

# Schedule of Benefits PREMIER – 110-01 PLAN

This plan allows for a \$9 office visit co-payment per visit to cover administrative and supply expenses.

## DIAGNOSTICS SERVICES

00120	Periodic Oral Evaluation.....	\$0
00140	Limited Oral Evaluation.....	0
00150	Comprehensive Oral Evaluation.....	0
00210	Intraoral Complete Series (including bitewings).....	0
00220	Intraoral Periapical – first film.....	0
00230	Intraoral Periapical – each additional film.....	0
00240	Intraoral Occlusal Film.....	0
00250	Extraoral – first film.....	0
00260	Extraoral – each additional film.....	0
00270	Bitewings – single film.....	0
00272	Bitewings – two film.....	0
00274	Bitewings – four film.....	0
00330	Panoramic.....	0
00415	Bacteriologic Studies for Determination of Pathologic Agents.....	0
00425	Caries susceptibility Tests.....	0
00460	Pulp Vitality Tests.....	0
00470	Diagnostic casts.....	0

## PREVENTIVE SERVICES

01110	Prophylaxis – Adult.....	0
01120	Prophylaxis - Child.....	0
01201	Topical Application of Fluoride (including prophylaxis) – Child.....	0
01203	Topical Application of Fluoride (excluding prophylaxis) - Child.....	0
01204	Topical Application of Fluoride (excluding prophylaxis) – Adult.....	0
01310	Nutritional Counseling for the Control of Dental Disease.....	0
01330	Oral Hygiene Instructions.....	0
01351	Sealant per Tooth (for children under 14).....	7
01510	Space Maintainer – fixed – unilateral.....	91
01515	Space Maintainer – fixed – bilateral.....	120
01520	Space Maintainer – removable – unilateral.....	113
01525	Space Maintainer – removable – bilateral.....	144
01550	Recementation of Space Maintainer.....	19

## RESTORATIVE SERVICES

02140	Amalgam - one surface, primary/permanent.....	12
02150	Amalgam - two surfaces, primary/permanent.....	15
02160	Amalgam - three surfaces, primary/permanent.....	19
02161	Amalgam - four or more surfaces, primary/permanent.....	23
02330	Resin – one surface – anterior.....	15
02331	Resin - two surfaces, anterior.....	19
02332	Resin - three surfaces, anterior.....	23
02335	Resin - four or more surfaces, or with incisal angle, anterior.....	27
02390	Composite resin crown - anterior.....	65
02391	Resin – one surface, posterior.....	18
02392	Resin – two surface, posterior.....	23
02393	Resin – three surface, posterior.....	27
02510	Inlay – metallic – one surface*.....	295
02520	Inlay – metallic – two surface*.....	295
02530	Inlay – metallic – three or more surfaces*.....	295
02543	Onlay – metallic - three surfaces*.....	295
02544	Onlay – metallic – four or more surfaces*.....	295
02610	Inlay – porcelain/ceramic – one surface*.....	250
02620	Inlay – porcelain/ceramic – two surfaces*.....	275
02630	Inlay – porcelain/ceramic – three or more surfaces*.....	300
02642	Onlay – porcelain/ceramic – two surfaces*.....	285
02643	Onlay – porcelain/ceramic – three surfaces*.....	300
02644	Onlay – porcelain/ceramic – four or more surfaces*.....	325
02650	Inlay – composite/resin – one surface (laboratory processed)*.....	186
02651	Inlay – composite/resin – two surface (laboratory processed)*.....	225
02652	Inlay – composite/resin – three surfaces (laboratory processed)*.....	243

## RESTORATIVE SERVICES CONTINUE

02710	Crown - resin (laboratory).....	138
02720	Crown - resin with high noble metal *.....	295
02721	Crown - resin with predominantly base metal *.....	295
02722	Crown - resin with noble metal *.....	295
02750	Crown - porcelain fused to high noble metal *.....	295
02751	Crown - porcelain fused to predominantly base metal *.....	295
02752	Crown - porcelain fused to noble metal *.....	295
02780	Crown - 3/4 cast high noble metal *.....	295
02790	Crown - full cast high noble metal *.....	295
02791	Crown - full cast predominantly base metal *.....	295
02792	Crown - full cast noble metal *.....	295
02910	Recement Inlay (By other than treatment provider).....	22
02920	Recement Crown (By other than treatment provider).....	22
02930	Prefabricated Stainless Steel Crown (Primary Tooth).....	60
02931	Prefabricated Stainless Steel Crown (Permanent Tooth).....	80
02940	Sedative Filling (Temporary Filling).....	9
02950	Core buildup, including any pins.....	105
02951	Pin retention - per tooth, in addition to restoration.....	20
02952	Cast post and core in addition to crown *.....	125
02954	Prefabricated post and core in addition to crown.....	105

\* There will be an additional charge for lab/metal cost for those procedures with a star (\*).

## ENDODONTICS

03110	Pulp cap – direct (excluding final restoration).....	30
03120	Pulp cap - indirect (excluding final restoration).....	30
03220	Therapeutic pulpotomy (excluding final restoration).....	50
03310	Anterior (excluding final restoration).....	97
03320	Bicuspid (excluding final restoration).....	140
03330	Molar (excluding final restoration).....	200

## PERIODONTAL SERVICES

04210	Gingivectomy or gingivoplasty - per quadrant.....	149
04211	Gingivectomy or gingivoplasty - per tooth.....	42
04320	Provisional splinting - intracoronal.....	109
04321	Provisional splinting – extracoronal.....	100
04341	Periodontal scaling and root planing – per quadrant.....	45
04355	Gross scaling (full mouth debriment to enable periodontal evaluation).....	45
04910	Periodontal maintenance procedures (following active therapy).....	28

## PROSTHODONTICS (REMOVABLE) SERVICES

05110	Complete Denture – maxillary (upper) **.....	375
05120	Complete Denture – mandibular (lower) **.....	375
05130	Immediate Denture – maxillary (upper)**.....	400
05140	Immediate Denture – mandibular (lower)**.....	400
05211	Upper Partial Denture – resin base (including any conventional clasps, rests and teeth)**.....	375
05212	Lower Partial Denture – resin base (including any conventional clasps, rests and teeth)**.....	375
05213	Upper Partial Denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)**.....	400
05214	Lower Partial Denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)**.....	400
05510	Repair Broken Complete Denture Base.....	75
05520	Replace Missing or Broken Teeth – complete denture (each tooth).....	55
05610	Repair Resin Denture Base.....	75
05620	Repair Cast Framework.....	75
05630	Repair or Replace Broken Clasp.....	75
05640	Replace Broken Teeth – per tooth.....	55
05650	Add Tooth to Existing Partial Denture.....	75
05660	Add Clasp to Existing Partial Denture.....	75



# Schedule of Benefits PREMIER – 110-01 PLAN

## PROSTHODONTICS (REMOVABLE) SERVICES CONTINUE

05710	Rebase Complete Upper Denture, each	144
05711	Rebase Complete Lower Denture, each	144
05720	Rebase Upper Partial Denture, each	136
05721	Rebase Lower Partial Denture, each	136
05730	Reline Complete Upper Denture (chairside), each	78
05731	Reline Complete Lower Denture (chairside), each	78
05740	Reline Upper Partial Denture (chairside), each	78
05741	Reline Lower Partial Denture (chairside), each	78
05750	Reline Complete Upper Denture (lab), each	135
05751	Reline Complete Lower Denture (lab), each	135
05760	Reline Upper Partial Denture (lab), each	135
05761	Reline Lower Partial Denture (lab), each	135
05810	Interim Complete Denture Upper, each	167
05811	Interim Complete Denture Lower, each	167
05820	Interim Partial Denture Upper, each	167
05821	Interim Partial Denture Lower, each	167
05850	Tissue Conditioning, upper per unit	45
05851	Tissue conditioning, lower- per unit	45

**\*\* Member may be charged cost of non-standard materials in addition to copayments above.**

## PROSTHODONTICS (FIXED) SERVICES

06210	Pontic - cast high noble metal *	295
06211	Pontic - cast predominantly base metal *	295
06212	Pontic - cast noble metal *	295
06240	Pontic - porcelain fused to high metal *	295
06241	Pontic - porcelain fused to base metal *	295
06242	Pontic - porcelain fused noble metal *	295
06250	Pontic -resin with high noble/predominantly base/noble metal *	295
06251	Pontic -resin with high noble/predominantly base/noble metal *	295
06252	Pontic -resin with high noble/predominantly base/noble metal *	295
06602	Inlay – cast high noble metal, two surfaces*	295
06603	Inlay – cast high noble metal, three or more surfaces*	295
06604	Inlay – cast predominantly base metal, two surfaces*	295
06605	Inlay – cast predominantly base metal, three or more surfaces*	295
06606	Inlay – cast noble metal, two surfaces*	295
06607	Inlay – cast noble metal, three or more surfaces*	295
06610	Onlay – cast high noble metal, two surfaces*	295
06611	Onlay – cast high noble metal, three or more surfaces*	295
06612	Onlay – cast predominantly base metal, two surfaces*	295
06613	Onlay – cast predominantly base metal, three or more surfaces*	295
06614	Onlay – cast noble metal, two surfaces*	295
06615	Onlay – cast noble metal, three or more surfaces*	295
06545	Retainer - cast metal for resin bonded fixed prosthesis*	225
06720	Crown – resin with high noble metal *	295
06721	Crown – resin with predominantly base metal*	295
06722	Crown – resin with noble metal*	295
06750	Crown - porcelain fused to high noble metal *	295
06751	Crown - porcelain fused predominantly base metal *	295
06752	Crown - porcelain fused noble metal *	295
06780	Crown - 3/4 cast high noble metal *	295
06790	Crown - full cast high noble metal *	295
06791	Crown - full cast predominantly base metal *	295
06792	Crown - full cast noble metal *	295
06930	Recement Bridge	33
06940	Stress Breaker	125

*\* There will be an additional charge for lab/metal cost for those procedures with a star (\*).*

*Additional charge of \$65.00 per unit for multiple crown units (6 or more units of crown and/or bridge in same treatment plan and requires complete rehabilitation planning)*

## ORAL SURGERY SERVICES

07140	Erupted Tooth or Exposed Roots (elevation/forceps removal)	34
07210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	70
07220	Removal of Impacted Tooth - soft tissue	80
07250	Surgical Removal of Residual Tooth	70
07310	Alveoplasty in Conjunction with Extractions - per quadrant	72
07320	Alveoplasty not in Conjunction with Extractions - per quad	114
07510	Incision and Drainage of Abscess - intraoral soft tissue	65

## ADJUNCTIVE GENERAL SERVICES

09110	Emergency Treatment of Dental Pain	0
09211	Regional Block Anesthesia (except for diagnostic purposes)	0
09212	Trigeminal Division Block Anesthesia (except for diagnostic purposes)	0
09215	Local Anesthesia (except for diagnosis purpose)	0
09230	Nitrous Oxide (per 15 minutes)	0
09310	Consultation (by provider other than treatment provider)	0
09430	Office Visit During Regular Hours (\$9 office visit copay not charged)	9
09440	Office Visit After Regular Hours (\$9 Office visit copay not charged)	45
09941	Fabrication of Athletic Mouthguards	45
09950	Occlusion Analysis - mounted case	70
09951	Occlusal Adjustment - limited	37
09952	Occlusal Adjustment - complete	160
09999	Unspecified Adjunctive procedure, by report	8

## OTHER SERVICES

Temporary Crown with Permanent Crown	0
Infection Control Charges	0
Office or Dental Supplies	0
Laboratory Expenses	0
Equipment and Instruments Necessary for Treatment	0
Any Other General Overhead Expenses	0
Acid Edge Charge	0
Duplication of X-rays	0
Periodontal Probing Done with Initial and Periodic Oral Examinations	0
Periodontal Probing in the Presence of Periodontal Disease	25
Used of Bonding Materials (Allbond, Amalgabond or comparable materials- refer to code 09999)	8

All procedures not included in this CPT Code listing have a Copayment of 75% of the dentist's usual and customary charge.

All procedures might not be performed by the Participating General Dentist you select. The copayments shown apply to those Participating General Dentists who do perform these services and are not applicable for services performed by a Participating Specialty Dentist. Therefore, you are encouraged to discuss the availability of the scheduled services with your Participating General Dentist. Call Member Services at 281-313-7170 or 1-800-660-6064 if you have any questions concerning fees.

**SPECIALTY DENTISTS** - Should you need a Specialty Dentist, you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialty Dentist from our directory. Upon identification of yourself as an OraQuest member, your co-payment will be the following percentage of the Specialty Dentist's usual fee: Endodontist (root canals) 80%, Oral Surgeon (tooth extractions) 75%, Orthodontist 75%, Periodontist (gum problems) 75%, Pediatric Dentist (children's dentist) 75%.

**MISSED APPOINTMENTS** - A missed appointment without 24 hours notice may result in a missed appointment charge made by the Participating General and Specialty Dentists. Please discuss this with your selected Participating Dentist.

**CHILDREN UNDER 5 YEARS OF AGE** - Children under 5 years of age may be referred to a pediatric dentist. Please discuss this with your selected Participating General Dentist.

## **ORAQUEST DENTAL PLANS — Exclusions & Limitations**

The following dental benefits are NOT covered or offered under the OraQuest plan: Oral surgery requiring the setting of fractures or dislocations; treatment of congenital malformations; treatment of malignancies, neoplasms, or cysts including biopsies; dispensing of drugs; any hospitalization costs.

### **General Provisions**

- Any medical treatment which is necessary in conjunction with dental care because of the general health and physical limits of the eligible member as indicated by said member's personal physician or the OraQuest dentist.
- Any treatment requested or appliance made which in the opinion of the treating dentist is not necessary for maintaining or improving the eligible member's health.
- Any treatment covered or provided for by Worker's Compensation or employer's liability laws by a federal or state government agency or provided without cost by any municipality, county or other governmental subdivision.
- Any procedure considered to be experimental by the providing dentist.
- Any dental care provided by a nonparticipating general dentist or specialist except when authorized by OraQuest.
- Dental treatment and expenses incurred for such treatment started prior to the Member's eligibility to receive benefits under this Plan, or started after a Member's termination.

### **Specific Provisions**

- General anesthesia and intravenous sedation are excluded.
- Replacement of lost or stolen prosthetic devices. Dentures or appliances will be replaced only after 5 years have elapsed since such dentures or appliances were provided under any OraQuest program unless the denture becomes unsatisfactory due to illness or other causes not controlled by ordinary circumstances. Replacement under this plan will be made only if the existing denture is unsatisfactory and cannot be made satisfactory.
- Prophylaxis, adult/child: once every six months unless required more often due to dental necessity as determined by member's primary dental provider.
- Full mouth x-rays: Once every 36 months unless required more often for specific diagnostic reasons.
- Panoramic x-rays: Once every 36 months unless required more often for specific diagnostic reasons.
- Special requests by patients for titanium partial dentures, personalized and cosmetic full dentures or partial dentures (including gold for all removable appliances) differing from standard full or partial dentures will be provided at additional fees determined by the dentist.

### **Orthodontic Plan Limitations**

- Replacement of appliances due to theft, loss or breakage.
- Re-treatment by an OraQuest dentist when the original treatment was done by a different OraQuest dentist or treatment in progress at inception of eligibility unless treatment is continued by an OraQuest dentist.
- Failure to follow prescribed treatment or accidents occurring during the treatment.
- If your coverage terminates, you will be responsible for payment of the balance due for treatment at the dentist's normal fee.
- Special requests by patients for braces differing from standard braces for cosmetic purposes will be provided at additional fees determined by the dentist.

### **Emergency Provisions**

If a Member's Primary Care Dentist is unavailable and emergency services are required, then the Plan will reimburse the cost of EMERGENCY Care only, up to the OraQuest's Usual and Customary Fee, subject to any applicable co-payment provision.

### **Coordination of Benefits**

The value of any benefits or services provided under the Premier 110-01 Plan may be coordinated with any other type of group insurance plan or coverage under governmental programs pursuant to the requirements of the Texas Insurance Code and rules promulgated by the Texas Department of Insurance. Other OraQuest Plans do not qualify for coordination of benefits.

### **OraQuest Dental Plans Service Area**

OraQuest has established and maintains Family Dentists and Specialty Dentists in the following counties: Angelina, Atascosa, Austin, Bandera, Bastrop, Bell, Bexar, Blanco, Bosque, Brazoria, Brazos, Burleson, Burnet, Caldwell, Calhoun, Chambers, Collin, Colorado, Comal, Comanche, Cooke, Coryell, Dallas, De Witt, Denton, Ellis, Erath, Falls, Fannin, Fayette, Fort Bend, Freestone, Frio, Galveston, Gillespie, Gonzales, Grayson, Grimes, Guadalupe, Hamilton, Hardin, Harris, Hays, Hill, Hood, Houston, Hunt, Jack, Jackson, Jasper, Jefferson, Johnson, Karnes, Kaufman, Kendall, Kerr, Lampasas, Lavaca, Lee, Leon, Liberty, Limestone, Llano, Madison, Matagorda, McLennan, Medina, Milam, Mills, Montague, Montgomery, Navarro, Newton, Orange, Palo Pinto, Parker, Polk, Rains, Real, Robertson, Rockwall, San Jacinto, San Saba, Somervell, Tarrant, Travis, Trinity, Tyler, Uvalde, Van Zandt, Walker, Waller, Washington, Wharton, Williamson, and Wilson.