

Dental Source

Dental Health Care Plans

Schedule of Benefits – Plan E

The American Dental Association (ADA) assigns code numbers to each dental service. The Schedule of Services below provides you with an easy reference to the coverage associated with the Dental Source Program. All co payments are paid directly to your selected participating general dentist and are due at the time of service. All dental services listed in this schedule are provided **exclusively** by Dental Source network general dentists. There is no coverage outside of the Dental Source network. If the services of a Specialist are required, the member will receive a 20% discount off the usual fees from a participating Specialist, where available.

ADA CODE	PROCEDURE	Copayment
Diagnostic and Preventive – General Dentists Office		
****	Consultation.....	No Charge
0120	Periodic Oral Examination	No Charge
0140	Limited Oral Evaluation-Problem Focused.....	No Charge
0150	Comprehensive Oral Evaluation.....	No Charge
0160	Detailed & Extensive Oral Evaluation.....	No Charge
0210	Full Mouth X-Ray (Once Every 5 Years).....	No Charge
0220	Initial Periapical X-Ray	No Charge
0230	Additional Periapical X-Ray	No Charge
0240	Occlusal X-Ray.....	No Charge
0250-60	Extraoral X-Ray.....	No Charge
0270-77	Bitewing X-Ray.....	No Charge
0330	Panoramic X-Ray (Once Every 5 Years)	No Charge
0460	Tooth Pulp Vitality Test	No Charge
0470	Diagnostic Casts - Study Models.....	No Charge
1110	Prophylaxis-Adult-Every 6 Months*.....	No Charge
1120	Prophylaxis-Child-Every 6 Months*.....	No Charge
1203	Topical Application of Fluoride-Child- Every 6 Months	No Charge
1330	Oral Hygiene Instruction	No Charge
1351	Sealant.....	50%
1510	Space Maintainer-Fixed-Unilateral	50%
1515	Space Maintainer-Fixed-Bilateral	50%
1520	Space Maintainer-Removable-Unilateral	50%
1525	Space Maintainer-Removable-Bilateral.....	50%
****	Difficult prophylaxis may be subject to a \$20.00 charge.	
Restorative (Fillings, Inlays and Onlays) - General Dentist Office		
2140	Amalgam- One Surface Primary or Permanent	30%
2150	Amalgam- Two Surfaces Primary or Permanent	30%
2160	Amalgam- Three Surfaces Primary or Permanent.....	30%
2161	Amalgam- Four or More Surfaces Primary or Permanent.....	30%
2210	Silicate Cement-Per Restoration	50%
2330-35	Resin-Based Composite- 1, 2, 3 or 4 Surfaces, Anterior.....	30%
2390	Resin-Based Composite Crown, Anterior	50%
2391-94	Resin-Based Composite 1 or More Surface-Posterior-Primary.....	30%
2391-94	Resin-Based Composite-Posterior Permanent.....	70%
2410-30	Gold Foil-1, 2 or 3 Surfaces	50%
2510-30	Inlay-Metallic-1, 2, 3 or More Surfaces.....	50%
2542-44	Onlay-Metallic-2,3 or 4 Surfaces	50%
2610-30	Inlay-Porcelain/Ceramic1, 2,3 or More Surfaces	50%
2642-44	Onlay-Porcelain/Ceramic 1, 2, 3 or More Surfaces	50%
2650-52	Inlay- Resin-Based Composite -1, 2, 3 or More Surfaces	50%
2662	Inlay-Resin-Based Composite-2, 3, 4 or More Surfaces	50%
2664	Onlay-Composite/Resin-4 or more Surface/Lab Process.....	50%
2940	Sedative Fillings	30%
****	Laboratory Fees are Not Covered by the Dental Source Plan	

Restorative (Crowns-Single Restorations) - General Dentist Office

****	Crown-Temporary in Conjunction With Permanent.....	No Charge
2710	Crown-Resin (Indirect).....	50%
2720	Crown-Resin with High Noble Metal.....	50%
2721	Crown-Resin with Predominantly Base Metal.....	50%
2722	Crown-Resin with Noble Metal.....	50%
2740	Crown-Porcelain/Ceramic Substrate.....	50%
2750	Crown-Porcelain Fused to High Noble Metal.....	50%
2751	Crown-Porcelain Fused to Predominantly Base Metal.....	50%
2752	Crown-Porcelain Fused to Noble Metal.....	50%
2780-83	Crown-3/4.....	50%
2790	Crown-Full Cast High Noble Metal.....	50%
2791	Crown-Full Cast Predominantly Base Metal.....	50%
2792	Crown-Full Cast Noble Metal.....	50%
2910	Recement Inlay.....	50%
2920	Recement Crown.....	50%
2950	Core Buildup, Including Any Pins.....	50%
2951	Pin Retention per Tooth, in Addition to Restoration.....	50%
2952	Cast Post & Core in Addition to Crown.....	50%
2953	Cast Post as Part of Crown Same Tooth.....	50%
2954	Pre-fab Post & Core in Addition to Crown.....	50%
2960	Labial Veneers (Resin Laminate) Chairside.....	60%
2961	Labial Veneers (Resin Laminate) Laboratory.....	60%
2962	Labial Veneers (Porcelain Laminate) Laboratory.....	60%
2980	Crown Repair - By Report.....	50%

Endodontics (Root Canal Therapy) - General Dentist Office

****	Endo Consultation.....	No Charge
3110	Pulp Cap Direct.....	50%
3120	Pulp Cap Indirect.....	50%
3220	Vital Pulpotomy.....	50%
3310	Root Canal-Anterior.....	50%
3320	Root Canal-Bicuspid.....	50%
3330	Root Canal-Molar.....	50%
3340	Root Canal-Four Canals.....	50%
3410-26	Apicoectomy.....	50%
9974	Internal Bleaching after Endodontic Treatment.....	60%

Periodontics - General Dentist Office

****	Perio Consultation.....	No Charge
0180	Comprehensive Perio Examination.....	60%
4210	Gingivectomy or Gingivoplasty (per quadrant).....	60%
4211	Gingivectomy or Gingivoplasty (1 to 3 teeth per quadrant).....	60%
4220	Gingival Curettage (per quadrant).....	60%
4240	Gingival Flap Surgery (per quadrant).....	60%
4241	Gingival Flap Surgery (1 to 3 teeth per quadrant).....	60%
4260	Osseous Surgery (per quadrant).....	60%
4261	Osseous Surgery (1 to 3 teeth per quadrant).....	60%
4263	Bone Replacement Graft-First Site in Quadrant.....	60%
4264	Bone Replacement Graft-Each Additional Site.....	60%
4270	Pedicle Soft Tissue Graft Procedure.....	60%
4271	Free Soft Tissue Graft (Including Donor Site).....	60%
4341	Periodontal scaling & root planing (per quadrant).....	60%
4342	Periodontal scaling & root planing(1 to 3 teeth per quadrant).....	60%
4355	Full mouth debridement.....	60%

Prosthodontics (Removable) - General Dentist Office

5110	Complete Dentures-Upper.....	50%
5120	Complete Dentures-Lower.....	50%
5130	Immediate Upper Denture.....	50%
5140	Immediate Lower Denture.....	50%
5211	Partial Denture-Upper/Resin Base.....	50%
5212	Partial Denture-Lower/Resin Base.....	50%
5213	Partial Denture-Upper/Cast Metal Framework/Resin Base.....	50%
5214	Partial Denture-Lower/Cast Metal Framework/Resin Base.....	50%
5730-31	Reline Upper/Lower Complete Denture Chairside.....	50%
5740-41	Reline Upper/Lower Partial Denture Chairside.....	50%
5750-51	Reline Upper/Lower Complete Denture (Lab).....	50%
5760-61	Reline Upper/Lower Partial Denture (Lab).....	50%
5810	Interim Complete Denture-Upper.....	50%
5811	Interim Complete Denture-Lower.....	50%
5820	Interim Partial Denture-Upper.....	50%

5821	Interim Partial Denture-Lower.....	50%
****	All other denture and partial related procedures.....	50%
****	Laboratory Fees are Not Covered by the Dental Source Plan	

Prosthodontics - General Dentist Office

6240	Pontic-Porcelain Fused to High Noble Metal.....	50%
6241	Pontic-Porcelain Fused to Predominantly Base Metal.....	50%
6242	Pontic-Porcelain Fused to Noble Metal.....	50%
6750	Crown-Porcelain Fused to High Noble Metal.....	50%
6751	Crown-Porcelain Fused to Predominantly Base Metal.....	50%
6752	Crown-Porcelain Fused to Noble Metal.....	50%
6790	Crown-Full Cast High Noble Metal.....	50%
6791	Crown-Full Cast Predominantly Base Metal.....	50%
6792	Crown-Full Cast Noble Metal.....	50%
6930	Recement Bridge.....	50%
****	Laboratory Fees are Not Covered by the Dental Source Plan.	

Oral Surgery - General Dentist Office

****	Oral Surgery Consultation.....	No Charge
7111	Extraction-Coronal Remnants-Primary.....	50%
7140	Extraction-Erupted Tooth or Exposed Root.....	50%
7210	Surgical Removal of Erupted Tooth.....	75%
7220	Removal of Impacted Tooth-Soft Tissue.....	75%
7230	Removal of Impacted Tooth-Partial Bony.....	75%
7240	Removal of Impacted Tooth-Complete Bony.....	75%
7310	Alveoplasty in Conjunction with Extractions/Per Quadrant.....	50%
7320	Alveoplasty Not in Conjunction with Extractions Per Quadrant.....	50%
7470	Removal of Exostosis.....	50%
7510	Incision & Drainage of Abscess-Intraoral.....	50%
7520	Incision & Drainage of Abscess-Extraoral.....	50%
7960	Frenectomy.....	50%
****	Post Operative Treatment (including dry socket treatment).....	No Charge

Orthodontics (Braces) - General Dentist Office

****	Ortho Consultation (at General Dentist Only).....	No Charge
****	Ortho Treatment Plan (Records & Models).....	75%
****	Orthodontic Appliance.....	75%
****	Orthodontic Appliance Therapy.....	75%
****	Orthodontic Treatment.....	75%

Adjunctive General Services - General Dentist Office

9110	Palliative Treatment (Normal Office Hours).....	\$15.00
9215	Local Anesthesia.....	No Charge
9430	Office Visits For Observation (Normal Office Hours).....	No Charge
9440	Emergency office visit (After Office Hours).....	\$25.00
9450	Treatment Plan Presentation.....	No Charge
9940	Occlusal Guards-By Report.....	60%
9951	Occlusal Adjustment- Limited.....	60%
9952	Occlusal Adjustment- Complete.....	60%
9999	Broken Appointments are subject to a \$10.00 charge for each 15 minutes of scheduled time	

EMERGENCY TREATMENT COVERAGE:

In the event of a dental emergency, Dental Source members should contact their selected Dental Source provider. If the Dental Source provider is unavailable for emergency care within 24 hours, members may obtain emergency services from any licensed dentist. The covered emergency services include palliative treatment to control pain, bleeding, or infection. Dental Source members can be reimbursed up to \$50.00-based on the Dental Source Schedule of benefits. The member's selected Dental Source provider must provide any further restorative service. In order to receive reimbursement for fees paid, less any applicable copayment, the member must notify Dental Source within two working days of the onset of the emergency, and written request for reimbursement with receipts must be received by Dental Source within 30 days of the onset of the emergency.

EXCLUSIONS AND LIMITATIONS - GENERAL DENTIST

1. Laboratory fees or lab related charges.
2. Prophylaxis (cleanings) and fluoride treatments are limited to one every 6 months. Difficult prophylaxis (i.e. heavy smoker, very neglected teeth) is subject to a \$20.00 charge.
3. Procedures provided by any dentists including specialists who are not within the Dental Source provider network.
4. Procedures provided by a participating Dental Source dentist other than your selected dentist prior to receiving approval from the Dental Source office.
5. Procedures or dental expenses incurred in connection with any dental procedure started prior to the member's eligibility or in progress at the time of application. Dental expenses incurred if a participating dentist is unable to perform a procedure due to a member's general health or physical condition (i.e. patient physically unable to visit dentist office or suffering from a contagious illness or disease).
6. Dental expenses incurred after termination of eligibility.
7. Charges for broken appointments.
8. Any dental procedure not listed as a covered service including but not limited to general anesthesia, the services of an anesthesiologist, prescription medication, nitrous oxide, implants, treatment required by reason of war, hospital and medical charges of any kind, surgery of fractures and dislocations, loss or theft of dentures or bridgework, and the treatment of malignancies.
9. Services that are provided to the member by state government, or agencies thereof, or services provided without cost to the member by any municipality, county, or other subdivision.
10. Procedures, appliances, or restorations to correct congenital, developmental, or medically induced dental disorders, including but not limited to, treatment of myo-functional, myo-skeletal, or temporomandibular joint dysfunction (TMJ).
11. Dentures, bridges, and other appliances installed under this program can be replaced only once during the period of 5 years after the original installation. A denture, crown, bridge, or other appliance can be replaced only if it cannot be made satisfactory by relining or repair.
12. A denture, bridge, or other appliance installed while not covered by Dental Source will be replaced only if it cannot be made satisfactory by relining or repair.
13. All covered replacements are subject to the copayment percentages as listed in the Schedule of Services.
14. Crowns are covered only if the dentist determines that there is not enough retentive quality left in a tooth to hold a filling.
15. Replacement of a satisfactory filling is not covered.
16. Charges for office sterilization.
17. Fluoride treatments are limited to once every 6 months to age 19.
18. Any dental procedure solely for the purpose of cosmetic reasons is not a covered benefit.
19. Sealants covered through age 15, replaced at no charge within 12 months of original application.
20. A dependent child shall be covered until the age of 25; if unmarried, a state resident and not covered under another benefit plan or government program.

THIS FEE SCHEDULE IS ONLY APPLICABLE FOR THOSE SERVICES PROVIDED BY A PARTICIPATING DENTAL SOURCE GENERAL DENTIST. IF THE SERVICES OF A PARTICIPATING SPECIALIST ARE REQUIRED, MEMBERS WILL RECEIVE A DISCOUNT FROM THAT PARTICIPATING SPECIALIST.

PROCEDURES NOT LISTED ARE NOT COVERED BY DENTAL SOURCE.