

## **Schedule of benefits**

### **Managed dental plan**

For all full-time, salaried, employees of Woodmont Properties, LLC, located in New Jersey.

If this is an ERISA plan, you have certain rights under this plan. If the **contract holder** is a church group or a government group this may not apply. Please contact the **contract holder** for additional information.

#### **Prepared for:**

<b>Contract holder:</b>	Woodmont Properties, LLC
<b>Contract holder</b> number:	GP-0193937-B
Schedule of benefits:	1A
<b>Group agreement</b> effective date:	January 1, 2024
Plan name:	DMO - New Jersey Primary Care Dentist Services
Plan effective date:	January 1, 2024
Plan issue date:	October 24, 2025
Plan revision effective date:	January 1, 2026

**Underwritten by Aetna Dental Inc. in the state of New Jersey.**



## Schedule of benefits

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

### How to read your schedule of benefits

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

#### Important note:

All **covered benefits** are subject to an office visit **copayment** and **copayment** unless otherwise noted in the schedule of benefits below.

### How to contact us for help

We are here to answer your questions:

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

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

## **General coverage provisions**

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This section explains the:

- **Dental emergency services maximum**

### **Dental emergency services maximum**

The most the plan will pay for **eligible dental services** incurred by any one covered person for any one **dental emergency** is called the **dental emergency services maximum**.

### **Your financial responsibility and determination of benefits provisions**

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

## Plan features

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### In-network plan features

Expense	Copayment
Office visit	\$0 per visit

Maximums	Amounts
<b>Dental emergency services maximum</b>	\$100

## Eligible dental services

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### In-network coverage

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

Eligible Dental Services	Limitations	Copayment Amounts
Periodic oral evaluation - established patient		\$0
Limited oral evaluation - problem focused		\$0
Oral evaluation for a patient under three years of age and counseling with a primary caregiver		\$0
Comprehensive oral evaluation - new or established patient		\$0
Detailed and extensive oral evaluation - problem focused, by report		\$0
Re-evaluation - limited, problem focused (established patient; not post-operative visit)		\$0
Comprehensive periodontal evaluation - new or established patient		\$0
Intraoral - complete series of radiographic images	1 image per 3 years, combined with other radiographic images	\$0
Intraoral - periapical, first radiographic image		\$0
Intraoral - periapical, each additional radiographic image		\$0
Intraoral - occlusal radiographic image		\$0
Extra-oral, first radiographic image		\$0
Extra-oral, posterior radiographic image		\$0
Bitewing - single radiographic image	1 image per year, combined with other radiographic images	\$0
Bitewings - 2 radiographic images		\$0
Bitewings - 3 radiographic images		\$0
Bitewings - 4 radiographic images		\$0
Vertical bitewings - 7 to 8 radiographic images	1 set every 3 years	\$0
Panoramic radiographic image	1 image per 3 years, combined with other radiographic images	\$0
Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report		\$0
Testing for cracked tooth	Combined frequency with oral evaluations	\$0
Diagnostic casts		\$0
Accession of tissue, gross examination, preparation and transmission of written report		\$0

Accession of tissue, gross and microscopic examination, preparation and transmission of written report		\$0
Accession of tissue, gross and microscopic exam, including assessment of surgical margins for presence of disease, preparation and transmission of written report		\$0
Prophylaxis - adult	2 visits per year	\$8
Prophylaxis - child	2 visits per year	\$7
Topical application of fluoride varnish if you are under age 16	1 treatment per year	\$0
Topical application of fluoride - excluding varnish if you are under age 16		\$0
Oral hygiene instruction		\$0
Sealant - per tooth if you are under age 16	1 application every 3 years for permanent molars, combined frequency for all sealants	\$8
Sealant repair - per tooth, if you are under age 16	For permanent molars	\$4
Application of caries arresting medicament - per tooth if you are under age 16	1 application every 3 years for permanent molars, combined frequency for all sealants	\$8
Caries preventive medicament application - per tooth if you are under age 16	1 application every 3 years for permanent molars, combined frequency for all sealants	\$6
Space maintainer - fixed - unilateral - per quadrant	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	\$80
Space maintainer - fixed - bilateral, maxillary	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	\$80
Space maintainer - fixed - bilateral, mandibular	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	\$80
Space maintainer - removable - unilateral - per quadrant	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	\$80

Space maintainer - removable - bilateral, maxillary	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	\$80
Space maintainer - removable - bilateral, mandibular	Only when needed to preserve space resulting from premature loss of deciduous teeth; includes all adjustments within 6 months after installation	\$80
Re-cement or re-bond bilateral space maintainer - maxillary		\$15
Re-cement or re-bond bilateral space maintainer - mandibular		\$15
Re-cement or re-bond unilateral space maintainer - per quadrant		\$8
Removal of fixed unilateral space maintainer - per quadrant		\$8
Removal of fixed bilateral space maintainer - maxillary		\$15
Removal of fixed bilateral space maintainer - mandibular		\$15
Distal shoe space maintainer - fixed - unilateral - per quadrant		\$88
Amalgam - 1 surface, primary or permanent		\$16
Amalgam - 2 surfaces, primary or permanent		\$24
Amalgam - 3 surfaces, primary or permanent		\$32
Amalgam - 4 or more surfaces, primary or permanent		\$40
Resin-based composite - 1 surface, anterior		\$25
Resin-based composite - 2 surfaces, anterior		\$35
Resin-based composite - 3 surfaces, anterior		\$35
Resin-based composite - 4 or more surfaces, anterior		\$60
Resin-based composite crown, anterior		\$60
Resin-based composite - 1 surface, posterior		\$45
Resin-based composite - 2 surfaces, posterior		\$60
Resin-based composite - 3 surfaces, posterior		\$85
Resin-based composite - 4 or more surfaces, posterior		\$90
Inlay - metallic - 1 surface		\$225
Inlay - metallic - 2 surfaces		\$225
Inlay - metallic - 3 or more surfaces		\$225
Onlay - metallic - 2 surfaces		\$240
Onlay - metallic - 3 surfaces		\$240
Onlay - metallic - 4 or more surfaces		\$240
Inlay, porcelain/ceramic - 1 surface		\$225

Inlay, porcelain/ceramic - 2 surfaces		\$225
Inlay, porcelain/ceramic - 3 or more surfaces		\$225
Onlay, porcelain/ceramic - 2 surfaces		\$240
Onlay, porcelain/ceramic - 3 surfaces		\$240
Onlay, porcelain/ceramic - 4 or more surfaces		\$240
Inlay, resin based composite - 1 surface		\$225
Inlay, resin based composite - 2 surfaces		\$225
Inlay, resin based composite - 3 or more surfaces		\$225
Onlay, resin based composite - 2 surfaces		\$240
Onlay, resin based composite - 3 surfaces		\$240
Onlay, resin based composite - 4 or more surfaces		\$240
Crown - resin-based composite, indirect		\$315
Crown - 3/4 resin-based composite, indirect		\$252
Crown - resin with high noble metal		\$315
Crown - resin with predominantly base metal		\$315
Crown - resin with noble metal		\$315
Crown - porcelain/ceramic		\$315
Crown - porcelain fused to high noble metal		\$315
Crown - porcelain fused to predominantly base metal		\$315
Crown - porcelain fused to noble metal		\$315
Crown - porcelain fused to titanium and titanium alloys		\$315
Crown - 3/4 cast high noble metal		\$315
Crown - 3/4 cast predominantly base metal		\$315
Crown - 3/4 cast noble metal		\$315
Crown - 3/4 cast porcelain/ceramic		\$315
Crown - full cast high noble metal		\$315
Crown - full cast predominantly base metal		\$315
Crown - full cast noble metal		\$315
Crown - titanium and titanium alloys		\$315
Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		\$15
Re-cement or re-bond indirectly fabricated or prefabricated post and core		\$8
Re-cement or re-bond crown		\$15
Reattachment of tooth fragment, incisal edge or cusp		\$6
Prefabricated porcelain/ceramic crown - primary tooth		\$50
Prefabricated stainless steel crown - primary tooth		\$50
Prefabricated stainless steel crown - permanent tooth		\$60

Prefabricated esthetic coated stainless steel crown - primary tooth		\$50
Placement of interim direct restoration		\$8
Core buildup, including any pins when required		\$90
Pin retention - per tooth, in addition to restoration		\$10
Post & core in addition to crown, indirectly fabricated		\$128
Excavation of a tooth resulting in the determination of non-restorability		\$8
Resin infiltration of incipient smooth surface lesions if you are under age 16	1 application every 3 years, combined frequency for all sealants	\$8
Application of hydroxyapatite regeneration medicament - per tooth		\$12
Pulp cap - direct (excluding final restoration)		\$6
Pulp cap - indirect (excluding final restoration)		\$6
Therapeutic pulpotomy (excluding final restoration)		\$55
Pulpal debridement, primary and permanent teeth		\$10
Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development		\$50
Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)		\$55
Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)		\$55
Endodontic therapy, anterior tooth (excluding final restoration)		\$120
Endodontic therapy, premolar tooth (excluding final restoration)		\$180
Endodontic therapy, molar tooth (excluding final restoration)		\$303
Treatment of root canal obstruction; non-surgical access		\$120
Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		\$90
Internal root repair of perforation defects		\$90
Retreatment of previous root canal therapy - anterior		\$220
Retreatment of previous root canal therapy - premolar		\$280
Retreatment of previous root canal therapy - molar		\$403
Apicoectomy - anterior		\$141
Apicoectomy - premolar (first root)		\$141
Apicoectomy - molar (first root)		\$150
Apicoectomy - each additional root		\$90

Retrograde filling - per root		\$65
Root amputation - per root		\$80
Surgical repair of root resorption - anterior		\$64
Surgical repair of root resorption - premolar		\$85
Surgical repair of root resorption - molar		\$106
Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior		\$84
Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar		\$112
Surgical exposure of root surface without apicoectomy or repair of root resorption - molar		\$140
Gingivectomy or gingivoplasty - 4 or more contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 36 months	\$160
Gingivectomy or gingivoplasty - 1-3 contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 36 months	\$60
Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1 per quadrant every 36 months	\$24
Gingival flap procedure, including root planing - 4 or more contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	\$171
Gingival flap procedure, including root planing - 1-3 contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	\$103
Apically positioned flap		\$140
Clinical crown lengthening - hard tissue		\$195
Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 36 months	\$325
Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 36 months	\$195
Surgical revision procedure, per tooth		\$130
Pedicle soft tissue graft procedure		\$250
Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position		\$150
Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		\$300
Combined connective tissue and pedicle graft, per tooth		\$248

Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft		\$106
Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site		\$53
Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		\$83
Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		\$165
Periodontal scaling and root planing, 4 or more teeth per quadrant	4 separate quadrants every 24 months	\$56
Periodontal scaling and root planing - 1-3 teeth per quadrant	4 per site every 2 years	\$34
Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	2 treatments per year combined with prophylaxis	\$30
Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	1 per lifetime	\$60
Periodontal maintenance, following active therapy	2 per year	\$60
Unscheduled dressing change (by someone other than treating dentist or their staff)		\$10
Complete denture - maxillary	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$300
Complete denture - mandibular	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$300
Immediate denture - maxillary	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$330
Immediate denture - mandibular	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$330
Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$300

Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$300
Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$400
Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$400
Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$345
Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$345
Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$460
Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$460
Maxillary partial denture - flexible base (including any clasps, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$360
Mandibular partial denture - flexible base (including any clasps, rests and teeth)	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$360
Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$360
Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$360
Removable unilateral partial denture one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$300

Removable unilateral partial denture one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$300
Removable unilateral partial denture - one-piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$180
Removable unilateral partial denture - one-piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$150
Adjust complete denture - maxillary	Includes all adjustments within 6 months after insertion	\$10
Adjust complete denture - mandibular	Includes all adjustments within 6 months after insertion	\$10
Adjust partial denture - maxillary	Includes all adjustments within 6 months after insertion	\$10
Adjust partial denture - mandibular	Includes all adjustments within 6 months after insertion	\$10
Repair broken complete denture base, mandibular		\$36
Repair broken complete denture base, maxillary		\$36
Replace missing or broken teeth - complete denture - per tooth		\$25
Repair resin partial denture base, mandibular		\$35
Repair resin partial denture base, maxillary		\$35
Repair cast partial framework, mandibular		\$35
Repair cast partial framework, maxillary		\$35
Repair or replace broken retentive/clasping materials - per tooth		\$35
Replace missing or broken teeth - partial denture - per tooth		\$35
Add tooth to existing partial denture - per tooth		\$35
Add clasp to existing partial denture - per tooth		\$45
Replace all teeth and acrylic on cast metal framework - maxillary		\$100
Replace all teeth and acrylic on cast metal framework - mandibular		\$100
Rebase complete maxillary denture	Includes all adjustments within 6 months after insertion	\$100
Rebase complete mandibular denture	Includes all adjustments within 6 months after insertion	\$100
Rebase maxillary partial denture	Includes all adjustments within 6 months after insertion	\$100
Rebase mandibular partial denture	Includes all adjustments within 6 months after insertion	\$100

Rebase hybrid prosthesis	Includes all adjustments within 6 months after insertion	\$100
Reline complete maxillary denture (direct)	Includes all adjustments within 6 months after insertion	\$50
Reline complete mandibular denture (direct)	Includes all adjustments within 6 months after insertion	\$50
Reline maxillary partial denture (direct)	Includes all adjustments within 6 months after insertion	\$50
Reline mandibular partial denture (direct)	Includes all adjustments within 6 months after insertion	\$50
Reline complete maxillary denture (indirect)	Includes all adjustments within 6 months after insertion	\$114
Reline complete mandibular denture (indirect)	Includes all adjustments within 6 months after insertion	\$114
Reline maxillary partial denture (indirect)	Includes all adjustments within 6 months after insertion	\$114
Reline mandibular partial denture (indirect)	Includes all adjustments within 6 months after insertion	\$114
Soft liner for complete or partial removable denture - indirect		\$114
Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary	Included in permanent	\$143
Interim partial denture (including retentive/clasping materials, rests and teeth), mandibular	Included in permanent	\$143
Tissue conditioning, maxillary	Inclusive with prosthesis within 6 months after insertion	\$50
Tissue conditioning, mandibular	Inclusive with prosthesis within 6 months after insertion	\$50
Add metal substructure to acrylic complete denture - per arch		\$36
Abutment supported porcelain/ceramic crown		\$315
Abutment supported porcelain fused to metal crown (high noble metal)		\$315
Abutment supported porcelain fused to metal crown (predominantly base metal)		\$315
Abutment supported porcelain fused to metal crown (noble metal)		\$315
Abutment supported cast metal crown (high noble metal)		\$315
Abutment supported cast metal crown (predominantly base metal)		\$315
Abutment supported cast metal crown (noble metal)		\$315
Implant supported porcelain/ceramic crown		\$315
Implant supported porcelain fused to metal crown (titanium, titanium alloy or high noble metal)		\$315

Implant supported metal crown (titanium, titanium alloy or high noble metal)		\$315
Abutment supported retainer for porcelain/ceramic FPD		\$315
Abutment supported retainer for porcelain fused to metal FPD (high noble metal)		\$315
Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)		\$315
Abutment supported retainer for porcelain fused to metal FPD (noble metal)		\$315
Abutment supported retainer for cast metal FPD (high noble metal)		\$315
Abutment supported retainer for cast metal FPD (predominantly base metal)		\$315
Abutment supported retainer for cast metal FPD (noble metal)		\$315
Implant supported retainer for ceramic FPD		\$315
Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy or high noble metal)		\$315
Implant supported retainer for cast metal FPD (titanium, titanium alloy or high noble metal)		\$315
Implant supported crown - porcelain fused to predominantly base alloys		\$315
Implant supported crown - porcelain fused to noble alloys		\$315
Implant supported crown - porcelain fused to titanium and titanium alloys		\$315
Implant supported crown - predominantly base alloys		\$315
Implant supported crown - noble alloys		\$315
Implant supported crown - titanium and titanium alloys		\$315
Abutment supported crown (titanium)		\$315
Abutment supported crown - porcelain fused to titanium and titanium alloys		\$315
Implant supported retainer - porcelain fused to predominantly base alloys		\$315
Implant supported retainer for FPD - porcelain fused to noble alloys		\$315
Implant/abutment supported removable denture for edentulous arch - maxillary		\$300
Implant/abutment supported removable denture for edentulous arch - mandibular		\$300
Implant/abutment supported removable denture for partially edentulous arch - maxillary		\$300
Implant/abutment supported removable denture for partially edentulous arch - mandibular		\$300

Implant/abutment supported fixed denture for edentulous arch - maxillary		\$300
Implant/abutment supported fixed denture for edentulous arch - mandibular		\$300
Implant/abutment supported fixed denture for partially edentulous arch - maxillary		\$300
Implant/abutment supported fixed denture for partially edentulous arch - mandibular		\$300
Implant supported retainer - porcelain fused to titanium and titanium alloys		\$315
Implant supported retainer for metal FPD - predominantly base alloys		\$315
Implant supported retainer for metal FPD - noble alloys		\$315
Implant supported retainer for metal FPD - titanium and titanium alloys		\$315
Abutment supported retainer - porcelain fused to titanium and titanium alloys		\$315
Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant		\$45
Pontic - indirect resin based composite		\$315
Pontic - cast high noble metal		\$315
Pontic - cast predominantly base metal		\$315
Pontic - cast noble metal		\$315
Pontic - titanium		\$315
Pontic - porcelain fused to high noble metal		\$315
Pontic - porcelain fused to predominantly base metal		\$315
Pontic - porcelain fused to noble metal		\$315
Pontic - porcelain fused to titanium and titanium alloys		\$315
Pontic - porcelain/ceramic		\$315
Pontic - resin with high noble metal		\$315
Pontic - resin with predominantly base metal		\$315
Pontic - resin with noble metal		\$315
Retainer - cast metal for resin-bonded fixed prosthesis		\$225
Retainer - porcelain/ceramic for resin-bonded fixed prosthesis		\$225
Resin retainer - for resin bonded fixed prosthesis		\$158
Retainer inlay - porcelain/ceramic, 2 surfaces		\$225
Retainer inlay - porcelain/ceramic, 3 or more surfaces		\$225
Retainer inlay - cast high noble metal, 2 surfaces		\$245
Retainer inlay - cast high noble metal, 3 or more surfaces		\$245

Retainer inlay - cast predominantly base metal, 2 surfaces		\$225
Retainer inlay - cast predominantly base metal, 3 or more surfaces		\$225
Retainer inlay - cast noble metal, 2 surfaces		\$245
Retainer inlay - cast noble metal, 3 or more surfaces		\$245
Retainer onlay - porcelain/ceramic, 2 surfaces		\$240
Retainer onlay - porcelain/ceramic, 3 or more surfaces		\$240
Retainer onlay - cast high noble metal, 2 surfaces		\$260
Retainer onlay - cast high noble metal, 3 or more surfaces		\$260
Retainer onlay - cast predominantly base metal, 2 surfaces		\$240
Retainer onlay - cast predominantly base metal, 3 or more surfaces		\$240
Retainer onlay - cast noble metal, 2 surfaces		\$260
Retainer onlay - cast noble metal, 3 or more surfaces		\$260
Retainer inlay - titanium		\$245
Retainer onlay - titanium		\$260
Retainer crown - indirect resin based composite		\$315
Retainer crown - resin with high noble metal		\$315
Retainer crown - resin with predominantly base metal		\$315
Retainer crown - resin with noble metal		\$315
Retainer crown - porcelain/ceramic		\$315
Retainer crown - porcelain fused to high noble metal		\$315
Retainer crown - porcelain fused to predominantly base metal		\$315
Retainer crown - porcelain fused to noble metal		\$315
Retainer crown - porcelain fused to titanium and titanium alloys		\$315
Retainer crown - 3/4 cast high noble metal		\$315
Retainer crown - 3/4 cast predominantly base metal		\$315
Retainer crown - 3/4 cast noble metal		\$315
Retainer crown - 3/4 porcelain/ceramic		\$315
Retainer crown - 3/4 titanium and titanium alloys		\$315
Retainer crown - full cast high noble metal		\$315
Retainer crown - full cast predominantly base metal		\$315
Retainer crown - full cast noble metal		\$315
Retainer crown - titanium		\$315

Re-cement or re-bond fixed partial denture		\$20
Extraction, coronal remnants - primary tooth		\$6
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		\$15
Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated		\$36
Removal of impacted tooth - soft tissue		\$60
Removal of impacted tooth - partially bony		\$72
Removal of impacted tooth - completely bony		\$128
Removal of impacted tooth - completely bony, with unusual surgical complications		\$128
Removal of residual tooth roots (cutting procedure)		\$35
Coronectomy - intentional partial tooth removal, impacted teeth only		\$64
Exposure of an unerupted tooth		\$60
Mobilization of erupted or malpositioned tooth to aid eruption		\$70
Placement of device to facilitate eruption of impacted tooth		\$14
Excisional biopsy of minor salivary glands		\$300
Incisional biopsy of oral tissue - hard (bone, tooth)		\$100
Incisional biopsy of oral tissue - soft		\$100
Exfoliative cytological sample collection		\$100
Alveoloplasty in conjunction with extractions - 4 or more teeth or tooth spaces, per quadrant		\$35
Alveoloplasty in conjunction with extractions - 1 to 3 teeth or tooth spaces, per quadrant		\$18
Alveoloplasty not in conjunction with extractions - 4 or more teeth or tooth spaces, per quadrant		\$60
Alveoloplasty not in conjunction with extractions - 1 to 3 teeth or tooth spaces, per quadrant		\$30
Incision and drainage of abscess - intraoral soft tissue		\$30
Incision and drainage of abscess - intraoral soft tissue - complicated		\$33
Buccal/labial frenectomy (frenulectomy)		\$90
Lingual frenectomy (frenulectomy)		\$90
Frenuloplasty		\$95
Palliative (emergency) treatment of dental pain - minor procedure		\$10
Administration of deep sedation/general anesthesia - first 15 minute increment, or any portion thereof		\$104

Administration of deep sedation/general anesthesia - each subsequent 15 minute increment, or any portion thereof		\$83
Administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereof		\$120
Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof		\$95
Administration of moderate sedation - intravenous - first 15 minute increment, or any portion thereof		\$104
Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof		\$83
Administration of moderate sedation - non-intravenous parenteral - first 15 minute increment, or any portion thereof		\$62
Administration of moderate sedation - non-intravenous parenteral - each subsequent 15 minute increment, or any portion thereof		\$50
Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	For second opinions only	\$0
Consultation with a medical health care professional		\$0
Cleaning and inspection of removable complete denture, maxillary		\$25
Cleaning and inspection of removable complete denture, mandibular		\$25
Cleaning and inspection of removable partial denture, maxillary		\$25
Cleaning and inspection of removable partial denture, mandibular		\$25
Cleaning and inspection of occlusal guard - per appliance		\$15

Repair and/or reline of occlusal guard		\$18
Occlusal guard adjustment	Fee for occlusal guard includes adjustments performed within 6 months of placement	\$16
Occlusal guard - hard appliance, full arch	Covered for bruxism only (1 every 36 months)	\$150
Occlusal guard - soft appliance, full arch		\$130
Occlusal guard - hard appliance, partial arch		\$78
Occlusal adjustment - limited	Not covered when performed in conjunction with a restoration, root canal therapy or appliance	\$30
Occlusal adjustment - complete		\$100
Full mouth rehabilitation, per unit (6 or more covered units of crowns and/or pontics under one treatment plan)		\$125
Implants	limited to 2 teeth, every 1 year	\$1,215

**Important note:**

The following apply:

- There is an extra charge for **eligible dental services** that use high noble metals (ex. gold or titanium).
- General anesthesia and sedation are **covered benefits** when part of a covered surgical procedure.

## **Additional eligible dental services**

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

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

The additional **eligible dental services** are:

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

### **Payment of benefits**

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