

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

2010 Discounted Schedule of Fees - \$10 Preventive Plan

Procedures not shown in this list are not covered. Refer to the description of your dental benefit for a complete explanation of the terms and conditions of your covered benefit.

Fees quoted in the "You Pay to Dentist" column apply only when performed by a participating general dentist. If specialty care is required, your general dentist must refer you to a participating specialist.

FC\$10: You pay a combined fixed copayment of \$10 for any visit during which one or more of the following procedures are performed: (a) an oral exam (D0120, D0140, D0150 or D0180); (b) X-rays (D0220, D0230, D0240, D0270, D0272, D0274 or D0277); (c) a pulp vitality test (D0460); (d) a diagnostic cast (D0470); (e) a routine cleaning (D1110 or D1120); (f) fluoride application (D1201, D1203, D1204, D1205); or (g) you are given oral hygiene instructions (D01330). You pay a separate fee for any other procedure performed.

NOTE: The Schedule of Dental Fees is reviewed annually and is subject to change effective January 1 of each year. Contact DOMINION for details at 703-518-5338 or toll-free at 1-888-518-5338, Monday through Friday, 7:30 a.m. to 6 p.m., (TTY 1-800-688-4889).

ADA CODE	PROCEDURE NAME	YOU PAY TO DENTIST	YOU PAY TO SPECIALIST
<i>Diagnostic Services</i>			
D0120	Periodic oral evaluation	FC\$10	No Benefit
D0140	Limited oral evaluation – problem focused	FC\$10	No Benefit
D0150	Comprehensive oral evaluation – new or established patient	FC\$10	No Benefit
D0180	Comprehensive periodontal evaluation – new or established patient – not in conjunction with D0150 and limited to once per 18 months	FC\$10	No Benefit
D0210	Intraoral - complete series including bitewings	\$50	\$63
D0220	Intraoral - periapical first film	FC\$10	\$13
D0230	Intraoral - periapical each additional film	FC\$10	\$10
D0240	Intraoral - occlusal film	FC\$10	\$20
D0270	Bitewing - single film	FC\$10	\$13
D0272	Bitewings - two films	FC\$10	\$20
D0274	Bitewings - four films	FC\$10	\$29
D0277	Vertical bitewings, 7-8 films	FC\$10	\$44
D0330	Panoramic film	\$40	\$51
D0460	Pulp vitality tests	FC\$10	\$32
D0470	Diagnostic casts (not in conjunction with Orthodontics)	FC\$10	No Benefit
D0999	Office Visit Copayment when FC \$10 services are not performed	\$10	\$12
<i>Preventive Services</i>			
D1110	Prophylaxis - adult	FC\$10	No Benefit
D1120	Prophylaxis - child	FC\$10	No Benefit
D1201	Topical application of fluoride Including prophylaxis – child	FC\$10	No Benefit
D1203	Topical application of fluoride (prophylaxis not included) – child	FC\$10	No Benefit
D1204	Topical application of fluoride excl. prophylaxis – adult (every 6 months)	FC\$10	No Benefit
D1205	Topical application of fluoride incl. prophylaxis – age 14+ (Every 6 months)	FC\$10	No Benefit
D1330	Oral hygiene instructions	FC\$10	No Benefit
D1351	Sealant - per tooth – (up to 16 years of age)	\$28	No Benefit
D1510	Space maintainer – fixed - unilateral	\$184	No Benefit

ADA CODE	PROCEDURE NAME	YOU PAY TO DENTIST	YOU PAY TO SPECIALIST
D1515	Space maintainer – fixed - bilateral	\$256	No Benefit
D1520	Space maintainer – removable - unilateral	\$226	No Benefit
D1525	Space maintainer – removable - bilateral	\$256	No Benefit
D1550	Re-cementation of space maintainer	\$21	No Benefit
	Restorative Services		
D2140	Amalgam – one surface, primary or permanent	\$63	No Benefit
D2150	Amalgam – two surfaces, primary or permanent	\$81	No Benefit
D2160	Amalgam – three surfaces, primary or permanent	\$97	No Benefit
D2161	Amalgam – four or more surfaces, primary or permanent	\$116	No Benefit
D2330	Resin-based composite – one surface, anterior	\$76	No Benefit
D2331	Resin-based composite – two surfaces, anterior	\$97	No Benefit
D2332	Resin-based composite – three surfaces, anterior	\$119	No Benefit
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$150	No Benefit
D2391	Resin-based composite - one surface, posterior	\$99	No Benefit
D2392	Resin-based composite - two surfaces, posterior	\$132	No Benefit
D2393	Resin-based composite - three surfaces, posterior	\$165	No Benefit
D2394	Resin-based composite – four or more surfaces, posterior	\$188	No Benefit
D2510	Inlay - metallic - one surface	\$454	No Benefit
D2520	Inlay - metallic - two surfaces	\$512	No Benefit
D2530	Inlay – metallic - three or more surfaces	\$556	No Benefit
D2542	Onlay – metallic - two surfaces	\$590	No Benefit
D2543	Onlay – metallic - three surfaces	\$601	No Benefit
D2544	Dental onlay metallic - four or more surfaces	\$605	No Benefit
D2610	Inlay - porcelain/ceramic - one surface	\$498	No Benefit
D2620	Inlay - porcelain/ceramic – two surfaces	\$530	No Benefit
D2630	Inlay - porcelain/ceramic – three or more surfaces	\$612	No Benefit
D2642	Onlay - porcelain/ceramic - two surfaces	\$567	No Benefit
D2643	Onlay - porcelain/ceramic - three surfaces	\$613	No Benefit
D2644	Dental onlay porcelain - four or more surfaces	\$653	No Benefit
D2650	Inlay – resin-based composite - one surface	\$458	No Benefit
D2651	Inlay – resin-based composite - two surfaces	\$495	No Benefit
D2652	Inlay – resin-based composite - three or more surfaces	\$643	No Benefit
D2710	Crown - resin (indirect)	\$255	No Benefit
D2712	Crown 3/4 resin-based composite (exclusive of veneers)	\$235	No Benefit
D2740	Crown - porcelain/ceramic substrate	\$682	No Benefit
D2750	Crown - porcelain fused to high noble metal	\$695	No Benefit
D2751	Crown - porcelain fused to predominantly base metal	\$601	No Benefit
D2752	Crown - porcelain fused to noble metal	\$625	No Benefit
D2780	Crown - 3/4 cast high noble metal	\$666	No Benefit
D2781	Crown - 3/4 cast predominantly base metal	\$521	No Benefit
D2782	Crown - 3/4 cast noble metal	\$562	No Benefit
D2790	Crown - full cast high noble metal	\$621	No Benefit
D2791	Crown - full cast predominantly base metal	\$553	No Benefit
D2792	Crown - full cast noble metal	\$578	No Benefit
D2794	Crown – Titanium	\$625	No Benefit
D2910	Recement inlay	\$63	No Benefit
D2915	Recement cast or prefabricated post and core	\$34	No Benefit
D2920	Recement crown	\$63	No Benefit
D2930	Prefabricated stainless steel crown - primary tooth	\$130	No Benefit
D2931	Prefabricated stainless steel crown - permanent tooth	\$171	No Benefit
D2932	Prefabricated resin crown	\$234	No Benefit
D2934	Prefabricated steel crown – primary tooth	\$101	No Benefit
D2940	Sedative filling	\$71	No Benefit

ADA CODE	PROCEDURE NAME	YOU PAY TO DENTIST	YOU PAY TO SPECIALIST
D2950	Core buildup, including any pins	\$158	No Benefit
D2951	Pin retention - per tooth, in addition to restoration	\$37	No Benefit
D2952	Cast post and core in addition to crown	\$232	No Benefit
D2954	Prefabricated post and core in addition to crown	\$206	No Benefit
D2970	Temporary crown (fractured tooth)	\$173	No Benefit
D2980	Crown repair, by report	\$127	No Benefit
	Endodontic Services		
D3110	Pulp cap - direct (excluding final restoration)	\$41	No Benefit
D3120	Pulp cap - indirect (excluding final restoration)	\$41	No Benefit
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	\$91	\$107
D3310	Root canal therapy - anterior (excluding final restoration)	\$386	\$444
D3320	Root canal therapy - bicuspid (excluding final restoration)	\$461	\$530
D3330	Root canal therapy - molar (excluding final restoration)	\$603	\$693
D3346	Retreatment of previous root canal therapy – anterior	No Benefit	\$535
D3347	Retreatment of previous root canal therapy - bicuspid	No Benefit	\$713
D3348	Retreatment of previous root canal therapy - molar	No Benefit	\$920
D3351	Apexification/recalcification - initial visit	\$335	\$396
D3352	Apex./recalc. - interim medication replacement	\$263	\$311
D3353	Apexification/recalcification - final visit	\$288	\$340
D3410	Apicoectomy/periradicular surgery - anterior	\$371	\$460
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	\$414	\$575
D3425	Apicoectomy/periradicular surgery – molar (first root)	\$455	\$604
D3426	Apicoectomy/periradicular surgery (each additional root)	\$276	\$325
D3430	Retrograde filling - per root	\$104	\$259
D3450	Root amputation - per root	\$180	\$290
D3920	Hemisection (including any root removal), not including root canal therapy	\$227	\$268
	Periodontic Services		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth per quadrant	\$342	\$404
D4211	Gingivectomy or gingivoplasty – one to three teeth, per quadrant	\$148	\$175
D4230	Anatomical crown exposure	\$423	No Benefit
D4231	Anatomical crown exposure one to three teeth per quadrant	\$56	No Benefit
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth	\$441	\$521
D4241	Gingival flap procedure, including root planing – one to three teeth per quadrant	\$111	\$220
D4249	Clinical crown lengthening - hard tissue	\$463	\$546
D4260	Osseous surgery (including flap entry and closure) – four or more per quadrant	\$652	\$769
D4261	Osseous surgery (including flap entry and closure) – one to three teeth per quadrant	\$416	\$491
D4263	Bone replacement graft – first site in quadrant	\$185	\$380
D4265	Biologic material to aid in soft/osseous tissue	\$155	\$190
D4268	Surgical revision procedure, per tooth	\$358	\$518
D4270	Pedicle soft tissue graft procedure	\$491	\$580
D4271	Free soft tissue graft proc. – including donor site	\$508	\$599
D4275	Soft tissue allograft	\$260	\$587
D4276	Combined connective tissue and double pedicle	\$313	\$483
D4320	Provisional splinting – intracoronal	\$243	\$286

ADA CODE	PROCEDURE NAME	YOU PAY TO DENTIST	YOU PAY TO SPECIALIST
D4321	Provisional splinting – extracoronal	\$184	\$216
D4341	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$126	\$178
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$91	\$108
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$111	\$161
D4910	Periodontal maintenance	\$76	\$101
<i>Prosthetics - Removable</i>			
D5110	Complete denture – maxillary	\$778	No Benefit
D5120	Complete denture – mandibular	\$778	No Benefit
D5130	Immediate denture – maxillary	\$837	No Benefit
D5140	Immediate denture – mandibular	\$837	No Benefit
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$601	No Benefit
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$601	No Benefit
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$834	No Benefit
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$834	No Benefit
D5225	Maxillary partial denture	\$832	No Benefit
D5226	Mandibular partial denture	\$924	No Benefit
D5281	Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	\$469	No Benefit
D5410	Adjust complete denture – Maxillary	\$73	No Benefit
D5411	Adjust complete denture – Mandibular	\$73	No Benefit
D5421	Adjust partial denture - Maxillary	\$73	No Benefit
D5422	Adjust partial denture - Mandibular	\$73	No Benefit
D5510	Repair broken complete denture base	\$93	No Benefit
D5520	Replace missing or broken teeth - complete denture - each tooth	\$71	No Benefit
D5610	Repair resin denture base	\$94	No Benefit
D5620	Repair cast framework	\$135	No Benefit
D5630	Repair or replace broken clasp	\$128	No Benefit
D5640	Replace broken teeth - per tooth	\$81	No Benefit
D5650	Add tooth to existing partial denture	\$121	No Benefit
D5660	Add clasp to existing partial denture	\$147	No Benefit
D5670	Replace all teeth and acrylic on cast metal framework - Maxillary	\$514	No Benefit
D5671	Replace all teeth and acrylic on cast metal framework - Mandibular	\$514	No Benefit
D5710	Rebase complete maxillary denture	\$317	No Benefit
D5711	Rebase complete mandibular denture	\$305	No Benefit
D5720	Rebase maxillary partial denture	\$244	No Benefit
D5721	Rebase mandibular partial denture	\$244	No Benefit
D5730	Reline complete maxillary denture (chairside)	\$197	No Benefit
D5731	Reline complete mandibular denture (chairside)	\$198	No Benefit
D5740	Reline maxillary partial denture (chairside)	\$195	No Benefit
D5741	Reline mandibular partial denture (chairside)	\$195	No Benefit
D5750	Reline complete maxillary denture (laboratory)	\$239	No Benefit
D5751	Reline complete mandibular denture (laboratory)	\$237	No Benefit
D5760	Reline maxillary partial denture (laboratory)	\$230	No Benefit

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D5761	Reline mandibular partial denture (laboratory)	\$229	No Benefit
D5820	Interim partial denture (maxillary)	\$390	No Benefit
D5821	Interim partial denture (mandibular)	\$395	No Benefit
D5850	Tissue conditioning, maxillary	\$110	No Benefit
D5851	Tissue conditioning, mandibular	\$111	No Benefit
Prosthetics - Fixed			
D6092	Recement supp crown	\$64	No Benefit
D6093	Recement supp partial denture	\$95	No Benefit
D6205	Pontic - indirect resin based composite	\$235	No Benefit
D6210	Pontic - cast high noble metal	\$561	No Benefit
D6211	Pontic - cast predominantly base metal	\$574	No Benefit
D6212	Pontic - cast noble metal	\$539	No Benefit
D6214	Pontic - titanium	\$525	No Benefit
D6240	Pontic - porcelain fused to high noble metal	\$695	No Benefit
D6241	Pontic - porcelain fused to predominantly base metal	\$601	No Benefit
D6242	Pontic - porcelain fused to noble metal	\$625	No Benefit
D6245	Pontic - porcelain/ceramic	\$682	No Benefit
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$248	No Benefit
D6602	Inlay - cast high noble metal, two surfaces	\$388	No Benefit
D6603	Inlay - cast high noble metal, three or more surfaces	\$431	No Benefit
D6604	Inlay - cast predominantly base metal, two surfaces	\$388	No Benefit
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$372	No Benefit
D6606	Inlay - cast noble metal, two surfaces	\$353	No Benefit
D6607	Inlay - cast noble metal, three or more surfaces	\$392	No Benefit
D6610	Onlay - cast high noble metal, two surfaces	\$461	No Benefit
D6611	Onlay - cast high noble metal, >=3 surfaces	\$504	No Benefit
D6612	Onlay - cast predominantly base metal, two surfaces	\$397	No Benefit
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$440	No Benefit
D6614	Onlay - cast noble metal, two surfaces	\$418	No Benefit
D6615	Onlay - cast noble metal >=3 surfaces	\$461	No Benefit
D6624	Inlay - titanium	\$431	No Benefit
D6634	Onlay - titanium	\$504	No Benefit
D6710	Crown - indirect resin based composite	\$235	No Benefit
D6740	Crown - porcelain/ceramic	\$682	No Benefit
D6750	Crown - porcelain fused to high noble metal	\$588	No Benefit
D6751	Crown - porcelain fused to predominantly base metal	\$525	No Benefit
D6752	Crown - porcelain fused to noble metal	\$551	No Benefit
D6780	Crown - 3/4 cast high noble metal	\$666	No Benefit
D6781	Crown - 3/4 cast predominantly base metal	\$521	No Benefit
D6782	Crown - 3/4 cast noble metal	\$532	No Benefit
D6790	Crown - full cast high noble metal	\$621	No Benefit
D6791	Crown - full cast predominantly base metal	\$553	No Benefit
D6792	Crown - full cast noble metal	\$578	No Benefit
D6794	Crown - titanium	\$625	No Benefit
D6930	Recement fixed partial denture	\$81	No Benefit
Oral Surgery			
D7111	Coronal remnants - deciduous tooth	\$66	\$78
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$76	\$90
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$137	\$162

ADA CODE	PROCEDURE NAME	YOU PAY TO DENTIST	YOU PAY TO SPECIALIST
D7220	Removal of impacted tooth - soft tissue	\$168	\$199
D7230	Removal of impacted tooth - partially bony	\$230	\$271
D7240	Removal of impacted tooth – completely bony	\$271	\$320
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$154	\$183
D7260	Oroantral fistula closure	\$415	\$490
D7261	Primary closure of a sinus perforation	\$170	\$490
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$257	\$304
D7280	Surgical access of an unerupted tooth	\$287	\$339
D7282	Mobiliz. of erupted or malpos. tooth-aid erupted	\$88	\$193
D7283	Placement of device	\$63	\$120
D7285	Biopsy of oral tissue - hard (bone, tooth)	\$180	\$213
D7286	Biopsy of oral tissue - soft (all others)	\$169	\$199
D7287	Cytology sample collection	\$37	\$64
D7288	Brush biopsy – transepithelial sample collect	\$37	\$64
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$131	\$155
D7292	Surgical placement: temp. anchorage device (screw ret. plate) req. surg. flap	\$1031	No Benefit
D7293	Surgical placement: temp. anchorage device req. surg. flap	\$824	No Benefit
D7294	Surgical placement: temp. anchorage device w/out surg. flap	\$618	No Benefit
D7310	Alveoloplasty in conjunction with extractions - per quadrant	\$138	\$163
D7311	Alveoloplasty in conjunction with extractions	\$120	\$141
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$178	\$209
D7321	Alveoloplasty not in conjunction with extractions	\$37	\$77
D7410	Excision of benign lesion up to 1.25 cm	\$173	\$205
D7411	Excision of benign lesion > 1.25cm	\$170	\$200
D7412	Excision of benign lesion, complicated	\$236	\$278
D7450	Removal of benign odon cyst/tumor – diam<=1.25 cm	\$242	\$285
D7451	Removal of benign odon cyst/tumor – diam >1.25 cm	\$305	\$360
D7460	Removal of non-odon cyst/tumor – diam <=1.25 cm	\$232	\$274
D7461	Removal of non-odon cyst/tumor – diam>1.25 cm	\$329	\$389
D7471	Removal of lateral exostosis	\$289	\$340
D7472	Removal of torus palatinus	\$242	\$286
D7473	Removal of torus mandibularis	\$249	\$294
D7485	Surgical reduction of osseous tuberosity	\$273	\$323
D7510	Incision and drainage of abscess - intraoral soft tissue	\$99	\$117
D7511	Incision and drainage of abscess – intraoral	\$208	\$239
D7520	Incision/drainage of abscess – extra. soft tissue	\$208	\$245
D7521	Incision and drainage of abscess	\$145	\$167
D7530	Foreign body removal from muc./skin/subcut tissue	\$145	\$171
D7550	Partial ostect/sequestrect non-vital bone removal	\$242	\$286
D7910	Suture of recent small wounds up to 5 cm	\$226	\$267
D7911	Complicated suture up to 5 cm	\$187	\$221
D7960	Frenulectomy (frenectomy or frenotomy) -separate procedure	\$245	\$289
D7963	Frenuloplasty	\$91	\$225
D7970	Excision of hyperplastic tissue - per arch	\$420	\$496

ADA CODE	PROCEDURE NAME	YOU PAY TO DENTIST	YOU PAY TO SPECIALIST
D7971	Excision of periocoronary gingiva	\$207	\$244
D7972	Surgical reduction of fibrous tuberosity	\$72	\$170
Orthodontics			
D8070	Comprehensive orthodontic treatment of the transitional dentition	No Benefit	\$3,800
D8080	Comprehensive orthodontic treatment of the adolescent dentition	No Benefit	\$3,935
D8090	Comprehensive orthodontic treatment of the adult dentition	No Benefit	\$4,207
D8660	Pre-orthodontic treatment visit	No Benefit	\$475
D8670	Periodic orthodontic treatment visit (as part of contract)	No Benefit	\$136
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	No Benefit	\$475
Additional Procedures			
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$28	\$69
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0	No Benefit
D9220	Deep sedation/general anesthesia - first 30 minutes	\$74	\$255
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$37	\$92
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$33	\$38
D9241	Intrav conscious sed./analgesia – first 30 minutes	\$111	\$251
D9242	Intrav conscious sed./analgesia – each addtl 15 minutes	\$0	\$78
D9310	Consultation (diagnostic service by dentist or physician other than practitioner providing treatment)	\$54	\$89
D9440	Office visit - after regularly scheduled hours	\$25	\$102
D9910	Application of desensitizing medicament	\$28	\$55
D9940	Occlusal guard, by report	\$311	\$477
D9942	Repair and/or relin of occlusal guard	\$49	\$93
D9951	Occlusal adjustment – limited	\$81	\$106

Participating dentists may charge you an administrative fee if you miss a scheduled dental appointment without giving 24 hours advanced notice. The fee may vary depending on the participating dentist; however, in no event shall the missed appointment fee exceed \$30 for a single visit.

Exclusions and Limitations

Exclusions: The following services are not covered under your Dental Plan:

1. Services provided by dentists or other practitioners of healing arts not associated with Kaiser Permanente and/or Dental Administrator except upon Referral arranged by a Participating Dental Provider and authorized by us, or when required in a covered emergency.
2. Services for injuries or conditions which are covered under Workers' Compensation or Employer's Liability laws.
3. Services which are provided without cost to the Member by any federal, state, municipal, county, or other political subdivision (with the exception of Medicaid).
4. Services, which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
5. Cosmetic, elective or aesthetic dentistry.
6. Oral surgery requiring the setting of fractures or dislocations, except as may be otherwise covered in your medical plan which is described in the Evidence of Coverage.
7. Drugs obtainable with or without a prescription, except as may be otherwise covered in your medical plan that is described in the Evidence of Coverage.
8. Hospitalization for any dental procedure.
9. Treatment for conditions resulting from major disaster, epidemic or war, including declared or undeclared war or acts of war.
10. Replacement due to loss or theft of prosthetic appliance.
11. Services that cannot be performed because of the general health of the patient.
12. Implantation and related restorative procedures.
13. Services not listed as a Covered Dental Service.
14. Services provided by a non-Participating Dental Provider or not pre-authorized by Dental Administrator (with the exception of out-of-area emergency dental services).
15. Services related to the treatment of TMJ (Temporomandibular Joint disorder).
16. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth.
17. Procedures relating to the change and maintenance of vertical dimension or major restoration of occlusion, or to alter the occlusion (bite) through full mouth adjustment/grinding of the teeth. This does not exclude minor occlusal adjustments on individual teeth to remove high spots or smooth out rough or sharp areas.
18. Dental expenses incurred in connection with any dental procedure that was started prior to your effective date of coverage. Examples include orthodontic work in progress, teeth prepared for crowns, and root canal therapy in progress.
19. Treatment of malignancies, neoplasm, or congenital malformations, except as may be otherwise covered in your medical plan which is described in the Evidence of Coverage.
20. Lab fees for excisions and biopsies, except as may be otherwise covered in your medical plan that is described in the Evidence of Coverage.
21. Experimental procedures, implantations, or pharmacological regimens.

Limitations: Covered Dental Services are subject to the following limitations:

1. Replacement of a bridge, crown or denture within 5 years after the date it was originally installed.
2. Replacement of fillings within 2 years after original date of placement.
3. Coverage for periodic oral exams, prophylaxes (cleanings) and fluoride applications is limited to once every six (6) months.
4. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.

5. Full mouth X-rays or panoramic film is limited to one set every three years.
6. Retreatment of root canal within 2 years of the original treatment.
7. Coverage for sealants (D1351) is limited to the first and second permanent molars for children under the age of 16 once every 24 months.
8. Coverage for periodontal surgery of any type, including any associated material (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4263, D4265, D4268, D4270, D4271, D4275 and D4276) is covered once every 36 months per quadrant or surgical site.
9. Coverage for root planing or scaling (D4341 and D4342) is limited to once every 24 months per quadrant.
10. Full mouth debridement (D4355) is limited to once every 36 months.
11. Periodontal maintenance after active therapy (D4910) is limited to twice per 12 months within 24 months after definitive periodontal therapy.
12. Coverage for relining of dentures (D5730, D5731, D5740, D5741, D5750, D5751, D5760 and D5761) is limited to once every 12 months.