



**Group:** University of North Dakota (Plan #9901)  
**Plan:** Elite Choice  
**Underwritten by:** Companion Life Insurance Company  
**Administered by:** Dental Management Administrators  
**Effective Date:** 1/1/2024  
**Benefit Year:** Calendar  
**Plan Type:** Voluntary / Fully Insured

	In-Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, Bitewing X-rays, Fluoride	<b>100%</b>	<b>See Claim Payment Schedule*</b>
<b>Type 2 - Basic</b> Fillings	<b>See Co-Pay Schedule</b>	<b>See Claim Payment Schedule*</b>
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	<b>See Co-Pay Schedule</b>	<b>See Claim Payment Schedule*</b>
<b>Type 4 - Orthodontics</b> Dependent children up to age 19	<b>No Coverage</b>	<b>No Coverage</b>
Adults	No Coverage	No Coverage
<b>Sealants</b>	See Co-Pay Schedule	See Claim Payment Schedule*
<b>Space Maintainers</b>	See Co-Pay Schedule	See Claim Payment Schedule*
<b>Endodontics</b>	See Co-Pay Schedule	See Claim Payment Schedule*
<b>Periodontics</b>	See Co-Pay Schedule	See Claim Payment Schedule*
<b>Simple Extractions</b>	See Co-Pay Schedule	See Claim Payment Schedule*
<b>Oral Surgery</b>	See Co-Pay Schedule	See Claim Payment Schedule*
<b>Specialists</b>	Included **	See Claim Payment Schedule*

\*\* All in-network copayments included in the co-pay schedule apply to services performed at both general dentists and specialists.

Waiting periods	
Type 2 - Basic	None
Type 3 - Major	None
Type 4 - Orthodontics	N/A

<b>Deductible</b>	In and Out of Network Deductibles are Combined
Per Person	\$0.00
Family Max	\$0.00
<b>Deductible Applies To</b>	Type 2 & Type 3
<b>Annual Maximum Per Person</b>	\$2,000.00
<b>Orthodontic Lifetime Maximum</b>	N/A
<b>Network / Reimbursement Schedule</b>	TDA PPO
	See Claim Payment Schedule*

<b>Monthly Rates</b>	
Employee	\$39.20
Two Party	\$74.16
Family	\$123.60

Provisions / Limitations / Exclusions	
Exams (including Periodontal), Cleanings	2 per plan year
Fluoride	1 per plan year, up to age 19
Sealants	Up to age 17
Space Maintainers	No frequency
Bitewing X-Rays	2 per plan year
Periapical X-Rays	2 per year
Panoramic X-Ray	1 every 3 years
Impacted Teeth	Covered in See Co-Pay Schedule
Anesthesia - (Limited to surgical procedures only)	Covered in See Co-Pay Schedule
Implants / Implant Abutments	Over age 16, 1 per 10 years
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth
Fillings on the same surface	1 every 24 months

\* When using a non-participating provider, the insured is responsible for all fees in excess of the plan payment listed in the claim payment schedule.

Read Your Policy Carefully-This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!



CDT	CDT Description	Patient Co-Pay	Out-of-Network Claim Payment
D0120	PERIODIC ORAL EVALUATION ESTABLISHED PATIENT	0	32
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	0	47
D0145	ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER	0	52
D0150	COMP ORAL EVALUATION - NEW/ESTABLISHED PATIENT	0	53
D0160	DTL&EXT ORAL EVALUATION - PROBLEM FOCUSED REPORT	0	93
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	0	42
D0180	COMP PERIODONTAL EVALUATION - NEW/EST PATIENT	0	51
D0210	INTRAORAL-COMPLETE SERIES	0	85
D0220	INTRAORAL-PERiapical-FIRST FILM	0	21
D0230	INTRAORAL-PERiapical-EACH ADDITIONAL FILM	0	16
D0240	INTRAORAL - OCCLUSAL FILM	0	11
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE	0	12
D0251	EXTRA-ORAL POSTERIOR RADIOGRAPHIC IMAGE	0	7
D0270	BITEWING - SINGLE FILM	0	25
D0272	BITEWINGS - TWO FILMS	0	35
D0273	BITEWINGS - THREE FILMS	0	38
D0274	BITEWINGS - FOUR FILMS	0	44
D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS	0	65
D0330	PANORAMIC FILM	0	80
D1110	PROPHYLAXIS - ADULT	0	48
D1120	PROPHYLAXIS - CHILD	0	33
D1206	TOP FLUORIDE VARNISH; TX APPL MOD-HI CARIES RISK	0	43
D1208	TOPICAL APPLICATION OF FLUORIDE	0	25
D1351	SEALANT - PER TOOTH	0	17
D1510	SPACE MAINTAINER - FIXED-UNILATERAL PER QUAD	0	198
D1516	SPACE MAINTAINER - FIXED-BILATERAL, MAXILLARY	0	278
D1517	SPACE MAINTAINER - FIXED-BILATERAL, MANDIBULAR	0	278
D1520	SPACE MAINTAINER - REMOVABLE-UNILATERAL PER QUAD	0	238
D1526	SPACE MAINTAINER - REMOVABLE-BILATERAL, MAXILLARY	0	337
D1527	SPACE MAINTAINER - REMOVABLE-BILATERAL, MANDIBULAR	0	337
D1551	RECEMENT OR REBOND BILATERAL SPACE MAINTAINER - MAXILLARY	0	24
D1552	RECEMENT OR REBOND BILATERAL SPACE MAINTAINER - MANDIBULAR	0	24
D1553	RECEMENT OR REBOND UNILATERAL SPACE MAINTAINER - PER QUADRANT	0	12
D2140	AMALGAM-ONE SURFACE PRIMARY OR PERMANENT	66	25
D2150	AMALGAM-TWO SURFACES PRIMARY OR PERMANENT	66	44
D2160	AMALGAM-THREE SURFACES PRIMARY OR PERMANENT	78	55
D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	78	82
D2330	RESIN-BASED COMPOSITE ONE SURFACE ANTERIOR	78	32
D2331	RESIN-BASED COMPOSITE TWO SURFACES ANTERIOR	84	49
D2332	RESIN-BASED COMPOSITE THREE SURFACES ANTERIOR	90	70
D2335	RESIN-BASED COMPOSITE 4/> SURFACES INCISAL ANGLE	114	77
D2390	RESIN-BASED COMPOSITE CROWN ANTERIOR	120	90
D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	84	35
D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	102	60
D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	114	82
D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	138	102
D2510	INLAY - METALLIC - ONE SURFACE	420	168
D2520	INLAY - METALLIC - TWO SURFACES	420	237
D2530	INLAY - METALLIC - THREE OR MORE SURFACES	480	277
D2542	ONLAY - METALLIC - TWO SURFACES	480	264
D2543	ONLAY METALLIC THREE SURFACES	480	295
D2544	ONLAY METALLIC FOUR OR MORE SURFACES	540	272
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	480	209
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	480	243
D2630	INLAY - PORCELAIN/CERAMIC - THREE/MORE SURFACES	540	279
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	540	216
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	540	314
D2644	ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES	540	312
D2650	INLAY RESIN BASED COMPOSITE ONE SURFACE	312	158
D2651	INLAY RESIN BASED COMPOSITE TWO SURFACES	360	197
D2652	INLAY RESIN BASED COMPOSITE 3 OR MORE SURFACES	390	197
D2662	ONLAY RESIN BASED COMPOSITE TWO SURFACES	360	135
D2663	ONLAY RESIN BASED COMPOSITE THREE SURFACES	390	187
D2664	ONLAY RESIN BASED COMPOSIT FOUR OR MORE SURFACES	426	193
D2710	CROWN RESIN BASED COMPOSITE INDIRECT	312	68
D2712	CROWN 3/4 RESIN BASED COMPOSITE INDIRECT	312	68
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	698	159

CDT	CDT Description	Patient Co-Pay	Out-of-Network Claim Payment
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	698	158
D2722	CROWN - RESIN WITH NOBLE METAL	698	166
D2740	CROWN - PORCELAIN/CERAMIC	698	177
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	698	162
D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	702	133
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	714	140
D2753	CROWN - PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	714	140
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	684	170
D2781	CROWN - 3/4 CAST PREDOMINATELY BASE METAL	684	128
D2782	CROWN - 3/4 CAST NOBLE METAL	684	149
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	684	191
D2790	CROWN - FULL CAST HIGH NOBLE METAL	698	139
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	660	155
D2792	CROWN - FULL CAST NOBLE METAL	667	168
D2910	RECEMENT INLAY ONLAY/PART COVERAGE RESTORATION	48	23
D2920	RECEMENT CROWN	54	19
D2928	PREFABRICATED PORCELAIN/CERAMIC CROWN - PERM TOOTH	174	60
D2929	PREFABR PORC CROWN - PRIMARY TOOTH	168	56
D2930	PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH	168	33
D2931	PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH	168	56
D2932	PREFABRICATED RESIN CROWN	180	125
D2933	PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW	228	82
D2934	PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM	228	82
D2940	PROTECTIVE RESTORATION	66	20
D2950	CORE BUILDUP INCLUDING ANY PINS	156	33
D2951	PIN RETENTION - PER TOOTH ADDITION RESTORATION	30	12
D2952	POST AND CORE ADDITION TO CROWN INDIRECTLY FAB	186	106
D2953	EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH	108	58
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	186	54
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	108	29
D2980	CROWN REPAIR BY REPORT	90	24
D3110	PULP CAP - DIRECT	36	15
D3120	PULP CAP - INDIRECT	30	12
D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	90	32
D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	60	67
D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	84	116
D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	102	142
D3310	ENDODONTIC THERAPY ANTERIOR TOOTH	354	488
D3320	ENDODONTIC THERAPY PREMOLAR TOOTH	432	550
D3330	ENODODONTIC THERAPY MOLAR TOOTH	540	688
D3346	RETREATMENT PREVIOUS ROOT CANAL THERAPY-ANTERI	432	585
D3347	RETREATMENT PREVIOUS ROOT CANAL THERAPY-PREMOLAR	492	660
D3348	RETREATMENT PREVIOUS ROOT CANAL THERAPY-MOLAR	612	768
D3351	APEXIFICATION/RECALCIFICATION-INITIAL VISIT	180	258
D3352	APEXIFICATIFICATION/RECALCIFICATION-INTERIM MED	114	116
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT	354	356
D3410	APICOECTOMY-ANTERIOR	360	513
D3421	APICOECTOMY-BICUSPID (FIRST ROOT)	348	569
D3425	APICOECTOMY-MOLAR (FIRST ROOT)	480	725
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	144	218
D3430	RETROGRADE FILLING - PER ROOT	114	168
D3450	ROOT AMPUTATION - PER ROOT	222	334
D3920	HEMISECTION NOT INCLUDING ROOT CANAL THERAPY	186	254
D4210	GINGIVECT/PLSTY 4/>CNTIG/TOOTH BOUND SPACES-QUAD	180	346
D4211	GINGIVECT/PLSTY 1-3 PER OTTH FOR REST ACCESS	96	94
D4212	GINGIVECT/PLSTY 1-3CNTIG PER TOOTH	84	61
D4240	INGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD	270	439
D4241	INGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD	114	254
D4260	OSSEOUS SURG 4/> CONTIG/TOOTH BOUND SPACES-QUAD	558	593
D4261	OSSEOUS SURG 1-3 CONTIG/TOOTH BOUND SPACES-QUAD	252	525
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	228	262
D4264	BONE REPLACEMENT GRAFT-EA ADD SITE IN QUADRANT	192	223
D4266	GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE	240	269
D4267	GUID TISSUE REGEN - NONRESORB BARRIER PER SITE	306	346
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	372	519
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE	750	702
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE	330	360
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT	422	477
D4276	COMB CNCTIVE TISSUE&DBL PEDICLE GRAFT PER TOOTH	422	712
D4277	FREE SOFT TISSUE GRAFT PROCEDURE	466	550
D4278	FREE SOFT TISSUE GRAFT PROCEDUREETH	234	177
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE	252	541
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE	222	407
D4322	SPLINT - INTRA-CORONAL, NATURAL TEETH OR PROSTHETIC CROWNS	198	131

CDT	CDT Description	Patient Co-Pay	Out-of-Network Claim Payment
D4323	SPLINT - EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC CROWNS	186	104
D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	138	66
D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	66	39
D4346	SCALING GEN MOD/SEVERE GING INFLAM-FULL MOUTH	114	36
D4355	FULL MOUTH DEBRID ENABLE COMP EVALUATION&DX SUB VST	78	42
D4910	PERIODONTAL MAINTENANCE	66	38
D5110	COMPLETE DENTURE - MAXILLARY	1074	136
D5120	COMPLETE DENTURE - MANDIBULAR	1074	136
D5130	IMMEDIATE DENTURE - MAXILLARY	1110	199
D5140	IMMEDIATE DENTURE - MANDIBULAR	1110	199
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE	702	285
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE	702	285
D5213	MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE	1080	239
D5214	MAND PART DENTUR- CAST METL FRMEWRK W/RSN BASE	1080	239
D5225	MAXILLARY PARTIAL DENTURE FLEXIBLE BASE	1080	217
D5226	MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE	1080	217
D5227	IMMED MAX PART DENT - FLEX BASE (INCLUD CLASPS, RESTS, TTH)	1170	157
D5228	IMMED MAND PART DENT - FLEX BASE (INCLUD CLASPS, RESTS, TTH)	1170	157
D5282	REMV UNILAT PART DENTUR - 1 PIECE CAST METAL, MAXILLARY	552	215
D5283	REMV UNILAT PART DENTUR - 1 PIECE CAST METAL, MANDIBULAR	552	215
D5284	REMV UNI PARTIAL DENTURE - ONE PIECE FLEXIBLE	552	215
D5286	REMV UNI PARTIAL DENTURE - ONE PIECE RESIN	552	215
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	30	31
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	30	31
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	30	31
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	30	31
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	78	48
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	78	48
D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE	78	29
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	72	62
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	72	62
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	108	60
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	108	60
D5630	REPAIR OR REPLACE BROKEN CLASP	120	60
D5640	REPLACE BROKEN TEETH - PER TOOTH	72	43
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	120	41
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	120	69
D5710	REBASE COMPLETE MAXILLARY DENTURE	300	168
D5711	REBASE COMPLETE MANDIBULAR DENTURE	300	150
D5720	REBASE MAXILLARY PARTIAL DENTURE	288	155
D5721	REBASE MANDIBULAR PARTIAL DENTURE	288	155
D5730	RELINE COMPLETE MAXILLARY DENTURE CHAIRSIDE	192	76
D5731	RELINE COMPLETE MANDIBULAR DENTURE CHAIRSIDE	192	76
D5740	RELINE MAXILLARY PARTIAL DENTURE CHAIRSIDE	174	75
D5741	RELINE MANDIBULAR PARTIAL DENTURE CHAIRSIDE	174	75
D5750	RELINE COMPLETE MAXILLARY DENTURE LABORATORY	252	105
D5751	RELINE COMPLETE MANDIBULAR DENTURE LABORATORY	252	105
D5760	RELINE MAXILLARY PARTIAL DENTURE LABORATORY	234	115
D5761	RELINE MANDIBULAR PARTIAL DENTURE LABORATORY	234	115
D5810	INTERIM COMPLETE DENTURE MAXILLARY	420	200
D5811	INTERIM COMPLETE DENTURE MANDIBULAR	420	200
D5820	INTERIM PARTIAL DENTURE MAXILLARY	330	155
D5821	INTERIM PARTIAL DENTURE MANDIBULAR	330	155
D5850	TISSUE CONDITIONING MAXILLARY	72	39
D5851	TISSUE CONDITIONING MANDIBULAR	72	39
D6010	SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	1815	150
D6012	SURG PLCMT INTERIM IMPL TRNSITIONL PROS: ENDOS	1799	162
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	7068	202
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	5170	244
D6055	CONNECTING BAR IMPLANT OR ABUTMENT SUPPORTED	486	174
D6056	PREFABRICATED ABUTMENT INCLUDES PLACEMENT	354	105
D6057	CUSTOM ABUTMENT INCLUDES PLACEMENT	570	19
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	1074	214
D6059	ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL	1062	209
D6060	ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL	930	259
D6061	ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL	930	280
D6062	ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL	930	276
D6063	ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL	930	140
D6064	ABUTMENT SUPP CAST METAL CROWN NOBLE METAL	930	182
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	954	296
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN	954	267
D6067	IMPLANT SUPPORTED METAL CROWN	900	281
D6068	ABUT SUPPORTED RETN PORC/CERAMIC FPD	900	349
D6069	ABUT SUPPORTED RETN PORC TO METL FPD HI NOBL	900	344

CDT	CDT Description	Patient Co-Pay	Out-of-Network Claim Payment
D6070	ABUT SUPPORTED RETN PORC TO METL FPD PREDOM BASE	900	284
D6071	ABUT SUPPORTED RETN PORC FUSED METAL FPD	900	305
D6072	ABUT SUPPORTED RETN FOR CAST METAL FPD	900	318
D6073	ABUT SUPPORTED RETN CAST METL FPD PREDOM BASE ME	900	225
D6074	ABUTMENT SUPPORTED RETN CAST METL FPD NOBLE MET	900	286
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	900	341
D6076	IMPLANT SUPPORTED RETAIN PORCELN FUSED METAL FPD	900	312
D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD	900	281
D6080	IMPL MAINT PROC REMV PROSTH & REINSRT	84	20
D6082	IMPL SUPPORTED CRWN - PORC FUSED TO PREDOM BASE ALLOYS	954	296
D6083	IMPL SUPPORTED CRWN - PORC FUSED TO NOBLE ALLOYS	900	312
D6084	IMPL SUPPORTED CRWN - PORC FUSED TO TTN AND TTN ALLOYS	900	312
D6086	IMPL SUPPORTED CROWN - PREDOM BASE ALLOYS	954	277
D6087	IMPL SUPPORTED CROWN - NOBLE ALLOYS	900	288
D6088	IMPL SUPPORTED CROWN - TITANIUM AND TTN ALLOYS	900	288
D6091	REPL ATTACHMNT IMPL/ABUT SUPP PROS PER ATTACHMNT	390	106
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	72	24
D6093	RECEMENT IMPL/ABUTMNT SUPPORTED FIX PART DENTURE	114	36
D6094	ABUTMENT SUPPORTED CROWN TITANIUM/ALLOY	678	303
D6097	ABUT SUPPORTED CROWN - PORC FUSED TO TTN AND TTN ALLOYS	930	280
D6098	IMPL SUPPORTED RETAINER - PORC FUSED TO PREDOM BASE ALLOYS	900	281
D6099	IMPL SUPPORTED RETAINER FOR FPD - PORC FUSED TO NOBLE ALLOYS	900	253
D6101	DBRDMNT OF PERI-IMPLANT DEFECT	102	31
D6102	DBRDMNT AND OSSEUS CONTOUR OF PERI-IMPLANT DEFECT	408	127
D6103	BONE GRAFT REPAIR OF PERIIMPLANT	186	59
D6104	BONE GRAFT TIME OF IMPLNT PLCMNT	186	59
D6110	IMPL/ABUT SUPP REMV DENTUR CMPL EDNTULS ARCH-MAX	1080	369
D6111	IMPL/ABUT SUPP REMV DENTUR CMPL EDNTULS ARCH-MND	1080	369
D6112	IMPL/ABUT SUPP REMV DENTUR PART EDNTULS ARCH-MAX	990	323
D6113	IMPL/ABUT SUPP REMV DENTUR PART EDNTULS ARCH-MND	990	323
D6114	IMPL/ABUT SUPP FIXED DENTUR CMPL EDNTULS ARCH-MA	4655	326
D6115	IMPL/ABUT SUPP FIXED DENT CMPL EDNT ARCH-MNDBL	4655	326
D6116	IMPL/ABUT SUPP FIXED DENTUR CMPL EDNTULS ARCH-MA	2110	131
D6117	IMPL/ABUT SUPP FIXED DENT CMPL EDNT ARCH-MNDBL	2110	131
D6120	IMPL SUPPORTED RETAINER - PORC FUSED TO TTN AND TTN ALLOYS	900	253
D6121	IMPL SUPPORTED RETAINER FOR METAL FPD - PREDOM BASE ALLOYS	960	213
D6122	IMPL SUPPORTED RETAINER FOR METAL FPD - NOBLE ALLOYS	960	175
D6123	IMPL SUPPORTED RETAINER FOR METAL FPD - TTN AND TTN ALLOYS	960	175
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT	168	55
D6191	SEMI-PRECISION ABUTMENT - PLACEMENT	540	131
D6192	SEMI-PRECISION ATTACHMENT - PLACEMENT	270	68
D6194	ABUT SUPPORTED RETAINER CROWN FOR FPD TTN/ALLOY	900	144
D6195	ABUT SUPPORTED RETAINER - PORC FUSED TO TTN AND TTN ALLOYS	900	305
D6205	PONTIC INDIRECT RESIN BASED COMPOSITE	480	97
D6210	PONTIC - CAST HIGH NOBLE METAL	600	194
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	576	181
D6212	PONTIC - CAST NOBLE METAL	588	186
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	714	90
D6241	PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL	714	64
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	690	97
D6243	PONTIC - PORC FUSED TO TITANIUM AND TTN ALLOYS	690	97
D6245	PONTIC - PORCELAIN/CERAMIC	702	122
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	732	131
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	684	113
D6252	PONTIC - RESIN WITH NOBLE METAL	708	116
D6600	INLAY-PORCELAIN/CERAMIC TWO SURFACES	420	222
D6601	INLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES	420	250
D6602	INLAY - CAST HIGH NOBLE METAL TWO SURFACES	420	261
D6603	INLAY - CAST HIGH NOBLE METAL 3/MORE SURFACES	420	322
D6604	INLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	420	249
D6605	INLAY - CAST PREDOM BASE METAL 3/MORE SURFACES	420	284
D6606	INLAY - CAST NOBLE METAL TWO SURFACES	420	239
D6607	INLAY - CAST NOBLE METAL THREE OR MORE SURFACES	468	264
D6608	ONLAY - PORCELAIN/CERAMIC 2 SURFACES	480	257
D6609	ONLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES	510	260
D6610	ONLAY - CAST HIGH NOBLE METAL TWO SURFACES	468	269
D6611	ONLAY - CAST HIGH NOBLE METAL 3/MORE SURFACES	468	331
D6612	ONLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	468	265
D6613	ONLAY - CAST PREDOM BASE METAL 3/MORE SURFACES	468	295
D6614	ONLAY - CAST NOBLE METAL TWO SURFACES	468	251
D6615	ONLAY - CAST NOBLE METAL THREE OR MORE SURFACES	468	277
D6624	INLAY TITANIUM	480	246
D6634	ONLAY TITANIUM	630	154
D6710	CROWN INDIRECT RESIN BASED COMPOSITE	642	157

CDT	CDT Description	Patient Co-Pay	Out-of-Network Claim Payment
D6720	CROWN - RESIN WITH HIGH NOBLE METAL	750	183
D6721	CROWN RESIN W/PREDOMINANTLY BASE METAL-DENTURE	720	166
D6722	CROWN - RESIN WITH NOBLE METAL	732	169
D6740	CROWN - PORCELAIN/CERAMIC	726	198
D6750	CROWN PORCELAIN FUSED TO HI NOBLE METAL-DENTURE	726	177
D6751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	702	145
D6752	CROWN - PORCELAIN FUSED TO NOBLE METAL	714	152
D6753	RETAINER CROWN - PORC FUSED TO TTN AND TTN ALLOYS	714	152
D6780	CROWN - 3/4 CAST HIGH NOBLE METAL	684	167
D6781	CROWN - 3/4 CAST PREDOMINANTLY BASED METAL	684	167
D6782	CROWN 3/4 CAST NOBLE METAL-DENTURE	684	115
D6783	CROWN 3/4 PORCELAIN/CERAMIC-DENTURE	684	189
D6784	RETAINER CROWN 3/4 - TITANIUM AND TITANIUM ALLOYS	684	189
D6790	CROWN FULL CAST HIGH NOBLE METAL-DENTURE	780	105
D6791	CROWN FULL CAST PREDOMINANTLY BASE METAL-DENTURE	660	166
D6792	CROWN FULL CAST NOBLE METAL-DENTURE	660	192
D6930	RECEMENT FIXED PARTIAL DENTURE	72	32
D7111	EXTRACTION CORONAL REMNANTS PRIMARY TOOTH	42	34
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	66	39
D7210	SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP	125	57
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	140	60
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	190	81
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	210	93
D7241	REMV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS	290	44
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	132	65
D7270	TOOTH REIMPL &OR STBL ACC EVULSED/DISPLCD TOOTH	132	200
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	300	120
D7285	BIOPSY OF ORAL TISSUE HARD	720	141
D7286	BIOPSY OF ORAL TISSUE SOFT	324	47
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	102	42
D7288	BRUSH BIOPSY TRANSEPIHELIAL SAMPLE COLLECTION	102	42
D7290	SURGICAL REPOSITIONING OF TEETH	300	67
D7310	ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD	144	50
D7311	ALVEOLOPLASTY CONJNC XTRACT 1-3 TEETH/SPCES QUAD	168	56
D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE	228	440
D7321	ALVEOLOPLASTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUA	270	84
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	720	75
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	1140	119
D7471	REMOVAL OF LATERAL EXOSTOSIS	930	61
D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	90	88
D7810-D7899	TEPOROMANDIBULAR JOIN DYSFUNCTIONS (TMJ)	No Coverage	0
D7911	COMPLICATED SUTURE-UP TO 5 CM	840	74
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	1800	159
D7971	EXCISION OF PERICORONAL GINGIVA	72	57
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	684	60
D8010-D8999	ORTHODONTIC SERVICES	No Coverage	0
D9110	PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	48	23
D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	24	4
D9215	LOCAL ANESTHESIA CONJUNCTION OPERATIVE/SURG PROC	24	4
D9222	DEEP SEDATION/GEN ANESTHESIA - FIRST 15 MINUTES	102	60
D9223	DEEP SEDATION/GEN ANESTHESIA - EACH ADDT 15 MINUTES	102	60
D9239	IV (CONSCIOUS) SEDATION/ANALGESIA - FIRST 15 MINUTES	102	60
D9243	IV (CONSCIOUS) SEDATION/ANALGESIA - EACH ADDT 15 MIN	102	60
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	72	0
D9310	CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY	161	0
D9995	TELEDENTISTRY-SYNCHRONOUS;REAL-TIME ENCOUNTER	0	47
D9996	TELEDENTISTRY-ASYNCHRONOUS;INFO STORED & FRWRD FOR SUB REVIEW	0	47

# Elite Choice Group Dental Plan

## Exclusions & Limitations

1. In the first twelve months that a person is insured if the person is a Late Entrant; except for exams, cleanings, and fluoride application. The benefits are limited to procedures numbered 0120, 0140, 0150, 0180, 1110, 1120, 1206 and 1208.
2. For any treatment which is for cosmetic purposes, or to correct congenital malformations, other than medically necessary treatment of congenital cleft in the lip or palate, or both.
3. To replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge within five years of the date of the last placement of these items. But if a replacement is required because of an accidental bodily injury sustained while the Insured is covered under this section, it will be a Covered Expense.
4. For initial placement of any prosthetic appliance or fixed bridge unless such placement is needed because of the extraction of one or more natural teeth while the Insured is covered under this section. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth.
5. For any procedure begun before the Insured was covered under this section.
6. For any procedure begun after the Insured's insurance under this section terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this section terminates.
7. To replace lost or stolen appliances.
8. For appliances, restorations, or procedures to:
  - a. alter vertical dimensions;
  - b. restore or maintain occlusion;
  - c. splint or replace tooth structure lost as a result of abrasion or attrition; or
  - d. treat disturbances of the temporomandibular joint.
9. For any procedure which is not shown on the List of Dental Procedures.
10. For education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene, or dental plaque control.
11. For the completion of claim forms.
12. For sealants which are:
  - a. not applied to a permanent molar;
  - b. applied after attaining age 17;
  - c. applied to a molar more than once.
13. Gingival flap procedure, including root planning (procedure numbers 4240, 4241, 4340 and 4341) unless the presence of periodontal disease is confirmed by both x-rays and pocket depth summaries of each tooth involved.
14. Because of an injury arising out of, or in the course of, work for wage or profit.
15. By an Insured because of a sickness, injury, or condition for which he or she is eligible for benefits under Worker's Compensation or similar laws.
16. For charges for which the Insured is not liable or which would not have been made had no insurance been in force.
17. For services which are not recommended by a dentist or which are not required for necessary care and treatment.
18. Because of war or any act of war, declared or not.
19. To an Insured if payment is not legal where the Insured is living when expenses are incurred.
20. Any services related to: equilibration; bite registration or bite analysis.
21. Crowns for the purpose of periodontal splinting.
22. Charges for: any implants; precision or semi-precision attachments and any endodontic treatment associated with it; other customized attachments, unless specifically listed in policy.
23. For endodontic treatment of the same tooth within a three (3) year period.
24. For root canal treatment when it has not been demonstrated that unusual morphological or pathological conditions exist and when performed by a non-endodontic specialist.
25. For more than one filling for each tooth surface in a 24-month period.
26. For non-surgical periodontal treatment more than once in a two (2) year period.
27. For surgical periodontal treatment more than once in a three (3) period.
28. For crown build-ups when less than three (3) of the five (5) tooth surfaces are destroyed.
29. For crown build-ups (pin, bonded, or post and core) more than once in a five (5) year period.