Schedule of Benefits

Dental Services Provided by Preferred Insurance Services, Inc. Dental Plan

D0120	Periodic Examination	D7140	Extraction, erupted tooth or exposed root
D0140	Limited Oral Eval Problem Focus	D7250	Root Removal
D0150	Comprehensive Examination	D2740	Crown-porcelain/ceramic substrate
D0210	Full Mouth Radiograph Series	D2750	Porcelain Fused to High Nobel Metal Crown
D0220	1st Periapical X-Ray	D2790	Full Cast High Noble Crown
D0230	Additional X-Ray	D5110	Complete Upper Denture
D0272	2 Bitewing X-Rays	D5120	Complete Lower Denture
D0330	Panoramic radiographic image	D5130	Complete Upper Immediate Denture
D1110	Prophylaxis adult	D5140	Complete Lower Immediate Denture
D1204	Fluoride Application Adult	D5211	Partial Upper Denture Acrylic Base
D1206	Fluoride Varnish	D5212	Partial Lower Denture Acrylic Base
D1208	Topical application of fluoride excl varnish	D5213	Partial Upper Denture Metal Base
D1354	Interim Caries Medicament, Silver Diamine, per tooth	D5214	Partial Lower Denture Metal Base
D9110	Palliative (emergency) Tx dental pain-minor px	D5225	Partial Upper Denture Flexible Base
D9310	Consult-dxtic svc prov by dentist/oth physician	D5226	Partial Lower Denture Flexible Base
D2140	Amalgam 1 surface	D5410	Adjust Complete Upper Denture
D2150	Amalgam 2 surfaces	D5411	Adjust Complete Lower Denture
D2160	Amalgam 3 Surfaces	D5421	Adjust Partial Upper Denture
D2161	Amalgam 4 or more Surfaces	D5422	Adjust Partial Lower Denture
D2330	Resin 1 Surface Anterior	D5511	Repair Broken Complete Denture (lower)
D2331	Resin 2 Surface Anterior	D5512	Repair Broken Complete Denture (upper)
D2332	Resin 3 Surface Anterior	D5520	Replace missing Denture Tooth
D2335	Resin 4 Surface Anterior	D5611	Repair Partial Resin Denture Base (lower)
D2391	Resin 1 Surface Posterior	D5612	Repair Partial Resin Denture Base (upper)
D2392	Resin 2 Surface Posterior	D5640	Replace Broken Denture Tooth / tooth
D2393	Resin 3 Surface Posterior	D5650	Add Tooth to Existing Denture
D2394	Resin 4 Surface posterior	D5730	Reline Complete Upper Denture (Chairside)
D2920	Re-cement or re-bond crown	D5731	Reline Complete Lower Denture (Chairside)
D2940	Sedative Filling	D5740	Reline Partial Upper Denture (Chairside)
D2950	Dental core build-up, including any pins	D5741	Reline Partial Lower Denture (Chairside)
D2954	Prefabricated post&core in addition to crown	D5750	Reline Complete Upper Denture (Lab)
D4341	Root Plane Scale / quadrant	D5751	Reline Complete Lower Denture (Lab)
D4342	Root Plane Scale /1-3 Teeth per quadrant	D5760	Reline Partial Upper Denture (Lab)
D4355	Debridement	D5761	Reline Partial Lower Denture (Lab)
D4910	Periodontal Maintenance		

All benefits are subject to the limitations in Section 10, and exclusions in Section 11. Please refer to Section 9 Dental Plan Schedule of Benefits for Annual Maximum Limits.