## Summary of Benefits Dental Coverage – DHMO – Southwestern University

Managed Dental Plan MET335 - Texas			
Code	Description	Co-Payment	
Diagnostic T		<u>                                     </u>	
<b>J</b>	Office Visit Copay	\$5	
D0120	Periodic Oral Evaluation – established patient	\$0	
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$0	
D0210	Intraoral – Complete Series of Radiographic Images	\$0	
D0274	Bitewings – Four Radiographic Images	\$0	
D0330	Panoramic Radiographic Image	\$0	
Preventive S			
D1110	Prophylaxis – Adult	\$5	
D1120	Prophylaxis – Child	\$5	
D1351	Sealant – per tooth	\$0	
Restorative S		, ·	
D2140	Amalgam – One Surface, Primary or Permanent	\$12	
D2330	Resin-Based Composite – One Surface, Anterior	\$12	
D2391	Resin-Based Composite – One Surface Posterior	\$30	
Crowns		1 7	
D2750	Crown-Porcelain Fused to High Noble Metal	\$335	
D2751	Crown-Porcelain Fused to Predominantly Base Metal	\$335	
Endodontics	,	1	
D3220	Therapeutic Pulpotomy (excluding final restoration)-removal of pulp	¢40	
	coronal to the dentinocemental junction and application of medicament	\$40	
D3330	Endodontic therapy, Molar (excluding final restoration)	\$305	
<b>Periodontics</b>			
D4260	Osseous Surgery (Including Flap Entry and closure) – Four or more contiguous teeth or tooth bounded spaces per quadrant	\$330	
D4341	Periodontal scaling and root planing – Four or more teeth per quadrant	\$60	
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	\$65	
D4910	Periodontal Maintenance	\$45	
Prosthodont		1 7 .0	
D5110	Complete Denture - Maxillary	\$505	
D5120	Complete Denture - Mandibular	\$505	
D5211	Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	\$405	
D5212	Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	\$465	
Implants	1 Toto havo rolasping materials, rests, and teetin		
D6010	Surgical placement of implant body: endosteal implant	\$1,005	
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$660	
Crowns / Fix			
D6241	Pontic – Porcelain fused to predominantly base metal	\$335	
D6750	Retainer Crown - Porcelain fused to high noble metal	\$335	

Oral Surgery				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$5		
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$50		
D7220	Removal of impacted tooth – soft tissue	\$60		
D7240	Removal of impacted tooth – completely bony	\$135		
Orthodontics				
D8020	Limited orthodontic treatment of the transitional dentition	\$1,260		
D8030	Limited orthodontic treatment of the adolescent dentition	\$1,260		
D8040	Limited orthodontic treatment of the adult dentition	\$1,260		
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$2,410		
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$2,410		
D8090	Comprehensive orthodontic treatment of the adult dentition	\$2,410		
Adjunctive General Services				
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$10		
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0		

The above description is only a summary of the Managed Dental Plan being offered. A complete copy of all the terms and conditions of the Managed Dental Plan being offered is set forth in the Managed Dental Plan Schedule of Benefits provided herewith.