

## Schedule of benefits

### Managed dental insurance plan

If this is an ERISA plan, you have certain rights under this plan. If the policyholder is a church group or a government group this may not apply. Please contact the policyholder for additional information.

#### Prepared for:

<b>Policyholder:</b>	University of Hartford
<b>Policyholder number:</b>	GP-0724328-A
<b>Schedule of benefits:</b>	1A
<b>Group policy effective date</b>	January 1, 2021
<b>Plan name:</b>	Freedom of Choice DMO
<b>Plan effective date:</b>	January 1, 2021
<b>Plan issue date:</b>	October 17, 2024
<b>Plan revision effective date:</b>	January 1, 2025

**Underwritten by Aetna Life Insurance Company in the state of Connecticut**



## Schedule of benefits

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This schedule of benefits lists the **eligible dental services, deductibles, office visit copayments, coinsurance, maximums, and any limits** that apply to the services you get under this plan.

### How to read your schedule of benefits

- When we say:
  - “In-network coverage” we mean that you get care from **in-network providers**.
  - “Out-of-network coverage” we mean that you can get care from **out-of-network providers**.
- You must pay any **deductibles** and any office visit **copayment** and your part of the **coinsurance**.
- The **coinsurance** listed in the schedule of benefits reflects your **coinsurance** percentage. Your **coinsurance** percentage is the amount that you pay. We are responsible for paying any remaining **coinsurance**.
- You must pay the full amount of any dental care services you get that is not a **covered benefit** or that exceed your **lifetime maximum**.
- This plan also has limits for some **covered benefits**. For example, these could be visit limits. See later in this schedule of benefits for more information about limits.

#### Important note:

All **covered benefits** are subject to a **deductible, office visit copayment and coinsurance** unless otherwise noted in the schedule of benefits below.

### How to contact us for help

We are here to answer your questions:

- Register and log onto our self-service website available 24/7 at <https://www.aetna.com/>
- Call us at 1-877-238-6200

**Aetna Life Insurance Company's group policy** provides the coverage described in this schedule of benefits. This schedule replaces any schedule of benefits previously in use. Keep it with your booklet-certificate.

## General coverage provisions

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This section explains the:

- **Calendar Year out-of-network deductible**
- **Dental emergency services maximum**

### Calendar Year out-of-network deductible

You pay for out-of-network **eligible dental services** each **Calendar Year** before this plan begins to pay. This individual **deductible** applies separately to you and each covered dependent. After the amount paid reaches the individual **deductible**, this plan starts to pay for out-of-network **eligible dental services** for the rest of the **Calendar Year**.

### Dental emergency services maximum

The most the plan will pay for **eligible dental services** incurred by any one covered person for any one **dental emergency** is called the **dental emergency services maximum**.

### Out-of-network orthodontic treatment lifetime maximum

The **orthodontic treatment lifetime maximum** applies to out-of-network **eligible dental services** for **orthodontic treatment**.

### Your financial responsibility and determination of benefits provisions

Your financial responsibility for the cost of services is based on when the service or supply is provided, not when payment is made. Benefits will be pro-rated to account for treatment that occurs in more than one **Calendar Year**. Determinations regarding when benefits are covered are subject to the terms and conditions of the booklet-certificate.

## Plan features

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### In-network plan features

Expense	Copayment
Office visit	\$0 per visit

Expenses	Coinsurance	
	Primary care services	Specialty care services
Type A expenses	0%	Not applicable
Type B expenses	0%	0%
Type C expenses	40%	40%

Expense	Copayment
Comprehensive <b>orthodontic treatment</b> of adolescent and adult dentition	\$2,000

Maximums	Amounts
Dental emergency services maximum	\$100

## Eligible dental services

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### In-network coverage

This dental care schedule applies to **eligible dental services** provided by **primary care dentists (PCDs)** and other **in-network providers** upon **referral** from your **PCD**. The plan covers only the **eligible dental services** listed below.

#### Primary care services Type A expenses

##### Visits and exams

- Oral evaluation (4 visits per year)
- Oral hygiene instruction
- Consultation - second opinion
- Prophylaxis (cleaning) or scaling - moderate/severe inflammation - full mouth, (2 treatments per year)
- Topical application of fluoride or fluoride varnish if you are under age 18 (1 treatment per year)
- Sealants, per tooth (1 applications every 3 years for permanent molars)
- Sealant repair (for permanent molars)
- Resin infiltration of incipient smooth surface lesions for permanent teeth only (1 applications every 3 years)
- Preventive resin restoration if you are under age 16 (1 applications every 3 years for permanent molars)
- Diagnostic casts
- Emergency palliative treatment
- Application of hydroxyapatite regeneration medicament per tooth (1 application every 3 years)

##### Images and pathology

- Bitewing Images (2 sets per year)
- Entire dental series, including bitewings, or panoramic film (1 set every 3 years)
- Vertical bitewing X-rays (1 set every 3 years)
- Periapical X-rays
- Intra-oral radiographic image
- Extra-oral radiographic image
- Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report
- Accession of tissue

**Primary care services  
Type B expenses**

**Endodontics**

- Pulp cap
- Pulpotomy
- Pulpal debridement
- Pulpal therapy
- Pulpal regeneration
- Treatment of root canal obstruction
- Internal root repair
- Incomplete endodontic surgery
- Root canal therapy and retreatment, anterior & bicuspid
- Surgical procedure for isolation of tooth with rubber dam

**Restorative**

- Amalgam restoration
- Resin-based composite restoration
- Retention pins
- Placement of interim direct restoration
- Crowns - prefabricated and stainless steel (excluding temporary crowns)
- Re-cement
- Reattachment of tooth fragment
- Excavation of a tooth resulting in the determination of non-restorability

**Periodontics**

- Scaling and root planing, 1-3 teeth (1 per site every 12 months)
- Scaling and root planing, 4 or more teeth (4 separate quadrants, every 12 months)
- Periodontal maintenance procedures following active therapy (limited to 2 per year)
- Unscheduled dressing change

**Oral surgery** - (Includes local anesthetics and routine post-operative care)

- Extractions - coronal remnants - deciduous tooth
- Extractions erupted tooth or exposed root
- Surgical removal of erupted tooth
- Surgical removal of impacted tooth (soft tissue)
- Incision and drainage of abscess
- Excision of hyperplastic tissue
- Excision of pericoronal gingiva
- Removal of foreign body from soft tissue
- Surgical access of an unerupted tooth
- Suture

**Space maintainers** - Only when needed to preserve space resulting from premature loss of deciduous teeth. Includes all adjustments within 6 months after installation.

- Removal of fixed space maintainer

**Primary care services  
Type C expenses**

**Restorations** - Multiple restorations in 1 surface will be considered as a single restoration

- Inlays
- Onlays
- Crowns (including build-ups)
- Crown repair
- Connector bar
- Labial veneers
- Post and core
- Core build up
- Pontics

**Prosthodontics** - Replacement of existing bridges or dentures is limited to 1 every 5 years. (See the *Replacement rule*.)

- Bridge abutments
- Pontics
- Dentures and partials (fees for dentures and partial dentures include relines, rebases and adjustments with 6 months after installation. Fees for relines and rebases include adjustments within 6 months after installation. Specialized techniques and characterizations are not eligible.
  - Complete upper and lower denture
  - Partial upper and lower (including any conventional clasps, rests and teeth)
  - Removable unilateral partial denture
- Stress breakers
- Interim partial denture (stayplate), anterior only
- Reline (partial or complete)
- Rebase, per denture
- Special tissue conditioning, per denture
- Repairs: full and partial denture
- Replace missing or broken teeth, complete denture - per tooth
- Adding teeth and clasps to existing partial denture
- Procedures to construct new crown under existing partial denture framework
- Repairs: bridges
- Occlusal guard for bruxism
- Adjustments, repairs or reline of occlusal guard (adjustments are not eligible within 6 months of the placement of the appliance)
- Cleaning and inspection of a removable appliance
- Accessing and retorquing loose implant screw - per screw

**Periodontics**

- Full mouth debridement (limited to 1 per lifetime)

**Space maintainers** - Only when needed to preserve space resulting from premature loss of deciduous teeth. Includes all adjustments within 6 months after installation.

- Fixed
- Removable

## Specialty care services

### Type B expenses

#### **Endodontics** - Includes local anesthetics

- Apexification/recalcification
- Apicoectomy
- Surgical repair of root resorption
- Retrograde filling
- Root amputation
- Hemisection

#### **Oral surgery** - Includes local anesthetics and post-operative care

- Surgical removal of residual tooth roots
- Closure of sinus perforation
- Orantral fistula closure
- Transplantation of tooth
- Mobilization of erupted or malpositioned tooth to aid eruption
- Placement of device to facilitate eruption of impacted tooth
- Incisional biopsy of oral tissue
- Exfoliative cytological sample collection
- Alveoloplasty
- Removal of odontogenic cysts or tumors
- Removal of exostosis
- Removal of torus
- Surgical reduction of osseous tuberosity
- Removal of foreign body from bone
- Partial ostectomy/sequestrectomy
- Frenectomy/frenuloplasty
- Surgical reduction of fibrous tuberosity
- Sialolithotomy
- Closure of salivary fistula
- Excisional biopsy of minor salivary glands

#### **Periodontics**

- Gingivectomy/gingivoplasty, 1-3 teeth per quadrant
- Gingivectomy/gingivoplasty, 4 or more teeth per quadrant
- Gingivectomy or gingivoplasty to allow access for restorative, per tooth procedure
- Gingival flap procedure, 1-3 teeth per quadrant
- Gingival flap procedure, 4 or more teeth per quadrant
- Apically positioned flap (limited to 1 per quadrant every 5 years)
- Occlusal adjustment

### Specialty care services

#### Type C expenses

**Endodontics** - Includes local anesthetics

- Molar root canal therapy and retreatment

**Intravenous sedation and general anesthesia sedation** - Only when provided in conjunction with a covered surgical procedure

- Evaluation by anesthesiologist for deep sedation or general anesthesia

**Oral surgery** - Includes local anesthetics and post-operative care

- Removal of impacted teeth, partially or completely bony
- Coronectomy

#### **Periodontics**

- Osseous surgery, (including flap entry and closure)
- Soft tissue graft procedure
- Surgical revision procedure
- Clinical crown lengthening - hard tissue

**Infiltration of a sustained release therapeutic when provided as part of an eligible dental service** - Only for impacted wisdom teeth

### Specialty care services

#### Type: Orthodontic treatment expenses

- Orthodontic screening exam
- Orthodontic diagnostic records
- Orthodontic retention
- Comprehensive **orthodontic treatment** of adolescent dentition
- Post treatment stabilization
- Fixed or removable appliance therapy
- Re-cement, re-bond, or repair of fixed retainer limited **orthodontic treatment**

## Out-of-network coverage

**Out-of-network** coverage is provided only for services shown in the list of **eligible dental services** below. The “Amount payable by **Aetna**” applies only to **eligible dental services** provided by **out-of-network providers**. The amounts shown are not **copayments**, they are the maximum amounts that we pay under your plan for the listed **eligible dental service**.

### Out-of-network plan features

Plan features	Amount
<b>Out-of-network Calendar Year deductible</b>	\$100
<b>Important note:</b> The <b>deductible</b> does not apply to <b>orthodontic treatment</b> services.	

### Out-of-network eligible dental services

Eligible Dental Services	Limitations	Copayment Amounts
Periodic oral evaluation - established patient		\$12
Limited oral evaluation - problem focused		\$12
Oral evaluation for a patient under three years of age and counseling with a primary caregiver		\$12
Comprehensive oral evaluation - new or established patient		\$12
Detailed and extensive oral evaluation - problem focused, by report		\$12
Re-evaluation - limited, problem focused (established patient; not post-operative visit)		\$12
Comprehensive periodontal evaluation - new or established patient		\$12
Intraoral - complete series of radiographic images		\$14
Intraoral - periapical, first radiographic image		\$6
Intraoral - periapical, each additional radiographic image		\$6
Intraoral - occlusal radiographic image		\$8
Extra-oral, first radiographic image		\$12
Extra-oral, posterior radiographic image		\$12
Bitewing - single radiographic image		\$4
Bitewings - 2 radiographic images		\$8
Bitewings - 3 radiographic images		\$12
Bitewings - 4 radiographic images		\$16
Vertical bitewings - 7 to 8 radiographic images	1 set every 3 years	\$12
Panoramic radiographic image		\$14
Interpretation of diagnostic image by practitioner not associated with capture of the image, including report		\$5
Pulp vitality tests	Inclusive to oral evaluation	\$8

Diagnostic casts		\$20
Accession of tissue, gross examination, preparation and transmission of written report		\$27
Accession of tissue, gross and microscopic examination, preparation and transmission of written report		\$27
Accession of tissue, gross and microscopic exam, including assessment of surgical margins for presence of disease, preparation and transmission of written report		\$27
Prophylaxis - adult	2 visits per year	\$26
Prophylaxis - child	2 visits per year	\$14
Topical application of fluoride varnish		\$16
Topical application of fluoride - excluding varnish		\$16
Oral hygiene instruction		\$12
Sealant - per tooth		\$10
Preventive resin restoration in a moderate to high risk caries patient - permanent tooth if you are under age 15		\$10
Sealant repair - per tooth		\$5
Application of caries arresting medicament - per tooth if you are under age 15		\$10
Caries preventive medicament application - per tooth if you are under age 15		\$8
Space maintainer - fixed - unilateral - per quadrant	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	\$40
Space maintainer - fixed - bilateral, maxillary	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	\$40
Space maintainer - fixed - bilateral, mandibular	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	\$40
Space maintainer - removable - unilateral - per quadrant	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	\$32
Space maintainer - removable - bilateral, maxillary	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	\$32

Space maintainer - removable - bilateral, mandibular	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	\$32
Re-cement or re-bond bilateral space maintainer - maxillary		\$16
Re-cement or re-bond bilateral space maintainer - mandibular		\$16
Re-cement or re-bond unilateral space maintainer - per quadrant		\$16
Removal of fixed unilateral space maintainer - per quadrant		\$16
Removal of fixed bilateral space maintainer - maxillary		\$16
Removal of fixed bilateral space maintainer - mandibular		\$16
Distal shoe space maintainer - fixed - unilateral - per quadrant		\$44
Amalgam - 1 surface, primary or permanent		\$12
Amalgam - 2 surfaces, primary or permanent		\$16
Amalgam - 3 surfaces, primary or permanent		\$26
Amalgam - 4+ surfaces, primary or permanent		\$26
Resin-based composite - 1 surface, anterior		\$12
Resin-based composite - 2 surfaces, anterior		\$16
Resin-based composite - 3 surfaces, anterior		\$26
Resin-based composite - 4+ surfaces, anterior		\$26
Resin-based composite crown, anterior		\$26
Resin-based composite - 1 surface, posterior		\$12
Resin-based composite - 2 surfaces, posterior		\$16
Resin-based composite - 3 surfaces, posterior		\$26
Resin-based composite - 4+ surfaces, posterior		\$26
Inlay - metallic - 1 surface		\$60
Inlay - metallic - 2 surfaces		\$80
Inlay - metallic - 3 or more surfaces		\$80
Onlay - metallic - 2 surfaces		\$80
Onlay - metallic - 3 surfaces		\$80
Onlay - metallic - 4 or more surfaces		\$80
Inlay, porcelain/ceramic - 1 surface		\$60
Inlay, porcelain/ceramic - 2 surfaces		\$80
Inlay, porcelain/ceramic - 3 or more surfaces		\$80
Onlay, porcelain/ceramic - 2 surfaces		\$80
Onlay, porcelain/ceramic - 3 surfaces		\$80
Onlay, porcelain/ceramic - 4 or more surfaces		\$80
Inlay, resin based composite - 1 surface		\$60
Inlay, resin based composite - 2 surfaces		\$80

Inlay, resin based composite - 3 or more surfaces		\$80
Onlay, resin based composite - 2 surfaces		\$80
Onlay, resin based composite - 3 surfaces		\$80
Onlay, resin based composite - 4 or more surfaces		\$80
Crown - resin-based composite, indirect		\$120
Crown - 3/4 resin-based composite, indirect		\$96
Crown - resin with high noble metal		\$120
Crown - resin with predominantly base metal		\$120
Crown - resin with noble metal		\$120
Crown - porcelain/ ceramic		\$120
Crown - porcelain fused to high noble metal		\$120
Crown - porcelain fused to predominantly base metal		\$120
Crown - porcelain fused to noble metal		\$120
Crown - porcelain fused to titanium and titanium alloys		\$120
Crown - 3/4 cast high noble metal		\$120
Crown - 3/4 cast predominantly base metal		\$120
Crown - 3/4 cast noble metal		\$120
Crown - 3/4 cast porcelain/ceramic		\$120
Crown - full cast high noble metal		\$120
Crown - full cast predominantly base metal		\$120
Crown - full cast noble metal		\$120
Crown - titanium and titanium alloys		\$120
Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		\$16
Re-cement or re-bond indirectly fabricated or prefabricated post and core		\$8
Re-cement or re-bond crown		\$16
Reattachment of tooth fragment, incisal edge or cusp		\$3
Prefabricated porcelain/ceramic crown - primary tooth		\$42
Prefabricated stainless steel crown - primary tooth		\$26
Prefabricated stainless steel crown - permanent tooth		\$26
Prefabricated esthetic coated stainless steel crown - primary tooth		\$26
Protective restoration		\$12
Interim therapeutic restoration - primary dentition		\$6
Core buildup, including any pins when required		\$27
Pin retention - per tooth, in addition to restoration		\$14

Post & core in addition to crown, indirectly fabricated		\$27
Excavation of a tooth resulting in the determination of non-restorability		\$6
Resin infiltration of incipient smooth surface lesions if you are under age 15		\$10
Application of hydroxyapatite regeneration medicament - per tooth		\$15
Pulp cap - direct (excluding final restoration)		\$3
Pulp cap - indirect (excluding final restoration)		\$3
Therapeutic pulpotomy (excluding final restoration)		\$27
Pulpal debridement, primary and permanent teeth		\$12
Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development		\$24
Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)		\$27
Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)		\$27
Endodontic therapy, anterior tooth (excluding final restoration)		\$80
Endodontic therapy, premolar tooth (excluding final restoration)		\$96
Endodontic therapy, molar tooth (excluding final restoration)		\$120
Treatment of root canal obstruction; non-surgical access		\$80
Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		\$48
Internal root repair of perforation defects		\$40
Retreatment of previous root canal therapy - anterior		\$80
Retreatment of previous root canal therapy - premolar		\$96
Retreatment of previous root canal therapy - molar		\$120
Apicoectomy - anterior		\$60
Apicoectomy - premolar (first root)		\$60
Apicoectomy - molar (first root)		\$60
Apicoectomy - each additional root		\$40
Retrograde filling - per root		\$14
Root amputation - per root		\$27
Surgical repair of root resorption - anterior		\$27
Surgical repair of root resorption - premolar		\$36
Surgical repair of root resorption - molar		\$45
Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior		\$36

Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar		\$48
Surgical exposure of root surface without apicoectomy or repair of root resorption - molar		\$60
Gingivectomy or gingivoplasty - 4 or more contiguous teeth or tooth bounded spaces per quadrant		\$40
Gingivectomy or gingivoplasty - 1-3 contiguous teeth or tooth bounded spaces per quadrant		\$20
Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		\$8
Gingival flap procedure, including root planing - 4 or more contiguous teeth or tooth bounded spaces per quadrant		\$60
Gingival flap procedure, including root planing - 1-3 contiguous teeth or tooth bounded spaces per quadrant		\$36
Apically positioned flap		\$60
Clinical crown lengthening - hard tissue		\$40
Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant		\$80
Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant		\$40
Surgical revision procedure, per tooth		\$32
Pedicle soft tissue graft procedure		\$40
Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position		\$75
Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		\$75
Combined connective tissue and pedicle graft, per tooth		\$83
Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft		\$24
Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site		\$24
Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		\$41

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		\$41
Periodontal scaling and root planing, 4 or more teeth per quadrant	4 separate quadrants every 12 months	\$40
Periodontal scaling and root planing - 1-3 teeth per quadrant	1 per site every 12 months	\$24
Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	2 treatments per year combined with prophylaxis	\$13
Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	1 per lifetime	\$26
Periodontal maintenance procedures following active therapy	2 per year	\$40
Unscheduled dressing change (by someone other than treating dentist or their staff)		\$12
Complete denture - maxillary	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$120
Complete denture - mandibular	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$120
Immediate denture - maxillary	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$120
Immediate denture - mandibular	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$120
Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$120
Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$120
Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$120
Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$120

Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$138
Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$138
Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$138
Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$138
Maxillary partial denture - flexible base (including any clasps, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$144
Mandibular partial denture - flexible base (including any clasps, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$144
Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$144
Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$144
Removable unilateral partial denture one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$120
Removable unilateral partial denture one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$120
Removable unilateral partial denture - one-piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$144
Removable unilateral partial denture - one-piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$120
Adjust complete denture - maxillary	Includes all adjustments within 6 months after insertion	\$20

Adjust complete denture - mandibular	Includes all adjustments within 6 months after insertion	\$20
Adjust partial denture - maxillary	Includes all adjustments within 6 months after insertion	\$20
Adjust partial denture - mandibular	Includes all adjustments within 6 months after insertion	\$20
Repair broken complete denture base, mandibular		\$27
Repair broken complete denture base, maxillary		\$27
Replace missing or broken teeth - complete denture (each tooth)		\$40
Repair resin partial denture base, mandibular		\$27
Repair resin partial denture base, maxillary		\$27
Repair cast partial framework, mandibular		\$27
Repair cast partial framework, maxillary		\$27
Repair or replace broken retentive/clasping materials - per tooth		\$40
Replace broken teeth - per tooth		\$40
Add tooth to existing partial denture		\$40
Add clasp to existing partial denture - per tooth		\$40
Replace all teeth and acrylic on cast metal framework - maxillary		\$40
Replace all teeth and acrylic on cast metal framework - mandibular		\$40
Rebase complete maxillary denture	Includes all adjustments within 6 months after insertion	\$40
Rebase complete mandibular denture	Includes all adjustments within 6 months after insertion	\$40
Rebase maxillary partial denture	Includes all adjustments within 6 months after insertion	\$40
Rebase mandibular partial denture	Includes all adjustments within 6 months after insertion	\$40
Rebase hybrid prosthesis	Includes all adjustments within 6 months after insertion	\$40
Reline complete maxillary denture (direct)	Includes all adjustments within 6 months after insertion	\$40
Reline complete mandibular denture (direct)	Includes all adjustments within 6 months after insertion	\$40
Reline maxillary partial denture (direct)	Includes all adjustments within 6 months after insertion	\$40
Reline mandibular partial denture (direct)	Includes all adjustments within 6 months after insertion	\$40
Reline complete maxillary denture (indirect)	Includes all adjustments within 6 months after insertion	\$40
Reline complete mandibular denture (indirect)	Includes all adjustments within 6 months after insertion	\$40
Reline maxillary partial denture (indirect)	Includes all adjustments within 6 months after insertion	\$40

Reline mandibular partial denture (indirect)	Includes all adjustments within 6 months after insertion	\$40
Soft liner for complete or partial removable denture - indirect		\$40
Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary	Included in permanent	\$40
Interim partial denture (including retentive/clasping materials, rests and teeth), mandibular	Included in permanent	\$40
Tissue conditioning, maxillary	Inclusive with prosthesis within 6 months after insertion	\$26
Tissue conditioning, mandibular	Inclusive with prosthesis within 6 months after insertion	\$26
Add metal substructure to acrylic full denture (per arch)		\$27
Abutment supported porcelain/ceramic crown		\$120
Abutment supported porcelain fused to metal crown (high noble metal)		\$120
Abutment supported porcelain fused to metal crown (predominantly base metal)		\$120
Abutment supported porcelain fused to metal crown (noble metal)		\$120
Abutment supported cast metal crown (high noble metal)		\$120
Abutment supported cast metal crown (predominantly base metal)		\$120
Abutment supported cast metal crown (noble metal)		\$120
Implant supported porcelain/ceramic crown		\$120
Implant supported porcelain fused to metal crown (titanium, titanium alloy or high noble metal)		\$120
Implant supported metal crown (titanium, titanium alloy or high noble metal)		\$120
Abutment supported retainer for porcelain/ceramic FPD		\$120
Abutment supported retainer for porcelain fused to metal FPD (high noble metal)		\$120
Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)		\$120
Abutment supported retainer for porcelain fused to metal FPD (noble metal)		\$120
Abutment supported retainer for cast metal FPD (high noble metal)		\$120
Abutment supported retainer for cast metal FPD (predominantly base metal)		\$120
Abutment supported retainer for cast metal FPD (noble metal)		\$120
Implant supported retainer for ceramic FPD		\$120

Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy or high noble metal)		\$120
Implant supported retainer for cast metal FPD (titanium, titanium alloy or high noble metal)		\$120
Implant supported crown - porcelain fused to predominantly base alloys		\$120
Implant supported crown - porcelain fused to noble alloys		\$120
Implant supported crown - porcelain fused to titanium and titanium alloys		\$120
Implant supported crown - predominantly base alloys		\$120
Implant supported crown - noble alloys		\$120
Implant supported crown - titanium and titanium alloys		\$120
Abutment supported crown (titanium)		\$120
Abutment supported crown - porcelain fused to titanium and titanium alloys		\$120
Implant supported retainer - porcelain fused to predominantly base alloys		\$120
Implant supported retainer for FPD - porcelain fused to noble alloys		\$120
Implant/abutment supported removable denture for edentulous arch - maxillary		\$138
Implant/abutment supported removable denture for edentulous arch - mandibular		\$138
Implant/abutment supported removable denture for partially edentulous arch - maxillary		\$132
Implant/abutment supported removable denture for partially edentulous arch - mandibular		\$132
Implant/abutment supported fixed denture for edentulous arch - maxillary		\$120
Implant/abutment supported fixed denture for edentulous arch - mandibular		\$120
Implant/abutment supported fixed denture for partially edentulous arch - maxillary		\$120
Implant/abutment supported fixed denture for partially edentulous arch - mandibular		\$120
Implant supported retainer - porcelain fused to titanium and titanium alloys		\$120
Implant supported retainer for metal FPD - predominantly base alloys		\$120
Implant supported retainer for metal FPD - noble alloys		\$120
Implant supported retainer for metal FPD - titanium and titanium alloys		\$120
Abutment supported retainer - porcelain fused to titanium and titanium alloys		\$120

Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant		\$12
Pontic - indirect resin based composite		\$20
Pontic - cast high noble metal		\$20
Pontic - cast predominantly base metal		\$20
Pontic - cast noble metal		\$20
Pontic - titanium		\$20
Pontic - porcelain fused to high noble metal		\$20
Pontic - porcelain fused to predominantly base metal		\$20
Pontic - porcelain fused to noble metal		\$20
Pontic - porcelain fused to titanium and titanium alloys		\$20
Pontic - porcelain/ceramic		\$20
Pontic - resin with high noble metal		\$20
Pontic - resin with predominantly base metal		\$20
Pontic - resin with noble metal		\$20
Retainer - cast metal for resin-bonded fixed prosthesis		\$80
Retainer - porcelain/ceramic for resin-bonded fixed prosthesis		\$80
Resin retainer - for resin bonded fixed prosthesis		\$60
Retainer inlay - porcelain/ceramic, 2 surfaces		\$80
Retainer inlay - porcelain/ceramic, 3 or more surfaces		\$80
Retainer inlay - cast high noble metal, 2 surfaces		\$110
Retainer inlay - cast high noble metal, 3 or more surfaces		\$110
Retainer inlay - cast predominantly base metal, 2 surfaces		\$80
Retainer inlay - cast predominantly base metal, 3 or more surfaces		\$80
Retainer inlay - cast noble metal, 2 surfaces		\$100
Retainer inlay - cast noble metal, 3 or more surfaces		\$100
Retainer onlay - porcelain/ceramic, 2 surfaces		\$80
Retainer onlay - porcelain/ceramic, 3 or more surfaces		\$80
Retainer onlay - cast high noble metal, 2 surfaces		\$110
Retainer onlay - cast high noble metal, 3 or more surfaces		\$110
Retainer onlay - cast predominantly base metal, 2 surfaces		\$80
Retainer onlay - cast predominantly base metal, 3 or more surfaces		\$80

Retainer onlay - cast noble metal, 2 surfaces		\$100
Retainer onlay - cast noble metal, 3 or more surfaces		\$100
Retainer inlay - titanium		\$110
Retainer onlay - titanium		\$110
Retainer crown - indirect resin based composite		\$120
Retainer crown - resin with high noble metal		\$120
Retainer crown - resin with predominantly base metal		\$120
Retainer crown - resin with noble metal		\$120
Retainer crown - porcelain/ceramic		\$120
Retainer crown - porcelain fused to high noble metal		\$120
Retainer crown - porcelain fused to predominantly base metal		\$120
Retainer crown - porcelain fused to noble metal		\$120
Retainer crown - porcelain fused to titanium and titanium alloys		\$120
Retainer crown - 3/4 cast high noble metal		\$120
Retainer crown - 3/4 cast predominantly base metal		\$120
Retainer crown - 3/4 cast noble metal		\$120
Retainer crown - 3/4 porcelain/ceramic		\$120
Retainer crown- 3/4 titanium and titanium alloys		\$120
Retainer crown - full cast high noble metal		\$120
Retainer crown - full cast predominantly base metal		\$120
Retainer crown - full cast noble metal		\$120
Retainer crown - titanium		\$120
Re-cement or re-bond fixed partial denture		\$16
Extraction, coronal remnants - primary tooth		\$14
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		\$27
Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated		\$32
Removal of impacted tooth - soft tissue		\$40
Removal of impacted tooth - partially bony		\$53
Removal of impacted tooth - completely bony		\$60
Removal of impacted tooth - completely bony, with unusual surgical complications		\$64
Removal of residual tooth roots (cutting procedure)		\$27
Coronectomy - intentional partial tooth removal, impacted teeth only		\$30
Exposure of an unerupted tooth		\$27

Mobilization of erupted or malpositioned tooth to aid eruption		\$26
Placement of device to facilitate eruption of impacted tooth		\$5
Excisional biopsy of minor salivary glands		\$41
Incisional biopsy of oral tissue - hard (bone, tooth)		\$27
Incisional biopsy of oral tissue - soft		\$27
Exfoliative cytological sample collection		\$14
Alveoloplasty in conjunction with extractions - 4 or more teeth or tooth spaces, per quadrant		\$27
Alveoloplasty in conjunction with extractions - 1 to 3 teeth or tooth spaces, per quadrant		\$14
Alveoloplasty not in conjunction with extractions - 4 or more teeth or tooth spaces, per quadrant		\$40
Alveoloplasty not in conjunction with extractions - 1 to 3 teeth or tooth spaces, per quadrant		\$20
Incision and drainage of abscess - intraoral soft tissue		\$20
Incision and drainage of abscess - intraoral soft tissue - complicated		\$22
Buccal/labial frenectomy (frenulectomy)		\$40
Lingual frenectomy (frenulectomy)		\$40
Frenuloplasty		\$42
Palliative (emergency) treatment of dental pain - minor procedure		\$12
Deep sedation/general anesthesia - first 15 minutes		\$25
Deep sedation/general anesthesia - each subsequent 15 minute increment		\$20
Intravenous moderate (conscious) sedation/analgesia - first 15 minutes		\$25
Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment		\$20
Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	For second opinions only	\$12
Consultation with a medical health care professional		\$12
Cleaning and inspection of removable complete denture, maxillary		\$7
Cleaning and inspection of removable complete denture, mandibular		\$7
Cleaning and inspection of removable partial denture, maxillary		\$7
Cleaning and inspection of removable partial denture, mandibular		\$7

Repair and/or reline of occlusal guard		\$14
Occlusal guard adjustment	Fee for occlusal guard includes adjustments performed within 6 months of placement	\$5
Occlusal guard - hard appliance, full arch	Covered for bruxism only	\$46
Occlusal guard - soft appliance, full arch		\$40
Occlusal guard - hard appliance, partial arch		\$24
Occlusal adjustment - limited	Not covered when performed in conjunction with a restoration, root canal therapy or appliance	\$20
Occlusal adjustment - complete		\$40
Full mouth rehabilitation, per unit (6 or more covered units of crowns and/or pontics under one treatment plan)		\$26

Out-of-network coverage Type Orthodontic treatment expenses	Limitations
Comprehensive <b>orthodontic treatment</b> of adolescent and adult dentition	Subject to <b>lifetime maximum</b> below
Post treatment stabilization	Subject to <b>lifetime maximum</b> below
<b>Lifetime maximum</b>	\$400

**Important note:**

The following apply:

- There is an extra charge for **eligible dental services** that use high noble metals (ex. gold or titanium).
- General anesthesia and sedation are **covered benefits** when part of a covered surgical procedure.

## Additional eligible dental services

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We will provide additional **eligible dental services** if you have at least one of the following conditions:

- Pregnancy
- Coronary artery disease/cardiovascular disease
- Cerebrovascular disease
- Diabetes

The additional **eligible dental services** are:

- Prophylaxis (cleaning) (one additional per **Calendar Year**)
- Scaling and root planing, (4 or more teeth), per quadrant
- Scaling and root planing, (1 to 3 teeth), per quadrant
- Full mouth debridement
- Periodontal maintenance

### Payment of benefits

We will waive the out-of-network **Calendar Year deductible** and **coinsurance** for the additional **eligible dental services** above.

Your **coinsurance** applied to the additional **eligible dental services** will be:

Expense	In-network coverage Coinsurance	Out-of-network coverage Coinsurance
Additional <b>eligible dental services</b>	0%	0%