



## DENTAL PLAN BENEFIT SUMMARY COMPARISON

CDT 4 Code	COVERED SERVICES	SmileCare <sup>™</sup> PLUS	SmileCare <sup>™</sup> PLUS	SmileCare <sup>™</sup> PLUS	SmileCare <sup>™</sup> PLUS	SmileCare <sup>™</sup> PLUS	SmileCare <sup>™</sup> PLUS	SmileCare <sup>™</sup> PLUS
		Plan 150	Plan 200	Plan 250	Plan 300	Plan 350	Plan 400	Plan 450
<b>CO-PAYMENTS</b>								
<b>Diagnostic and Preventive</b>								
D0120	Periodic oral evaluation	0	0	0	0	0	0	0
D0210	Intraoral - complete series (includes bitewings)	0	0	0	0	0	0	0
D1110	Prophylaxis - adult	0	0	0	0	0	0	0
D1203	Topical application of fluoride (prophylaxis not included) - child	0	0	0	0	0	0	0
D1351	Sealant - per tooth	8	10	12	15	18	22	25
<b>Restorative</b>								
D2140	Amalgam - one surface, primary or permanent	2	10	12	14	18	24	34
D2150	Amalgam - two surfaces, primary or permanent	4	12	14	16	20	26	36
D2160	Amalgam - three surfaces, primary or permanent	6	14	16	18	22	28	38
D2330	Resin-based composite - one surface, anterior	10	15	20	25	30	35	40
D2331	Resin-based composite - two surfaces, anterior	15	20	25	30	35	40	45
<b>Crowns and Pontics</b>								
D2750	Crown - porcelain fused to precious metal*	150	200	250	300	350	400	450
D2790	Crown - full cast precious metal*	150	200	250	300	350	400	450
D6240	Pontic - porcelain fused to precious metal*	150	200	250	300	350	400	450
<i>Copayments marked with an asterisk (*) have an additional charge not to exceed the actual lab cost for precious and semi-precious metals and/or an additional \$75 copayment for porcelain on molars.</i>								
<b>Endodontics</b>								
D3310	Anterior (excluding final restoration)	102	116	123	129	137	150	157
D3320	Bicuspid (excluding final restoration)	137	171	205	233	260	275	282
D3330	Molar (excluding final restoration)	239	281	322	343	391	404	419
<b>Periodontics</b>								
D4210	Gingivectomy or gingivoplasty - per quadrant	65	97	131	163	196	210	228
D4260	Osseous surgery (including flap entry and closure) - per quadrant (four or more teeth)	375	418	450	475	512	531	543
D4341	Periodontal scaling and root planing - per quadrant (four or more teeth)	50	59	67	77	88	101	120
<b>Prosthetics (Dentures and Partials)</b>								
D5110	Complete denture, upper	275	311	341	359	402	427	445
D5120	Complete denture, lower	275	311	341	359	402	427	445
D5213	Upper partial cast metal base with resin denture base (includes clasps, rests & teeth)	324	342	360	396	420	438	462
D5214	Lower partial cast metal base with resin denture base (includes clasps, rests & teeth)	324	342	360	396	420	438	462
D5730	Reline complete denture (chairside)	25	40	45	50	55	60	65
D5740	Reline partial denture (chairside)	25	40	45	50	55	60	65
D5741	Reline partial lower denture (chairside)	25	40	45	80	55	60	65
<b>Oral Surgery</b>								
D7140	Extraction - erupted tooth or exposed root	12	15	18	21	25	28	31
D7210	Surgical removal of erupted tooth	45	61	67	72	78	83	90
D7240	Removal of impacted tooth - completely bony	150	165	178	192	205	220	233
<b>Orthodontics</b>								
D8080	Comprehensive orthodontic treatment adolescent dentition (full banded case) - child through age 19	1975	1975	1975	1975	1975	1975	1975
D8090	Comprehensive orthodontic treatment (full banded case) - adult age 20 and over	2350	2350	2350	2350	2350	2350	2350

SmileCare<sup>™</sup> PLUS Dental Benefit Plans are administered by Community Dental Services, Inc. SmileCare is a Community Dental Services, Inc. company. This summary plan comparison is intended to highlight commonly performed dental services and is not a complete listing of covered services. A complete listing of covered services is available upon request.