

Schedule of benefits

Preferred provider organization (PPO) dental insurance plan

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

Prepared for:

Policyholder:	Woodmont Properties, LLC
Policyholder number:	GP-0193937-A
Schedule of benefits:	1A
Group policy effective date:	January 1, 2024
Plan name:	Passive PPO Dental
Plan effective date:	January 1, 2024
Plan issue date:	October 24, 2025
Plan revision effective date:	January 1, 2026

Underwritten by Aetna Life Insurance Company in the state of New Jersey.



Schedule of benefits

This schedule of benefits lists the **eligible dental services, deductibles, coinsurance**, maximums, and other 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**.
 - “Out-of-network coverage” we mean that you can get care from **out-of-network providers**.
- The **deductibles** and **coinsurance** listed in the schedule of benefits below reflects the **deductibles** and **coinsurance** amounts under your plan.
- You must pay any **deductibles** and your part of the **coinsurance**.
- The **coinsurance** listed in the schedule of benefits reflects the plan **coinsurance** percentage. This is the **coinsurance** amount the plan pays. You are responsible for paying any remaining **coinsurance**.
- You must pay the full amount of any dental care services you get that are not a **covered benefit** or that exceed your **Calendar Year** and **lifetime maximums**.
- This plan also has limits for some **covered benefits**. For example, these could be visit limits. They may be combined limits between or separate limits for **in-network providers** and **out-of-network providers** unless we state otherwise. See later in this schedule of benefits for information about limits.

Important note:

All **covered benefits** are subject to a **Calendar Year deductible** and **coinsurance** 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

The coverage described in this schedule of benefits will be provided under **Aetna Life Insurance Company's group policy**. This schedule of benefits replaces any schedule of benefits previously in effect under the **group policy**. Keep this schedule of benefits with your booklet-certificate.

General coverage provisions

This section explains the:

- **Deductibles**
- **Maximums**

Calendar Year deductible

Eligible dental services applied to the out-of-network **deductibles** will be applied to satisfy the in-network **deductibles**. Eligible dental services applied to the in-network **deductibles** will be applied to satisfy the out-of-network **deductibles**.

Individual deductible

You pay for **eligible dental services** each **Calendar Year** before this plan begins to pay. This individual **deductible** applies separately to you and each covered dependent. After the amount paid reaches the individual **deductible**, this plan starts to pay for **eligible dental services** for the rest of the **Calendar Year**.

Family deductible

You pay for **eligible dental services** each **Calendar Year** before this plan begins to pay. After the amount paid for **eligible dental services** reaches this family **deductible**, this plan starts to pay for **eligible dental services** for the rest of the **Calendar Year**. To satisfy this family **deductible** for the rest of the **Calendar Year**, the combined **eligible dental services** that you and each of your covered dependents incur toward the individual **deductible** must reach this family **deductible** in a **Calendar Year**. When this happens in a **Calendar Year**, the individual **deductibles** for you and your covered dependents are met for the rest of the **Calendar Year**.

Calendar Year maximum

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

This **Calendar Year maximum** applies to in-network and out-of-network **eligible dental services** combined.

Specific dental care lifetime maximum

This is the most this plan will pay, after you have paid any **deductible**, for specific dental care treatment expenses incurred by any one covered person during their lifetime for **eligible dental services**.

These specific dental care **lifetime maximums** apply to in-network and out-of-network **eligible dental services** combined.

Any expenses applied to satisfy a specific dental care **lifetime maximum** will not be applied to satisfy any **lifetime 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

Calendar Year deductible

You have to meet your **Calendar Year deductible** before this plan pays for benefits.

Deductibles	In-network coverage Amounts	Out-of-network coverage Amounts
Calendar Year deductible*	Individual \$50 Family \$150	Individual \$50 Family \$150
*Important note:	The Calendar Year deductible applies to all eligible dental services except Type A expenses.	The Calendar Year deductible applies to all eligible dental services except Type A expenses.

Coinsurance

The **coinsurance** listed below reflects the plan **coinsurance** percentage. This is the **coinsurance** amount that the plan pays. You are responsible for paying any remaining **coinsurance**.

Expenses	In-network coverage Coinsurance	Out-of-network coverage Coinsurance
Type A expenses	100% of the negotiated charge	100% of the recognized charge
Type B expenses	70% of the negotiated charge	70% of the recognized charge
Type C expenses	40% of the negotiated charge	40% of the recognized charge

Orthodontic treatment coinsurance

Expense	In-network coverage Coinsurance	Out-of-network coverage Coinsurance
Orthodontic treatment	50% of the negotiated charge	50% of the recognized charge

Calendar Year maximum

Maximums	In-network coverage Amounts	Out-of-network coverage Amounts
Calendar Year maximum	\$1,000	\$1,000

Specific dental care lifetime maximum

Eligible dental service	In-network coverage Amounts	Out-of-network coverage Amounts
Orthodontic treatment	\$1,000	\$1,000

Eligible dental services

New Jersey - Contracted Fee Amounts

The contracted fee amount may vary based on geographical area. This sample list of procedures contains the lowest amounts that Aetna will use as the basis for its payments in New Jersey. These amounts may be higher in your geographical area.

Type A Expenses

Service	Contracted Fee
Office visit during regular office hours , for oral examination: (2) visits per year (2 routine visits and 2 problem focused visits per year)	
Periodic oral exam	\$34
Limited - problem focused exam	\$39
Oral evaluation - child under 3	\$31
Comprehensive oral exam	\$45
Detailed and extensive oral exam	\$54
Re-evaluation limited; problem focused	\$30
Comprehensive periodontal evaluation	\$37
Testing for cracked tooth (frequency combined with oral evaluations)	\$27
Entire dental series; including bitewings; or panoramic film (1 set every 3 years)	\$74
Bitewing images (1 set per year)	
Single image	\$11
Two images	\$25
Three images	\$28
Four images	\$33
Vertical bitewing images (1 set every 3 years)	\$41
Prophylaxis (cleaning) (2 treatments per year combined with scaling - moderate/severe)	
Adult	\$64
Child	\$42
Topical application of fluoride/topical fluoride varnish if you are under age 16, (1 application per year)	\$24
Sealants - per tooth, if you are under age 16, (1 application every 3 years for permanent molars only)	\$29
Sealant repair - per tooth, if you are under age 16, (for permanent molars only)	\$14
Application of caries arresting medicament (1 application every 3 years)	\$29
Caries preventive medicament application - per tooth	\$23
Resin infiltration of lesion	\$29
Application of hydroxyapatite regeneration medicament - per tooth, (1 application every 3 years)	\$77
Space Maintainers Only when needed to preserve space resulting from premature loss of deciduous teeth. (Includes all adjustments within 6 months after installation.)	
Fixed - unilateral	\$219
Fixed - bilateral, maxillary	\$270
Fixed - bilateral, mandibular	\$270

Removable - unilateral	\$174
Removable - bilateral, maxillary	\$205
Removable - bilateral, mandibular	\$205
Distal shoe space maintainer - fixed - unilateral	\$241
Re-cement space maintainer	\$24
Removal of fixed space maintainer	\$24
Periapical - first image	\$13
Periapical - each additional image	\$8

Type B Expenses

Service	Contracted Fee
Intra-oral - occlusal view	\$20
Extraoral - first image	\$40
Extraoral - posterior image	\$30
Restorative dentistry - Excludes inlays, crowns, and bridges. Multiple restorations in 1 surface will be considered as a single restoration.	
Amalgam restorations	
1 surface	\$67
2 surfaces	\$88
3 surfaces	\$108
4 or more surfaces	\$125
Resin restorations anterior	
1 surface	\$88
2 surfaces	\$117
3 surfaces	\$136
4 or more surfaces	\$150
Resin-based composite crown, anterior	\$194
Resin restorations - posterior (other than for molars)	
1 surface	\$80
2 surfaces	\$107
3 surfaces	\$145
4 or more surfaces	\$153
Recement inlay, onlay, or partial	\$43
Recement cast or prefab post and core	\$26
Recement crown	\$48
Reattachment of tooth fragment	\$14
Prefab porcelain/ceramic crown - primary tooth	\$196
Stainless steel crown - primary	\$149
Stainless steel crown - permanent	\$156
Prefabricated resin crown	\$127
Stainless steel crown with resin window	\$140
Prefab stainless crown - primary tooth	\$140
Placement of interim direct restoration	\$50
Pin retention, per tooth, in addition to restoration	\$23

Excavation of a tooth resulting in the determination of non-restorability	\$34
Pulp cap - direct	\$26
Pulp cap - indirect	\$26
Pulpotomy (therapeutic)	\$85
Gross pulpal debridement primary and permanent	\$45
Partial pulpotomy for apexogenesis	\$76
Pulpal therapy - anterior primary tooth	\$91
Pulpal therapy - posterior primary tooth	\$85
Root canal therapy - anterior excluding final restoration	\$419
Root canal therapy - bicuspid excluding final restoration	\$541
Treatment of root canal obstruct - non-surgical access	\$193
Incomplete endodontic therapy	\$221
Internal root repair of perforation defect	\$168
Retreatment - root canal therapy - anterior	\$544
Retreatment - root canal therapy - bicuspid	\$649
Apexification/recalcification - initial	\$131
Apexification/recalcification - interim	\$85
Apexification/recalcification - final	\$309
Pulpal regeneration - initial visit	\$155
Pulpal regeneration - interim medication	\$46
Pulpal regeneration - completion	\$77
Apicoectomy/periradicular - anterior	\$311
Apicoectomy/periradicular - bicuspid	\$317
Apicoectomy/periradicular - molar 1 root	\$350
Apicoectomy/periradicular - additional roots	\$187
Retrograde filling - per root	\$50
Root amputation - per root	\$178
Surgical repair of root resorption - anterior	\$143
Surgical repair of root resorption - premolar	\$190
Surgical repair of root resorption - molar	\$238
Hemisection	\$133
Gingivectomy/gingivoplasty - 4 or more teeth per quadrant, (1 per quadrant every 3 years)	\$237
Gingivectomy/gingivoplasty - 1 to 3 teeth per quadrant, (1 per site every 3 years)	\$80
Gingivectomy/gingivoplasty with restorative procedure	\$34
Gingival flap procedure - 4 or more teeth per quadrant (1 per quadrant every 3 years)	\$278
Gingival flap procedure - 1 to 3 teeth per quadrant (1 per site every 3 years)	\$167
Apically positioned flap	\$398
Surgical revision procedure per tooth	\$277
Periodontal scaling and root planing - 4 or more teeth per quadrant, (1 separate quadrant every 2 years)	\$141
Periodontal scaling and root planing - 1 to 3 teeth per quadrant, (1 per site every 2 years)	\$78
Periodontal maintenance - procedures - following active therapy (2 per year)	\$76
Unscheduled dressing change	\$10

Accessing and retorquing loose implant screw - per screw	\$20
Recement implant/abutment supported crown	\$55
Recement implant/abutment supported partial	\$55
Recement fixed partial denture	\$55
Accession of tissue	\$49
Extraction, coronal remnants - deciduous tooth	\$58
Extraction - erupted tooth or exposed root	\$88
Surgical removal of erupted tooth	\$162
Removal of impacted tooth - soft tissue	\$183
Surgical removal of residual tooth roots	\$132
Oroantral fistula closure	\$331
Primary closure of a sinus perforation	\$331
Tooth transplantation	\$286
Surgical access of unerupted tooth	\$346
Mobilization of erupted or malpositioned tooth	\$123
Device to aid eruption of impacted tooth	\$80
Biopsy of oral tissue - hard	\$87
Biopsy of oral tissue - soft	\$83
Cytology sample collection	\$40
Alveoloplasty in conjunction with extraction	\$125
Alveoloplasty in conjunction with extraction, 1-3 teeth	\$63
Alveoloplasty not in conjunction with extraction	\$156
Alveoloplasty not in conjunction with extraction, 1-3 teeth	\$78
Removal of odontogenic cyst/tumor up to 1.25 cm	\$185
Removal of odontogenic cyst/tumor greater than 1.25 cm	\$306
Removal of lateral exostosis, upper or lower	\$432
Removal of torus palatinus	\$302
Removal of torus mandibularis	\$302
Surgical reduction of osseous tuberosity	\$291
Incision and drainage of abscess intraoral	\$77
Incision and drainage of abscess - extraoral complex	\$79
Incision and drainage of abscess - extraoral soft tissue	\$110
Incision and drainage - extraoral complex - extraoral soft tissue complicated	\$121
Removal foreign body, mucosa, skin, tissue	\$66
Removal of reaction producing foreign body	\$136
Partial ostectomy/sequestrectomy	\$113
Suture of recent small wound less than 5 cm	\$49
Complicated suture - up to 5 cm	\$91
Complicated suture greater than 5 cm	\$126
Buccal/labial frenectomy	\$214
Lingual frenectomy	\$214
Frenuloplasty	\$224
Excision of hyperplastic tissue - per arch	\$123
Excision of pericoronal gingiva	\$180

Surgical reduction of fibrous tuberosity	\$324
Non-surgical sialolithotomy	\$81
Sialolithotomy	\$162
Emergency palliative treatment of dental pain, per visit	\$46
Office visit after hours	\$47
Occlusal adjustment - limited	\$69
Occlusal adjustment - complete	\$253

Type C Expenses

Service	Contracted Fee
Inlay - metallic - 1 surface	\$253
Inlay - metallic - 2 surface	\$343
Inlay - metallic - 3 or more surfaces	\$470
Onlay - metallic - 2 surfaces	\$343
Onlay - metallic - 3 surfaces	\$535
Onlay - metallic - 4 or more surfaces	\$542
Inlay - porcelain/ceramic - 1 surface	\$288
Inlay - porcelain/ceramic - 2 surfaces	\$380
Inlay - porcelain/ceramic - 3 or more surfaces	\$519
Onlay - porcelain/ceramic - 2 surfaces	\$421
Onlay - porcelain/ceramic - 3 surfaces	\$595
Onlay - porcelain/ceramic - in add to inlay	\$603
Inlay - composite/resin - 1 surface	\$133
Inlay - composite/resin - 2 surfaces	\$183
Inlay - composite/resin - 3 surfaces	\$240
Onlay - composite/resin - 2 surfaces	\$247
Onlay - composite/resin - 3 surfaces	\$304
Onlay - composite/resin - 4 or more surfaces	\$321
Crown - resin-based composite, indirect	\$249
Crown - 3/4 resin-based composite, indirect	\$582
Crown - resin with high noble metal	\$552
Crown - resin with predominantly base metal	\$430
Crown - resin with noble metal	\$480
Crown - porcelain/ceramic substrate	\$883
Crown - porcelain fused to high noble metal	\$833
Crown - porcelain fused predominantly base metal	\$776
Crown - porcelain fused to noble metal	\$809
Crown - porcelain fused to titanium and titanium alloys	\$776
Crown - 3/4 cast predominantly base metal	\$652
Crown - 3/4 cast noble metal	\$687
Crown - 3/4 cast porcelain/ceramic	\$743
Crown full cast high noble metal	\$789
Crown - full cast predominantly base metal	\$707
Crown - full cast noble metal	\$732

Crown - titanium and titanium alloys	\$665
Core buildup, including any pins	\$157
Cast post and core in addition to crown	\$225
Cast post - each additional - same tooth	\$149
Prefab post and core in addition to crown	\$187
Prefabricated post - each additional - same tooth	\$99
Labial veneer - direct	\$202
Labial veneer - indirect	\$343
Labial veneer (porcelain) - indirect	\$571
Additional procedures - new crown under partial	\$103
Crown repair	\$90
Inlay repair - material failure	\$72
Onlay repair - material failure	\$72
Veneer repair - material failure	\$72
Root canal therapy - molar excluding final restoration	\$732
Retreatment - root canal therapy - molar	\$809
Clinical crown lengthening - hard tissue	\$549
Osseous surgery - 1 to 3 teeth per quadrant (1 per site every 3 years)	\$372
Osseous surgery - 4 or more per teeth per quadrant (1 per quadrant every 3 years)	\$646
Pedicle soft tissue graft procedure	\$531
Subepithelial connective tissue graft	\$687
Soft tissue allograft	\$460
Connective tissue/pedicle graft	\$541
Free soft tissue graft - first tooth	\$408
Free soft tissue graft, each additional tooth	\$175
Autogenous connective tissue graft	\$378
Non-autogenous connective tissue graft	\$253
Full mouth debridement - (1 per lifetime)	\$92
Complete denture - maxillary	\$953
Complete denture - mandibular	\$953
Immediate denture - maxillary	\$1,018
Immediate denture - mandibular	\$1,018
Maxillary partial denture - resin base	\$593
Mandibular partial denture - resin base	\$593
Maxillary partial denture - cast base	\$1,109
Mandibular partial denture - cast base	\$1,109
Immediate upper partial - resin base	\$682
Immediate lower partial - resin base	\$682
Immediate upper partial - cast metal base	\$1,276
Immediate lower partial - cast metal base	\$1,276
Maxillary partial denture - flexible base	\$883
Mandibular partial denture - flexible base	\$883
Immediate maxillary partial denture - flexible base (Including any clasps, rests and teeth)	\$883

Immediate mandibular partial denture - flexible base (Including any clasps, rests and teeth)	\$883
Removable unilateral partial denture one piece cast metal (Including retentive/clasping materials, rests, and teeth), maxillary	\$415
Removable unilateral partial denture one piece cast metal (Including retentive/clasping materials, rests, and teeth), mandibular	\$415
Removable unilateral partial denture - one piece flexible base (Including retentive/clasping material, rest and teeth)	\$442
Removable unilateral partial denture - one piece resin (Including retentive/clasping material, rest and teeth)	\$297
Adjustments maxillary complete denture	\$52
Adjustments mandibular complete denture	\$52
Adjustments partial denture - maxillary	\$40
Adjustments partial denture - mandibular	\$40
Repair broken complete denture base - mandibular	\$79
Repair broken complete denture base - maxillary	\$79
Replace missing or broken teeth	\$78
Repair resin denture base - mandibular	\$77
Repair resin denture base - maxillary	\$77
Repair cast framework - mandibular	\$85
Repair cast framework - maxillary	\$85
Repair or replace broken clasp	\$88
Replace broken teeth - per tooth	\$84
Add tooth to existing partial denture	\$95
Add clasp to existing partial denture	\$146
Replace all teeth - upper partial	\$296
Replace all teeth - lower partial	\$296
Rebase complete maxillary denture	\$250
Rebase complete mandibular denture	\$250
Rebase partial maxillary denture	\$296
Rebase partial mandibular denture	\$296
Rebase hybrid prosthesis	\$296
Reline complete maxillary denture - direct	\$131
Reline complete mandibular denture - direct	\$131
Reline maxillary partial denture - direct	\$127
Reline mandibular partial denture - direct	\$127
Reline maxillary complete denture - indirect	\$248
Reline mandibular complete denture - indirect	\$248
Reline maxillary partial denture - indirect	\$258
Reline mandibular partial denture - indirect	\$258
Soft liner for complete or partial removable denture - indirect	\$253
Interim partial denture - upper (maxillary)	\$236
Interim partial denture - lower (mandibular)	\$236
Tissue conditioning - upper	\$78
Tissue conditioning - lower	\$78

Overdenture - complete maxillary	\$1,040
Overdenture - partial maxillary	\$1,040
Overdenture - complete mandibular	\$1,040
Overdenture - partial mandibular	\$1,040
Abutment supported porcelain/ceramic crown	\$998
Abutment supported porcelain fused to high noble metal crown	\$998
Abutment supported porcelain fused to predominately base metal crown	\$957
Abutment supported porcelain fused to noble metal crown	\$958
Abutment supported cast high noble metal crown	\$958
Abutment supported cast predominately base metal crown	\$685
Abutment supported cast noble metal crown	\$813
Implant supported porcelain/ceramic crown	\$998
Abutment supported retainer for porcelain/ceramic	\$990
Abutment support retainer porcelain fused to high noble metal	\$990
Abutment supported retainer for porcelain fused base metal	\$947
Abutment supported retainer for porcelain fused metal noble	\$948
Abutment support retainer for cast high noble metal	\$948
Abutment supported retainer for cast predominately base metal	\$596
Abutment supported retainer for cast noble metal	\$821
Implant supported retainer for ceramic FPD	\$990
Implant supported retainer for FPD - porcelain fused to high noble alloys	\$990
Implant supported retainer for metal FPD - high noble alloys	\$948
Implant supported crown - porcelain fused to predominately base alloys	\$957
Implant supported crown - porcelain fused to noble alloys	\$958
Implant supported crown - porcelain fused to titanium and titanium alloys	\$776
Implant supported crown - predominately base alloys	\$685
Implant supported crown - noble alloys	\$958
Implant supported crown - titanium and titanium alloys	\$685
Accessing and retorquing loose implant screw - per screw	\$20
Repair implant supported prosthesis	\$93
Abutment supported crown - titanium and titanium alloys	\$842
Remove broken implant retaining screw	\$50
Abutment supported crown - porcelain fused to titanium and titanium alloys	\$776
Implant supported retainer - porcelain fused to predominately base alloys	\$596
Implant supported retainer for FPD - porcelain fused to noble alloys	\$958
Implant/abutment supported removable denture - maxillary complete	\$960
Implant/abutment supported removable denture - mandibular complete	\$960
Implant/abutment supported removable denture - maxillary partial	\$1,070
Implant/abutment supported removable denture - mandibular partial	\$1,070
Implant/abutment supported fixed denture - maxillary complete	\$2,487
Implant/abutment supported fixed denture - mandibular complete	\$2,487
Implant/abutment supported fixed denture - maxillary partial	\$1,228
Implant/abutment supported fixed denture - mandibular partial	\$1,228
Implant supported retainer - porcelain fused to titanium and titanium alloys	\$776

Implant supported retainer for metal FPD - predominantly base alloys	\$685
Implant supported retainer for metal FPD - noble alloys	\$958
Implant supported retainer for metal FPD - titanium and titanium alloys	\$685
Abutment supported retainer crown for fixed partial denture	\$832
Abutment supported retainer - porcelain fused to titanium and titanium alloys	\$776
Pontic - indirect resin based composite	\$415
Pontic - cast high noble metal	\$728
Pontic - cast predominantly base metal	\$571
Pontic - cast noble metal	\$673
Pontic - porcelain fused to high noble metal	\$766
Pontic - porcelain fused to predominately base metal	\$625
Pontic - porcelain fused to noble metal	\$744
Pontic - porcelain fused to titanium and titanium alloys	\$625
Pontic - porcelain/ceramic	\$731
Pontic - resin with predominantly base metal	\$415
Pontic - resin with noble metal	\$459
Retainer - cast metal for resin bonded fixed prosthesis	\$174
Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$174
Resin retainer - resin bonded fixed prosthesis	\$246
Inlay - porcelain ceramic, 2 surfaces	\$383
Inlay - porcelain ceramic, 3 or more surfaces	\$524
Inlay - cast high noble metal, 2 surfaces	\$365
Inlay - cast high noble metal, 3 or more surfaces	\$484
Inlay - cast predominantly base metal 2 surfaces	\$346
Inlay - cast predominantly base metal, 3 or more surfaces	\$451
Inlay - cast noble metal, 2 surfaces	\$352
Inlay - cast noble metal, 3 or more surfaces	\$462
Onlay - porcelain/ceramic, 2 surfaces	\$425
Onlay - porcelain/ceramic, 3 or more surfaces	\$595
Onlay - cast predominantly base metal, 2 surfaces	\$332
Onlay - cast predominantly base metal 3 or more surfaces	\$505
Onlay - cast noble metal, 2 surfaces	\$352
Onlay - cast noble metal 3 or more surfaces	\$535
Crown - indirect resin based composite	\$430
Crown - resin with high noble metal	\$610
Crown - resin with predominantly base metal	\$430
Crown - resin with noble metal	\$492
Crown - porcelain/ceramic	\$883
Crown - porcelain fused to high noble metal	\$833
Crown - porcelain fused predominantly base metal	\$776
Crown - porcelain fused noble metal	\$809
Crown - porcelain fused to titanium and titanium alloys	\$776
Crown - 3/4 high noble metal	\$694
Crown - 3/4 cast predominantly base metal	\$652

Crown - 3/4 cast noble metal	\$687
Crown - 3/4 porcelain/ceramic	\$743
Crown - 3/4 titanium and titanium alloys	\$652
Crown - full cast high noble metal	\$789
Crown - full cast predominantly base metal	\$707
Crown - full cast noble metal	\$732
Stress breaker	\$155
Fixed partial denture repair	\$115
Removal of an indirect restoration on a natural tooth	\$18
Pediatric partial denture - fixed	\$236
Removal of impacted tooth - partially bony	\$232
Removal of impacted tooth - full bony	\$332
Removal of impacted tooth - complication	\$346
Coronectomy	\$166
Partial denture sectioning	\$60
Evaluation - deep sedation or general anesthesia	\$33
Administration of deep sedation/general anesthesia - first 15 minute increment, or any portion thereof	\$130
Administration of deep sedation/general anesthesia - each subsequent 15 minute increment, or any portion thereof	\$104
Administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereof	\$150
Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof	\$120
Administration of moderate sedation - intravenous - first 15 minute increment, or any portion thereof	\$118
Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof	\$94
Administration of moderate sedation - non-intravenous parenteral - first 15 minute increment, or any portion thereof	\$78
Administration of moderate sedation - non-intravenous parenteral - each subsequent 15 minute increment, or any portion thereof	\$62
Clean/inspect complete denture - maxillary	\$15
Clean/inspect complete denture - mandibular	\$15
Clean/inspect partial denture - maxillary	\$15
Clean/inspect partial denture - mandibular	\$15
Cleaning and inspection of occlusal guard - per appliance	\$9
Occlusal Guard - Hard appliance - full arch	\$325
Occlusal Guard - Soft appliance - full arch	\$283
Occlusal Guard - Hard appliance - partial arch	\$170
Repair and/or reline of occlusal guard	\$41
Occlusal guard adjustment	\$35

There will be an additional patient charge for the actual cost of high noble metal (gold, titanium).

Fees for dentures and partial dentures include relines, rebases and adjustments within 6 months after installation. Fees for relines and rebases include adjustments within 6 months after installation. Specialized techniques and characterizations are not eligible.)

Inlays, onlays, labial veneers and crowns are covered only as treatment for decay or acute traumatic **injury** and only when teeth cannot be restored with a filling material or when the tooth is an abutment to a fixed bridge (limited to 1 per tooth every 5 years) (See the *Replacement rule*).

Type: Orthodontic Care Expenses

Limited orthodontic treatment	\$313
Fixed appliance therapy to control harmful habits	\$261
Removable appliance therapy to control harmful habits	\$366
Comprehensive orthodontic treatment of adolescent dentition	\$3,605
Comprehensive orthodontic treatment of adult dentition	\$3,788
Orthodontic retention	Included in overall orthodontic treatment
Repair of orthodontic appliance	\$95

Important note:

The following apply:

- Inlays, onlays, labial veneers and crowns (excludes temporary crowns) are covered only:
 - As treatment for decay or acute traumatic **injury**.
 - When teeth cannot be restored with a filling material or when the tooth is an abutment to a fixed bridge.
- 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

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) (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 **Calendar Year deductible** for the additional **eligible dental services** above.

The plan **coinsurance** applied to the additional **eligible dental services** will be:

Expense	In-network coverage Coinsurance	Out-of-network coverage Coinsurance
Additional eligible dental services	100%	100%