



## Prepaid benefit packages designed exclusively for **TripleChoicePlan**.

<u>Covered services</u>	<u>Diamond</u>	<u>Gold</u>	<u>Emerald</u>	<u>Silver</u>	<u>Bronze</u>	<u>Ruby</u>
Annual coverage maximum	None	None	None	None	None	None
Calendar year deductible	None	None	None	None	None	None
Office visit - in addition to other services	4	4	4	4	4	4
Broken appointment - without 24-hour notice	20	20	20	20	20	20

### Diagnostic

D0120	Periodic oral evaluation	0	0	0	0	0	0
D0150	Comprehensive oral evaluation - new or established patient	0	0	0	0	0	0
D0210	Intraoral - complete series of x-rays (including bitewings)	0	0	0	0	0	10
D0220	Intraoral - periapical first film	0	0	0	0	0	0
D0230	Intraoral - periapical each additional film	0	0	0	0	0	0
D0270	Bitewing - single film	0	0	0	0	0	0
D0272	Bitewings - two films	0	0	0	0	0	0
D0274	Bitewings - four films	0	0	0	0	0	0

### Preventive

D1110	Prophylaxis (teeth cleaning) - adult	0	0	0	0	5	10
D1120	Prophylaxis (teeth cleaning) - child	0	0	0	0	5	10
D1203	Topical application of fluoride (without prophylaxis) - child	0	0	0	0	5	10
D1204	Topical application of fluoride (without prophylaxis) - adult	0	0	0	0	5	10
D1351	Sealant - per tooth	0	0	0	0	5	10

### Restorative *(Additional charges of \$50 for noble metal, \$80 for high noble metal, \$100 for porcelain on molars, \$50 for porcelain butt margin.)*

D2140	Amalgam filling - one surface, primary or permanent	0	0	3	10	18	25
D2150	Amalgam filling - two surfaces, primary or permanent	0	0	4	14	23	30
D2160	Amalgam filling - three surfaces, primary or permanent	0	0	6	17	28	35
D2161	Amalgam filling - four or more surfaces, primary or permanent	0	0	7	20	32	40
D2330	Resin-based composite filling - one surface, anterior	0	0	5	11	18	30
D2331	Resin-based composite filling - two surfaces, anterior	0	0	8	18	25	40
D2332	Resin-based composite filling - three surfaces, anterior	0	5	11	22	31	45
D2335	Resin-based composite filling - four or more surfaces, or involving incisal angle, anterior	0	10	14	25	38	50
D2391	Resin-based composite filling - one surface, posterior	30	50	50	55	85	n/a
D2392	Resin-based composite filling - two surfaces, posterior	50	65	65	75	120	n/a
D2393	Resin-based composite filling - three surfaces, posterior	70	85	85	95	150	n/a
D2394	Resin-based composite filling - four or more surfaces, posterior	90	105	105	120	160	n/a
D2750	Crown - porcelain fused to high noble metal	50	85	140	145	230	280
D2751	Crown - porcelain fused to predominantly base metal	50	85	140	145	230	280
D2752	Crown - porcelain fused to noble metal	50	85	140	145	230	250
D2920	Recement crown	0	0	10	5	15	20
D2930	Prefabricated stainless steel crown - primary tooth	10	20	30	50	50	60
D2931	Prefabricated stainless steel crown - permanent tooth	10	20	30	50	50	60
D2950	Core buildup, including any pins	0	5	15	20	25	30
D2952	Cast post and core in addition to crown	0	20	50	50	60	70
D2954	Prefabricated post and core in addition to crown	0	20	45	45	55	55

	<u>Diamond</u>	<u>Gold</u>	<u>Emerald</u>	<u>Silver</u>	<u>Bronze</u>	<u>Ruby</u>	
<b>Endodontics</b> <i>(Additional fees apply for root canal re-treatments.)</i>							
D3110	Pulp cap - direct, excluding final restoration	0	2	5	10	10	12
D3120	Pulp cap - indirect, excluding final restoration	0	2	2	4	4	6
D3220	Therapeutic pulpotomy, excluding final restoration	0	7	10	15	15	17
D3310	Anterior root canal therapy, excluding final restoration	20	55	45	90	145	150
D3320	Bicuspid root canal therapy, excluding final restoration	20	65	75	105	200	220
D3330	Molar root canal therapy, excluding final restoration	20	85	120	140	300	n/a
<b>Periodontics</b>							
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	25	45	75	85	120	n/a
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	0	10	30	30	50	60
D4341	Periodontal scaling and root planing - four or more teeth or tooth bounded spaces per quadrant	0	2	35	15	40	50
D4342	Periodontal scaling and root planing - one to three teeth or tooth bounded spaces per quadrant	0	2	20	10	25	25
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	0	2	35	15	40	50
D4910	Periodontal maintenance	0	2	35	15	40	50
<b>Prosthodontics</b> <i>(Includes adjustments for four months. Fee excludes gold.)</i>							
D5110	Complete denture - upper	65	85	150	220	310	350
D5130	Immediate denture - upper	65	85	150	200	320	360
D5410	Adjust complete denture - upper	0	0	0	0	0	0
D5421	Adjust partial denture - upper	0	0	0	0	0	0
D5510	Repair broken complete denture base	5	15	30	25	30	30
D5520	Replace missing or broken teeth - complete denture	5	5	20	10	20	20
D5650	Add tooth to existing partial denture	5	6	20	15	20	20
D5730	Reline complete upper denture (chairside)	10	25	30	55	70	80
D5750	Reline complete upper denture (laboratory)	10	30	40	80	100	140
<b>Fixed Prosthodontics</b> <i>(Additional charges of \$50 for noble metal, \$80 for high noble metal, \$100 for porcelain on molars, \$50 for porcelain butt margin.)</i>							
D6210	Pontic - cast high noble metal	45	55	120	115	200	230
D6211	Pontic - cast predominantly base metal	45	55	120	115	200	230
D6212	Pontic - cast noble metal	45	55	120	115	200	230
D6240	Pontic - porcelain fused to high noble metal	45	55	140	115	230	280
D6241	Pontic - porcelain fused to predominantly base metal	45	55	140	115	230	280
D6242	Pontic - porcelain fused to noble metal	45	55	140	115	230	280
D6750	Crown - porcelain fused to high noble metal	50	85	140	145	230	280
D6751	Crown - porcelain fused to predominantly base metal	50	85	140	145	230	280
D6752	Crown - porcelain fused to noble metal	50	85	140	145	230	280
<b>Oral Surgery</b>							
D7140	Extraction - erupted tooth or exposed root	0	0	0	15	25	35
D7210	Surgical removal of erupted tooth	5	5	20	35	75	100
D7220	Removal or impacted tooth - soft tissue	15	15	25	45	125	n/a
D7230	Removal of impacted tooth - partially bony	40	40	35	60	160	n/a
D7240	Removal of impacted tooth - completely bony	40	40	50	60	200	n/a
<b>Other Services</b>							
D9110	Palliative (emergency) treatment of dental pain - minor procedure	25	25	10	25	10	10
D9440	Office visit - after regularly scheduled hours	25	25	50	25	50	50
D9941	Athletic mouth guard	60	100	100	100	100	100
<b>Orthodontics</b>							
	Orthodontic treatment - child	1,775	1,775	1,775	1,775	1,775	1,775
	Orthodontic treatment - adult	1,975	1,975	1,975	1,975	1,975	1,975
	Orthodontic case takeover	Yes	Yes	Yes	Yes	Yes	Yes