

**DENTAQUEST NATIONAL
INSURANCE COMPANY, INC.
(DENTAQUEST INSURANCE COMPANY, INC.)**

**DentaQuest PPO for Individuals and
Families Policy**

DentaQuest PPO Family High Plan

March, 2023

DentaQuest National Insurance Company, Inc.

96 Worcester Street
Wellesley Hills, MA 02481

**DentaQuest PPO for Individuals and Families
Policy**

DentaQuest National Insurance Company, Inc. (the Plan) certifies that you have the right to benefits for services according to the terms of this Policy. This Policy is part of your Agreement.

This Policy was issued based on the information entered in your application, a copy of which is attached to this Policy. If you know of any misstatement in your application, or if any information concerning the medical history of any insured person has been omitted, you should advise the Plan immediately regarding the incorrect or omitted information; otherwise, your Policy may not be a valid contract.

RIGHT TO RETURN POLICY WITHIN 10 DAYS. If for any reason you are not satisfied with your Policy, you may return this Policy for cancellation to *the Plan's* home office within ten days of the date you received it and the premium you paid, including any policy fees or other charges, will be promptly refunded and this Policy shall be deemed void from the beginning and parties will be returned to their original position as if no Policy had been issued.

RENEWABILITY. This Policy renews annually on January 1 subject to our right to terminate coverage under Part IV, Section 11 (Termination of Policy). We reserve the right to change premium rates upon renewal of the Policy.

ATTEST: DentaQuest National Insurance Company, Inc.



Brett A. Bostrack
President

Contents

Introduction.....	Page [3]
Subscriber’s Rights & Responsibilities.....	Page [3]
Part I - Definitions.....	Page [4]
Part II - Benefits.....	Page [6]
Part III - Exclusions	Page [11]
Part IV - Other Contract Provisions	Page [14]
Part V - Filing a Claim.....	Page [27]
Part VI - Index.....	Page [29]

Introduction

This Policy, including the attached Schedule of Benefits, Application, and any applicable Riders, Endorsements and Supplemental Agreements is the Contract of Insurance. We urge you to read it carefully.

The dental services described in this Policy (see Benefits section) are covered as of your effective date, unless your benefits are subject to a waiting period. Additionally, there are some limitations and restrictions on your coverage, which are found in Parts II and III of this Policy. Please refer to the Schedule of Benefits, attached to this Policy, which outlines the specific coverage provided under this Policy.

If you have any questions, please contact our Customer Service department. Our telephone number is listed at the end of this Policy.

Subscriber's Rights and Responsibilities

As a DentaQuest Dental Plan *subscriber*, you have the right to:

- File a complaint about the dental services provided to you.
- Be provided with appropriate information about *the Plan* and its benefits, participating dentists, and policies.

You have the responsibility to:

- Ask questions in order to understand your dental condition and treatment, and follow recommended treatment instructions given by your dentist.
- Provide information to your dentist that is necessary to render care to you.
- Be familiar with *the Plan* benefits, policies and procedures, by reading our written materials, or calling our Customer Service department at the telephone number listed at the end of this Policy.

Part I Definitions

ACA: The Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148).

Agreement: refers to this Policy, the Schedule of Benefits, the Application, and any applicable Riders, Endorsements and Supplemental Agreements.

Benefit Year: a calendar year for which *the Plan* provides coverage for dental benefits.

Covered dependents: See *Family Coverage* definition.

Covered individual: a person who is eligible for and receives dental benefits. This usually includes *subscribers* and their *covered dependents*.

Date of service: the actual date that the service was completed. With multi-stage procedures, the date of service is the final completion date (the insertion date of a crown, for example).

Deductible: the portion of the covered dental expenses that the *covered individual* must pay before the *Plan's* payment begins.

Effective Date: the date (at 12:00 A.M. Mountain Time), as shown on our records, on which your coverage begins under this Policy or an amendment to it.

Emergency medical condition: a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of an insured or another person in serious jeopardy, serious impairment to body function, or serious dysfunction of any body organ or part or, with respect to a pregnant woman, as further defined in section 1867 (e)(1)(B) of the Social Security Act, 42 USC section 1395dd(e)(1)(B). Emergency dental care includes treatment to relieve acute pain or control a dental condition that requires immediate care to prevent permanent harm.

Exchange: the federal health benefit exchange established by the Secretary of the U.S. Department of Health and Human Services pursuant to § 1321 of the ACA, codified as 42 U.S.C. § 18041(c).

Family coverage: coverage that includes you, your spouse and dependent children up to and including twenty-six (26) years of age. Your or your spouse's adopted children are covered from the date of adoptive or parental placement with an insured subscriber or plan enrollee for the purpose of adoption. Children under testamentary or court appointed guardianship, other than temporary guardianship of less than 12 months duration, and grandchildren in your court-ordered custody who are dependent upon you are also covered. Attainment of the limiting age shall not operate to terminate the coverage of a covered dependent child while the child is and continues to be both incapable of self-sustaining employment by reason of intellectual disability or physical handicap and chiefly dependent on the Subscriber for support and maintenance. Proof of such incapacity and dependency shall be furnished to *the Plan* by the Subscriber within thirty-one (31) days of the child's attainment of the limiting age and

subsequently as may be required by *the Plan* but not more frequently than annually after the two-year period following the child's attainment of the limiting age.

A child will not be denied enrollment because: (i) the child was born out of wedlock; (ii) the child is not claimed as a dependent on the parent's federal or state tax return; or (iii) the child does not reside with the parent or in *the Plan's* service area.

Fee Schedule: the payment amount for the services that may be provided by *Participating or Non-participating Dentists* under this Policy. Benefits are payable in accordance with the terms and conditions of the applicable *Schedule of Benefits* attached to this Policy and in effect at the time services are rendered.

Fracture: the breaking off of rigid tooth structure not including crazing due to thermal changes or chipping due to attrition.

Health care provider: any hospital or person that is licensed or otherwise authorized in Arizona to furnish health care services.

Health care service: the furnishing of a service to any individual for the purpose of preventing, alleviating, curing, or healing human illness, injury or physical disability.

Individual (or single) coverage: coverage that includes only the *subscriber*, or only a minor dependent in the case of child only coverage.

Non-participating Dentist: a licensed dentist who has not entered into an agreement with the *Plan* to furnish services to its *covered individuals*.

Out of Pocket Maximum: the maximum a *Covered Individual* will pay in deductibles, copays and coinsurance for allowable expenses in any *Benefit Year*.

Participating Dentist: a licensed dentist located in the *Plan's* service area that has entered into an agreement with the *Plan* to furnish services to its *covered individuals*.

Participating Dentist Contract: contract between the *Plan* and a *Participating Dentist*.

Schedule of Benefits: the part of this Policy which outlines the specific coverage in effect as well as the amount, if any, that you may be responsible for paying towards your dental care.

Subscriber: the Policy holder who is eligible to receive dental benefits. A parent or guardian enrolling a minor dependent, including under a child only plan, assumes all of the subscriber responsibilities on behalf of the minor dependent.

The Plan: refers to DentaQuest National Insurance Company, Inc.

You: the *subscriber* of the dental plan.

Part II Benefits

You have the right to benefits on a non-discriminatory basis for the following services, EXCEPT as limited or excluded elsewhere in this Policy. The benefits may be limited to a maximum dollar payment for each *covered individual* for each *Benefit Year*. The extent of your benefits is explained in the *Schedule of Benefits* which is incorporated as a part of this Policy.

This Part II summarizes the benefits covered by this Policy. Attached to and incorporated as part of this Policy is a complete list of covered dental procedures by current dental terminology (CDT) code.

The following list of benefits applies only to *covered individuals* under age nineteen (19).

DIAGNOSTIC AND PREVENTIVE SERVICES

Benefits are available for the following dental services to diagnose or to prevent tooth decay and other forms of oral disease. These dental services are what most *covered individuals* receive during a routine preventive dental visit. Examples of these services include:

Comprehensive oral examination (including the initial dental history and charting of teeth); once every six months.

Periodic exam; once every six (6) months.

X-rays of the entire mouth; once every sixty (60) months.

Bitewing x-rays (x-rays of the crowns of the teeth); once every six (6) months when oral conditions indicate need. Single tooth x-rays; as needed.

Study models and casts used in planning treatment; once every sixty (60) months.

Routine cleaning, scaling and polishing of teeth; Once every six (6) months.

Fluoride treatment Topical Fluoride - Varnish - 2 every 12 months, Topical application of fluoride (excluding prophylaxis) - 2 every 12 months.

Space maintainers required due to the premature loss of teeth; not for the replacement of primary or permanent anterior teeth.

Sealants on unrestored permanent molars. 1 sealant per tooth every 36 months.

Palliative (emergency) treatment of dental pain – minor procedures.

RESTORATIVE AND OTHER BASIC SERVICES

Benefits are available for the following dental services to treat oral disease including: (a) restore decayed or fractured teeth; (b) repair dentures or bridges; (c) rebase or reline dentures; (d) repair or recement bridges, crowns and onlays; and (e) remove diseased or damaged natural teeth. Examples of these services include:

Fillings consisting of silver amalgam and (in the case of front teeth) synthetic tooth color fillings. However, synthetic (white) fillings are limited to single surface restorations for posterior teeth. Multi-surface synthetic restorations on posterior teeth will be treated as an alternate benefit and an amalgam allowance will be allowed. The patient is responsible up to the dentist's charge.

Periodontal maintenance, including cleaning and scaling and root planing procedures, following active periodontal therapy; 4 in 12 months. Periodontal scaling and root planing; once every twenty-four (24) months per quadrant.

Protective restorations.

Stainless steel crowns. Once per tooth per sixty (60) months.

Simple tooth extractions.

General anesthesia only when necessary and appropriate for covered surgical services only when provided by a licensed, practicing dentist.

Consultations.

Repair of dentures or fixed bridges. Recementing of fixed bridges.

Rebase or reline dentures; once every thirty-six (36) months. 6 months after initial installation.

Tissue conditioning.

Repair or recement crowns and onlays.

Adding teeth to existing partial or full dentures.

Certain surgical services to treat oral disease or injury. This includes surgical tooth extractions and extractions of impacted teeth.

Vital pulpotomy and pulpal therapy is limited to deciduous teeth.

COMPLEX AND MAJOR RESTORATIVE DENTAL SERVICES

Benefits are available for the following dental services and supplies to treat oral disease including: replace missing natural teeth with artificial ones; and restore severely decayed or fractured teeth. Examples of these services include:

Periodontal services to treat diseased gum tissue or bone including the removal of diseased gum tissue (gingivectomy) and the removal or reshaping of diseased bone (osseous surgery). Periodontal benefits are determined according to our administrative “Periodontal Guidelines.”

Endodontic services for root canal treatment of permanent teeth including the treatment of the nerve of a tooth, and the removal of dental pulp.

Inlays are paid as an alternative benefit of amalgam.

Implants- once every 60 months.

Dentures and Bridges

- Complete or partial dentures and fixed bridges including services to measure, fit, and adjust them; once each sixty (60) months.
- Replacement of dentures and fixed bridges, but only when they cannot be made serviceable and were inserted at least sixty (60) months before replacement.

Crowns and Onlays. Once per tooth per sixty (60) months, but only when the teeth cannot be restored with the fillings due to severe decay or fractures:

- Initial placement of crowns and onlays.
- Replacement of crowns and onlays; once each sixty (60) months per tooth.

ORTHODONTIC SERVICES

Benefits are provided for orthodontic services for the dental procedures identified by CDT code in the list of covered dental procedures attached to this Policy, only when they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.

The following list of benefits applies to *covered individuals* age 19 and over.

DIAGNOSTIC AND PREVENTIVE SERVICES

Benefits are available for the following dental services to diagnose or to prevent tooth decay and other forms of oral disease. These dental services are what most *covered individuals* receive during a routine preventive dental visit.

Comprehensive oral examination (including the initial dental history and charting of teeth); once every sixty (60) months.

Periodic exam; twice every calendar year.

X-rays of the entire mouth; once every sixty (60) months.

Bitewing x-rays (x-rays of the crowns of the teeth); one set twice every calendar year.

Single tooth x-rays; as needed.

Routine cleaning, scaling and polishing of teeth; twice every calendar year.

RESTORATIVE AND OTHER BASIC SERVICES

Benefits are available for the following dental services to treat oral disease including: (a) restore decayed or fractured teeth (note: teeth must have a good prognosis to qualify for benefits); (b) repair dentures or bridges; (c) rebase or reline dentures; and (d) repair or recement bridges, crowns and onlays.

Fillings consisting of silver amalgam and (in the case of front teeth) synthetic tooth color fillings, but limited to one filling for each tooth surface for each twenty-four (24) month period. However, synthetic (white) fillings are limited to single surface restorations for posterior teeth. Multi-surface synthetic restorations on posterior teeth will be treated as an alternate benefit and an amalgam allowance will be allowed. The patient is responsible up to the dentist's charge. No benefits are provided for replacing a filling within twenty-four (24) months of the date that the prior filling was furnished.

Protective restorations; once per tooth every sixty (60) months.

Simple tooth extractions.

General anesthesia only when necessary and appropriate for impacted wisdom teeth removal and only when provided by a licensed, practicing dentist.

Repair of dentures or fixed bridges; once every twelve (12) months. Recementing of fixed bridges; once each twelve (12) months.

Rebase or reline dentures; once every thirty-six (36) months.

Tissue conditioning; two treatments every thirty-six (36) months.

Repair or recement crowns and onlays. Recementing is limited to once every twelve (12) months per tooth.

Adding teeth to existing partial or full dentures; once per tooth every twelve (12) months.

Palliative (emergency) treatment of dental pain – minor procedures; three (3) times every calendar year.

COMPLEX AND MAJOR RESTORATIVE DENTAL SERVICES

Benefits are available for the following dental services and supplies to treat oral disease including: replace missing natural teeth with artificial ones; remove diseased or damaged natural teeth; and restore severely decayed or fractured teeth.

Certain surgical services to treat oral disease or injury. This includes surgical tooth extractions and extractions of impacted teeth. Additional oral and maxillofacial surgery services include tooth reimplantation, biopsy of oral tissue, alveoplasty and vestibuloplasty.

Periodontal services to treat diseased gum tissue or bone including the removal of diseased gum tissue (gingivectomy) and the removal or reshaping of diseased bone (osseous surgery). One quadrant of periodontal surgery every thirty-six (36) months. Scaling and root planing once per quadrant every twenty-four (24) months. Periodontal benefits are determined according to our administrative "Periodontal Guidelines."

Periodontal maintenance, including cleaning and scaling and root planing procedures, following active periodontal therapy; once per three months when preceded by active periodontal therapy. Once every three (3) months; not to be combined with regular cleanings.

Endodontic services for root canal treatment once per permanent teeth including the treatment of the nerve of a tooth, the removal of dental pulp, and pulpal therapy. Vital pulpotomy is limited to deciduous teeth.

Dentures and Bridges

- Complete or partial dentures and fixed bridges including services to measure, fit, and adjust them; once every sixty (60) months.
- Replacement of dentures and fixed bridges, but only when they cannot be made serviceable and were inserted at least sixty (60) months before replacement.
- Temporary partial dentures as follows:
 - To replace any of the six (6) upper or lower front teeth, but only if they are installed immediately following the loss of teeth during the period of healing.

Crowns and Onlays

Crowns and onlays as follows, but only when the teeth cannot be restored with the fillings due to severe decay or fractures (note teeth must have good prognosis to qualify for benefits):

- Initial placement of crowns and onlays.
- Replacement of crowns and onlays; once every sixty (60) months per tooth.

Part III Exclusions

1. BENEFITS ARE PROVIDED ONLY FOR NECESSARY AND APPROPRIATE SERVICES

We will not provide benefits for a dental service that is not covered under the terms of this Policy. We will not provide benefits for a covered dental service that is not necessary and appropriate to diagnose or to treat your dental condition. We will not cover experimental care procedures that have not been sanctioned by the American Dental Association and for which no procedure codes have been established.

- A. To be necessary and appropriate, a service must be consistent with the prevention of oral disease or with the diagnosis and treatment on (1) those teeth that are decayed or *fractured* or (2) those teeth where supporting periodontium is weakened by disease in accordance with standards of good dental practice not solely for your convenience or the convenience of your dentist.
- B. Who determines what is necessary and appropriate under the terms of the Policy: That decision is made based on a review of dental records describing your condition and treatment. We may decide a service is not necessary and appropriate under the terms of the Policy even if your dentist has furnished, prescribed, ordered, recommended or approved the service.

2. WE DO NOT PROVIDE BENEFITS FOR:

Below is a summary of dental services or items for which coverage is not provided under this Policy. Attached to this Policy and incorporated as part of this Policy is a list by CDT code of services not covered by this Policy.

The following list of limitations and exclusions apply to covered individuals under age nineteen (19).

- Experimental care procedures that have not been sanctioned by the American Dental Association, or for which no procedure codes have been established.
- A service or procedure that is not described as a benefit in this Policy.
- Services that are rendered due to the requirements of a third party, such as an employer or school.
- Travel time and related expenses.
- An illness or injury that we determine arose out of and in the course of your employment.
- A service for which you are not required to pay, or for which you would not be required to pay if you did not have coverage under this Policy.
- A method of treatment more costly than is customarily provided. Benefits will be based on the least costly method of treatment.
- A separate fee for services rendered by interns, residents, fellows or dentists who are salaried employees of a hospital or other facility.

- Appointments with your dentist that you fail to keep.
- A service rendered by someone other than a licensed dentist or a hygienist who is employed by a licensed dentist.
- Prescription drugs.
- A service to treat disorders of the joints of the jaw (temporomandibular joints), except for covered medically necessary orthodontics for individuals under age 19.
- Services that are meant primarily to change or to improve your appearance.
- Repair or reline of an occlusal guard.
- Transplants.
- Replacement of dentures, bridges, space maintainers or periodontic appliances due to theft or loss.
- Lab exams.
- Photographs.
- Duplicate dentures and bridges.
- Services related to congenital anomalies unless otherwise covered. However, this exclusion does not apply to covered orthodontic services.
- Occlusal adjustment.
- Dietary advice and instructions in dental hygiene including proper methods of tooth brushing, the use of dental floss, plaque control programs and caries susceptibility tests.
- Service, supply or procedure to increase the height of teeth (increase vertical dimension) or restore occlusion.
- Services, supplies or appliances to stabilize teeth when required due to periodontal disease such as periodontal splinting.
- Tooth bleach.
- Computerized tomography (CT) scans, surgical stents, surgical guides for implants.
- Transitional implants.
- Bone grafts and guided tissue regeneration in conjunction with extractions, apicoectomies, root amps, ridge augmentations and dental implant placements.
- Sinus lifts.
- Treatment of dental implant failures including surgical debridement and bone grafts to repair implant.
- Cone Beam Imaging and Cone Beam MRI procedures.
- Nitrous oxide.
- Oral sedation.
- Topical medicament center.

The following list of limitations and exclusions apply to covered individuals age 19 and over.

- Experimental care procedures that have not been sanctioned by the American Dental Association, or for which no procedure codes have been established.
- A service or procedure that is not described as a benefit in this Policy.
- Services that are rendered solely due to the requirements of a third party, such as an employer or school.
- Travel time and related expenses.
- An illness or injury that we determine arose out of and in the course of your employment.

- A service for which you are not required to pay, or for which you would not be required to pay if you did not have coverage under this Policy.
- An illness, injury or dental condition for which benefits in one form or another are covered, in whole or in part, through a government program. A government program includes a local, state or national law or regulation that provides or pays for dental services. It does not include Medicaid or Medicare.
- A method of treatment more costly than is customarily provided. Benefits will be based on the least costly method of treatment.
- A separate fee for services rendered by interns, residents, fellows or dentists who are salaried employees of a hospital or other facility.
- Appointments with your dentist that you fail to keep.
- A service rendered by someone other than a licensed dentist or a hygienist who is employed by a licensed dentist.
- Prescription drugs.
- A service to treat disorders of the joints of the jaw (temporomandibular joints).
- Services that are meant primarily to change or to improve appearance.
- Implants.
- Transplants.
- Replacement of dentures, bridges, space maintainers or periodontic appliances due to theft or loss.
- Lab exams.
- Photographs.
- Duplicate dentures and bridges.
- Services related to congenital anomalies unless otherwise covered. However, this exclusion does not apply to any covered orthodontic services.
- Consultations.
- Tooth bleach.
- Computerized tomography (CT) scans, surgical stents, surgical guides for implants.
- Transitional implants.
- Bone grafts and guided tissue regeneration in conjunction with extractions, apicoectomies, root amps, ridge augmentations and dental implant placements.
- Sinus lifts.
- Treatment of dental implant failures including surgical debridement and bone grafts to repair implant.
- Veneers.
- Occlusal guards.

Part IV Other Contract Provisions

1. BENEFIT PAYMENTS FOR SERVICES BY A *PARTICIPATING DENTIST*

The amount if any, that you may be required to pay your *Participating Dentist* is explained in the *Schedule of Benefits*. Payments are made directly to *Participating Dentists*.

2. WHEN YOUR *PARTICIPATING DENTIST* MAY CHARGE YOU MORE

When your *Participating Dentist* provides covered services, he or she must accept the *Fee Schedule* amount as payment in full. But in the following cases you will be responsible for the difference between *the Plan* payment and the dentist's actual charge for covered services:

- A. If you have received the maximum benefit allowed for services. For example, the maximum dollar amount for a *covered individual* in a calendar year, including the service that caused you to reach the maximum.
- B. If you and your dentist decide to use services that are more expensive than those customarily furnished by most dentists, benefits will be provided towards the service with the lower fee.
- C. If, for some reason, you receive services from more than one dentist for the same dental procedure or receive services that are furnished in a series during a planned course of treatment. In such a case the total amount of your benefit will not be more than the amount that would have been provided if only one dentist had furnished all the services.

3. PRE-TREATMENT ESTIMATES

If your dentist expects that dental treatment will involve a series of covered services (over \$600), he or she should file a copy of the treatment plan with *the Plan* BEFORE these services are rendered to a *covered individual*. A treatment plan is a detailed description of the procedures that the dentist plans to perform and includes an estimate of the charges for each service.

Upon receipt of the treatment plan, we will notify you and your dentist about the maximum extent of your benefits for the services reported.

IMPORTANT NOTE: Pre-treatment estimates are calculated based on current available benefits and the patient's eligibility. Estimates are subject to modification and eligibility that apply at the time services are completed and a claim is submitted for payment. The pre-treatment estimate is NOT a guarantee of payment or a preauthorization.

4. BENEFIT PAYMENTS FOR SERVICES BY *NON-PARTICIPATING DENTISTS*

Benefits for covered services provided by a *Non-participating Dentist* are based on the lesser of the dentist's fees, or the amounts indicated on the *Fee Schedule* for services that may be provided by *participating and non-participating dentists* under this Policy. Benefits are payable in accordance with the terms and conditions of the applicable *Schedule of Benefits* attached to this Policy and in effect at the time services are rendered. You will be responsible for paying the dentist any deductible, copayment or coinsurance amount applicable to the covered service and the difference between the dentist's fee and the amount paid by *the Plan* after any deductible or coinsurance amounts are calculated.

To find out if your dentist participates with *the Plan* ask your dentist if he or she has an agreement with us, call our Customer Service department or visit our website.

5. EMERGENCY CARE

Nothing in this Policy of coverage will prohibit a *covered individual* from seeking emergency care whenever the individual is confronted with an emergency medical condition, which in the judgment of a prudent layperson would require pre-hospital emergency services. This includes the option of calling the local pre-hospital emergency medical services system by dialing 911, or its local equivalent. Emergency dental care is defined in Part I of this Policy. Please refer to your Schedule of Benefits for specifics on emergency care benefits.

6. WHEN YOUR COVERAGE BEGINS

The dental services described in this Policy are covered as of your *effective date*, as defined in your application.

7. WE MUST HAVE ACCESS TO YOUR DENTAL RECORDS AND/OR OTHER RELEVANT RECORDS

You agree that when you claim benefits under this Policy, you give us the right to obtain all dental records and/or other related information that we need from any source for claims processing purposes. This information will be kept strictly confidential and is subject to federal and state privacy and confidentiality regulations.

Participating Dentists have agreed to give us all information necessary to determine your benefits under this Policy and have agreed not to charge for this service. If you receive services from a *Non-participating Dentist*, you must obtain all dental records or other related information needed to determine your benefits. We will not pay the dentist in order to obtain this information. If the *Non-participating Dentist* does not provide the required information, we may not be able to provide benefits for his or her services.

A complete record of the Policyholder's claims experience shall be provided, upon request. This record shall be made available not less than thirty (30) days prior to the date upon which premiums or contractual terms of the Policy may be amended.

8. SUBSCRIPTION CHARGE

The amount of money that you are responsible for paying to *the Plan* for your benefits under this *Agreement* is called your subscription charge. We will send you a notice at least thirty (30) days before any change in your subscription charge goes into effect. Subscription charges will not change more than once every twelve (12) months. We may not change your subscription charge until the present Schedule of Benefits under this Policy has been in effect for twelve (12) months.

9. WE MAY CHANGE YOUR POLICY

We will send a notice each time we change all or part of your Policy, describing the change(s) being made. Changes to the Policy may include the addition or deletion of riders as well as plan design changes. You can also call our Customer Service department to get information on your plan change. Our telephone number is listed at the end of this Policy.

The notice will tell you the *effective date* of the change and the benefits for services you may receive on or after the *effective date*. There is one exception: If before the *effective date* of the change, you started receiving services for a procedure requiring two or more visits, we will not apply the change to services related to that procedure.

10. WHEN YOUR COVERAGE ENDS

A *covered individual* will not be eligible for coverage when any of the following occurs:

- A. Your dependent child under your *family coverage* attains the limiting age for coverage (please see Part 1 for the definition of Family Coverage and eligibility requirements for dependents). If *the Plan* has accepted premium for the dependent child, coverage will continue in force subject to any right of cancellation until the end of the period for which premium has been accepted.
- B. The *subscriber's* covered family members may continue coverage on the death of the *subscriber*, the entry of a decree of dissolution of marriage of the *subscriber* and any other conditions, other than failure of the *subscriber* to pay the required premium, under which coverage would otherwise terminate as to the covered spouse or covered dependent children of the *subscriber*. This right to continuation includes dependents losing coverage due to the death of the *subscriber* or dependent children reaching the limiting age in this Policy. Continued coverage may, at the option of the spouse exercising the right, include covered dependent children for whom the spouse has responsibility for care or support.

The person exercising the continuation rights shall notify *the Plan* and make payment of the appropriate premium within thirty-one (31) days following the termination of the existing Policy.

Coverage provided through this continuation provision shall be without additional evidence of insurability or preexisting condition limitations, exclusions or other contractual time limitations

other than those remaining unexpired under the policy from which continuation is exercised. Coverage continued under this Policy is subject termination in accordance with this Policy.

11. TERMINATION OF A POLICY

A. CANCELLATION BY INSURED

You may cancel your Policy for any reason.

The following termination rules apply when you cancel coverage obtained through the *Exchange*.

1. If you provide us with notice at least fourteen (14) days prior to the proposed effective date of termination, the last day of coverage is the termination date specified by you in the notice of termination.
2. If you provide us with notice less than fourteen (14) days prior to the proposed effective date of termination, the last day of coverage is the date determined by us, if we are able to effectuate termination in fewer than fourteen (14) days and you request an earlier termination effective date. If we are unable to effectuate termination in fewer than fourteen (14) days, termination will be effective fourteen (14) days from the date of notice. If you are newly eligible for Medicaid or a Children's Health Insurance Program, the last day of coverage is the day before such coverage begins.

The following termination rules apply if coverage is obtained other than through the *Exchange*.

1. You may cancel this Policy at any time by written notice delivered or mailed to us effective upon receipt or on such later date as may be specified in the notice. In the event of cancellation, we shall return promptly the unearned portion of any premium paid. The earned premium shall be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.
2. If you cancel your Policy, you must wait at least one year after your cancellation before you can enroll again as a *subscriber*.

B. CANCELLATION OR NONRENEWAL BY THE PLAN

We may, upon thirty (30) days notice to *you*, cancel or nonrenew your Policy under any of the following circumstances:

1. Subject to the Time Limitation on Certain Defenses provision set forth in Item 14, if you make any misrepresentation, omission or concealment of a fact or incorrect statements that are: (i) fraudulent; (ii) material either to the acceptance of the risk, or to the hazard assumed by us; or (iii) we in good faith would either not have issued this Policy, or would not have issued this Policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to us as required either by the application for this Policy or otherwise. In such a case, cancellation will be as of your *effective date*. We will refund you the subscription charge you have paid us. We will subtract from the refund any payments made for claims under this Policy. If we have paid more for claims under

this Policy than you have paid us in subscription charges, we have the right to collect the excess from you.

2. If you have not paid your subscription charges, subject to the Grace Period provision under Section 15 under this Part IV.
3. If you have been guilty of fraudulent dealings with us.
4. If we discontinue a particular product or all coverage in the individual market in Arizona in accordance with Arizona law.

If coverage is obtained through the *Exchange*, terminations will be initiated by the *Exchange*, except for terminations for nonpayment of premium which will be initiated by the *Plan*.

C. CANCELLATION DUE TO LOSS OF ELIGIBILITY.

Your Policy will be canceled if you are no longer eligible because you no longer live, reside or work in Arizona. The termination date of this coverage shall be the last day of the month, at 12:01 A.M. Mountain Time, in which we were notified of your move and for which the subscription charge has been paid.

A Participating Dentist shall notify a *covered individual* of the termination of the *covered individual's* Policy if the covered individual visits the Participating Dentist's office when the Participating Dentist is aware that the *covered individual's* Policy has terminated. The Participating Dentist shall also inform the *covered individual* of the charge for any scheduled dental services before performing the dental services.

D. TIME AT WHICH TERMINATION TAKES EFFECT

Any termination of this Policy under paragraphs A., B. or C of this Section 11 shall take effect at 12:01 A.M. Mountain Time on the effective date of termination.

12. MISSTATEMENT OF AGE

If the age of the *subscriber*, or any of the *subscriber's covered dependents* has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age. If the age of the *subscriber* has been misstated, and if according to the correct age of the *subscriber*, the coverage provided by this Policy would not have become effective or would have ceased prior to the acceptance of the premium, then the liability of the *subscriber* shall be limited to the refund, upon request, of all premiums paid for the period not covered by the Policy.

13. TIME LIMIT ON CERTAIN DEFENSES

Misstatements in the application: After two years from the date of this Policy, only fraudulent misstatements in the application may be used to void the Policy or deny any claim for loss incurred (as defined in the policy) that starts after the two-year period.

14. BENEFITS AFTER TERMINATION

No benefits will be provided for services that you receive after termination of this Policy.

15. GRACE PERIOD

The certificate holder shall be given a 31-day grace period for the payment of any premium falling due after the first premium during which coverage remains in effect. If payment is not received within the 31 days, coverage may be cancelled after the thirty-first day and the certificate holder may be held liable for the payment of the premium for the period of time coverage remained in effect during the grace period.

If a *subscriber* is receiving advance payments of the premium tax credit under the ACA, and the *subscriber* has previously paid at least one full month's premium during the *Benefit Year*, the grace period is extended to three (3) consecutive months. *The Plan* may pend claims made during the second and third months of the extended three (3) month grace period. If the premium is not paid by the end of the grace period, coverage will be terminated as of the end of the first month of the grace period and claims pended during the second and third months of the grace period will be denied.

16. NOTICES

- A. To you: When we send a notice to you by first class mail. Once we mail the notice or bill, we are not responsible for its delivery. This applies to a notice of a change in the subscription charge or a change in the Policy. If your name or mailing address should change, you should notify *the Plan* at once. Be sure to give *the Plan* your old name and address as well as your new name and address.
- B. To us: Send letters to DentaQuest National Insurance Company, Inc., c/o DentaQuest Management, Inc., P.O. Box 2906 Milwaukee, WI 53201-2906. Always include your name and subscriber identification number.

17. CONTRACT CHANGES

Any additions or changes to the Policy are allowed ONLY when they conform to our underwriting guidelines. Coverage for new spouses shall be effective from the date of marriage. Newly born children, newly adopted dependent children or grandchildren shall be covered from the moment of birth or date of adoptive or parental placement with an insured for the purpose of adoption. *The Plan* requires that notification of the birth of a newly born child and payment of the required premium must be submitted within thirty-one (31) days after the birth in order to have the coverage continue beyond the thirty-one (31) day period. A minor for whom guardianship is granted by court order or testamentary appointment shall be covered from the date of appointment. A child, who the court orders to be covered under a subscriber's dental coverage, shall be covered from the date of the order.

Changes to the Policy may result in a change in your subscription charge. Except as provided in section 18, below, *the Plan* must be notified of new covered dependents within thirty-one (31) days. Failure to notify the *Plan* of new dependents within thirty-one (31) days shall result in the *Plan* never recognizing coverage for the new dependent(s) during the thirty-one (31) days.

18. ENROLLING DEPENDENTS

Under certain situations, dependents may be added to your coverage at any time. Qualifying events could be a result of court order and your spouse's death. Under those circumstances, you must notify *the Plan* within thirty-one (31) days or six (6) months (only if specified below) of the qualifying event.

a. Death of Spouse – If your spouse dies, you may add your dependent child(ren) to the coverage provided under this Policy at any time and without evidence of insurability if the dependent child(ren) previously were covered under your spouse's Policy or contract. You must notify *the Plan* within six (6) months of this event.

b. Court Order – If you are required under a court order (whether from this state or another state that recognizes the right of the child to receive benefits under the subscriber's health coverage) to provide health coverage for a child, *the Plan* shall allow you to enroll the child under the following circumstances:

1. You shall be allowed to enroll in family members' coverage and include the child in that coverage regardless of any enrollment period restrictions.
2. If you are enrolled but do not include the child in the enrollment, we shall allow the noninsuring parent of the child, child support enforcement agency, or any other agency with authority over the welfare of the child to apply for enrollment on behalf of the child.
3. You may not terminate coverage for the child unless written evidence is provided to us that the order is no longer in effect, that the child is or will be enrolled under other reasonable dental coverage that will take effect on or before the effective date of termination.

19. ENROLLMENT THROUGH THE EXCHANGE AND PREMIUM PAYMENTS

Notwithstanding the requirements of Sections 17 and 18 of this Policy, if coverage is obtained through the *Exchange*, the *Exchange* will enroll qualified individuals and enrollees and terminate coverage in accordance with the requirements of the ACA, the rules promulgated under the ACA, including Parts 155 and 156 of Title 45 of the Code of Federal Regulations, and the requirements of the *Exchange*. The open and special enrollment periods and effective dates of coverage in 45 C.F.R. §§ 155.410 and 155.420 will apply with respect to enrollment through the *Exchange*.

The *Plan* is required to process enrollments in accordance with 45 CFR 156.265, which requires the *Plan* to enroll an individual only if the *Exchange* notifies the *Plan* that the individual is a qualified individual as determined by the *Exchange*.

For coverage obtained through the *Exchange*, premium payments will be required to be made directly to the *Plan* in accordance with the *Plan's* available methods for payment. The first premium payment will be due prior to the effective date of coverage, and premiums will be due

monthly thereafter unless a different payment interval is permitted by the *Plan*.

20. WHEN AND HOW BENEFITS ARE PROVIDED

Benefits will be provided ONLY for those covered services that are furnished on or after the *effective date* of this Policy. If before a *subscriber's effective date* he or she started receiving services for a procedure that requires two or more visits, NO BENEFITS are available for services related to that procedure.

21. WE ARE NOT RESPONSIBLE FOR THE ACTS OF DENTISTS

We will not interfere with the relationship between dentists and patients. You are free to select any dentist. It is your responsibility to find a dentist. We are not responsible if a dentist refuses to furnish services to you. We are not liable for injuries or damages resulting from the acts or omissions of a dentist.

22. COORDINATION OF BENEFITS AND RIGHT TO RECOVER OVERPAYMENTS

Coordination of Benefits (COB) applies if you or any of your dependents have another plan that provides coverage for services that are benefits under your Policy including: indemnity programs, PPO programs, discounted fee for service programs, point of service programs, and capitation programs. The following are not treated as plans for the purposes of COB: individual or family insurance, or other *individual coverage*, amounts of hospital indemnity insurance of \$200 or less per day, school accident type coverage, benefits for non-medical components of group long-term care policies, Medicaid policies and coverage under other governmental plans unless permitted by law, and an individual guaranteed renewable specified disease policy or intensive care policy that does not provide benefits on an expense-incurred basis. *The Plan* will administer the COB according to any applicable state COB law and this Policy.

A. Definitions:

1. **Claim determination period** means a Benefit Year. However, it does not include any part of a year during which a person has no coverage under this Policy, or before the date this COB provision or a similar provision takes effect.
2. **Custodial parent** means a parent who: (1) is awarded custody by a court decree. In the absence of a court decree, it is the parent with whom the child resides more than one half of the Benefit Year without regard to any temporary visitation; or (2) is a guardian of the person or other custodian of a child and is designated as guardian or custodian by a court or administrative agency of this or another state.
3. The plan that provides benefits first under the COB rules is known as the **primary plan**. The primary plan is responsible for providing benefits in accordance with its terms and conditions of coverage without regard to coverage under any other plan. 4. The plan that provides benefits next is the **secondary plan**. It provides benefits toward any remaining balance for covered services in accordance with its terms and conditions of coverage, including its COB provision.

B. Secondary Plan's Benefits:

The secondary plan's benefits are determined after those of another plan and may be reduced because of the primary plan's benefits. This Plan, as the secondary plan, will provide benefits toward any remaining patient balance for covered services in accordance with this Policy, provided that the amount paid by this Plan as the secondary plan, when added to the amount paid by the primary plan, will not exceed the lesser of the provider's submitted charge or the amount allowed under your *contract*.

C. Order of Benefit Determination Rules:

1. The coverage from both plans shall be coordinated so that the *covered individual* receives the maximum allowable benefit from each plan.
2. A plan that does not contain a COB provision is always primary. An exception to this rule is coverage that is obtained by virtue of membership in a group that is designed to supplement a part of a basic package of benefits. An example of this type of coverage is a point-of-service benefit written in connection to a closed (capitation) panel.
3. In determining which plan is the primary and which is the secondary, the following rules shall apply and in this order:
 - a. The plan that covers the *covered individual* other than as a dependent is the primary plan. The secondary plan is the one that covers that *covered individual* as a dependent. However, if federal law requires Medicare to be a secondary plan, then this rule may be reversed.
 - b. When both plans cover the *covered individual* as a dependent child, the plan of the parent whose birthday occurs first in a Benefit Year should be considered as primary. The parents should be married, not separated (whether or not they ever have been married), or a court decree awards joint custody without specifying that one party has the responsibility to provide health care coverage.
 - c. If the parents are not married, or are separated (whether or not they ever have been married) or are divorced, the order of benefits shall be: 1) the plan of the custodial parent 2) the plan of the spouse of the custodial parent 3) the plan of the noncustodial parent.
 - d. If a determination cannot be made with the rules as set out above, the plan that has covered either of the parents for a longer time should be considered as primary. This rule shall apply if the parents have the same birthday.
 - e. If a court decree states that one of the parents is responsible for the child's health care expenses or health care coverage and the plan of that parent has actual knowledge of those terms, that plan is primary. This rule shall apply to claim determination periods or Benefit Years commencing after the plan is given notice of the court decree.
4. A plan may consider the benefits paid or provided by another plan in determining its benefits only when it is secondary to that other plan.
5. If one of the plans is a medical plan and the other is a dental plan, the medical plan will always be the primary plan.
6. Whichever plan that covered the *covered individual* as an employee, member, *subscriber* or retiree longer is the primary plan.

If we pay more than we should have under COB, then you must refund any overpayment to the *Plan*.

IMPORTANT: No statement in this section should be interpreted to mean that we will provide any more benefits than those already described in the Benefits Section of this Policy. Remember that under COB, the total of the payments made for covered health care services will not be more than the total of the allowed charges for those covered services. We will not provide duplicate benefits for the same services. If you have any questions about COB and your Policy, please contact our Customer Service department. The telephone number is listed at the end of this Policy.

23. CONFORMITY WITH STATE STATUTES:

Any provision of this Policy that on its effective date is in conflict with the statutes of the state, District of Columbia or territory in which the Subscriber resides on that date is hereby amended to conform to the minimum requirements of such statutes.

24. CHOICE OF LAW

This Policy shall be construed according to the laws of Arizona. This Policy will be automatically revised in order to conform to statutory requirements of the laws of Arizona.

25. LEGAL ACTIONS

No action at law or in equity shall be brought to recover under this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished as required by this Policy. No legal action may be brought after the expiration of two years after the time written proof of loss is required to be furnished.

26. ENTIRE CONTRACT; CHANGES

This Policy, including the *Schedule of Benefits*, and any applicable rider(s) or attachments, and the Application constitute the entire contract of insurance. No change in this Policy shall be valid until approved by an officer of the *Plan* and unless such approval be endorsed hereon or attached hereto. No agent has any authority to change this Policy or to waive any of its provisions.

27. IMPORTANT INFORMATION ABOUT YOUR INSURANCE

In the event that you need to contact someone about this coverage for any reason, you should contact your agent. If no agent was involved in the sale of this coverage, or if you have additional questions, you may contact DentaQuest National Insurance Company, Inc. at the following address and telephone number:

DentaQuest National Insurance Company, Inc.
c/o DentaQuest P.O. Box 2906

Milwaukee, WI 53201-2906
Telephone: 1-844-876-3981

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting the agent, or DentaQuest National Insurance Company, Inc., you should have your Policy number available.

28. REINSTATEMENT

If the renewal premium is not paid before the grace period ends, the Policy will lapse. Later acceptance of the premium by *the Plan* or by an agent authorized to accept payment, without requiring an application for reinstatement, will reinstate the Policy. If *the Plan* or its agent requires an application for reinstatement, the Subscriber will be given a conditional receipt for the premium. If the application is approved the Policy will be reinstated as of the approval date. Lacking such approval, the Policy will be reinstated on the forty-fifth day after the date of the conditional receipt unless the Plan has previously written the Subscriber of its disapproval. The reinstated Policy will cover only loss that results from an injury sustained after the date of reinstatement and sickness that starts more than 10 days after such date. In all other respects the rights of the Subscriber and *the Plan* will remain the same, subject to any provisions noted or attached to the reinstated Policy. Any premiums *the Plan* accepts for a reinstatement will be applied to a period for which premiums have not been paid. No premiums will be applied to any period more than 60 days prior to the date of reinstatement.

29. STATEMENTS AS REPRESENTATION; EFFECT OF MISREPRESENTATION UPON POLICY

All statements and descriptions in your application for insurance or in negotiations therefor, by or on your behalf, shall be deemed to be representations and not warranties. Misrepresentations, omissions, concealment of facts and incorrect statements shall not prevent a recovery under this Policy unless: (i) fraudulent; (ii) material either to the acceptance of the risk, or to the hazard assumed by *the Plan*; or (iii) *the Plan* in good faith would either not have issued this Policy, or would not have issued this Policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to *the Plan* as required either by the application for this Policy or otherwise.

30. ADMINISTRATION OF CLAIM AGAINST *THE PLAN* NOT DEEMED WAIVER OF DEFENSE

Without limitation of any right or defense of *the Plan* otherwise, none of the following acts by or on behalf of *the Plan* shall be deemed to constitute a waiver of any provision of this Policy or of any defense of *the Plan* hereunder: (i) acknowledgement of the receipt of notice of loss or claim; (ii) furnishing forms for reporting a loss or claim, for giving information relative thereto, or for making proof of loss, or receiving or acknowledging receipt of any such forms or proofs completed or uncompleted; or (iii) investigating any loss or claim or engaging in negotiations looking toward a possible settlement of any such loss or claim.

31. RECORDED PERSONAL INFORMATION

If a *covered individual*, after proper identification, submits a written request to us for access to recorded personal information about the individual which is reasonably described by the individual and which we can reasonably locate and retrieve, we will, within thirty (30) business days from the date the request is received: (i) inform the individual of the nature and substance of the recorded personal information in writing, by telephone or by other oral communication; (ii) permit the individual to see and copy, in person, the recorded personal information pertaining to the individual or to obtain a copy of the recorded personal information by mail, whichever the individual prefers, unless the recorded personal information is in coded form, in which case we shall provide an accurate translation in plain language and in writing; (iii) disclose to the individual the identity, if recorded, of those persons to whom we have disclosed the personal information within two years prior to the request, and if the identity is not recorded, the names of those persons to whom the information is normally disclosed; and (iv) provide the individual with a summary of the procedures by which the individual may request correction, amendment or deletion of recorded personal information. Any personal information provided pursuant to this section shall identify the source of the information if the source is an institutional source. Medical record information supplied by a medical care institution or medical professional and requested under this section, together with the identity of the medical professional or medical care institution which provided the information, shall be supplied either directly to the *covered individual* or to a medical professional designated by the individual and licensed to provide medical care with respect to the condition to which the information relates, whichever we prefer. If we elect to disclose the information to a medical professional designated by the *covered individual*, we will notify the individual, at the time of the disclosure, that the medical professional has provided the information to the medical professional.

Except with respect to corrected personal information, we may charge a reasonable fee to cover the costs incurred in providing a copy of recorded personal information to *covered individuals*.

The obligations imposed by this section may be satisfied by an insurance producer authorized to act on our behalf.

32. CORRECTIONS, AMENDMENTS OR DELETIONS TO RECORDED PERSONAL INFORMATION

Within thirty (30) business days from the date of receipt of a written request from a *covered individual* to correct, amend or delete any recorded personal information in our possession about the individual, we will either: (i) correct, amend or delete the portion of the recorded personal information in dispute; or (ii) notify the individual of its refusal to make the correction, amendment or deletion, the reasons for the refusal and the individual's right to file a statement as provided below.

If we correct, amend or delete recorded personal information, we will so notify the individual in writing and furnish the correction, amendment or fact of deletion to the following, as applicable: (i) any person specifically designated by the individual who may have, within the preceding two years, received the recorded personal information; (ii) any insurance support organization whose primary source of personal information is insurance institutions if the insurance support organization has systematically received the recorded personal information from the insurance institution within the

preceding seven years, except that the correction, amendment or fact of deletion need not be furnished if the insurance support organization no longer maintains recorded personal information about the individual; and (iii) any insurance support organization that furnished the personal information that has been corrected, amended or deleted.

If an individual disagrees with our refusal to correct, amend or delete recorded personal information, the individual may file with us a concise statement setting forth what the individual thinks is the correct, relevant or fair information and a concise statement of the reasons why the individual disagrees with our refusal to correct, amend or delete recorded personal information.

If the individual files either statement as described immediately above, we will (i) file the statement with the disputed personal information and provide a means by which anyone reviewing the disputed personal information will be made aware of the individual's statement and have access to it; (ii) in any subsequent disclosure by us of the recorded personal information that is the subject of disagreement, clearly identify the matter in dispute and provide the individual's statement along with the recorded personal information being disclosed; and (iii) furnish the statement to the persons and in the manner prescribed above.

If the individual so requests, we will reconsider our underwriting decision based on any corrected information or the individual's statement provided above.

Part V Filing a Claim

1. EXPLANATION OF BENEFITS (EOB) Each time we process a claim for you under this Policy, a written notice will be sent to you explaining your benefits for that claim. This notice will tell you how we paid the claim or the reasons it was denied. The notice is called an Explanation of Benefits or “EOB.”

2. WHO FILES A CLAIM

A. *Participating Dentists*: *Participating Dentists* will file claims directly to us for the services covered by this Policy. We will make benefit payments within sixty (60) days to them.

B. *Non-participating Dentists*: When you receive covered services from a *Nonparticipating Dentist*, either you or the dentist may file a claim. Contact our Customer Service Department at 1-844-876-3981 for claim forms.

3. PROOF OF LOSS

All claims for benefits under the *Contract* for services must be submitted within ninety (90) days of the date that the *covered individual* completes the service. Failure to submit the claim within the time required does not invalidate or reduce a claim if it was not reasonably possible to submit the claim within the time required, if the proof is furnished as soon as reasonably possible and, except in the absence of legal capacity of the *covered individual*, not later than one (1) year from the time the *covered individual* should have submitted the claim.

If benefits are denied because a *Participating Dentist* fails to submit a claim on time, you will not be responsible for paying the dentist for the portion of the dentist’s charge that would have been a benefit under the dental plan. This applies only if the *covered individual* properly informed the *Participating Dentist* that he or she was a *covered individual* by presenting his or her dental plan identification card. The *covered individual* will be responsible for his or her patient liability, if any.

4. WHEN YOU FILE A CLAIM

A. NOTICE OF CLAIM. Written notice of claim must be given within 20 days after a covered loss starts or as soon as reasonably possible. The notice can be given to *the Plan* at DentaQuest National Insurance Company, Inc., c/o DentaQuest Management, Inc., P.O. Box 2906 Milwaukee, WI 53201-2906, or to *the Plan’s* agent, with information sufficient to identify the claimant, shall be deemed notice to *the Plan*. Please include in the notice the name of the Subscriber, and claimant if other than the Subscriber, and the policy number.

B. CLAIM FORMS. When *the Plan* receives a request for a claim form for the services of a *Non-participating Dentist*, it will send the claimant an Attending Dentist’s Statement form for filing proof of loss. If the form is not given to the claimant within fifteen (15) days after receipt of a request from the claimant, the claimant will be deemed to have complied with *the Plan’s* requirements of this Policy for filing a completed claims form, if within the time limit under Section 3 of this Part V, the *covered individual* submits a

written statement of the nature of the service, and the character and the extent of the service for which the claim is made.

C. TIME OF PAYMENT OF CLAIMS. We will immediately upon receipt of due written proof of loss: (a) send you a check for your claim to the extent of your benefits under this Policy; or (b) send you a notice in writing of why we are not paying your claim; or (c) send you a notice in writing that the legitimacy of the claim is in dispute and additional information is necessary to determine if all or part of the claim will be reimbursed and what specific additional information is necessary to pay your claim.

If you have any questions, contact our Customer Service department. Our telephone number is listed at the end of this Policy.

D. PAYMENT OF CLAIMS. Benefits will be paid to the subscriber. *The Plan* may pay all or a portion of any dental benefits provided to a Participating Dentist.

E. UNPAID PREMIUM. Upon the payment of a claim under this Policy, any premium then due and unpaid or covered by any note or written order may be deducted therefrom.

Part VI Index

This index lists the major benefits and limitations of your Policy. Of course, it does not list everything that is covered in your Policy. To understand fully all benefits and limitations you must read carefully through your Policy.

Agreement.....	[4]
Benefits	[6]
Benefits after Termination	[18]
Complex and Major Restorative Dental Services	[7, 9]
Contract Changes	[17]
Covered Individual.....	[4]
Deductible	[4]
Definitions.....	[4]
Diagnostic and Preventive Services	[6, 8]
Effective Date	[4]
Exclusions	[11]
Family Coverage.....	[4]
Filing a Claim.....	[27]
Individual Coverage.....	[5]
Introduction.....	[3]
Non-participating Dentist Benefits	[15]
Notices	[19]
Other Contract Provisions	[14]
Participating Dentist Benefits	[14]
Pre-treatment Estimates	[14]
Restorative and Other Basic Services	[6, 9]
Subscriber	[5]
Subscriber's Rights and Responsibilities	[3]
Termination of a Policy.....	[17]

DentaQuest National Insurance
Company, Inc.
96 Worcester Street
Wellesley Hills, MA 02481
Customer Service Department
1-844-876-3981

Arizona CDT List

Code	Nomenclature
D0120	periodic oral evaluation - established patient
D0140	limited oral evaluation - problem focused
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver
D0150	comprehensive oral evaluation - new or established patient
D0160	detailed and extensive oral evaluation - problem focused, by report
D0180	comprehensive periodontal evaluation - new or established patient
D0210	intraoral - complete series of radiographic images
D0220	intraoral - periapical first radiographic image
D0230	intraoral - periapical each additional radiographic image
D0240	intraoral - occlusal radiographic image
D0270	bitewing - single radiographic image
D0272	bitewings - two radiographic images
D0273	bitewings - three radiographic images
D0274	bitewings - four radiographic images
D0277	vertical bitewings - 7 to 8 radiographic images
D0330	panoramic radiographic image
D0340	cephalometric radiographic image
D0350	oral/facial photographic images obtained intraorally or extraorally interpretation of diagnostic image by a practitioner not associated with capture of the image, including report
D0391	pulp vitality tests
D0460	diagnostic casts
D0470	diagnostic casts
D0999	unspecified diagnostic procedure, by report
D1110	prophylaxis - adult
D1120	prophylaxis - child
D1206	topical application of fluoride varnish
D1208	topical application of fluoride
D1351	sealant - per tooth
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth
D1510	space maintainer - fixed - unilateral
D1515	space maintainer - fixed - bilateral
D1520	space maintainer - removable - unilateral
D1525	space maintainer - removable - bilateral
D1550	re-cementation of space maintainer
D1999	unspecified preventive procedure, by report
D2140	amalgam - one surface, primary or permanent
D2150	amalgam - two surfaces, primary or permanent
D2160	amalgam - three surfaces, primary or permanent

D2161 amalgam - four or more surfaces, primary or permanent
D2330 resin-based composite - one surface, anterior
D2331 resin-based composite - two surfaces, anterior
D2332 resin-based composite - three surfaces, anterior
resin-based composite - four or more surfaces or involving incisal
D2335 angle (anterior)
D2390 resin-based composite crown, anterior
D2391 resin-based composite - one surface, posterior
D2392 resin-based composite - two surfaces, posterior
D2393 resin-based composite - three surfaces, posterior
D2394 resin-based composite - four or more surfaces, posterior
D2410 gold foil - one surface
D2420 gold foil - two surfaces
D2430 gold foil - three surfaces
D2510 inlay - metallic - one surface
D2520 inlay - metallic - two surfaces
D2530 inlay - metallic - three or more surfaces
D2542 onlay - metallic - two surfaces
D2543 onlay - metallic - three surfaces
D2544 onlay - metallic - four or more surfaces
D2610 inlay - porcelain/ceramic - one surface
D2620 inlay - porcelain/ceramic - two surfaces
D2630 inlay - porcelain/ceramic - three or more surfaces
D2642 onlay - porcelain/ceramic - two surfaces
D2643 onlay - porcelain/ceramic - three surfaces
D2644 onlay - porcelain/ceramic - four or more surfaces
D2650 inlay - resin-based composite - one surface
D2651 inlay - resin-based composite - two surfaces
D2652 inlay - resin-based composite - three or more surfaces
D2662 onlay - resin-based composite - two surfaces
D2663 onlay - resin-based composite - three surfaces
D2664 onlay - resin-based composite - four or more surfaces
D2710 crown - resin-based composite (indirect)
D2712 crown - $\frac{3}{4}$ resin-based composite (indirect)
D2720 crown - resin with high noble metal
D2721 crown - resin with predominantly base metal
D2722 crown - resin with noble metal
D2740 crown - porcelain/ceramic substrate
D2750 crown - porcelain fused to high noble metal
D2751 crown - porcelain fused to predominantly base metal
D2752 crown - porcelain fused to noble metal
D2780 crown - $\frac{3}{4}$ cast high noble metal
D2781 crown - $\frac{3}{4}$ cast predominantly base metal
D2782 crown - $\frac{3}{4}$ cast noble metal
D2783 crown - $\frac{3}{4}$ porcelain/ceramic
D2790 crown - full cast high noble metal
D2791 crown - full cast predominantly base metal

D2792 crown - full cast noble metal
D2794 crown - titanium
provisional crown– further treatment or completion of diagnosis
D2799 necessary prior to final impression
D2910 recement inlay, onlay, or partial coverage restoration
D2915 recement cast or prefabricated post and core
D2920 recement crown
D2929 prefabricated porcelain/ceramic crown – primary tooth
D2930 prefabricated stainless steel crown - primary tooth
D2931 prefabricated stainless steel crown - permanent tooth
D2940 protective restoration
D2950 core buildup, including any pins when required
D2951 pin retention - per tooth, in addition to restoration
D2952 post and core in addition to crown, indirectly fabricated
D2953 each additional indirectly fabricated post - same tooth
D2954 prefabricated post and core in addition to crown
additional procedures to construct new crown under existing partial
D2971 denture framework
D2980 crown repair necessitated by restorative material failure
D2981 inlay repair necessitated by restorative material failure
D2982 onlay repair necessitated by restorative material failure
D2983 veneer repair necessitated by restorative material failure
D2990 resin infiltration of incipient smooth surface lesions
D2999 unspecified restorative procedure, by report
D3110 pulp cap - direct (excluding final restoration)
D3120 pulp cap - indirect (excluding final restoration)
therapeutic pulpotomy (excluding final restoration) - removal of
pulp coronal to the dentinocemental junction and application of
D3220 medicament
D3221 pulpal debridement, primary and permanent teeth
partial pulpotomy for apexogenesis - permanent tooth with
D3222 incomplete root development
pulpal therapy (resorbable filling) - anterior, primary tooth
D3230 (excluding final restoration)
pulpal therapy (resorbable filling) - posterior, primary tooth
D3240 (excluding final restoration)
D3310 endodontic therapy, anterior tooth (excluding final restoration)
D3320 endodontic therapy, bicuspid tooth (excluding final restoration)
D3330 endodontic therapy, molar (excluding final restoration)
D3331 treatment of root canal obstruction; non-surgical access
incomplete endodontic therapy; inoperable, unrestorable or
D3332 fractured tooth
D3333 internal root repair of perforation defects
D3346 retreatment of previous root canal therapy - anterior
D3347 retreatment of previous root canal therapy - bicuspid

D3348 retreatment of previous root canal therapy - molar

D3351 apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)

D3352 apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)

D3353 apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)

D3410 apicoectomy - anterior

D3421 apicoectomy - bicuspid (first root)

D3425 apicoectomy - molar (first root)

D3426 apicoectomy (each additional root)

D3430 retrograde filling - per root

D3450 root amputation - per root

D3920 hemisection (including any root removal), not including root canal therapy

D3999 unspecified endodontic procedure, by report

D4210 gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant

D4211 gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant

D4212 gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth

D4240 gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant

D4241 gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant

D4249 clinical crown lengthening - hard tissue

D4260 osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant

D4261 osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant

D4263 bone replacement graft - first site in quadrant

D4264 bone replacement graft - each additional site in quadrant

D4266 guided tissue regeneration - resorbable barrier, per site

D4267 guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)

D4268 surgical revision procedure, per tooth

D4270 pedicle soft tissue graft procedure

D4273 subepithelial connective tissue graft procedures, per tooth

D4274 distal or proximal wedge procedure (when not performed in
D4275 conjunction with surgical procedures in the same anatomical area)
soft tissue allograft

D4276 combined connective tissue and double pedicle graft, per tooth
D4277 free soft tissue graft procedure (including donor site surgery), first
tooth or edentulous tooth position in graft
free soft tissue graft procedure (including donor site surgery), each
D4278 additional contiguous tooth or edentulous tooth position in same
graft site
Autogenous connective tissue graft each additional contiguous tooth,
D4283 implant or edentulous tooth position.
Non-Autogenous connective tissue graft each additional contiguous
D4285 tooth, implant or edentulous tooth position.

D4341 periodontal scaling and root planing - four or more teeth per
quadrant
D4342 periodontal scaling and root planing - one to three teeth per
quadrant
full mouth debridement to enable comprehensive evaluation and
D4355 diagnosis
localized delivery of antimicrobial agents via controlled release
D4381 vehicle into diseased crevicular tissue, per tooth

D4910 periodontal maintenance
unscheduled dressing change (by someone other than treating
D4920 dentist or their staff)
D4999 unspecified periodontal procedure, by report

D5110 complete denture - maxillary
D5120 complete denture - mandibular
D5130 immediate denture - maxillary
D5140 immediate denture - mandibular
maxillary partial denture - resin base (including any conventional
D5211 clasps, rests and teeth)
mandibular partial denture - resin base (including any conventional
D5212 clasps, rests and teeth)

D5213 maxillary partial denture - cast metal framework with resin denture
bases (including any conventional clasps, rests and teeth)

D5214 mandibular partial denture - cast metal framework with resin
denture bases (including any conventional clasps, rests and teeth)
Immediate maxillary partial denture- resin base (including any
D5221 conventional clasps, rest and teeth)
Immediate mandibular partial denture- resin base (including any
D5222 conventional clasps, rest and teeth)
Immediate maxillary partial denture- cast metal framework with
D5223 resin denture bases

D5224 Immediate mandibular partial denture- cast metal framework with resin denture bases
 D5225 maxillary partial denture - flexible base (including any clasps, rests and teeth)
 D5226 mandibular partial denture - flexible base (including any clasps, rests and teeth)
 D5281 removable unilateral partial denture - one piece cast metal (including clasps and teeth)
 D5410 adjust complete denture - maxillary
 D5411 adjust complete denture - mandibular
 D5421 adjust partial denture - maxillary
 D5422 adjust partial denture - mandibular
 D5510 repair broken complete denture base

 D5520 replace missing or broken teeth - complete denture (each tooth)
 D5610 repair resin denture base
 D5620 repair cast framework
 D5630 repair or replace broken clasp
 D5640 replace broken teeth - per tooth
 D5650 add tooth to existing partial denture
 D5660 add clasp to existing partial denture

 D5670 replace all teeth and acrylic on cast metal framework (maxillary)

 D5671 replace all teeth and acrylic on cast metal framework (mandibular)
 D5710 rebase complete maxillary denture
 D5711 rebase complete mandibular denture
 D5720 rebase maxillary partial denture
 D5721 rebase mandibular partial denture
 D5730 reline complete maxillary denture (chairside)
 D5731 reline complete mandibular denture (chairside)
 D5740 reline maxillary partial denture (chairside)
 D5741 reline mandibular partial denture (chairside)
 D5750 reline complete maxillary denture (laboratory)
 D5751 reline complete mandibular denture (laboratory)
 D5760 reline maxillary partial denture (laboratory)
 D5761 reline mandibular partial denture (laboratory)
 D5820 interim partial denture (maxillary)
 D5821 interim partial denture (mandibular)
 D5850 tissue conditioning, maxillary
 D5851 tissue conditioning, mandibular
 D5899 unspecified removable prosthodontic procedure, by report
 D5999 unspecified maxillofacial prosthesis, by report
 D6010 surgical placement of implant body: endosteal implant
 D6012 surgical placement of interim implant body for transitional prosthesis: endosteal implant
 D6040 surgical placement: eposteal implant

D6050 surgical placement: transosteal implant
D6055 connecting bar – implant supported or abutment supported

D6056 prefabricated abutment – includes modification and placement
D6058 abutment supported porcelain/ceramic crown
abutment supported porcelain fused to metal crown (high noble metal)
D6059 abutment supported porcelain fused to metal crown
D6060 (predominantly base metal)

D6061 abutment supported porcelain fused to metal crown (noble metal)
D6062 abutment supported cast metal crown (high noble metal)

D6063 abutment supported cast metal crown (predominantly base metal)
D6064 abutment supported cast metal crown (noble metal)
D6065 implant supported porcelain/ceramic crown
implant supported porcelain fused to metal crown (titanium,
D6066 titanium alloy, high noble metal)
implant supported metal crown (titanium, titanium alloy, high noble metal)
D6067 abutment supported retainer for porcelain/ceramic FPD
D6068 abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6069 abutment supported retainer for porcelain fused to metal FPD
D6070 (predominantly base metal)
abutment supported retainer for porcelain fused to metal FPD
D6071 (noble metal)

D6072 abutment supported retainer for cast metal FPD (high noble metal)
abutment supported retainer for cast metal FPD (predominantly base metal)
D6073

D6074 abutment supported retainer for cast metal FPD (noble metal)
D6075 implant supported retainer for ceramic FPD
implant supported retainer for porcelain fused to metal FPD
D6076 (titanium, titanium alloy, or high noble metal)
implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
D6077

D6080 implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments
D6090 repair implant supported prosthesis, by report
replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment
D6091
D6092 recement implant/abutment supported crown

D6093 re cement implant/abutment supported fixed partial denture
D6094 abutment supported crown - (titanium)
D6095 repair implant abutment, by report
D6100 implant removal, by report

D6101 debridement of a periimplant defect and surface cleaning of
exposed implant surfaces, including flap entry and closure
debridement and osseous contouring of a periimplant defect;
includes surface cleaning of exposed implant surfaces and flap entry
and closure

D6102 bone graft for repair of periimplant defect – not including flap entry
and closure or, when indicated, placement of a barrier membrane
or biologic materials to aid in osseous regeneration

D6103 bone graft at time of implant placement
Implant/abutment supported removable denture for edentulous
D6110 arch- maxillary
Implant/abutment supported removable denture for edentulous
D6111 arch- mandibular
Implant/abutment supported removable denture for partially
D6112 edentulous arch- maxillary
Implant/abutment supported removable denture for partially
D6113 edentulous arch- mandibular
Implant/abutment supported fixed denture for edentulous arch-
D6114 maxillary
Implant/abutment supported fixed denture for edentulous arch-
D6115 mandibular
Implant/abutment supported fixed denture for partially edentulous
D6116 arch- maxillary
Implant/abutment supported fixed denture for partially edentulous
D6117 arch- mandibular
D6190 radiographic/surgical implant index, by report
D6199 unspecified implant procedure, by report
D6205 pontic - indirect resin based composite
D6210 pontic - cast high noble metal
D6211 pontic - cast predominantly base metal
D6212 pontic - cast noble metal
D6214 pontic - titanium
D6240 pontic - porcelain fused to high noble metal
D6241 pontic - porcelain fused to predominantly base metal
D6242 pontic - porcelain fused to noble metal
D6245 pontic - porcelain/ceramic
D6250 pontic - resin with high noble metal
D6251 pontic - resin with predominantly base metal
D6252 pontic - resin with noble metal

D6253 provisional pontic - further treatment or completion of diagnosis
 necessary prior to final impression
 D6545 retainer - cast metal for resin bonded fixed prosthesis

 D6548 retainer - porcelain/ceramic for resin bonded fixed prosthesis
 D6600 inlay - porcelain/ceramic, two surfaces
 D6601 inlay - porcelain/ceramic, three or more surfaces
 D6602 inlay - cast high noble metal, two surfaces
 D6603 inlay - cast high noble metal, three or more surfaces
 D6604 inlay - cast predominantly base metal, two surfaces

 D6605 inlay - cast predominantly base metal, three or more surfaces
 D6606 inlay - cast noble metal, two surfaces
 D6607 inlay - cast noble metal, three or more surfaces
 D6608 onlay - porcelain/ceramic, two surfaces
 D6609 onlay - porcelain/ceramic, three or more surfaces
 D6610 onlay - cast high noble metal, two surfaces
 D6611 onlay - cast high noble metal, three or more surfaces
 D6612 onlay - cast predominantly base metal, two surfaces

 D6613 onlay - cast predominantly base metal, three or more surfaces
 D6614 onlay - cast noble metal, two surfaces
 D6615 onlay - cast noble metal, three or more surfaces
 D6624 inlay - titanium
 D6634 onlay - titanium
 D6710 crown - indirect resin based composite
 D6720 crown - resin with high noble metal
 D6721 crown - resin with predominantly base metal
 D6722 crown - resin with noble metal
 D6740 crown - porcelain/ceramic
 D6750 crown - porcelain fused to high noble metal
 D6751 crown - porcelain fused to predominantly base metal
 D6752 crown - porcelain fused to noble metal
 D6780 crown - 3/4 cast high noble metal
 D6781 crown - 3/4 cast predominantly base metal
 D6782 crown - 3/4 cast noble metal
 D6783 crown - 3/4 porcelain/ceramic
 D6790 crown - full cast high noble metal
 D6791 crown - full cast predominantly base metal
 D6792 crown - full cast noble metal
 D6930 recement fixed partial denture
 fixed partial denture repair necessitated by restorative material
 D6980 failure
 D6999 unspecified fixed prosthodontic procedure, by report
 D7111 extraction, coronal remnants - deciduous tooth
 extraction, erupted tooth or exposed root (elevation and/or forceps
 D7140 removal)

	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7210	
D7220	removal of impacted tooth - soft tissue
D7230	removal of impacted tooth - partially bony
D7240	removal of impacted tooth - completely bony
	removal of impacted tooth - completely bony, with unusual surgical complications
D7241	
D7250	surgical removal of residual tooth roots (cutting procedure)
D7251	coronectomy – intentional partial tooth removal
D7260	oroantral fistula closure
D7261	primary closure of a sinus perforation
	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7270	
	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
D7272	
D7280	surgical access of an unerupted tooth
D7283	placement of device to facilitate eruption of impacted tooth
D7285	biopsy of oral tissue - hard (bone, tooth)
D7286	biopsy of oral tissue - soft
D7290	surgical repositioning of teeth
D7291	transseptal fiberotomy/supra crestal fiberotomy, by report
	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7310	
	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7311	
	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7320	
	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7321	
D7340	vestibuloplasty - ridge extension (secondary epithelialization)
	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)
D7350	
D7410	excision of benign lesion up to 1.25 cm
D7411	excision of benign lesion greater than 1.25 cm
D7412	excision of benign lesion, complicated
D7413	excision of malignant lesion up to 1.25 cm
D7414	excision of malignant lesion greater than 1.25 cm
D7415	excision of malignant lesion, complicated
D7440	excision of malignant tumor - lesion diameter up to 1.25 cm
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm

D7450 removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm

D7451 removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm

D7460 removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm

D7461 removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm

D7465 destruction of lesion(s) by physical or chemical method, by report

D7471 removal of lateral exostosis (maxilla or mandible)

D7472 removal of torus palatinus

D7473 removal of torus mandibularis

D7485 surgical reduction of osseous tuberosity

D7510 incision and drainage of abscess - intraoral soft tissue

D7511 incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)

D7520 incision and drainage of abscess - extraoral soft tissue

D7521 incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)

D7540 removal of reaction producing foreign bodies, musculoskeletal system

D7560 maxillary sinusotomy for removal of tooth fragment or foreign body

D7620 maxilla - closed reduction (teeth immobilized, if present)

D7640 mandible - closed reduction (teeth immobilized, if present)

D7660 malar and/or zygomatic arch - closed reduction

D7670 alveolus closed reduction may include stabilization of teeth

D7720 maxilla - closed reduction

D7740 mandible - closed reduction

D7760 malar and/or zygomatic arch - closed reduction

D7771 alveolus, closed reduction stabilization of teeth

D7910 suture of recent small wounds up to 5 cm

D7911 complicated suture - up to 5 cm

D7921 collection and application of autologous blood concentrate product

D7960 frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure

D7963 frenuloplasty

D7970 excision of hyperplastic tissue - per arch

D7971 excision of pericoronal gingiva

D7972 surgical reduction of fibrous tuberosity

D7980 sialolithotomy

D7981 excision of salivary gland, by report

D7982 sialodochoplasty

D7999 unspecified oral surgery procedure, by report

D8010	limited orthodontic treatment of the primary dentition
D8020	limited orthodontic treatment of the transitional dentition
D8030	limited orthodontic treatment of the adolescent dentition
D8040	limited orthodontic treatment of the adult dentition
D8050	interceptive orthodontic treatment of the primary dentition
D8060	interceptive orthodontic treatment of the transitional dentition
D8070	comprehensive orthodontic treatment of the transitional dentition
D8080	comprehensive orthodontic treatment of the adolescent dentition
D8090	comprehensive orthodontic treatment of the adult dentition
D8210	removable appliance therapy
D8220	fixed appliance therapy
D8660	pre-orthodontic treatment visit
D8670	periodic orthodontic treatment visit (as part of contract)
	orthodontic retention (removal of appliances, construction and
D8680	placement of retainer(s))
D8999	unspecified orthodontic procedure, by report
D9110	palliative (emergency) treatment of dental pain - minor procedure
D9120	fixed partial denture sectioning
D9223	deep sedation/general anesthesia - each 15 minute increment
	intravenous conscious sedation/analgesia - each additional 15
D9243	minutes increment
	consultation - diagnostic service provided by dentist or physician
D9310	other than requesting dentist or physician
D9610	therapeutic parenteral drug, single administration
	treatment of complications (post-surgical) - unusual circumstances,
D9930	by report
D9940	occlusal guard, by report
D9999	unspecified adjunctive procedure, by report

Arizona

Services Not Covered- (Please refer to General Exclusion Section)

D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)
D0171	Re-evaluation -post operative office visit
D0190	screening of a patient
D0191	assessment of a patient
D0250	extraoral - first radiographic image
D0260	extraoral - each additional radiographic image posterior-anterior or lateral skull and facial bone survey radiographic image
D0290	image
D0310	sialography
D0320	temporomandibular joint arthrogram, including injection
D0321	other temporomandibular joint radiographic images, by report
D0322	tomographic survey
D0351	3D photographic image
D0364	cone beam CT capture and interpretation with limited field of view – less than one whole jaw
D0365	cone beam CT capture and interpretation with field of view of one full dental arch – mandible
D0366	cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium
D0367	cone beam CT capture and interpretation with field of view of both jaws; with or without cranium
D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures
D0369	maxillofacial MRI capture and interpretation
D0370	maxillofacial ultrasound capture and interpretation
D0371	sialoendoscopy capture and interpretation
D0380	cone beam CT image capture with limited field of view – less than one whole jaw
D0381	cone beam CT image capture with field of view of one full dental arch – mandible
D0382	cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium
D0383	cone beam CT image capture with field of view of both jaws; with or without cranium
D0384	cone beam CT image capture for TMJ series including two or more exposures
D0385	maxillofacial MRI image capture
D0386	maxillofacial ultrasound image capture
D0393	treatment simulation using 3D image volume
D0394	digital subtraction of two or more images or image volumes of the same modality

D0395 fusion of two or more 3D image volumes of one or more modalities
 D0415 collection of microorganisms for culture and sensitivity
 D0416 viral culture
 collection and preparation of saliva sample for laboratory diagnostic
 D0417 testing
 D0418 analysis of saliva sample
 D0421 genetic test for susceptibility to oral diseases
 D0425 caries susceptibility tests
 adjunctive pre-diagnostic test that aids in detection of mucosal
 abnormalities including premalignant and malignant lesions, not to include
 D0431 cytology or biopsy procedures
 accession of tissue, gross examination, preparation and transmission of
 D0472 written report
 accession of tissue, gross and microscopic examination, preparation and
 D0473 transmission of written report
 accession of tissue, gross and microscopic examination, including
 assessment of surgical margins for presence of disease, preparation and
 D0474 transmission of written report
 D0475 decalcification procedure
 D0476 special stains for microorganisms
 D0477 special stains, not for microorganisms
 D0478 immunohistochemical stains
 D0479 tissue in-situ hybridization, including interpretation
 accession of exfoliative cytologic smears, microscopic examination,
 D0480 preparation and transmission of written report
 D0481 electron microscopy - diagnostic
 D0482 direct immunofluorescence
 D0483 indirect immunofluorescence
 D0484 consultation on slides prepared elsewhere
 consultation, including preparation of slides from biopsy material supplied
 D0485 by referring source

 laboratory accession of transepithelial cytologic sample, microscopic
 D0486 examination, preparation and transmission of written report
 D0502 other oral pathology procedures, by report

 D0601 caries risk assessment and documentation, with a finding of low risk

 D0602 caries risk assessment and documentation, with a finding of moderate risk

 D0603 caries risk assessment and documentation, with a finding of high risk
 D1310 nutritional counseling for control of dental disease
 D1320 tobacco counseling for the control and prevention of oral disease
 D1330 oral hygiene instructions
 D1353 New for 2015
 D1555 removal of fixed space maintainer

D2921 reattachment of tooth fragment, incisal edge or cusp
 D2932 prefabricated resin crown
 D2933 prefabricated stainless steel crown with resin window

 D2934 prefabricated esthetic coated stainless steel crown - primary tooth
 D2941 interim therapeutic restoration – primary dentition
 D2949 restorative foundation for an indirect restoration
 D2955 post removal
 D2957 each additional prefabricated post - same tooth
 D2960 labial veneer (resin laminate) - chairside
 D2961 labial veneer (resin laminate) - laboratory
 D2962 labial veneer (porcelain laminate) - laboratory
 D2975 coping
 D3355 pulpal regeneration - initial visit
 D3356 pulpal regeneration - interim medication replacement
 D3357 pulpal regeneration - completion of treatment
 D3427 periradicular surgery without apicoectomy

 D3428 bone graft in conjunction with periradicular surgery – per tooth, single site
 bone graft in conjunction with periradicular surgery – each additional
 D3429 contiguous tooth in the same surgical site
 biologic materials to aid in soft and osseous tissue regeneration in
 D3431 conjunction with periradicular surgery
 guided tissue regeneration, resorbable barrier, per site, in conjunction with
 D3432 periradicular surgery
 D3460 endodontic endosseous implant
 D3470 intentional reimplantation (including necessary splinting)
 D3910 surgical procedure for isolation of tooth with rubber dam
 D3950 canal preparation and fitting of preformed dowel or post

 D4230 anatomical crown exposure - four or more contiguous teeth per quadrant
 D4231 anatomical crown exposure - one to three teeth per quadrant
 D4245 apically positioned flap
 D4265 biologic materials to aid in soft and osseous tissue regeneration
 D4320 provisional splinting - intracoronal
 D4321 provisional splinting - extracoronal
 D4921 gingival irrigation – per quadrant
 D5810 interim complete denture (maxillary)
 D5811 interim complete denture (mandibular)
 D5862 precision attachment, by report
 D5863 overdenture – complete maxillary
 D5864 overdenture – partial maxillary
 D5865 overdenture – complete mandibular
 D5866 overdenture – partial mandibular
 replacement of replaceable part of semi-precision or precision attachment
 D5867 (male or female component)
 D5875 modification of removable prosthesis following implant surgery

D5911 facial moulage (sectional)
D5912 facial moulage (complete)
D5913 nasal prosthesis
D5914 auricular prosthesis
D5915 orbital prosthesis
D5916 ocular prosthesis
D5919 facial prosthesis
D5922 nasal septal prosthesis
D5923 ocular prosthesis, interim
D5924 cranial prosthesis
D5925 facial augmentation implant prosthesis
D5926 nasal prosthesis, replacement
D5927 auricular prosthesis, replacement
D5928 orbital prosthesis, replacement
D5929 facial prosthesis, replacement
D5931 obturator prosthesis, surgical
D5932 obturator prosthesis, definitive
D5933 obturator prosthesis, modification
D5934 mandibular resection prosthesis with guide flange
D5935 mandibular resection prosthesis without guide flange
D5936 obturator prosthesis, interim
D5937 trismus appliance (not for TMD treatment)
D5951 feeding aid
D5952 speech aid prosthesis, pediatric
D5953 speech aid prosthesis, adult
D5954 palatal augmentation prosthesis
D5955 palatal lift prosthesis, definitive
D5958 palatal lift prosthesis, interim
D5959 palatal lift prosthesis, modification
D5960 speech aid prosthesis, modification
D5982 surgical stent
D5983 radiation carrier
D5984 radiation shield
D5985 radiation cone locator
D5986 fluoride gel carrier
D5987 commissure splint
D5988 surgical splint
D5991 vesiculobullous disease medicament carrier
D5992 adjust maxillofacial prosthetic appliance, by report
maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral)
D5993 other than required adjustments, by report
periodontal medicament carrier with peripheral seal – laboratory
processed
D5994
D6011 second stage implant surgery
D6013 surgical placement of mini implant
D6051 interim abutment
D6052 semi-precision attachment abutment

D6057 custom fabricated abutment – includes placement
D6194 abutment supported retainer crown for FPD (titanium)
D6549 Resin retainer- for resin bonded fixed prosthesis
provisional retainer crown - further treatment or completion of diagnosis
D6793 necessary prior to final impression
D6794 crown - titanium
D6920 connector bar
D6940 stress breaker
D6950 precision attachment
D6973 core build retainer with pins
D6985 pediatric partial denture, fixed
D7282 mobilization of erupted or malpositioned tooth to aid eruption
D7287 exfoliative cytological sample collection
D7288 brush biopsy - transepithelial sample collection
surgical placement: temporary anchorage device [screw retained plate]
D7292 requiring surgical flap

D7293 surgical placement: temporary anchorage device requiring surgical flap

D7294 surgical placement: temporary anchorage device without surgical flap
D7295 harvest of bone for use in autogenous grafting procedure
D7490 radical resection of maxilla or mandible
removal of foreign body from mucosa, skin, or subcutaneous alveolar
D7530 tissue
D7550 partial ostectomy/sequestrectomy for removal of non-vital bone
D7610 maxilla - open reduction (teeth immobilized, if present)
D7630 mandible - open reduction (teeth immobilized, if present)
D7650 malar and/or zygomatic arch - open reduction
D7671 alveolus, open reduction may include stabilization of teeth
facial bones - complicated reduction with fixation and multiple surgical
D7680 approaches
D7710 maxilla open reduction
D7730 mandible - open reduction
D7750 malar and/or zygomatic arch - open reduction
D7770 alveolus - open reduction stabilization of teeth
facial bones - complicated reduction with fixation and multiple surgical
D7780 approaches
D7810 open reduction of dislocation
D7820 closed reduction of dislocation
D7830 manipulation under anesthesia
D7840 condylectomy
D7850 surgical discectomy, with/without implant
D7852 disc repair
D7854 synovectomy
D7856 myotomy
D7858 joint reconstruction
D7860 arthrotomy

D7865 arthroplasty
D7870 arthrocentesis
D7871 non-arthroscopic lysis and lavage
D7872 arthroscopy - diagnosis, with or without biopsy
D7873 arthroscopy - surgical: lavage and lysis of adhesions
D7874 arthroscopy - surgical: disc repositioning and stabilization
D7875 arthroscopy - surgical: synovectomy
D7876 arthroscopy - surgical: discectomy
D7877 arthroscopy - surgical: debridement
D7880 occlusal orthotic device, by report
D7899 unspecified TMD therapy, by report
D7912 complicated suture - greater than 5 cm
D7920 skin graft (identify defect covered, location and type of graft)
D7940 osteoplasty - for orthognathic deformities
D7941 osteotomy - mandibular rami

D7943 osteotomy - mandibular rami with bone graft; includes obtaining the graft
D7944 osteotomy - segmented or subapical
D7945 osteotomy - body of mandible
D7946 LeFort I (maxilla - total)
D7947 LeFort I (maxilla - segmented)
LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft
D7948 LeFort II or LeFort III - with bone graft
D7949 osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla -
D7950 autogenous or nonautogenous, by report
sinus augmentation with bone or bone substitutes via a lateral open
D7951 approach
D7952 sinus augmentation via a vertical approach
D7953 bone replacement graft for ridge preservation - per site
D7955 repair of maxillofacial soft and/or hard tissue defect
D7983 closure of salivary fistula
D7990 emergency tracheotomy
D7991 coronoidectomy
D7995 synthetic graft - mandible or facial bones, by report
implant-mandible for augmentation purposes (excluding alveolar ridge), by
D7996 report
appliance removal (not by dentist who placed appliance), includes removal
D7997 of archbar

D7998 intraoral placement of a fixation device not in conjunction with a fracture
D8690 orthodontic treatment (alternative billing to a contract fee)
D8691 repair of orthodontic appliance
D8692 replacement of lost or broken retainer
D8693 rebonding or recementing of fixed retainers
D8694 repair of fixed retainers, includes reattachment

D9210 local anesthesia not in conjunction with operative or surgical procedures
 D9211 regional block anesthesia
 D9212 trigeminal division block anesthesia

D9215 local anesthesia in conjunction with operative or surgical procedures
 D9219 New for 2015
 D9230 inhalation of nitrous oxide / anxiolysis, analgesia
 D9248 non-intravenous conscious sedation
 D9410 house/extended care facility call
 D9420 hospital or ambulatory surgical center call
 office visit for observation (during regularly scheduled hours) - no other services performed
 D9430 office visit - after regularly scheduled hours
 D9440 case presentation, detailed and extensive treatment planning
 D9450 therapeutic parenteral drugs, two or more administrations, different medications
 D9612 other drugs and/or medicaments, by report
 D9630 application of desensitizing medicament
 D9910

D9911 application of desensitizing resin for cervical and/or root surface, per tooth
 D9920 behavior management, by report
 D9931 New for 2015
 D9941 fabrication of athletic mouthguard
 D9942 repair and/or relines of occlusal guard
 D9950 occlusion analysis - mounted case
 D9951 occlusal adjustment - limited
 D9952 occlusal adjustment - complete
 D9970 enamel microabrasion
 D9971 odontoplasty 1 - 2 teeth; includes removal of enamel projections
 D9972 external bleaching - per arch - performed in office
 D9973 external bleaching - per tooth
 D9974 internal bleaching - per tooth
 external bleaching for home application, per arch; includes materials and fabrication of custom trays
 D9975 sales tax
 D9985 New for 2015
 D9986 New for 2015
 D9987 temporary crown (fractured tooth)
 D2970

DentaQuest National Insurance Company, Inc.
96 Worcester Street, Wellesley Hills,
MA 02481

SCHEDULE OF BENEFITS DentaQuest PPO for
Individuals and Families Family High Option

COVERAGE

In-Network Benefits	Out-of-Network Benefits
<i>Diagnostic and Preventive Services</i>	
<i>The Plan pays 100% of covered charges up to the fee schedule amounts for services by a Participating Dentist.</i>	<i>The Plan pays 100% of covered charges up to the fee schedule amounts for services by a Non-participating Dentist.</i>
<i>Restorative and other Basic Services</i>	
<i>The Plan pays 80% of covered charges up to the fee schedule amounts for services by a Participating Dentist.</i>	<i>The Plan pays 80% of covered charges up to the fee schedule amounts for services by a Non-participating Dentist.</i>
<i>Complex and Major Restorative Dental Services</i>	
<i>The Plan pays 50% of covered charges up to the fee schedule amounts for services by a Participating Dentist.</i>	<i>The Plan pays 50% of covered charges up to the fee schedule amounts for services by a Non-participating Dentist.</i>
<i>Orthodontic Services (Under age 19 only)</i>	
<i>The Plan pays 50% of covered charges up to the fee schedule amounts for medically necessary orthodontic services by a Participating Dentist.</i>	<i>The Plan pays 50% of covered charges up to the fee schedule amounts for medically necessary orthodontic services by a Non-participating Dentist.</i>

Below is a summary of benefits covered by your Policy. Please refer to your Policy for covered benefits and exclusions and the list of current dental terminology (CDT) codes attached to your Policy for covered benefits and exclusions by CDT code.

The following list of benefits applies only to Members under age nineteen (19).

DIAGNOSTIC AND PREVENTIVE SERVICES

Benefits are available for the following dental services to diagnose or to prevent tooth decay and other forms of oral disease. These dental services are what most Members receive during a routine preventive dental visit. Examples of these services include:

Comprehensive oral examination (including the initial dental history and charting of teeth); once every six months.

Periodic exam; once every six (6) months.

X-rays of the entire mouth; once every sixty (60) months.

Bitewing x-rays (x-rays of the crowns of the teeth); once every six (6) months when oral conditions indicate need. Single tooth x-rays; as needed.

Study models and casts used in planning treatment; once every sixty (60) months.

Routine cleaning, scaling and polishing of teeth; Once every six (6) months.

Fluoride treatment Topical Fluoride - Varnish - 2 every 12 months, Topical application of fluoride (excluding prophylaxis) - 2 every 12 months.

Space maintainers required due to the premature loss of teeth; not for the replacement of primary or permanent anterior teeth.

Sealants on unrestored permanent molars. 1 sealant per tooth every 36 months.

Palliative (emergency) treatment of dental pain – minor procedures.

RESTORATIVE AND OTHER BASIC SERVICES

Benefits are available for the following dental services to treat oral disease including: (a) restore decayed or fractured teeth; (b) repair dentures or bridges; (c) rebase or reline dentures; (d) repair or recement bridges, crowns and onlays; and (e) remove diseased or damaged natural teeth. Examples of these services include:

Fillings consisting of silver amalgam and (in the case of front teeth) synthetic tooth color fillings. However, synthetic (white) fillings are limited to single surface restorations for posterior teeth. Multi-surface synthetic restorations on posterior teeth will be treated as an alternate benefit and an amalgam allowance will be allowed. The patient is responsible up to the dentist's charge.

Periodontal maintenance, including cleaning and scaling and root planing procedures, following active periodontal therapy; 4 in 12 months. Periodontal scaling and root planing; once every twenty-four (24) months per quadrant.

Protective restorations.

Stainless steel crowns. Once per tooth per sixty (60) months.

Simple tooth extractions.

General anesthesia only when necessary and appropriate for covered surgical services only when provided by a licensed, practicing dentist.

Consultations.

Repair of dentures or fixed bridges. Recementing of fixed bridges.

Rebase or reline dentures; once every thirty-six (36) months. 6 months after initial installation.

Tissue conditioning.

Repair or recement crowns and onlays.

Adding teeth to existing partial or full dentures.

Certain surgical services to treat oral disease or injury. This includes surgical tooth extractions and extractions of impacted teeth.

Vital pulpotomy and pulpal therapy is limited to deciduous teeth.

COMPLEX AND MAJOR RESTORATIVE DENTAL SERVICES

Benefits are available for the following dental services and supplies to treat oral disease including: replace missing natural teeth with artificial ones; and restore severely decayed or fractured teeth. Examples of these services include:

Periodontal services to treat diseased gum tissue or bone including the removal of diseased gum tissue (gingivectomy) and the removal or reshaping of diseased bone (osseous surgery). Periodontal benefits are determined according to our administrative "Periodontal Guidelines."

Endodontic services for root canal treatment of permanent teeth including the treatment of the nerve of a tooth, and the removal of dental pulp.

Inlays are paid as an alternative benefit of amalgam.

Implants- once every 60 months.

Dentures and Bridges

- Complete or partial dentures and fixed bridges including services to measure, fit, and adjust them; once each sixty (60) months.
- Replacement of dentures and fixed bridges, but only when they cannot be made serviceable and were inserted at least sixty (60) months before replacement.

Crowns and Onlays. Once per tooth per sixty (60) months, but only when the teeth cannot be restored with the fillings due to severe decay or fractures:

- Initial placement of crowns and onlays.
- Replacement of crowns and onlays; once each sixty (60) months per tooth.

ORTHODONTIC SERVICES

Orthodontic services for *covered individuals* who have a severe handicapping as the result of craniofacial or dentofacial malformation requiring reconstructive surgical correction in addition to orthodontic services, trauma requiring surgical treatment in addition to orthodontic services, skeletal discrepancy involving maxillary and/or mandibular structures, or letter of medical necessity from the *covered individual's* physician regarding inability to chew, speak, or eat.

The following list of benefits applies to Members age 19 and over.

DIAGNOSTIC AND PREVENTIVE SERVICES

Benefits are available for the following dental services to diagnose or to prevent tooth decay and other forms of oral disease. These dental services are what most Members receive during a routine preventive dental visit. Examples of these services include:

Comprehensive oral examination (including the initial dental history and charting of teeth); once every sixty (60) months.

Periodic exam; twice every calendar year.

X-rays of the entire mouth; once every sixty (60) months.

Bitewing x-rays (x-rays of the crowns of the teeth); one set twice every calendar year.

Single tooth x-rays; as needed.

Routine cleaning, scaling and polishing of teeth; twice every calendar year.

RESTORATIVE AND OTHER BASIC SERVICES

Benefits are available for the following dental services to treat oral disease including: (a) restore decayed or fractured teeth (note: teeth must have a good prognosis to qualify for benefits); (b) repair dentures or bridges; (c) rebase or reline dentures; and (d) repair or recement bridges, crowns and onlays. Examples of these services include:

Fillings consisting of silver amalgam and (in the case of front teeth) synthetic tooth color fillings, but limited to one filling for each tooth surface for each twenty-four (24) month period. However, synthetic (white) fillings are limited to single surface restorations for posterior teeth. Multi-surface synthetic restorations on posterior teeth will be treated as an alternate benefit and an amalgam allowance will be allowed. The patient is responsible up to the dentist's charge. No benefits are provided for replacing a filling within twenty-four (24) months of the date that the prior filling was furnished.

Protective restorations; once per tooth every sixty (60) months.

Simple tooth extractions.

General anesthesia only when necessary and appropriate for impacted wisdom teeth removal only when provided by a licensed, practicing dentist.

Repair of dentures or fixed bridges; once every twelve (12) months.

Recementing of fixed bridges; once each twelve (12) months.

Rebase or reline dentures; once every thirty-six (36) months.

Tissue conditioning; two treatments every thirty-six (36) months.

Repair or recement crowns and onlays. Recementing is limited to once every twelve (12) months per tooth.

Adding teeth to existing partial or full dentures; once per tooth every twelve (12) months.

Palliative (emergency) treatment of dental pain – minor procedures; three (3) times every calendar year.

COMPLEX AND MAJOR RESTORATIVE DENTAL SERVICES

Benefits are available for the following dental services and supplies to treat oral disease including: replace missing natural teeth with artificial ones; remove diseased or damaged natural teeth; and restore severely decayed or fractured teeth. Examples of these services include:

Certain surgical services to treat oral disease or injury. This includes surgical tooth extractions and extractions of impacted teeth. Additional oral and maxillofacial surgery services include tooth reimplantation, biopsy of oral tissue, alveoplasty and vestibuloplasty.

Periodontal services to treat diseased gum tissue or bone including the removal of diseased gum tissue (gingivectomy) and the removal or reshaping of diseased bone (osseous surgery). One quadrant of periodontal surgery every thirty-six (36) months. Scaling and root planing once per quadrant every twenty-four (24) months. Periodontal benefits are determined according to our administrative "Periodontal Guidelines."

Periodontal maintenance, including cleaning and scaling and root planing procedures, following active periodontal therapy; once per three months when preceded by active periodontal therapy; not to be combined with regular cleanings.

Endodontic services for root canal treatment once per permanent tooth including the treatment of the nerve of a tooth, the removal of dental pulp, and pulpal therapy. Vital pulpotomy is limited to deciduous teeth.

Dentures and Bridges

- Complete or partial dentures and fixed bridges including services to measure, fit, and adjust them; once every sixty (60) months.
- Replacement of dentures and fixed bridges, but only when they cannot be made serviceable and were inserted at least sixty (60) months before replacement.
- Temporary partial dentures as follows:
 - To replace any of the six (6) upper or lower front teeth, but only if they are installed immediately following the loss of teeth during the period of healing.

Crowns and Onlays

Crowns and onlays as follows, but only when the teeth cannot be restored with the fillings due to severe decay or fractures (note teeth must have good prognosis to qualify for benefits):

- Initial placement of crowns and onlays.
- Replacement of crowns and onlays; once every sixty (60) months per tooth.

DEDUCTIBLES

Restorative and other Basic Services, and Complex and Major Restorative Dental Services described above are subject to a \$50 deductible for each *covered individual* every calendar year. In the case of a family contract, the total deductible payment for all *covered individuals* shall not exceed \$150 for Restorative and other Basic Services, and Complex and Major Restorative Dental Services in a calendar year. This means the *covered individual(s)* must pay the first \$50 of benefits provided every calendar year, not to exceed \$150 per calendar year for families with three or more *covered individuals*.

ANNUAL MAXIMUM BENEFIT (applies only to Covered Individuals age 19 and older)

Total benefits are limited to a maximum of \$1500 for each *covered individual* every calendar year.

OUT OF POCKET MAXIMUM (applies only to Covered Individuals under age 19 and only to in-network benefits)

The *out of pocket maximum* is \$350 every calendar year. The *out of pocket* maximum applies per *covered individual*. A family with 2 or more *covered individuals* under age 19 will have an aggregate *out of pocket maximum* of \$700 for individuals under age 19. The *out of pocket* maximum applies to in-network benefits only. No out of pocket maximum applies to out of network benefits or to adult coverage.

WAITING PERIOD

There are no waiting periods for *covered individuals* under age 19.

For *covered individuals* age 19 and older Restorative and other Basic Services are subject to a six (6) month waiting period. Complex and Major Restorative Dental Services are subject to a twelve (12) month waiting period.

DEPENDENT COVERAGE

Dependent children are covered up to and including age 26.

BENEFIT PAYMENTS

IN-NETWORK SERVICES:

For services performed by a *Participating Dentist*, the in-network benefit allowance is based on the dentist's fee, up to the maximum allowable charge indicated on the negotiated *Plan Fee Schedule*. *The Plan* pays the *Participating Dentist* directly for covered services. The *Participating Dentist* may collect from the *subscriber* or *covered individuals* any difference between the *Plan* payment and his/her actual submitted charge or the maximum Fee Schedule amount, whichever is lower, as well as any plan specific deductibles.

OUT-OF-NETWORK SERVICES:

For services performed by a *Non-participating Dentist*, *the Plan* will pay the dentist directly by applying the out-of-network benefit coinsurance payments for each type of service against the maximum allowable charge indicated on the negotiated *Plan Fee Schedule*, or the dentist's submitted fee if lower.

The *subscriber* or *covered individual* is responsible for paying the *Non-participating Dentist* the difference between the dentist's fee and the amount paid by *the Plan*, including the difference between *the Plan's* payments and any balances resulting from plan specific deductibles and coinsurance.

CLAIMS SUBMISSION:

All claims for benefits under this *Agreement* must be submitted within ninety (90) days of the date

that the *covered individual* received the service. Failure to submit the claim within the time required does not invalidate or reduce a claim if it was not reasonably possible to submit the claim within the time required, if the proof is furnished as soon as reasonably possible and, except in the absence of legal capacity of the *covered individual*, not later than one (1) year from the time the *covered individual* should have submitted the claim.

NOTE: Italicized terms are defined in the Policy.

If you have questions about this coverage, please contact our Customer Service Department at 1-844-876-3981.

Nondiscrimination Notice

DentaQuest complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DentaQuest does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

DentaQuest:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters, Written information in other formats (large print, audio, and accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters and Information written in other languages

Our website will give you the phone number you can call to get these free services. These phone numbers may be specific to your state and health plan. Our website address is <http://www.dentaquest.com/members>

If you believe that DentaQuest has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Ugonna Onyekwu
Civil Rights Coordinator
Compliance Department
96 Worcester Street
Wellesley Hills, MA 02481
Fax: 617-886-1390
Phone: 617-886-1683 TTY: 711
Email: FairTreatment@greatdentalplans.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ugonna Onyekwu is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at www.hhs.gov/ocr/office/file/index.html. You can file a complaint electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Language Assistance. If you do not speak English, language assistance services, free of charge, are available to you. Call 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

Español (Spanish): si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

繁體中文 (Chinese): 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1-888-278-7310 (TTY: 1-800-466-7566 or 711)。

Tagalog (Tagalog – Filipino): Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

Tiếng Việt (Vietnamese): Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

Français (French): Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-278-7310 (TTY: 1-800-466-7566 or 711) 번으로 전화해 주십시오.

Deutsch (German): Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-278-7310 (TTY: 1-800-466-7566 or 711) an.

Русский (Russian): Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

م لحوظة : إذا كنت تتحدث انك ر ال ل غة، ف إن خدمات ال م ساعدة ال ل (Arabic): ال عرب ية غوي ة ت تواف ر ل ك

ب ال مجان . ات صل ب رق م 7310-278-888-1 (رق م هات ف ال صم وال ب كم : 7566-466-800-1 or 711).

Kreyòl Ayisyen (French Creole): Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

हिंंद (Hindi): ध्यान द: यदद आप द िंद बोलते तो आपके ललए मुफ्त मस ायता सेवािंए उपलब्ध । 1-888-278-7310 (TTY: 1-800-466-7566 or 711) पर कॉल कर ।

Italiano (Italian): In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

Polski (Polish): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

Português (Portuguese): Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

日本語 (Japanese): 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-278-7310 (TTY: 1-800-466-7566 or 711)まで、お電話にてご連絡ください。

Arizona CDT List

Diagnostic and Treatment Services

D0120	Periodic oral evaluation-established patient, 1 every 6 months
D0140	Limited oral evaluation- problem focused, 1 every 6 months
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver, 1 every 6 months
D0150	Comprehensive oral evaluation- new or established patient, Once every 6 months for under 19, for 19 and over once every 60 months.
D0180	Comprehensive periodontal evaluation-new or established patient, under 19 years 1 every 6 months, 19 and over 1 per 60 months
D0210	Intraoral-complete series radiographic images, 1 every 60 months
D0220	Intraoral periapicals-first radiographic image
D0230	Intraoral periapicals, each additional radiographic image
D0240	Intraoral occlusal radiographic image for 19 and over; when dental conditions indicate need. (Not to exceed 2 in 12 months)
D0270	Bitewing-single radiographic image, Once every 6 months
D0272	Bitewings-two radiographic images, Once every 6 months
D0273	Bitewings-three radiographic images, Once every 6 months
D0274	Bitewings-four radiographic images, Once every 6 months
D0277	Vertical bitewings-7 to 8 radiographic images, Once every 6 months
D0330	Panoramic radiographic image, 1 every 60 months
D0340	Cephalometric radiographic image
D0350	Oral/facial photographic images- this includes photographic images, including those obtained by intraoral and extraoral cameras, excluding radiographic images.
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report
D0460	Pulp vitality tests, once per visit, not per tooth and only for the diagnosis of emergency conditions
D0470	Diagnostic casts, once every 60 months
D0999	Unspecified diagnostic procedure, by report

Preventative Services

D1110	Prophylaxis-adult, age 14 and over, twice a year
D1120	Prophylaxis-child, under age 14, 1 every 6 months
D1206	Topical application of fluoride varnish, under age 19, 2 every 12 months
D1208	Topical application of fluoride, under age 19, 2 every 12 months
D1351	Sealant-per tooth, under age 19, 1 per tooth every 36 months
D1352	Preventive resin restoration in a moderate to high risk patient-permanent tooth, 1 per tooth every 36 months
D1510	Space maintainer-fixed unilateral, under age 19, not to replace anterior teeth
D1515	Space maintainer-fixed bilateral, under age 19, not to replace anterior teeth
D1520	Space maintainer-removable unilateral, under age 19, not to replace anterior teeth
D1525	Space maintainer-removable bilateral, under age 19, not to replace anterior teeth
D1550	Re-cementation of space maintainer, under age 19, not to replace anterior teeth
D1999	Unspecified preventative procedure, by report

Restorative and Other Basic Services

D2140	Amalgam, one surface-primary or permanent for under 19. For 19 and older 1 per tooth per surface per 24 months
D2150	Amalgam, two surfaces-primary or permanent for under 19. For 19 and older 1 per tooth per surface per 24 months
D2160	Amalgam, three surfaces-primary or permanent for under 19. For 19 and older 1 per tooth per surface per 24 months
D2161	Amalgam, four or more surfaces-primary or permanent for under 19. For 19 and older 1 per tooth per surface per 24 months
D2330	Resin-based composite, one surface, anterior for under 19. For 19 and older 1 per tooth per surface per 24 months
D2331	Resin-based composite, two surfaces, anterior for under 19. For 19 and older 1 per tooth per surface per 24 months

D2332	Resin-based composite, three surfaces, anterior for under 19. For 19 and older 1 per tooth per surface per 24 months
D2335	Resin-based composite, four or more surfaces or involving incisal angle, anterior for under 19. For 19 and older 1 per tooth per 24 months
D2390	Resin-based composite crown, anterior for under 19. For 19 and older 1 per tooth per 24 months
D2391	Resin-based composite, one surface, posterior for under 19. For 19 and older 1 per tooth surface per 24 months
D2392	Resin-based composite, two surfaces, posterior, one per tooth as alt benefit of amalgam for under 19. For 19 and older 1 per tooth per 24 months
D2393	Resin-based composite, three surfaces, posterior, one per tooth as alt benefit of amalgam for under 19. For 19 and older 1 per tooth per 24 months
D2394	Resin-based composite, four or more surfaces, posterior, one per tooth as alt benefit of amalgam for under 19. For 19 and older 1 per tooth per 24 months
D2910	Recement inlay, onlay, or partial coverage restoration, Age 19 and over, 1 per tooth after 6 months
D2915	Recement cast or prefabricated post and core, Age 19 and over, 1 per tooth after 6 months
D2920	Recement crown, Age 19 and over, 1 per tooth after 6 months
D2929	Prefabricated porcelain/ceramic crown – primary tooth, 1 every 60 months for under 19. For 19 and older 1 per tooth per 24 months
D2930	Prefabricated stainless steel crown-primary tooth, Once per tooth in 60 months for under 19. For 19 and older 1 per tooth per 24 months
D2931	Prefabricated stainless steel crown-permanent tooth, Once per tooth in 60 months, for 19 and older by individual consideration
D2940	Protective restoration-direct placement of a restorative material to protect the tooth and/or tissue form. This procedure may also be used to relieve pain, promote healing or prevent further deterioration. For 19 and old, 1 per tooth per 60 months
D2949	Restorative foundation for an indirect restoration- Placement of restorative material to yeild a more ideal form, including elimination of undercuts, this is a componet of indirect restoration
D2951	Pin retention-per tooth, in addition to restoration, for 19 and older once per tooth.
D7111	Extraction, coronal remnants-deciduous tooth, once per tooth per lifetime
D7140	Extraction-erupted tooth or exposed roots (elevation and/or forceps removal), once per tooth per lifetime
D9110	Palliative (emergency) treatment of dental pain-minor procedure

Major Restorative Services

D0160	Detailed and extensive oral evaluation-problem focused, under 19 by report, for 19 and over 1 per 60 months
D2510	Inlay-metallic-one surface, alt benefit of amalgam, for 19 and older, 1 per 60 months
D2520	Inlay-metallic-two surfaces, alt benefit of amalgam, for 19 and older, 1 per 60 months
D2530	Inlay-metallic-three or more surfaces, alt benefit of amalgam, for 19 and older, 1 per 60 months
D2542	Onlay-metallic-two surface, one per tooth per 60 months
D2543	Onlay-metallic-three surfaces, one per tooth per 60 months
D2544	Onlay-metallic-four or more surfaces, one per tooth per 60 months
D2610	Inlay-porcelain/ceramic-one surface, 1 per tooth per 60 months as an alternate benefit to the corresponding amalgam procedure code
D2620	Inlay-porcelain/ceramic-two surfaces, 1 per tooth per 60 months as an alternate benefit to the corresponding amalgam procedure code
D2630	Inlay-porcelain/ceramic-three or more surfaces, 1 per tooth per 60 months as an alternate benefit to the corresponding amalgam procedure code
D2642	Onlay-porcelain/ceramic-two surfaces, 1 every 60 months, age 16 or older
D2643	Onlay-porcelain/ceramic-three surfaces, 1 every 60 months, age 16 or older
D2644	Onlay-porcelain/ceramic-four or more surfaces, 1 every 60 months, age 16 or older
D2650	Inlay-resin based composite-one surface (laboratory processed), 1 per tooth per 60 months as an alternate benefit to the corresponding amalgam procedure code
D2651	Inlay-resin based composite-two surfaces (laboratory processed), 1 per tooth per 60 months as an alternate benefit to the corresponding amalgam procedure code
D2652	Inlay-resin based composite-three or more surfaces (laboratory processed), 1 per tooth per 60 months as an alternate benefit to the corresponding amalgam procedure code
D2662	Onlay-resin based composite-two surfaces (laboratory processed), 1 every 60 months, age 16 or older
D2663	Onlay-resin based composite-three surfaces (laboratory processed), 1 every 60 months, age 16 or older
D2664	Onlay-resin based composite-four or more surfaces (laboratory processed), 1 every 60 months, age 16 or older

D2710 Crown-resin based composite (indirect), 1 every 60 months, age 16 or older

D2712 Crown- ¾ resin based composite (indirect), 1 every 60 months, age 16 or older

D2720 Crown-resin with high noble metal, 1 every 60 months, age 16 or older

D2721 Crown-resin with predominantly base metal, 1 every 60 months, age 16 or older

D2722 Crown-resin with noble metal, 1 every 60 months, age 16 or older

D2740 Crown-porcelain/ceramic substrate, one per tooth per 60 months

D2750 Crown-porcelain fused to high noble metal, one per tooth per 60 months

D2751 Crown-porcelain fused to predominantly base metal, one per tooth per 60 months

D2752 Crown-porcelain fused to noble metal, one per tooth per 60 months

D2780 Crown- ¾ cast high noble metal, one per tooth per 60 months

D2781 Crown- ¾ cast predominantly base metal, one per tooth per 60 months

D2782 Crown- ¾ cast noble metal, 1 every 60 months, age 16 or older

D2783 Crown- ¾ porcelain/ceramic, one per tooth per 60 months

D2790 Crown-full cast high noble metal, one per tooth per 60 months

D2791 Crown-full cast predominantly base metal, one per tooth per 60 months

D2792 Crown-full cast noble metal, one per tooth per 60 months

D2794 Crown-titanium, one per tooth per 60 months

D2950 Core build-up, including any pins, 1 per tooth per 60 months

D2952 Post and core in addition to crown; indirectly fabricated, 1 per tooth per 60 months

D2954 Prefabricated post and core in addition to crown, 1 per tooth per 60 months

D2999 Unspecified restorative procedure, by report

D2980 Crown repair necessitated by restorative material failure, by report. Age 19 and over 1 per tooth after 24 months.

D2981 Inlay repair necessitated by restorative material failure, by report

D2982 Onlay repair necessitated by restorative material failure, over 19 1 per 24 months.

D2983 Veneer repair necessitated by restorative material failure

D2990 Resin infiltration of incipient smooth surface lesions, 1 in 36 months per tooth

D5410 Adjust complete denture-maxillary ,over 19, two adjustments per 12 months

D5411 Adjust complete denture-mandibular, over 19, two adjustments per 12 months

D5421 Adjust partial denture-maxillary, over 19, two adjustments per 12 months

D5422 Adjust partial denture-mandibular, over 19, two adjustments per 12 months

D5510 Repair broken complete denture base, over 19 once per 12 months

D5520 Replace missing or broken teeth complete denture (each tooth), over 19 once per 12 months

D5610 Repair resin denture base, over 19 once per 12 months

D5620 Repair cast framework, over 19 once per 12 months

D5630 Repair or replace broken clasp, over 19 once per 12 months

D5640 Replace broken teeth-per tooth, over 19 once per 12 months

D5650 Add tooth to existing partial denture, over 19 once per 12 months

D5660 Add clasp to existing partial denture, over 19 once per 12 months

D5670 Replace all teeth and acrylic on cast metal framework (maxillary), 1 every 60 months

D5671 Replace all teeth and acrylic on cast metal framework (mandibular), 1 every 60 months

D5710 Rebase complete maxillary denture, limited to 1 in 36 months after initial installation

D5711 Rebase complete mandibular denture, limited to 1 in 36 months after initial installation

D5720 Rebase maxillary partial denture, limited to 1 in 36 months after initial installation

D5721 Rebase mandibular partial denture, limited to 1 in 36 months after initial installation

D5730 Reline complete maxillary denture (chairside), limited to 1 in 36 months after initial installation

D5731 Reline complete mandibular denture (chairside), limited to 1 in 36 months after initial installation

D5740 Reline maxillary partial denture (chairside), limited to 1 in 36 months after initial installation

D5741 Reline mandibular partial denture (chairside), limited to 1 in 36 months after initial installation

D5750 Reline complete maxillary denture (lab.), limited to 1 in 36 months after initial installation

D5751 Reline complete mandibular denture (lab.), limited to 1 in 36 months after initial installation

D5760 Reline maxillary partial denture (lab.), limited to 1 in 36 months after initial installation

D5761 Reline mandibular partial denture (lab.), limited to 1 in 36 months after initial installation

D5850	Tissue conditioning (maxillary), for 19 and over twice per denture per 36 months after 6 months from insertion
D5851	Tissue conditioning (mandibular), for 19 and over twice per denture per 36 months after 6 months from insertion
D6092	Recement implant/abutment supported crown, Once per tooth after 6 months have elapsed from the initial seating date by the same dentist/dental office. If less than 6 months of initial seating date, then disallowed.
D6093	Recement implant/abutment supported fixed partial denture, Once per tooth after 6 months have elapsed from the initial seating date by the same dentist/dental office. If less than 6 months of initial seating date, then disallowed.
D6930	Recement fixed bridge
D6980	Fixed partial denture repair, necessitated by restorative material failure
D9120	Fixed partial denture sectioning, once per tooth per lifetime

Oral Surgery

D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of the mucoperiosteal flap if indicated.
D7220	Removal of impacted tooth-soft tissue
D7230	Removal of impacted tooth-partially bony
D7240	Removal of impacted tooth-completely bony
D7241	Removal of impacted tooth-completely bony, with unusual surgical complication
D7250	Surgical removal of residual tooth roots (cutting procedure)
D7251	Coronectomy- intentional partial tooth removal. Intentional partial tooth removal is performed when a neurovascular complication is likely if the entire impacted tooth is removed.
D7260	Oroantral fistula closure, by report
D7261	Primary closure of sinus perforation, by report
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth (this is not used for periodontal splinting)
D7280	Surgical access of an unerupted tooth
D7283	Placement of device to facilitate eruption of impacted tooth
D7288	Brush biopsy-transepithelial sample collection
D7290	Surgical re-positioning of teeth, by report
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report
D7310	Alveoloplasty in conjunction with extractions-four or more teeth or tooth spaces, per quadrant.
D7311	Alveoloplasty in conjunction with extractions-one to three teeth or tooth spaces.
D7320	Alveoloplasty not in conjunction with extractions-four or more teeth or tooth spaces, per quadrant.
D7321	Alveoloplasty not in conjunction with extraction-one to three teeth or tooth spaces, per quadrant.
D7340	Vestibuloplasty-ridge extension (secondary epithelialization), once per quadrant per lifetime for under 19, for 19 and over, by report
D7350	Vestibuloplasty-ridge extension (including soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue), once per quadrant per lifetime
D7450	Removal of benign odontogenic cyst or tumor-lesion diameter up to 1.25 cm., by report
D7451	Removal of benign odontogenic cyst or tumor-lesion diameter greater than 1.25 cm., by report
D7471	Removal of lateral exostosis (maxilla or mandible), once per arch.
D7472	Removal of torus palatinus, once per maxillary arch per lifetime
D7473	Removal of torus mandibularis, once per quadrant per lifetime
D7485	Surgical reduction of osseous tuberosity, once per quadrant per lifetime
D7510	Incision and drainage of abscess-intraoral soft tissue (involves incision through mucosa)
D7511	Incision and drainage of abscess intraoral soft tissue-complicated (includes drainage of multiple fascial spaces), by report
D7520	Incision and drainage of abscess-extraoral soft tissue (involves incision through skin), by report
D7521	Incision and drainage of abscess-extraoral soft tissue-complicated (includes drainage of multiple fascial spaces), by report
D7910	Suture of recent small wounds up to 5 cm.
D7921	Collection and application of autologous blood concentrate product, limited to 1 in 36 months
D7960	Frenulectomy-also known as frenectomy or frenotomy-separate procedure not incidental to another, once per site per lifetime

D7963	Frenuloplasty, once per site per lifetime
D7970	Excision of hyperplastic tissue-per arch (in preparation for a prosthesis)
D7971	Excision of periocoronary gingival- surgical removal of inflammatory or hypertrophied tissues surrounding partially erupted/impacted teeth.
D7999	Unspecified oral surgery procedure, by report.

Orthodontics- Limited to children up to age 19

D8010	Limited treatment of the primary dentition
D8020	Limited treatment of the transitional dentition
D8030	Limited treatment of the adolescent dentition
D8050	Interceptive treatment of the primary dentition
D8060	Interceptive treatment of the transitional dentition
D8070	Comprehensive treatment of the transitional dentition
D8080	Comprehensive treatment of the adolescent dentition
D8210	Appliance to control harmful habits (removable)
D8220	Appliance to control harmful habits (fixed or cemented)
D8660	Pre-orthodontic treatment visit
D8670	Periodic orthodontic treatment visit (as part of contract)
D8680	Orthodontic treatment (removal of appliances, construction and placement of retainer(s),
D8999	Unspecified orthodontic procedure, by report

Endodontic Services

D3220	Therapeutic pulpotomy (excluding final restoration) not to be used for apexogenesis
D3221	Gross pulpal debridement, primary and permanent teeth; not to be used for apexogenesis, once per tooth per lifetime
D3222	Partial pulpotomy for apexogenesis-permanent tooth with incomplete root development
D3230	Pulpal therapy (resorbable filling) anterior primary tooth (excluding final restoration)
D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration)
D3310	Endodontic therapy, anterior tooth (excluding final restoration),
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration),
D3330	Endodontic therapy, molar tooth (excluding final restoration)
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth, by report
D3346	Retreatment of previous root canal therapy, anterior, by report
D3347	Retreatment of previous root canal therapy, bicuspid, by report
D3348	Retreatment of previous root canal therapy, molar, by report
D3351	Apexification/recalcification/pulpal regeneration-initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)
D3352	Apexification/recalcification/pulpal regeneration-interim medication replacement (apical closure, calcific repair of perforations, root resorption, pulp space disinfection, etc.)
D3353	Apexification/recalcification-final visit (includes completed root canal therapy- apical closure/calcific repair of perforations, root resorption, etc.)
D3354	Pulpal regeneration-(completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration
D3410	Apicoectomy/periradicular surgery-anterior
D3421	Apicoectomy/periradicular surgery-bicuspid (first root)
D3425	Apicoectomy/periradicular surgery-molar (first root)
D3426	Apicoectomy/periradicular surgery-(each additional root)
D3450	Root amputation-per root, one per root
D3920	Hemisection (including any root removal), not including root canal therapy,
D3999	Unspecified endodontic procedure, by report

Periodontics Services

D4210	Gingivectomy or gingivoplasty-four or more contiguous disease teeth or tooth bounded spaces per quadrant, 1 in 36 months
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D4211	Gingivectomy or gingivoplasty-one to three contiguous disease teeth or tooth bounded spaces per quadrant, 1 in 36 months
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth, 1 in 36 months
D4240	Gingival flap procedure, including root planing-four or more contiguous disease teeth or tooth bounded spaces per quadrant, 1 in 36 months
D4249	Clinical crown lengthening-hard tissue
D4260	Osseous surgery (including flap entry and closure)-four or more contiguous disease teeth or tooth bounded spaces per quadrant, 1 in 36 months
D4270	Pedicle soft tissue graft procedure, Not a benefit when performed for cosmetic reasons
D4273	Subepithelial connective tissue grafts procedure, per tooth (including donor site surgery). Not a benefit when performed for cosmetic reasons
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft, 1 in 36 months. Not a benefit when performed for cosmetic reasons
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site for 19 and over two teeth per quadrant per 36 months on natural teeth only
D4341	Periodontal scaling and root planing-four or more disease teeth per quadrant, four or more teeth per quadrant, limited to 1 every 24 months
D4342	Periodontal scaling and root planing-one to three disease teeth per quadrant, 1-3 teeth per quadrant, 1 every 24 months
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, one per lifetime
D4910	Periodontal maintenance procedures (following active periodontal therapy), 4 in 12 months combined with adult prophylaxis after the completion of active periodontal therapy. For 19 and older, Once per 3 months following active periodontal therapy (scaling and root planing or osseous surgery)
D4999	Unspecified periodontal procedure, by report

Prosthetic Services

D5863	Overdenture- complete maxillary, once per arch per 60 months
D5864	Overdenture- partial maxillary, once per arch per 60 months
D5865	Overdenture- complete mandibular, once per arch per 60 months
D5866	Overdenture- partial mandibular, once per arch per 60 months
D5999	Unspecified maxillofacial prosthesis, by report
D6010	Surgical placement of implant body: endosteal implant (this code includes second stage surgery and placement of healing cap where indicated), 1 in 60 months
D6012	Surgical placement of interim implant body for transitional prosthesis, 1 every 60 months
D6013	Surgical Placement of mini implant, once per tooth
D6056	Prefabricated abutment (includes modification and placement), once per tooth per 60 months
D6058	Abutment supported porcelain/ceramic crown, once per tooth per 60 months
D6059	Abutment supported porcelain fused to metal crown (high noble), once per tooth per 60 months
D6060	Abutment supported porcelain fused to metal crown (base metal), once per tooth per 60 months
D6061	Abutment supported porcelain fused to metal crown (noble metal), once per tooth per 60 months
D6062	Abutment supported cast metal crown (high noble), once per tooth per 60 months
D6063	Abutment supported cast metal crown (base metal), once per tooth per 60 months
D6064	Abutment supported cast metal crown (noble metal), once per tooth per 60 months
D6065	Implant supported porcelain/ceramic crown, once per tooth per 60 months
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal), once per tooth per 60 months
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal), once per tooth per 60 months
D6068	Abutment supported retainer for porcelain/ceramic FPD, once per tooth per 60 months
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal), once per tooth per 60 months
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal), once per tooth per 60 months
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal), once per tooth per 60 months
D6072	Abutment supported retainer for cast metal FPD (high noble metal), once per tooth per 60 months
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal), once per tooth per 60 months
D6074	Abutment supported retainer for cast metal FPD (noble metal), once per tooth per 60 months

D6075 Implant supported retainer for ceramic FPD, once per tooth per 60 months

D6076 Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal), once per tooth per 60 months

D6077 Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal), once per tooth per 60 months

D6090 Repair implant supported prosthesis, by report, once per tooth per 60 months

D6091 Replacement of semi-precision, once per tooth per 60 months

D6094 Abutment supported crown (titanium), 1 per tooth per 60 months

D6095 Repair implant abutment, by report, once per 12 months after 24 months have elapsed from the initial insertion date of the crown. If less than 24 months of initial seating date, then disallowed.

D6100 Implant removal, once per tooth per 60 months

D6101 Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure, 1 every 60 months

D6102 Debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure, 1 every 60 months

D6103 Bone graft for repair of periimplant defect – not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration

D6104 Bone graft at time of implant placement

D6110 Implant /abutment supported removable denture-edentulous arch- maxillary, Once per 60 months as an alternate benefit

D6111 Implant /abutment supported removable denture- edentulous arch-mandibular, Once per 60 months as an alternate benefit

D6112 Implant /abutment supported removable denture-partially edentulous arch-maxillary, Once per 60 months as an alternate benefit

D6113 Implant /abutment supported removable denture- partially edentulous arch-mandibular, Once per 60 months as an alternate benefit

D6114 Implant /abutment supported fixed denture-edentulous arch- maxillary, Once per 60 months as an alternate benefit

D6115 Implant /abutment supported fixed denture-edentulous arch-mandibular, Once per 60 months as an alternate benefit

D6116 Implant /abutment supported fixed denture- partially edentulous arch- maxillary, Once per 60 months as an alternate benefit

D6117 Implant /abutment supported fixed denture for partially edentulous arch-mandibular, Once per 60 months as an alternate benefit

D6190 Radiographic/surgical implant index, 1 every 60 months

D6199 Unspecified maxillofacial prosthesis, by report, by report

D6205 Pontic-indirect resin based composite, 1 every 60 months

D6210 Pontic-cast high noble metal, 1 every 60 months

D6211 Pontic-cast predominantly base metal, 1 every 60 months

D6212 Pontic-cast noble metal, 1 every 60 months

D6214 Pontic-titanium, 1 every 60 months

D6240 Pontic-porcelain fused to high noble metal, 1 every 60 months

D6241 Pontic-porcelain fused to predominantly base metal, 1 every 60 months

D6242 Pontic-porcelain fused to noble metal, 1 every 60 months

D6245 Pontic-porcelain/ceramic, 1 every 60 months

D6250 Pontic-resin with high noble metal, 1 every 60 months

D6251 Pontic-resin with base metal, 1 every 60 months

D6252 Pontic-resin with noble metal, 1 every 60 months

D6545 Under 19 years of age, retainer-cast metal for resin bonded fixed prosthesis (Maryland bridge), once per tooth per 60 months

D6548 Retainer-porcelain/ceramic for resin bonded fixed prosthesis, once per tooth per 60 months

D6549 Resin retainer – for resin bonded fixed prosthesis, Once per tooth per 60 months

D6740 Crown-porcelain/ceramic, 1 every 60 months, age 16 or older

D6750 Crown-porcelain fused to high noble metal, 1 every 60 months, age 16 or older

D6751 Crown-porcelain fused to predominantly base metal, 1 every 60 months, age 16 or older

D6752 Crown-porcelain fused to noble metal, 1 every 60 months, age 16 or older

D6780 Crown-¾ cast high noble metal, 1 every 60 months, age 16 or older

D6781	Crown-¾ cast predominantly base metal, 1 every 60 months, age 16 or older
D6782	Crown-¾ cast noble metal, 1 every 60 months, age 16 or older
D6783	Crown-¾ cast porcelain/ceramic, 1 every 60 months, age 16 or older
D6790	Crown-full cast high noble metal, 1 every 60 months, age 16 or older
D6791	Crown-full cast predominantly base metal, 1 every 60 months, age 16 or older
D6792	Crown-full cast noble metal, 1 every 60 months, age 16 or older
D6999	Unspecified fixed prosthodontics procedure, by report
D5110	Complete denture-maxillary, 1 every 60 months
D5120	Complete denture-mandibular, 1 every 60 months
D5130	Immediate complete denture-maxillary, 1 every 60 months
D5140	Immediate complete denture-mandibular, 1 every 60 months
D5211	Maxillary partial denture-resin base, 1 every 60 months
D5212	Mandibular partial denture-resin base, 1 every 60 months
D5213	Maxillary partial denture-cast metal framework with resin denture bases, 1 every 60 months
D5214	Mandibular partial denture-cast metal framework with resin denture bases, 1 every 60 months
D5281	Removable unilateral partial denture-one piece cast metal, 1 every 60 months
D5860	Overdenture-complete, by report, 1 per arch per 60 months
D5861	Overdenture-partial, by report, 1 per arch per 60 months
D5899	Unspecified removable prosthodontic procedure, by report
D6012	Surgical placement of interim implant body for transitional prosthesis, 1 in 60 months
D6040	Surgical placement: eposteal implant, 1 in 60 months
D6050	Surgical placement: transosteal implant, 1 in 60 months
D6055	For under 19, connecting bar-implant supported or abutement supported.(examples are Hader or Dolder Bar)
D6080	Implant maintenance procedures including: removal of prosthesis, cleansing of prosthesis and abutments, reinsertion of prosthesis, once per tooth per 60 months

Anesthesia Services

D9220	Deep sedation/general anesthesia-up to 30 minutes, A benefit only when administered by a properly licensed dentist in a dental office limit to one with a covered surgical procedure
D9221	Deep sedation/general anesthesia-each additional 15 minutes, A benefit only when administered by a properly licensed dentist in a dental office limit to one with a covered surgical procedure

Intravenous Services

D9241	Intravenous conscious sedation/analgesia-up to 30 minutes. A benefit only when administered by a properly licensed dentist in a dental office limit to one with a covered surgical procedure
D9242	Intravenous conscious sedation/analgesia-each additional 15 minutes. A benefit only when administered by a properly licensed dentist in a dental office limit to one with a covered surgical procedure

Medications

D9610	Therapeutic drug injection, by report
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Post Surgical Services

D9930	Treatment of complications (post-surgical) unusual circumstances, by report (ex. treatment of a dry socket following extraction or removal of bony sequestrum by a different provider)
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Consultation Services

D9310	Consultation-diagnostic service provided by dentist or physician other than the requesting dentist or physician
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DentaQuest*

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English: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

Español (Spanish): si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

Tagalog (Tagalog – Filipino): Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

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Français (French): Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

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Русский (Russian): Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-278-7310 (TTY: 1-800-466-7566 or 711).

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