

SEIU Local 2015 - PPO Scheduled Reimbursement Plan

Effective 10/1/21

Annual Calendar Year Maximum Benefit: \$1,500
Calendar Year Deductible: \$25 per person; \$75 per family

Description of Service	ADA Code	Benefit Paid by MetLife
PERIODIC ORAL EVALUATION	D0120	\$25.00
LIMITED ORAL EVALUATION	D0140	\$37.00
ORAL EVALUATION UNDER AGE OF 3	D0145	\$25.00
COMPREHENSIVE ORAL EVALUATION	D0150	\$36.00
EXTENSIVE ORAL EVALUATION	D0160	\$47.00
LIMITED ORAL RE-EVALUATION	D0170	\$36.00
REEVALUATION POST OP VISIT	D0171	\$0.00
COMPREHENSIVE PERIO EVALUATION	D0180	\$41.00
SCREENING OF A PATIENT	D0190	\$9.00
ASSESSMENT OF A PATIENT	D0191	\$9.00
COMPLETE SET RADIOGRAPHIC IMAGES	D0210	\$47.00
PERIAPICAL RADIOGRAPHIC IMAGE	D0220	\$9.00
ADD'L PERIAPICAL IMAGES	D0230	\$4.00
OCCLUSAL RADIOGRAPHIC IMAGE	D0240	\$16.00
EXTRAORAL 2D RADIOGRAPHIC IMAGE	D0250	\$30.00
EXTRA ORAL POSTERIOR IMAGE	D0251	\$30.00
BITEWING-SINGLE IMAGE	D0270	\$14.00
BITEWINGS-TWO IMAGES	D0272	\$23.00
BITEWINGS-THREE IMAGES	D0273	\$29.00
BITEWINGS-FOUR IMAGES	D0274	\$31.00
VERTICAL BITEWINGS 7-8 IMAGES	D0277	\$35.00
SKULL/FACIAL BONE IMAGE	D0290	\$40.00
TMJ ARTHOGRAM WITH INJECTION	D0320	\$0.00
OTHER TMJ IMAGES, BY REPORT	D0321	\$0.00
TOMOGRAPHIC SURVEY.	D0322	\$0.00
PANORAMIC RADIOGRAPHIC IMAGE	D0330	\$61.00
2D CEPHALOMETRIC IMAGE	D0340	\$45.00
2D ORAL/FACIAL IMAGES	D0350	\$0.00
3D PHOTOGRAPHIC IMAGE	D0351	\$0.00
CONE BEAM LESS THAN WHOLE JAW	D0364	\$131.00
CONE BEAM FULL ARCH MANDIBLE	D0365	\$131.00
CONE BEAM FULL ARCH MAXILLA	D0366	\$131.00
CONE BEAM BOTH JAWS	D0367	\$131.00
CONE BEAM-TMJ	D0368	\$0.00
MAXILLOFACIAL MRI	D0369	\$0.00
MAXILLOFACIAL ULTRASOUND	D0370	\$0.00
SIALOENDOSCOPY	D0371	\$0.00
CONE BEAM CAPT LESS THAN ONE JAW	D0380	\$131.00
CONE BEAM CAPTURE-MANDIBLE	D0381	\$131.00
CONE BEAM CAPTURE-MAXILLA	D0382	\$131.00
CONE BEAM CAPTURE-BOTH JAWS	D0383	\$131.00
CONE BEAM CAPTURE-TMJ SERIES	D0384	\$0.00
MAXILLOFACIAL MRI CAPTURE	D0385	\$0.00
MAXILLOFACIAL ULTRASOUND CAPTURE	D0386	\$0.00
INTERPRETATION-DIAGNOSTIC IMAGE	D0391	\$7.00
TREATMENT SIMULATION 3D IMAGE	D0393	\$0.00
DIGITAL SUBTRACTION TWO OR MORE	D0394	\$0.00
FUSION OF 2 OR MORE 3D IMAGE	D0395	\$0.00
LAB TEST	D0415	\$24.00
VIRAL CULTURE	D0416	\$0.00
SALIVA SAMPLE COLLECTION	D0417	\$20.00
COLLECT & PREP GENETIC SAMPLE	D0422	\$24.00
GENETIC TEST-SPECIMEN ANALYSIS	D0423	\$0.00
CARIES SUSCEPTIBILITY TESTS	D0425	\$0.00
PRE-DIAGNOSTIC MUCOSAL TEST	D0431	\$0.00
PULP VITALITY TEST	D0460	\$19.00

Description of Service	ADA Code	Benefit Paid by MetLife
CONSULTATION, SLIDE BIOPSY	D0485	\$0.00
ACCESSION TRANSEPIHELIAL	D0486	\$0.00
CARIES ASSESSMENT LOW RISK	D0601	\$0.00
CARIES ASSESSMENT-MODERATE RISK	D0602	\$0.00
CARIES ASSESSMENT-HIGH RISK	D0603	\$0.00
UNSPECIFIED DIAGNOSTIC PROCEDURE	D0999	\$400.00
CLEANING - ADULT	D1110	\$52.00
CLEANING - CHILD	D1120	\$42.00
TOPICAL FLUORIDE-VARNISH	D1206	\$38.00
TOPICAL APPLICATION-FLUORIDE	D1208	\$26.00
NUTRITIONAL COUNSELING	D1310	\$0.00
TOBACCO COUNSELING	D1320	\$0.00
HYGIENE INSTRUCTION	D1330	\$0.00
SEALANT - PER TOOTH	D1351	\$17.00
PREVENTIVE RESIN RESTORATION	D1352	\$18.00
SEALANT REPAIR-PER TOOTH	D1353	\$7.00
INTERIM CARIES MEDICAMENT	D1354	\$9.00
SPACE MAINTAINER FIXED-UNILATER	D1510	\$157.00
SPACE MAINTAINER FIXED-BILATERAL	D1515	\$216.00
SPACE MAINTAINER REM-UNILATERAL	D1520	\$155.00
SPACE MAINTAINER REM-BILATERAL	D1525	\$275.00
RECEMENT REBOND SPACE MAINTAINER	D1550	\$24.00
SPACE MAINTAINER REMOVAL	D1555	\$0.00
UNSPECIFIED PREVENTIVE PROCEDURE	D1999	\$0.00
ONE SURFACE AMALGAM	D2140	\$45.00
TWO SURFACE AMALGAM	D2150	\$55.00
THREE SURFACE AMALGAM	D2160	\$70.00
FOUR OR MORE SURFACE AMALGAM	D2161	\$83.00
ONE SURFACE COMPOSITE ANTERIOR	D2330	\$51.00
TWO SURFACE COMPOSITE ANTERIOR	D2331	\$65.00
THREE SURFACE COMPOSITE ANTERIOR	D2332	\$78.00
4 OR MORE SURF COMPOSITE ANT	D2335	\$92.00
RESIN CROWN	D2390	\$61.00
ONE SURFACE COMPOSITE POSTERIOR	D2391	\$53.00
TWO SURFACE COMPOSITE POSTERIOR	D2392	\$72.00
3 SURFACE COMPOSITE POSTERIOR	D2393	\$89.00
4 OR MORE SURF COMPOSITE POST	D2394	\$94.00
1 SURFACE GOLD FOIL	D2410	\$75.00
2 SURFACE GOLD FOIL	D2420	\$104.00
3 SURFACE GOLD FOIL	D2430	\$125.00
ONE SURFACE METALLIC INLAY	D2510	\$155.00
TWO SURFACE METALLIC INLAY	D2520	\$188.00
THREE SURFACE METALLIC INLAY	D2530	\$203.00
TWO SURFACE METALLIC ONLAY	D2542	\$232.00
THREE SURFACE METALLIC ONLAY	D2543	\$238.00
4 OR MORE SURF. METALLIC ONLAY	D2544	\$247.00
ONE SURFACE PORCELAIN INLAY	D2610	\$177.00
2 SURFACE PORCELAIN INLAY	D2620	\$196.00
3 OR MORE SURF. PORCELAIN INLAY	D2630	\$236.00
2 SURFACES - PORCELAIN ONLAY	D2642	\$272.00
3 SURFACES - PORCELAIN ONLAY	D2643	\$279.00
4 OR MORE SURF. PORCELAIN ONLAY	D2644	\$285.00
1 SURFACE COMPOSITE/RESIN INLAY	D2650	\$135.00
2 SURFACE COMPOSITE/RESIN INLAY	D2651	\$160.00
3 OR MORE SURF COMP/RESIN INLAY	D2652	\$178.00
2 SURFACE COMPOSITE/RESIN ONLAY	D2662	\$228.00

DIAGNOSTIC CASTS	D0470	\$41.00
DECALCIFICATION PROCEDURE	D0475	\$0.00
SPECIAL MICRO. STAINS	D0476	\$0.00
STAIN - NOT MICROORGANISM	D0477	\$0.00
IMMUNOHISTOCHEMICAL STAIN	D0478	\$0.00
TISSUE IN-SITU HYBRIDIZATION	D0479	\$0.00
ELECTRON MICROSCOPY	D0481	\$0.00
DIRECT IMMUNO.	D0482	\$0.00
INDIRECT IMMUNO.	D0483	\$0.00
SLIDE, CONSULTATION	D0484	\$0.00

3 SURFACE COMPOSITE/RESIN ONLAY	D2663	\$222.00
4 OR MORE SURF COMP/RESIN ONLAY	D2664	\$230.00
RESIN CROWN (INDIRECT)	D2710	\$100.00
CROWN 3/4 RESIN BASED INDIRECT	D2712	\$97.00
CROWN RESIN W/HIGH NOBLE METAL	D2720	\$257.00
CROWN RESIN W/BASE METAL	D2721	\$195.00
CROWN RESIN W/NOBLE METAL	D2722	\$221.00
CROWN PORCELAIN/CERAMIC	D2740	\$269.00
CROWN PORCELAIN-HIGH NOBLE METAL	D2750	\$267.00
CROWN PORCELAIN-BASE METAL	D2751	\$244.00

Description of Service	ADA Code	Benefit Paid by MetLife
CROWN PORCELAIN-NOBLE METAL	D2752	\$252.00
CROWN 3/4 HIGH NOBLE	D2780	\$265.00
CROWN 3/4 BASE METAL	D2781	\$241.00
CROWN 3/4 CAST NOBLE METAL	D2782	\$245.00
CROWN 3/4 PORCELAIN/CERAMIC	D2783	\$272.00
CROWN HIGH NOBLE	D2790	\$247.00
CROWN FULL CAST/BASE METAL	D2791	\$220.00
CROWN FULL CAST NOBLE METAL	D2792	\$228.00
TITANIUM CROWN	D2794	\$241.00
PROVISIONAL CROWN	D2799	\$0.00
RECEMENT/BOND INLAY ONLAY VENEER	D2910	\$17.00
RECEMENT REBOND POST CORE	D2915	\$17.00
RECEMENT REBOND CROWN	D2920	\$17.00
REATTACHMENT OF TOOTH FRAGMENT	D2921	\$0.00
PREFAB PORC/CER CROWN-PRIMARY	D2929	\$96.00
STAINLESS STEEL CROWN - CHILD	D2930	\$50.00
STAINLESS STEEL CROWN - ADULT	D2931	\$53.00
RESIN CROWN	D2932	\$56.00
STAINLESS STEEL CROWN/RESIN	D2933	\$72.00
SS CROWN PRIMARY TOOTH	D2934	\$52.00
PROTECTIVE RESTORATION	D2940	\$25.00
INTERIM THERAPEUTIC REST-PRIME	D2941	\$0.00
RESTORATIVE FOUNDATION	D2949	\$0.00
CORE BUILDUP-INCLUDING PINS	D2950	\$43.00
PIN RETENTION PER TOOTH	D2951	\$11.00
POST AND CORE	D2952	\$95.00
CAST POST - EACH ADDL SAME TOOTH	D2953	\$11.00
PREFAB POST AND CORE	D2954	\$63.00
POST REMOVAL	D2955	\$0.00
STEEL POST - EACH ADDL SAME TH	D2957	\$6.00
RESIN LABIAL VENEER-CHAIRSIDE	D2960	\$109.00
RESIN LABIAL VENEER-LABORATORY	D2961	\$170.00
PORCELAIN LABIAL VENEER	D2962	\$219.00
ADDLT CROWN PROCEDURE	D2971	\$44.00
COPING	D2975	\$0.00
CROWN REPAIR	D2980	\$44.00
INLAY REPAIR	D2981	\$44.00
ONLAY REPAIR	D2982	\$44.00
VENEER REPAIR	D2983	\$43.00
RESIN INFILTRATION/SMOOTH SURF	D2990	\$18.00
UNSPECIFIED RESTOR. PROCEDURE	D2999	\$0.00
PULP CAP-DIRECT	D3110	\$24.00
PULP CAP-INDIRECT	D3120	\$23.00
THERAPEUTIC PULPOTOMY	D3220	\$29.00
PULPAL DEBRIDEMENT	D3221	\$17.00
PARTIAL PULPOTOMY - APEXOGENESIS	D3222	\$30.00
PULPAL THERAPY ANT/PRIMARY TOOTH	D3230	\$111.00
PULPAL THERAPY POST/PRIMARY TH	D3240	\$134.00

Description of Service	ADA Code	Benefit Paid by MetLife
PULPAL REGENERATION INITIAL	D3355	\$37.00
PULPAL REGEN INTERIM MED REPLMT	D3356	\$19.00
PULPAL REGENERATION COMPLETION	D3357	\$37.00
APICOECTOMY - ANTERIOR	D3410	\$144.00
APICOECTOMY - BICUSPID	D3421	\$166.00
APICOECTOMY - MOLAR	D3425	\$187.00
APICOECTOMY - ADDITIONAL ROOT	D3426	\$71.00
PERIRADICULAR SURGERY W/O APICO	D3427	\$139.00
BONE GRAFT PERIRADICULAR 1ST	D3428	\$102.00
BONE GRAFT PERIRADICULAR ADD'L	D3429	\$71.00
RETROGRADE FILLING - PER ROOT	D3430	\$45.00
BIOLOGIC MATERIALS-PERIRADICULAR	D3431	\$63.00
GUIDED TISSUE REG-PERIRADICULAR	D3432	\$97.00
ROOT AMPUTATION - PER ROOT	D3450	\$107.00
ENDODONTIC IMPLANTS	D3460	\$0.00
INTENTIONAL REIMPLANTATION	D3470	\$0.00
ENDODONTIC ISOLATION	D3910	\$0.00
HEMISECTION	D3920	\$91.00
CANAL PREPARATION	D3950	\$0.00
UNSPECIFIED ENDODONTIC PROCEDURE	D3999	\$0.00
GINGIVECTOMY/PLASTY FULL QUAD	D4210	\$125.00
GINGIVECTOMY/PLASTY - 1-3 TEETH	D4211	\$64.00
GINGIVECTOMY/PLASTY W/REST-TOOTH	D4212	\$20.00
CROWN EXPOSURE	D4230	\$0.00
CROWN EXPOSURE	D4231	\$0.00
GINGIVAL FLAP PROC FULL QUAD	D4240	\$131.00
GINGIVAL FLAP 1 - 3 TEETH	D4241	\$82.00
APICALLY POSITIONED FLAP	D4245	\$70.00
CROWN LENGTHENING	D4249	\$200.00
OSSEOUS SURGERY - 4 OR MORE TH	D4260	\$276.00
OSSEOUS SURGERY 1 - 3 TEETH	D4261	\$175.00
BONE GRAFT - FIRST SITE	D4263	\$102.00
BONE GRAFT - ADDITIONAL SITE	D4264	\$71.00
BIOLOGIC MATERIALS	D4265	\$64.00
GTR - RESORBABLE BARRIER	D4266	\$98.00
GTR - NONRESORBABLE BARRIER	D4267	\$123.00
SURGICAL REVISION PROCEDURE	D4268	\$32.00
PEDICLE SOFT TISSUE GRAFT	D4270	\$148.00
AUTOGENOUS TISSUE GRAFT	D4273	\$242.00
DISTAL/PROXIML WEDGE	D4274	\$82.00
NON AUTOGENOUS TISSUE GRAFT	D4275	\$231.00
COMBINED TISSUE GRAFTING/TOOTH	D4276	\$241.00
FREE SOFT TISSUE GRAFT 1ST TOOTH	D4277	\$196.00
FREE SOFT TISSUE GRAFT ADD'L TH	D4278	\$101.00
SUBEPITHELIAL TISSUE GRAFT/ADD'L	D4283	\$121.00
SOFT TISSUE ALLOGRAFT ADDITIONAL	D4285	\$116.00
SPLINTING - INTRACORONAL	D4320	\$0.00
SPLINTING - EXTRACORONAL	D4321	\$0.00

ENDODONTIC THERAPY - ANTERIOR	D3310	\$159.00
ENDODONTIC THERAPY - BICUSPID	D3320	\$189.00
ENDODONTIC THERAPY - MOLAR	D3330	\$254.00
TREATMENT OF ROOT CANAL OBSTRUCT	D3331	\$48.00
INCOMPLETE ROOT CANAL THERAPY	D3332	\$75.00
ROOT PERFORATION REPAIR	D3333	\$41.00
ROOT CANAL RETREAT/ANTERIOR	D3346	\$198.00
ROOT CANAL RETREAT/BICUSPID	D3347	\$225.00
ROOT CANAL RETREATMENT - MOLAR	D3348	\$292.00
APEXIFICATION - INITIAL VISIT	D3351	\$69.00
APEXIFICATION - INTERIM VISIT	D3352	\$37.00
APEXIFICATION - FINAL VISIT	D3353	\$101.00

SCALING/ROOT PLANING - PER QUAD.	D4341	\$47.00
SCALING & ROOT PLANING 1-3 TEETH	D4342	\$30.00
FULL MOUTH DEBRIDEMENT	D4355	\$24.00
DELIVERY OF ANTIMICROBIAL AGENTS	D4381	\$23.00
PERIODONTAL MAINTENANCE	D4910	\$48.00
DRESSING CHANGE	D4920	\$14.00
GINGIVAL IRRIGATION PER QUAD	D4921	\$0.00
UNSPECIFIED PERIO. PROCEDURE	D4999	\$0.00
COMPLETE UPPER DENTURE	D5110	\$326.00
COMPLETE LOWER DENTURE	D5120	\$326.00
IMMEDIATE DENTURE MAXILLARY	D5130	\$353.00
IMMEDIATE DENTURE MANDIBULAR	D5140	\$353.00

Description of Service	ADA Code	Benefit Paid by MetLife
UPPER PARTIAL DENTURE - RESIN	D5211	\$246.00
LOWER PARTIAL DENTURE - RESIN	D5212	\$246.00
UPPER PARTIAL DENTURE - CAST	D5213	\$386.00
LOWER PARTIAL DENTURE - CAST	D5214	\$386.00
IMMEDIATE MAX PARTIAL RESIN	D5221	\$246.00
IMMEDIATE MAND PARTIAL RESIN	D5222	\$246.00
IMMEDIATE MAX PARTIAL METAL	D5223	\$386.00
IMMEDIATE MAND PARTIAL METAL	D5224	\$386.00
UPPER PARTIAL DENTURE - FLEXIBLE	D5225	\$292.00
LOWER PARTIAL DENTURE - FLEXIBLE	D5226	\$292.00
UNILATERAL PARTIAL DENTURE	D5281	\$144.00
ADJUST UPPER COMPLETE DENTURE	D5410	\$15.00
ADJUST LOWER COMPLETE DENTURE	D5411	\$15.00
ADJUST UPPER PARTIAL DENTURE	D5421	\$15.00
ADJUST LOWER PARTIAL DENTURE	D5422	\$15.00
REPAIR DENTURE BASE	D5510	\$47.00
REPLACE TH ON DENTURE-PER TH	D5520	\$40.00
REPAIR RESIN DENTURE BASE	D5610	\$35.00
REPAIR DENTURE / CAST FRAMEWORK	D5620	\$40.00
REPAIR/REPLACE BROKEN CLASP	D5630	\$38.00
REPLACE TOOTH ON DENTURE	D5640	\$40.00
ADD TOOTH TO DENTURE	D5650	\$42.00
ADD CLASP PARTIAL DENTURE	D5660	\$55.00
REPLACE MAX TEETH & FRAMEWORK	D5670	\$107.00
REPLACE MAND. TEETH & FRAMEWORK	D5671	\$109.00
REBASE COMPLETE UPPER DENTURE	D5710	\$122.00
REBASE COMPLETE LOWER DENTURE	D5711	\$119.00
REBASE UPPER PARTIAL DENTURE	D5720	\$108.00
REBASE LOWER PARTIAL DENTURE	D5721	\$108.00
RELINE UPPER DENTURE - CHAIRSIDE	D5730	\$69.00
RELINE LOWER DENTURE - CHAIRSIDE	D5731	\$69.00
RELINE UPPER DENTURE - CHAIRSIDE	D5740	\$56.00
RELINE LOWER DENTURE - CHAIRSIDE	D5741	\$56.00
RELINE UPPER DENTURE - LAB	D5750	\$102.00
RELINE LOWER DENTURE - LAB	D5751	\$102.00
RELINE UPPER DENTURE - LAB	D5760	\$89.00
RELINE LOWER DENTURE - LAB	D5761	\$89.00
INTERIM COMPLETE DENTURE - UPPER	D5810	\$0.00
INTERIM COMPLETE DENTURE - LOWER	D5811	\$0.00
INTERIM DENTURE - UPPER	D5820	\$0.00
INTERIM DENTURE - LOWER	D5821	\$0.00
TISSUE CONDITIONING - UPPER	D5850	\$32.00
TISSUE CONDITIONING - LOWER	D5851	\$32.00
PRECISION ATTACHMENT, BY REPT.	D5862	\$0.00
OVERDENTURE-COMPLETE MAXILLARY	D5863	\$422.00
OVERDENTURE-PARTIAL MAXILLARY	D5864	\$388.00

Description of Service	ADA Code	Benefit Paid by MetLife
EOSTEAL IMPLANT	D6040	\$932.00
TRANSOSTEAL IMPLANT	D6050	\$1,140.00
INTERIM ABUTMENT	D6051	\$0.00
SEMI-PRECISION ATCH ABUTMENT	D6052	\$227.00
CONNECTING BAR	D6055	\$225.00
PREFAB IMPLANT ABUTMENT	D6056	\$176.00
CUSTOM IMPLANT ABUTMENT	D6057	\$229.00
ABUTMENT SUPPORTED CERAMIC CROWN	D6058	\$338.00
ABUT SUPP PORCEL HIGH NOBLE	D6059	\$319.00
ABUT SUPP PORCEL BASE METAL	D6060	\$288.00
ABUT SUPP PORCEL NOBLE METAL	D6061	\$308.00
ABUT SUPP CAST HIGH NOBLE CROWN	D6062	\$308.00
ABUT SUPP CAST BASE METAL CROWN	D6063	\$267.00
IMPLANT CROWN - CAST NOBLE METAL	D6064	\$287.00
IMPLANT SUPP PORCELAIN CROWN	D6065	\$329.00
IMPLANT SUPP PORCEL-METAL CROWN	D6066	\$317.00
IMPLANT SUPPORTED METAL CROWN	D6067	\$311.00
ABUT SUPP RETAINER PORCELAIN	D6068	\$329.00
ABUT SUPP RETAINER HIGH NOBLE	D6069	\$313.00
ABUT SUPP RETAINER BASE METAL	D6070	\$286.00
ABUT SUPP RETAINER PORCEL-METAL	D6071	\$305.00
ABUT SUPP RETAINER HIGH NOBLE	D6072	\$300.00
ABUT SUPP RETAINER BASE METAL	D6073	\$247.00
ABUT SUPP RETAINER NOBLE METAL	D6074	\$274.00
IMPLANT SUPP RETAINER CERAMIC	D6075	\$314.00
IMPLANT SUPP RETAINER HIGH NOBLE	D6076	\$314.00
IMPLANT SUPP RETAINER CAST METAL	D6077	\$292.00
IMPLANT MAINTENANCE PROCEDURES	D6080	\$25.00
REPAIR IMPLANT PROSTHESIS	D6090	\$60.00
PRECISION ATTACHMENT REPLACEMENT	D6091	\$103.00
RECEMENT/BOND IMPLANT CROWN	D6092	\$17.00
RECEMENT/BOND IMPL FIXED DENTURE	D6093	\$29.00
ABUT SUPPORTED CROWN-TITANIUM	D6094	\$291.00
REPAIR IMPLANT ABUTMENT,REPORT	D6095	\$69.00
IMPLANT REMOVAL, BY REPORT	D6100	\$85.00
DEBRIDEMENT PERIIMPLANT DEFECT	D6101	\$25.00
DEBRIDE/OSS PERIIMPLANT DEFECT	D6102	\$53.00
BONE GRAFT/PERIIMPLANT DEFECT	D6103	\$112.00
BONE GRAFT IMPLANT PLACEMENT	D6104	\$112.00
IMPLANT OVERDENTURE-MAXILLARY	D6110	\$629.00
IMPLANT OVERDENTURE-MANDIBULAR	D6111	\$629.00
IMPLANT OVERDENTURE PARTIAL-MAX	D6112	\$577.00
IMPLANT OVERDENTURE PARTIAL-MAND	D6113	\$577.00
IMPLANT SUPP FIXED DENTURE MAX	D6114	\$1,076.00
IMPLANT SUPP FIXED DENTURE MAND	D6115	\$1,076.00
IMPLANT SUPP FIXED PARTIAL MAX	D6116	\$1,106.00

OVERDENTURE-COMplete MANDIBULAR	D5865	\$425.00
OVERDENTURE-PARTIAL MANDIBULAR	D5866	\$388.00
REPLACE PART OF PREC ATTACHMENT	D5867	\$0.00
MODIFY REMOVABLE PROsthESIS	D5875	\$55.00
UNSPEC. PROsthODONTIC PROCEDURE	D5899	\$0.00
FLUORIDE GEL CARRIER	D5986	\$0.00
PERIODONTAL MEDICAMENT CARRIER	D5994	\$0.00
UNSPEC. MAXILLOFACIAL PROsthESIS	D5999	\$0.00
ENDOSTEAL IMPLANT	D6010	\$512.00
SECOND STAGE IMPLANT SURGERY	D6011	\$0.00
PLACEMENT OF INTERIM IMPLANT	D6012	\$498.00
SURGICAL PLACEMENT MINI IMPLANT	D6013	\$507.00

IMPLANT SUPP FIXED PARTIAL MAND	D6117	\$1,106.00
IMPLANT INDEX	D6190	\$61.00
ABUT SUPP RETAINER TITANIUM	D6194	\$280.00
UNSPECIFIED IMPLANT PROCEDURE	D6199	\$0.00
PONTIC - INDIRECT COMPOSITE	D6205	\$183.00
PONTIC - CAST HIGH NOBLE	D6210	\$242.00
PONTIC - CAST BASE METAL	D6211	\$217.00
PONTIC - CAST NOBLE METAL	D6212	\$227.00
PONTIC - TITANIUM	D6214	\$227.00
PONTIC - PORCELAIN - HIGH NOBLE	D6240	\$253.00
PONTIC - PORCELAIN - BASE METAL	D6241	\$236.00

Description of Service	ADA Code	Benefit Paid by MetLife
PONTIC - PORCELAIN NOBLE METAL	D6242	\$247.00
PONTIC - PORCELAIN	D6245	\$266.00
PONTIC-RESIN W/HIGH NOBLE METAL	D6250	\$256.00
PONTIC - RESIN W/BASE METAL	D6251	\$191.00
PONTIC - RESIN W/NOBLE METAL	D6252	\$210.00
PROVISIONAL PONTIC	D6253	\$0.00
CAST METAL RETAINER	D6545	\$0.00
RETAINER - PORCELAIN/CERAMIC	D6548	\$118.00
RESIN RETAINER-FIXED PROsthESIS	D6549	\$89.00
RETAINER INLAY CERAMIC 2 SURFACE	D6600	\$243.00
RETAINER INLAY CERAMIC 3 OR MORE	D6601	\$249.00
RETAINER INLAY HIGH NOBLE 2 SURF	D6602	\$179.00
RETAINER INLAY HIGH NOBLE 3-MORE	D6603	\$195.00
RETAINER INLAY METAL 2 SURF	D6604	\$176.00
RETAINER INLAY METAL 3 OR MORE	D6605	\$182.00
RETAINER INLAY CAST METAL 2 SURF	D6606	\$174.00
RETAINER INLAY CAST METAL 3-MORE	D6607	\$197.00
RETAINER ONLAY CERAMIC 2 SURFACE	D6608	\$247.00
RETAINER ONLAY CERAMIC 3 OR MORE	D6609	\$256.00
RETAINER ONLAY HIGH NOBLE 2 SURF	D6610	\$201.00
RETAINER ONLAY HIGH NOBLE 3-MORE	D6611	\$233.00
RETAINER ONLAY BASE METAL 2 SURF	D6612	\$191.00
RETAINER ONLAY BASE METAL 3-MORE	D6613	\$226.00
RETAINER ONLAY CAST NOBLE 2 SURF	D6614	\$194.00
RETAINER ONLAY CAST NOBLE 3-MORE	D6615	\$230.00
RETAINER INLAY-TITANIUM	D6624	\$167.00
RETAINER ONLAY-TITANIUM	D6634	\$192.00
RETAINER CROWN INDIRECT RESIN	D6710	\$183.00
RETAINER CROWN-RESIN HIGH NOBLE	D6720	\$256.00
RETAINER CROWN-RESIN BASE METAL	D6721	\$198.00
RETAINER CROWN-RESIN NOBLE METAL	D6722	\$216.00
RETAINER CROWN-PORCELAIN CERAMIC	D6740	\$276.00
RETAINER CROWN-PORC-HIGH NOBLE	D6750	\$267.00
RETAINER CROWN-PORCE-BASE METAL	D6751	\$244.00
RETAINER CROWN-PORCE-NOBLE METAL	D6752	\$252.00
RETAINER CROWN 3/4 HIGH NOBLE	D6780	\$253.00
RETAINER CROWN 3/4 BASE METAL	D6781	\$222.00
RETAINER CROWN-3/4 NOBLE METAL	D6782	\$236.00
RETAINER CROWN-3/4 PORCELAIN	D6783	\$268.00
RETAINER CROWN FULL CAST HIGH	D6790	\$248.00
RETAINER CROWN-FULL CAST BASE	D6791	\$218.00
RETAINER CROWN-FULL CAST NOBLE	D6792	\$230.00
PROVISIONAL RETAINER CROWN	D6793	\$0.00
RETAINER CROWN-TITANIUM	D6794	\$238.00
CONNECTOR BAR	D6920	\$164.00
RECEMENT BRIDGE	D6930	\$28.00

Description of Service	ADA Code	Benefit Paid by MetLife
OCCLUSAL ORTHOTIC ADJ	D7881	\$0.00
UNSPECIFIED TMJ PROCEDURE	D7899	\$0.00
COLLECT-APPLY AUTOLOGOUS PRODUCT	D7921	\$62.00
BONE GRAFTS- MANDIBLE OR MAXILLA	D7950	\$360.00
SINUS AUGMENTATION-LATERAL	D7951	\$510.00
SINUS AUGMENTATION-VERTICAL	D7952	\$510.00
BONE GRAFT	D7953	\$112.00
FRENULECTOMY - SEPARATE	D7960	\$74.00
FRENULOPLASTY	D7963	\$72.00
EXCISION HYPERPLASTIC TISSUE	D7970	\$88.00
EXCISE PERICORONAL GINGIVA	D7971	\$38.00
REDUCE FIBROUS TUBEROSITY	D7972	\$85.00
APPLIANCE REMOVAL	D7997	\$0.00
FIXATION DEVICE PLACEMENT	D7998	\$0.00
UNSPECIFIED ORAL SURG. PROCEDURE	D7999	\$0.00
LIMITED ORTHO - PRIMARY	D8010	\$0.00
LIMITED ORTHO - PRIMARY	D8011	\$0.00
LIMITED ORTHO - TRANSITIONAL	D8020	\$0.00
LIMITED ORTHO - TRANSITIONAL	D8021	\$0.00
LIMITED ORTHO - ADOLESCENT	D8030	\$0.00
LIMITED ORTHO - ADOLESCENT	D8031	\$0.00
LIMITED ORTHO - ADULT	D8040	\$0.00
LIMITED ORTHO - ADULT	D8041	\$0.00
INTERCEPTIVE ORTHO - PRIMARY	D8050	\$0.00
INTERCEPTIVE ORTHO - PRIMARY	D8051	\$0.00
INTERCEPTIVE ORTHO- TRANSITIONAL	D8060	\$0.00
INTERCEPTIVE ORTHO- TRANSITIONAL	D8061	\$0.00
COMPREHENSIVE ORTHO TRANSITIONAL	D8070	\$0.00
COMPREHENSIVE ORTHO TRANSITIONAL	D8071	\$0.00
COMPREHENSIVE ORTHO - ADOLESCENT	D8080	\$0.00
COMPREHENSIVE ORTHO - ADOLESCENT	D8081	\$0.00
COMPREHENSIVE ORTHO - ADULT	D8090	\$0.00
COMPREHENSIVE ORTHO - ADULT	D8091	\$0.00
REMOVABLE APPLIANCE THERAPY	D8210	\$0.00
FIXED APPLIANCE THERAPY	D8220	\$0.00
PRE-ORTHODONTIC TREATMENT EXAM	D8660	\$0.00
UNSPECIFIED ORTHO PROCEDURE	D8665	\$0.00
PERIODIC ORTHO TREATMENT VISIT	D8670	\$0.00
ORTHODONTIC RETENTION	D8680	\$0.00
REMOVABLE RETAINER ADJUST	D8681	\$0.00
ORTHO TREATMENT - ALT BILLING	D8690	\$0.00
REPAIR OF ORTHODONTIC APPLIANCE	D8691	\$0.00
REPLACE LOST OR BROKEN RETAINER	D8692	\$0.00
REBOND/RECEMENT FIXED RETAINERS	D8693	\$0.00
REPAIR FIXED RETAINERS	D8694	\$0.00
UNSPECIFIED ORTHO PROCEDURE	D8999	\$0.00

STRESS BREAKER	D6940	\$0.00	EMERGENCY RELIEF OF PAIN	D9110	\$30.00
PRECISION ATTACHMENT	D6950	\$0.00	BRIDGE SECTIONING	D9120	\$31.00
BRIDGE REPAIR, BY REPORT	D6980	\$43.00	LOCAL ANESTHESIA	D9210	\$0.00
PEDIATRIC PARTIAL DENTURE	D6985	\$0.00	REGIONAL BLOCK ANESTHESIA	D9211	\$0.00
UNSPECIFIED FIXED PROSTH. PROC	D6999	\$0.00	TRIGEMINAL ANESTHESIA	D9212	\$0.00
EXTRACT CORONAL REMNANTS	D7111	\$26.00	LOCAL ANESTHESIA	D9215	\$0.00
EXTRACT ERUPT TOOTH/EXPOSED ROOT	D7140	\$29.00	EVAL-DEEP SEDATION/GEN ANES	D9219	\$0.00
EXTRACT ERUPTED TOOTH - SURGICAL	D7210	\$51.00	DEEP SEDATION/GENERAL ANES	D9223	\$44.00
EXTRACT IMPACTED TOOTH SOFT TISS	D7220	\$66.00	ANALGESIA, ANXIOLYSIS, NITROUS	D9230	\$0.00
EXTRACT IMPACTED TOOTH PART BONY	D7230	\$82.00	INTRAVENOUS SEDATION	D9243	\$38.00
EXTRACT IMPACTED TOOTH COMP BONY	D7240	\$105.00	NON-IV CONSCIOUS SEDATION	D9248	\$0.00
EXT IMPACTED TOOTH BONY W/COMPL	D7241	\$118.00	CONSULTATION	D9310	\$28.00
REMOVE RESIDUAL ROOT	D7250	\$55.00	HOUSE CALLS	D9410	\$0.00
CORONECTOMY	D7251	\$105.00	HOSPITAL CALLS	D9420	\$0.00
OROANTRAL FISTULA SURGERY	D7260	\$178.00	OFFICE VISIT - REGULAR HOURS	D9430	\$0.00
PRIM. SINUS PERFORATION CLOSURE	D7261	\$187.00	OFFICE VISIT - AFTER HOURS	D9440	\$0.00
TOOTH REPLANTATION	D7270	\$96.00	CASE PRESENTATION	D9450	\$0.00
TOOTH TRANSPLANTATION	D7272	\$93.00	INJECT DRUG - THERAPEUTIC	D9610	\$24.00
UNERUPTED TOOTH ACCESS	D7280	\$105.00	MULTIPLE THERAPEUTIC DRUGS	D9612	\$40.00
MOBILIZE TO AID ERUPTION	D7282	\$94.00	DRUGS/MEDICINES	D9630	\$0.00
UNERUPTED TOOTH DEVICE	D7283	\$0.00	APPLY DESENSITIZING MEDICINE	D9910	\$20.00
CYTOLOGY SAMPLE	D7287	\$20.00	DESENSITIZING RESIN	D9911	\$19.00
BRUSH BIOPSY	D7288	\$20.00	BEHAVIOR MANAGEMENT, BY REPORT	D9920	\$0.00
REPOSITION TEETH - SURGICAL	D7290	\$101.00	POST-SURGICAL COMPLICATIONS	D9930	\$35.00
TRANSEPTAL/SUPRA FIBEROTOMY	D7291	\$0.00	CLEAN INSPECT COMPLETE UPPER	D9932	\$25.00
TEMP ANCHORAGE SCREW RETAINED	D7292	\$0.00	CLEAN INSPECT COMPLETE LOWER	D9933	\$25.00
TEMP ANCHORAGE REQUIRING FLAPS	D7293	\$0.00	CLEAN INSPECT PARTIAL UPPER	D9934	\$25.00
TEMP ANCHORAGE WITHOUT FLAPS	D7294	\$0.00	CLEAN INSPECT PARTIAL LOWER	D9935	\$25.00
ALVEOPLASTY - WITH EXTRACTIONS	D7310	\$49.00	OCCLUSAL GUARDS	D9940	\$0.00
ALVEOPLASTY W/EXTRACTIONS 1-3	D7311	\$30.00	ATHLETIC MOUTHGUARDS	D9941	\$0.00
ALVEOPLASTY W/O EXTRACTION	D7320	\$76.00	REPAIR / RELINE OCCLUSAL GUARD	D9942	\$0.00
ALVEOPLASTY W/O EXTRACTIONS 1-3	D7321	\$47.00	OCCLUSAL GUARD ADJUSTMENT	D9943	\$0.00
VESTIBULOPLASTY	D7340	\$245.00	OCCLUSION ANALYSIS	D9950	\$0.00
VESTIBULOPLASTY	D7350	\$651.00	ADJUST OCCLUSION - LIMITED	D9951	\$22.00
REMOVE ODONTOGENIC CYST/TUMOR	D7450	\$95.00	ADJUST OCCLUSION - COMPLETE	D9952	\$98.00
REMOVE ODONTOGENIC CYST/TUMOR	D7451	\$226.00	ENAMEL MICROABRASION	D9970	\$0.00
REMOVAL OF EXOSTOSIS	D7471	\$138.00	ODONTOPLASTY	D9971	\$0.00
REMOVE TORUS PALATINUS	D7472	\$139.00	EXTERNAL BLEACHING - PER ARCH	D9972	\$0.00
REMOVE TORUS MANDIBULARIS	D7473	\$142.00	EXTERNAL BLEACHING - PER TOOTH	D9973	\$0.00
REDUCE OSSEOUS TUBEROSITY	D7485	\$77.00	INTERNAL BLEACHING - PER TOOTH	D9974	\$0.00
ABSCESS - INTRAORAL INCISION	D7510	\$38.00	EXTERNAL BLEACHING PER ARCH-HOME	D9975	\$0.00
ABSCESS - INTRAORAL INCISION	D7511	\$38.00	SALES TAX	D9985	\$400.00
ABSCESS - EXTRAORAL INCISION	D7520	\$65.00	MISSED APPOINTMENT	D9986	\$0.00
ABSCESS - EXTRAORAL INCISION	D7521	\$62.00	CANCELLED APPOINTMENT	D9987	\$0.00
TEMPOROMANDIBULAR APPLIANCE	D7880	\$0.00	UNSPEC. ADJUNCTIVE SERVICE	D9999	\$0.00