

# Nassau County School Board (NCSB) Request for Proposal RFP # 2012-02 Voluntary Group Dental and Vision Insurance Response to Questions Addendum #1

- 1. **Is there a requirement that this case has to go to public bid at certain intervals?** No, since the Board does not contribute to these plans there is no requirement to bid at certain intervals.
- 2. **For the EP510, what was the percentage of claims paid in-network vs. out?** Based on the number of claims, 49% in-network and 51% out, based on amount of claims paid, 43% in-network and 57% out.
- 3. Concerning DHMO provider assignments: (The answer includes CS150 and HS205)
  - a. How many are unassigned? 28
  - b. How many are assigned to Dr. Edward Gelman, DDS? 89
  - c. How many are assigned to A1A Family Dentistry? 208
  - d. How many are assigned to any providers in Jacksonville? 103
- 4. Please confirm that there is not annual maximum on the Advantage plan option. We have confirmed with Humana that the Advantage plan has no maximums.
- 5. On a scale of 1-10, please rate the overall satisfaction level with current dental and vision vendor. Dental 8, Vision 9
- 6. **Can we have a complete schedule of the HS205 plan?** Yes, see the following attachment. Sorry this was cut short on the original RFP document.
- 7. Can we have a copy of the historical rates as well as the current rates? Yes, see the following attachment.
- 8. Please provide complete benefits booklets or certificates of coverage for each dental plan? This information was included in the RFP except for the HS205 which is attached.
- 9. How are the out-of-network (non-par) dentists reimbursed on the PPO-EP510 plan? Per Humana dentists are reimbursed on this plan at the 90<sup>th</sup> percentile.



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- 10. Are you requesting duplication of the current quadruple option plans? Will you consider alternative plans that match the current benefits as closely as possible? For cost comparison purposes we would like you to match the current benefits as closely as possible. We will consider alternative plans as long as it is not a lesser benefit to the member.
- 11. Can you confirm the Advantage Plan (AVN2) functions as an EPO plan without a gatekeeper? Yes, the plan has a network, but the members are not assigned to a provider's office. As long as plan they stay in-network they can see one provider one month and the following month see another.
- 12. **Is the EPO provider network a smaller network of the CompBenefits/Humana PPO network or a part of the DHMA provider network?** The EPO provider network is smaller than the PPO network but slightly larger than the DHMO network.
- 13. Is standard reporting okay? Yes
- 14. **Is one bill sufficient?** We have found it best to have a bill for each plan since it is identified in our system separately. Separate bills are preferred but if necessary we can work with one bill.

Acknowledgement of Addendum #1		
	Signature of Company Representative	



### Florida

## Feel good about choosing a HumanaDental plan

The HumanaDental HS Series dental plan has you covered for any circumstance. Whether you simply need routine dental care or unexpected dental treatment, you know what to expect with HumanaDental.

- **)** No waiting periods
- No claims to file
- > No annual maximums

#### **Use your HumanaDental benefits**

After you enroll in a plan and receive your ID card, you can manage your plan information on your personal home page on **HumanaDental.com**.

- You have the freedom to select any participating general dentist as your primary care dentist. To select a dental provider from our network, simply visit **HumanaDental.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-342-5209.
- Life without claim forms! With the HumanaDental Prepaid plan you pay your dentist directly, when applicable.
- Your primary dentist will provide all of your routine dental care and you will pay any copayment or discounted charges at the time of service.

#### **Questions?**

Check out HumanaDental.com

Call 1-800-342-5209 anytime for the automated information line or 8 a.m. to 6 p.m. for a Customer Care specialist.

# Good health starts with a healthy mouth

#### Make dental visits a priority

One of the first lines of defense in overall health is dental care. Regular dental cleanings can help manage problems throughout the body, such as heart disease, diabetes, and stroke. In fact, a healthy mouth can add 6.4 years to RealAge® life expectancy.¹ The HumanaDental Prepaid plan enables you to take better care of your teeth, and you'll pay less for your dental care doing so.

#### Go to MyDentallQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

#### Tips to ensure a healthy mouth

- **)** Use a soft-bristled toothbrush
- **)** Choose toothpaste with fluoride
- **)** Brush for at least two minutes twice a day
- **>** Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

<sup>&</sup>lt;sup>1</sup> Dr. Michael Roizen, RealAge.com

### **HumanaDental Prepaid HS205 Plan**

The HumanaDental Prepaid plans focus on maintaining oral health, prevention and cost-containment. Members may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. HS plans copayments for listed procedures are applicable at either a participating general dentist or participating specialist.

A primary care dentist (PCD) may decide that a member needs to see a contracted dental specialist. No referral is necessary to see a network specialist.

**Specialists services:** Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. For HS plans, copayment amounts are applicable when treatment is performed by participating specialists.

#### Summary of services

Services marked with a single asterisk (\*) below also require separate payment of laboratory charges, not to exceed \$200. The laboratory charges must be paid to the plan dentist in addition to any applicable copayment for the service.

Appoi	ntments	member pays	Preven	tive	member pays
D9310	Consultation (diagnostic service provided by der		D1110	Prophylaxis—adult, routine (two per calendar year	
D9430 D9440	other than practitioner providing treatment)  Office visit (normal hours)  Office visit (after regularly scheduled hours)	no charge	D1120 D1203	by primary care dentist) Prophylaxis—child, routine (two per calendar year) Topical application of fluoride (not including	no charge no charge
D9999	Broken appointments (without 24 hr. notice, per		D1203	prophylaxis)—child (up to 16 years of age) (two pe	er
	15 min)—maximum \$40 per broken appointmen	nt.		calendar year)	
	No charge will be made due to emergencies	\$ 10.00	D1204	Topical application of fluoride—adult (two per	no charge
Diagn	ostic	member pays	D1206	calendar year, by primary care dentist) Topical fluoride varnish (for child <16) (two per	no charge
D0120	Periodic oral examination (two per calendar year	)no charge		calendar year)	no charge
D0140	Limited/comprehensive/detailed and extensive		D1310	Nutrition counseling for the control or avoidance	no chargo
D014E	oral eval		D1320	of dental disease	no charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	'I	D1320	prevention of oral disease	no charge
D0150	Limited/comprehensive/detailed and extensive or		D1330	Oral hygiene instruction	
D0130	eval (two per calendar year)		D1351	Sealant—per tooth (permanent teeth only to age	16) .\$ 10.00
D0160	Limited/comprehensive/detailed and		D1510*	Space maintainer—fixed, unilateral (through age 1	
	extensive oral eval			Space maintainer—fixed, bilateral (through age 14	
D0170	Re-evaluation—problem focused (not	ý	D1520*	Space maintainer—removable, unilateral (through	
	post-operative visit)			age 14)	\$ 85.00
D0180	Comprehensive periodontal evaluation (two per	_	D1525*	Space maintainer—removable, bilateral (through	
	calendar year)			age 14)	
D0210			D1550	Recementation of space maintainer	\$ 10.00
D0220	bitewings (once per three calendar years) X-ray intraoral—periapical, first film		Restor	ative	member pays
D0220	X-ray intraoral—periapical, mst mm		D2140	Amalgam—one surface, primary or permanent	\$ 5.00
D0230	X-rays intraoral—occlusal film		D2150	Amalgam—two surfaces, primary or permanent	
D0250	Extraoral—first film		D2160	Amalgam—three surfaces, primary or permanent .	
D0260	Extraoral—each additional film		D2161	Amalgam—four or more surfaces, primary or	
D0270	X-ray bitewing—single film (two per calendar ye			permanent	\$ 5.00
D0272	X-ray bitewings—two films (two per calendar ye		D2940	Sedative filling	
D0273	X-ray bitewings—three films (two per calendar y	rear)no charge			
D0274	Bitewings—four films (two per calendar year)	IIO CHAIGE		estorative	
D0277	X-ray bitewings, vertical—seven to eight films (t	VVO	(inlays an	d onlays limited to one per tooth every five years)	member pays
	per calendar year)		D2330	Resin based composite—one surface, anterior	\$ 30.00
D0330	Panoramic film (once per three calendar years) .	no charge	D2331	Resin based composite—two surfaces, anterior	\$ 40.00
D0350	Oral/facial photography images		D2332	Resin based composite—three surfaces, anterior.	\$ 45.00
D0415	Collect microorganisms culture & sensitivity	no charge	D2335	Resin based composite—four or more surfaces or	
D0425	Caries susceptibility tests			involving incisal angle (anterior)	
D0431	Oral cancer screening using a special light source		D2390	Resin based composite crown, anterior	
D0460	Pulp vitality tests (not covered if a root canal		D2391	Resin based composite—one surface, posterior	
D0470	is performed)	1 -	D2392	Resin based composite—two surfaces, posterior	
D0470	Diagnostic casts	, ,	D2393	Resin based composite—three surfaces, posterior.	\$ 80.00
D0472	Pathology report—gross examination of lesion .  Pathology report—microscopic examination of le		D2394	Resin based composite—four or more surfaces,	¢ 00 00
D0473	Pathology report—microscopic examination of le		D2E10+	posterior	
DU+/4	and area			Inlay—metallic, one surface	
	and area	9		Inlay—metallic, two surfaces	
			DZ53U*	Inlay—metallic, three or more surfaces	\$245.00

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De2201   Inflay—procelam/creamic, three or more surfaces   \$270.00	D2544* Onlay—metallic, four or more surfaces \$270.00	D6752* Crown—porcelain fused to noble metal \$270.00
De629   Collay—procelain/centure, three or more surfaces   \$275.00   De624   Collay—procelain/centure, three surfaces   \$275.00   De625   Collay—ceria based composts, undares   \$275.00   De656   Indiay—ceria based composts, three or more surfaces   \$255.00   De651   Tollay—ceria based composits, two surfaces   \$255.00   De652   Tollay—ceria based composits, three or more surfaces   \$245.00   De652   Tollay—ceria based composits, three or more surfaces   \$245.00   De652   Tollay—ceria based composits, three or more surfaces   \$245.00   De652   Tollay—ceria based composits, three or more surfaces   \$245.00   De652   Tollay—ceria based composits, three or more surfaces   \$245.00   De652   Tollay—ceria based composits, three or more surfaces   \$245.00   De664   Tollay—ceria based composits, three or more surfaces   \$245.00   De7604   Tollay—ceria based composits, three or more surfaces   \$245.00   De7710   Town—earl hased composits, indirect   \$270.00   De7711   Town—earl hased composits, indirect   \$270.00   De7712   Town—earl hased composits, indirect   \$270.00   De7713   Town—earl hased composits, indirect   \$270.00   De7714   Town—earl hased composits, indirect   \$270.00   De7715   Town—earl hased composits, indirect   \$270.00   De7716   Town—earl hased composits, indirect   \$270.00   De7717   Town—earl hased composits, indirect   \$270.00   De7718   Town—earl hased   \$270.00   De7719   Town—earl hased   \$270.00   De7710   Town—earl hased   \$270.00   De7710   Town—earl hased   \$270.00   De7710   Town—earl h		
De643		
DEGRES   Collay—senin based composite, from our more surfaces   \$255.00   DEGRES   Inlay—senin based composite, from our more surfaces   \$255.00   DEGRES   Collay—senin based composite, from our more surfaces   \$255.00   DEGRES   Collay—senin based composite, from our more surfaces   \$250.00   DEGRES   Collay—senin based composite, from our more surfaces   \$250.00   DEGRES   Collay—senin based composite, from our more surfaces   \$250.00   DEGRES   Collay—senin based composite, from our more surfaces   \$250.00   DEGRES   Collay—senin based composite, from our more surfaces   \$250.00   DEGRES   Collay—senin based composite, from our more surfaces   \$270.00   DEGRES   Collay—senin based composite, from our more surfaces   \$270.00   DEGRES   Collay—senin based composite, from our more surfaces   \$270.00   DEGRES   Collay—senin based composite, from our more surfaces   \$270.00   DEGRES   Collay—senin based composite, from our more surfaces   \$270.00   DEGRES   Collay—senin based composite, from our more surfaces   \$270.00   DEGRES   Collay—senin based composite, from our more surfaces   \$270.00   DEGRES   Collay—senin based composite, from our more surfaces   \$270.00   DEGRES   Collay—senin based composite, from our more surfaces   \$270.00   DEGRES   Collay—senin based composite, from our more surfaces   \$270.00   DEGRES   Collay—senin based composite, from our more surfaces   \$270.00   DEGRES   Collay—senin based composite, from our more surfaces   \$270.00   DEGRES   Collay—senin based composite, from our more surfaces   \$270.00   DEGRES   Collay—senin based composite, from our more surfaces   \$270.00   DEGRES   Collay—senin based composite, from our more surfaces   \$270.00   DEGRES   Collay—senin based composite, from our more surfaces   \$270.00   DEGRES   Collay—senin based composite, from our more surfaces   \$270.00   DEGRES   Collay—senin based composite, from our more surfaces   \$270.00   DEGRES   Collay—senin based composite, from our more surfaces   \$270.00   DEGRES   Collay—senin based composite, from our		
D2690   Misy—main based composite, two surfaces   \$225.00		
D26501   Initys—resin based composite, three or more surfaces   \$225.00   D2651   Initys—resin based composite, three or more surfaces   \$235.00   D2652   Initys—resin based composite, three or more surfaces   \$350.00   D2653   D2654   Onlay—resin based composite, four or more surfaces   \$370.00   D2655   Onlay—resin based composite, four or more surfaces   \$370.00   D2656   Onlay—resin based composite, four or more surfaces   \$370.00   D2700   Crown—resin based composite, four or more surfaces   \$370.00   D27010   Crown—resin based composite, four or more surfaces   \$370.00   D27010   Crown—resin based composite, four or more surfaces   \$370.00   D27010   Crown—resin based composite, four or more surfaces   \$370.00   D27011   Crown—resin with predomantary base metal   \$370.00   D27012   Crown—resin with predomantary base metal   \$370.00   D27013   Crown—resin with prodomantary base metal   \$370.00   D27014   Crown—resin with prodomantary base metal   \$370.00   D27015   Crown—porcelain fused to high noble metal   \$370.00   D27016   Crown—porcelain fused to high noble metal   \$370.00   D27017   Crown—add cast principating than metal   \$370.00   D27018   Crown—add cast predominantly base metal   \$370.00   D27019   Crown—add cast predominantly base metal   \$370.00   D27010   Crown—add cast predominantly base metal   \$370.00   D27011   Crown—add cast predominantly base metal   \$370.00   D27012   Crown—full cast prodominantly base metal   \$370.00   D27014   Crown—full cast predominantly base metal   \$370.00   D27015   Crown—add cast predominantly base metal   \$370.00   D27016   Crown—full cast predominantly base metal   \$370.00   D27017   Crown—full cast predominantly base metal   \$370.00   D27018   Crown—full cast predominantly base metal   \$370.00   D27019   Crown—full cast predominantly base metal   \$370.00   D27010   Crown—full		
Decision   Provided in the composite, who surfaces   2325.00		D6973 Core buildup for retainer, including any pins \$ 50.00
DESCRIPTION   Total packed composite, three surfaces   \$29.00		Procthodontics (replacement limited to every five years) member nave
December		
Defect   Crown and bridge (intent to one per tooth very five part)   memorial denture—manifoliary   375.00		
D5440   Crown and bridge limited to one per tooth every five years)   member pays		
DS211   Maxiliary partial denture—eash base		
D2710   Crown—resin based composite, indirect   \$270.00	D2664^ Unlay—resin based composite, four or more surfaces .\$270.00	
1927/10   Crown—eash based composite, indirect   3270.00	Crown and bridge (limited to one per tooth every five years) member pays	
Part		
D2720   Crown—resin with prigh noble metal.   \$270.00		D5213* Maxillary partial denture—cast metal framework,
27720   Crown—esin with predominantly base metal   \$270.00   \$2725   Crown—porcelain/tearnix substrate   \$270.00   \$2725   Crown—A/4 cast high noble metal   \$270.00   \$270.00   \$2728   Crown—3/4 cast high noble metal   \$270.00   \$2720   Crown—1/4 cast high noble		resin denture bases
D2724   Crown—cesin with noble metal   \$270.00   D2750   Crown—porcelain fused to high noble metal   \$270.00   D2751   Crown—porcelain fused to predominantly base metal   \$270.00   D2752   Crown—porcelain fused to predominantly base metal   \$270.00   D2768   Crown—porcelain fused to predominantly base metal   \$270.00   D2769   Crown—porcelain fused to noble metal   \$270.00   D2760   Crown—34 cast predominantly base metal   \$270.00   D2761   Crown—34 cast predominantly base metal   \$270.00   D2762   Crown—34 cast predominantly base metal   \$270.00   D2763   Crown—34 procelain/ceramin   \$270.00   D2764   Crown—34 procelain/ceramin   \$270.00   D2765   Crown—34 procelain/ceramin   \$270.00   D2766   Additional procelain/ceramin   \$270.00   D2767   Crown—41   cast predominantly base metal   \$270.00   D2769   Crown—41   cast predominantly base metal   \$270.00   D2760   Crown—41   cast predominantly base metal   \$270.00   D2761   Crown—51   Crow		
D2750   Crown-porcelain/ceted to high noble metal   \$270.00		
D2755   Crown—porcelain fused to high noble metal   \$270.00   D2751   Crown—porcelain fused to predominantly base metal   \$270.00   D2762   Crown—3/4 cast high noble metal   \$270.00   D2768   Crown—3/4 cast high noble metal   \$270.00   D2768   Crown—3/4 cast high noble metal   \$270.00   D2769   Crown—3/4 cast high noble metal   \$270.00   D2760   Crown—3/4 cast high noble metal   \$270.00   D2761   Crown—3/4 cast high noble metal   \$270.00   D2762   Crown—4/4 cast high noble metal   \$270.00   D2763   Crown—3/4 cast high noble metal   \$270.00   D2764   Crown—3/4 cast high noble metal   \$270.00   D2765   Crown—3/4 cast high noble metal   \$270.00   D2766   Crown—3/4 cast high noble metal   \$270.00   D2767   Crown—3/4 cast high noble metal   \$270.00   D2768   Crown—3/4 cast high noble metal   \$270.00   D2769   Prefabricated post and core in addition to restoration   \$10.00   D2760   Labia veneer (resin laminate)—balariside   \$250.00   D2761   Crown—3/4 cast high noble metal   \$270.00   D2762   Labial veneer (resin laminate)—balariside   \$250.00   D2765   Crown—3/4 cast high noble metal   \$270.00   D2765   Crown—3/4 cast high noble metal   \$270.00		
2757   Crown—porcelain fused to predominantly base metal   2770.00   D5281 * Removabole partial denture—one piece cast metal   5350.00   D7808 * Crown—3/4 cast predominantly base metal   5270.00   D5411 * Adjust complete denture—maxillary   \$ 15.00   D7828 * Crown—3/4 cast noble metal   5270.00   D5411 * Adjust complete denture—maxillary   \$ 15.00   D7828 * Crown—3/4 porcelain/creamic   5270.00   D5411 * Adjust complete denture—maxillary   \$ 15.00   D7828 * Crown—3/4 porcelain/creamic   5270.00   D5421 * Adjust partial denture—maxillary   \$ 15.00   D7928 * Crown—4/4 cast noble metal   \$ 2770.00   D5422 * Adjust partial denture—maxillary   \$ 15.00   D7929 * Crown—4/4 cast noble metal   \$ 2770.00   D7929 * Crown—4/4 cast noble metal   \$ 270.00   D7929 * Crown—4/4 cast nob		
D2758   Crown—Jorcalin fused to noble metal   \$270.00   D2788   Crown—J4 (ast high noble metal   \$270.00   D2788   Crown—J4 (ast high noble metal   \$270.00   D2788   Crown—J4 (ast predominantly base metal   \$270.00   D2788   Crown—J4 (ast predominantly base metal   \$270.00   D2788   Crown—J4 (ast predominantly base metal   \$270.00   D2798   Crown—J4 (ast predominantly base metal   \$270.00   D2799   Crown—J6 (ast predominantly base metal   \$270.00   D2790   Crown—J6 (ast predominantly base metal   \$270.00   D2791   Action of the predominantly base metal   \$270.00   D2792   Crown—J6 (ast predominantly base metal   \$270.00   D2793   Crown—J6 (ast predominantly base metal   \$270.00   D2794   Crown—J6 (ast predominantly base metal   \$270.00   D2795   Crown—J6 (ast predominantly base metal   \$270.00   D2796   Crown—J6 (ast predominantly base metal   \$270.00   D2797   Action of the predominantly base metal   \$270.00   D2798   Crown—J6 (ast predominantly base metal   \$270.00   D2799   Crown—J6 (ast predominantly base metal   \$270.00   D2791   Crown—J6 (ast predominantly base metal   \$270.00   D2791   Crown—J6 (ast predominantly base metal   \$270.00   D2791   Crown—J6 (ast predominantly base metal   \$270.00		
D2788   Crown—344 cast predominantly base metal   \$270.00   D2781   Crown—344 cast predominantly base metal   \$270.00   D2782   Crown—344 porcelaminantly base metal   \$270.00   D5411   Adjust complete denture—maxillary   \$15.00   D2783   Crown—344 porcelaminantly base metal   \$270.00   D5421   Adjust partial denture—maxillary   \$15.00   D2797   Crown—1411 cast predominantly base metal   \$270.00   D5422   Adjust partial denture—maxillary   \$15.00   D2797   Crown—1411 cast prodominantly base metal   \$270.00   D5797   Crown—1411 cast prodominantly base metal   \$270.00   D560*   Add class to existing partial denture   \$9.00   D560*   Add cl		
D27812 Crown—344 cast predominantly base metal \$270.00   D27823 *Crown—344 porcelain/ceramic \$270.00   D2790 *Crown—414 cast pricedominantly base metal \$270.00   D2790 *Crown—414 cast pricedominantly base metal \$270.00   D2791 Crown—414 cast pricedominantly base metal \$270.00   D2792 *Crown—414 cast pricedominantly base metal \$270.00   D2793 *Crown—414 cast pricedominantly base metal \$270.00   D2794 *Crown—414 cast pricedominantly base metal \$270.00   D2795 *Crown—414 cast pricedominantly base metal \$270.00   D2799 *Profibricated stain pricedominantly base metal \$270.00   D2791 *Crown—414 cast pricedominantly base metal \$270.00   D2792 *Profibricated stain pricedominantly base metal \$270.00   D2793 *Profibricated stain pricedominantly base metal \$270.00   D280 *Crown—primary tooth \$50.00   D280 *Crown repair \$50.00   D280 *Crown repair \$50.00	D2780* Crown—3/4 cast high poble metal \$270.00	
D2783		
D2799		
DZ790   Crown—full cast high noble metal   \$270.00   DZ791   Crown—full cast noble metal   \$270.00   DZ792   Crown—full cast noble metal   \$270.00   DZ793   Crown—full cast noble metal   \$270.00   DZ794   Crown—full cast noble metal   \$270.00   DZ799   Provisional crown   0.0 charge   DZ790   Provisional crown   0.0 charge   DZ791   Recement cast or prefabricated post and core   0.0 charge   DZ7920   Recement cast or prefabricated post and core   0.0 charge   DZ7930   Prefabricated stainless steel crown—primary tooth   \$75.00   DZ931   Prefabricated stainless steel crown—primary tooth   \$50.00   DZ933   Prefabricated stainless steel crown—primary tooth   \$50.00   DZ933   Prefabricated stainless steel crown—primary tooth   \$50.00   DZ934   Prefabricated desthetic coated stainless steel   DZ935   Prefabricated stainless steel crown with resin window   \$50.00   DZ936   Crown—full cast noble metal   \$50.00   DZ937   Acad additional cast post—same tooth   \$50.00   DZ938   Prefabricated pest and core in addition to crown   \$95.00   DZ939   Prefabricated pest and core in addition to crown   \$95.00   DZ939   Prefabricated post—ame tooth   \$100.00   DZ939   Prefabricated pest and core in addition to crown   \$95.00   DZ939   Prefabricated pest and core in addition to crown   \$95.00   DZ939   Prefabricated pest and core in addition to crown   \$95.00   DZ939   Prefabricated post—ame tooth   \$100.00   DZ939   Prefabricated post—ame tooth   \$100.00   DZ939   Prefabricated pest—ame tooth   \$100.00   DZ930   Prefabricated pest—ame tooth   \$100.	D2783* Crown—3/4 porcelain/ceramic \$270.00	
D2791   Crown—full cast predominantly base metal   \$270.00   D2792* Crown—full cast proble metal   \$270.00   D2793* Provisional crown   0.0 charge   D2794   Crown—tutainium   \$270.00   D2795   Recement inlay, onlay or veneer   \$15.00   D2915   Recement cast or prefabricated post and core   0.0 charge   D2920   Recement cast or prefabricated post and core   0.0 charge   D2930   Prefabricated stainless steel crown—primary tooth   \$5.00   D2931   Prefabricated stainless steel crown—primary tooth   \$5.00   D2932   Prefabricated stainless steel crown with resin window   \$5.00   D2933   Prefabricated stainless steel crown with resin window   \$5.00   D2934   Prefabricated stainless steel crown with resin window   \$5.00   D2935   Crown—primary tooth   \$5.00   D2936   Crown—primary tooth   \$5.00   D2951   Pin retention—per tooth, in addition to rown   \$5.50   D2952   Cast post and core in addition to crown   \$5.50   D2953   Post prediction   \$5.00   D2954   Prefabricated post—ame tooth   \$5.00   D2955   Post removal   \$5.00   D2956   Crown—aminatel—chaincide   \$5.00   D2951   Labial veneer (resin laminatel—chaincide   \$5.00   D2961   Labial veneer (resin laminatel—aboratory   \$350.00   D2961   Labial veneer (resin laminatel—aboratory   \$350.00   D2962*   Labial veneer (resin laminatel—aboratory   \$350.00   D2963*   Precision statchment   \$5.00   D2964   Prefabricated post = \$5.00   D2964   Prefabricated post = \$5.00   D2964   Prefabricated post = \$5.00   D2965   Precision statchment   \$5.00   D2966   Labial veneer (resin laminatel—aboratory   \$350.00   D2967   Each additional prefabricated post = \$5.00   D2968   Precision statchment   \$5.00   D2969   Precision statchment   \$5.00   D2969   Precision statchment   \$5.00   D2960   Precision statchment   \$5.00   D2960   Precision statchment   \$5.00   D2961   Prohitc—cast helph noble metal   \$5.00   D2961   Precision statchment		
D2792** Crown—full cast noble metal \$270.00 D2799 Provisional crown \$270.00 D2799 Provisional crown no charge D2791 Recement cast or prefabricated post and core. no charge D2910 Recement cast or prefabricated spots and core. no charge D2920 Recement cast or prefabricated stainless steel crown—primary tooth \$75.00 D2931 Prefabricated stainless steel crown—primary tooth \$75.00 D2932 Prefabricated stainless steel crown—primary tooth \$75.00 D2933 Prefabricated stainless steel crown with resin window \$50.00 D2934 Prefabricated esthetic coated stainless steel crown with resin window \$50.00 D2935 Prefabricated esthetic coated stainless steel crown—primary tooth \$75.00 D2936 Prefabricated post and core in addition to crown \$95.00 D2935 Prefabricated post and core in addition to crown \$85.00 D2936 Prefabricated post—same tooth \$10.00 D2937 Prefabricated post—same tooth \$10.00 D2938 Prefabricated post—same tooth \$10.00 D2940 Prefabricated post—same tooth \$10.00 D2951 Prefabricated post—same tooth \$10.00 D2952 Prefabricated post—same tooth \$10.00 D2953 Prefabricated post—same tooth \$10.00 D2954 Prefabricated post—same tooth \$10.00 D2955 Profabricated post—same tooth \$10.00 D2956 Labial veneer (precial laminate)—laboratory \$10.00 D2957 Profabricated post—same tooth \$10.00 D2958 Prefabricated post—same tooth \$10.00 D2959 Precision attachment \$10.00 D2950 Precision attachment \$10.00 D2950 Precision attachment \$10.00 D2950 Precision at	D2791 Crown—full cast predominantly base metal \$270.00	by the character of the
D2794   Crown—titanium   S270.00   D2799   Provisional crown   no charge   D2799   Provisional crown   no charge   D2791   Recement inlay, onlay or veneer   S. 15.00   D2915   Recement cast or perfabricated post and core   no charge   D2790   D2916   Recement cast or perfabricated post and core   no charge   D2790   Recement crown   S. 15.00   D2930   Prefabricated stainless steel crown—primary tooth   S. 15.00   D2930   Prefabricated stainless steel crown—primary tooth   S. 50.00   D2933   Prefabricated esiness steel crown with resin window \$ 50.00   D2933   Prefabricated esthetic coated stainless steel crown with resin window \$ 50.00   D2934   Prefabricated esthetic coated stainless steel crown with resin window \$ 50.00   D2955   Post hordered stainless steel crown with resin window \$ 50.00   D2955   Post hordered esthetic coated stainless steel crown with resin window \$ 50.00   D2955   Post hordered esthetic coated stainless steel crown with resin window \$ 50.00   D2955   Post hordered esthetic coated stainless steel crown with resin window \$ 50.00   D2955   Post hordered esthetic coated stainless steel crown with resin window \$ 50.00   D2955   Post hordered esthetic coated stainless steel crown with resin window \$ 50.00   D2955   Post hordered esthetic coated stainless steel crown with resin window \$ 50.00   D2955   Post hordered post and core in addition to restoration \$ 10.00   D2955   Post hordered post and core in addition to rown \$ 10.00   D2956   Post hordered post and core in addition to rown \$ 10.00   D2957   Post hordered post and core in addition to restoration \$ 10.00   D2958   Post hordered post and core in addition to rown \$ 10.00   D2958   Post hordered post and core in addition to restoration \$ 10.00   D2959   Post hordered post and core in addition to fixed partial denture retainer, base metal post \$ 10.00   D2957   Post hordered post and core in addition to fixed partial denture retainer, base metal post \$ 10.00   D2957   Post hordered post and core in addition to fixed partial denture re		Endodontics (each procedure limited to once per tooth per life) member pays
D2990   Provisional crown		D3110 Puln can—direct (excluding final restoration) \$ 15.00
D2910 Recement inlay, onlay or veneer \$ 15.00 D2915 Recement cast or prefabricated post and core no charge D2920 Recement crown. D2930 Recement crown. D2931 Prefabricated stainless steel crown—primary tooth \$ 75.00 D2931 Prefabricated stainless steel crown—permanent tooth \$ 25.00 D2932 Prefabricated stainless steel crown with resin window \$ 50.00 D2933 Prefabricated stainless steel crown with resin window \$ 50.00 D2934 Prefabricated stainless steel crown with resin window \$ 50.00 D2935 Prefabricated esthetic coated stainless steel D2936 Prefabricated esthetic coated stainless steel D2937 Core buildup, including any pins. D2938 Society of the retention—per tooth, in addition to restoration \$ 15.00 D2935 Pach additional cast post—same tooth D2935 Pach additional prefabricated post—same tooth D2940 Labial veneer (resin laminate)—chainside \$ 250.00 D2940 Labial veneer (resin laminate)—laboratory \$ 330.00 D2940 Crown repair. D2940 Cr		D3120 Pulp cap—indirect (excluding final restoration) \$ 10.00
D2926 Recement cast or prefabricated post and core		
D2930 Recement crown. \$ 15.00 D2931 Prefabricated stainless steel crown—permanent tooth \$ 25.00 D2932 Prefabricated stainless steel crown—mermanent tooth \$ 25.00 D2933 Prefabricated resin crown \$ 50.00 D2934 Prefabricated estainless steel crown with resin window \$ 50.00 D2935 Prefabricated estainless steel crown with resin window \$ 50.00 D2951 Prin retention—per tooth, in addition to restoration \$ 15.00 D2955 Core buildup, including any pins \$ 50.00 D2951 Prin retention—per tooth, in addition to restoration \$ 15.00 D2955 Teach additional cast post—same tooth \$ 100.00 D2951 Prin retention—per tooth, in addition to crown \$ 95.00 D2955 Post removal. \$ 10.00 D2955 Post removal. \$ 10.00 D2956 Labial veneer (resin laminate)—laboratory \$ 350.00 D2961* Corvon repair. no charge partial denture entainer. \$ 90.00 D2962 Prefabricated post and core in addition to fixed partial denture retainer. base metal post \$ 95.00 D6970 Prefabricated post and core in addition to fixed partial denture retainer. base metal post \$ 95.00 D6971 Each additional cast post—same tooth \$ 80.00 D6972 Feach additional cast post—same tooth \$ 80.00 D6973 Each additional prefabricated post—same tooth \$ 80.00 D6974 Prontic—cast high noble metal. \$ 270.00 D6211* Pontic—cast high noble metal. \$ 270.00 D6212* Pontic—cast high noble metal. \$ 270.00 D6211* Pontic—cast high noble metal. \$ 270.00 D6212* Pontic—cast high noble metal. \$ 270.00 D6211* Pontic—cast high noble metal. \$ 270.00 D6212* Pontic—cast high noble metal. \$ 270.00 D6212* Pontic—cast high noble metal. \$ 270.00 D6214* Pontic—cast high noble metal. \$ 270.00 D6216* Pontic—cast high noble metal. \$ 270.00 D6218* Pontic—cast high noble metal. \$ 27	D2915 Recement cast or prefabricated post and coreno charge	
D2939 Prefabricated stainless steel crown—permanent tools. § 25.00 b	D2920 Recement crown\$ 15.00	
D2931 Prefabricated stainless steel crown—permanent tooth. \$ 25.00   D2932 Prefabricated stainless steel crown with resin window \$ 50.00   D2933 Prefabricated stainless steel crown with resin window \$ 50.00   D2954 Prefabricated esthetic coated stainless steel crown—primary tooth \$ 50.00   D2955 Core buildup, including any pins \$ 50.00   D2951 Pin retention—per tooth, in addition to restoration \$ 15.00   D2952 Star post and core in addition to crown \$ 95.00   D2953* Each additional cast post—same tooth, base metal post \$ 50.00   D2955 Post removal. \$ 10.00   D2961 Labial veneer (resin laminate)—chairside \$ 250.00   D2961 Labial veneer (resin laminate)—laboratory \$ 350.00   D2961* Labial veneer (resin laminate)—laboratory \$ 350.00   D2962* Labial veneer (resin laminate)—laboratory \$ 350.00   D2963* Each additional prefabricated post—same tooth, base metal post \$ 50.00   D29640 Stress breaker \$ 150.00   D29690 Core peaker \$ 50.00   D29690 Core buildup, including any pins \$ 50.00   D29690 Core transported by the provided by	D2930 Prefabricated stainless steel crown—primary tooth \$ 75.00	
D2932 Prefabricated estin crown (\$ 50.00   D2933 Prefabricated estinless steel crown with resin window \$ 50.00   D2934 Prefabricated esthetic coated stainless steel crown—primary tooth (\$ 50.00   D2955 Core buildup, including any pins. \$ 50.00   D2951 Pin retention—per tooth, in addition to restoration. \$ 15.00   D2952 Rach additional cast post—same tooth (\$ 10.00   D2953 Post removal. \$ 10.00   D2955 Post removal. \$ 10.00   D2956 Labial veneer (resin laminate)—laboratory (\$ 350.00   D2956 Labial veneer (resin laminate)—laboratory (\$ 350.00   D2957 Lach additional prefabricated post—same tooth, base metal post (\$ 250.00   D2961 * Labial veneer (prosin laminate)—laboratory (\$ 350.00   D2960 Labial veneer (prosin laminate)—laboratory (\$ 350.00   D2961 * Labial veneer (prosin laminate)—laboratory (\$ 350.00   D2960 Crown repair. (\$ 50.00   D2960 Crown repair. (\$ 50.00   D6970 * Cast post and core in addition to fixed partial denture retainer. \$ 90.00   D6970 * Cast post and core in addition to fixed partial denture retainer bear (\$ 50.00   D29670 * Cast post and core in addition to fixed partial denture retainer bear (\$ 50.00   D6970 * Cast post and core in addition to fixed partial denture retainer bear (\$ 50.00   D2970 * Prefabricated post and core in addition to fixed partial denture retainer bear (\$ 50.00   D6970 * Cast post and core in addition to fixed partial denture retainer bear (\$ 50.00   D6970 * Cast post and core in addition to fixed partial denture retainer bear (\$ 50.00   D6970 * Cast post and core in addition to fixed partial denture retainer bear (\$ 50.00   D2961 * Labial veneer		
P2939 Prefabricated stainless steel crown with resin window \$ 50.00 P2930 Core buildup, including any pins. \$ 50.00 P2951 Pin retention—per tooth, in addition to restoration. \$ 15.00 P2952 * Cast post and core in addition to crown \$ 95.00 P2953 Prefabricated post and core in addition to crown \$ 95.00 P2954 Prefabricated post and core in addition to crown \$ 85.00 P2955 Post removal. \$ 10.00 P2957 Post removal. \$ 10.00 P2958 Post removal. \$ 10.00 P2959 Post removal. \$ 10.00 P2960 Labial veneer (resin laminate)—chainside \$ 250.00 P2961 Labial veneer (resin laminate)—aboratory. \$ 300.00 P2961* Labial veneer (resin laminate)—aboratory. \$ 300.00 P2961 Labial veneer (resin laminate)—aboratory. \$ 300.00 P2961 Labial veneer (resin laminate)—shoratory. \$ 350.00 P2961 Labial veneer (per crown existing partial denture. \$ 50.00 P2969 Precision attachment. \$ 150.00 P2969 Precision attachment. \$ 150.00 P29690 Precision attachment. \$ 150.00 P29697 Each additional prefabricated post and core in addition to fixed partial denture retainer, base metal post \$ 95.00 P2961 Each additional precedure—new crown existing partial denture. \$ 90.00 P2961 Precision attachment. \$ 150.00 P2961 Each additional precedure—new crown existing partial denture. \$ 90.00 P2961 Each additional prefabricated post and core in addition to fixed partial denture retainer, base metal post \$ 95.00 P29690 Each post and core in addition to fixed partial denture retainer, base metal post \$ 95.00 P2970 Precision attachment. \$ 195.00 P2970 Precision attachment. \$ 10.00 P2970 Pack and dollion to fixed partial denture retainer, base metal post \$ 95.00 P2971 Pack and core, in addition to fixed partial denture retainer, base metal post \$ 95.00 P2972 Prefabricated post and core in addition to fixed partial denture retainer, base metal post \$ 95.00 P2973 Pack and core, in addition to fixed partial denture retainer \$ 90.00 P2974 Each additional prefabricated post—same tooth \$ 80.00 P2975 Posthodontics (fixed) P2976 Pack and additional prefabricated post—same tooth \$ 80.00		
crown—primary tooth \$50.00 D2951 Core buildup, including any pins \$50.00 D2951 Pin retention—per tooth, in addition to restoration \$50.00 D2952 Cast post and core in addition to crown \$95.00 D2953 Each additional cast post—same tooth \$100.00 D2954 Prefabricated post and core in addition to crown \$85.00 D2955 Post removal. \$10.00 D2956 Pack additional prefabricated post—same tooth, base metal post \$10.00 D2957 Each additional prefabricated post—same tooth, base metal post \$10.00 D2958 D2960 Precision attachment. \$10.00 D2961 Labial veneer (resin laminate)—laboratory \$300.00 D2962 Labial veneer (procelain laminate)—laboratory \$350.00 D2971 Additional procedure—new crown existing partial denture existing partial denture \$50.00 D2980 Precision attachment. \$150.00 D6970 Cost post and core in addition to fixed partial denture retainer. \$90.00 D6970 Cost post and core in addition to fixed partial denture retainer. \$90.00 D6971 Fach additional prefabricated post—same tooth \$80.00 D6970 Fosthodontics (fixed)  Prosthodontics (fixed)  replacement limited to every five years, adjustments once per year) member pays D6211 * Pontic—cast high noble metal. \$270.00 D6212 * Pontic—cast noble metal \$270.00 D6241 * Pontic—cast noble metal \$270.00		
D2950 Core buildup, including any pins \$ 50.00 D2951 Pin retention—per tooth, in addition to crown \$ 15.00 D2952* Cast post and core in addition to crown \$ 59.00 D2953* Each additional prefabricated post—asme tooth \$ 100.00 D2953* Post removal. D2954 Prefabricated post and core in addition to crown \$ 85.00 D2955 Post removal. D2957 Each additional prefabricated post—asme tooth, base metal post \$ 55.00 D2958* Labial veneer (resin laminate)—chainside \$ 5250.00 D2961* Labial veneer (resin laminate)—laboratory \$ 330.00 D2961* Labial veneer (porcelain laminate)—laboratory \$ 335.00 D2962* Labial veneer (porcelain laminate)—laboratory \$ 3350.00 D2962* Labial veneer (porcelain laminate)—laboratory \$ 3350.00 D2962* Labial veneer (porcelain laminate)—laboratory \$ 350.00 D2963* Prefixed post—a concept vene verown existing partial denture \$ 50.00 D2964* Crown repair. no charge D6940 Stress breaker \$ 5150.00 D6970* Cast post and core in addition to fixed partial denture retainer, base metal post \$ 50.00 D6970* Each additional cast post—same tooth \$ 80.00 D6970* Each additional cast post—same tooth \$ 80.00 D6970* Each additional prefabricated post—asme tooth \$ 80.00 D6970* Each additional prefabricated post—same tooth \$ 80.00 D6970* Each addi		D3310 Root canal therapy—anterior
D2951 Pin retention—per tooth, in addition to restoration \$ 15.00 D2952 Cast post and core in addition to crown \$ 95.00 D2953 Fach additional cast post—same tooth \$ 100.00 D2954 Prefabricated post and core in addition to crown \$ 85.00 D2955 Each additional prefabricated post—same tooth \$ 10.00 D2957 Each additional prefabricated post—same tooth, base metal post \$ 10.00 D2961 Labial veneer (resin laminate)—laboratory \$ 250.00 D2961* Coven repair \$	D2934 Prefabricated esthetic coated stainless steel	
D2952* Cast post and core in addition to crown   \$ 95.00	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration)\$110.00 D3320 Root canal therapy—bicuspid
D2953* Each additional cast post—same tooth \$100.00 D2954 Prefabricated post and core in addition to crown \$85.00 D2955 Post removal \$10.00 D2967 Each additional prefabricated post—same tooth, base metal post \$35.00 D2961 Labial veneer (resin laminate)—chairside \$250.00 D2961* Labial veneer (resin laminate)—laboratory \$300.00 D2961* Labial veneer (resin laminate)—laboratory \$350.00 D2961* Additional procedure—new crown existing partial denture partial denture retainer \$150.00 D6970 Frecision attachment \$150.00 D6970 Prefabricated post and core in addition to fixed partial denture retainer \$90.00 D6976* Each additional cast post—same tooth \$80.00 D6976* Each additional procedure—new crown exist \$95.00 D6976* Each additional procedure—same tooth \$80.00 D6970 Frefabricated post and core in addition to \$85.00 D6970 Frefabricated post and core in addition to fixed partial denture retainer, base metal post \$95.00 D6970 Frefabricated post and core in addition to fixed partial denture retainer, base metal post \$95.00 D6970 Frefabricated post and core in addition to \$80.00 D6970 Frefabricated post and core in addition to \$90.00 D6970 Frefabricated post and core in addition to \$90.00 D6970 Frefabricated post and core in addition to \$90.00 D6970 Frefabricated post and core in addition to \$90.00 D6970 Frefabricated post and core in addition to \$90.00 D6970 Frefabricated post and core in addition to \$90.00 D6970 Frefabricated post and core in addition to \$90.00 D6970 Frefabricated post and core in addition to \$90.00 D6970 Frefabricated post and core in addition to \$90.00 D6970 Frefabricated post and core in addition to \$90.00 D6970 Frefabricated post and core in addition to \$90.00 D6970 Frefabricated post and core in addition to \$90.00 D6970 Frefabricated post and core in addition to \$90.00 D6970 Frefabricated post and core in addition to \$90.00 D6970 Frefabricated post and core in addition to \$90.00 D6970 Frefabricated post and core in addition to \$90.00 D6970 Frefabricated post and core in addition to \$90.00 D6970 Frefabr	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration)\$110.00 D3320 Root canal therapy—bicuspid
D2954 Prefabricated post and core in addition to crown \$ 85.00 D2955 Post removal. \$ 10.00 D2957 Each additional prefabricated post—same tooth, base metal post \$ 35.00 D2960 Labial veneer (resin laminate)—laboratory \$ 300.00 D2961* Labial veneer (special in laminate)—laboratory \$ 300.00 D2962* Labial veneer (porcelain laminate)—laboratory \$ 350.00 D2961* Additional procedure—new crown existing partial denture — \$ 50.00 D2980 Crown repair. no charge D6940 Stress breaker \$ 150.00 D6970 Precision attachment. \$ 195.00 D6970 Prefabricated post and core in addition to fixed partial denture retainer, base metal post \$ 90.00 D6977 Each additional prefabricated post—same tooth \$ 80.00 D6976 Each additional prefabricated post—same tooth \$ 80.00 D6977 Each additional prefabricated post—same tooth \$ 80.00 D6976 Prosthodontics (fixed)  Prosthodontics (fixed)  (replacement limited to every five years, adjustments once per year) D6210* Pontic—cast hoble metal \$ 270.00 D6211* Pontic—cast noble metal \$ 270.00 D6240* Pontic—porcelain fused to high noble metal \$ 270.00 D6241* Pontic—cast noble metal \$ 270.00 D6241* Pontic—porcelain fused to high noble metal \$ 270.00 D6241* Pontic—porcelain fused to predominantly base metal \$ 270.00 D6241* Pontic—cast noble metal \$ 270.00 D6241* Pontic—cast noble metal \$ 270.00 D6241* Pontic—cast noble metal \$ 270.00 D6241* Pontic—porcelain fused to predominantly base metal \$ 270.00 D6241* Pontic—porcelain fused to predominantly base metal \$ 270.00 D6241* Pontic—porcelain fused to predominantly base metal \$ 270.00 D6241* Pontic—porcelain fused to predominantly base metal \$ 270.00 D6241* Pontic—porcelain fused to predominantly base metal \$ 270.00 D6241* Pontic—porcelain fused to predominantly base metal \$ 270.00 D6241* Pontic—porcelain fused to predominantly base metal \$ 270.00 D6241* Pontic—porcelain	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration)\$110.00 D3320 Root canal therapy—bicuspid (excluding final restoration)\$195.00 D3330 Root canal therapy—molar
D2955 Post removal	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration)
D2957 Each additional prefabricated post—same tooth, base metal post \$ 35.00   D3351   Internal root repair of perforation defects \$ 90.00   D3351   Apexification/recalcification—initial visit \$ 90.00   D3351   Apexification/recalcification—interim \$ 80.00   D3352   Apexification/recalcification—initial visit \$ 90.00   D3353   Apexification/recalcification—initial visit \$ 90.00   D3353   Apexification/recalcification—interim \$ 80.00   D3450   Apicoectomy/periradicular surgery—anterior \$ 135.00   D3451   Apicoectomy/periradicular surgery—materior \$ 135.00   D3451   Apicoectomy/periradicular surgery—molar (first root) \$ 120.00   D3450   Apicoectomy/periradicul	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration)
base metal post	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration)\$110.00D3320Root canal therapy—bicuspid (excluding final restoration)\$195.00D3330Root canal therapy—molar (excluding final restoration)\$250.00D3331Treatment of root canal obstruction—non-surgical access\$80.00
D2960 Labial veneer (resin laminate)—chairside \$250.00 D2961* Labial veneer (resin laminate)—laboratory \$300.00 D2962* Labial veneer (porcelain laminate)—laboratory \$350.00 D3552 Apexification/recalcification—interim \$80.00 D352 Apexification/recalcification—interim \$80.00 D353 Apexification/recalcification—interim \$80.00 D353 Apexification/recalcification—interim \$80.00 D3450 Apicoectomy/periadicular surgery—bicuspid (lifest root)\$120.00 D3450 Apicoectomy/periadicular surgery—bicuspid (lifest root)\$120.00 D3450 Apicoectomy/periadicular surgery—bicuspid (lifest root)\$120.00 D3450 Apicoectomy/periadicular surgery—bi	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration)\$110.00D3320Root canal therapy—bicuspid (excluding final restoration)\$195.00D3330Root canal therapy—molar (excluding final restoration)\$250.00D3331Treatment of root canal obstruction—non-surgical access\$80.00D3332Incomplete endodontic therapy—inoperable or
D2961* Labial veneer (resin laminate)—laboratory. \$300.00 D2962* Labial veneer (porcelain laminate)—laboratory \$350.00 D2971 Additional procedure—new crown existing partial denture. \$50.00 D2980 Crown repair	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration)     \$110.00       D3320     Root canal therapy—bicuspid (excluding final restoration)     \$195.00       D3330     Root canal therapy—molar (excluding final restoration)     \$250.00       D3331     Treatment of root canal obstruction—non-surgical access     \$80.00       D3332     Incomplete endodontic therapy—inoperable or fractured tooth     \$80.00
D2962* Labial veneer (porcelain laminate)—laboratory \$350.00 D2971 Additional procedure—new crown existing partial denture	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration)     \$110.00       D3320     Root canal therapy—bicuspid (excluding final restoration)     \$195.00       D3330     Root canal therapy—molar (excluding final restoration)     \$250.00       D3331     Treatment of root canal obstruction—non-surgical access     \$80.00       D3332     Incomplete endodontic therapy—inoperable or fractured tooth     \$80.00       D3333     Internal root repair of perforation defects     \$90.00
D2971 Additional procedure—new crown existing partial denture	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration)     \$110.00       D3320     Root canal therapy—bicuspid (excluding final restoration)     \$195.00       D3330     Root canal therapy—molar (excluding final restoration)     \$250.00       D3331     Treatment of root canal obstruction—non-surgical access     \$80.00       D3332     Incomplete endodontic therapy—inoperable or fractured tooth     \$80.00       D3333     Internal root repair of perforation defects     \$90.00       D3351     Apexification/recalcification—initial visit     \$90.00
partial denture\$ 50.00 D2980 Crown repairno charge D6940 Stress breaker\$150.00 D6950 Precision attachment\$195.00 D6970 **Cast post and core, in addition to fixed partial denture retainer\$90.00 D6972 Prefabricated post and core in addition to fixed partial denture retainer, base metal post\$95.00 D6976 **Each additional cast post—same tooth\$80.00 D6977 Each additional prefabricated post—same tooth\$80.00 D7978 **Each additional prefabricated post—same tooth\$80.00 D6977 Each additional prefabricated post—same tooth\$80.00 D7970 **Prosthodontics (fixed)  Prosthodontics (fixed)  (replacement limited to every five years, adjustments once per year) member pays D6210 **Pontic—cast high noble metal\$270.00 D6211 Pontic—cast predominantly base metal\$270.00 D6241 Pontic—porcelain fused to high noble metal\$270.00 D6241 Pontic—porcelain fused to predominantly base metal \$270.00 D6241 Pontic—	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration)     \$110.00       D3320     Root canal therapy—bicuspid (excluding final restoration)     \$195.00       D3330     Root canal therapy—molar (excluding final restoration)     \$250.00       D3331     Treatment of root canal obstruction—non-surgical access     \$80.00       D3332     Incomplete endodontic therapy—inoperable or fractured tooth     \$80.00       D3333     Internal root repair of perforation defects     \$90.00       D3351     Apexification/recalcification—initial visit     \$90.00       D3352     Apexification/recalcification—interim     \$80.00
D2980 Crown repair	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration)     \$110.00       D3320     Root canal therapy—bicuspid (excluding final restoration)     \$195.00       D3330     Root canal therapy—molar (excluding final restoration)     \$250.00       D3331     Treatment of root canal obstruction—non-surgical access     \$80.00       D3332     Incomplete endodontic therapy—inoperable or fractured tooth     \$80.00       D3333     Internal root repair of perforation defects     \$90.00       D3351     Apexification/recalcification—initial visit     \$90.00       D3352     Apexification/recalcification—interim     \$80.00       D3353     Apexification/recalcification—interim     \$90.00       D3353     Apexification/recalcification—final visit     \$90.00
D6940 Stress breaker	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration)       \$110.00         D3320       Root canal therapy—bicuspid (excluding final restoration)       \$195.00         D3330       Root canal therapy—molar (excluding final restoration)       \$250.00         D3331       Treatment of root canal obstruction—non-surgical access       \$80.00         D3332       Incomplete endodontic therapy—inoperable or fractured tooth       \$80.00         D3333       Internal root repair of perforation defects       \$90.00         D3351       Apexification/recalcification—initial visit       \$90.00         D3352       Apexification/recalcification—interim       \$80.00         D3353       Apexification/recalcification—final visit       \$90.00         D3353       Apexification/recalcification—final visit       \$90.00         D3410       Apicoectomy/periradicular surgery—anterior       \$135.00
D6950 Precision attachment. \$195.00 D6970* Cast post and core, in addition to fixed partial denture retainer. \$90.00 D6972 Prefabricated post and core in addition to fixed partial denture retainer, base metal post \$95.00 D6976* Each additional cast post—same tooth \$80.00 D6977 Each additional prefabricated post—same tooth \$80.00 D6978 Each additional prefabricated post—same tooth \$80.00 D6979 Each additional prefabricated post—same tooth \$80.00 D6970 Prosthodontics (fixed)  (replacement limited to every five years, adjustments once per year) member pays D6210* Pontic—cast high noble metal \$270.00 D6241 Pontic—cast noble metal \$270.00 D6241 Pontic—porcelain fused to high noble metal \$270.00 D6241 Pontic—porcelain fused to predominantly base metal \$270.00	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth \$50.00 D2950 Core buildup, including any pins \$50.00 D2951 Pin retention—per tooth, in addition to restoration \$15.00 D2952* Cast post and core in addition to crown \$95.00 D2953* Each additional cast post—same tooth \$100.00 D2954 Prefabricated post and core in addition to crown \$85.00 D2955 Post removal \$10.00 D2957 Each additional prefabricated post—same tooth, base metal post \$35.00 D2960 Labial veneer (resin laminate)—chairside \$250.00 D2961* Labial veneer (resin laminate)—laboratory \$300.00 D2962* Labial veneer (porcelain laminate)—laboratory \$35.00 D2971 Additional procedure—new crown existing partial denture \$50.00	(excluding final restoration)     \$110.00       D3320     Root canal therapy—bicuspid (excluding final restoration)     \$195.00       D3330     Root canal therapy—molar (excluding final restoration)     \$250.00       D3331     Treatment of root canal obstruction—non-surgical access     \$80.00       D3332     Incomplete endodontic therapy—inoperable or fractured tooth     \$80.00       D3333     Internal root repair of perforation defects     \$90.00       D3351     Apexification/recalcification—initial visit     \$90.00       D3352     Apexification/recalcification—interim     \$80.00       D3353     Apexification/recalcification—final visit     \$90.00       D3410     Apicoectomy/periradicular surgery—anterior     \$135.00       D3421     Apicoectomy/periradicular surgery—bicuspid (first root)\$120.00
D6970* Cast post and core, in addition to fixed partial denture retainer	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration). \$110.00 D3320 Root canal therapy—bicuspid (excluding final restoration). \$195.00 D3330 Root canal therapy—molar (excluding final restoration). \$250.00 D3331 Treatment of root canal obstruction—non-surgical access. \$80.00 D3332 Incomplete endodontic therapy—inoperable or fractured tooth. \$80.00 D3333 Internal root repair of perforation defects \$90.00 D3351 Apexification/recalcification—initial visit \$90.00 D3352 Apexification/recalcification—interim \$80.00 D3353 Apexification/recalcification—final visit \$90.00 D3354 Apicoectomy/periradicular surgery—anterior. \$135.00 D3410 Apicoectomy/periradicular surgery—bicuspid (first root) \$120.00 D3425 Apicoectomy/periradicular surgery—molar (first root) \$120.00
denture retainer	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth \$50.00 D2950 Core buildup, including any pins \$50.00 D2951 Pin retention—per tooth, in addition to restoration \$15.00 D2952* Cast post and core in addition to crown \$95.00 D2953* Each additional cast post—same tooth \$100.00 D2954 Prefabricated post and core in addition to crown \$85.00 D2955 Post removal \$10.00 D2957 Each additional prefabricated post—same tooth, base metal post \$35.00 D2960 Labial veneer (resin laminate)—chairside \$250.00 D2961* Labial veneer (resin laminate)—laboratory \$300.00 D2962* Labial veneer (porcelain laminate)—laboratory \$350.00 D2971 Additional procedure—new crown existing partial denture \$50.00 D2980 Crown repair no charge D6940 Stress breaker \$150.00	(excluding final restoration). \$110.00  D3320 Root canal therapy—bicuspid (excluding final restoration). \$195.00  D3330 Root canal therapy—molar (excluding final restoration). \$250.00  D3331 Treatment of root canal obstruction—non-surgical access. \$80.00  D3332 Incomplete endodontic therapy—inoperable or fractured tooth. \$80.00  D3333 Internal root repair of perforation defects. \$90.00  D3351 Apexification/recalcification—initial visit. \$90.00  D3352 Apexification/recalcification—interim. \$80.00  D3353 Apexification/recalcification—interim. \$80.00  D3410 Apicoectomy/periradicular surgery—anterior. \$135.00  D3421 Apicoectomy/periradicular surgery—bicuspid (first root) \$120.00  D3426 Apicoectomy/periradicular surgery—molar (first root) .\$120.00  D3426 Apicoectomy/periradicular surgery—molar (first root) .\$120.00
Prefabricated post and core in addition to fixed partial denture retainer, base metal post \$ 95.00 D6976 * Each additional cast post—same tooth \$ 80.00 D6977 * Each additional prefabricated post—same tooth \$ 80.00 D6978 * Each additional prefabricated post—same tooth \$ 80.00 D6979 * Each additional prefabricated post—same tooth \$ 80.00 D7990 * Root canal prepare and fit preformed dowel/post . \$ 15.00  Prosthodontics (fixed)  (replacement limited to every five years, adjustments once per year) * member pays*  D6210 * Pontic—cast high noble metal \$270.00 D6211 * Pontic—cast predominantly base metal \$270.00 D6212 * Pontic—cast noble metal \$270.00 D6210 * Pontic—cast noble metal \$270.00 D6211 * Pontic—cast noble metal \$270.00 D6212 * Pontic—cast noble metal \$270.00 D6214 * Pontic—porcelain fused to high noble metal \$270.00 D6240 * Pontic—porcelain fused to predominantly base metal \$270.00  D6241 * Pontic—porcelain fused to predominantly base metal \$270.00  D6241 * Pontic—porcelain fused to predominantly base metal \$270.00  D6241 * Pontic—porcelain fused to predominantly base metal \$270.00  D6240 * Pontic—porcelain fused to predominantly base metal \$270.00  D6241 * Pontic—porcelain fused to predominantly base metal \$270.00	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration). \$110.00  D3320 Root canal therapy—bicuspid (excluding final restoration). \$195.00  D3330 Root canal therapy—molar (excluding final restoration). \$250.00  D3331 Treatment of root canal obstruction—non-surgical access. \$80.00  D3332 Incomplete endodontic therapy—inoperable or fractured tooth. \$80.00  D3333 Internal root repair of perforation defects. \$90.00  D3351 Apexification/recalcification—initial visit. \$90.00  D3352 Apexification/recalcification—interim. \$80.00  D3353 Apexification/recalcification—interim. \$90.00  D3410 Apicoectomy/periradicular surgery—anterior. \$135.00  D3421 Apicoectomy/periradicular surgery—bicuspid (first root) \$120.00  D3425 Apicoectomy/periradicular surgery—molar (first root)  D3426 Apicoectomy/periradicular surgery (each additional root). \$60.00
denture retainer, base metal post	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration). \$110.00  D3320 Root canal therapy—bicuspid (excluding final restoration). \$195.00  D3330 Root canal therapy—molar (excluding final restoration). \$250.00  D3331 Treatment of root canal obstruction—non-surgical access. \$80.00  D3332 Incomplete endodontic therapy—inoperable or fractured tooth. \$80.00  D3333 Internal root repair of perforation defects. \$90.00  D3351 Apexification/recalcification—initial visit. \$90.00  D3352 Apexification/recalcification—interim. \$80.00  D3353 Apexification/recalcification—interim. \$80.00  D3410 Apicoectomy/periradicular surgery—anterior. \$135.00  D3421 Apicoectomy/periradicular surgery—bicuspid (first root) \$120.00  D3425 Apicoectomy/periradicular surgery—molar (first root) \$120.00  D3426 Apicoectomy/periradicular surgery (each additional root). \$60.00  D3430 Retrograde filling—per root. \$40.00
D6976 * Each additional cast post—same tooth\$ 80.00 D6977 Each additional prefabricated post—same tooth\$ 80.00  Prosthodontics (fixed)  (replacement limited to every five years, adjustments once per year) member pays  D6210 * Pontic—cast high noble metal	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration). \$110.00  D3320 Root canal therapy—bicuspid (excluding final restoration). \$195.00  D3330 Root canal therapy—molar (excluding final restoration). \$250.00  D3331 Treatment of root canal obstruction—non-surgical access. \$80.00  D3332 Incomplete endodontic therapy—inoperable or fractured tooth. \$80.00  D3333 Internal root repair of perforation defects. \$90.00  D3351 Apexification/recalcification—initial visit. \$90.00  D3352 Apexification/recalcification—interim. \$80.00  D3353 Apexification/recalcification—final visit. \$90.00  D3410 Apicoectomy/periradicular surgery—anterior. \$135.00  D3421 Apicoectomy/periradicular surgery—bicuspid (first root) \$120.00  D3425 Apicoectomy/periradicular surgery—molar (first root) D3426 Apicoectomy/periradicular surgery (each additional root). \$60.00  D3430 Retrograde filling—per root (not covered in conjunction
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year) member pays  D6210* Pontic—cast high noble metal. \$270.00 D6211 Pontic—cast predominantly base metal \$270.00 D6212* Pontic—cast noble metal \$270.00 D6240* Pontic—porcelain fused to high noble metal \$270.00 D6241 Pontic—porcelain fused to predominantly base metal \$270.00	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration). \$110.00  D3320 Root canal therapy—bicuspid (excluding final restoration). \$195.00  D3330 Root canal therapy—molar (excluding final restoration). \$250.00  D3331 Treatment of root canal obstruction—non-surgical access. \$80.00  D3332 Incomplete endodontic therapy—inoperable or fractured tooth. \$80.00  D3333 Internal root repair of perforation defects. \$90.00  D3351 Apexification/recalcification—initial visit. \$90.00  D3352 Apexification/recalcification—interim. \$80.00  D3353 Apexification/recalcification—interim. \$80.00  D3354 Apicoectomy/periradicular surgery—anterior. \$135.00  D3410 Apicoectomy/periradicular surgery—bicuspid (first root) \$120.00  D3421 Apicoectomy/periradicular surgery—molar (first root) \$120.00  D3426 Apicoectomy/periradicular surgery (each additional root) \$60.00  D3430 Retrograde filling—per root \$40.00  D3450 Root amputation—per root (not covered in conjunction with procedure D3920). \$95.00
Prosthodontics (fixed)  (replacement limited to every five years, adjustments once per year) member pays  D6210* Pontic—cast high noble metal	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration). \$110.00  D3320 Root canal therapy—bicuspid (excluding final restoration). \$195.00  D3330 Root canal therapy—molar (excluding final restoration). \$250.00  D3331 Treatment of root canal obstruction—non-surgical access. \$80.00  D3332 Incomplete endodontic therapy—inoperable or fractured tooth. \$80.00  D3333 Internal root repair of perforation defects. \$90.00  D3351 Apexification/recalcification—initial visit. \$90.00  D3352 Apexification/recalcification—interim. \$80.00  D3353 Apexification/recalcification—interim. \$80.00  D3354 Apexification/recalcification—final visit. \$90.00  D3410 Apicoectomy/periradicular surgery—anterior. \$135.00  D3421 Apicoectomy/periradicular surgery—bicuspid (first root) \$120.00  D3425 Apicoectomy/periradicular surgery (each additional root). \$60.00  D3430 Retrograde filling—per root (not covered in conjunction with procedure D3920). \$95.00  D3910 Surgical procedure to isolate tooth with rubbed dam. \$20.00
Creplacement limited to every five years, adjustments once per year)   member pays   D4210   Gingivectomy/gingivoplasty—four or more teeth, per quadrant   D4211   Gingivectomy/gingivoplasty—four or more teeth, per quadrant   S270.00   D4211   Gingivectomy/gingivoplasty per tooth—one to   D4211   Gingivectomy/gingivoplasty per tooth—one to   D4210   Gingivectomy/gingivoplasty per tooth—one to   D4211   Gingivectomy/gingivoplasty per tooth—one to   D4210   Gingivectomy/gingiv	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration). \$110.00  D3320 Root canal therapy—bicuspid (excluding final restoration). \$195.00  D3330 Root canal therapy—molar (excluding final restoration). \$250.00  D3331 Treatment of root canal obstruction—non-surgical access. \$80.00  D3332 Incomplete endodontic therapy—inoperable or fractured tooth. \$80.00  D3333 Internal root repair of perforation defects \$90.00  D3351 Apexification/recalcification—initial visit \$90.00  D3352 Apexification/recalcification—interim \$80.00  D3353 Apexification/recalcification—final visit \$90.00  D3410 Apicoectomy/periradicular surgery—anterior. \$135.00  D3411 Apicoectomy/periradicular surgery—bicuspid (first root) \$120.00  D3425 Apicoectomy/periradicular surgery—molar (first root) \$120.00  D3426 Apicoectomy/periradicular surgery—molar (first root) \$120.00  D3430 Retrograde filling—per root \$40.00  D3450 Root amputation—per root (not covered in conjunction with procedure D3920). \$95.00  D3910 Surgical procedure to isolate tooth with rubbed dam \$20.00  D3920 Hemisection not included in root canal therapy. \$90.00
D6210* Pontic—cast high noble metal \$270.00 D6211 Pontic—cast predominantly base metal \$270.00 D6212* Pontic—cast noble metal \$270.00 D6240* Pontic—porcelain fused to high noble metal \$270.00 D6241 Pontic—porcelain fused to predominantly base metal \$270.00 D6240 Pontic—porcelain fused to predominantly base metal \$270.00 D6240 Pontic—porcelain fused to predominantly base metal \$270.00	Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration). \$110.00  D3320 Root canal therapy—bicuspid (excluding final restoration). \$195.00  D3330 Root canal therapy—molar (excluding final restoration). \$250.00  D3331 Treatment of root canal obstruction—non-surgical access. \$80.00  D3332 Incomplete endodontic therapy—inoperable or fractured tooth. \$80.00  D3333 Internal root repair of perforation defects. \$90.00  D3351 Apexification/recalcification—initial visit. \$90.00  D3352 Apexification/recalcification—interim. \$80.00  D3353 Apexification/recalcification—final visit. \$90.00  D3410 Apicoectomy/periradicular surgery—anterior. \$135.00  D3421 Apicoectomy/periradicular surgery—bicuspid (first root) \$120.00  D3425 Apicoectomy/periradicular surgery—molar (first root) \$120.00  D3426 Apicoectomy/periradicular surgery (each additional root). \$60.00  D3430 Retrograde filling—per root. \$40.00  D3450 Root amputation—per root (not covered in conjunction with procedure D3920). \$95.00  D3910 Surgical procedure to isolate tooth with rubbed dam. \$20.00  D3920 Hemisection not included in root canal therapy. \$90.00  D3950 Root canal prepare and fit preformed dowel/post. \$15.00
D6210* Pontic—cast high noble metal	Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration). \$110.00  D3320 Root canal therapy—bicuspid (excluding final restoration). \$195.00  D3330 Root canal therapy—molar (excluding final restoration). \$250.00  D3331 Treatment of root canal obstruction—non-surgical access. \$80.00  D3332 Incomplete endodontic therapy—inoperable or fractured tooth. \$80.00  D3333 Internal root repair of perforation defects. \$90.00  D3351 Apexification/recalcification—initial visit. \$90.00  D3352 Apexification/recalcification—interim. \$80.00  D3353 Apexification/recalcification—final visit. \$90.00  D3410 Apicoectomy/periradicular surgery—anterior. \$135.00  D3421 Apicoectomy/periradicular surgery—bicuspid (first root) \$120.00  D3425 Apicoectomy/periradicular surgery—molar (first root) \$120.00  D3426 Apicoectomy/periradicular surgery (each additional root). \$60.00  D3430 Retrograde filling—per root. \$40.00  D3450 Root amputation—per root (not covered in conjunction with procedure D3920). \$95.00  D3910 Surgical procedure to isolate tooth with rubbed dam. \$20.00  D3920 Hemisection not included in root canal therapy. \$90.00  D3950 Root canal prepare and fit preformed dowel/post. \$15.00
D6212* Pontic—cast noble metal	Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration). \$110.00  D3320 Root canal therapy—bicuspid (excluding final restoration). \$195.00  D3330 Root canal therapy—molar (excluding final restoration). \$250.00  D3331 Treatment of root canal obstruction—non-surgical access. \$80.00  D3332 Incomplete endodontic therapy—inoperable or fractured tooth. \$80.00  D3333 Internal root repair of perforation defects. \$90.00  D3351 Apexification/recalcification—initial visit. \$90.00  D3352 Apexification/recalcification—interim. \$80.00  D3353 Apexification/recalcification—interim. \$80.00  D3410 Apicoectomy/periradicular surgery—anterior. \$135.00  D3421 Apicoectomy/periradicular surgery—bicuspid (first root) \$120.00  D3425 Apicoectomy/periradicular surgery—molar (first root) \$120.00  D3426 Apicoectomy/periradicular surgery (each additional root). \$60.00  D3430 Retrograde filling—per root. \$40.00  D3450 Root amputation—per root (not covered in conjunction with procedure D3920). \$95.00  D3910 Surgical procedure to isolate tooth with rubbed dam. \$20.00  D3920 Hemisection not included in root canal therapy. \$90.00  D3950 Root canal prepare and fit preformed dowel/post. \$15.00
D6212* Pontic—cast noble metal\$270.00 three teeth, per quadrant\$55.00 D6240* Pontic—porcelain fused to high noble metal\$270.00 D4240 Gingival flap, including root planing—four or more teeth, per quadrant\$150.00	D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration)\$110.00D3320Root canal therapy—bicuspid (excluding final restoration)\$195.00D3330Root canal therapy—molar (excluding final restoration)\$250.00D3331Treatment of root canal obstruction—non-surgical access\$80.00D3332Incomplete endodontic therapy—inoperable or fractured tooth\$80.00D3333Internal root repair of perforation defects\$90.00D3351Apexification/recalcification—initial visit\$90.00D3352Apexification/recalcification—interim\$80.00D3353Apexification/recalcification—final visit\$90.00D3410Apicoectomy/periradicular surgery—anterior\$135.00D3421Apicoectomy/periradicular surgery—bicuspid (first root) \$120.00D3425Apicoectomy/periradicular surgery (each additional root)\$60.00D3430Retrograde filling—per root\$40.00D3450Root amputation—per root (not covered in conjunction with procedure D3920)\$95.00D3910Surgical procedure to isolate tooth with rubbed dam\$20.00D3920Hemisection not included in root canal therapy\$90.00D3950Root canal prepare and fit preformed dowel/post\$15.00Periodontics (gum treatment)member paysD4210Gingivectomy/gingivoplasty—four or more teeth, per quadrant\$120.00
D6241 Pontic—porcelain fused to predominantly base metal \$270.00 teeth, per quadrant\$150.00	Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration)\$110.00D3320Root canal therapy—bicuspid (excluding final restoration)\$195.00D3330Root canal therapy—molar (excluding final restoration)\$250.00D3331Treatment of root canal obstruction—non-surgical access\$80.00D3332Incomplete endodontic therapy—inoperable or fractured tooth\$80.00D3333Internal root repair of perforation defects\$90.00D3351Apexification/recalcification—initial visit\$90.00D3352Apexification/recalcification—interim\$80.00D3353Apexification/recalcification—final visit\$90.00D3410Apicoectomy/periradicular surgery—anterior\$135.00D3421Apicoectomy/periradicular surgery—molar (first root) \$120.00D3425Apicoectomy/periradicular surgery (each additional root)\$60.00D3430Retrograde filling—per root\$40.00D3450Root amputation—per root (not covered in conjunction with procedure D3920)\$95.00D3910Surgical procedure to isolate tooth with rubbed dam\$20.00D3920Hemisection not included in root canal therapy\$90.00D3950Root canal prepare and fit preformed dowel/post\$15.00Periodontics (gum treatment)member paysD4210Gingivectomy/gingivoplasty—four or more teeth, per quadrant\$120.00D4211Gingivectomy/gingivoplasty per tooth—one to
	Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration)\$110.00D3320Root canal therapy—bicuspid (excluding final restoration)\$195.00D3330Root canal therapy—molar (excluding final restoration)\$250.00D3331Treatment of root canal obstruction—non-surgical access\$80.00D3332Incomplete endodontic therapy—inoperable or fractured tooth\$80.00D3333Internal root repair of perforation defects\$90.00D3351Apexification/recalcification—initial visit\$90.00D3352Apexification/recalcification—interim\$80.00D3353Apexification/recalcification—final visit\$90.00D3410Apicoectomy/periradicular surgery—anterior\$135.00D3421Apicoectomy/periradicular surgery—bicuspid (first root) \$120.00D3425Apicoectomy/periradicular surgery—molar (first root) \$120.00D3426Apicoectomy/periradicular surgery (each additional root)\$60.00D3430Retrograde filling—per root\$40.00D3450Root amputation—per root (not covered in conjunction with procedure D3920)\$95.00D3910Surgical procedure to isolate tooth with rubbed dam\$20.00D3920Hemisection not included in root canal therapy\$90.00D3950Root canal prepare and fit preformed dowel/post\$15.00Periodontics (gum treatment)member paysD4210Gingivectomy/gingivoplasty—four or more teeth, per quadrant\$120.00D4211Gingivectomy/gingivoplasty per tooth—one to three teeth, per quadrant\$55.00
D6242^ Pontic—porcelain fused to noble metal\$2/0.00	Prefabricated esthetic coated stainless steel crown—primary tooth	(excluding final restoration). \$110.00  D3320 Root canal therapy—bicuspid (excluding final restoration). \$195.00  D3330 Root canal therapy—molar (excluding final restoration). \$250.00  D3331 Treatment of root canal obstruction—non-surgical access. \$80.00  D3332 Incomplete endodontic therapy—inoperable or fractured tooth. \$80.00  D3333 Internal root repair of perforation defects. \$90.00  D3351 Apexification/recalcification—initial visit. \$90.00  D3352 Apexification/recalcification—interim. \$80.00  D3353 Apexification/recalcification—interim. \$80.00  D3410 Apicoectomy/periradicular surgery—anterior. \$135.00  D3421 Apicoectomy/periradicular surgery—bicuspid (first root) \$120.00  D3425 Apicoectomy/periradicular surgery—molar (first root) \$120.00  D3426 Apicoectomy/periradicular surgery (each additional root). \$60.00  D3430 Retrograde filling—per root. \$40.00  D3450 Root amputation—per root (not covered in conjunction with procedure D3920). \$95.00  D3910 Surgical procedure to isolate tooth with rubbed dam. \$20.00  D3920 Hemisection not included in root canal therapy. \$90.00  D3950 Root canal prepare and fit preformed dowel/post. \$15.00  Periodontics (gum treatment) member pays  D4210 Gingivectomy/gingivoplasty—four or more teeth, per quadrant. \$120.00  D4240 Gingival flap, including root planing—four or more
	Prefabricated esthetic coated stainless steel crown—primary tooth \$50.00 D2950 Core buildup, including any pins \$50.00 D2951 Pin retention—per tooth, in addition to restoration \$15.00 D2952* Cast post and core in addition to crown \$95.00 D2953* Each additional cast post—same tooth \$100.00 D2954 Prefabricated post and core in addition to crown \$85.00 D2955 Post removal \$10.00 D2957 Each additional prefabricated post—same tooth, base metal post \$35.00 D2960 Labial veneer (resin laminate)—chairside \$250.00 D2961* Labial veneer (resin laminate)—laboratory \$300.00 D2962* Labial veneer (porcelain laminate)—laboratory \$350.00 D2962* Labial veneer (porcelain laminate)—laboratory \$350.00 D2961* Additional procedure—new crown existing partial denture \$50.00 D2980 Crown repair \$50.00 D2980 Precision attachment \$150.00 D6950 Precision attachment \$195.00 D6970* Cast post and core, in addition to fixed partial denture retainer \$90.00 D6970* Prefabricated post and core in addition to fixed partial denture retainer, base metal post \$95.00 D6976* Each additional cast post—same tooth \$80.00 D6977 Each additional prefabricated post—same tooth \$80.00 D6978 Each additional prefabricated post—same tooth \$80.00 D6979 Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year) member pays D6210* Pontic—cast high noble metal \$270.00 D6211 Pontic—cast predominantly base metal \$270.00 D6241 Pontic—porcelain fused to high noble metal \$270.00 D6241 Pontic—porcelain fused to predominantly base metal \$270.00	(excluding final restoration). \$110.00  D3320 Root canal therapy—bicuspid (excluding final restoration). \$195.00  D3330 Root canal therapy—molar (excluding final restoration). \$250.00  D3331 Treatment of root canal obstruction—non-surgical access. \$80.00  D3332 Incomplete endodontic therapy—inoperable or fractured tooth. \$80.00  D3333 Internal root repair of perforation defects \$90.00  D3351 Apexification/recalcification—initial visit \$90.00  D3352 Apexification/recalcification—interim \$80.00  D3353 Apexification/recalcification—interim \$80.00  D3410 Apicoectomy/periradicular surgery—anterior \$135.00  D3421 Apicoectomy/periradicular surgery—molar (first root) \$120.00  D3425 Apicoectomy/periradicular surgery—molar (first root) \$120.00  D3426 Apicoectomy/periradicular surgery (each additional root) \$60.00  D3430 Retrograde filling—per root \$40.00  D3450 Root amputation—per root (not covered in conjunction with procedure D3920). \$95.00  D3910 Surgical procedure to isolate tooth with rubbed dam \$20.00  D3920 Hemisection not included in root canal therapy. \$90.00  D3950 Root canal prepare and fit preformed dowel/post \$15.00  Periodontics (gum treatment) member pays  D4210 Gingivectomy/gingivoplasty—four or more teeth, per quadrant \$120.00  D4240 Gingival flap, including root planing—four or more

D4241	Cinaival flam including root planing, and to three	D7472	Demoval of torus polations	¢ 6F 00
D4241	Gingival flap, including root planing—one to three teeth, per quadrant\$120.00	D7472 D7473	Removal of torus palatinus	\$ 65.00
D4245	Apically positioned flap		Surgical reduction of osseous tuberosity	
D4249	Clinical crown lengthening—hard tissue \$150.00		Incision and drainage of abscess—intraoral soft tissue	
D4260	Osseous surgery—four or more teeth or bounded	D7970	Excision hyperplastic tissue—per arch	
	spaces, per quadrant	D7971	Excision of pericoronal gingival	
D4261	Osseous surgery—one to three teeth, per quadrant\$325.00	Donois		_
D4263	Bone replacement graft—first site in quadrant \$180.00	Kepair	rs to prosthetics m	ember pays
D4264	Bone replacement graft—each additional site in		Repair broken complete denture base	
D 4265	quadrant bone	D5520*	Replace missing or broken teeth—complete denture	
D4265	Biological materials which can aid soft and osseous		(each tooth)	
D4266	tissue regeneration		Repair resin denture base	
D4267	Guided tissue regeneration—nonresorbable barrier,		Repair cast framework	
D 1207	per site (includes membrane removal) \$275.00		Replace broken teeth—per tooth	
D4270	Pedicle soft tissue graft procedure\$260.00		Add tooth to existing partial denture	
D4271	Free soft tissue graft procedure (including donor		Replace all teeth and acrylic framework—maxillary .	
	site surgery)		Replace all teeth and acrylic framework—mandibula	
D4273	Subeptithelial connective tissue graft, tooth \$350.00		Rebase complete maxillary denture	
D4274	Distal or proximal wedge procedure		Rebase complete mandibular denture	
D4275	Soft tissue allograft\$380.00		Rebase maxillary partial denture	
D4320 D4321	Provisional splinting—intracoronal		Rebase mandibular partial denture	
D4321	Periodontal scaling and root planing, per quadrant		Reline complete maxillary denture (chairside)	
ודכדט	(a maximum of four quadrants will be paid in any	D5731	Reline complete mandibular denture (chairside) Reline maxillary partial denture (chairside)	
	combinations, per 24 calendar months for procedures		Reline mandibular partial denture (chairside)	
	D4341 and D4342)		Reline complete maxillary denture (laboratory)	
D4342	Periodontal scaling and root planing one to three teeth		Reline complete mandibular denture (laboratory)	
	per quadrant (a maximum of four quadrants will be		Reline maxillary partial denture (laboratory)	
	paid in any combinations, per 24 calendar months for	D5761*	Reline mandibular partial denture (laboratory)	\$ 95.00
D 4255	procedures D4341 and D4342)		Interim complete denture (maxillary)	
D4355	Full mouth debridement to enable comprehensive		Interim complete denture (mandibular)	
D4381	evaluation and diagnosis (once per five calendar years)\$ 50.00 Localized delivery of chemotherapeutic agents (per		Interim partial denture (maxillary)	
D <del>-1</del> 301	tooth) (limited to once per tooth per 12 months to a		Interim partial denture (mandibular)	
	maximum of three tooth sites per quadrant, and		Tissue conditioning, maxillary	
	performed no less than three months following active	D6214*	Pontic titanium	\$270.00
	periodontal therapy)		Pontic—porcelain/ceramic	
D4910	Periodontal maintenance (covered only after active		Pontic—resin with high noble metal	
	periodontal therapy)		Pontic—resin with predominantly base metal	
Extrac	tions/oral and maxillofacial surgery member pays		Pontic—resin with noble metal	
			Provisional pontic	
D7111 D7140	Coronal remnants, deciduous tooth no charge		Retainer—cast metal, resin bonded fixed prosthesis	\$250.00
D7140 D7210	Extraction, erupted tooth or exposed toothno charge Surgical removal of erupted tooth\$ 40.00	D0346	Retainer—porcelain/ceramic, resin bonded fixed prosthesis	\$250.00
D7210	Removal of impacted tooth—soft tissue	D6600*	f Inlay—porcelain/ceramic, two surfaces	
D7230	Removal of impacted tooth—partially bony \$ 70.00	D6601*	f Inlay—porcelain/ceramic, three or more surfaces	\$270.00
D7240	Removal of impacted tooth—completely bony \$ 85.00	D6602*	Inlay—cast high noble metal, two surfaces	\$270.00
D7241	Removal of impacted tooth—completely bony,	D6603*	finlay—cast high noble metal, three or more surfaces	\$270.00
	unusual complications by report		Inlay—cast predominantly base metal, two surfaces	\$270.00
D7250	Surgical removal of residual tooth roots \$ 40.00	D6605	Inlay—cast predominantly base metal, three or	4070.00
D7260	Oroantral fistula closure	DCC0C+	more surfaces	\$270.00
D7261 D7270	Primary closure of a sinus perforation		f Inlay—cast noble metal, two surfaces f Inlay—cast noble metal, three or more surfaces	
D/2/0	displaced tooth		Onlay—cast hobie metal, three of more surfaces	
D7280	Surgical access of an unerupted tooth (excluding		Onlay—porcelain/ceramic, three or more surfaces	
	wisdom teeth)		Onlay—cast high noble metal, two surfaces	
D7282	Mobilization of erupted or malposed tooth to		Onlay—cast high noble metal, three or more surface	
	aid eruption		Onlay—cast predominantly base metal, two surfaces	.\$270.00
D7285	Biopsy of oral tissue—hard (bone, tooth) \$350.00	D6613	Onlay—cast predominantly base metal, three or	
D7286	Biopsy of oral tissue—soft (all others)	DCC1.44	more surfaces	\$2/0.00
D7287 D7288	Exfoliative cytological sample collection	D661E*	Onlay—cast noble metal, two surfaces	\$270.00
D7288	Brush biopsy—transepithelial sample collection \$ 55.00 Alveoloplasty in conjunction with		f Inlay titanium	
D/310	extractions—per quadrant		Onlay titanium	
D7311	Alveoloplasty in conjunction with extractions—one to		Crown—indirect resin based composition	
	three teeth or tooth spaces, per quadrant \$ 15.00		Crown—resin with high noble metal	
D7320	Alveoloplasty not in conjunction with	D6721	Crown—resin with predominantly base metal	\$270.00
	extractions—per quadrant	D6722*	Crown—resin with noble metal	\$270.00
D7321	Alveoloplasty not in conjunction with extractions—one		Crown—porcelain/ceramic	
D7450	to three teeth or tooth spaces, per quadrant \$ 30.00		Crown—3/4 cast high noble metal	
D7450	Removal of benign odontogenic cyst or tumor—up		Crown—3/4 cast predominantly base metal	
D7451	to 1.25 cm		Crown—3/4 cast noble metal	
U1+J1	than 1.25 cm	כטוטע	crown 3/4 porceiani/ceranne, denture	
D7471	Removal of lateral exostosis (maxilla or mandible) \$ 90.00			

Adjun	ctive general service	member pays	Bleach	hing	member pays
D9110	Palliative (emergency) treatment	\$ 20.00	D9972	External bleaching—per arch	\$175.00
D9215 D9220	Local anesthesia	the removal	Ortho	odontics	member pays
D9221	of partial, or complete bony impacted teeth) General anesthesia—additional 15 minutes (limi of partial, or complete bony impacted teeth)	ted to the removal		or D8080—children up to 19 years of age, up to e orthodontic treatment for Class I and Class II cas Consultation	ses.
D9230 D9241	Analgesia (nitrous oxide), per 15 minutes I.V. conscious sedation—first 30 minutes (limited of partial, or complete bony impacted teeth)	d to the removal		Evaluation	\$ 45.00
D9242	I.V. conscious sedation—additional 15 minutes ( removal of partial, or complete bony impacted te	limited to the		Orthodontic treatment	
D9450	Case presentation, detailed and extensive treatment planning	no charge		ConsultationEvaluation	
D9951 D9952	Occlusal adjustment—limited	\$ 35.00		Records/treatment planning	\$250.00
D3932	Occlusal adjustment—complete		D8680	Orthodontic treatment	. ,

#### NOTE:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures are at the participating dentists usual fee less 25%
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$75 per unit
- Some covered services are typically only offered by a specialist (like many oral surgery procedures)
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits. If you do not have a certificate of benefits, please review the Specialty Benefits Regulatory and Technical Information Guide available at **Disclosure.Humana.com**.



#### Vision Insurance Recap

		2	2011	-2	2012								:	2010	-20	011							2	2009	-20	)10				
Plan	Lev	Pr	emium	Вс	oard Con	t.	Month	ly	Ser	mi-Mo.	Plan	Lev	P	remium	Boar	rd Cont.	N	onthly	Se	emi-Mo.	Plan	Lev	Pr	emium	Boar	d Cont.	N	lonthly	Se	mi-Mo.
VS3169	EE	\$	6.84	\$		\$	6	.84	\$	3.42	VS3169	EE	\$	6.84	\$		\$	6.84	\$	3.42	VS3169	EE	\$	6.50	\$		\$	6.50	\$	3.25
	EE/SP	\$	13.66	\$		\$	13	.66	\$	6.83		EE/SP	\$	13.66	\$		\$	13.66	\$	6.83		EE/SP	\$	13.00	\$		\$	13.00	\$	6.50
	EE/CH	\$	17.08	\$		\$	17	.08	\$	8.54		EE/CH	\$	17.08	\$		\$	17.08	\$	8.54		EE/CH	\$	16.25	\$		\$	16.25	\$	8.13
	EE/FF	\$	23.90	\$		\$	23	.90	\$	11.95		EE/FF	\$	23.90	\$		\$	23.90	\$	11.95		EE/FF	\$	22.75	\$	-	\$	22.75	\$	11.38

			2008	3-2	009						- 2	2007	-20	80							2	2006	-20	007				
Plan	Lev	P	remium	Boa	ard Cont.	 Monthly	Se	mi-Mo.	Plan	Lev	Pr	emium	Board	l Cont.	-	Monthly	Se	mi-Mo.	Plan	Lev	Pr	emium	Boar	d Cont.	М	onthly	Se	mi-Mo.
VS3169	EE	\$	6.50	\$	-	\$ 6.50	\$	3.25	VS3169	EE	\$	6.50	\$	-	\$	6.50	\$	3.25	VS3169	EE	\$	6.50	\$	-	\$	6.50	\$	3.25
	EE/SP	\$	13.00	\$	-	\$ 13.00	\$	6.50		EE/SP	\$	13.00	\$	-	\$	13.00	\$	6.50		EE/SP	\$	13.00	\$	-	\$	13.00	\$	6.50
	EE/CH	\$	16.25	\$		\$ 16.25	\$	8.13		EE/CH	\$	16.25	\$		\$	16.25	\$	8.13		EE/CH	\$	16.25	\$		\$	16.25	\$	8.13
	EE/FF	\$	22.75	\$		\$ 22.75	\$	11.38	1	EE/FF	\$	22.75	\$		\$	22.75	\$	11.38	1	EE/FF	\$	22.75	\$		\$	22.75	\$	11.38

		- 2	2005	-20	006				
Plan	Lev	Pr	emium	Boar	rd Cont.	M	onthly	Se	mi-Mo
VS3169	EE	\$	6.50	\$		\$	6.50	\$	3.2
	EE/SP	\$	13.00	\$		\$	13.00	\$	6.5
	EE/CH	\$	16.25	\$	-	\$	16.25	\$	8.1
	FF/FF	8	22.75	6		8	22.75	8	11 2

## **Dental Insurance Recap**

		2011	-2012						2	2010	-20	11							2	2009	-201	0				
Plan	Lev	Premium	Board Cont.	Мо	nthly	Semi-Mo.	Plan	Lev	Pr	emium	Board	l Cont.	М	onthly	Se	mi-Mo.	Plan	Lev	Pre	emium	Board C	ont.	Мо	onthly	Sei	mi-Mo.
Adv	EE	\$ 25.12	\$ -	\$	25.12	\$ 12.56	Adv	EE	\$	25.12	\$	-	\$	25.12	\$	12.56	Adv	EE	\$	23.36	\$	-	\$	23.36	\$	11.68
	EE/1	\$ 47.58	\$ -	\$	47.58	\$ 23.79		EE/1	\$	47.58	\$	-	\$	47.58	\$	23.79		EE/1	\$	44.28	\$	-	\$	44.28	\$	22.14
	EE/FF	\$ 78.34	\$ -	\$	78.34	\$ 39.17		EE/FF	\$	78.34	\$	-	\$	78.34	\$	39.17		EE/FF	\$	72.88	\$	-	\$	72.88	\$	36.44
CS150	EE	\$ 16.30	\$ -	\$	16.30	\$ 8.15	CS150	EE	\$	16.30	\$	-	\$	16.30	\$	8.15	CS150	EE	\$	15.20	\$	-	\$	15.20	\$	7.60
	EE/1	\$ 30.94	\$ -	\$	30.94	\$ 15.47		EE/1	\$	30.94	\$	-	\$	30.94	\$	15.47		EE/1	\$	28.86	\$	-	\$	28.86	\$	14.43
	EE/FF	\$ 42.22	\$ -	\$	42.22	\$ 21.11		EE/FF	\$	42.22	\$	-	\$	42.22	\$	21.11		EE/FF	\$	39.38	\$	-	\$	39.38	\$	19.69
Plan B	EE						Plan B	EE	\$	14.30	\$	-	\$	14.30	\$	7.15	Plan B	EE	\$	14.30	\$	-	\$	14.30	\$	7.15
	EE/1		Discontin	ued P	lan B			EE/1	\$	21.44	\$	-	\$	21.44	\$	10.72		EE/1	\$	21.44	\$	-	\$	21.44	\$	10.72
	EE/FF							EE/FF	\$	28.60	\$	-	\$	28.60	\$	14.30		EE/FF	\$	28.60	\$	-	\$	28.60	\$	14.30
EP510	EE	\$ 24.32	\$ -	\$	24.32	\$ 12.16	EP510	EE	\$	24.32	\$	-	\$	24.32	\$	12.16	EP510	EE	\$	22.62	\$	-	\$	22.62	\$	11.31
	EE/1	\$ 46.08	\$ -	\$	46.08	\$ 23.04		EE/1	\$	46.08	\$	-	\$	46.08	\$	23.04	New 09-10	EE/1	\$	42.86	\$	-	\$	42.86	\$	21.43
	EE/FF	\$ 75.86	\$ -	\$	75.86	\$ 37.93		EE/FF	\$	75.86	\$	-	\$	75.86	\$	37.93		EE/FF	\$	70.56	\$	-	\$	70.56	\$	35.28
HS205	EE	\$ 15.52	\$ -	\$	15.52	\$ 7.76		•			•	•		•			•							•		
New 11-12	EE/1	\$ 30.72	\$ -	\$	30.72	\$ 15.36																				

		20	800	-20	09							1	2007	<b>'-2</b> (	800							1	2006	5-20	007				
Plan	Lev	Premi	ium	Board	Cont.	М	onthly	Se	mi-Mo.	Plan	Lev	Pr	emium	Boar	rd Cont.	М	onthly	Sei	mi-Mo.	Plan	Lev	Pr	remium	Boa	rd Cont.	М	onthly	Se	mi-Mo.
Adv	EE	\$ 2	3.36	\$	-	\$	23.36	\$	11.68	Adv	EE	\$	23.36	\$	-	\$	23.36	\$	11.68	Adv	EE	\$	20.92	\$	-	\$	20.92	\$	10.46
	EE/1	\$ 4	4.28	\$	-	\$	44.28	\$	22.14		EE/1	\$	44.28	\$	-	\$	44.28	\$	22.14		EE/1	\$	39.66	\$	-	\$	39.66	\$	19.83
	EE/FF	\$ 7	2.88	\$	-	\$	72.88	\$	36.44		EE/FF	\$	72.88	\$	-	\$	72.88	\$	36.44		EE/FF	\$	65.28	\$	-	\$	65.28	\$	32.64
CS150	EE	\$ 1	5.20	\$		\$	15.20	\$	7.60	CS150	EE	\$	13.82	\$	-	\$	13.82	\$	6.91	CS150	EE	\$	13.16	\$		\$	13.16	\$	6.58
	EE/1	\$ 2	8.86	\$	-	\$	28.86	\$	14.43		EE/1	\$	26.26	\$	-	\$	26.26	\$	13.13	1	EE/1	\$	25.00	\$	-	\$	25.00	\$	12.50
	EE/FF	\$ 3	9.38	\$	-	\$	39.38	\$	19.69		EE/FF	\$	35.82	\$	-	\$	35.82	\$	17.91		EE/FF	\$	34.10	\$		\$	34.10	\$	17.05
Plan B	EE	\$ 1	4.30	\$	-	\$	14.30	\$	7.15	Plan B	EE	\$	14.30	\$	-	\$	14.30	\$	7.15	Plan B	EE	\$	14.30	\$	-	\$	14.30	\$	7.15
	EE/1	\$ 2	1.44	\$		\$	21.44	\$	10.72		EE/1	\$	21.44	\$	-	\$	21.44	\$	10.72		EE/1	\$	21.44	\$	-	\$	21.44	\$	10.72
	EE/FF	\$ 2	8.60	\$	-	\$	28.60	\$	14.30		EE/FF	\$	28.60	\$	-	\$	28.60	\$	14.30		EE/FF	\$	28.60	\$	-	\$	28.60	\$	14.30

		2	2005	-20	006				
Plan	Lev	Pr	emium	Boa	rd Cont.	M	onthly	Se	mi-Mo.
Adv	EE	\$	19.36	\$	-	\$	19.36	\$	9.68
	EE/1	\$	36.72	\$	-	\$	36.72	\$	18.36
	EE/FF	\$	60.44	\$	-	\$	60.44	\$	30.22
CS150	EE	\$	13.16	\$	-	\$	13.16	\$	6.58
	EE/1	\$	25.00	\$	-	\$	25.00	\$	12.50
	EE/FF	\$	34.10	\$	-	\$	34.10	\$	17.05
Plan B	EE	\$	14.30	\$	-	\$	14.30	\$	7.15
	EE/1	\$	21.44	\$	-	\$	21.44	\$	10.72
	EE/FF	\$	28.60	\$	-	\$	28.60	\$	14.30

\$ 54.62 \$ - \$ 54.62 \$ 27.31