

# Aetna Life Insurance Company

## Schedule of benefits

### Dental Network Only 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:	Truist Financial Corporation
Policyholder number:	GP-0141938
Schedule of benefits:	1A
<b>Group policy</b> effective date	January 1, 2024
Plan name:	Dental Network Only
Plan effective date:	January 1, 2024
Plan issue date:	December 21, 2023

**Underwritten by Aetna Life Insurance Company in the Commonwealth of Virginia**



## Schedule of benefits

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This schedule of benefits lists the **eligible dental services, deductibles, 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** or that exceed your **lifetime maximum**.
- 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 Life Insurance Company's group policy** provides the coverage described in this schedule of benefits. This schedule replaces any schedule of benefits previously in use. Keep it with your booklet-certificate.

## 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

Expense	Copayment
Comprehensive <b>orthodontic treatment</b> of adolescent and adult dentition	\$2,800

Maximums	Amounts
Dental emergency services maximum	\$100

## Eligible dental services

### 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	4 visits per year for all oral evaluations combined	\$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
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	\$0
Prophylaxis – child	2 visits per year	\$0
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	\$0
Preventive resin restoration in a moderate to high risk caries patient – permanent tooth if you are under age 16	1 application every 3 years for permanent molars, combined frequency for all sealants	\$0
Sealant repair - per tooth, if you are under age 16	For permanent molars	\$0
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	\$0
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	\$0
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	\$0
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	\$0
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	\$0
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	\$0

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	\$0
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	\$0
Re-cement or re-bond bilateral space maintainer – maxillary		\$12
Re-cement or re-bond bilateral space maintainer – mandibular		\$12
Re-cement or re-bond unilateral space maintainer - per quadrant		\$6
Removal of fixed unilateral space maintainer - per quadrant		\$6
Removal of fixed bilateral space maintainer – maxillary		\$12
Removal of fixed bilateral space maintainer – mandibular		\$12
Distal shoe space maintainer– fixed – unilateral - per quadrant		\$0
Amalgam – 1 surface, primary or permanent		\$0
Amalgam – 2 surfaces, primary or permanent		\$0
Amalgam – 3 surfaces, primary or permanent		\$0
Amalgam – 4+ surfaces, primary or permanent		\$0
Resin-based composite – 1 surface, anterior		\$0
Resin-based composite – 2 surfaces, anterior		\$0
Resin-based composite – 3 surfaces, anterior		\$0
Resin-based composite – 4+ surfaces, anterior		\$40
Resin-based composite crown, anterior		\$40
Resin-based composite – 1 surface, posterior		\$35
Resin-based composite – 2 surfaces, posterior		\$45
Resin-based composite – 3 surfaces, posterior		\$55
Resin-based composite – 4+ surfaces, posterior		\$75
Inlay – metallic - 1 surface		\$190
Inlay – metallic - 2 surfaces		\$190
Inlay – metallic - 3 or more surfaces		\$190
Onlay – metallic - 2 surfaces		\$200
Onlay – metallic - 3 surfaces		\$200
Onlay - metallic – 4 or more surfaces		\$200
Inlay, porcelain/ceramic – 1 surface		\$190

Inlay, porcelain/ceramic – 2 surfaces		\$190
Inlay, porcelain/ceramic – 3 or more surfaces		\$190
Onlay, porcelain/ceramic – 2 surfaces		\$200
Onlay, porcelain/ceramic – 3 surfaces		\$200
Onlay, porcelain/ceramic – 4 or more surfaces		\$200
Inlay, resin based composite – 1 surface		\$190
Inlay, resin based composite – 2 surfaces		\$190
Inlay, resin based composite – 3 or more surfaces		\$190
Onlay, resin based composite – 2 surfaces		\$200
Onlay, resin based composite – 3 surfaces		\$200
Onlay, resin based composite – 4 or more surfaces		\$200
Crown – resin-based composite, indirect		\$225
Crown – 3/4 resin-based composite, indirect		\$180
Crown – resin with high noble metal		\$225
Crown – resin with predominantly base metal		\$225
Crown – resin with noble metal		\$225
Crown – porcelain/ ceramic		\$225
Crown – porcelain fused to high noble metal		\$225
Crown – porcelain fused to predominantly base metal		\$225
Crown – porcelain fused to noble metal		\$225
Crown – porcelain fused to titanium and titanium alloys		\$225
Crown – 3/4 cast high noble metal		\$225
Crown – 3/4 cast predominantly base metal		\$225
Crown – 3/4 cast noble metal		\$225
Crown – 3/4 cast porcelain/ceramic		\$225
Crown – full cast high noble metal		\$225
Crown – full cast predominantly base metal		\$225
Crown – full cast noble metal		\$225
Crown – titanium and titanium alloys		\$225
Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		\$5
Re-cement or re-bond indirectly fabricated or prefabricated post and core		\$3
Re-cement or re-bond crown		\$5
Reattachment of tooth fragment, incisal edge or cusp		\$4
Prefabricated porcelain/ceramic crown – primary tooth		\$0
Prefabricated stainless steel crown – primary tooth		\$0



Prefabricated stainless steel crown - permanent tooth		\$40
Prefabricated esthetic coated stainless steel crown – primary tooth		\$0
Protective restoration		\$0
Interim therapeutic restoration – primary dentition		\$0
Core buildup, including any pins when required		\$60
Pin retention – per tooth, in addition to restoration		\$10
Post & core in addition to crown, indirectly fabricated		\$80
Excavation of a tooth resulting in the determination of non-restorability		\$0
Resin infiltration of incipient smooth surface lesions if you are under age 16	1 application every 3 years, combined frequency for all sealants	\$0
Application of hydroxyapatite regeneration medicament - per tooth		\$0
Pulp cap – direct (excluding final restoration)		\$0
Pulp cap – indirect (excluding final restoration)		\$0
Therapeutic pulpotomy (excluding final restoration)		\$0
Pulpal debridement, primary and permanent teeth		\$10
Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development		\$0
Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)		\$0
Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)		\$0
Endodontic therapy, anterior tooth (excluding final restoration)		\$50
Endodontic therapy, premolar tooth (excluding final restoration)		\$70
Endodontic therapy, molar tooth (excluding final restoration)		\$175
Treatment of root canal obstruction; non-surgical access		\$50
Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		\$35
Internal root repair of perforation defects		\$40
Retreatment of previous root canal therapy – anterior		\$150
Retreatment of previous root canal therapy – premolar		\$170

Retreatment of previous root canal therapy – molar		\$275
Apicoectomy – anterior		\$65
Apicoectomy – premolar (first root)		\$65
Apicoectomy – molar (first root)		\$80
Apicoectomy – each additional root		\$40
Retrograde filling – per root		\$20
Root amputation – per root		\$60
Surgical repair of root resorption - anterior		\$29
Surgical repair of root resorption – premolar		\$39
Surgical repair of root resorption – molar		\$49
Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior		\$54
Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar		\$72
Surgical exposure of root surface without apicoectomy or repair of root resorption – molar		\$90
Gingivectomy or gingivoplasty – 4 or more contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	\$100
Gingivectomy or gingivoplasty – 1-3 contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	\$30
Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	1 per quadrant every 3 years	\$12
Gingival flap procedure, including root planing – 4 or more contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	\$110
Gingival flap procedure, including root planing – 1-3 contiguous teeth or tooth bounded spaces per quadrant	1 per quadrant every 3 years	\$66
Apically positioned flap		\$90
Clinical crown lengthening – hard tissue		\$150
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 3 years	\$250
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 3 years	\$150
Surgical revision procedure, per tooth		\$100
Pedicle soft tissue graft procedure		\$190

Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position		\$115
Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		\$230
Combined connective tissue and pedicle graft, per tooth		\$190
Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft		\$82
Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site		\$41
Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site		\$63
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		\$127
Periodontal scaling and root planing, 4 or more teeth per quadrant	4 separate quadrants every 2 years	\$50
Periodontal scaling and root planing – 1-3 teeth per quadrant	4 per site every 2 years	\$30
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	\$30
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	\$275
Complete denture – mandibular	Relines/rebases/adjustments are not separately eligible within 6 months of placement of the denture	\$275

Immediate denture – maxillary	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$325
Immediate denture – mandibular	Relines/rebases are separately eligible within 6 months of placement of the immediate denture	\$325
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	\$275
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	\$275
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	\$325
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	\$325
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	\$316
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	\$316
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	\$374
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	\$374
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	\$330
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	\$330

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	\$330
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	\$330
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	\$275
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	\$275
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	\$165
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	\$138
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		\$30
Repair broken complete denture base, maxillary		\$30
Replace missing or broken teeth – complete denture (each tooth)		\$35
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 broken teeth – per tooth		\$35
Add tooth to existing partial denture		\$35
Add clasp to existing partial denture - per tooth		\$40

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	\$40
Reline complete mandibular denture (direct)	Includes all adjustments within 6 months after insertion	\$40
Reline maxillary partial denture (direct)	Includes all adjustments within 6 months after insertion	\$40
Reline mandibular partial denture (direct)	Includes all adjustments within 6 months after insertion	\$40
Reline complete maxillary denture (indirect)	Includes all adjustments within 6 months after insertion	\$90
Reline complete mandibular denture (indirect)	Includes all adjustments within 6 months after insertion	\$90
Reline maxillary partial denture (indirect)	Includes all adjustments within 6 months after insertion	\$90
Reline mandibular partial denture (indirect)	Includes all adjustments within 6 months after insertion	\$90
Soft liner for complete or partial removable denture – indirect		\$90
Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary	Included in permanent	\$90
Interim partial denture (including retentive/clasping materials, rests and teeth), mandibular	Included in permanent	\$90
Tissue conditioning, maxillary	Inclusive with prosthesis within 6 months after insertion	\$40
Tissue conditioning, mandibular	Inclusive with prosthesis within 6 months after insertion	\$40
Add metal substructure to acrylic full denture (per arch)		\$30
Abutment supported porcelain/ceramic crown		\$225
Abutment supported porcelain fused to metal crown (high noble metal)		\$225

Abutment supported porcelain fused to metal crown (predominantly base metal)		\$225
Abutment supported porcelain fused to metal crown (noble metal)		\$225
Abutment supported cast metal crown (high noble metal)		\$225
Abutment supported cast metal crown (predominantly base metal)		\$225
Abutment supported cast metal crown (noble metal)		\$225
Implant supported porcelain/ceramic crown		\$225
Implant supported porcelain fused to metal crown (titanium, titanium alloy or high noble metal)		\$225
Implant supported metal crown (titanium, titanium alloy or high noble metal)		\$225
Abutment supported retainer for porcelain/ceramic FPD		\$225
Abutment supported retainer for porcelain fused to metal FPD (high noble metal)		\$225
Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)		\$225
Abutment supported retainer for porcelain fused to metal FPD (noble metal)		\$225
Abutment supported retainer for cast metal FPD (high noble metal)		\$225
Abutment supported retainer for cast metal FPD (predominantly base metal)		\$225
Abutment supported retainer for cast metal FPD (noble metal)		\$225
Implant supported retainer for ceramic FPD		\$225
Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy or high noble metal)		\$225
Implant supported retainer for cast metal FPD (titanium, titanium alloy or high noble metal)		\$225
Implant supported crown – porcelain fused to predominantly base alloys		\$225
Implant supported crown – porcelain fused to noble alloys		\$225
Implant supported crown – porcelain fused to titanium and titanium alloys		\$225
Implant supported crown – predominantly base alloys		\$225
Implant supported crown – noble alloys		\$225
Implant supported crown – titanium and titanium alloys		\$225

Abutment supported crown (titanium)		\$225
Abutment supported crown – porcelain fused to titanium and titanium alloys		\$225
Implant supported retainer – porcelain fused to predominantly base alloys		\$225
Implant supported retainer for FPD – porcelain fused to noble alloys		\$225
Implant /abutment supported removable denture for edentulous arch – maxillary		\$275
Implant /abutment supported removable denture for edentulous arch – mandibular		\$275
Implant /abutment supported removable denture for partially edentulous arch – maxillary		\$275
Implant /abutment supported removable denture for partially edentulous arch – mandibular		\$275
Implant /abutment supported fixed denture for edentulous arch – maxillary		\$275
Implant /abutment supported fixed denture for edentulous arch – mandibular		\$275
Implant /abutment supported fixed denture for partially edentulous arch – maxillary		\$275
Implant /abutment supported fixed denture for partially edentulous arch – mandibular		\$275
Implant supported retainer – porcelain fused to titanium and titanium alloys		\$225
Implant supported retainer for metal FPD – predominantly base alloys		\$225
Implant supported retainer for metal FPD – noble alloys		\$225
Implant supported retainer for metal FPD – titanium and titanium alloys		\$225
Abutment supported retainer - porcelain fused to titanium and titanium alloys		\$225
Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant		\$35
Pontic – indirect resin based composite		\$225
Pontic – cast high noble metal		\$225
Pontic – cast predominantly base metal		\$225
Pontic – cast noble metal		\$225
Pontic - titanium		\$225
Pontic – porcelain fused to high noble metal		\$225
Pontic – porcelain fused to predominantly base metal		\$225
Pontic – porcelain fused to noble metal		\$225



Pontic – porcelain fused to titanium and titanium alloys		\$225
Pontic – porcelain/ceramic		\$225
Pontic – resin with high noble metal		\$225
Pontic – resin with predominantly base metal		\$225
Pontic – resin with noble metal		\$225
Retainer – cast metal for resin-bonded fixed prosthesis		\$190
Retainer – porcelain/ceramic for resin-bonded fixed prosthesis		\$190
Resin retainer – for resin bonded fixed prosthesis		\$113
Retainer inlay – porcelain/ceramic, 2 surfaces		\$190
Retainer inlay – porcelain/ceramic, 3 or more surfaces		\$190
Retainer inlay – cast high noble metal, 2 surfaces		\$210
Retainer inlay – cast high noble metal, 3 or more surfaces		\$210
Retainer inlay – cast predominantly base metal, 2 surfaces		\$190
Retainer inlay – cast predominantly base metal, 3 or more surfaces		\$190
Retainer inlay – cast noble metal, 2 surfaces		\$210
Retainer inlay – cast noble metal, 3 or more surfaces		\$210
Retainer onlay – porcelain/ceramic, 2 surfaces		\$200
Retainer onlay – porcelain/ceramic, 3 or more surfaces		\$200
Retainer onlay – cast high noble metal, 2 surfaces		\$220
Retainer onlay – cast high noble metal, 3 or more surfaces		\$220
Retainer onlay – cast predominantly base metal, 2 surfaces		\$200
Retainer onlay – cast predominantly base metal, 3 or more surfaces		\$200
Retainer onlay – cast noble metal, 2 surfaces		\$220
Retainer onlay – cast noble metal, 3 or more surfaces		\$220
Retainer inlay – titanium		\$210
Retainer onlay – titanium		\$220
Retainer crown – indirect resin based composite		\$225
Retainer crown – resin with high noble metal		\$225
Retainer crown – resin with predominantly base metal		\$225

Retainer crown – resin with noble metal		\$225
Retainer crown – porcelain/ceramic		\$225
Retainer crown – porcelain fused to high noble metal		\$225
Retainer crown – porcelain fused to predominantly base metal		\$225
Retainer crown – porcelain fused to noble metal		\$225
Retainer crown - porcelain fused to titanium and titanium alloys		\$225
Retainer crown – 3/4 cast high noble metal		\$225
Retainer crown – 3/4 cast predominantly base metal		\$225
Retainer crown – 3/4 cast noble metal		\$225
Retainer crown – 3/4 porcelain/ceramic		\$225
Retainer crown– 3/4 titanium and titanium alloys		\$225
Retainer crown – full cast high noble metal		\$225
Retainer crown – full cast predominantly base metal		\$225
Retainer crown – full cast noble metal		\$225
Retainer crown – titanium		\$225
Re-cement or re-bond fixed partial denture		\$15
Extraction, coronal remnants – primary tooth		\$0
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		\$0
Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated		\$0
Removal of impacted tooth – soft tissue		\$0
Removal of impacted tooth – partially bony		\$45
Removal of impacted tooth – completely bony		\$70
Removal of impacted tooth – completely bony, with unusual surgical complications		\$70
Removal of residual tooth roots (cutting procedure)		\$15
Coronectomy - intentional partial tooth removal, impacted teeth only		\$35
Exposure of an unerupted tooth		\$26
Mobilization of erupted or malpositioned tooth to aid eruption		\$30
Placement of device to facilitate eruption of impacted tooth		\$6
Excisional biopsy of minor salivary glands		\$75

Incisional biopsy of oral tissue – hard (bone, tooth)		\$50
Incisional biopsy of oral tissue – soft		\$50
Exfoliative cytological sample collection		\$25
Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces, per quadrant		\$18
Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces, per quadrant		\$9
Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces, per quadrant		\$25
Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces, per quadrant		\$13
Incision and drainage of abscess – intraoral soft tissue		\$10
Incision and drainage of abscess – intraoral soft tissue - complicated		\$11
Buccal/labial frenectomy (frenulectomy)		\$24
Lingual frenectomy (frenulectomy)		\$24
Frenuloplasty		\$25
Palliative (emergency) treatment of dental pain – minor procedure		\$10
Deep sedation/general anesthesia – first 15 minutes		\$104
Deep sedation/general anesthesia – each subsequent 15 minute increment		\$83
Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		\$104
Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment		\$83
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
Repair and/or reline of occlusal guard		\$18

Occlusal guard adjustment	Fee for occlusal guard includes adjustments performed within 6 months of placement	\$13
Occlusal guard – hard appliance, full arch	Covered for bruxism only (1 every 3 years)	\$115
Occlusal guard – soft appliance, full arch		\$100
Occlusal guard – hard appliance, partial arch		\$60
Occlusal adjustment – limited	Not covered when performed in conjunction with a restoration, root canal therapy or appliance	\$20
Occlusal adjustment – complete		\$80
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:

- **Copayment** amounts for crowns and pontics are per unit.
- 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 (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.
 (Limited to 1 per tooth every 5 years. See the *Replacement rule*.)
- **Restorative services:** Multiple restorations on 1 surface are considered as a single restoration. (Limited to 1 per teeth every 5 years.)
- 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) (one additional per **Calendar Year**)
- Scaling and root planing, (4 or more teeth), per quadrant
- Scaling and root planing, (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.