		0	
Vertical bitewings - 7 to 8 radiographic images	Ī	0	L
Panoramic radiographic image		0	
2D cephalometric radiographic image - acquisition, measurement and analysis	Ī	0	L
2D oral/facial photographic image obtained intra-orally or extra-orally		0	L

D0277 D0330 D0340 D0350 D0364

		0
D1000-D1999	II. Preventive	
D1110	Prophylaxis - adult, for the first two services in any 12-month period	0
D1120	Prophylaxis - child, for the first two services in any 12-month period	0
D1999	Prophylaxis - adult or child, each additional service in the same 12-month period (maximum of 2 additional in the same 12 month period)	35
M1110	Prophylaxis - One additional prophylaxis will be covered at no charge for members who: (a) are pregnant in their 2nd or 3rd trimester; (b) have clinically demonstrabl	
D1206	Topical application of fluoride varnish, for the first two services in any 12-month period	0
D1208	Topical application of fluoride - excluding varnish, for the first two services in any 12-month period	0
D2999	Topical fluoride (adult or child) each additional service in same 12-month period	20
D1310	Nutritional counseling for control of dental disease	0
D1320	Tobacco counseling for the control and prevention of oral disease	0
D1330	Oral hygiene instructions	0
D1351	Sealant - per tooth - molars	8
D9999	Sealant - per tooth - non-molars	35
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	8
D1353	Sealant repair - per tooth	5
D1510	Space maintainer - fixed - unilateral	65
D1515	Space maintainer - fixed - bilateral	85

Plan N300M

Managed Dental Care - Plan Schedule

CDT Codes ++	Covered Dental Services	Patient Charges
D9000-D9999	XII. Adjunctive General Services (Continued)	
D9215	Local anesthesia in conjunction with operative or surgical procedures	0
D9219	Evaluation for deep sedation or general anesthesia	55
D9223	Deep sedation/general anesthesia - each 15 minu-2(e)1 0 1 120.5 688.9 Tm 0 G [(De)15(e)-2(p)18()9(s)-17(e)-2(d)-2(a)18(t)9(i)-25(o125r6 reference) = 0.5 (10-10) (10-	•

MANAGED DENTAL CARE ORTHODONTIC BENEFITS

Managed Dental Care Orthodontic Plan Schedule - Option A2

CDT Codes	Covered Services and Patient Charges ++	Pati Chai	
	Orthodontics		
D8010	Limited orthodontic treatment of the primary dentition		\$700
D8020	Limited orthodontic treatment of the transitional dentition		700
D8030	Limited orthodontic treatment of the adolescent dentition		700
D8040	Limited orthodontic treatment of the adult dentition		700
D8050	Interceptive orthodontic treatment of the primary dentition		900
D8060	Interceptive orthodontic treatment of the transitional dentition		900
D8070	Comprehensive orthodontic treatment of the transitional dentition **		
D8080	Comprehensive orthodontic treatment of the adolescent dentition **	Child:	1,895
D8090	Comprehensive orthodontic treatment of the adult dentition **	Adult:	2,195
D8660	Pre-orthodontic treatment examination to monitor growth and development (includes treatment plan, records, evaluation and consultation)		250
D8670	Periodic orthodontic treatment visit		0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers(s))		400
D8681	Removable orthodontic retainer adjustment		0
	© American Dental Association (ADA)	•	v.16285

Child orthodontics is limited to dependent children under age 19; adult orthodontics is limited to dependent children age 19 and above and employee or spouse.

Covered Services are subject to exclusions, limitations and Plan provisions as described in ++

The Policy Covers:

- □ OrthodonticProcedures as listed under Covered Dental Procedures and Patient Charges, limited to one course of comprehensive treatment per Member. Treatment must be preauthorized and performed by an orthodontist Contracted Specialist.
- □ Patient Charge for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment.
- □ Treatment plan and records, including initial records and any interim and final records.

Comprehensive orthodontic treatment covers the fixed banding appliances and related visits only. Additional fixed or removable responsibility.

□ Retention services following a course of comprehensive orthodontic treatment that was covered under this Policy.

Orthodontic retention, including any and all necessary fixed and removable appliances and related visits.

If a Member has orthodontic treatment associated with orthognathic surgery (a non-covered procedure involving the surgical moving of teeth), the Policy provides the standard orthodontic benefit. The Member will be responsible for additional charges related to the orthognathic surgery and the complexity of the orthodontic treatment. The additional charge will be based on the orthodontic

fee

The Policy Does Not Cover:

□ Any procedure listed as an exclusion, in excess of Policy limitations, or as not covered under MDC.

Plan Booklet and the Manual.

- Orthodontic treatment performed by any dentist other than an orthodontist Contracted Specialist.
 - Treatment beyond 24 months. The Member will be responsible for each additional month of treatment, based upon the orthodontist Contracted contract.

Except as describe under the Treatment in progress Takeover Benefit for Orthodontic Treatment Provision, orthodontic procedures are not covered if comprehensive treatment begins before the Member is eligible for benefits under the Policy.

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inserted, the Member is responsible for any additional charges incurred for n, the remainsolv