

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 B

Dental Code	Description of Procedure	Limitations	Amount the plan will cover
D0120	Periodic oral evaluation established patient	(u)	\$32
D0140	Limited oral evaluation problem focused	(u)	\$53
D0145	Oral Evaluation for a patient under three years of age and counseling with primary caregiver.	(u)	\$49
D0150	Comprehensive oral evaluation new or established patient	(u)	\$56
D0180	Comprehensive periodontal evaluation new or established patient	(u)	\$61
D0210	Intraoral complete series of radiographic Images	(ff)	\$85
D0220	Intraoral periapical first radiographic image		\$17
D0230	Intraoral periapical each additional radiographic image		\$15
D0240	Intraoral occlusal radiographic image		\$26
D0270	Bitewing single radiographic image	(v)	\$18
D0272	Bitewings two radiographic images	(v)	\$28
D0273	Bitewings three radiographic images	(v)	\$34
D0274	Bitewings four radiographic images	(v)	\$40
D0330	Panoramic radiographic image	(ff)	\$72
D0367	Cone Beam CT capture and interpretation with field of view of both jaws	(ff)	\$186
D1110	Prophylaxis adult	(a)	\$59
D1120	Prophylaxis child	(a)	\$40
D1206	Topical application of fluoride varnish	(w) (d)	\$31
D1208	Topical application of fluoride excluding varnish	(w) (d)	\$20
D1351	Sealant per tooth (permanent molar teeth)	(b) (w) (g)	\$34
D1510	Space maintainer fixed unilateral (quad)	(w) (bb)	\$211
D1516	Space maintainer-fixed-bilateral,maxillary	(w) (bb)	\$296
D1517	Space maintainer-fixed-bilateral,mandibular	(w) (bb)	\$296
D1551	Recement or re bond space maintainer,maxillary	(w) (bb)	\$46
D1552	Recement or re bond space maintainer,mandibular	(w) (bb)	\$46

Dental Code	Description of Procedure	Limitations	Amount the plan will cover
D2140	Amalgam one surface, primary or permanent	(o) (l)	\$80
D2150	Amalgam two surfaces, primary or permanent	(o) (l)	\$103
D2160	Amalgam three surfaces, primary or permanent	(o) (l)	\$124
D2161	Amalgam four or more surfaces, primary or Permanent	(o) (l)	\$152
D2330	Resin-based composite one surface, anterior	(o) (l)	\$91
D2331	Resin-based composite two surfaces, anterior	(o) (l)	\$116
D2332	Resin-based composite three surfaces, anterior	(o) (l)	\$142
D2335	Resin-based composite four or more surfaces or involving incisal angle (anterior)	(o) (l)	\$167
D2390	Resin-based composite crown, anterior (primary only)	(o) (l)	\$186
D2391	Resin-based composite one surface, posterior	(o) (l)	\$106
D2392	Resin-based composite two surfaces, posterior	(o) (l)	\$139
D2393	Resin-based composite three surfaces, Posterior	(o) (l)	\$173
D2394	Resin-based composite four or more surfaces, Posterior	(o) (l)	\$211
D2520	Inlay metallic two surfaces	(aa) (dd)	\$542
D2530	Inlay metallic three or more surfaces	(aa) (dd)	\$624
D2542	Onlay metallic two surfaces	(aa) (dd)	\$612
D2543	Onlay metallic three surfaces	(aa) (dd)	\$640
D2544	Onlay metallic four or more surfaces	(aa) (dd)	\$666
D2643	Onlay porcelain/ceramic three surfaces	(aa) (dd)	\$662
D2644	Onlay porcelain/ceramic four or more surfaces	(aa) (dd)	\$702
D2740	Crown porcelain/ceramic substrate	(aa) (dd)	\$706
D2750	Crown porcelain fused to high noble metal	(aa) (dd)	\$696
D2751	Crown porcelain fused to predominantly base metal	(aa) (dd)	\$648
D2752	Crown porcelain fused to noble metal	(aa) (dd)	\$664
D2783	Crown 3/4 porcelain/ceramic	(aa) (dd)	\$687
D2790	Crown full cast high noble metal	(aa) (dd)	\$672
D2791	Crown full cast predominantly base metal	(aa) (dd)	\$637
D2792	Crown full cast noble metal	(aa) (dd)	\$648
D2910	Re cement or re bond inlay, onlay, veneer or partial coverage restoration	(z)	\$61
D2915	Re cement or re bond indirectly fabricated or prefabricated post and core	(z)	\$61
D2920	Re cement or re bond crown	(z)	\$62
D2930	Prefabricated stainless steel crown primary Tooth	(aa) (w)	\$169
D2931	Prefabricated stainless steel crown permanent Tooth	(aa) (w)	\$191
D2933	Prefabricated stainless steel crown with resin window (primary tooth)	(aa) (w)	\$234
D2950	Core buildup, including any pins when required	(aa) (dd)	\$161
D2951	Pin retention, per tooth, in addition to Restoration	(aa) (dd)	\$37
D2952	Post and core in addition to crown, indirectly Fabricated	(aa) (dd)	\$255

Dental Code	Description of Procedure	Limitations	Amount the plan will cover
D2954	Prefabricated post and core in addition to Crown	(aa) (dd)	\$204
D3110	Pulp cap direct (excluding final restoration)	(r)	\$56
D3120	Pulp cap indirect (excluding final restoration)	(r)	\$45
D3220	Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of Medicament	(r)	\$114
D3221	Pulpal debridement, primary and permanent teeth	(r)	\$126
D3240	Pulpal therapy (resorbable filling) posterior, primary tooth (excluding final restoration)	(r)	\$146
D3310	Anterior Root Canal Therapy	(r)	\$464
D3320	Bicuspid Root Canal Therapy	(r)	\$568
D3330	Molar Root Canal Therapy	(r)	\$705
D3346	Retreatment of previous root canal therapy Anterior	(r)	\$618
D3347	Retreatment of previous root canal therapy Bicuspid	(r)	\$728
D3348	Retreatment of previous root canal therapy molar	(r)	\$900
D3410	Apicoectomy anterior	(r)	\$490
D3421	Apicoectomy bicuspid (first root)	(r)	\$546
D3425	Apicoectomy molar (first root)	(r)	\$618
D3426	Apicoectomy (each additional root)	(r)	\$209
D3430	Retrograde filling per root	(r)	\$153
D3450	Root amputation per root	(r)	\$320
D3920	Hemisection (including any root removal), not including root canal therapy	(s)	\$243
D3950	Canal Preparation and fitting of preformed dowel or post	(s)	\$111
D4210	Gingivectomy or gingivoplasty four or more contiguous teeth or bounded teeth spaces per quadrant	(k)	\$389
D4211	Gingivectomy or gingivoplasty one to three contiguous teeth or bounded teeth spaces per quadrant	(k)	\$173
D4240	Gingival flap procedure, including root planing four or more contiguous teeth or bounded teeth spaces, per quadrant	(k)	\$493
D4241	Gingival flap procedure, including root planing one to three teeth or bounded teeth spaces, per quadrant	(k)	\$285
D4249	Clinical crown lengthening hard tissue	(k)	\$540
D4260	Osseous surgery (including flap entry and closure) four or more contiguous teeth or bounded teeth spaces per quadrant	(k)	\$821
D4261	Osseous surgery (including flap entry and closure) one to three contiguous teeth or bounded teeth spaces per quadrant	(k)	\$441
D4263	Bone replacement graft first site in quadrant	(k)	\$294
D4264	Bone replacement graft each additional site in quadrant	(k)	\$251
D4266	Guided tissue regeneration resorbable barrier, per site	(k)	\$303
D4267	Guided tissue regeneration nonresorbable barrier, per site (includes membrane removal)	(k)	\$389
D4270	Pedicle soft tissue graft procedure	(k)	\$583
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	(k)	\$713
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	(k)	\$405
D4275	Non autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	(k)	\$536
D4341	Periodontal scaling and root planing four or more teeth per quadrant	(k)	\$151
D4342	Periodontal scaling and root planing one to three teeth per quadrant	(k)	\$87

Dental Code	Description of Procedure	Limitations	Amount the plan will cover
D4346	Scaling in presence of generalized moderate or severe gingival inflammation	(a)	\$87
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	(a)	\$103
D4910	Periodontal maintenance	(a)	\$93
D5110	Complete denture maxillary	(aa)	\$900
D5120	Complete denture mandibular	(aa)	\$900
D5130	Immediate denture maxillary	(aa)	\$982
D5140	Immediate denture mandibular	(aa)	\$982
D5211	Maxillary partial denture resin base (including any conventional clasps, rests and teeth)	(aa)	\$760
D5212	Mandibular partial denture resin base (including any conventional clasps, rests and teeth)	(aa)	\$883
D5213	Maxillary partial denture cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	(aa)	\$995
D5214	Mandibular partial denture cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	(aa)	\$995
D5225	Maxillary partial denture flexible base (including any clasps, rests and teeth)	(aa)	\$760
D5226	Mandibular partial denture flexible base (including any clasps, rests and teeth)	(aa)	\$883
D5282	Removable unilateral partial denture one piece cast metal (including clasps and teeth) maxillary	(aa)	\$580
D5283	Removable unilateral partial denture one piece cast metal (including clasps and teeth) mandibular	(aa)	\$580
D5410	Adjust complete denture maxillary	(d) (z)	\$49
D5411	Adjust complete denture mandibular	(d) (z)	\$49
D5421	Adjust partial denture maxillary	(d) (z)	\$49
D5422	Adjust partial denture mandibular	(d) (z)	\$49
D5511	Repair broken complete denture base, Mandibular	(d) (z)	\$99
D5512	Repair broken complete denture base, Maxillary	(d) (z)	\$99
D5520	Replace missing or broken teeth complete denture (each tooth)	(d) (z)	\$82
D5630	Repair or replace broken clasp	(d) (z)	\$140
D5640	Replace broken teeth per tooth	(d) (z)	\$90
D5650	Add tooth to existing partial denture	(d) (z)	\$123
D5660	Add clasp to existing partial denture	(d) (z)	\$148
D5710	Rebase complete maxillary denture	(f) (z)	\$366
D5711	Rebase complete mandibular denture	(f) (z)	\$349
D5720	Rebase maxillary partial denture	(f) (z)	\$345
D5721	Rebase mandibular partial denture	(f) (z)	\$345
D5730	Reline complete maxillary denture (chairside)	(f) (z)	\$206
D5731	Reline complete mandibular denture (chairside)	(f) (z)	\$206
D5740	Reline maxillary partial denture (chairside)	(f) (z)	\$189
D5741	Reline mandibular partial denture (chairside)	(f) (z)	\$189
D5750	Reline complete maxillary denture (laboratory)	(f) (z)	\$275
D5751	Reline complete mandibular denture (laboratory)	(f) (z)	\$275
D5760	Reline maxillary partial denture (laboratory)	(f) (z)	\$271

Dental Code	Description of Procedure	Limitations	Amount the plan will cover
D5761	Reline mandibular partial denture (laboratory)	(f) (z)	\$271
D5820	Interim partial denture (maxillary)	(f)	\$337
D5821	Interim partial denture (mandibular)	(f)	\$357
D6010	Surgical placement of implant body: endosteal Implant	(aa) (dd)	\$1,000
D6056	Prefabrication abutment includes modification and placement	(aa) (dd)	\$312
D6057	Custom abutment includes placement	(aa) (dd)	\$386
D6058	Abutment supported porcelain/ceramic crown	(aa) (dd)	\$866
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	(aa) (dd)	\$854
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	(aa) (dd)	\$807
D6061	Abutment supported porcelain fused to metal crown (noble metal)	(aa) (dd)	\$824
D6062	Abutment supported cast metal crown (high noble metal)	(aa) (dd)	\$821
D6063	Abutment supported cast metal crown (predominantly base metal)	(aa) (dd)	\$715
D6065	Implant supported porcelain/ceramic crown)	(aa) (dd)	\$852
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	(aa) (dd)	\$830
D6210	Pontic Cast high noble metal	(aa) (dd)	\$670
D6211	Pontic Cast predominately base metal	(aa) (dd)	\$627
D6212	Pontic Cast noble metal	(aa) (dd)	\$653
D6240	Pontic Porcelain fused to high noble metal	(aa) (dd)	\$661
D6241	Pontic Porcelain fused to predominantly base metal	(aa) (dd)	\$611
D6242	Pontic Porcelain fused to noble metal	(aa) (dd)	\$644
D6245	Pontic Porcelain/ceramic	(aa) (dd)	\$682
D6545	Retainer cast metal for resin bonded fixed Prosthesis	(aa) (dd)	\$251
D6548	Retainer porcelain/ceramic for resin bonded fixed prosthesis	(aa) (dd)	\$276
D6740	Crown porcelain/ceramic	(aa) (dd)	\$700
D6750	Crown porcelain fused to high noble metal	(aa) (dd)	\$682
D6751	Crown porcelain fused to predominantly base metal	(aa) (dd)	\$636
D6752	Crown porcelain fused to noble metal	(aa) (dd)	\$651
D6790	Crown full cast high noble metal	(aa) (dd)	\$658
D6792	Crown full cast noble metal	(aa) (dd)	\$647
D6930	Recement fixed partial denture	(d) (z)	\$90
D7111	Extraction, coronal remnants deciduous tooth	(r)	\$78
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	(r)	\$104
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated.	(r)	\$167
D7220	Removal of impacted tooth soft tissue	(r)	\$210
D7230	Removal of impacted tooth partially bony	(r)	\$279
D7240	Removal of impacted tooth complete bony	(r)	\$328
D7241	Removal of impacted tooth completely bony, with unusual surgical complications	(r)	\$412

Dental Code	Description of Procedure	Limitations	Amount the plan will cover
D7250	Surgical removal of residual tooth roots (cutting procedure)	(r)	\$177
D7251	Coronectomy intentional partial tooth removal	(r)	\$177
D7280	Surgical access of an unerupted tooth	(r)	\$319
D7283	Placement of device to facilitate eruption of impacted tooth	(r)	\$137
D7286	Incisional biopsy of oral tissue soft	(r)	\$274
D7310	Alveoplasty in conjunction with extractions four or more teeth or tooth spaces, per quadrant	(bb)	\$175
D7311	Alveoplasty in conjunction with extractions one to three teeth or tooth spaces, per quadrant	(bb)	\$153
D7320	Alveoplasty not in conjunction with extractions four or more teeth or tooth spaces, per quadrant	(bb)	\$284
D7321	Alveoplasty not in conjunction with extractions one to three teeth or tooth spaces, per quadrant	(bb)	\$240
D7510	Incision and drainage of abscess intraoral soft Tissue	(bb)	\$188
D7511	Incision and drainage of abscess intraoral soft tissue complicated (includes drainage of multiple fascial spaces)	(bb)	\$284
D7953	Bone replacement graft for ridge preservation per site	(bb)	\$297
D7961	Buccal/labial frenectomy (frenulectomy)	(bb)	\$240
D7962	Lingual frenectomy (frenulectomy)	(bb)	\$240
D9110	Palliative (emergency) treatment of dental pain minor procedure	(t)	\$73
D9222	Deep sedation/general anesthesia first 15 Minutes	(t)	\$163
D9223	Deep sedation/general anesthesia each additional 15 minutes	(t)	\$124
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis (per visit)	(t)	\$46
D9239	Intravenous conscious sedation/analgesia first 15 minutes	(t)	\$134
D9243	Intravenous conscious sedation/analgesia each additional 15 minutes	(t)	\$105
D9310	Consultation diagnostic service provided by dentist or physician other than requesting dentist or physician	(u)	\$83
D9995	Teledentistry synchronous; real time Encounter	(u)	\$32

Benefits apply once the premium is paid and the policy is effective. Annual maximum, limitations, deductibles and age and frequency restrictions apply, as outlined in the policy. Must be under age 65 and have an address in the same state as the school to be issued a policy. Coverage up to the amounts stated will be paid by the plan in the form of a reimbursement once the claim has been submitted. Where differences between this document and the policy exist, the policy will prevail. Exact coverage amounts vary by plan. This product is not available in all states. Underwritten by National Guardian Life Insurance Company, Madison, WI. Policy form number NDNINDSBP 2022. National Guardian Life Insurance Company is not affiliated with the Guardian Life Insurance Company of America, a.k.a. The Guardian or Guardian Life.