
Covered Services List

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

Services listed with an asterisk (*) often have a choice of a lower cost treatment.

Class A - No deductible, No Waiting Period

Diagnostic

- D0120 Periodic Oral Evaluation—Established Patient
- D0140 Limited Oral Evaluation-Problem Focused
- D0145 Oral Evaluation for a Patient Under 3 Years of Age and Counseling with Primary Caregiver
- D0150 Comprehensive Oral Evaluation—New or Established Patient
- D0180 Comprehensive Periodontal Evaluation—New or Established Patient
- D0270 Bitewing-Single Radiographic Image
- D0272 Bitewings-2 Radiographic Images
- D0273 Bitewings-3 Radiographic Images
- D0274 Bitewings-4 Radiographic Images
- D0277 Vertical Bitewings-7 to 8 Radiographic Images

Preventive

- D1110 Prophylaxis Adult
- D1120 Prophylaxis Child
- *D1206 Topical Application of Fluoride Varnish
- *D1208 Topical Application of Fluoride – excluding Varnish

Class B - \$50 Calendar Year Deductible

Per Person, No Waiting Period

Diagnostic

- D0210 Intraoral-Complete Series of Radiographic Images
- D0220 Intraoral-Periapical-First Radiographic Image
- D0230 Intraoral-Periapical-each additional Radiographic Image
- D0330 Panoramic Radiographic Image

Preventive

- D1351 Sealant-Per Tooth
- D1354 Interim Caries Arresting Medicament Application
- D1510 Space Maintainer-Fixed Unilateral
- D1516 Space Maintainer – Fixed Bilateral, Maxillary
- D1517 Space Maintainer – Fixed Bilateral, Mandibular
- D1520 Space Maintainer-Removable Unilateral
- D1526 Space Maintainer Removable Bilateral, Maxillary
- D1527 Space Maintainer Removable Bilateral, Mandibular
- D1575 Distal Shoe Space Maintainer – Fixed - Unilateral

Restorative

- D1352 Preventive Resin Restoration in a Moderate to High Caries Risk Patient—Permanent Tooth
- D2140 Amalgam-1 Surface, Primary or Permanent
- D2150 Amalgam-2 Surfaces, Primary or Permanent
- D2160 Amalgam-3 Surfaces, Primary or Permanent
- D2161 Amalgam-4 or More Surfaces, Primary or Permanent
- D2330 Resin-Based Composite 1 Surface, Anterior
- D2331 Resin-Based Composite 2 Surfaces, Anterior
- D2332 Resin-Based Composite 3 Surfaces, Anterior
- D2335 Resin-Based Composite 4 or More Surfaces or Involving Incisal Angle, (Anterior)
- 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
- *D2929 Prefabricated Porcelain/Ceramic Crown—Primary Tooth
- D2930 Prefabricated Stainless Steel Crown-Primary Tooth
- D2934 Prefabricated Esthetic Coated Stainless Steel Crown—Primary Tooth
- D2951 Pin Retention-Per Tooth, in Addition to Restoration

Prosthodontics – Removable

- D5410 Adjust Complete Denture-Maxillary
- D5411 Adjust Complete Denture-Mandibular
- D5421 Adjust Partial Denture- Maxillary
- D5422 Adjust Partial Denture- Mandibular

Oral Surgery

- D7111 Extraction, Coronal Remnants-Primary Tooth
- D7140 Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)
- D7210 Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated
- D7220 Removal of Impacted Tooth - Soft Tissue
- D7230 Removal of Impacted Tooth - Partially Bony
- D7240 Removal of Impacted Tooth - Complete Bony
- D7250 Removal of Residual Tooth Roots-(Cutting)
- D7310 Alveoloplasty in Conjunction with Extractions-4 or More Teeth or Tooth Spaces, Per Quadrant
- D7311 Alveoloplasty in Conjunction with Extractions 1 to 3 Teeth or Tooth Spaces, Per Quadrant
- D7320 Alveoloplasty Not in Conjunction with Extractions-4 or More Teeth or Tooth Spaces, Per Quadrant
- D7321 Alveoloplasty not in Conjunction with Extractions-1 to 3 Teeth or Tooth Space, Per Quadrant
- D7450 Removal of Benign Odontogenic Cyst or Tumor-Lesion Diameter Up to 1.25cm
- D7510 Incision and Drainage of Abscess-Intraoral Soft Tissue
- D7511 Incision and Drainage of Abscess-Intraoral Soft Tissue Complicated (includes drainage of multiple fascial spaces)
- D7960 Frenulectomy-Also Known as Frenectomy or Frenotomy-Separate Procedure Not Incidental to another Procedure
- D7963 Frenuloplasty
- D7970 Excision of Hyperplastic Tissue - Per Arch
- D7971 Excision of Pericoronal Gingiva

Miscellaneous

- D9110 Palliative (ER) Treatment of Dental Pain-minor procedure
- 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
- *D2630 Inlay-Porcelain/Ceramic-3 or More Surfaces
- *D2643 Onlay-Porcelain/Ceramic-3 Surfaces
- *D2644 Onlay-Porcelain/Ceramic-4 or More Surfaces
- *D2710 Crown-Resin-Based Composite (Indirect)
- *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
- *D2750 Crown-Porcelain Fused to High Noble Metal

Covered Services List *continued*

D2751 Crown-Porcelain Fused to Predominantly Base Metal	D4263 Bone Replacement Graft – Retained Natural Tooth - First Site in Quadrant
*D2752 Crown-Porcelain Fused to Noble Metal	D4264 Bone Replacement Graft - Retained Natural Tooth - Each Additional Site in Quadrant
D2781 Crown ¾ Cast Predominately Base Metal	D4266 Guided Tissue Regeneration - Resorbable Barrier, Per Site
*D2790 Crown-Full Cast High Noble Metal	D4267 Guided Tissue Regeneration – Non-resorbable Barrier, Per Site (Including Membrane Removal)
D2791 Crown-Full Cast Predominantly Base Metal	D4270 Pedicle Soft Tissue Graft Procedure
*D2792 Crown-Full Cast Noble Metal	D4273 Autogenous Connective Tissue Graft Procedure, (Including Donor and Recipient Surgical Sites) First Tooth, Implant or Edentulous Tooth Position in Graft
D2910 Re-cement or Re-bond Inlay, Onlay, Veneer or Partial Coverage Restoration	D4275 Non-Autogenous Connective Tissue Graft (Including Recipient Site and Donor Material) First Tooth, Implant, or Edentulous Tooth Position in Graft
D2915 Re-cement or Re-bond indirectly Fabricated or Prefabricated Post and Core	D4276 Combined Connective Tissue and Double Pedicle Graft, Per Tooth
D2920 Re-cement or Re-bond Crown	D4277 Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites) First Tooth, Implant, or Edentulous Tooth Position in Graft
D2940 Protective Restoration	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
D2950 Core Buildup, Including Any Pins When Required	D4283 Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) – Each Additional Contiguous tooth, Implant or Edentulous Tooth Position in Same Graft Site
*D2952 Post and Core In Addition to Crown, Indirectly Fabricated	D4285 Non-Autogenous Connective Tissue Graft Procedure (Including Recipient Surgical Site and Donor Material) – Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same Graft Site
*D2953 Each Additional Indirectly Fabricated Post – Same Tooth	D4341 Periodontal Scaling and Root Planing - 4 or More Teeth Per Quadrant
D2954 Prefabricated Post and Core in Addition to Crown	D4342 Periodontal Scaling and Root Planing - 1 to 3 Teeth, Per Quadrant
*D2957 Each Additional Prefabricated Post - Same Tooth	D4346 Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation – Full Mouth, After Oral Evaluation
Endodontics	D4910 Periodontal Maintenance
D3110 Pulp Cap - Direct (Excluding Final Restoration)	Prosthodontics - Removable
D3220 Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	D5110 Complete Denture - Maxillary
D3221 Pulpal Debridement, Primary and Permanent Teeth	D5120 Complete Denture - Mandibular
D3222 Partial pulpotomy For Apexogenesis – Permanent Tooth with Incomplete Root Development	D5130 Immediate Denture – Maxillary
D3310 Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	D5140 Immediate Denture - Mandibular
D3320 Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)	D5211 Maxillary Partial Denture - Resin Base (Including, Retentive/Clasping Materials, Rests and Teeth)
D3330 Endodontic Therapy, Molar (Excluding Final Restoration)	D5212 Mandibular Partial Denture - Resin Base (Including, Retentive/Clasping Materials, Rests and Teeth)
D3346 Retreatment of Previous Root Canal Therapy - Anterior	D5213 Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)
D3347 Retreatment of Previous Root Canal Therapy - Premolar	D5214 Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)
D3348 Retreatment of Previous Root Canal Therapy - Molar	D5221 Immediate Maxillary Partial Denture – Resin Base (Including Any Conventional Clasps, Rests and Teeth)
D3410 Apicoectomy - Anterior	D5222 Immediate Mandibular Partial Denture – Resin Base (Including Any Conventional Clasps, Rests and Teeth)
D3421 Apicoectomy - Bicuspid (First Root)	
D3425 Apicoectomy - Molar (First Root)	
D3426 Apicoectomy (Each Additional Root)	
D3427 Periradicular Surgery without Apicoectomy	
D3428 Bone Graft in Conjunction with Periradicular Surgery	
D3429 Bone Graft in Conjunction with Periradicular Surgery – Each Additional Contiguous Tooth in the Same Surgical	
D3431 Biologic Materials to Aid in Soft & Osseous Tissue Regeneration in Conjunction with Periradicular Surgery	
D3432 Guided Tissue Regeneration, Resorbable Barrier, per site, in conjunction with Periradicular Surgery	
D3430 Tooth in the Same Surgical Site	
Periodontics	
D4210 Gingivectomy or Gingivoplasty - 4 or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	
D4211 Gingivectomy or Gingivoplasty - 1 to 3 Contiguous Teeth, Or Tooth Bounded Spaces Per Quadrant	
D4240 Gingival Flap Procedure, Including Root Planing - 4 or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	
D4241 Gingival Flap Procedure, Including Root Planing - 1 to 3 Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	
D4249 Clinical Crown Lengthening - Hard Tissue	
D4260 Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - 4 or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	
D4261 Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) - 1 to 3 Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	

Covered Services List *continued*

D5223 Immediate Maxillary Partial Denture – Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	*D6250 Pontic - Resin with High Noble Metal
D5224 Immediate Mandibular Partial Denture – Case Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	D6251 Pontic - Resin with Predominantly Base Metal
D5225 Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth)	*D6252 Pontic - Resin with Noble Metal
D5226 Mandibular Partial Denture - Flexible Base (Including Any Clasp, Rests and Teeth)	D6600 Retainer Inlay - Porcelain/Ceramic, 2 Surfaces
D5282 Removable Unilateral Partial Denture – 1 Piece Cast Metal (including clasps & teeth), Maxillary	D6601 Retainer Inlay - Porcelain/Ceramic, 3 or More Surfaces
D5283 Removable Unilateral Partial Denture – 1 Piece Cast Metal (including clasps & teeth), Mandibular	*D6602 Retainer Inlay - Cast High Noble Metal, 2 Surfaces
5511 Repair Broken Complete Denture Base, Mandibular	*D6603 Retainer Inlay - Cast High Noble Metal, 3 or More Surfaces
5512 Repair Broken Complete Denture Base, Maxillary	D6604 Retainer Inlay - Cast Predominantly Base Metal, 2 Surfaces
D5520 Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	D6605 Retainer Inlay - Cast Predominantly Base Metal, 3 or More Surfaces
D5611 Repair Resin Partial Denture Base, Mandibular	*D6606 Retainer Inlay - Cast Noble Metal, 2 Surfaces
D5612 Repair Resin Partial Denture Base, Maxillary	*D6607 Retainer Inlay - Cast Noble Metal, 3 or More Surfaces
D5621 Repair Cast Partial Framework, Mandibular	D6608 Retainer Onlay - Porcelain/Ceramic, 2 Surfaces
D5622 Repair Cast Partial Framework, Maxillary	D6609 Retainer Onlay - Porcelain/Ceramic, 3 or More Surfaces
D5630 Repair or Replace Broken Retentive/Clasping Material – Per Tooth	*D6610 Retainer Onlay - Cast High Noble Metal, 2 Surfaces
D5640 Replace Broken Teeth - Per Tooth	*D6611 Retainer Onlay - Cast High Noble Metal, 3 or More Surfaces
D5650 Add Tooth to Existing Partial Denture	D6612 Retainer Onlay - Cast Predominately Base Metal, 2 Surfaces
D5660 Add Clasp to Existing Partial Denture – Per Tooth	D6613 Retainer Onlay - Cast Predominately Base Metal, 3 or More Surfaces
D5670 Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)	*D6614 Retainer Onlay - Cast Noble Metal, 2 Surfaces
D5671 Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	*D6615 Retainer Onlay - Cast Noble Metal, 3 or More Surfaces
D5710 Rebase Complete Maxillary Denture	D6710 Retainer Crown - Indirect Resin Based Composite
D5711 Rebase Complete Mandibular Denture	*D6720 Retainer Crown - Resin with High Noble Metal
D5720 Rebase Maxillary Partial Denture	D6721 Retainer Crown - Resin with Predominantly Base Metal
D5721 Rebase Mandibular Partial Denture	*D6722 Retainer Crown - Resin with Noble Metal
D5730 Reline Complete Maxillary Denture (Chairside)	*D6740 Retainer Crown - Porcelain/Ceramic
D5731 Reline Complete Mandibular Denture (Chairside)	*D6750 Retainer Crown - Porcelain Fused to High Noble Metal
D5740 Reline Maxillary Partial Denture (Chairside)	D6751 Retainer Crown - Porcelain Fused to Predominantly Base Metal
D5741 Reline Mandibular Partial Denture (Chairside)	*D6752 Retainer Crown - Porcelain Fused to Noble Metal
D5750 Reline Complete Maxillary Denture (Laboratory)	*D6780 Retainer Crown - ¾ Cast High Noble Metal
D5751 Reline Complete Mandibular Denture (Laboratory)	D6781 Retainer Crown - ¾ Cast Predominately Base Metal
D5760 Reline Maxillary Partial Denture (Laboratory)	*D6782 Retainer Crown - ¾ Cast Noble Metal
D5761 Reline Mandibular Partial Denture (Laboratory)	*D6783 Retainer Crown - ¾ Porcelain/Ceramic
D5850 Tissue Conditioning, Maxillary	*D6790 Retainer Crown - Full Cast High Noble Metal
D5851 Tissue Conditioning, Mandibular	D6791 Retainer Crown - Full Cast Predominantly Base Metal
D5876 Add Metal Substructure to Acrylic Full Denture (per arch)	*D6792 Retainer Crown - Full Cast Noble Metal
Prosthodontics - Fixed	D6930 Re-cement or Re-bond Fixed Partial Denture
D6205 Pontic - Indirect Resin Based Composite	Miscellaneous
*D6210 Pontic - Cast High Noble Metal	D9222 Deep Sedation/General Anesthesia – First 15 Minutes
D6211 Pontic - Cast Predominantly Base Metal	D9223 Deep Sedation/General Anesthesia – Each Subsequent 15 Minute Increment
*D6212 Pontic - Cast Noble Metal	Class D - No Deductible, 24-Month Waiting Period, Limited To Covered Child
*D6240 Pontic - Porcelain Fused to High Noble Metal	Orthodontics
D6241 Pontic - Porcelain Fused to Predominantly Base Metal	D8070 Comprehensive Orthodontic Treatment of the Transitional Dentition
*D6242 Pontic-Porcelain Fused to Noble Metal	D8080 Comprehensive Orthodontic Treatment of the Adolescent Dentition
*D6245 Pontic - Porcelain/Ceramic	