

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 C

Dental Code	Description of Procedure	Limitations	Amount the plan will cover
D0120	Periodic oral evaluation established patient	(u)	\$37
D0140	Limited oral evaluation problem focused	(u)	\$62
D0145	Oral Evaluation for a patient under three years of age and counseling with primary caregiver.	(u)	\$58
D0150	Comprehensive oral evaluation new or established patient	(u)	\$65
D0180	Comprehensive periodontal evaluation new or established patient	(u)	\$71
D0210	Intraoral complete series of radiographic Images	(ff)	\$99
D0220	Intraoral periapical first radiographic image		\$20
D0230	Intraoral periapical each additional radiographic image		\$18
D0240	Intraoral occlusal radiographic image		\$31
D0270	Bitewing single radiographic image	(v)	\$21
D0272	Bitewings two radiographic images	(v)	\$33
D0273	Bitewings three radiographic images	(v)	\$40
D0274	Bitewings four radiographic images	(v)	\$46
D0330	Panoramic radiographic image	(ff)	\$84
D0367	Cone Beam CT capture and interpretation with field of view of both jaws	(ff)	\$217
D1110	Prophylaxis adult	(a)	\$68
D1120	Prophylaxis child	(a)	\$47
D1206	Topical application of fluoride varnish	(w) (d)	\$36
D1208	Topical application of fluoride excluding varnish	(w) (d)	\$24
D1351	Sealant per tooth (permanent molar teeth)	(b) (w) (g)	\$39
D1510	Space maintainer fixed unilateral (quad)	(w) (bb)	\$247
D1516	Space maintainer-fixed-bilateral,maxillary	(w) (bb)	\$345
D1517	Space maintainer-fixed-bilateral,mandibular	(w) (bb)	\$345
D1551	Recement or re bond space maintainer,maxillary	(w) (bb)	\$53
D1552	Recement or re bond space maintainer,mandibular	(w) (bb)	\$53

Dental Code	Description of Procedure	Limitations	Amount the plan will cover
D2140	Amalgam one surface, primary or permanent	(o) (l)	\$93
D2150	Amalgam two surfaces, primary or permanent	(o) (l)	\$120
D2160	Amalgam three surfaces, primary or permanent	(o) (l)	\$145
D2161	Amalgam four or more surfaces, primary or Permanent	(o) (l)	\$177
D2330	Resin-based composite one surface, anterior	(o) (l)	\$106
D2331	Resin-based composite two surfaces, anterior	(o) (l)	\$135
D2332	Resin-based composite three surfaces, anterior	(o) (l)	\$165
D2335	Resin-based composite four or more surfaces or involving incisal angle (anterior)	(o) (l)	\$195
D2390	Resin-based composite crown, anterior (primary only)	(o) (l)	\$217
D2391	Resin-based composite one surface, posterior	(o) (l)	\$124
D2392	Resin-based composite two surfaces, posterior	(o) (l)	\$162
D2393	Resin-based composite three surfaces, Posterior	(o) (l)	\$201
D2394	Resin-based composite four or more surfaces, Posterior	(o) (l)	\$247
D2520	Inlay metallic two surfaces	(aa) (dd)	\$632
D2530	Inlay metallic three or more surfaces	(aa) (dd)	\$728
D2542	Onlay metallic two surfaces	(aa) (dd)	\$714
D2543	Onlay metallic three surfaces	(aa) (dd)	\$747
D2544	Onlay metallic four or more surfaces	(aa) (dd)	\$777
D2643	Onlay porcelain/ceramic three surfaces	(aa) (dd)	\$772
D2644	Onlay porcelain/ceramic four or more surfaces	(aa) (dd)	\$819
D2740	Crown porcelain/ceramic substrate	(aa) (dd)	\$823
D2750	Crown porcelain fused to high noble metal	(aa) (dd)	\$812
D2751	Crown porcelain fused to predominantly base metal	(aa) (dd)	\$756
D2752	Crown porcelain fused to noble metal	(aa) (dd)	\$775
D2783	Crown 3/4 porcelain/ceramic	(aa) (dd)	\$801
D2790	Crown full cast high noble metal	(aa) (dd)	\$784
D2791	Crown full cast predominantly base metal	(aa) (dd)	\$743
D2792	Crown full cast noble metal	(aa) (dd)	\$756
D2910	Re cement or re bond inlay, onlay, veneer or partial coverage restoration	(z)	\$71
D2915	Re cement or re bond indirectly fabricated or prefabricated post and core	(z)	\$71
D2920	Re cement or re bond crown	(z)	\$72
D2930	Prefabricated stainless steel crown primary Tooth	(aa) (w)	\$197
D2931	Prefabricated stainless steel crown permanent Tooth	(aa) (w)	\$223
D2933	Prefabricated stainless steel crown with resin window (primary tooth)	(aa) (w)	\$273
D2950	Core buildup, including any pins when required	(aa) (dd)	\$188
D2951	Pin retention, per tooth, in addition to Restoration	(aa) (dd)	\$43
D2952	Post and core in addition to crown, indirectly Fabricated	(aa) (dd)	\$297

Dental Code	Description of Procedure	Limitations	Amount the plan will cover
D2954	Prefabricated post and core in addition to Crown	(aa) (dd)	\$238
D3110	Pulp cap direct (excluding final restoration)	(r)	\$65
D3120	Pulp cap indirect (excluding final restoration)	(r)	\$52
D3220	Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of Medicament	(r)	\$134
D3221	Pulpal debridement, primary and permanent teeth	(r)	\$147
D3240	Pulpal therapy (resorbable filling) posterior, primary tooth (excluding final restoration)	(r)	\$170
D3310	Anterior Root Canal Therapy	(r)	\$541
D3320	Bicuspid Root Canal Therapy	(r)	\$663
D3330	Molar Root Canal Therapy	(r)	\$822
D3346	Retreatment of previous root canal therapy Anterior	(r)	\$721
D3347	Retreatment of previous root canal therapy Bicuspid	(r)	\$849
D3348	Retreatment of previous root canal therapy molar	(r)	\$1,000
D3410	Apicoectomy anterior	(r)	\$572
D3421	Apicoectomy bicuspid (first root)	(r)	\$636
D3425	Apicoectomy molar (first root)	(r)	\$721
D3426	Apicoectomy (each additional root)	(r)	\$244
D3430	Retrograde filling per root	(r)	\$179
D3450	Root amputation per root	(r)	\$373
D3920	Hemisection (including any root removal), not including root canal therapy	(s)	\$283
D3950	Canal Preparation and fitting of preformed dowel or post	(s)	\$129
D4210	Gingivectomy or gingivoplasty four or more contiguous teeth or bounded teeth spaces per quadrant	(k)	\$454
D4211	Gingivectomy or gingivoplasty one to three contiguous teeth or bounded teeth spaces per quadrant	(k)	\$202
D4240	Gingival flap procedure, including root planing four or more contiguous teeth or bounded teeth spaces, per quadrant	(k)	\$575
D4241	Gingival flap procedure, including root planing one to three teeth or bounded teeth spaces, per quadrant	(k)	\$333
D4249	Clinical crown lengthening hard tissue	(k)	\$630
D4260	Osseous surgery (including flap entry and closure) four or more contiguous teeth or bounded teeth spaces per quadrant	(k)	\$958
D4261	Osseous surgery (including flap entry and closure) one to three contiguous teeth or bounded teeth spaces per quadrant	(k)	\$514
D4263	Bone replacement graft first site in quadrant	(k)	\$343
D4264	Bone replacement graft each additional site in quadrant	(k)	\$292
D4266	Guided tissue regeneration resorbable barrier, per site	(k)	\$353
D4267	Guided tissue regeneration nonresorbable barrier, per site (includes membrane removal)	(k)	\$454
D4270	Pedicle soft tissue graft procedure	(k)	\$681
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	(k)	\$832
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	(k)	\$472
D4275	Non autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	(k)	\$625
D4341	Periodontal scaling and root planing four or more teeth per quadrant	(k)	\$176
D4342	Periodontal scaling and root planing one to three teeth per quadrant	(k)	\$102

Dental Code	Description of Procedure	Limitations	Amount the plan will cover
D4346	Scaling in presence of generalized moderate or severe gingival inflammation	(a)	\$102
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	(a)	\$120
D4910	Periodontal maintenance	(a)	\$108
D5110	Complete denture maxillary	(aa)	\$1,000
D5120	Complete denture mandibular	(aa)	\$1,000
D5130	Immediate denture maxillary	(aa)	\$1,000
D5140	Immediate denture mandibular	(aa)	\$1,000
D5211	Maxillary partial denture resin base (including any conventional clasps, rests and teeth)	(aa)	\$886
D5212	Mandibular partial denture resin base (including any conventional clasps, rests and teeth)	(aa)	\$1,000
D5213	Maxillary partial denture cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	(aa)	\$1,000
D5214	Mandibular partial denture cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	(aa)	\$1,000
D5225	Maxillary partial denture flexible base (including any clasps, rests and teeth)	(aa)	\$886
D5226	Mandibular partial denture flexible base (including any clasps, rests and teeth)	(aa)	\$1,000
D5282	Removable unilateral partial denture one piece cast metal (including clasps and teeth) maxillary	(aa)	\$677
D5283	Removable unilateral partial denture one piece cast metal (including clasps and teeth) mandibular	(aa)	\$677
D5410	Adjust complete denture maxillary	(d) (z)	\$58
D5411	Adjust complete denture mandibular	(d) (z)	\$58
D5421	Adjust partial denture maxillary	(d) (z)	\$58
D5422	Adjust partial denture mandibular	(d) (z)	\$58
D5511	Repair broken complete denture base, Mandibular	(d) (z)	\$115
D5512	Repair broken complete denture base, Maxillary	(d) (z)	\$115
D5520	Replace missing or broken teeth complete denture (each tooth)	(d) (z)	\$96
D5630	Repair or replace broken clasp	(d) (z)	\$163
D5640	Replace broken teeth per tooth	(d) (z)	\$105
D5650	Add tooth to existing partial denture	(d) (z)	\$144
D5660	Add clasp to existing partial denture	(d) (z)	\$173
D5710	Rebase complete maxillary denture	(f) (z)	\$426
D5711	Rebase complete mandibular denture	(f) (z)	\$407
D5720	Rebase maxillary partial denture	(f) (z)	\$403
D5721	Rebase mandibular partial denture	(f) (z)	\$403
D5730	Reline complete maxillary denture (chairside)	(f) (z)	\$241
D5731	Reline complete mandibular denture (chairside)	(f) (z)	\$241
D5740	Reline maxillary partial denture (chairside)	(f) (z)	\$220
D5741	Reline mandibular partial denture (chairside)	(f) (z)	\$220
D5750	Reline complete maxillary denture (laboratory)	(f) (z)	\$321
D5751	Reline complete mandibular denture (laboratory)	(f) (z)	\$321
D5760	Reline maxillary partial denture (laboratory)	(f) (z)	\$316

Dental Code	Description of Procedure	Limitations	Amount the plan will cover
D5761	Reline mandibular partial denture (laboratory)	(f) (z)	\$316
D5820	Interim partial denture (maxillary)	(f)	\$393
D5821	Interim partial denture (mandibular)	(f)	\$417
D6010	Surgical placement of implant body: endosteal Implant	(aa) (dd)	\$1,000
D6056	Prefabrication abutment includes modification and placement	(aa) (dd)	\$364
D6057	Custom abutment includes placement	(aa) (dd)	\$450
D6058	Abutment supported porcelain/ceramic crown	(aa) (dd)	\$1,000
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	(aa) (dd)	\$997
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	(aa) (dd)	\$942
D6061	Abutment supported porcelain fused to metal crown (noble metal)	(aa) (dd)	\$961
D6062	Abutment supported cast metal crown (high noble metal)	(aa) (dd)	\$957
D6063	Abutment supported cast metal crown (predominantly base metal)	(aa) (dd)	\$834
D6065	Implant supported porcelain/ceramic crown)	(aa) (dd)	\$994
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	(aa) (dd)	\$968
D6210	Pontic Cast high noble metal	(aa) (dd)	\$781
D6211	Pontic Cast predominately base metal	(aa) (dd)	\$732
D6212	Pontic Cast noble metal	(aa) (dd)	\$761
D6240	Pontic Porcelain fused to high noble metal	(aa) (dd)	\$771
D6241	Pontic Porcelain fused to predominantly base metal	(aa) (dd)	\$712
D6242	Pontic Porcelain fused to noble metal	(aa) (dd)	\$752
D6245	Pontic Porcelain/ceramic	(aa) (dd)	\$796
D6545	Retainer cast metal for resin bonded fixed Prosthesis	(aa) (dd)	\$293
D6548	Retainer porcelain/ceramic for resin bonded fixed prosthesis	(aa) (dd)	\$322
D6740	Crown porcelain/ceramic	(aa) (dd)	\$816
D6750	Crown porcelain fused to high noble metal	(aa) (dd)	\$795
D6751	Crown porcelain fused to predominantly base metal	(aa) (dd)	\$742
D6752	Crown porcelain fused to noble metal	(aa) (dd)	\$760
D6790	Crown full cast high noble metal	(aa) (dd)	\$768
D6792	Crown full cast noble metal	(aa) (dd)	\$754
D6930	Recement fixed partial denture	(d) (z)	\$105
D7111	Extraction, coronal remnants deciduous tooth	(r)	\$91
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	(r)	\$121
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated.	(r)	\$195
D7220	Removal of impacted tooth soft tissue	(r)	\$245
D7230	Removal of impacted tooth partially bony	(r)	\$326
D7240	Removal of impacted tooth complete bony	(r)	\$383
D7241	Removal of impacted tooth completely bony, with unusual surgical complications	(r)	\$481

Dental Code	Description of Procedure	Limitations	Amount the plan will cover
D7250	Surgical removal of residual tooth roots (cutting procedure)	(r)	\$206
D7251	Coronectomy intentional partial tooth removal	(r)	\$206
D7280	Surgical access of an unerupted tooth	(r)	\$373
D7283	Placement of device to facilitate eruption of impacted tooth	(r)	\$160
D7286	Incisional biopsy of oral tissue soft	(r)	\$319
D7310	Alveoloplasty in conjunction with extractions four or more teeth or tooth spaces, per quadrant	(bb)	\$204
D7311	Alveoloplasty in conjunction with extractions one to three teeth or tooth spaces, per quadrant	(bb)	\$178
D7320	Alveoloplasty not in conjunction with extractions four or more teeth or tooth spaces, per quadrant	(bb)	\$331
D7321	Alveoloplasty not in conjunction with extractions one to three teeth or tooth spaces, per quadrant	(bb)	\$280
D7510	Incision and drainage of abscess intraoral soft Tissue	(bb)	\$219
D7511	Incision and drainage of abscess intraoral soft tissue complicated (includes drainage of multiple fascial spaces)	(bb)	\$331
D7953	Bone replacement graft for ridge preservation per site	(bb)	\$346
D7961	Buccal/labial frenectomy (frenulectomy)	(bb)	\$280
D7962	Lingual frenectomy (frenulectomy)	(bb)	\$280
D9110	Palliative (emergency) treatment of dental pain minor procedure	(t)	\$85
D9222	Deep sedation/general anesthesia first 15 Minutes	(t)	\$190
D9223	Deep sedation/general anesthesia each additional 15 minutes	(t)	\$145
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis (per visit)	(t)	\$54
D9239	Intravenous conscious sedation/analgesia first 15 minutes	(t)	\$156
D9243	Intravenous conscious sedation/analgesia each additional 15 minutes	(t)	\$123
D9310	Consultation diagnostic service provided by dentist or physician other than requesting dentist or physician	(u)	\$97
D9995	Teledentistry synchronous; real time Encounter	(u)	\$37

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.