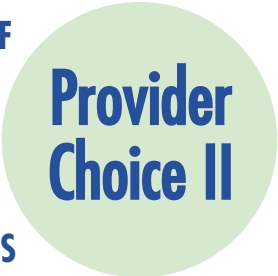


**SCHEDULE OF
BENEFITS
&
MEMBER
COPAYMENTS**



This plan has one copayment per visit for basic, preventive and soft tissue management. Major dental service copayments are limited per procedure.

The following is a complete listing of the member copayments.

Dental Plans: S - \$5 - II

BASIC DENTAL SERVICE**

Per Office Visit Copay **5**
 ** Includes all examinations, prophylaxis, x-rays, oral hygiene instructions, sealants, pulp caps, amalgam and composite restorations, sedative fillings, simple extractions, root removals, recementation of space maintainers, inlay(s), crown(s) or bridge, pin retention, complete or partial denture adjustments, palliative treatment, and follow-up visits for major procedures.

SOFT TISSUE MANAGEMENT***

Per Office Visit Copay **50**
 ***Includes all periodontal scaling and root planing, full mouth debridement, periodontal maintenance procedures following active therapy, irrigation of periodontal pockets for the reduction of bacteria, and oral hygiene instructions.

ADA Code: Procedure Name: Member Copayment:

MAJOR DENTAL SERVICES

SPACE MAINTENANCE (Passive Appliances)

1510	Space Maintainer - Fixed Unilateral	77
1515	Space Maintainer - Fixed Bilateral	102
1520	Space Maintainer - Removable Unilateral	58
1525	Space Maintainer - Removable Bilateral	102

INLAY/ONLAY RESTORATIONS

2510	Inlay metallic - one surface	135
2520	Inlay - metallic - two surfaces	165
2530	Inlay - metallic - three or more surfaces	185
2543	Onlay - metallic - three surfaces	34
2544	Onlay - metallic - four or more surfaces	48
2610	Inlay - porcelain/ceramic - one surface	150
2620	Inlay - porcelain/ceramic - two surfaces	160

CROWNS - SINGLE RESTORATION ONLY

2710	Crown - Resin (laboratory)	80
2740	Crown - porcelain/ceramic substrate	270
2750	Crown - porcelain fused to high noble metal	270
2751	Crown - porcelain fused to predominantly base metal	250
2752	Crown - porcelain fused to noble metal	260
2790	Crown - full cast high noble metal	270
2791	Crown - full cast predominantly base metal	250
2792	Crown - full cast noble metal	260
2799	Provisional Crown - At least six months	55

OTHER RESTORATIVE SERVICES

2930	Prefabricated stainless steel crown - primary tooth	65
2931	Prefabricated stainless steel crown - permanent tooth	65
2933	Prefabricated stainless steel crown with resin window	75
2950	Core buildup, including any pins	58

ADA Code: Procedure Name: Member Copayment:

2952	Cast post and core in addition to crown	65
2953	Additional cast post and core	33
2954	Prefabricated post and core in addition to crown	58
2957	Additional prefabricated post and core	29
2970	Temporary crown (fractured tooth)	55

PULPOTOMY

3220	Therapeutic Pulpotomy (excluding final restoration)	38
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ENDODONTIC THERAPY ON PRIMARY TEETH

3230	Pulp therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	48
3240	Pulp therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	58

ROOT CANAL/ ENDODONTIC THERAPY (Including Treatment Plan, Clinical Procedures and Follow-up Care)

3310	Anterior (excluding final restoration)	170
3320	Bicuspid (excluding final restoration)	200
3330	Molar (excluding final restoration)	240

ENDODONTIC RETREATMENT

3346	Retreatment of previous root canal therapy - anterior	220
3347	Retreatment of previous root canal therapy - bicuspid	250
3348	Retreatment of previous root canal therapy - molar	290

APICECTOMY/PERIAPICAL SERVICES

3410	Apicoectomy/Periradicular surgery - anterior	135
3421	Apicoectomy/Periradicular surgery - bicuspid (first root)	165
3425	Apicoectomy/Periradicular surgery - molar (first root)	200
3426	Apicoectomy/Periradicular surgery - (each additional root)	65
3430	Retrograde Filling - per root	45
3450	Root amputation - per root	75

OTHER ENDODONTIC PROCEDURES

3910	Surgical procedure for isolation of tooth with rubber dam	64
3920	Hemisection (incl. any root removal) not including root canal therapy	80
3950	Canal preparation and fitting of preformed dowel or post	35

SURGICAL SERVICES

(Including Usual Postoperative Services)

4210	Gingivectomy or gingivoplasty- per quadrant	95
4211	Gingivectomy or gingivoplasty- per tooth	32
4220	Gingival curettage, surgical, per quadrant, by report	55
4240	Gingival flap, including root planing - per quadrant	130
4249	Clinical crown lengthening - hard tissue	90
4260	Osseous Surgery (including flap entry and closure) per quadrant	265
4263	Bone replacement graft - first site in quadrant	280
4264	Bone replacement graft - each add'l site in quad	115
4270	Pedicle soft tissue graft procedure	165
4271	Free soft tissue graft procedure - including donor site surgery	185
4273	Subepithelial connective tissue graft procedure - including donor site surgery	128
4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	48

ADJUNCTIVE PERIODONTAL SERVICES

4320	Provisional splinting - intracoronal	45
4321	Provisional splinting - extracoronal	54

ADA Code: Procedure Name: Member Copayment:

COMPLETE DENTURES

(Including Routine Post-Delivery Care)

5110	Complete denture - maxillary	280
5120	Complete denture - mandibular	280
5130	Immediate denture - maxillary	325
5140	Immediate denture - mandibular	325

PARTIAL DENTURES

(Including Routine Post-Delivery Care)

5211	Maxillary partial denture - resin base- including any conventional clasps, rests & teeth	250
5212	Mandibular partial denture - resin base - including any conventional clasps, rests & teeth	250
5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests & teeth)	310
5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests & teeth)	310
5281	Removable unilateral partial denture - one piece cast metal - including clasps & teeth	75

REPAIRS TO COMPLETE DENTURES

5510	Repair broken complete denture base	32
5520	Replace missing or broken teeth - complete denture (each tooth)	27

REPAIRS TO PARTIAL DENTURES

5610	Repair resin denture base	35
5620	Repair cast framework	34
5630	Repair or replace broken clasp	30
5640	Replace broken teeth - per tooth	30
5650	Add tooth to existing partial denture	34
5660	Add clasp to existing partial denture	40

DENTURE REBASE PROCEDURES

5710	Rebase complete maxillary denture	75
5711	Rebase complete mandibular denture	75
5720	Rebase maxillary partial denture	65
5721	Rebase mandibular partial denture	65

DENTURE RELINE PROCEDURES

5730	Reline complete maxillary denture (chairside)	67
5731	Reline complete mandibular denture (chairside)	67
5740	Reline maxillary partial denture (chairside)	54
5741	Reline mandibular partial denture (chairside)	54
5750	Reline complete maxillary denture (laboratory)	80
5751	Reline complete mandibular denture (laboratory)	80
5760	Reline maxillary partial denture (laboratory)	70
5761	Reline mandibular partial denture (laboratory)	70

OTHER REMOVABLE PROSTHETIC SERVICES

5810	Interim complete denture (maxillary)	110
5811	Interim complete denture (mandibular)	110
5820	Interim partial denture (maxillary)	90
5821	Interim partial denture (mandibular)	90
5850	Tissue conditioning - maxillary	29
5851	Tissue conditioning - mandibular	29

FIXED PARTIAL DENTURE PONTICS

6210	Pontic - cast high noble metal	270
6211	Pontic - cast predominantly base metal	250
6212	Pontic - cast noble metal	260
6240	Pontic - porcelain fused to high noble metal	270
6241	Pontic - porcelain fused to predominantly base metal	250
6242	Pontic - porcelain fused to noble metal	260

RETAINERS

6545	Retainers - cast metal for resin bonded fixed prosthesis	90
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ADA Code:	Procedure Name:	Member Copayment:
FIXED PARTIAL DENTURE RETAINERS - CROWN		
6750	Crown - porcelain fused to high noble metal	270
6751	Crown - porcelain fused to predominantly base metal	250
6752	Crown - porcelain fused to noble metal	260
6780	Crown - 3/4 cast high noble metal	225
6790	Crown - full cast high noble metal	270
6791	Crown - full cast predominantly base metal	250
6792	Crown - full cast noble metal	260

OTHER FIXED PARTIAL DENTURE SERVICES		
6940	Stress breaker	38
6950	Precision attachment	90
6970	Cast post and core in addition to fixed partial denture retainer	75
6971	Cast post as part of fixed partial denture retainer	75
6972	Prefabricated Post and Core in addition to fixed partial denture retainer	65
6973	Core build up for retainer, including any pins	58
6976	Each additional cast post and core	38
6977	Each additional prefabricated post and core	33

SURGICAL EXTRACTIONS (Includes Local Anesthesia, Suturing, if needed and Routine Post Operative Care)		
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	45
7220	Removal of impacted tooth - soft tissue	65
7230	Removal of impacted tooth - partially bony	78
7240	Removal of impacted tooth - completely bony	90
7241	Removal of impacted tooth - completely bony with unusual surgical complications	105
7250	Surgical removal of residual tooth roots (cutting procedure)	48

OTHER SURGICAL PROCEDURES		
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (incl. ortho. attachments)	105
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	90
7286	Biopsy of oral tissue - soft	48

ALVEOLOPLASTY - Surgical Preparation of Ridge for Dentures		
7310	Alveoloplasty - in conj. with extractions per quad.	45
7320	Alveoloplasty - not in conj. with extractions per quad.	48

SURGICAL INCISION		
7510	Incision & drainage of abscess - intraoral soft tissue	34
7520	Incision & drainage of abscess - extraoral soft tissue	28

OTHER REPAIR PROCEDURES		
7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	56
7971	Excision of pericoronal gingiva	50

LIMITED ORTHODONTIC TREATMENT		
8010	Limited ortho. treatment of the primary dentition	425
8020	Limited ortho. treatment of the transitional dentition	440
8030	Limited ortho. treatment of the adolescent dentition	460
8040	Limited ortho. treatment of the adult dentition	480

INTERCEPTIVE ORTHODONTIC TREATMENT		
8050	Interceptive orthodontic treatment of the primary dentition	650
8060	Interceptive orthodontic treatment of the transitional dentition	740

ADA Code:	Procedure Name:	Member Copayment:
COMPREHENSIVE ORTHODONTIC TREATMENT		
8070	Comprehensive orthodontic treatment of the transitional dentition	1790
8080	Comprehensive orthodontic treatment of the adolescent dentition	1880
8090	Comprehensive orthodontic treatment of the adult dentition	1970

MINOR TREATMENT TO CONTROL HARMFUL HABITS		
8210	Removable appliance therapy	390
8220	Fixed appliance therapy	370

OTHER ORTHODONTIC SERVICES		
8660	Pre-orthodontic treatment visit	100
8670	Periodic orthodontic treatment visit (as part of contract)	80
8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	170

ANESTHESIA		
9230	Analgesia (Nitrous Oxide)	20
9241	Intravenous Sedation - First 30 minutes	80
9242	Intravenous Sedation - Each additional 15 minutes	28

PROFESSIONAL CONSULTATION		
9310	Consultation - (diagnostic service provided by Specialist)	25

PROFESSIONAL VISITS		
9400	Broken appointment charge - per 15 minutes (without 24 hours prior notice)	10

MISCELLANEOUS SERVICES		
9940	Occlusal guard, by report	160
9951	Occlusal adjustment - limited	45
9952	Occlusal adjustment - complete	100
9974	Internal Bleaching - per tooth	85

PLAN LIMITATIONS

The following exclusions and limitations will apply:

- Services for injuries and conditions which are covered under Workers' Compensation or Employers' Liability Laws or subrogation;
- Services which are provided without cost to the Covered Individual by any municipality, county or other political subdivision (with the exception of Medicaid);
- Services which, in the opinion of the participating DENTIST, are not necessary for the Covered Individual's health;
- Cosmetic, elective, or aesthetic dentistry;
- Oral surgery requiring the setting of fractures or dislocations;
- Services with respect to malignancies, cysts or neoplasms, or hereditary, congenital or developmental malformations;
- Dispensing of drugs, except those used as a local anesthetic;
- Hospitalization for any dental procedure;

- Loss or theft of bridgework or dentures previously supplied under the PLAN;
- Replacement of a bridge, crown, or denture within five (5) years after the date it was originally installed;
- Any implantation or experimental procedure;
- General anesthesia;
- Services that cannot be performed because of the general health of the patient;
- Teeth Cleaning (Prophylaxis) at intervals of less than six (6) months;
- Unlisted procedures will be provided at the dentist's usual and customary fees;
- Services which are obtained outside the dental office in which enrolled and which are not preauthorized by the PLAN. This does not apply to out of area emergency dental services;
- Services rendered by a Pedodontist (Pediatric Dentist) are considered Specialty Care and must be approved by the Covered Individual's Participating General DENTIST;
- All services listed on the Schedule of Benefits and Member Copayments will be provided by a general Participating Dentist or an approved Specialist; provided, however, that a general DENTIST will refer the Covered Individual or Dependent to an approved Specialist or recommend that the Covered Individual or Dependent contact an approved Specialist if it is the judgment of the DENTIST that the service or procedure must be provided by an approved Specialist.

OUT OF AREA EMERGENCY CARE: Members are covered for emergency dental treatment to alleviate acute pain, along with treatment arising from accidental injury or illness while temporarily more than 50 miles from their regular place of residence and the nearest Plan Dental Office. Limited to \$50.00 per member per emergency.



THE DENTAL NETWORK
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