DMO® Dental Benefits Summary

CODE	PROCEDURE	PATIENT PAYS
	Office Visit Copay	$5
D0120	Periodic oral evaluation - established patient	No Charge
D0140	Limited oral evaluation - problem focused	No Charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary care giver	No Charge
D0150	Comprehensive oral evaluation - new or established patient	No Charge
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Charge
D0170	Re-evaluation- limited, problem focused (established patient; not post-operative visit)	No Charge
D0180	Comprehensive periodontal evaluation - new or established patient	No Charge
D0210	Intraoral - complete series of radiographic images	No Charge
D0220	Intraoral - periapical first radiographic image	No Charge
D0230	Intraoral - periapical each additional radiographic image	No Charge
D0240	Intraoral, Occlusal Image	No Charge
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and dectector	No Charge
D0251	Extra-oral - dental radiographic image	No Charge
D0270	Bitewing - single radiographic image	No Charge
D0272	Bitewing - two radiographic images	No Charge
D0273	Bitewing - three radiographic images	No Charge
D0274	Bitewing - four radiographic images	No Charge
D0277	Vertical Bitewings - 7 to 8 images	No Charge
D0330	Panoramic Image	No Charge
D0391	Interpretation of Diagnostic Image	No Charge
D0470	Diagnostic Casts	No Charge
D0472	Accession of tissue, gross examination, prepration and transmission of written report	No Charge

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

DMO® Dental Benefits Summary

D0473	Accession of tissue, gross and microscopic examination, prepration and transmission of written report	No Charge
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, prepration and transmission of written report	No Charge
D1110	Prophy - Adult	No Charge
D1120	Prophy - Child	No Charge
D1206	Application of Topical Fluoride Varnish (child)	No Charge
D1208	Topical application of fluoride - excluding varnish (child)	No Charge
D1330	Oral Hygiene Instruction	No Charge
D1351	Sealant - per tooth	No Charge
D1352	Preventive Resin Restoration	No Charge
D1353	Sealant Repair - Per Tooth	No Charge
D1354	Interim caries arresting medicament application, per tooth	No Charge
D1355	Caries preventive medicament application, per tooth	No Charge
D1510	Space Maintainer - Fixed Unilateral	No Charge
D1516	Space maintainer - fixed - bilateral, maxillary	No Charge
D1517	Space maintainer - fixed - bilateral, mandibular	No Charge
D1520	Space Maintainer - Removable Unilateral	No Charge
D1526	Space maintainer - removable - bilateral, maxillary	No Charge
D1527	Space maintainer - removable - bilateral, mandibular	No Charge
D1551	Recement or rebond bilateral space maintainer - maxillary	$12
D1552	Recement or rebond bilateral space maintainer - mandibular	$12
D1553	Recement or re-bond unilateral space maintainer - per quad	$6
D1556	Removal of fixed unilateral space maintainer - per quad	$6
D1557	Removal of fixed bilateral space maintainer - maxillary	$12
D1558	Removal of fixed bilateral space maintainer - mandibular	$12
D1575	Distal shoe space maintainer - fixed - unilateral	No Charge
D2140	Amalgam - 1 Surf Primary or Permanent	No Charge
D2150	Amalgam - 2 Surf Primary or Permanent	No Charge

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

DMO® Dental Benefits Summary

D2160	Amalgam - 3 Surf Primary or Permanent	No Charge
D2161	Amalgam - 4+ Surf Primary or Permanent	No Charge
D2330	Resin-Based Composite 1 Surf, Anterior	No Charge
D2331	Resin-Based Composite 2 Surf, Anterior	No Charge
D2332	Resin-Based Composite 3 Surf, Anterior	No Charge
D2335	Resin-Based Composite 4+ Surf; Anterior (or involving Incisal angle)	$42
D2390	Resin-Based Composite Crown, Anterior	No Charge
D2391	Resin-Based Composite 1 Surf, Posterior	$49
D2392	Resin-Based Composite 2 Surf, Posterior	$63
D2393	Resin-Based Composite 3 Surf, Posterior	$77
D2394	Resin-Based Composite 4+ Surf, Posterior	$106
D2510	Inlay - Metallic 1 Surf	$189
D2520	Inlay - Metallic 2 Surf	$189
D2530	Inlay - Metallic 3 Surf	$189
D2542	Onlay - Metallic 2 Surf	$200
D2543	Onlay - Metallic 3 Surf	$200
D2544	Onlay, Metallic - 4 or More Surf	$200
D2610	Inlay, Porcelain/Ceramic - 1 Surf	$189
D2620	Inlay, Porcelain/Ceramic - 2 Surf	$189
D2630	Inlay, Porcelain/Ceramic - 3 or More Surf	$189
D2642	Onlay, Porcelain/Ceramic - 2 Surf	$200
D2643	Onlay, Porcelain/Ceramic - 3 Surf	$200
D2644	Onlay, Porcelain/Ceramic - 4 or More Surf	$200
D2650	Inlay, Composite/Resin - 1 Surf	$189
D2651	Inlay, Composite/Resin - 2 Surf	$189
D2652	Inlay, Composite/Resin - 3 Surf	$189
D2662	Onlay, Composite/Resin - 2 Surf	$200
D2663	Onlay, Composite/Resin - 3 Surf	$200
D2664	Onlay, Composite/Resin - 4 or More Surf	$200

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

DMO® Dental Benefits Summary

D2710	Crown - Resin-Based Composite, Indirect	$207
D2712	Crown - 3/4 Resin-Based Composite, Indirect	$151
D2720	Crown - Resin With High Noble Metal	$207
D2721	Crown - Resin With Predominantly Base Metal	$207
D2722	Crown - Resin With Noble Metal	$207
D2740	Crown - Porcelain/Ceramic Substrate	$207
D2750	Crown - Porcelain Fused to High Noble Metal	$207
D2751	Crown - Porcelain Fused to Predominantly Base Metal	$207
D2752	Crown - Porcelain Fused to Noble Metal	$207
D2753	Crown - Porcelain fused to titanium and titanium alloys	$207
D2780	Crown - 3/4 Cast High Noble Metal	$207
D2781	Crown - 3/4 Cast Predominantly Based Metal	$207
D2782	Crown - 3/4 Cast Noble Metal	$207
D2783	Crown - 3/4 Porcelain/Ceramic	$207
D2790	Crown - Full Cast High Noble Metal	$207
D2791	Crown - Full Cast Predominantly Base Metal	$207
D2792	Crown - Full Cast Noble Metal	$207
D2794	Crown - Titanium	$207
D2910	Recement Inlay, Onlay or Partial Coverage Restoration	No Charge
D2915	Recement Cast or Prefab Post and Core	No Charge
D2920	Recement Crown	No Charge
D2921	Reattachment of tooth fragment, incisal edge or dusp	$4
D2929	Prefab Porcelain/Ceramic Crown - Primary Tooth	No Charge
D2930	Prefab, Stainless Steel Crown - Primary Tooth	No Charge
D2931	Prefab, Stainless Steel Crown - Permanent Tooth	No Charge
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	No Charge
D2940	Protective Restoration	No Charge
D2941	Interim therapeutic restoration - primary dentition	No Charge
D2950	Core Buildup, Including Any Pins	$123

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

DMO® Dental Benefits Summary

D2951	Pin Retention - In Addition to Restoration	No Charge
D2952	Post & Core in Addition to Crown	$101
D2990	Resin Infiltration of Lesion	No Charge
D3110	Pulp Cap - Direct (excluding final restoration)	No Charge
D3120	Pulp Cap - Indirect (excluding final restoration)	No Charge
D3220	Therapeutic Pulpotomy (excluding final restoration)	No Charge
D3221	Pulpal Debridement, Primary and Permanent Teeth	$14
D3222	Partial Pulpotomy	No Charge
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	No Charge
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	No Charge
D3310	Root Canal Therapy - Anterior (excluding final restoration)	No Charge
D3320	Root Canal Therapy - Bicuspid (excluding final restoration)	No Charge
D3330	Root Canal Therapy - Molar (excluding final restoration)	$161
D3331	Treatment of Root Canal Obstruction, Nonsurgical Access	No Charge
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	No Charge
D3333	Internal Root Repair of Perforation Defects	No Charge
D3346	Retreatment of Previous Root Canal Therapy - Anterior	$110
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	$110
D3348	Retreatment of Previous Root Canal Therapy - Molar	$266
D3410 (1)	Apicoectomy/Periradicular Surgery - Anterior	No Charge
D3421 (1)	Apicoectomy/Periradicular Surgery - Bicuspid (First Root)	No Charge
D3425 (1)	Apicoectomy/Periradicular Surgery - Molar (First Root)	No Charge
D3426 (1)	Apicoectomy/Periradicular Surgery- Each Additional Root	No Charge
D3430 (1)	Retrograde Filling - Per Root	No Charge
D3450 (1)	Root Amputation - Per Root	$66
D3471 (1)	Surgical repair of root resorption, anterior	No Charge
D3472 (1)	Surgical repair of root resorption, premolar	No Charge
D3473 (1)	Surgical repair of root resorption, molar	No Charge

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

DMO® Dental Benefits Summary

D3501 (1)	Surgical exposure of root surface without apicoectomy or repair of root resorption, anterior	$44
D3502 (1)	Surgical exposure of root surface without apicoectomy or repair of root resorption, premolar	$59
D3503 (1)	Surgical exposure of root surface without apicoectomy or repair of root resorption, molar	$74
D4210 (1)	Gingivectomy or Gingivoplasty - 4 or More Teeth - Per Quadrant	$91
D4211 (1)	Gingivectomy or Gingivoplasty - 1-3 Teeth - Per Quadrant	$39
D4212 (1)	Gingivectomy to allow access, per tooth	$13
D4240 (1)	Gingival Flap Procedure, Including Root Planing - 4 or More Teeth - Per Quadrant	$90
D4241 (1)	Gingival Flap Procedure, Including Root Planing - 1-3 Teeth - Per Quadrant	$55
D4245 (1)	Apically Positioned Flap	$74
D4249	Clinical Crown Lengthening, Hard Tissue	$88
D4260 (1)	Osseous Surgery (Including Flap Entry and Closure) - 4 or More Teeth - Per Quadrant	$147
D4261 (1)	Osseous Surgery (Including Flap Entry and Closure) - 1-3 Teeth - Per Quadrant	$88
D4268 (1)	Surgical Revision Procedure, Per Tooth	$59
D4270 (1)	Pedicle Soft Tissue Graft Procedure	$116
D4273 (1)	Subepithelial Connective Tissue Graft, Per Tooth	$68
D4275 (1)	Soft Tissue Allograft	$237
D4276 (1)	Connective Tissue/Pedicle Graft, Per Tooth	$112
D4277 (1)	Free soft tissue graft - first tooth	$48
D4278 (1)	Free soft tissue graft - each additional tooth	$24
D4283 (1)	Autogenous connective tissue graft	$37
D4285 (1)	Non-autogenous connective tissue graft	$130
D4341	Periodontal Scaling and Root Planing - 4 or More Teeth - Per Quadrant	$37
D4342	Periodontal Scaling and Root Planing - 1-3 Teeth - Per Quadrant	$22
D4346	Scaling in presence of generalized moderate/severe gingival inflammation - full mouth, after oral evaluation	$35
D4355	Debridement	$70

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

DMO® Dental Benefits Summary

D4910	Periodontal Maintenance	$25
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist)	$11
D5110 (2)	Complete Denture - Maxillary	$231
D5120 (2)	Complete Denture - Mandibular	$231
D5130	Immediate Denture - Maxillary	$237
D5140	Immediate Denture - Mandibular	$237
D5211 (2)	Maxillary Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	$231
D5212 (2)	Mandibular Partial Denture - Resin Base (including any conventional clasps, rests and teeth)	$231
D5213 (2)	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	$237
D5214 (2)	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth)	$237
D5221	Immediate max partial dental - resin base (including any conventional clasps, rests and teeth)	$266
D5222	Immediate mand partial dental - resin base (including any conventional clasps, rests and teeth)	$266
D5223	Immediate max partial denture - cast base framework w/resin denture base (including any conventional clasps, rests and teeth)	$273
D5224	Immediate mand partial denture - cast base framework w/resin denture base (including any conventional clasps, rests and teeth)	$273
D5225 (2)	Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth)	$264
D5226 (2)	Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth)	$264
D5227 (2)	Immediate Maxillary Partial Denture - Flexible Base (including any clasps, rests and teeth).	$264
D5228 (2)	Immediate Mandibular Partial Denture - Flexible Base (including any clasps, rests and teeth).	$264
D5282 (2)	Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth) - maxillary	$231
D5283 (2)	Removable Unilateral Partial Denture - One Piece Cast Metal (including clasps and teeth) - mandibular	$231

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

DMO® Dental Benefits Summary

D5284 (2)	Removable Unilateral Partial Denture - one piece flex base (including clasps and teeth) - per quad	$132
D5286 (2)	Removable Unilateral Partial Denture - one piece resin (including clasps and teeth) - per quad	$116
D5410	Adjust Complete Denture - Maxillary	$11
D5411	Adjust Complete Denture - Mandibular	$11
D5421	Adjust Partial Denture - Maxillary	$11
D5422	Adjust Partial Denture - Mandibular	$11
D5511	Repair Broken Complete Denture Base - mandibular	$35
D5512	Repair Broken Complete Denture Base - maxillary	$35
D5520	Replace Missing or Broken Teeth - Complete Denture (each tooth)	$30
D5611	Repair Resin Partial Denture Base - mandibular	$35
D5612	Repair Resin Partial Denture Base - maxillary	$35
D5621	Repair Cast Partial Framework - mandibular	$35
D5622	Repair Cast Partial Framework - maxillary	$35
D5630	Repair or Replace Broken Clasp	$35
D5640	Replace Broken Teeth - Per Tooth	$30
D5650	Add Tooth to Existing Partial Denture	$35
D5660	Add Clasp to Existing Partial Denture	$33
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary)	$110
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	$110
D5710	Rebase Complete Maxillary Denture	$110
D5711	Rebase Complete Mandibular Denture	$110
D5720	Rebase Maxillary Partial Denture	$110
D5721	Rebase Mandibular Partial Denture	$110
D5725	Rebase Hybrid Prosthesis	$110
D5730	Reline Complete Maxillary Denture (Chairside)	No Charge
D5731	Reline Complete Mandibular Denture (Chairside)	No Charge
D5740	Reline Maxillary Partial Denture (Chairside)	No Charge

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

DMO® Dental Benefits Summary

D5741	Reline Mandibular Partial Denture (Chairside)	No Charge
D5750	Reline Complete Maxillary Denture (Lab)	$53
D5751	Reline Complete Mandibular Denture (Lab)	$53
D5760	Reline Maxillary Partial Denture (Lab)	$53
D5761	Reline Mandibular Partial Denture (Lab)	$53
D5765	Soft Liner for Complete or Partial Removable Denture - indirect	$53
D5820 (3)	Interim Partial Denture (Maxillary)	$99
D5821 (3)	Interim Partial Denture (Mandibular)	$99
D5850	Tissue Conditioning, Maxillary	$44
D5851	Tissue Conditioning, Mandibular	$44
D5876	Add metal substructure to acrylic full denture (per arch)	$35
D6058	Abutment Supported Porcelain/Ceramic Crown	$207
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	$207
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	$207
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	$207
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	$207
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Metal)	$207
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	$207
D6065	Implant Supported Porcelain/Ceramic Crown	$207
D6066	Implant Supported Porcelain Fused to Metal Crown (Titanium, Titanium Alloy or High Noble Metal)	$207
D6067	Implant Supported Metal Crown (Titanium, Titanium Alloy or High Noble Metal)	$207
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	$207
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (High Noble Metal)	$207
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Predominantly Base Metal)	$207
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (Noble Metal)	$207

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

DMO® Dental Benefits Summary

D6072	Abutment Supported Retainer for Cast Metal FPD (High Noble Metal)	$207
D6073	Abutment Supported Retainer for Cast Metal FPD (Predominantly Base Metal)	$207
D6074	Abutment Supported Retainer for Cast Metal FPD (Noble Metal)	$207
D6075	Implant Supported Retainer for Ceramic FPD	$207
D6076	Implant Supported Retainer for FPD - porcelain fused to high noble alloys	$207
D6077	Implant Supported Retainer for FPD - high noble alloys	$207
D6082	Implant Sup Crown - porcelain/predominantly base alloys	$207
D6083	Implant Sup Crown - porcelain fused to noble alloys	$207
D6084	Implant Sup Crown - porcelain/titanium and titanium alloys	$207
D6086	Implant Sup Crown - predominantly base alloys	$207
D6087	Implant Sup Crown - noble alloys	$207
D6088	Implant Sup Crown - titanium and titanium alloys	$207
D6094	Abutment Supported Crown - (Titanium)	$207
D6097	Abutment Sup Crown - porcelain/titanium and titanium alloys	$207
D6098	Implant Sup retainer - porcelain/predominantly base alloys	$207
D6099	Implant Sup retainer for FPD - porcelain / noble alloys	$207
D6110	Implant Abut Sup Removable Dent-Max	$231
D6111	Implant Abut Sup Removable Dent-Mand	$231
D6112	Implant Abut Sup Removable Dent-Max	$231
D6113	Implant Abut Sup Removable Dent-Mand	$231
D6114	Implant Abut Sup Fixed Dent-Max	$231
D6115	Implant Abut Sup Fixed Dent-Mand	$231
D6116	Implant Abut Sup Fixed Dent-Max	$231
D6117	Implant Abut Sup Fixed Dent-Mand	$231
D6120	Abutment Sup Retainer - porcelain/titanium and titanium alloys	$207
D6121	Implant Sup Retainer for metal FPD- predominantly base alloys	$207
D6122	Implant Sup Retainer for metal FPD- noble alloys	$207
D6123	Abutment Sup Retainer for metal FPD- titanium and titanium alloys	$207
D6195	Abutment Sup Retainer - porcelain /titanium and titanium alloys	$207

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

DMO® Dental Benefits Summary

D6197	Replacement of Restorative Material used to close an access opening of a screw-retained implant supported prosthesis, per implant	$49
D6205	Pontic - Indirect Resin Based Composite	$207
D6210	Pontic - Cast High Noble Metal	$207
D6211	Pontic - Cast Predominantly Base Metal	$207
D6212	Pontic - Cast Noble Metal	$207
D6214	Pontic - Titanium	$207
D6240	Pontic - Porcelain Fused to High Noble Metal	$207
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	$207
D6242	Pontic - Porcelain Fused to Noble Metal	$207
D6243	Pontic - porcelain fused to titanium and titanium alloys	$207
D6245	Pontic - Porcelain/Ceramic	$207
D6250	Pontic - Resin With High Noble Metal	$207
D6251	Pontic - Resin With Predominantly Base Metal	$207
D6252	Pontic - Resin With Noble Metal	$207
D6545	Retainer - Cast Metal for Resin-Bonded Fixed Prosthesis	$189
D6548	Retainer - Porcelain/Ceramic for Resin-Bonded Fixed Prosthesis	$189
D6549	Resin Retainer - Resin Bonded Prosthesis	$104
D6600	Inlay - Porcelain/Ceramic, 2 Surf	$189
D6601	Inlay - Porcelain/Ceramic, 3+ Surf	$189
D6602	Inlay - Cast High Noble Metal, 2 Surf	$210
D6603	Inlay - Cast High Noble Metal, 3+ Surf	$210
D6604	Inlay - Cast Predominantly Base Metal, 2 Surf	$189
D6605	Inlay - Cast Predominantly Base Metal, 3+ Surf	$189
D6606	Inlay - Cast Noble Metal, 2 Surf	$210
D6607	Inlay - Cast Noble Metal, 3+ Surf	$210
D6608	Onlay - Porcelain/Ceramic, 2 Surf	$200
D6609	Onlay - Porcelain/Ceramic, 3+ Surf	$200
D6610	Onlay - Cast High Noble Metal, 2 Surf	$221

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

DMO® Dental Benefits Summary

D6611	Onlay - Cast High Noble Metal, 3+ Surf	$221
D6612	Onlay - Cast Predominantly Base Metal, 2 Surf	$200
D6613	Onlay - Cast Predominantly Base Metal, 3+ Surf	$200
D6614	Onlay - Cast Noble Metal, 2 Surf	$221
D6615	Onlay - Cast Noble Metal, 3+ Surf	$221
D6624	Inlay - Titanium	$210
D6634	Onlay - Titanium	$221
D6710	Crown - Indirect Resin Based Composite	$207
D6720	Crown - Resin With High Noble Metal	$207
D6721	Crown - Resin With Predominantly Base Metal	$207
D6722	Crown - Resin With Noble Metal	$207
D6740	Crown - Porcelain/Ceramic	$207
D6750	Crown - Porcelain Fused to High Noble Metal	$207
D6751	Crown - Porcelain Fused to Predominantly Base Metal	$207
D6752	Crown - Porcelain Fused to Noble Metal	$207
D6753	Crown - porcelain fused to titanium and titanium alloys	$207
D6780	Crown - 3/4 Cast High Noble Metal	$207
D6781	Crown - 3/4 Cast Predominantly Base Metal	$207
D6782	Crown - 3/4 Cast Noble Metal	$207
D6783	Crown - 3/4 Porcelain/Ceramic	$207
D6784	Crown 3/4 - titanium and titanium alloys	$207
D6790	Crown - Full Cast High Noble Metal	$207
D6791	Crown - Full Cast Predominantly Base Metal	$207
D6792	Crown - Full Cast Noble Metal	$207
D6794	Crown - Titanium	$207
D6930	Recement Fixed Partial Denture	$20
D7111	Extraction, Coronal Remnants - Deciduous Tooth	No Charge
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	No Charge
D7210 (1)	Surgical Removal of Erupted Tooth	No Charge

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

DMO® Dental Benefits Summary

D7220 (1)	Removal of Impacted Tooth - Soft Tissue	No Charge
D7230 (1)	Removal of Impacted Tooth - Partially Bony	$55
D7240 (1)	Removal of Impacted Tooth - Completely Bony	$85
D7241 (1)	Removal of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	$85
D7250 (1)	Surgical Removal of Residual Tooth Roots	$16
D7251	Coronectomy - intentional partial tooth removal	$39
D7280 (1)	Surgical Access of Unerupted Tooth	$27
D7282 (1)	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	$33
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	$7
D7285 (1)	Biopsy of Oral Tissue - Hard (Bone, Tooth)	$55
D7286 (1)	Biopsy of Oral Tissue - Soft	$55
D7287 (1)	Cytological Sample Collection	$28
D7310 (1)	Alveoloplasty in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant	$20
D7311 (1)	Alveoloplasty in Conjunction With Extractions - 1 to 3 Teeth or Tooth Spaces - Per Quadrant	$10
D7320 (1)	Alveoloplasty Not in Conjunction With Extractions - 4 or More Teeth or Tooth Spaces - Per Quadrant	$28
D7321 (1)	Alveoloplasty Not in Conjunction With Extractions - 1-3 Teeth or Tooth Spaces - Per Quadrant	$14
D7510 (1)	Incision and Drainage of Abcess - Intraoral Soft Tissue	$22
D7511 (1)	Incision and Drainage of Abcess - Intraoral Soft Tissue - Complicated	$24
D7961 (1)	Buccal / labial frenectomy (frenulectomy)	$26
D7962 (1)	Lingual frenectomy (frenulectomy)	$26
D7963 (1)	Frenuloplasty	$28
D9110	Palliative (Emergency) Treatment of Dental Pain - minor procedure	$11
D9222	Deep sedation/general anesthesia - 1st 15 min	$109
D9223	Deep sedation/general anesthesia - each 15 minute increment	$87
D9239	Intravenous conscious sedation/analgesia - 1st 15 min	$109

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

DMO® Dental Benefits Summary

D9243	Intravenous conscious sedation/analgesia - each 15 minute increment	$87
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	No Charge
D9311	Consultation with a medical health care professional	No Charge
D9932	Denture cleaning and inspection of removable complete denture, maxillary	$25
D9933	Denture cleaning and inspection of removable complete denture, mandibular	$25
D9934	Denture cleaning and inspection of removable partial denture, maxillary	$25
D9935	Denture cleaning and inspection of removable partial denture, mandibular	$25
D9942	Repair and/or Reline of Occlusal Guard	$18
D9943	Occlusal guard adjustment	$19
D9944	Occlusal guard - hard appliance, full arch	$173
D9945	Occlusal guard - soft appliance, full arch	$150
D9946	Occlusal guard - hard appliance, partial arch	$90
D9951	Occlusal Adjustment - limited	$35
D9952	Occlusal Adjustment - complete	$96
	Additional Charge per Unit for Full Mouth Rehabilitation.	$125
(1) Certain services may be covered under the Medical Plan. Contact Member Services for more details.		
(2) Includes relines, adjustments, rebases within the 1st six months.		
(3) Eligible on Anterior Teeth only.		
Services may be subject to age and frequency limitations. See your booklet for details.		
Charges for crowns and bridgework are per unit. There will be additional charges for the actual cost for gold/high noble metal.		
Full mouth rehabilitation is defined as 6 or more units of covered crowns and/or pontics under one treatment plan.		
ORTHODONTICS		
	Comprehensive Orthodontic Treatment - Includes exam, records, retention and appliance	
	Adolescent (appliance must be placed prior to age 20) - excludes transitional dentition	Not Covered
	Adult - excludes transitional dentition	Not Covered
Other Important Information		

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

DMO® Dental Benefits Summary

This Benefit summary of the Aetna Dental Maintenance Organization (DMO®) provides information on benefits provided when services are rendered by a participating dentist. In order for a covered person to be eligible for benefits, dental services must be provided by a primary care dentist selected from the network of participating DMO dentists. Out of network benefits may apply. Please refer to your Schedule of Benefits.

Employees in AZ, CA, GA, MA, MD, MO, NC, NJ and TX must either live or work within the approved DMO® service area to be eligible to enroll in the DMO®

Due to state law, limited (varying by state) DMO® benefits for non-emergency services rendered by non-participating providers are available for plan contracts written in: CT, IL, KY, MA and OH and for members residing in OK (regardless of contract situs state).

Attention Massachusetts residents Before enrolling, you should be aware that our network of preferred providers in Massachusetts has providers mainly in the following counties: Barnstable, Berkshire, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester. Your out of pocket expenses will be higher if you do not see an in-network provider and, in some plans, benefits may not be available at all for out-of-network providers.

PLAN EXCLUSIONS AND LIMITATIONS*

Some Services Not Covered Under the Plan Are*:

1. Services or supplies that are covered in whole or in part:
(a) under any other part of this Dental Care Plan; or
(b) under any other plan of group benefits provided by or through your employer.

2. Services and supplies to diagnose or treat a disease or injury that is not:
(a) a non-occupational disease; or
(b) a non-occupational injury.

3. Services not listed in the Dental Care Schedule that applies, unless otherwise specified in the Booklet-Certificate.

4. Those for replacement of a lost, missing or stolen appliance, and those for replacement of appliances that have been damaged due to abuse, misuse or neglect.

5. Those for plastic, reconstructive or cosmetic surgery, or other dental services or supplies, that are primarily intended to improve, alter or enhance appearance. This applies whether or not the services and supplies are for psychological or emotional reasons. Facings on molar crowns and pontics will always be considered cosmetic.

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

DMO® Dental Benefits Summary

6. Those for or in connection with services, procedures, drugs or other supplies that are determined by Aetna to be experimental or still under clinical investigation by health professionals.
7. Those for dentures, crowns, inlays, onlays, bridgework, or other appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or to correct attrition, abrasion or erosion. Does not apply to CA contracts.
8. Those for any of the following services (Does not apply to TX contracts): (a) An appliance or modification of one if an impression for it was made before the person became a covered person; (b) A crown, bridge, or cast or processed restoration if a tooth was prepared for it before the person became a covered person; (c) Root canal therapy if the pulp chamber for it was opened before the person became a covered person.
9. Services that Aetna defines as not necessary for the diagnosis, care or treatment of the condition involved. This applies even if they are prescribed, recommended or approved by the attending physician or dentist.
10. Those for services intended for treatment of any jaw joint disorder, unless otherwise specified in the Booklet-Certificate.
11. Those for space maintainers, except when needed to preserve space resulting from the premature loss of deciduous teeth.
12. Those for orthodontic treatment, unless otherwise specified in the Booklet-Certificate.
13. Those for general anesthesia and intravenous sedation, unless specifically covered. For plans that cover these services, they will not be eligible for benefits unless done in conjunction with another necessary covered service.
14. Those for treatment by other than a dentist, except that scaling or cleaning of teeth and topical application of fluoride may be done by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a dentist.
15. Those in connection with a service given to a dependent age 5 or older if that dependent becomes a covered dependent other than: (a) during the first 31 days the dependent is eligible for this coverage, or (b) as prescribed for any period of open enrollment agreed to by the employer and Aetna. This does not apply to charges incurred: (i) after the end of the 12-month period starting on the date the dependent became a covered dependent; or

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

DMO® Dental Benefits Summary

(ii) as a result of accidental injuries sustained while the dependent was a covered dependent; or (iii) for a primary care service in the Dental Care Schedule that applies as shown under the headings Visits and Exams, and X-rays and Pathology.
16. Services given by a nonparticipating dental provider to the extent that the charges exceed the amount payable for the services shown in the Dental Care Schedule that applies.
17. Those for a crown, cast or processed restoration unless: (a) It is treatment for decay or traumatic injury and teeth cannot be restored with a filling material; or (b) The tooth is an abutment to a covered partial denture or fixed bridge.
18. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the Booklet-Certificate.
19. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons, unless otherwise specified in the Booklet-Certificate.
20. Services needed solely in connection with non-covered services.
21. Services done where there is no evidence of pathology, dysfunction or disease other than covered preventive services. Does not apply to CA contracts.
Any exclusion above will not apply to the extent that coverage of the charge is required under any law that applies to the coverage.
*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.
Specialty Referrals
1. Under the DMO dental plan, services performed by specialists are eligible for coverage only when prescribed by the primary care dentist and authorized by Aetna Dental. If Aetna's payment to the specialty dentist is based on a negotiated fee, then the member's copayment for the service will be based on the same negotiated fee.
2. DMO members may visit an orthodontist without first obtaining a referral from their primary care dentist. In an effort to ease the administrative burden on both participating Aetna dentists and members, Dental has opened direct access for DMO members to orthodontic services.

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

DMO® Dental Benefits Summary

Emergency Dental Care
If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week. You should contact your Primary Care Dentist to receive treatment. If you are unable to contact your PCD, contact Member Services for assistance in locating a dentist. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.
Your Dental Care Plan Coverage Is Subject to the Following Rules:
Replacement Rule The replacement of; addition to; or modification of: existing dentures; crowns; casts or processed restorations; removable denture; fixed bridgework; or other prosthetic services is covered only if one of the following terms is met: The replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed. This coverage must have been in force for the covered person when the extraction took place. The existing denture, crown; cast or processed restoration, removable denture, bridgework, or other prosthetic service cannot be made serviceable, and was installed at least 5 years before its replacement. The existing denture is an immediate temporary one to replace one or more natural teeth extracted while the person is covered, and cannot be made permanent, and replacement by a permanent denture is required. The replacement must take place within 12 months from the date of initial installation of the immediate temporary denture.
The extraction of a third molar does not qualify. Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.
Tooth Missing But Not Replaced Rule (Does not apply to TX and CA contracts.) Coverage for the first installation of removable dentures; fixed bridgework and other prosthetic services is subject to the requirements that such removable dentures; fixed bridgework and other prosthetic services are (i) needed to replace one or more natural teeth that were removed while this policy was in force for the covered person; and (ii) are not abutments to a partial denture; removable bridge; or fixed bridge installed during the prior 5 years.

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

DMO® Dental Benefits Summary

Alternate Treatment Rule: If more than one service can be used to treat a covered person's dental condition, Aetna may decide to authorize coverage only for a less costly covered service provided that all of the following terms are met:

(a) the service must be listed on the Dental Care Schedule;
(b) the service selected must be deemed by the dental profession to be an appropriate method of treatment; and
(c) the service selected must meet broadly accepted national standards of dental practice.

If treatment is being given by a participating dental provider and the covered person asks for a more costly covered service than that for which coverage is approved, the specific copayment for such service will consist of:

(a) the copayment for the approved less costly service; plus
(b) the difference in cost between the approved less costly service and the more costly covered service.

Finding Participating Providers

Consult Aetna Dental's online provider search for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. Not every provider listed in the directory will be accepting new patients. Although Aetna Dental has identified providers who were not accepting patients in our DMO plan as known to Aetna Dental at the time the provider directory was created, the status of a provider's practice may have changed. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your online ID card, or use our Internet-based provider search available at www.aetna.com.

Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern. In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate. All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Telehealth Services: the plan will reimburse the treating or consulting provider for the diagnosis, consultation, or treatment of an enrollee via telehealth on the same basis and to the same extent that the plan would reimburse the same covered in-person service.

Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc.
In Arizona, DMO Dental Plans are provided or administered by Aetna Health Inc.

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. Aetna does not provide dental services and, therefore, cannot guarantee any results or outcomes. The availability of a plan or program may

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

DMO® Dental Benefits Summary

vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 877-238-6200.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:
Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705),
CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

aetna®

DMO® Dental Benefits Summary

TTY:711

English	**To access language services at no cost to you, call the number on your ID card.**
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለወን ቁጥር ይደወሉ፡ ፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավվճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հէրախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন৷
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ᏩᎩᏍᏗ ᎦᏬᏂᎯᏍᏗ ᎢᏳᎾᏛᎯᏁᏗ Ꮑ ᎪᎱᏍᏗ ᏗᏣᎬᏩᏁᏗ ᎣᎩ, ᏫᏥᎯᏓᎳᎡᏓ ᎾᏍᎩ ᏗᏎᏍᏗ ᏥᏚᎪᏊᎵ ᎤᎾᎢ ID ᏆᏂᏲᏍᏗ ᏣᏤᎵᎢ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કોલ કરવો.

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

DMO® Dental Benefits Summary

Hawaiian	No ka wala‘au ‘ana me ka lawelawe ‘ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki ‘ole ‘ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obụla, kpọọ nọmba nọ na kaadi njirimara gị
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤနှၢ်ကျိာ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ် လၢတအိၣ်ဒီးအပှၤလၢနကဘၣ်ဟ့ၣ်ဒီးအဂီၢ်,ကိးဘၣ်လီတဲစိနိၣ်ဂ့ၢ်လၢအအိၣ်လၢနခိၣ်ဂီၤ (ID) အလိၤန့ၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەستپێڕاگەیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی(ID) کارتی خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Ṇan bōk jipañ kōn kajin ilo an ejjeḷọk wōṇean ñan kwe, kwōn kallok nōṃba eo ilo kaat in ID eo aṃ.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T’áá ni nizaad k’ehjí bee níká a’doowoł doo bą́ą́h ílínígóó naaltsoos bee atah nílíjgo nanitinígíí bee néého’dólzinígíí béésh bee hane’í bikáʼígíí áajį’ hólne’.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të kɔɔr yïn ran de wëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke yïn cɔl ran ye kɔc kuɔny në namba de abac tɔ në ID kard duɔ̈n de tïït de nyin de panakim kɔ̈u.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.

DMO® Dental Benefits Summary

Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.
Persian Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید.
Polish	Aby uzyskać dostęp do bezpłatnych usług językowych, należy zadzwonić pod numer podany na karcie identyfikacyjnej.
Portuguese	Para aceder aos serviços linguísticos gratuitamente, ligue para o número indicado no seu cartão de identificação.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਪੰਜਾਬੀ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Romanian	Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul de membru.
Russian	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей идентификационной карте.
Samoan	Mō le mauaina o 'au'aunaga tau gagana e aunoa ma se totogi, vala'au le numera i luga o lau pepa ID.
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici.
Spanish	Para acceder a los servicios lingüísticos sin costo alguno, llame al número que figura en su tarjeta de identificación.
Sudanic Fulfulde	Heeɓa a naasta nder ekkitol jaangirde woldeji walla yoɓugo, ewnu lamba je ɗon windi ha do ɗerowol maaɗa.
Swahili	Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho.
Syriac-Assyrian	ܟܝ ܚܣܝܟܐ ܬܠܘܟ݂ ܩܠ ܝܠܦܢܘܬܐ ܕܡܫܘܕܥܬܐ ܒܠܫܢܐ ܡܓܢܢܐܝܬ، ܡܨܝܬ ܡܢܝܢܐ ܩܠ ܦܬܩܐ ܕܡܫܘܕܥܘܬܐ ܕܝܘܟ݂.
Tagalog	Upang ma-access ang mga serbisyo sa wika nang walang bayad, tawagan ang numero sa iyong ID card.
Telugu	భాష సేవలను మీకు ఖర్చు లేకుండా అందుకునేందుకు, మీ ఐడి కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి.
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน
Tongan	Kapau ‘oku ke fiema’u ta’etōtōngi ‘a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika ‘oku hā atu ‘i ho’o ID kaati.
Turkish	Dil hizmetlerine ücretsiz olarak erişmek için kimlik kartınızdaki numarayı arayın.
Ukrainian	Щоб безкоштовнj отримати мовні послуги, задзвоніть за номером, вказаним на вашій ідентифікайній картці.
Urdu	لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để sử dụng các dịch vụ ngôn ngữ miễn phí, vui lòng gọi số điện thoại ghi trên thẻ ID của quý vị.
Yiddish	צו באקומען שפראך סערוויסעס פריי פון אפצאל, רופט דעם נומער אויף אייער ID קארטל.
Yoruba	Láti ráyèsí àwọn iṣẹ́ èdè fún ọ lọ́fẹ̀ẹ́, pe nọ́mbà tó wà lórí káàdì ìdánimọ̀ rẹ.

"Patient Pays" applies to procedures provided by the member's Primary Care Dentist or approved specialty dentist.