



# Schedule of Covered Services and Copayments

## Pacific Coast Shipyards Metal Trades Trust Fund (WA-E+ **Neg V5**)

Code	Description	Copayment		Code	Description	Copayment	
		Dentist	Specialist			Dentist	Specialist
D9543	Office Visit	7	9	D0270	bitewing - single radiographic image	0	0
	Specialty Services - Annual Maximum	None	None	D0272	bitewings - two radiographic images	0	0
<p><i>General Dentist services are to be performed by your Selected Participating Dentist. Your selected participating dentist will coordinate your care to a participating specialist or other healthcare professional such as RN, ARNP operating within the scope of their license. The dental benefits provided under this plan for dependent children applies to the congenital anomalies of such dependents from the moment of birth.</i></p>							
<p><b>Diagnostic</b></p>							
D0120	periodic oral evaluation - established patient	2	3	D0273	bitewings - three radiographic images	0	0
D0140	limited oral evaluation - problem focused	2	3	D0274	bitewings - four radiographic images	0	0
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	2	3	D0277	vertical bitewings - 7 to 8 radiographic images	0	0
D0150	comprehensive oral evaluation - new or established patient	5	6	D0330	panoramic radiographic image	18	21
D0160	detailed and extensive oral evaluation - problem focused, by report	40	46	D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	25	29
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	2	3	D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0	0
D0171	re-evaluation – post-operative office visit	2	3	D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	5	6
D0180	comprehensive periodontal evaluation - new or established patient	12	14	D0415	collection of microorganisms for culture and sensitivity	75	87
D0210	intraoral - complete series of radiographic images	0	0	D0425	caries susceptibility tests	30	35
D0220	intraoral - periapical first radiographic image	0	0	D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	50	58
D0230	intraoral - periapical each additional radiographic image	0	0	D0460	pulp vitality tests	0	0
D0240	intraoral - occlusal radiographic image	0	0	D0470	diagnostic casts	35	41
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	0	0	D0601	caries risk assessment and documentation, with a finding of low risk	30	35
				D0602	caries risk assessment and documentation, with a finding of moderate risk	30	35
				D0603	caries risk assessment and documentation, with a finding of high risk	30	35
<p><b>Preventive</b></p>							
				D1110	prophylaxis - adult (limited to 1 every 6 months)	12	14

NC – Not covered at a specialist because Participating General Dentist is skilled and prepared to provide the procedure for all enrollees.

Code	Description	Copayment	Code	Description	Copayment
		Dentist	Specialist		Dentist Specialist
D1120	prophylaxis - child (limited to 1 every 6 months)	12	14		Amalgam Restorations - Primary or Permanent
D11AX	prophylaxis - adult (additional beyond 1 in 6 months)	80	92	D2140	amalgam - one surface, primary or permanent
D11CX	prophylaxis - child (additional beyond 1 in 6 months)	80	92	D2150	amalgam - two surfaces, primary or permanent
D1206	topical application of fluoride varnish	12	14	D2160	amalgam - three surfaces, primary or permanent
D1208	topical application of fluoride – excluding varnish	5	6	D2161	amalgam - four or more surfaces, primary or permanent
D1310	nutritional counseling for control of dental disease	0	0		Resin-Based Composite Restorations
D1320	tobacco counseling for the control and prevention of oral disease	0	0	D2330	resin-based composite - one surface, anterior
D1330	oral hygiene instructions	0	0	D2331	resin-based composite - two surfaces, anterior
D1351	sealant - per tooth	5	6	D2332	resin-based composite - three surfaces, anterior
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	50	58	D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)
D1353	sealant repair – per tooth	5	6	D2390	resin-based composite crown, anterior
D1354	interim caries arresting medicament application- per tooth	50	58	D2391	resin-based composite - one surface, posterior
	Space Maintainers			D2392	resin-based composite - two surfaces, posterior
D1510	space maintainer - fixed, unilateral – per quadrant	125	144	D2393	resin-based composite - three surfaces, posterior
D1516	space maintainer - fixed - bilateral, maxillary	150	173	D2394	resin-based composite - four or more surfaces, posterior
D1517	space maintainer - fixed - bilateral, mandibular	150	173		Crowns - Single Restoration Only
D1520	space maintainer - removable, unilateral - per quadrant	125	144	D27SP, D27HP, and D27NP are allowable upgrade charges for specialized porcelain such as Lava, Captek, Cervon, etc. It is charged in addition to the type of crown billed.	
D1526	space maintainer - removable - bilateral, maxillary	150	173	D2510	inlay - metallic - one surface
D1527	space maintainer - removable - bilateral, mandibular	150	173	D2520	inlay - metallic - two surfaces
D1551	re-cement or re-bond bilateral space maintainer - maxillary	10	12	D2530	inlay - metallic - three or more surfaces
D1552	re-cement or re-bond bilateral space maintainer - mandibular	10	12	D2542	onlay - metallic - two surfaces
D1553	re-cement or re-bond unilateral space maintainer - per quadrant	10	12	D2543	onlay - metallic - three surfaces
D1556	removal of fixed unilateral space maintainer - per quadrant	10	12	D2544	onlay - metallic - four or more surfaces
D1557	removal of fixed bilateral space maintainer - maxillary	10	12	D2610	inlay - porcelain/ceramic - one surface
D1558	removal of fixed bilateral space maintainer - mandibular	10	12	D2620	inlay - porcelain/ceramic - two surfaces
D1575	distal shoe space maintainer - fixed, unilateral - per quadrant	125	144	D2630	inlay - porcelain/ceramic - three or more surfaces
	NC – Not covered at a specialist because Participating General Dentist is skilled and prepared to provide the procedure for all enrollees.			D2642	onlay - porcelain/ceramic - two surfaces

Code	Description	Copayment	Code	Description	Copayment		
		Dentist	Specialist		Dentist	Specialist	
D2643	onlay - porcelain/ceramic - three surfaces	465	NC	D27NP	specialized porcelain- noble metal crown	50	NC
D2644	onlay - porcelain/ceramic - four or more surfaces	465	NC	D27SP	specialized porcelain-all porcelain crown	175	NC
D2650	inlay - resin-based composite - one surface	550	NC	Other Restorative Services			
D2651	inlay - resin-based composite - two surfaces	585	NC	D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	15	18
D2652	inlay - resin-based composite - three or more surfaces	615	NC	D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	15	18
D2662	onlay - resin-based composite - two surfaces	585	NC	D2920	re-cement or re-bond crown	15	18
D2663	onlay - resin-based composite - three surfaces	615	NC	D2921	reattachment of tooth fragment, incisal edge or cusp	77	89
D2664	onlay - resin-based composite - four or more surfaces	615	NC	D2929	prefabricated porcelain/ceramic crown – primary tooth	165	190
D2710	crown - resin-based composite (indirect)	240	NC	D2930	prefabricated stainless steel crown - primary tooth	75	87
D2712	crown - 3/4 resin-based composite (indirect)	240	NC	D2931	prefabricated stainless steel crown - permanent tooth	125	144
D2720	crown - resin with high noble metal	625	NC	D2932	prefabricated resin crown	125	144
D2721	crown - resin with predominantly base metal	475	NC	D2933	prefabricated stainless steel crown with resin window	110	127
D2722	crown - resin with noble metal	600	NC	D2934	prefabricated esthetic coated stainless steel crown - primary tooth	110	127
D2740	crown - porcelain/ceramic	475	NC	D2940	protective restoration	30	35
D2750	crown - porcelain fused to high noble metal	625	NC	D2941	interim therapeutic restoration – primary dentition	5	6
D2751	crown - porcelain fused to predominantly base metal	475	NC	D2949	restorative foundation for an indirect restoration	30	35
D2752	crown - porcelain fused to noble metal	600	NC	D2950	core buildup, including any pins when required	95	110
D2780	crown - 3/4 cast high noble metal	625	NC	D2951	pin retention - per tooth, in addition to restoration	35	41
D2781	crown - 3/4 cast predominantly base metal	475	NC	D2952	post and core in addition to crown, indirectly fabricated	100	115
D2782	crown - 3/4 cast noble metal	600	NC	D2953	each additional indirectly fabricated post - same tooth	90	104
D2783	crown - 3/4 porcelain/ceramic	475	NC	D2954	prefabricated post and core in addition to crown	100	115
D2790	crown - full cast high noble metal	625	NC	D2955	post removal	125	144
D2791	crown - full cast predominantly base metal	475	NC	D2957	each additional prefabricated post - same tooth	80	92
D2792	crown - full cast noble metal	600	NC	D2960	labial veneer (resin laminate) - chairside	350	NC
D2794	crown - titanium and titanium alloys	625	NC	D2961	labial veneer (resin laminate) - laboratory	400	NC
D2799	provisional crown– further treatment or completion of diagnosis necessary prior to final impression	200	NC	D2962	labial veneer (porcelain laminate) - laboratory	500	NC
D27HP	specialized porcelain- high noble/titanium crown	25	NC				

NC – Not covered at a specialist because Participating General Dentist is skilled and prepared to provide the procedure for all enrollees.

Code	Description	Copayment	Code	Description	Copayment					
		Dentist	Specialist		Dentist	Specialist				
D2971	additional procedures to construct new crown under existing partial denture framework	20	23	D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	250	250			
D2975	coping	200	230	D3352	apexification/recalcification – interim medication replacement	120	150			
D2990	resin infiltration of incipient smooth surface lesions	8	10	D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	30	35			
Endodontics (root canal therapy)										
D3110	pulp cap - direct (excluding final restoration)	35	41	D3355	pulpal regeneration - initial visit	30	35			
D3120	pulp cap - indirect (excluding final restoration)	35	41	D3356	pulpal regeneration - interim medication replacement	30	35			
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentino cemental junction and application of medicament	55	64	D3357	pulpal regeneration - completion of treatment	550	633			
D3221	pulpal debridement, primary and permanent teeth	55	64	D3421	apicoectomy - premolar (first root)	375	432			
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	55	64	D3425	apicoectomy - molar (first root)	425	489			
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	80	92	D3426	apicoectomy (each additional root)	140	161			
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	80	92	D3427	periradicular surgery without apicoectomy	330	380			
D3310	endodontic therapy, anterior tooth (excluding final restoration)	275	317	D3430	retrograde filling - per root	120	138			
D3320	endodontic therapy, premolar tooth (excluding final restoration)	370	426	D3450	root amputation - per root	200	230			
D3330	endodontic therapy, molar tooth (excluding final restoration)	575	662	D3920	hemisection (including any root removal), not including root canal therapy	300	345			
D3331	treatment of root canal obstruction; non-surgical	175	202	D3950	canal preparation and fitting of preformed dowel or post	75	87			
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	200	230	Periodontics						
D3333	internal root repair of perforation defects	150	173	D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	225	259			
D3346	retreatment of previous root canal therapy - anterior	600	690	D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	80	92			
D3347	retreatment of previous root canal therapy - premolar	700	805	D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	80	92			
D3348	retreatment of previous root canal therapy - molar	850	978	D4230	anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	450	518			
				D4231	anatomical crown exposure - one to three teeth or contiguous teeth or tooth bounded spaces per quadrant	350	403			

NC – Not covered at a specialist because Participating General Dentist is skilled and prepared to provide the procedure for all enrollees.

Code	Description	Copayment	Dentist	Specialist	Code	Description	Copayment	Dentist	Specialist
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	300	345		D4342	periodontal scaling and root planing - one to three teeth per quadrant	45	52	
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	200	230		D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	55	64	
D4245	apically positioned flap	350	403		D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	55	64	
D4249	clinical crown lengthening – hard tissue	350	403		D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	40	46	
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	500	575		D4910	periodontal maintenance (1st and 2nd in year)	40	46	
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	350	403		D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	80	100	
D4263	bone replacement graft – retained natural tooth – first site in quadrant	300	345		D4921	gingival irrigation – per quadrant	25	29	
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	350	403		D49XC	periodontal maintenance (3rd and 4th in year)	125	135	
D4266	guided tissue regeneration - resorbable barrier, per site	300	345						
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	350	403						
D4268	surgical revision procedure, per tooth	450	518						
D4270	pedicle soft tissue graft procedure	450	518						
D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	250	288						
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	445	512						
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	100	115						
D4341	periodontal scaling and root planing - four or more teeth per quadrant	70	81						

### Dentures

*Full/partial dentures (upper and/or lower) - one per five year period. Replacement will be provided where casing is unsatisfactory and cannot be made satisfactory. Lost or stolen appliances are the responsibility of the patient. Unilateral partials (Nesbitt) are not recommended treatment. Copayment amount applies to both General Dentist and Denturists.*

D5110	complete denture - maxillary	700	NC
D5120	complete denture - mandibular	700	NC
D5130	immediate denture - maxillary	725	NC
D5140	immediate denture - mandibular	725	NC
D5211	maxillary partial denture - resin base (including any retentive/clasping materials, rests, and teeth)	675	NC
D5212	mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	675	NC
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	750	NC
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	750	NC

NC – Not covered at a specialist because Participating General Dentist is skilled and prepared to provide the procedure for all enrollees.

Code	Description	Copayment	Code	Description	Copayment		
		Dentist	Specialist		Dentist	Specialist	
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	775	NC	D5622	repair cast partial framework, maxillary	110	NC
D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	775	NC	D5630	repair or replace broken retentive/clasping materials per tooth	130	NC
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	775	NC	D5640	replace broken teeth - per tooth	100	NC
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	775	NC	D5650	add tooth to existing partial denture	100	NC
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	750	NC	D5660	add clasp to existing partial denture - per tooth	105	NC
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	750	NC	D5670	replace all teeth and acrylic on cast metal framework (maxillary)	375	NC
D5282	removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	300	NC	D5671	replace all teeth and acrylic on cast metal framework (mandibular)	375	NC
D5283	removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	300	NC	D5710	rebase complete maxillary denture	195	NC
Denture Adjustments & Repairs							
D5410	adjust complete denture - maxillary	20	NC	D5711	rebase complete mandibular denture	195	NC
D5411	adjust complete denture - mandibular	20	NC	D5720	rebase maxillary partial denture	195	NC
D5421	adjust partial denture - maxillary	20	NC	D5721	rebase mandibular partial denture	195	NC
D5422	adjust partial denture - mandibular	20	NC	D5730	reline complete maxillary denture (chairside)	110	NC
D5511	repair broken complete denture base, mandibular	100	NC	D5731	reline complete mandibular denture (chairside)	110	NC
D5512	repair broken complete denture base, maxillary	100	NC	D5740	reline maxillary partial denture (chairside)	110	NC
D5520	replace missing or broken teeth - complete denture (each tooth)	100	NC	D5741	reline mandibular partial denture (chairside)	110	NC
D5611	repair resin partial denture base, mandibular	110	NC	D5750	reline complete maxillary denture (laboratory)	170	NC
D5612	repair resin partial denture base, maxillary	110	NC	D5751	reline complete mandibular denture (laboratory)	170	NC
D5621	repair cast partial framework, mandibular	110	NC	D5760	reline maxillary partial denture (laboratory)	170	NC
				D5761	reline mandibular partial denture (laboratory)	170	NC
				D5810	interim complete denture (maxillary)	300	NC
				D5811	interim complete denture (mandibular)	300	NC
				D5820	interim partial denture (maxillary)	300	NC
				D5821	interim partial denture (mandibular)	300	NC
				D5850	tissue conditioning, maxillary	25	NC
				D5851	tissue conditioning, mandibular	25	NC
				D5863	overdenture - complete maxillary	725	NC
				D5864	overdenture - partial maxillary	725	NC

NC – Not covered at a specialist because Participating General Dentist is skilled and prepared to provide the procedure for all enrollees.

Code	Description	Copayment Dentist	Copayment Specialist	Code	Description	Copayment Dentist	Copayment Specialist
D5865	overdenture – complete mandibular	725	NC	D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	1000	NC
D5866	overdenture – partial mandibular	725	NC	D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	1125	NC
D5875	modification of removable prosthesis following implant surgery	475	NC	D6072	abutment supported retainer for cast metal FPD (high noble metal)	1150	NC
D5876	add metal substructure to acrylic full denture (per arch)	130	NC	D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	1000	NC
D5986	fluoride gel carrier	30	NC	D6074	abutment supported retainer for cast metal FPD (noble metal)	1125	NC
Implants							
<i>D60SP, D60HP, and D60NP are allowable upgrade charges for specialized porcelain such as Lava, Captek, Cercon, etc. It is charged in addition to the type of abutment retainer billed. There are additional fees for any replacement parts, screws, etc.</i>							
D6010	surgical placement of implant body: endosteal implant	1500	NC	D6075	implant supported retainer for ceramic FPD	1000	NC
D6056	prefabricated abutment – includes modification and placement	450	NC	D6076	implant supported retainer for FPD - porcelain fused to high noble alloys	1150	NC
D6057	custom fabricated abutment – includes placement	450	NC	D6077	implant supported retainer for metal FPD - high noble alloys	1150	NC
D6058	abutment supported porcelain/ceramic crown	1000	NC	D6081	scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	55	64
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1150	NC	D6085	provisional implant crown	200	NC
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	1000	NC	D6092	re-cement or re-bond implant/abutment supported crown	30	NC
D6061	abutment supported porcelain fused to metal crown (noble metal)	1125	NC	D6093	re-cement or re-bond implant/abutment supported fixed partial denture	40	NC
D6062	abutment supported cast metal crown (high noble metal)	1150	NC	D6094	abutment supported crown - titanium and titanium alloys	500	NC
D6063	abutment supported cast metal crown (predominantly base metal)	1000	NC	D6096	remove broken implant retaining screw	50	NC
D6064	abutment supported cast metal crown (noble metal)	1125	NC	D60HP	specialized porcelain- high noble/titanium abutment retainer	25	NC
D6065	implant supported porcelain/ceramic crown	1000	NC	D60NP	specialized porcelain- noble metal abutment retainer	50	NC
D6066	implant supported crown - porcelain fused to high noble alloys	1150	NC	D60SP	specialized porcelain- all porcelain abutment retainer	175	NC
D6067	implant supported crown - high noble alloys	1150	NC	D6110	implant / abutment supported removable denture for edentulous arch – maxillary	2300	NC
D6068	abutment supported retainer for porcelain/ceramic FPD	1000	NC	D6111	implant / abutment supported removable denture for edentulous arch – mandibular	2300	NC
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1150	NC				

NC – Not covered at a specialist because Participating General Dentist is skilled and prepared to provide the procedure for all enrollees.

Code	Description	Copayment Dentist	Copayment Specialist	Code	Description	Copayment Dentist	Copayment Specialist
D6112	implant /abutment supported removable denture for partially edentulous arch – maxillary	2300	NC	D6601	retainer inlay - porcelain/ceramic, three or more surfaces	475	NC
D6113	implant /abutment supported removable denture for partially edentulous arch – mandibular	2300	NC	D6602	retainer inlay - cast high noble metal, two surfaces	585	NC
D6194	abutment supported retainer crown for FPD – titanium and titanium alloys	500	NC	D6603	retainer inlay - cast high noble metal, three or more surfaces	625	NC
				D6604	retainer inlay - cast predominantly base metal, two surfaces	435	NC
				D6605	retainer inlay - cast predominantly base metal, three or more surfaces	475	NC
				D6606	retainer inlay - cast noble metal, two surfaces	560	NC
D6205	pontic - indirect resin based composite	240	NC	D6607	retainer inlay - cast noble metal, three or more surfaces	600	NC
D6210	pontic - cast high noble metal	625	NC	D6608	retainer onlay - porcelain/ceramic, two surfaces	435	NC
D6211	pontic - cast predominantly base metal	475	NC	D6609	retainer onlay - porcelain/ceramic, three or more surfaces	475	NC
D6212	pontic - cast noble metal	600	NC	D6610	retainer onlay - cast high noble metal, two surfaces	585	NC
D6214	pontic - titanium and titanium alloys	625	NC	D6611	retainer onlay - cast high noble metal, three or more surfaces	625	NC
D6240	pontic - porcelain fused to high noble metal	625	NC	D6612	retainer onlay - cast predominantly base metal, two surfaces	435	NC
D6241	pontic - porcelain fused to predominantly base metal	475	NC	D6613	retainer onlay - cast predominantly base metal, three or more surfaces	475	NC
D6242	pontic - porcelain fused to noble metal	600	NC	D6614	retainer onlay - cast noble metal, two surfaces	560	NC
D6245	pontic - porcelain/ceramic	475	NC	D6615	retainer onlay - cast noble metal, three or more surfaces	600	NC
D6250	pontic - resin with high noble metal	625	NC	D6624	retainer inlay - titanium	625	NC
D6251	pontic - resin with predominantly base metal	475	NC	D6634	retainer onlay - titanium	625	NC
D6252	pontic - resin with noble metal	600	NC	D6710	retainer crown - indirect resin based composite	475	NC
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	200	NC	D6720	retainer crown - resin with high noble metal	625	NC
D62HP	specialized porcelain- high noble/titanium pontic	25	NC	D6721	retainer crown - resin with predominantly base metal	475	NC
D62NP	specialized porcelain- noble metal pontic	50	NC	D6722	retainer crown - resin with noble metal	600	NC
D62SP	specialized porcelain- all porcelain pontic	175	NC	D6740	retainer crown - porcelain/ceramic	475	NC
D6545	retainer - cast metal for resin bonded fixed prosthesis	310	NC	D6750	retainer crown - porcelain fused to high noble metal	625	NC
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	550	NC	D6751	retainer crown - porcelain fused to predominantly base metal	475	NC
D6549	resin retainer – for resin bonded fixed prosthesis	310	NC				
D6600	inlay - porcelain/ceramic, two surfaces	435	NC				

NC – Not covered at a specialist because Participating General Dentist is skilled and prepared to provide the procedure for all enrollees.

Code	Description	Copayment	Code	Description	Copayment		
		Dentist	Specialist		Dentist Specialist		
D6752	retainer crown - porcelain fused to noble metal	600	NC	D7241	removal of impacted tooth - completely bony, with unusual surgical complications	265	305
D6780	retainer crown - 3/4 cast high noble metal	625	NC	D7250	removal of residual tooth roots (cutting procedure)	150	173
D6781	retainer crown - 3/4 cast predominantly base metal	475	NC	D7251	coronectomy – intentional partial tooth removal	210	242
D6782	retainer crown - 3/4 cast noble metal	600	NC	D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	270	311
D6783	retainer crown - 3/4 porcelain/ceramic	475	NC	D7280	exposure of an unerupted tooth	125	144
D6790	retainer crown - full cast high noble metal	625	NC	D7282	mobilization of erupted or malpositioned tooth to aid eruption	275	317
D6791	retainer crown - full cast predominantly base metal	475	NC	D7283	placement of device to facilitate eruption of impacted tooth	90	108
D6792	retainer crown - full cast noble metal	600	NC	D7285	incisional biopsy of oral tissue-hard (bone, tooth)	100	115
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	200	NC	D7286	incisional biopsy of oral tissue-soft	100	115
D6794	retainer crown - titanium and titanium alloys	625	NC	D7288	brush biopsy - transepithelial sample collection	25	29
D67HP	specialized porcelain- high noble/titanium abutment	25	NC	D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	110	127
D67NP	specialized porcelain- noble metal abutment	50	NC	D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	150	173
D67SP	specialized porcelain- all porcelain abutment	175	NC	D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	140	161
D6930	re-cement or re-bond fixed partial denture	30	35	D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	80	92
D6980	fixed partial denture repair necessitated by restorative material failure	100	NC	D7510	incision and drainage of abscess - intraoral soft tissue	100	115
Oral Surgery							
D7111	extraction, coronal remnants - primary tooth	60	69	D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	125	144
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	60	69	D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	150	173
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	135	156	D7963	frenuloplasty	225	259
D7220	removal of impacted tooth - soft tissue	150	173	D7970	excision of hyperplastic tissue - per arch	125	144
D7230	removal of impacted tooth - partially bony	180	207	D7971	excision of pericoronal gingiva	40	46
D7240	removal of impacted tooth - completely bony	215	248				

NC – Not covered at a specialist because Participating General Dentist is skilled and prepared to provide the procedure for all enrollees.

Code	Description	Copayment Dentist	Copayment Specialist	Code	Description	Copayment Dentist	Copayment Specialist
	Other Services			D9613	infiltration of sustained release therapeutic drug- single or multiple sites	0	0
	<i>General Anesthesia is covered solely for dependent children under the age of seven (7) or the physically or developmentally disabled, only when medically necessary and in conjunction with a covered dental procedure performed at a participating provider or when you're required care is not available within the network.</i>			D9630	drugs or medicaments dispensed in the office for home use	25	29
D9110	palliative (emergency) treatment of dental pain - minor procedure	30	35	D9910	application of desensitizing medicament	15	18
D9120	fixed partial denture sectioning	35	41	D9911	application of desensitizing resin for cervical and/or root surface, per tooth	15	18
D9210	local anesthesia not in conjunction with operative or surgical procedures	50	58	D9932	cleaning and inspection of removable complete denture, maxillary	15	15
D9211	regional block anesthesia	60	69	D9933	cleaning and inspection of removable complete denture, mandibular	15	15
D9212	trigeminal division block anesthesia	150	173	D9934	cleaning and inspection of removable partial denture, maxillary	15	15
D9215	local anesthesia in conjunction with operative or surgical procedures	0	0	D9935	cleaning and inspection of removable partial denture, mandibular	15	15
D9219	evaluation for moderate sedation, deep sedation or general anesthesia	40	46	D9941	fabrication of athletic mouthguard	350	403
D9222	deep sedation/general anesthesia – first 15 minutes	150	173	D9942	repair and/or reline of occlusal guard	75	87
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	150	173	D9943	occlusal guard adjustment	15	NC
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	40	46	D9944	occlusal guard- hard appliance, full arch	350	403
D9239	intravenous moderate (conscious) sedation/analgesia – first 15 minutes	150	173	D9945	occlusal guard- soft appliance, full arch	350	403
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	150	173	D9951	occlusal adjustment - limited	35	41
D9248	non-intravenous conscious sedation	250	288	D9952	occlusal adjustment - complete	75	87
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	20	23	D9961	duplicate/copy patient's records	0	0
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	25	29	D9970	enamel microabrasion	175	202
D9440	office visit - after regularly scheduled hours	40	46	D9971	odontoplasty 1 - 2 teeth; includes removal of enamel projections	130	150
D9450	case presentation, detailed and extensive treatment planning	0	0	D9972	external bleaching - per arch - performed in office	200	230
D9610	therapeutic parenteral drug, single administration	15	18	D9973	external bleaching - per tooth	40	46
D9612	therapeutic parenteral drugs, two or more administrations, different medications	30	35	D9974	internal bleaching - per tooth	75	87
				D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	200	200
				D9990	certified translation or sign-language services per visit	0	0
				D9991	dental case management – addressing appointment compliance barriers	0	0

NC – Not covered at a specialist because Participating General Dentist is skilled and prepared to provide the procedure for all enrollees.

Code	Description	Copayment		Code	Description	Copayment	
		Dentist	Specialist			Dentist	Specialist
D9992	dental case management – care coordination	0	0				
D9993	dental case management – motivational interviewing	0	0				
D9994	dental case management – patient education to improve oral health literacy	0	0				

NC – Not covered at a specialist because Participating General Dentist is skilled and prepared to provide the procedure for all enrollees.



## Dental Exclusions

*The following are not covered by your dental plan.*

- A. Services not specifically listed in the "Schedule of Covered Services and Copayments."
- B. Work in progress – non-emergency/temporary procedures started but not finished prior to the date of eligibility – is not covered. This includes crown preps prepared and temporized but not cemented, root canals in mid treatment, prosthetic cases post final impression stage (sent to the lab), etc. This does not include teeth slated for root canal treatment and/or canals filled during an emergency visit.
- C. Services or treatments which are not Medically Necessary are excluded.
- D. Temporomandibular joint (TMJ) disorders and related disease including myofunctional therapy. Procedures for training, treating or developing muscles in and around the jaw of the mouth (unless provided by a separate, supplemental Dental Health Services, Inc. (Dental Health Services) program.)
- E. Services that are reimbursed by a third party such as the medical portion of a health insurance plan or any other third-party indemnification. (The member may be responsible for the payment of usual and customary charges to his/her dentist for services that are reimbursed by a third party.)
- F. Experimental or Investigational Services are not covered services under this Plan.

## Dental Limitations

*The following are limitations on covered benefits.*

- A. Services received from Periodontist, Oral Surgeon, Pedodontist and Endodontist are subject to applicable calendar year annual maximum J. detailed on first page of this Schedule of Covered Services and Copayments.
- B. Specialists are only available for specific procedures where the scope of the service is outside the skill of the participating general dentist.
- C. Services or treatments which are not Medically Necessary are excluded.
- D. Limitation on the frequency and appropriateness of services:
  1. D0210 and D0330 – Intraoral complete series films and panoramic films – limited to once every three years.
  2. D0120 Periodic oral evaluation: D1206 and D1208 Fluoride are limited to one per six months.
  3. D1110 – Prophylaxis (removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition) or D4910 – Periodontal Maintenance – limited to one per six-month period, with any additional at additional copayment.
  4. D4341 or D4342 – Periodontal scaling and root planning – limited to four quadrants every 6 months; and two quadrants per day.
  5. D5110 through D5281 – Full/partial dentures (upper and/or lower) – limited to one per five-year period. New dentures are covered only if the existing denture cannot be made satisfactory by either a reline or repair. Lost or stolen appliances are the responsibility of the patient.

## Exclusions & Limitations of Benefits

### Pacific Coast Shipyards Metal Trades Trust Fund

#### Network: Quality Assured Participating Dentists

6. Fixed bridges are optional and not covered for patients under the age of 16.
- D. The additional cost to the member for laboratory charges, unless specified in the "Schedule of Covered Services and Copayments," will be charged at the provider's actual cost.
- E. When a Member selects a non-covered service, a more extensive service or treatment that is an alternative to an adequate, covered service according to your Selected Participating Dentist the Member is responsible for the fee for service.
- F. Upgraded services – cases in which the enrollee selects a plan of treatment that is considered an upgraded procedure – Dental Health Services' upgrade charges would apply.
- G. Cosmetic dentistry – services for appearance only – may be available at a discount off full fees. This includes such services as the replacement of clinically acceptable amalgam fillings, veneers and bonding.
- H. Crowns and Bridges – limited to 10 in a 12-month period. Additional Crowns and Bridges are subject to a \$200 copayment increase per procedure.
- I. Unsatisfactory patient-doctor relationship – If a satisfactory relationship cannot be established between a Member and their Selected Participating Dentist, Dental Health Services, the Member, or the Selected Participating Dentist reserves the right to request the Member's affiliation with the dental office to be terminated. Dental Health Services will always put forth its best effort to place the Member with another Participating Dentist. Submit claims for reimbursement within 180 days. In some cases, you may need to receive your care outside of the Dental Health Services' network of participating providers. This may be due to an emergency or, in some instances, when your required care for Covered Services is not available within the network. Dental Health Services may not pay for a claim for this care unless the enrollee submits the claim to Dental Health Services within 180 days after treatment.
- K. Not all participating dentists can perform all dental procedures. Please verify what services your Selected Participating Dentist can perform for you. Some complicated extractions, periodontal treatment, osseous surgery and root canal treatment may be referred to a specialist at the discretion of the general dentist
- L. Coverage for services only available during period of enrollment.

#### Dental Health Services, Inc.

*A Great Reason to Smile* <sup>sm</sup>

100 West Harrison St., Suite S-440, South Tower, Seattle, WA 98119

[www.dentalhealthservices.com](http://www.dentalhealthservices.com) - 800.637.6453

© 2020 Dental Health Services, Inc.