

Schedule of Covered Procedures

BrightBenefits will pay the amount shown below for each procedure listed when a charge is incurred for a covered procedure. Member policy must be in force when the charge is incurred. Benefits are subject to any waiting period, deductible, maximum, limitation, or exclusion described in the Policy. We will not pay a benefit for a procedure not listed in this Schedule of Covered Procedures.

Limitations

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| (a) Maximum of 1 procedure per 6 months | (t) Only in conjunction with listed complex oral surgery procedures and subject to review |
| (b) Maximum of 1 procedure per 36 months per tooth | (u) Limited to 2 oral exams in any combination (D0120, D0140, D0145, D0150, D0180, D9310, D9995) per 12 month period |
| (d) Maximum of 1 procedure per 12 months | (v) Limited to 1 bitewing x-ray procedure (D0270, D0272, D0273, D0274) per 12 month period |
| (f) Maximum of 1 procedure per 24 months | (w) Limited to patients age 16 and under |
| (g) Applications made to permanent molar teeth only | (z) 6 months must have passed since initial placement (aa) Maximum of 1 per 7 year period |
| (k) Maximum of 1 each quadrant per 24 months | (bb) Maximum of 1 per lifetime, per quadrant or arch |
| (l) Maximum of 1 per tooth surface per 24 months | (dd) Limited to patients age 16 and over |
| (o) Replacement of existing only if in place for 24 months | (ff) Limited to 1 x-ray procedure (D0210, D0330, D0367) per 5 year period |
| (r) Maximum 1 time per tooth | |
| (s) Maximum of 1 per lifetime per tooth | |

Plan F

Dental Code	Description of Procedure	Limitations	Amount the plan will cover
D0120	Periodic oral evaluation-established patient	(u)	\$53
D0140	Limited oral evaluation-problem focused	(u)	\$88
D0150	Comprehensive oral evaluation-new or established patient	(u)	\$93
D0160	Detailed, extensive oral evaluation – problem focused	(u)	\$93
D0170	Re-evaluation – limit, assess previously existing condition	(u)	\$88
D0180	Comprehensive periodontal evaluation-new or established patient	(u)	\$101
D0210	Intraoral-complete series of radiographic images	(ff)	\$141
D0220	Intraoral-periapical first radiographic image		\$28
D0230	Intraoral-periapical each additional radiographic image		\$25
D0240	Intraoral-occlusal radiographic image		\$44
D0270	Bitewing-single radiographic image	(v)	\$29
D0272	Bitewings-two radiographic images	(v)	\$47
D0273	Bitewings-three radiographic images	(v)	\$57
D0274	Bitewings-four radiographic images	(v)	\$66
D0330	Panoramic radiographic image	(ff)	\$120
D0364	Cone beam ct capture and interpretation, limited field – less than one whole jaw	(ff)	\$310
D0365	Cone beam ct capture and interpretation, one full arch – mandible	(ff)	\$310
D0366	Cone beam ct capture and interpretation, both jaws	(ff)	\$310
D0367	Cone Beam ct capture and interpretation, both jaws	(ff)	\$310
D1110	Prophylaxis – adult	(a)	\$98
D1120	Prophylaxis – child	(a)	\$67

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D1206	Topical application of fluoride varnish	(w) (d)	\$51
D1208	Topical application of fluoride - excluding varnish	(w) (d)	\$34
D1351	Sealant-per tooth	(b) (w) (g)	\$56
D1352	Preventive resin restoration, moderate to high caries risk, permanent tooth	(b) (w) (g)	\$56
D1510	Space maintainer-fixed-unilateral (quad)	(w) (bb)	\$352
D1516	Space maintainer-fixed-bilateral-maxillary	(w) (bb)	\$493
D1517	Space maintainer - fixed - bilateral - mandibular	(w) (bb)	\$493
D1551	Re-cement or re-bond space maintainer - maxillary	(w) (bb)	\$76
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	(w) (bb)	\$76
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	(w) (bb)	\$76
D2140	Amalgam-one surface, primary or permanent	(o) (l)	\$133
D2150	Amalgam-two surfaces, primary or permanent	(o) (l)	\$172
D2160	Amalgam-three surfaces, primary or permanent	(o) (l)	\$207
D2161	Amalgam-four or more surfaces, primary or permanent	(o) (l)	\$253
D2330	Resin-based composite-one surface, anterior	(o) (l)	\$151
D2331	Resin-based composite-two surfaces, anterior	(o) (l)	\$193
D2332	Resin-based composite-three surfaces, anterior	(o) (l)	\$236
D2335	Resin-based composite-four or more surfaces or involving incisal angle, anterior	(o) (l)	\$279
D2390	Resin-based composite crown, anterior (primary only)	(o) (l)	\$309
D2391	Resin-based composite-one surface, posterior	(o) (l)	\$177
D2392	Resin-based composite-two surfaces, posterior	(o) (l)	\$232
D2393	Resin-based composite-three surfaces, posterior	(o) (l)	\$288
D2394	Resin-based composite-four or more surfaces, posterior	(o) (l)	\$352
D2520	Inlay-metallic-two surfaces	(aa) (dd)	\$903
D2530	Inlay-metallic-three or more surfaces	(aa) (dd)	\$1,040
D2542	Onlay-metallic-two surfaces	(aa) (dd)	\$1,020
D2543	Onlay-metallic-three surfaces	(aa) (dd)	\$1,067
D2544	Onlay-metallic-four or more surfaces	(aa) (dd)	\$1,110
D2643	Onlay-porcelain/ceramic-three surfaces	(aa) (dd)	\$1,103
D2644	Onlay-porcelain/ceramic-four or more surfaces	(aa) (dd)	\$1,170
D2710	Crown - resin-based composite (indirect)	(aa) (dd)	\$1,061
D2712	Crown - ¾ resin-based composite (indirect; excluding facial veneers)	(aa) (dd)	\$1,061
D2720	Crown-resin with high noble metal	(aa) (dd)	\$1,061

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D2721	Crown-resin with predominantly base metal	(aa) (dd)	\$1,061
D2722	Crown - resin with noble metal	(aa) (dd)	\$1,061
D2740	Crown-porcelain/ceramic substrate	(aa) (dd)	\$1,176
D2750	Crown-porcelain fused to high noble metal	(aa) (dd)	\$1,161
D2751	Crown-porcelain fused to predominantly base metal	(aa) (dd)	\$1,081
D2752	Crown-porcelain fused to noble metal	(aa) (dd)	\$1,107
D2753	Crown - porcelain fused to titanium and titanium alloy	(aa) (dd)	\$1,061
D2780	Crown - ¾ cast high noble metal	(aa) (dd)	\$1,061
D2781	Crown - ¾ cast high predominantly base metal	(aa) (dd)	\$1,061
D2782	Crown - ¾ cast noble metal	(aa) (dd)	\$1,061
D2783	Crown ¾ porcelain/ceramic	(aa) (dd)	\$1,145
D2790	Crown-full cast high noble metal	(aa) (dd)	\$1,120
D2791	Crown-full cast predominantly base metal	(aa) (dd)	\$1,061
D2792	Crown-full cast noble metal	(aa) (dd)	\$1,081
D2794	Crown - titanium and titanium allows	(aa) (dd)	\$1,061
D2799	Provisional crown-further treatment, diagnosis necessary	(aa) (dd)	\$319
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	(z)	\$102
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	(z)	\$102
D2920	Re-cement or re-bond crown	(z)	\$103
D2921	Reattachment of tooth fragment, incisal edge or cusp	(z)	\$319
D2929	Prefabricated crown - porcelain/ceramic, primary tooth	(aa) (w)	\$319
D2930	Prefabricated stainless steel crown-primary tooth	(aa) (w)	\$282
D2931	Prefabricated stainless steel crown-permanent tooth	(aa) (w)	\$319
D2932	Prefabricated resin crown	(aa) (w)	\$319
D2933	Prefabricated stainless steel crown with resin window	(aa) (w)	\$389
D2934	Prefabricated crown - esthetic coated stainless steel, primary tooth	(aa) (w)	\$319
D2950	Core buildup, including any pins when required	(aa) (dd)	\$269
D2951	Pin retention, per tooth, in addition to restoration	(aa) (dd)	\$61
D2952	Post and core in addition to crown	(aa) (dd)	\$425
D2953	Each additional indirectly fabricated post - same tooth	(aa) (dd)	\$340
D2957	Each additional prefabricated post - same tooth	(aa) (dd)	\$340
D2954	Prefabricated post and core in addition to crown	(aa) (dd)	\$340
D2980	Crown repair necessitated by restorative material failure	(aa) (dd)	\$102

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D2981	Inlay repair necessitated by restorative material failure	(aa) (dd)	\$102
D2982	Onlay repair necessitated by restorative material failure	(aa) (dd)	\$102
D3110	Pulp cap - direct (excluding final restoration)	(r)	\$93
D3120	Pulp cap - indirect (excluding final restoration)	(r)	\$74
D3220	Therapeutic pulpotomy (excluding final restoration)	(r)	\$191
D3221	Pulpal debridement, primary and permanent teeth	(r)	\$209
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	(r)	\$243
D3310	Endodontic therapy, anterior tooth	(r)	\$773
D3320	Endodontic therapy, bicuspid tooth	(r)	\$947
D3330	Endodontic therapy, molar	(r)	\$1,175
D3346	Retreatment of previous root canal therapy-anterior	(r)	\$1,031
D3347	Retreatment of previous root canal therapy-bicuspid	(r)	\$1,213
D3348	Retreatment of previous root canal therapy-molar	(r)	\$1,501
D3410	Apicoectomy - anterior	(r)	\$817
D3421	Apicoectomy - bicuspid (first root)	(r)	\$909
D3425	Apicoectomy - molar (first root)	(r)	\$1,030
D3426	Apicoectomy (each additional root)	(r)	\$348
D3430	Retrograde filling-per root	(r)	\$256
D3450	Root amputation-per root	(r)	\$533
D3920	Hemisection (including any root removal), not including root canal therapy	(s)	\$405
D3950	Canal Preparation and fitting of preformed dowel or post	(s)	\$185
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	(k)	\$648
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	(k)	\$288
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	(r)	\$231
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	(r)	\$231
D4231	Anatomical crown exposure - one to three contiguous teeth or tooth bounded spaces per quadrant	(r)	\$231
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces, per quadrant	(k)	\$821
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth	(k)	\$475
D4245	Apically positioned flap	(k)	\$231
D4249	Clinical crown lengthening - hard tissue	(k)	\$900
D4260	Osseous surgery (including elevation of full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	(k)	\$1,369
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded teeth spaces per quadrant	(k)	\$735
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	(k)	\$490

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D4264	Bone replacement graft – retained natural tooth - each additional site in quadrant	(k)	\$418
D4266	Guided tissue regeneration - resorbable barrier, per site	(k)	\$504
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	(k)	\$648
D4268	Surgical revision, per tooth	(k)	\$231
D4270	Pedicle soft tissue graft procedure	(k)	\$972
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	(k)	\$1,189
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same area)	(k)	\$674
D4275	Non-autogenous connective tissue graft (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	(k)	\$893
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	(k)	\$252
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	(k)	\$146
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth after oral evaluation	(a)	\$146
D4355	Full mouth debridement to enable comprehensive oral evaluation, diagnosis, on subsequent visit	(a)	\$172
D4910	Periodontal maintenance	(a)	\$155
D5110	Complete denture – maxillary	(aa)	\$1,501
D5120	Complete denture – mandibular	(aa)	\$1,501
D5130	Immediate denture – maxillary	(aa)	\$1,636
D5140	Immediate denture – mandibular	(aa)	\$1,636
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	(aa)	\$1,266
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	(aa)	\$1,472
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, clasping materials, rests and teeth)	(aa)	\$1,658
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive /clasping materials, rests and teeth)	(aa)	\$1,658
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	(aa)	\$1,266
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	(aa)	\$1,472
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	(aa)	\$967
D5283	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	(aa)	\$967
D5410	Adjust complete denture – maxillary	(d) (z)	\$82
D5411	Adjust complete denture – mandibular	(d) (z)	\$82
D5421	Adjust partial denture – maxillary	(d) (z)	\$82
D5422	Adjust partial denture – mandibular	(d) (z)	\$82
D5511	Repair broken complete denture base, mandibular	(d) (z)	\$164
D5512	Repair broken complete denture base, maxillary	(d) (z)	\$164
D5520	Replace missing or broken teeth - complete denture (each tooth)	(d) (z)	\$137
D5630	Repair or replace broken clasp – per tooth	(d) (z)	\$233

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Dental Code	Description of Procedure	Limitations	Amount the plan will cover
D5640	Replace broken teeth - per tooth	(d) (z)	\$151
D5650	Add tooth to existing partial denture	(d) (z)	\$205
D5660	Add clasp to existing partial denture - per tooth	(d) (z)	\$246
D5710	Rebase complete maxillary denture	(f) (z)	\$609
D5711	Rebase complete mandibular denture	(f) (z)	\$582
D5720	Rebase maxillary partial denture	(f) (z)	\$575
D5721	Rebase mandibular partial denture	(f) (z)	\$575
D5730	Reline complete maxillary denture (chairside)	(f) (z)	\$344
D5731	Reline complete mandibular denture (chairside)	(f) (z)	\$344
D5740	Reline maxillary partial denture (chairside)	(f) (z)	\$315
D5741	Reline mandibular partial denture (chairside)	(f) (z)	\$315
D5750	Reline complete maxillary denture (laboratory)	(f) (z)	\$459
D5751	Reline complete mandibular denture (laboratory)	(f) (z)	\$459
D5760	Reline maxillary partial denture (laboratory)	(f) (z)	\$452
D5761	Reline mandibular partial denture (laboratory)	(f) (z)	\$452
D5820	Interim partial denture (maxillary)	(f)	\$561
D5821	Interim partial denture (mandibular)	(f)	\$596
D6010	Surgical placement of implant body: endosteal implant	(aa) (dd)	\$2,000
D6056	Prefabrication abutment - includes modification and placement	(aa) (dd)	\$520
D6057	Custom abutment - includes placement	(aa) (dd)	\$643
D6058	Abutment supported porcelain/ceramic crown	(aa) (dd)	\$1,443
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	(aa) (dd)	\$1,424
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	(aa) (dd)	\$1,346
D6061	Abutment supported porcelain fused to metal crown (noble metal)	(aa) (dd)	\$1,373
D6062	Abutment supported cast metal crown (high noble metal)	(aa) (dd)	\$1,368
D6063	Abutment supported cast metal crown (predominantly base metal)	(aa) (dd)	\$1,191
D6065	Implant supported porcelain/ceramic crown)	(aa) (dd)	\$1,420
D6066	Implant supported porcelain fused to high noble metal alloys	(aa) (dd)	\$1,383
D6210	Pontic - Cast high noble metal	(aa) (dd)	\$1,116
D6211	Pontic - Cast predominately base metal	(aa) (dd)	\$1,046
D6212	Pontic - Cast noble metal	(aa) (dd)	\$1,088
D6240	Pontic - Porcelain fused to high noble metal	(aa) (dd)	\$1,102
D6241	Pontic - Porcelain fused to predominantly base metal	(aa) (dd)	\$1,018

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D6242	Pontic - Porcelain fused to noble metal	(aa) (dd)	\$1,074
D6245	Pontic - Porcelain/ceramic	(aa) (dd)	\$1,137
D6545	Retainer-cast metal for resin bonded fixed prosthesis	(aa) (dd)	\$418
D6548	Retainer-porcelain/ceramic for resin bonded fixed prosthesis	(aa) (dd)	\$460
D6740	Retainer Crown - porcelain/ceramic	(aa) (dd)	\$1,166
D6750	Retainer Crown - porcelain fused to high noble metal	(aa) (dd)	\$1,136
D6751	Retainer Crown - porcelain fused to predominantly base metal	(aa) (dd)	\$1,060
D6752	Retainer Crown - porcelain fused to noble metal	(aa) (dd)	\$1,085
D6790	Retainer Crown - full cast high noble metal	(aa) (dd)	\$1,097
D6792	Retainer Crown - full cast noble metal	(aa) (dd)	\$1,078
D6930	Re-cement or re-bond fixed partial denture	(d) (z)	\$150
D7111	Extraction, coronal remnants - primary tooth	(r)	\$130
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	(r)	\$173
D7210	Extraction of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.	(r)	\$279
D7220	Removal of impacted tooth - soft tissue	(r)	\$350
D7230	Removal of impacted tooth - partially bony	(r)	\$466
D7240	Removal of impacted tooth - complete bony	(r)	\$547
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	(r)	\$687
D7250	Surgical removal of residual tooth roots (cutting procedure)	(r)	\$295
D7251	Coronectomy - intentional partial tooth removal	(r)	\$295
D7280	Exposure of an unerupted tooth	(r)	\$532
D7283	Placement of device to facilitate eruption of impacted tooth	(r)	\$228
D7286	Incisional biopsy of oral tissue-soft	(r)	\$456
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	(bb)	\$291
D7311	Alveoloplasty in conjunction with extractions -one to three teeth or tooth spaces, per quadrant	(bb)	\$254
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	(bb)	\$473
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	(bb)	\$400
D7510	Incision and drainage of abscess - intraoral soft tissue	(bb)	\$313
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	(bb)	\$473
D7953	Bone replacement graft for ridge preservation - per site	(bb)	\$494
D7961	Buccal/labial frenectomy (frenulectomy)	(bb)	\$400
D7962	Lingual frenectomy (frenulectomy)	(bb)	\$400
D9110	Palliative (emergency) treatment of dental pain - minor procedure	(t)	\$121

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Dental Code	Description of Procedure	Limitations	Amount the plan will cover
D9222	Deep sedation/general anesthesia - first 15 minutes	(t)	\$271
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	(t)	\$207
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	(t)	\$77
D9239	Intravenous conscious sedation/analgesia - first 15 minutes	(t)	\$223
D9243	Intravenous conscious sedation/analgesia - each 15 minute increment	(t)	\$176
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	(u)	\$138
D9944	Occlusal guard-hard appliance, full arch	(aa)	\$462
D9995	Teledentistry - synchronous; real-time encounter	(u)	\$53

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