Schedule of benefits

Dental DMO Plan

For all full-time, salaried, employees of City of Pasadena, located in Texas.

Prepared for:

Contract holder: Contract holder number: Schedule of benefits: **Group agreement** effective date: Plan name: Plan effective date: Plan issue date: Plan revision effective date: City of Pasadena GP-0176629-TX 1A January 1, 2022 Dental Maintenance Organization (DMO) - Texas January 1, 2022 September 25, 2023 January 1, 2024

Underwritten by Aetna Dental Inc. in the state of Texas



Schedule of benefits

This schedule of benefits lists the **eligible dental services**, **copayments**, maximums, and any limits that apply to the services you get under this plan.

How to read your schedule of benefits

- When we say "in-network coverage" we mean that you get care from in-network providers.
- You must pay any office visit **copayment** and your part of the **copayment**.
- You must pay the full amount of any dental care services you get that is not a covered benefit.
- This plan also has limits for some **covered benefits**. For example, these could be visit limits. See later in this schedule of benefits for more information about limits.

Important note:

All **covered benefits** are subject to a **copayment** unless otherwise noted in the schedule of benefits below.

How to contact us for help

We are here to answer your questions:

- Register and log onto our self-service website available 24/7 at https://www.aetna.com/
- Call us at 1-877-238-6200

Aetna Dental Inc.'s group agreement provides the coverage described in this schedule of benefits. This schedule replaces any schedule of benefits previously in use. Keep it with your evidence of coverage.

General coverage provisions

This section explains the:

Calculations; determination of benefits provisions

Your financial responsibility for the cost of services will be calculated on the basis of when the service or supply is provided, not when payment is made. Benefits will be pro-rated to account for treatment that occurs in more than one **Calendar Year**. Determinations regarding when benefits are covered are subject to the terms and conditions of the EOC.

Plan features

In-network plan features

Expense	Copayment
Office visit	\$0 per visit
	·
Expense	Copayment
Comprehensive orthodontic treatment	¢2,000
of adolescent and adult dentition	\$2,800

In-network coverage

This dental care schedule applies to **eligible dental services** provided by **primary care dentists** (**PCDs**) and other **in-network providers** upon **referral** from your **PCD**. The plan covers only the **eligible dental services** listed below.

Eligible Dental Services	Limitations	Copayment Amounts
Periodic oral evaluation - established patient		\$0
Limited oral evaluation - problem focused	-	\$0
Oral evaluation for a patient under three		
years of age and counseling with a primary		
caregiver	-	\$0
Comprehensive oral evaluation – new or		\$0
established patient Detailed and extensive oral evaluation –	-	ŞU
problem focused, by report		\$0
Re-evaluation - limited, problem focused	-	<i>\</i>
(established patient; not post-operative visit)		\$0
Comprehensive periodontal evaluation - new	-	
or established patient		\$0
Intraoral - complete series of radiographic		
images		\$0
Intraoral - periapical, first radiographic image		\$0
Intraoral - periapical, each additional		
radiographic image		\$0
Intraoral - occlusal radiographic image		\$0
Extra-oral, first radiographic image		\$0
Extra-oral, posterior radiographic image		\$0
Bitewing - single radiographic image		\$0
Bitewings - 2 radiographic images		\$0
Bitewings - 3 radiographic images		\$0
Bitewings - 4 radiographic images		\$0
Vertical bitewings - 7 to 8 radiographic		
images		\$0
Panoramic radiographic image		\$0
Interpretation of diagnostic image by a		
practitioner not associated with capture of		
the image, including report		\$0
Diagnostic casts		\$0
Accession of tissue, gross examination,		
preparation and transmission of written report		\$0
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Accession of tissue, gross and microscopic		
examination, preparation and transmission of		
written report		\$0
Accession of tissue, gross and microscopic		
exam, including assessment of surgical		
margins for presence of disease, preparation		
and transmission of written report		\$0
Prophylaxis – adult		\$0
Prophylaxis – child		\$0
Topical application of fluoride varnish if you		
are under age 16		\$0
Topical application of fluoride- excluding		
varnish if you are under age 16		\$0
Oral hygiene instruction		\$0
Sealant - per tooth if you are under age 16		\$0
Preventive resin restoration in a moderate to		
high risk caries patient – permanent tooth if		
you are under age 16		\$0
Sealant repair - per tooth, if you are under	For permanent molars	-
age 16		\$0
Application of caries arresting medicament –		<i></i>
per tooth if you are under age 16		\$0
Caries preventive medicament application -		<i></i>
per tooth if you are under age 16		\$0
Space maintainer - fixed - unilateral - per	Only when needed to preserve	Ç.
quadrant	space resulting from premature	
qualitation	loss of deciduous teeth; includes all	
	adjustments within 6 months after	
	installation	\$86
Space maintainer – fixed – bilateral, maxillary	Only when needed to preserve	<i></i>
	space resulting from premature	
	loss of deciduous teeth; includes all	
	adjustments within 6 months after	
	installation	\$86
Space maintainer – fixed – bilateral,	Only when needed to preserve	<i>,,,,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
mandibular	space resulting from premature	
	loss of deciduous teeth; includes all	
	adjustments within 6 months after	
	installation	\$86
Space maintainer - removable - unilateral -	Only when needed to preserve	,
per quadrant	space resulting from premature	
	loss of deciduous teeth; includes all	
	adjustments within 6 months after	
	installation	\$80
Space maintainer – removable – bilateral,	Only when needed to preserve	·
maxillary	space resulting from premature	
,	loss of deciduous teeth; includes all	
	adjustments within 6 months after	

Space maintainer – removable – bilateral, mandibular	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after	
	installation	\$80
Re-cement or re-bond bilateral space		
maintainer – maxillary		\$12
Re-cement or re-bond bilateral space		64.2
maintainer – mandibular		\$12
Re-cement or re-bond unilateral space maintainer - per quadrant		\$6
Removal of fixed unilateral space maintainer		
- per quadrant		\$6
Removal of fixed bilateral space maintainer –		
maxillary		\$12
Removal of fixed bilateral space maintainer -		
mandibular		\$12
Distal shoe space maintainer- fixed -		
unilateral - per quadrant		\$95
Amalgam – 1 surface, primary or permanent		\$0
Amalgam – 2 surfaces, primary or permanent		\$0
Amalgam – 3 surfaces, primary or permanent		\$0
Amalgam – 4+ surfaces, primary or		
permanent		\$0
Resin-based composite – 1 surface, anterior		\$0
Resin-based composite – 2 surfaces, anterior		\$0
Resin-based composite – 3 surfaces, anterior		\$0
Resin-based composite – 4+ surfaces or		
involving incisal angle, anterior		\$54
Resin-based composite crown, anterior		\$60
Resin-based composite – 1 surface, posterior		\$49
Resin-based composite – 2 surfaces, posterior		\$63
Resin-based composite – 3 surfaces, posterior		\$77
Resin-based composite – 4+ surfaces, posterior		\$106
Inlay – metallic - 1 surface		\$205
Inlay – metallic - 2 surfaces		\$205
Inlay – metallic - 3 or more surfaces		\$205
Onlay – metallic - 2 surfaces		\$221
Onlay – metallic - 3 surfaces		\$221
Onlay - metallic – 4 or more surfaces		\$221
Inlay, porcelain/ceramic – 1 surface		\$205
Inlay, porcelain/ceramic – 2 surfaces		\$205
Inlay, porcelain/ceramic – 3 or more surfaces		\$205
Onlay, porcelain/ceramic – 3 of more surfaces		-
		\$221
Onlay, porcelain/ceramic – 3 surfaces		\$221
Onlay, porcelain/ceramic – 4 or more surfaces DM HSOB-G-ManagedDental 02		\$221 TX GE-02

Inlay, resin based composite – 1 surface	\$205
Inlay, resin based composite – 2 surfaces	\$205
Inlay, resin based composite – 3 or more	
surfaces	\$205
Onlay, resin based composite – 2 surfaces	\$221
Onlay, resin based composite – 3 surfaces	\$221
Onlay, resin based composite – 4 or more	
surfaces	\$221
Crown – resin-based composite, indirect	\$293
Crown – 3/4 resin-based composite, indirect	\$214
Crown – resin with high noble metal	\$293
Crown – resin with predominantly base metal	\$293
Crown – resin with noble metal	\$293
Crown – porcelain/ ceramic	\$293
Crown – porcelain fused to high noble metal	\$293
Crown – porcelain fused to predominantly	
base metal	\$293
Crown – porcelain fused to noble metal	\$293
Crown – porcelain fused to titanium and	
titanium alloys	\$293
Crown – 3/4 cast high noble metal	\$293
Crown – 3/4 cast predominantly base metal	\$293
Crown – 3/4 cast noble metal	\$293
Crown – 3/4 cast porcelain/ceramic	\$293
Crown – full cast high noble metal	\$293
Crown – full cast predominantly base metal	\$293
Crown – full cast noble metal	\$293
Crown – titanium and titanium alloys	\$293
Re-cement or re-bond inlay, onlay, veneer or	
partial coverage restoration	\$10
Re-cement or re-bond indirectly fabricated or	
prefabricated post and core	\$5
Re-cement or re-bond crown	\$10
Reattachment of tooth fragment, incisal edge	4-
Or cusp	\$5
Prefabricated porcelain/ceramic crown – primary tooth	\$60
Prefabricated stainless steel crown – primary	Ş00
tooth	\$43
Prefabricated stainless steel crown -	+
permanent tooth	\$54
Prefabricated esthetic coated stainless steel	
crown – primary tooth	\$43
Protective restoration	\$3
Interim therapeutic restoration – primary	
dentition	\$1

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Surgical repair of root resorption - anterior\$44Surgical repair of root resorption - premolar\$58	Retrograde filling – per root		\$49
Surgical repair of root resorption – premolar\$58	Root amputation – per root		\$77
Surgical repair of root resorption – premolar \$58	Surgical repair of root resorption - anterior		\$44
	Surgical repair of root resorption – premolar		\$58
	Surgical repair of root resorption – molar		\$73

Surgical exposure of root surface without		
apicoectomy or repair of root resorption –		670
anterior		\$70
Surgical exposure of root surface without		
apicoectomy or repair of root resorption –		4.5.5
premolar		\$93
Surgical exposure of root surface without		
apicoectomy or repair of root resorption –		
molar		\$116
Gingivectomy or gingivoplasty – 4 or more	1 per quadrant every 3 years	
contiguous teeth or tooth bounded spaces		
per quadrant		\$140
Gingivectomy or gingivoplasty – 1-3	1 per quadrant every 3 years	
contiguous teeth or tooth bounded spaces		
per quadrant		\$75
Gingivectomy or gingivoplasty to allow access	1 per quadrant every 3 years	
for restorative procedure, per tooth		\$25
Gingival flap procedure, including root	1 per quadrant every 3 years	
planing – 4 or more contiguous teeth or tooth		
bounded spaces per quadrant		\$141
Gingival flap procedure, including root	1 per quadrant every 3 years	
planing – 1-3 contiguous teeth or tooth		
bounded spaces per quadrant		\$84
Apically positioned flap		\$116
Clinical crown lengthening – hard tissue		\$189
Osseous surgery (including elevation of a full	1 per quadrant every 3 years	\$105
thickness flap and closure) – four or more	i per quadrant every 5 years	
contiguous teeth or tooth bounded spaces		
per quadrant		\$315
	1 per guadrant avery 2 years	\$212
Osseous surgery (including elevation of a full	1 per quadrant every 3 years	
thickness flap and closure) – one to three		
contiguous teeth or tooth bounded spaces		¢100
per quadrant		\$189
Surgical revision procedure, per tooth		\$126
Pedicle soft tissue graft procedure		\$242
Autogenous connective tissue graft		
procedure (including donor and recipient		
surgical sites) first tooth, implant or		
edentulous tooth position		\$144
Non-autogenous connective tissue graft		
(including recipient site and donor material)		
first tooth, implant, or edentulous tooth		
position in graft		\$332
Combined connective tissue and pedicle		
graft, per tooth		\$238
Free soft tissue graft procedure (including		
recipient and donor surgical sites) first tooth,		
implant, or edentulous tooth position in graft		\$103
		\$103

	1	
Free soft tissue graft procedure (including		
recipient and donor surgical sites) each		
additional contiguous tooth, implant, or		
edentulous tooth position in same graft site		\$51
Autogenous connective tissue graft		
procedure (including donor and recipient		
surgical sites) – each additional contiguous		
tooth, implant or edentulous tooth position		670
in same graft site		\$79
Non-autogenous connective tissue graft		
procedure (including recipient surgical site		
and donor material) – each additional contiguous tooth, implant or edentulous		
tooth position in same graft site		\$183
Periodontal scaling and root planing, 4 or	4 separate quadrants every 2 years	\$103
more teeth per quadrant		\$65
Periodontal scaling and root planing – 1-3	4 per site every 2 years	400
teeth per quadrant		\$39
Scaling in presence of generalized moderate	2 treatments per year	,
or severe gingival inflammation– full mouth,		
after oral evaluation		\$35
Full mouth debridement to enable a	1 per lifetime	
comprehensive oral evaluation and diagnosis		
on a subsequent visit		\$70
Periodontal maintenance	2 per year	\$48
Unscheduled dressing change (by someone		
other than treating dentist or their staff)		\$11
Complete denture – maxillary	Relines/rebases/adjustments are	
	not separately eligible within 6	
	months of placement of the	
	denture	\$318
Complete denture – mandibular	Relines/rebases/adjustments are	
	not separately eligible within 6	
	months of placement of the	¢210
Immediate denture mavillant	denture	\$318
Immediate denture – maxillary	Relines/rebases are separately eligible within 6 months of	
	placement of the immediate	
	denture	\$332
Immediate denture – mandibular	Relines/rebases are separately	
	eligible within 6 months of	
	placement of the immediate	
	denture	\$332
Maxillary partial denture – resin base	Relines/rebases/adjustments are	
(including retentive/clasping materials, rests	not separately eligible within 6	
and teeth)	months of placement of the	
	denture	\$318
Mandibular partial denture – resin base	Relines/rebases/adjustments are	
(including retentive/clasping materials, rests	not separately eligible within 6	
and teeth)	months of placement of the	.
	denture	\$318
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Maxillary partial denture – cast metal	Relines/rebases/adjustments are	
framework with resin denture bases	not separately eligible within 6	
(including retentive/clasping materials, rests	months of placement of the	
and teeth)	denture	\$368
Mandibular partial denture – cast metal	Relines/rebases/adjustments are	
framework with resin denture bases	not separately eligible within 6	
(including retentive/clasping materials, rests	months of placement of the	
and teeth)	denture	\$368
Immediate maxillary partial denture – resin	Relines/rebases are separately	
base (including retentive/clasping materials,	eligible within 6 months of	
rests and teeth)	placement of the immediate	
	denture	\$366
Immediate mandibular partial denture – resin	Relines/rebases are separately	
base (including retentive/clasping materials,	eligible within 6 months of	
rests and teeth)	placement of the immediate	
	denture	\$366
Immediate maxillary partial denture – cast	Relines/rebases are separately	
metal framework with resin denture bases	eligible within 6 months of	
(including retentive/clasping materials, rests	placement of the immediate	
and teeth)	denture	\$423
Immediate mandibular partial denture – cast	Relines/rebases are separately	
metal framework with resin denture bases	eligible within 6 months of	
(including retentive/clasping materials, rests	placement of the immediate	
and teeth)	denture	\$423
Maxillary partial denture – flexible base	Relines/rebases/adjustments are	
(including any clasps, rests and teeth)	not separately eligible within 6	
	months of placement of the	
	denture	\$363
Mandibular partial denture – flexible base	Relines/rebases/adjustments are	
(including any clasps, rests and teeth)	not separately eligible within 6	
	months of placement of the	
	denture	\$363
Immediate maxillary partial denture - flexible	Relines/rebases are separately	
base (including any clasps, rests and teeth)	eligible within 6 months of	
	placement of the immediate	
	denture	\$363
Immediate mandibular partial denture -	Relines/rebases are separately	
flexible base (including any clasps, rests and	eligible within 6 months of	
teeth)	placement of the immediate	
	denture	\$363
Removable unilateral partial denture one	Relines/rebases/adjustments are	
piece cast metal (including retentive/clasping	not separately eligible within 6	
materials, rests, and teeth), maxillary	months of placement of the	
	denture	\$318
Removable unilateral partial denture one	Relines/rebases/adjustments are	
piece cast metal (including retentive/clasping	not separately eligible within 6	
materials, rests, and teeth), mandibular	months of placement of the	
	denture	\$318

Removable unilateral partial denture – one-	Relines/rebases/adjustments are	
piece flexible base (including	not separately eligible within 6	
retentive/clasping materials, rests, and teeth)	months of placement of the	
– per quadrant	denture	\$182
Removable unilateral partial denture – one-	Relines/rebases/adjustments are	
piece resin (including retentive/clasping	not separately eligible within 6	
materials, rests, and teeth) – per quadrant	months of placement of the	6450
	denture	\$159
Adjust complete denture – maxillary	Includes all adjustments within 6	611
Adjuct complete denture mandibular	months after insertion	\$11
Adjust complete denture – mandibular	Includes all adjustments within 6 months after insertion	\$11
Adjust partial denture – maxillary	Includes all adjustments within 6	
Aujust partial deliture – maxiliary	months after insertion	\$11
Adjust partial denture – mandibular	Includes all adjustments within 6	
	months after insertion	\$11
Repair broker complete denture base,		
mandibular		\$40
Repair broken complete denture base,		
maxillary		\$40
Replace missing or broken teeth – complete		
denture (each tooth)		\$25
Repair resin partial denture base, mandibular		\$40
Repair resin partial denture base, maxillary		\$40
Repair cast partial framework, mandibular		\$40
Repair cast partial framework, maxillary		\$40
Repair or replace broken retentive/clasping		\$40
materials - per tooth		\$40
Replace broken teeth – per tooth		\$40
Add tooth to existing partial denture		-
Add closer to existing partial denture - per		\$40
tooth		\$44
Replace all teeth and acrylic on cast metal		Ş44
framework - maxillary		\$110
Replace all teeth and acrylic on cast metal		
framework - mandibular		\$110
Rebase complete maxillary denture	Includes all adjustments within 6	
	months after insertion	\$110
Rebase complete mandibular denture	Includes all adjustments within 6	
	months after insertion	\$110
Rebase maxillary partial denture	Includes all adjustments within 6	
·	months after insertion	\$110
Rebase mandibular partial denture	Includes all adjustments within 6	
	months after insertion	\$110
Rebase hybrid prosthesis	Includes all adjustments within 6	
	months after insertion	\$110
Reline complete maxillary denture (direct)	Includes all adjustments within 6	
	months after insertion	\$50
Reline complete mandibular denture (direct)	Includes all adjustments within 6	
	months after insertion	\$50
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Reline maxillary partial denture (direct)	Includes all adjustments within 6 months after insertion	\$50
Dolino mondibulor porticl donture (direct)		υσς
Reline mandibular partial denture (direct)	Includes all adjustments within 6 months after insertion	¢Γ0
Poline complete mavillary denture (indirect)		\$50
Reline complete maxillary denture (indirect)	Includes all adjustments within 6 months after insertion	6112
Deline complete mandibular denture		\$112
Reline complete mandibular denture (indirect)	Includes all adjustments within 6 months after insertion	¢112
Reline maxillary partial denture (indirect)	Includes all adjustments within 6	\$112
Reine maxillary partial denture (indirect)	months after insertion	\$112
Reline mandibular partial denture (indirect)	Includes all adjustments within 6	\$112
	months after insertion	\$112
Soft liner for complete or partial removable		Ş112
denture – indirect		\$112
Interim partial denture (including	Included in permanent	Ş112
retentive/clasping materials, rests and teeth),		
maxillary		\$99
Interim partial denture (including	Included in permanent	<i>222</i>
retentive/clasping materials, rests and teeth),		
mandibular		\$99
Tissue conditioning, maxillary	Inclusive with prosthesis within 6	
histic contributing, maximary	months after insertion	\$44
Tissue conditioning, mandibular	Inclusive with prosthesis within 6	
hissue contritioning, manaisulai	months after insertion	\$44
Add metal substructure to acrylic full denture		
(per arch)		\$40
Abutment supported porcelain/ceramic		
crown		\$293
Abutment supported porcelain fused to		<i>7233</i>
metal crown (high noble metal)		\$293
Abutment supported porcelain fused to		<u> </u>
metal crown (predominantly base metal)		\$293
Abutment supported porcelain fused to		+
metal crown (noble metal)		\$293
Abutment supported cast metal crown (high		+
noble metal)		\$293
Abutment supported cast metal crown		+
(predominantly base metal)		\$293
Abutment supported cast metal crown (noble		+
metal)		\$293
Implant supported porcelain/ceramic crown		\$293
Implant supported porcelain fused to metal		
crown (titanium, titanium alloy or high noble		
metal)		\$293
Implant supported metal crown (titanium,		+=>5
titanium alloy or high noble metal)		\$293
Abutment supported retainer for		
		\$293
porcelain/ceramic FPD Abutment supported retainer for porcelain		,2295

Abutnent supported retainer for porcelain (see to metal PPD (predominantly base metal) \$293 Abutnent supported retainer for cast metal PPD (high noble metal) \$293 Abutnent supported retainer for cast metal PPD (high noble metal) \$293 Abutnent supported retainer for cast metal PPD (noble metal) \$293 Implant supported retainer for cast metal PPD (noble metal) \$293 Implant supported retainer for cast metal PPD (noble metal) \$293 Implant supported retainer for cast metal PPD (noble metal) \$293 Implant supported retainer for cast metal PPD (itanium, itanium alloy or high noble metal) \$293 Implant supported retainer for cast metal PPD (itanium, itanium alloy or high noble metal) \$293 Implant supported retainer for cast metal PPD (itanium, itanium alloy or high noble metal) \$293 Implant supported retainer for cast metal PPD (itanium, itanium alloy or high noble metal) \$293 Implant supported retainer for cast metal PPD (itanium, itanium alloy or high noble metal) \$293 Implant supported retainer for cast metal PPD (itanium, itanium alloy or high noble metal) \$293 Implant supported retainer for cast metal PPD (itanium, itanium alloy or high noble metal) \$293 Implant supported crown – porcelain fused to predominantly base alloys \$293 Implant supported crown – procelain fused to tanium and titanium alloys \$293 Implant supported crown – procelain fused to tanium and titanium alloys \$293 Implant supported crown – procelain fused to tanium and titanium alloys \$293 Implant supported retainer or procelain fused to tanium and titanium alloys \$293 Implant supported retainer or procelain fused to tanium and titanium alloys \$293 Implant supported retainer or procelain fused to noble alloys \$293 Implant supported retainer or procelain fused to noble alloys \$293 Implant supported retainer or procelain fused to noble alloys \$293 Implant supported retainer or procelain fused to noble alloys \$293 Implant supported retainer or procelain fused to noble alloys \$293 Implant supported retainer for FPD \$200 Implant supported retainer or proce		
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Implant /abutment supported fixed denture.for edentulous arch – maxillary\$318Implant /abutment supported fixed denture.		
for edentulous arch – maxillary\$318Implant /abutment supported fixed denture		\$318
Implant /abutment supported fixed denture		
	· · · · · · · · · · · · · · · · · · ·	\$318
tor edentulous arch – mandibular \$318		
	tor edentulous arch – mandibular	\$318

Implant /abutment supported fixed denture	6210
for partially edentulous arch – maxillary	\$318
Implant /abutment supported fixed denture	¢210
for partially edentulous arch – mandibular Implant supported retainer – porcelain fused	\$318
to titanium and titanium alloys	\$293
Implant supported retainer for metal FPD –	\$295
predominantly base alloys	\$293
Implant supported retainer for metal FPD –	ېد عې
noble alloys	\$293
Implant supported retainer for metal FPD –	, , , , , , , , , , , , , , , , , , ,
titanium and titanium alloys	\$293
Abutment supported retainer - porcelain	
fused to titanium and titanium alloys	\$293
Replacement of restorative material used to	+
close an access opening of a screw-retained	
implant supported prosthesis, per implant	\$49
Pontic – indirect resin based composite	\$293
Pontic – cast high noble metal	\$293
Pontic – cast predominantly base metal	\$293
Pontic – cast predominantly base metal	
	\$293
Pontic - titanium	\$293
Pontic – porcelain fused to high noble metal	\$293
Pontic – porcelain fused to predominantly	
base metal	\$293
Pontic – porcelain fused to noble metal	\$293
Pontic – porcelain fused to titanium and	
titanium alloys	\$293
Pontic – porcelain/ceramic	\$293
Pontic – resin with high noble metal	\$293
Pontic – resin with predominantly base metal	\$293
Pontic – resin with noble metal	\$293
Retainer – cast metal for resin-bonded fixed	+
prosthesis	\$205
Retainer – porcelain/ceramic for resin-	
bonded fixed prosthesis	\$205
Resin retainer – for resin bonded fixed	
prosthesis	\$147
Retainer inlay – porcelain/ceramic, 2 surfaces	\$205
Retainer inlay – porcelain/ceramic, 3 or more	
surfaces	\$205
Retainer inlay – cast high noble metal, 2	
surfaces	\$237
Retainer inlay – cast high noble metal, 3 or	
more surfaces	\$237
Retainer inlay – cast predominantly base	
metal, 2 surfaces	\$205
Retainer inlay – cast predominantly base	
metal, 3 or more surfaces	\$205
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Retainer inlay – cast noble metal, 2 surfaces	\$226
Retainer inlay – cast noble metal, 3 or more	
surfaces	\$226
Retainer onlay – porcelain/ceramic, 2	
surfaces	\$221
Retainer onlay – porcelain/ceramic, 3 or	
more surfaces	\$221
Retainer onlay – cast high noble metal, 2	
surfaces	\$253
Retainer onlay – cast high noble metal, 3 or	
more surfaces	\$253
Retainer onlay – cast predominantly base	
metal, 2 surfaces	\$221
Retainer onlay – cast predominantly base	
metal, 3 or more surfaces	\$221
Retainer onlay – cast noble metal, 2 surfaces	\$242
Retainer onlay – cast noble metal, 3 or more	
surfaces	\$242
Retainer inlay – titanium	\$237
Retainer onlay – titanium	\$253
Retainer crown – indirect resin based	
composite	\$293
Retainer crown – resin with high noble metal	\$293
Retainer crown – resin with predominantly	
base metal	\$293
Retainer crown – resin with noble metal	\$293
Retainer crown – porcelain/ceramic	\$293
Retainer crown – porcelain fused to high	, , , , , , , , , , , , , , , , , , ,
noble metal	\$293
Retainer crown – porcelain fused to	, , , , , , , , , , , , , , , , , , ,
predominantly base metal	\$293
Retainer crown – porcelain fused to noble	
metal	\$293
Retainer crown - porcelain fused to titanium	
and titanium alloys	\$293
Retainer crown – 3/4 cast high noble metal	\$293
Retainer crown – 3/4 cast predominantly	Ş233
base metal	\$293
Retainer crown – 3/4 cast noble metal	\$293
Retainer crown – 3/4 porcelain/ceramic	
	\$293
Retainer crown– 3/4 titanium and titanium	6202
alloys	\$293
Retainer crown – full cast high noble metal	\$293
Retainer crown – full cast predominantly	4000
base metal	\$293
Retainer crown – full cast noble metal	\$293
Retainer crown – titanium	\$293
Re-cement or re-bond fixed partial denture	\$20

Extraction, coronal remnants – primary tooth	\$0
	<u>ېل</u>
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0
Extraction, erupted tooth requiring removal	ېن پ
of bone and/or sectioning of tooth and	
including elevation of mucoperiosteal flap if	
indicated	\$32
Removal of impacted tooth – soft tissue	\$50
Removal of impacted tooth – partially bony	\$69
Removal of impacted tooth – completely	Ş09
bony	\$142
Removal of impacted tooth – completely	
bony, with unusual surgical complications	\$142
Removal of residual tooth roots (cutting	<u> </u>
procedure)	\$27
Coronectomy - intentional partial tooth	· · · ·
removal, impacted teeth only	\$65
Exposure of an unerupted tooth	\$27
Mobilization of erupted or malpositioned	······································
tooth to aid eruption	\$33
Placement of device to facilitate eruption of	
impacted tooth	\$7
Incisional biopsy of oral tissue – hard (bone,	
tooth)	\$83
Incisional biopsy of oral tissue – soft	\$83
Exfoliative cytological sample collection	\$42
Alveoloplasty in conjunction with extractions	
– 4 or more teeth or tooth spaces, per	
quadrant	\$28
Alveoloplasty in conjunction with extractions	
– 1 to 3 teeth or tooth spaces, per quadrant	\$14
Alveoloplasty not in conjunction with	
extractions – 4 or more teeth or tooth	
spaces, per quadrant	\$44
Alveoloplasty not in conjunction with	
extractions – 1 to 3 teeth or tooth spaces, per	
quadrant	\$22
Incision and drainage of abscess – intraoral	
soft tissue	\$22
Incision and drainage of abscess – intraoral	
soft tissue - complicated	\$24
Buccal/labial frenectomy (frenulectomy)	\$37
Lingual frenectomy (frenulectomy)	\$37
Frenuloplasty	\$40
Palliative (emergency) treatment of dental	
pain – minor procedure	\$11
Deep sedation/general anesthesia – first 15	
minutes	\$109

Deep sedation/general anesthesia – each		
subsequent 15 minute increment		\$87
Intravenous moderate (conscious)		
sedation/analgesia – first 15 minutes		\$109
Intravenous moderate (conscious)		
sedation/analgesia – each subsequent 15		
minute increment		\$87
Consultation - diagnostic service provided by	For second opinions only	
dentist or physician other than requesting		
dentist or physician		\$0
Consultation with a medical health care		
professional		\$0
Cleaning and inspection of removable		
complete denture, maxillary		\$25
Cleaning and inspection of removable		
complete denture, mandibular		\$25
Cleaning and inspection of removable partial		
denture, maxillary		\$25
Cleaning and inspection of removable partial		
denture, mandibular		\$25
Repair and/or reline of occlusal guard		\$22
Occlusal guard adjustment	Fee for occlusal guard includes	
	adjustments performed within 6	
	months of placement	\$19
Occlusal guard – hard appliance, full arch	Covered for bruxism only (1 every 3	\$173
Occlusal guard – soft appliance, full arch	years)	\$150
Occlusal guard – hard appliance, partial arch		\$90
Occlusal adjustment – limited	Not covered when performed in	
-	conjunction with a restoration, root	
	canal therapy or appliance	\$35
Occlusal adjustment – complete		\$96
Full mouth rehabilitation, per unit (6 or more		
covered units of crowns and/or pontics under		
one treatment plan)		\$125
Implants	Limited to 2 teeth, every 1 year	\$1,215
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Important note:

The following apply:

- **Copayment** amounts for crowns and pontics are per unit.
- Fees for dentures and partial dentures include relines, rebases, and adjustments within 6 months after installation. Fees for relines and rebases include adjustments within 6 months after installation. Specialized techniques and characterizations are not eligible.
- Inlays, onlays, labial veneers and crowns (excludes temporary crowns) are covered only:
 - As treatment for decay or acute traumatic **injury**
 - When teeth cannot be restored with a filling material or when the tooth is an abutment to a fixed bridge.

(Limited to 1 per tooth every 5 years. See the *Replacement rule*.)

- **Restorative services:** Multiple restorations on 1 surface are considered as a single restoration. (Limited to 1 per teeth every 5 years.)
- There is an extra charge for **eligible dental services** that use high noble metals (ex. gold or titanium).
- General anesthesia and sedation are **covered benefits** when part of a covered surgical procedure.

Additional eligible dental services

We will provide additional **eligible dental services** if you have at least one of the following conditions:

- Pregnancy
- Coronary artery disease/cardiovascular disease
- Cerebrovascular disease
- Diabetes

The additional eligible dental services are:

- Prophylaxis (cleaning) (one additional per **Calendar Year**)
- Scaling and root planing, (4 or more teeth), per quadrant
- Scaling and root planing, (1 to 3 teeth), per quadrant
- Full mouth debridement
- Periodontal maintenance

Payment of benefits

We will waive the **copayment** for the additional **eligible dental services** above.