Partial Denture-Upper  
D5422 Adjust Partial Denture- Lower

#### **Oral Surgery**

D7111 Extraction-Coronal Remnants Deciduous Tooth  
D7140 Extraction-Erupted Tooth Or Exposed Root  
D7210 Surgical Rem Of Erupted Tooth

D7250 Surgical Rem Of Residual T Roots-Cutting Proc  
D7310 Alveoplasty In Conj W/ Extract-Per Quad  
D7311 Alveoplasty In Conj W/Extract-1 to 3 T Per Quad  
D7320 Alveoplasty Not In Conj W/ Extract-Per Quad  
D7321 Alveoplasty Not in Conj W/Extract-1 to 3 T Per Quad  
D7450 Rem. Benign Odontogenic Cyst Or Tumor-To 1.25cm  
D7510 Incision & Drainage Abscess-Intraoral Soft Tissue  
D7511 Incision & Drainage Abscess-Intraoral Soft Tissue Complicated  
D7960 Frenulectomy-Separate Procedure  
D7963 Frenuloplasty  
D7970 Excision Of Hyperplastic Tissue-Per Arch  
D7971 Excision Of Pericoronal Gingiva

#### **Miscellaneous**

D9110 Palliative (Emergency) Treatment-Minor Proc.  
D9910 Application Of Desensitizing Medicament

### **Class C - \$100 Calendar Year Deductible Per Person, 12-Month Waiting Period**

#### **Restorative**

D2390 Resin-Based Composite Crown, Anterior  
D2520 Inlay-Metallic-2 Surfaces  
D2530 Inlay-Metallic-3 Or More Surfaces  
D2542 Onlay-Metallic-2 Surfaces  
D2543 Onlay-Metallic-3 Surfaces  
D2544 Onlay-Metallic-4 Or More Surfaces  
D2710 Crown-Resin (Laboratory)  
D2712 Crown-¾ Resin-Based Composite (Indirect)  
D2720 Crown-Resin With High Noble Metal  
D2721 Crown-Resin With Predominantly Base Metal  
D2722 Crown-Resin With Noble Metal  
D2740 Crown-Porcelain/Ceramic Substrate  
D2750 Crown-Porcelain Fused To High Noble Metal  
D2751 Crown-Porcelain Fused To Predom Base Metal  
D2752 Crown-Porcelain Fused To Noble Metal  
D2781 Crown ¾ Cast Predominately Base Metal  
D2790 Crown-Full Cast High Noble Metal  
D2791 Crown-Full Cast Predom Base Metal  
D2792 Crown-Full Cast Noble Metal  
D2910 Recement Inlay  
D2915 Recement Cast or Prefabricated Post and Core  
D2920 Recement Crown  
D2940 Sedative Fillings  
D2950 Core Buildup, Including Any Pins  
D2952 Cast Post & Core In Addition To Crown  
D2953 Each Additional Cast Post-Same Tooth  
D2954 Prefabricated Post & Core In Addition To Crown  
D2957 Each Additional Prefabricated Post-Same Tooth

#### **Endodontics**

D3110 Pulp Cap-Direct (Excluding Final Restoration)  
D3220 Therapeutic Pulpotomy (Exc Final Restoration)  
D3221 Gross Pulpal Debrid, Primary & Perm Teeth  
D3310 Root Canal Therapy-Ant. (Exc Final Rest)  
D3320 Root Canal Therapy-Bicuspid (Exc Final Rest)  
D3330 Root Canal Therapy-Molar (Exc Final Rest)  
D3346 Retreat of Prev Root Canal Therapy-Anterior  
D3347 Retreat Of Prev. Root Canal Therapy-Bicus.  
D3348 Retreat Of Prev Root Canal Therapy-Molar

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## Covered Services List *continued*

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### **Class C *continued***

#### **Endodontics *continued***

- D3410 Apicoectomy/Periradicular Surgery-Anterior
- D3421 Apicoectomy/Periradicular Surgery-Bicuspid
- D3425 Apicoectomy/Periradicular Surgery-Molar
- D3426 Apicoectomy/Periradicular Surgery (Add'l Root)
- D3430 Retrograde Filling-Per Root

#### **Periodontics**

- D4210 Gingivectomy/Gingivoplasty-4 Or More Contig. Teeth Or Bounded Teeth Spaces, Per Quad
- D4211 Gingivectomy/Gingivoplasty-1 to 3 Teeth, Per Quadrant
- D4240 Gingival Flap Incl Root Planing-4 Or More Contig. T Or Bounded T Spaces Per Quad.
- D4241 Gingival Flap Incl Root Planing-1 to 3 Teeth Per Quadrant
- D4249 Clinical Crown Lengthening-Hard Tissue
- D4260 Osseous Surgery (Inc Flap Entry & Clos)-4 or More Contig. T Or Bounded T Spaces Per Quad
- D4261 Osseous Surgery (Inc Flap Entry & Clos)-1 to 3 Teeth, per Quadrant
- D4263 Bone Replacement Graft-First Site In Quadrant
- D4264 Bone Replace Graft-Each Add'l Site In Quad
- D4266 Guided Tiss Regen-Resorbable Barrier, Per T
- D4267 Guided Tissue Regen-Nonresorbable Barrier
- D4270 Pedicle Soft Tissue Graft Procedure
- D4271 Free Soft Tissue Graft (Incl Donor Site Surg)
- D4273 Subepith Conn Tiss Graft Proc
- D4275 Soft Tissue Allograft
- D4276 Combine Connective Tissue and Double Pedicle Graft
- D4341 Periodontal Scaling And Root Planing-4 or More Contig T Or Bounded T Spaces, Per Quad
- D4342 Periodontal Scaling And Root Planing-1 to 3 Teeth, Per Quadrant
- D4910 Periodontal Maintenance

#### **Prosthodontics - Removable**

- D5110 Complete Denture-Upper
- D5120 Complete Denture-Lower
- D5130 Immediate Denture-Upper
- D5140 Immediate Denture-Lower
- D5211 Upper Partial-Resin (Incl Clsps, Rests & Teeth)
- D5212 Lower Partial-Resin (Incl Clsps, Rests & Teeth)
- D5213 Upper Partial-Cast Metal W/Res(Incl C, R & T)
- D5214 Lower Partial-Cast Metal W/Res(Incl C, R & T)
- D5225 Maxillary Partial Denture-Flexible Base
- D5226 Mandibular Partial Denture-Flexible Base
- D5281 Remove Uni Partial-Pc Cast Metal(Incl C, & T)
- D5510 Repair Broken Complete Denture Base
- D5520 Replace Missing/Broken Teeth-Complete Denture (Each)
- D5610 Repair Resin Denture Base
- D5620 Repair Cast Framework
- D5630 Repair Or Replace Broken Clasp
- D5640 Replace Broken Teeth-Per Tooth
- D5650 Add Tooth To Existing Partial Denture
- D5660 Add Clasp To Existing Partial Denture
- D5670 Replace Teeth & Acrylic on Cast Metal Frame, Upper
- D5671 Replace Teeth & Acrylic on Cast Metal Frame, Lower
- D5710 Rebase Complete Upper Denture
- D5711 Rebase Complete Lower Denture

- D5720 Rebase Upper Partial Denture
- D5721 Rebase Lower Partial Denture
- D5730 Reline Complete Upper Denture (Chairside)
- D5731 Reline Complete Lower Denture (Chairside)
- D5740 Reline Upper Partial Denture (Chairside)
- D5741 Reline Lower Partial Denture (Chairside)
- D5750 Reline Complete Upper Denture (Laboratory)
- D5751 Reline Complete Lower Denture (Laboratory)
- D5760 Reline Upper Partial Denture (Laboratory)
- D5761 Reline Lower Partial Denture (Laboratory)
- D5850 Tissue Conditioning, Upper
- D5851 Tissue Conditioning, Lower

#### **Prosthodontics - Fixed**

- D6205 Pontic-Indirect Resin Based Composite
- D6210 Pontic-Cast High Noble Metal
- D6211 Pontic-Cast Predominantly Base Metal
- D6212 Pontic-Cast Noble Metal
- D6240 Pontic-Porcelain Fused To High Noble Metal
- D6241 Pontic-Porcelain Fused To Predom Base Metal
- D6242 Pontic-Porcelain Fused To Noble Metal
- D6251 Pontic-Resin With Predominantly Base Metal
- D6600 Inlay-Porcelain/Ceramic, 2 Surfaces
- D6601 Inlay-Porcelain/Ceramic, 3 Or More Surfaces
- D6602 Inlay-Cast High Noble Metal, 2 Surfaces
- D6603 Inlay-Cast High Noble Metal, 3 Or More Surf
- D6604 Inlay-Cast Predominantly Base Metal, 2 Surf
- D6605 Inlay-Cast Predom Base Metal, 3 Or More Surf
- D6606 Inlay-Cast Noble Metal, 2 Surfaces
- D6607 Inlay-Cast Noble Metal, 3 Or More Surfaces
- D6608 Onlay-Porcelain/Ceramic, 2 Surfaces
- D6609 Onlay-Porcelain/Ceramic, 3 Or More Surfaces
- D6610 Onlay-Cast High Noble Metal, 2 Surfaces
- D6611 Onlay-Cast High Noble Metal, 3 Or More Surf
- D6612 Onlay-Cast Predominately Base Metal, 2 Surf
- D6613 Onlay-Cast Predom Base Metal, 3 Or More Surf
- D6614 Onlay-Cast Noble Metal, 2 Surfaces
- D6615 Onlay-Cast Noble Metal, 3 Or More Surfaces
- D6710 Crown-Indirect Resin Based Composite
- D6721 Crown-Resin With Predominantly Base Metal
- D6750 Crown-Porcelain Fused To High Noble Metal
- D6751 Crown-Porcelain Fused To Predom Base Metal
- D6752 Crown-Porcelain Fused To Noble Metal
- D6781 Crown- $\frac{3}{4}$  Cast Predominately Base Metal
- D6790 Crown-Full Cast High Noble Metal
- D6791 Crown-Full Cast Predom Base Metal
- D6792 Crown-Full Cast Noble Metal
- D6930 Recement Fixed Partial Denture

#### **Oral Surgery**

- D7220 Removal Of Impacted Tooth Soft Tissue
- D7230 Removal Of Impacted Tooth Partially Bony
- D7240 Removal Of Impacted Tooth Complete Bony

#### **Miscellaneous**

- D9220 General Anesthesia-First 30 Min.
- D9221 General Anesthesia-Each Add 15 Min.

#### **Class D - No Deductible, 24-Month Waiting Period, Limited To Covered Child**

#### **Orthodontics**

- D8070 Comprehensive Orthodontic Treatment Of The Transitional Dentition
- D8080 Comprehensive Orthodontic Treatment Of The Adolescent Dentition