

TripleChoicePlan

Exclusive Dental Packages by AmeriChoice



Dental
Health
Services

Dental benefits summary

<u>Code</u>	<u>Covered services</u>	<u>Gold</u>	<u>Silver</u>	<u>Bronze</u>
	Annual coverage maximum	None	None	None
	Calendar year deductible	None	None	None
	Office visit - in addition to other services	4.00	4.00	4.00
	Broken appointment - without 24-hour notice	20.00	20.00	20.00
Diagnostic				
D0120	Periodic oral evaluation	0.00	0.00	0.00
D0150	Comprehensive oral evaluation - new or established patient	0.00	0.00	0.00
D0210	Intraoral - complete series of x-rays (including bitewings)	0.00	0.00	0.00
D0220	Intraoral - periapical first film	0.00	0.00	0.00
D0230	Intraoral - periapical each additional film	0.00	0.00	0.00
D0270	Bitewing - single film	0.00	0.00	0.00
D0272	Bitewings - two films	0.00	0.00	0.00
D0274	Bitewings - four films	0.00	0.00	0.00
Preventive				
D1110	Prophylaxis (teeth cleaning) - adult	0.00	0.00	5.00
D1120	Prophylaxis (teeth cleaning) - child	0.00	0.00	5.00
D1201	Topical application of fluoride (with prophylaxis) - child	0.00	0.00	5.00
D1203	Topical application of fluoride (without prophylaxis) - child	0.00	0.00	5.00
D1204	Topical application of fluoride (without prophylaxis) - adult	0.00	0.00	5.00
D1205	Topical application of fluoride (with prophylaxis) - adult	0.00	0.00	5.00
D1351	Sealant - per tooth	0.00	0.00	5.00
Restorative <i>(Additional charges of \$50 for noble metal, \$80 for high noble metal, \$100 for porcelain on molars, \$50 for porcelain butt margin.)</i>				
D2140	Amalgam filling - one surface, primary or permanent	0.00	10.00	18.00
D2150	Amalgam filling - two surfaces, primary or permanent	0.00	14.00	23.00
D2160	Amalgam filling - three surfaces, primary or permanent	0.00	17.00	28.00
D2161	Amalgam filling - four or more surfaces, primary or permanent	0.00	20.00	32.00
D2330	Resin-based composite filling - one surface, anterior	0.00	11.00	18.00
D2331	Resin-based composite filling - two surfaces, anterior	0.00	18.00	25.00
D2332	Resin-based composite filling - three surfaces, anterior	5.00	22.00	31.00
D2335	Resin-based composite filling - four or more surfaces, anterior	10.00	25.00	38.00
D2391	Resin-based composite filling - one surface, posterior	50.00	55.00	85.00
D2392	Resin-based composite filling - two surfaces, posterior	65.00	75.00	120.00
D2393	Resin-based composite filling - three surfaces, posterior	85.00	95.00	150.00
D2394	Resin-based composite filling - four or more surfaces, posterior	105.00	120.00	160.00
D2750	Crown - porcelain fused to high noble metal	85.00	145.00	230.00
D2751	Crown - porcelain fused to predominantly base metal	85.00	145.00	230.00
D2752	Crown - porcelain fused to noble metal	85.00	145.00	230.00
D2920	Re-cement crown	0.00	5.00	15.00
D2930	Prefabricated stainless steel crown - primary tooth	20.00	50.00	50.00
D2931	Prefabricated stainless steel crown - permanent tooth	20.00	50.00	50.00
D2950	Core buildup, including any pins	5.00	20.00	25.00
D2952	Cast post and core in addition to crown	20.00	50.00	60.00
D2954	Prefabricated post and core in addition to crown	20.00	45.00	55.00

<u>Code</u>	<u>Covered services</u>	<u>Gold</u>	<u>Silver</u>	<u>Bronze</u>
Endodontics <i>(Additional fees apply for root canal re-treatments.)</i>				
D3110	Pulp cap - direct (excluding final restoration)	2.00	10.00	10.00
D3120	Pulp cap - indirect (excluding final restoration)	2.00	4.00	4.00
D3220	Therapeutic pulpotomy (excluding final restoration)	7.00	15.00	15.00
D3310	Anterior root canal therapy (excluding final restoration)	55.00	90.00	145.00
D3320	Bicuspid root canal therapy (excluding final restoration)	65.00	105.00	200.00
D3330	Molar root canal therapy (excluding final restoration)	85.00	140.00	300.00
Periodontics				
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth	45.00	85.00	120.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth	10.00	30.00	50.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	2.00	15.00	40.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	2.00	10.00	25.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	2.00	15.00	40.00
D4910	Periodontal maintenance	2.00	15.00	40.00
Prosthodontics <i>(Includes adjustments for your months. Fee excludes gold.)</i>				
D5110	Complete denture - maxillary	85.00	220.00	310.00
D5130	Immediate denture - maxillary	85.00	200.00	320.00
D5410	Adjust complete denture - maxillary	0.00	0.00	0.00
D5421	Adjust partial denture - maxillary	0.00	0.00	0.00
D5510	Repair broken complete denture base	15.00	25.00	30.00
D5520	Replace missing or broken teeth - complete denture	5.00	10.00	20.00
D5650	Add tooth to existing partial denture	6.00	15.00	20.00
D5730	Reline complete maxillary denture (chairside)	25.00	55.00	70.00
D5750	Reline complete maxillary denture (laboratory)	30.00	80.00	100.00
Fixed prosthodontics <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	55.00	115.00	200.00
D6211	Pontic - cast predominantly base metal	55.00	115.00	200.00
D6212	Pontic - cast noble metal	55.00	115.00	200.00
D6240	Pontic - porcelain fused to high noble metal	55.00	115.00	230.00
D6241	Pontic - porcelain fused to predominantly base metal	55.00	115.00	230.00
D6242	Pontic - porcelain fused to noble metal	55.00	115.00	230.00
D6750	Crown - porcelain fused to high noble metal	85.00	145.00	230.00
D6751	Crown - porcelain fused to predominantly base metal	85.00	145.00	230.00
D6752	Crown - porcelain fused to noble metal	85.00	145.00	230.00
Oral surgery				
D7140	Extraction - erupted tooth or exposed root	0.00	15.00	25.00
D7210	Surgical removal of erupted tooth	5.00	35.00	75.00
D7220	Removal or impacted tooth - soft tissue	15.00	45.00	125.00
D7230	Removal of impacted tooth - partially bony	40.00	60.00	160.00
D7240	Removal of impacted tooth - completely bony	40.00	60.00	200.00
Other services				
D9110	Palliative (emergency) treatment of dental pain - minor procedure	25.00	25.00	10.00
D9440	Office visit - after regularly scheduled hours	25.00	25.00	50.00
D9941	Athletic mouth guard	100.00	100.00	100.00
Orthodontics				
	Orthodontic treatment - child	1,775	1,775	1,775
	Orthodontic treatment - adult	1,975	1,975	1,975
	Orthodontic case takeover	Yes	Yes	Yes