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SOQ 22-032 - Dental Insurance Plan
Jefferson Parish Government

Project documents obtained from www.CentralBidding.com
16-Jun-2022 09:24:59 AM



SOQ No. 22-032

Dental Insurance Plan

Submission Deadline: June 30, 2022 at 3:30 PM

ATTENTION VENDORS!!!

Please review all pages and respond accordingly, complying with all provisions in the public notice and Jefferson Parish Code of Ordinances Section 2-926 et seq. All submissions must be received on the Purchasing Department's e-Procurement site, www.jeffparishbids.net, by the SOQ submission deadline date and time. Late submissions will not be accepted.

**Jefferson Parish Purchasing Department
General Government Building
200 Derbigny Street, Suite 4400
Gretna, LA 70053
Buyer Name: Melissa Ovalle
Buyer Email: MOvalle@jeffparish.net
Buyer Phone: 504-364-2687**

PUBLIC NOTICE
SOQ NO. 22-032

Dental Insurance Plan

Deadline for Submissions: June 30, 2022 at 3:30 PM

Jefferson Parish Government (referred to herein as JPG or the Parish), authorized by **Resolution No. 139746**, wishes to obtain proposals from qualified and licensed insurance carriers for a dual option employee paid voluntary group dental insurance plan for active employees and their dependents.

- A dual option High/Low PPO dental plan option for active employees and their dependents. The low plan should match the current Parish PPO plan with a \$1,000 annual maximum, no waiting periods (including no late entrant waiting periods) and an orthodontia benefit, with the high plan having an increased annual maximum and enhanced benefit coverage. Multiple proposed plan options are welcome.

The enrollment period is approximately mid-October through mid-November 2022, to be effective January 1, 2023.

JPG consists of approximately thirty departments providing services for the citizens of Jefferson Parish. Services provided include but are not limited to water, sewage, drainage, streets, fire and supporting departments. Included in the employee benefit plans are employees of the 24th Judicial District Court, Juvenile Court, two Parish Courts, the District Attorney's Office, the Coroner's Office, the Justices of the Peace and the Constables Offices. There are approximately 3,400 benefit eligible employees.

All proposed plans should be quoted net of commissions, bonuses, overrides, and all other forms of producer direct and indirect compensation.

JPG will provide the following information upon email request to jpalermo@jeffparish.net

1. 2022 Census
2. Current plan documents

MINIMUM QUALIFICATIONS

The following are mandatory requirements for all proposers that cannot be delegated to another entity and must be met by the actual entity submitting the proposal. Failure to meet any of these requirements at the time of the submission deadline will result in the disqualification of a proposal:

1. Proposer must be licensed in Louisiana and in other states once it is known that a beneficiary has moved to or received services in that state. Please provide copies of all licensing credentials from the State of Louisiana with your proposal.
2. Proposer must have at least five (5) years of experience in providing the type of plans and services requested in this SOQ
3. Proposer must offer the type of plans and services as described in this SOQ to at least three (3) similar employer groups or municipalities with similar total members as Jefferson Parish Government, and provide as references.

EVALUATION CRITERIA

1. Rates for plan chosen (financial proposals) – 25 points maximum;
2. Demonstrated experience providing quality dental plan benefits for large groups (3000+ members) – 20 points maximum;
3. Proposer has a large PPO provider network – 20 points maximum;
4. Company's financial strength based on A.M. Best Rating or Standard & Poor's (a rating of B or below will receive 0 points) – 10 points maximum;
5. Plan design/Schedule of Benefits – benefit comparison – 25 points maximum

All firms (including sub-consultants) must submit a Statement of Qualifications (General Professional Services Questionnaire) by the deadline. Please obtain the latest questionnaire form by contacting the Purchasing Department by telephone at (504) 364-2678 or via the Jefferson Parish website at www.jeffparish.net by clicking on "Doing Business in Jefferson Parish" under Business & Development and then clicking on "Professional Services Questionnaires".

Submissions shall be submitted electronically only through Jefferson Parish's e-Procurement site, Central Bidding, at www.jeffparishbids.net or www.centrauctionhouse.com. Registration is required and free for Jefferson Parish vendors by visiting www.centrauctionhouse.com/registration.

No SOQ submittals will be accepted after the deadline.

Affidavits are not required to be submitted with the Statement of Qualifications, but shall be submitted prior to contract approval.

Disputes/protests relating to the decisions by the evaluation committee or by the Jefferson Parish Council shall be brought before the 24th Judicial District Court.

Advertise: The New Orleans Advocate: June 15, 2022

General Professional Services Questionnaire Instructions

- The General Professional Services Questionnaire shall be used for all professional services except outside legal services and architecture, engineering, or survey projects.
- **The General Professional Services Questionnaire should be completely filled out. Complete and attach ALL sections. Insert “N/A” or “None” if a section does not apply or if there is no information to provide.**
- Questionnaire must be signed by an authorized representative of the Firm. Failure to sign the questionnaire shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- All subcontractors must be listed in the appropriate section of the Questionnaire. Each subcontractor must provide a complete copy of the General Professional Services Questionnaire, applicable licenses, and any other information required by the advertisement. Failure to provide the subcontractors' complete questionnaire(s), applicable licenses, and any other information required by the advertisement shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- If additional pages are needed, attach them to the questionnaire and include all applicable information that is required by the questionnaire.





Benefit and Cost Summary Proposal

An Employee Benefits Proposal for:

Jefferson Parish Government

Standard Insurance Company

June 22, 2022

Count on The Standard

Over the course of a century, Standard Insurance Company has earned a reputation for personal service, financial strength and high quality insurance products. From our home office staff to the sales and service representatives in our local offices across the country, everyone at The Standard is dedicated to helping you by providing creative and effective solutions to meet your employee benefit needs.

Simple: Making it easy for you

Whether you have two eligible employees or thousands, we put all our strengths to work to help you create a cost-effective benefits package - for you and for them.

Find the benefits you want and need. We offer understandable, comprehensive products configured to meet your needs. You'll find a full range of disability, life, dental and vision insurance, individual and voluntary insurance products, and retirement plans.

Comprehensive contract pricing and no surprises. We strive to offer the best value, going beyond the formulas, using a long-term pricing philosophy.

Dedicated contacts — no outsourced call centers. Our experienced employees deliver strong, empathetic and personalized service. We pride ourselves on our expert claims-handling, accurate, fair and prompt payments, and clear, accessible appeals process.

Account support tailored for you. You'll enjoy customized administration, implementation and enrollment services. And you'll benefit from insightful reporting, industry benchmarking and program recommendations.

Local: Supporting you where you do business

We have over 40 offices across the nation to serve our customers. Our representatives are committed to their communities and have an insider's understanding of local needs.

Dependable: A track record you can trust

- **More than 100 years** of history and **five decades** of employee benefits experience
- More than **26,167** group insurance contracts in force with over **\$2.4 billion** in force premium¹
- Recognized as a **top provider** of Life, Long Term, and Short Term Disability Insurance based on in force premium²
- Over **91%** of our business is employee benefits, letting us focus on what our customers really need
- Our **first group insurance customer** is still with us - after 67 years

¹ Figures are as of June 30, 2018 and are based on internal data developed by Standard Insurance Company. Reinsurance assumed is excluded. Certain statistics are unaudited.

² 2017 U.S Revised Workplace Benefits Life Insurance, LIMRA International. These findings use combined data for StanCorp Financial Group's subsidiaries, Standard Insurance Company and The Standard Life Insurance Company of New York.

Jefferson Parish Government

Plan Design Summary

Dental Summary

Proposed Effective Date: 1/1/2023

		Low Plan 1	High Plan 1
Plan Benefit	Type 1	100%	100%
	Type 2	80%	90%
	Type 3	50%	60%
Deductible		\$50/Calendar Year Waived Type 1 \$150/family	\$50/Calendar Year Waived Type 1 \$150/family
Maximum (per person)		\$1,000/Calendar Year	\$1,500/Calendar Year
PPO		Passive PPO	Passive PPO
Allowance	Type 1	90th U&C	90th U&C
	Type 2	90th U&C	90th U&C
	Type 3	90th U&C	90th U&C
Max Builder SM		NA	Included
Waiting Period		None	None
Annual Open Enrollment		Included	Included

Orthodontia Summary

Allowance All Plan Designs: In Network, discounted fee. Out of Network, U&C.		
Plan Benefit	50%	50%
Coverage for Adults	No	No
Lifetime Maximum (per person)	\$1,000	\$1,000
Waiting Period	None	None

Monthly Rates

Employee (EE)	\$18.39	\$25.54
EE + Spouse	\$36.17	\$50.27
EE + Children	\$44.49	\$57.62
EE + Spouse & Children	\$54.21	\$71.77

Rates are guaranteed for 24 months following the effective date listed above and include Orthodontia if part of plan design.

Rates include: home address mailing of ID cards.

This benefit and cost summary expires on 1/1/2023 unless replaced, withdrawn or amended by The Standard.

Employee Participation Requirements

Eligible Employees: 3,400

	60% between the High Plan and the Low Plan Voluntary
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Jefferson Parish Government

Covered Procedure Summary

The following is a sample list of dental procedures payable under the plan. A complete list of procedures is available from your Sales Representative.

Plan Design Summary	Low Plan 1 100/80/50 \$50/Calendar Year Waived Type 1 \$150/family \$1,000	High Plan 1 100/90/60 \$50/Calendar Year Waived Type 1 \$150/family \$1,500
Type 1 Procedure (Frequency)	<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (2 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for Children 18 and under (1 per benefit period) • Space Maintainers 	<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (2 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for Children 18 and under (1 per benefit period) • Space Maintainers
Type 2 Procedure (Frequency)	<ul style="list-style-type: none"> • Sealants (age 15 and under) • Restorative Amalgams • Restorative Composites • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia 	<ul style="list-style-type: none"> • Sealants (age 15 and under) • Restorative Amalgams • Restorative Composites • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia
Type 3 Procedure (Frequency)	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Current Dental Terminology © American Dental Association.

Jefferson Parish Government

Features/Benefits

Max BuilderSM

This dental plan includes a valuable feature that allows qualifying plan participants to carryover part of their unused annual maximum. A participant earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan participant doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Max Builder amount is added to the following year's maximum
Annual PPO Bonus	\$150	Additional bonus is earned if the participant sees a network provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Max Builder and PPO Bonus combined

High/Low Plan

High/Low Plans let you offer your employees a choice between two plans, two premium levels, in one policy. Your employees select the plan that best suits their coverage and financial needs.

- On the January 1, 2023, effective date, all eligible employees may choose between the High Plan or the Low Plan shown in this proposal, or choose to waive coverage. The employee must remain in the plan he or she chose until the next renewal date. At each annual election period, employees may switch between the High Plan and the Low Plan without penalty.

The Standard's Preferred Care Dental Products

- Employers achieve a balance between cost efficiency and employee choice.
- Plan participants are free to receive care from any dentist they choose. Their out-of-pocket expenses are generally lower when using network providers, who have agreed to provide dental care at discounted fees.
- Our plans give participants across the nation over 580,000 provider access points for dental care.
- Network providers must meet credentialing and quality assurance requirements.

Flat Benefit Maximum Choice (Flat Max)

- Lets plan participants pay for their dental plan with pretax dollars.
- Allows groups with low participation to enroll in a dental plan with guaranteed coinsurance, deductible and maximums.

Usual and Customary (U&C)

The Usual and Customary (U&C) allowance listed on the plan summary page is determined using information including data from a nationally recognized independent data source. Plan participants are reimbursed based on the appropriate charges in the dentist's ZIP Code area. U&C allowances are reviewed annually.

- 90th U&C means 9 out of 10 dentists in a specific ZIP Code area charge at or below the plan allowance for a procedure.

Jefferson Parish Government

Features/Benefits

Deductibles

After the date that \$150 in accumulated deductibles has been met within a family, we will waive the entire deductible or any remaining portion of the deductible amount for any other family members for the rest of that calendar year. At no time can a family member contribute more than the selected deductible amount. (Plan(s): Low Plan 1; High Plan 1)

Maternity Benefit

Because we want to keep expectant mothers as healthy as possible, our maternity dental benefit provides an additional comprehensive evaluation and cleaning during pregnancy.

Jefferson Parish Government Assumptions/Requirements

- If you purchase group insurance through The Standard, your producer will receive compensation from The Standard. This compensation may include one or more of the following:
 - Commission or override commission based on customary or negotiated scales.
 - Subject to participation and eligibility requirements, contingent compensation based on performance factors, for example volume and persistency.
 - Fees for administrative or consulting services.

If you have any questions about the amount or type of compensation, please contact your producer.

- At The Standard, we believe our performance guarantee* should be simple and straightforward. We either meet your expectations, or we don't. It's that simple. The Standard guarantees we will meet your overall service expectations during the plan year. If we don't, we will refund 5% of your previous fiscal quarter's expenses, excluding commissions and premium tax, subject to our internal review.

**applies to dental only*

- Some states require that producers be appointed with The Standard before any presentation or solicitation of this plan design.
- This proposal is not a contract or a certificate of insurance. It contains proposed rates and benefits that are based on preliminary enrollment data. Such rates and benefits are subject to adjustment if final enrollment varies from the preliminary data.
- This proposal is based on the assumption it will be sold in conjunction with a bona fide cafeteria plan regulated by Section 125 of the Internal Revenue code, and it must meet all of the Section 125 requirements. The Standard reserves the right to request a copy of the employer's Section 125 cafeteria plan. If you select The Standard's plan and implement it through a cafeteria approach regulated by Section 125, we will require that all eligible employees and dependents requesting benefits: (a) make annual selections, and (b) remain in the plan for a minimum of one year. Changes in these selections will not be allowed except for certain "life event" or family status changes such as marriage, birth, death or termination of employment.
- This proposal assumes a Section 125 plan year of January 1, 2023 to January 1, 2024.
- Benefits could be available for all full-time, active employees working at least 30 hours per week and dependents who have completed the designated waiting period.
- This proposal is being made as a result of information provided in the request for a proposal. It is intended for informational purposes and is not an offer to contract. If Jefferson Parish Government wishes to apply for group insurance based upon this proposal, Jefferson Parish Government may complete a Preliminary Application for Group Insurance. The Application will be subject to review and approval by the Home Office of The Standard. If the Application is accepted, the final rates and benefits will be based on verification of this information and final enrollment.
- Dependent children are covered up to age 26 regardless of student status in the situs State of Louisiana.
- For residents of New Mexico, coverage will be administered in accordance with the minimum benefit standards required by New Mexico law. Please consult your sales representative with questions regarding these requirements.

Jefferson Parish Government Assumptions/Requirements

- If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on January 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision. (Plan(s): Low Plan 1; High Plan 1)
- This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period. An employee who elects to participate at an election period other than the initial election period or annual open enrollment period will be a Late Entrant and subject to the Late Entrant provision.
- This proposal assumes a Section 125 plan year of January 1, 2023 to January 1, 2024. (Plan(s): Low Plan 1; High Plan 1)
- Our proposal assumes that The Standard's dental plan is the only plan offered for acceptance or consideration. If any other dental coverage is involved, such as a self-insured, DHMO or Prepaid plan, we would gladly provide another quote, as this one is no longer valid. (Plan(s): Low Plan 1; High Plan 1)
- This proposal assumes 0% of the benefit eligible employees are retirees. If this percentage changes, Standard Insurance Company reserves the right to revise the rates retroactive to the effective date of the dental benefits to accommodate this change. (Plan(s): Low Plan 1; High Plan 1)

Jefferson Parish Government

Dental and (if applicable) Orthodontia Exclusions

Covered Expenses will not include and no benefits will be payable for expenses incurred:

- for any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant. An employee or dependent who does not enroll within 31 days from the date the person qualifies for the insurance, or who elects to become covered again after canceling a premium contribution agreement, will be classified as a late entrant.
- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within five years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan participant is covered under the dental expense benefit, it will be a Covered Expense.
- for any procedure begun before the plan participant was covered under the dental expense benefit.
- for any procedure begun after the participant's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the participant's insurance under the dental expense benefit terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion;
 - splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for orthodontic treatment (unless otherwise specified in this contract.)
- for which the plan participant is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- for charges for which the plan participant is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.
- for a Program which was begun on or after the participant's 19th birthday.
- in any quarter of a Program if the participant was not covered under the orthodontic expense benefits for the entire quarter.
- after the participant's insurance under the orthodontic expense benefits terminates.

TABLE OF DENTAL PROCEDURES

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY FOR YOUR PROCEDURE FREQUENCIES AND PROVISIONS.

The attached is a list of dental procedures for which benefits are payable under this section is based upon the *Current Dental Terminology* © American Dental Association. **No benefits are payable for a procedure that is not listed.**

- Your benefits are based on a Calendar Year. A Calendar Year runs from January 1 through December 31.
- Benefit Period means the period from January 1 of any year through December 31 of the same year. But during the first year a person is insured, a benefit period means the period from his or her effective date through December 31 of that year.
- Covered Procedures are subject to all plan provisions, procedure and frequency limitations, and/or consultant review.
- Reference to "traumatic injury" under this plan is defined as injury caused by external forces (ie. outside the mouth) and specifically excludes injury caused by internal forces such as bruxism (grinding of teeth).
- Benefits for replacement dental prosthesis or prosthetic crown will be based on the prior placement date. Frequencies which reference Benefit Period will be measured forward within the limits defined as the Benefit Period. All other frequencies will be measured forward from the last covered date of service. (Plan(s): Low Plan 1; High Plan 1)
- X-ray images, periodontal charting and supporting diagnostic data may be requested for our review.
- We recommend that a pre-treatment estimate be submitted for all anticipated work that is considered to be expensive by our insured. (Plan(s): Low Plan 1; High Plan 1)
- A pre-treatment estimate is not a pre-authorization or guarantee of payment or eligibility; rather it is an indication of the estimated benefits available if the described procedures are performed. (Plan(s): Low Plan 1; High Plan 1)

TYPE 1 PROCEDURES
Plan 1 Low
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

D0120 Periodic oral evaluation - established patient.

D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver.

D0150 Comprehensive oral evaluation - new or established patient.

D0180 Comprehensive periodontal evaluation - new or established patient.

COMPREHENSIVE EVALUATION: D0150, D0180

- Coverage is limited to 1 of each of these procedures per provider.

ROUTINE EVALUATION: D0120, D0145

- Coverage is limited to 2 of any of these procedures per benefit period.
- D0150, D0180 also contribute(s) to this limitation.
- An additional D0120 may be allowed if service is received during pregnancy.

COMPREHENSIVE EVALUATION: D0150, D0180

- In addition, D0150, D0180 coverage is limited to 2 of any of these procedures per benefit period.
- D0120, D0145 also contribute(s) to this limitation.
- If frequency met, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.

ROUTINE EVALUATION: D0120, D0145

- Procedure D0120 will be considered for individuals age 3 and over. Procedure D0145 will be considered for individuals age 2 and under.

D0210 Intraoral - complete series of radiographic images.

D0330 Panoramic radiographic image.

COMPLETE SERIES/PANORAMIC: D0210, D0330

- Coverage is limited to 1 of any of these procedures per 60 month(s).

D0220 Intraoral - periapical first radiographic image.

D0230 Intraoral - periapical each additional radiographic image.

D0240 Intraoral - occlusal radiographic image.

D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector.

D0251 Extra-oral posterior dental radiographic image.

PERIAPICAL: D0220, D0230

- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.

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.

BITEWINGS: D0270, D0272, D0273, D0274

- Coverage is limited to 2 of any of these procedures per benefit period.
- D0277 also contribute(s) to this limitation.

VERTICAL BITEWINGS: D0277

- Coverage is limited to 1 of any of these procedures per 3 year(s).

BITEWINGS: D0270, D0272, D0273, D0274

- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.

VERTICAL BITEWINGS: D0277

TYPE 1 PROCEDURES

- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.

D1110 Prophylaxis - adult.
D1120 Prophylaxis - child.
D1206 Topical application of fluoride varnish.
D1208 Topical application of fluoride-excluding varnish.
D9932 Cleaning and inspection of removable complete denture, maxillary.
D9933 Cleaning and inspection of removable complete denture, mandibular.
D9934 Cleaning and inspection of removable partial denture, maxillary.
D9935 Cleaning and inspection of removable partial denture, mandibular.
FLUORIDE: D1206, D1208

- Coverage is limited to 1 of any of these procedures per benefit period.

PROPHYLAXIS: D1110, D1120

- Coverage is limited to 2 of any of these procedures per benefit period.
- D4346, D4910 also contribute(s) to this limitation.
- An additional D1110 may be allowed if service is received during pregnancy.

CLEANING AND INSPECTION OF REMOVABLE DENTURE: D9932, D9933, D9934, D9935

- Coverage is limited to 2 of any of these procedures per benefit period.

FLUORIDE: D1206, D1208

- Benefits are considered for persons age 18 and under.

PROPHYLAXIS: D1110, D1120

- An adult prophylaxis (cleaning) is considered for individuals age 14 and over. A child prophylaxis (cleaning) is considered for individuals age 13 and under. Benefits for prophylaxis (cleaning) are not available when performed on the same date as periodontal procedures.

CLEANING AND INSPECTION OF REMOVABLE DENTURE: D9932, D9933, D9934, D9935

- Benefits are not available when performed on the same date as prophylaxis (cleaning) or periodontal maintenance.

D1510 Space maintainer-fixed, unilateral-per quadrant.
D1516 Space maintainer - fixed - bilateral, maxillary.
D1517 Space maintainer - fixed - bilateral, mandibular.
D1520 Space maintainer-removable, unilateral-per quadrant.
D1526 Space maintainer - removable - bilateral, maxillary.
D1527 Space maintainer - removable - bilateral, mandibular.
D1551 Re-cement or re-bond bilateral space maintainer-maxillary.
D1552 Re-cement or re-bond bilateral space maintainer-mandibular.
D1553 Re-cement or re-bond unilateral space maintainer-per quadrant.
D1556 Removal of fixed unilateral space maintainer-per quadrant.
D1557 Removal of fixed bilateral space maintainer-maxillary.
D1558 Removal of fixed bilateral space maintainer-mandibular.
D1575 Distal shoe space maintainer - fixed, unilateral-per quadrant.

SPACE MAINTAINER: D1510, D1515, D1520, D1525

- Benefits are considered for persons age 13 and under.
- Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowances include all adjustments within 6 months of placement date.

D8210 Removable appliance therapy.

D8220 Fixed appliance therapy.

APPLIANCE THERAPY: D8210, D8220

- Coverage is limited to the correction of thumb-sucking.

TYPE 2 PROCEDURES
Plan 1 Low
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

D0140 Limited oral evaluation - problem focused.

D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit).

LIMITED ORAL EVALUATION: D0140, D0170

- Coverage is allowed for accidental injury only. If not due to an accident, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.

D0472 Accession of tissue, gross examination, preparation and transmission of written report.

D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report.

D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.

ORAL PATHOLOGY LABORATORY: D0472, D0473, D0474

- Coverage is limited to 1 of any of these procedures per 12 month(s).
- Coverage is limited to 1 examination per biopsy/excision.

D1351 Sealant - per tooth.

D1352 Preventive resin restoration in a moderate to high caries risk patient-permanent.

D1353 Sealant repair - per tooth.

D1354 Application of caries arresting medicament-per tooth.

D1355 Caries preventive medicament application - per tooth.

SEALANT: D1351, D1352, D1353

- Coverage is limited to 1 of any of these procedures per 24 month(s).
- D1354, D1355 also contribute(s) to this limitation.
- Benefits are considered for persons age 15 and under.
- Benefits are considered on permanent molars only, excluding 3rd molars (wisdom teeth).
- Coverage is allowed on the occlusal surface only.

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.

AMALGAM RESTORATIONS: D2140, D2150, D2160, D2161

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990, D9911 also contribute(s) to this limitation.

D2330 Resin-based composite - one surface, anterior.

D2331 Resin-based composite - two surfaces, anterior.

D2332 Resin-based composite - three surfaces, anterior.

D2335 Resin-based composite - four or more surfaces or involving incisal angle (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.

D2990 Resin infiltration of incipient smooth surface lesions.

COMPOSITE RESTORATIONS: D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990

TYPE 2 PROCEDURES

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2140, D2150, D2160, D2161, D9911 also contribute(s) to this limitation.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

GOLD FOIL RESTORATIONS: D2410, D2420, D2430

- Gold foils are considered at an alternate benefit of an amalgam/composite restoration.

D2390 Resin-based composite crown, anterior.
D2928 Prefabricated porcelain/ceramic crown - permanent tooth.
D2929 Prefabricated porcelain/ceramic crown - primary tooth.
D2930 Prefabricated stainless steel crown - primary tooth.
D2931 Prefabricated stainless steel crown - permanent tooth.
D2932 Prefabricated resin crown.
D2933 Prefabricated stainless steel crown with resin window.
D2934 Prefabricated esthetic coated stainless steel crown - primary tooth.
STAINLESS STEEL CROWN: D2390, D2928, D2929, D2930, D2931, D2932, D2933, D2934

- Replacement is limited to 1 of any of these procedures per 12 month(s).
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.
D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core.
D2920 Re-cement or re-bond crown.
D2921 Reattachment of tooth fragment, incisal edge or cusp.
D6092 Re-cement or re-bond implant/abutment supported crown.
D6093 Re-cement or re-bond implant/abutment supported fixed partial denture.
D6930 Re-cement or re-bond fixed partial denture.

D2940 Protective restoration.
D2941 Interim therapeutic restoration - primary dentition.

D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.
D3221 Pulpal debridement, primary and permanent teeth.
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).
D3333 Internal root repair of perforation defects.
D3351 Apexification/recalcification - initial visit (apical closure/calcalcific repair of perforations, root resorption, etc.).
D3352 Apexification/recalcification - interim medication replacement (apical closure/calcalcific repair of perforations, root resorption, pulp space disinfection, etc.).
D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcalcific repair of perforations, root resorption, etc.).
D3357 Pulpal regeneration - completion of treatment.
D3430 Retrograde filling - per root.
D3450 Root amputation - per root.
D3920 Hemisection (including any root removal), not including root canal therapy.
D3921 Decoronation or submergence of an erupted tooth.

ENDODONTICS MISCELLANEOUS: D3333, D3430, D3450, D3920, D3921

- Procedure D3333 is limited to permanent teeth only.

D3310 Endodontic therapy, anterior tooth.

TYPE 2 PROCEDURES

- D3320 Endodontic therapy, premolar tooth (excluding final restorations).
D3330 Endodontic therapy, molar tooth (excluding final restorations).
D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.
D3346 Retreatment of previous root canal therapy - anterior.
D3347 Retreatment of previous root canal therapy - premolar.
D3348 Retreatment of previous root canal therapy - molar.
RETREATMENT OF ROOT CANAL: D3346, D3347, D3348
- Coverage is limited to 1 of any of these procedures per 12 month(s).
 - D3310, D3320, D3330 also contribute(s) to this limitation.
- ROOT CANALS: D3310, D3320, D3330, D3332
- Benefits are considered on permanent teeth only.
- RETREATMENT OF ROOT CANAL: D3346, D3347, D3348
- Benefits are considered on permanent teeth only.
- ROOT CANALS: D3310, D3320, D3330, D3332
- Allowances include intraoperative radiographic images and cultures but exclude final restoration.
- RETREATMENT OF ROOT CANAL: D3346, D3347, D3348
- Coverage is limited to service dates more than 12 months after root canal therapy. Allowances include intraoperative radiographic images and cultures but exclude final restoration.
- D3355 Pulpal regeneration - initial visit.
D3356 Pulpal regeneration - interim medication replacement.
D3410 Apicoectomy - anterior.
D3421 Apicoectomy - premolar (first root).
D3425 Apicoectomy - molar (first root).
D3426 Apicoectomy (each additional root).
D3471 Surgical repair of root resorption - anterior.
D3472 Surgical repair of root resorption - premolar.
D3473 Surgical repair of root resorption - molar.
D3501 Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.
D3502 Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.
D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption - molar.
- 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.
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.
D4260 Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.
D4261 Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.
D4263 Bone replacement graft - retained natural tooth - first site in quadrant.
D4264 Bone replacement graft - retained natural tooth - each additional site in quadrant.
D4265 Biologic materials to aid in soft and osseous tissue regeneration, per site.
D4270 Pedicle soft tissue graft procedure.
D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft.
D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area).
D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft.
D4276 Combined connective tissue and pedicle graft, per tooth.
D4277 Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth,

TYPE 2 PROCEDURES

implant, or edentulous tooth position in graft.

- D4278 Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site.
- D4283 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site.
- D4285 Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site.

BONE GRAFTS: D4263, D4264, D4265

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

GINGIVECTOMY: D4210, D4211

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

OSSEOUS SURGERY: D4240, D4241, D4260, D4261

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

TISSUE GRAFTS: D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285

- Each quadrant is limited to 2 of any of these procedures per 3 year(s).

BONE GRAFTS: D4263, D4264, D4265

- Coverage is limited to treatment of periodontal disease.

GINGIVECTOMY: D4210, D4211

- Coverage is limited to treatment of periodontal disease.

OSSEOUS SURGERY: D4240, D4241, D4260, D4261

- Coverage is limited to treatment of periodontal disease.

TISSUE GRAFTS: D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285

- Coverage is limited to treatment of periodontal disease.

D4341 Periodontal scaling and root planing - four or more teeth per quadrant.

D4342 Periodontal scaling and root planing - one to three teeth, per quadrant.

D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.

ANTIMICROBIAL AGENTS: D4381

- Each quadrant is limited to 2 of any of these procedures per 2 year(s).

PERIODONTAL SCALING & ROOT PLANING: D4341, D4342

- Each quadrant is limited to 1 of each of these procedures per 2 year(s).

D4355 Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit.

FULL MOUTH DEBRIDEMENT: D4355

- Coverage is limited to 1 of any of these procedures per 5 year(s).
- An additional D4355 may be allowed if service is received during pregnancy.

D4346 Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.

D4910 Periodontal maintenance.

PERIODONTAL MAINTENANCE: D4346, D4910

- Coverage is limited to 2 of any of these procedures per benefit period.
- D1110, D1120 also contribute(s) to this limitation.
- An additional D4910 may be allowed if service is received during pregnancy.
- Benefits are not available if performed on the same date as any other periodontal service. Procedure D4910 is contingent upon evidence of full mouth active periodontal therapy. Procedure D4346 is limited to persons age 14 and over.

D5511 Repair broken complete denture base, mandibular.

D5512 Repair broken complete denture base, maxillary.

D5520 Replace missing or broken teeth - complete denture (each tooth).

TYPE 2 PROCEDURES

D5611 Repair resin partial denture base, mandibular.
D5612 Repair resin partial denture base, maxillary.
D5621 Repair cast partial framework, mandibular.
D5622 Repair cast partial framework, maxillary.
D5630 Repair or replace broken retentive/clasping materials per tooth.
D5640 Replace broken teeth - per tooth.

D5710 Rebase complete maxillary denture.
D5711 Rebase complete mandibular denture.
D5720 Rebase maxillary partial denture.
D5721 Rebase mandibular partial denture.
D5725 Rebase hybrid prosthesis.

D5730 Reline complete maxillary denture (direct).
D5731 Reline complete mandibular denture (direct).
D5740 Reline maxillary partial denture (direct).
D5741 Reline mandibular partial denture (direct).
D5750 Reline complete maxillary denture (indirect).
D5751 Reline complete mandibular denture (indirect).
D5760 Reline maxillary partial denture (indirect).
D5761 Reline mandibular partial denture (indirect).
D5765 Soft liner for complete or partial removable denture-indirect.
DENTURE RELINE: D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5765

- Coverage is limited to service dates more than 6 months after placement date.

D7111 Extraction, coronal remnants - primary tooth.
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal).

D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of 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 complications.
D7250 Removal of residual tooth roots (cutting procedure).
D7251 Coronectomy-intentional partial tooth removal.

D7260 Oroantral fistula closure.
D7261 Primary closure of a sinus perforation.
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.
D7272 Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization).
D7280 Exposure of an unerupted tooth.
D7282 Mobilization of erupted or malpositioned tooth to aid eruption.
D7283 Placement of device to facilitate eruption of impacted tooth.
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, per quadrant.
D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.
D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.
D7340 Vestibuloplasty - ridge extension (secondary epithelialization).
D7350 Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision

TYPE 2 PROCEDURES

of soft tissue attachment and management of hypertrophied and hyperplastic tissue).

- 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 Reduction of osseous tuberosity.
- D7490 Radical resection of maxilla or mandible.
- D7510 Incision and drainage of abscess - intraoral soft tissue.
- D7520 Incision and drainage of abscess - extraoral soft tissue.
- D7530 Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.
- D7540 Removal of reaction producing foreign bodies, musculoskeletal system.
- D7550 Partial ostectomy/sequestrectomy for removal of non-vital bone.
- D7560 Maxillary sinusotomy for removal of tooth fragment or foreign body.
- D7910 Suture of recent small wounds up to 5 cm.
- D7911 Complicated suture - up to 5 cm.
- D7912 Complicated suture - greater than 5 cm.
- D7961 Buccal/labial frenectomy (frenulectomy).
- D7962 Lingual frenectomy (frenulectomy).
- D7963 Frenuloplasty.
- D7970 Excision of hyperplastic tissue - per arch.
- D7972 Surgical reduction of fibrous tuberosity.
- D7979 Non-surgical sialolithotomy.
- D7980 Surgical sialolithotomy.
- D7983 Closure of salivary fistula.

REMOVAL OF BONE TISSUE: D7471, D7472, D7473

- Coverage is limited to 5 of any of these procedures per lifetime.

- D7285 Incisional biopsy of oral tissue - hard (bone, tooth).
- D7286 Incisional biopsy of oral tissue - soft.
- D7287 Exfoliative cytological sample collection.
- D7288 Brush biopsy - transepithelial sample collection.

D9110 Palliative (emergency) treatment of dental pain - minor procedure.

PALLIATIVE TREATMENT: D9110

- Not covered in conjunction with other procedures, except diagnostic x-ray radiographic images.

- D9219 Evaluation for moderate sedation, deep sedation or general anesthesia.
- D9222 Deep sedation/general anesthesia - first 15 minutes.
- D9223 Deep sedation/general anesthesia - each subsequent 15 minute increment.
- D9239 Intravenous moderate (conscious) sedation/analgesia - first 15 minutes.
- D9243 Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.

GENERAL ANESTHESIA: D9222, D9223, D9239, D9243

- Coverage is only available with a cutting procedure. A maximum of four (D9222, D9223, D9239 or D9243) will be considered.

TYPE 2 PROCEDURES

D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician.

D9430 Office visit for observation (during regularly scheduled hours) - no other services performed.

D9440 Office visit - after regularly scheduled hours.

D9930 Treatment of complications (post-surgical) - unusual circumstances, by report.

CONSULTATION: D9310

- Coverage is limited to 1 of any of these procedures per provider.

OFFICE VISIT: D9430, D9440

- Procedure D9430 is allowed for accidental injury only. Procedure D9440 will be allowed on the basis of services rendered or visit, whichever is greater.

D9951 Occlusal adjustment - limited.

D9952 Occlusal adjustment - complete.

OCCLUSAL ADJUSTMENT: D9951, D9952

- Coverage is considered only when performed in conjunction with periodontal procedures for the treatment of periodontal disease.

D0486 Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report.

D2951 Pin retention - per tooth, in addition to restoration.

D9911 Application of desensitizing resin for cervical and/or root surfaces, per tooth.

DESENSITIZATION: D9911

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990 also contribute(s) to this limitation.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

TYPE 3 PROCEDURES
Plan 1 Low
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

D2510 Inlay - metallic - one surface.
D2520 Inlay - metallic - two surfaces.
D2530 Inlay - metallic - three or more surfaces.
D2610 Inlay - porcelain/ceramic - one surface.
D2620 Inlay - porcelain/ceramic - two surfaces.
D2630 Inlay - porcelain/ceramic - three 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.

INLAY: D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652

- Inlays will be considered at an alternate benefit of an amalgam/composite restoration and only when resulting from caries (tooth decay) or traumatic injury.

D2542 Onlay - metallic - two surfaces.
D2543 Onlay - metallic - three surfaces.
D2544 Onlay - metallic - four or more surfaces.
D2642 Onlay - porcelain/ceramic - two surfaces.
D2643 Onlay - porcelain/ceramic - three surfaces.
D2644 Onlay - porcelain/ceramic - four 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.

ONLAY: D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.
- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

D2710 Crown - resin-based composite (indirect).
D2712 Crown - 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.
D2750 Crown - porcelain fused to high noble metal.
D2751 Crown - porcelain fused to predominantly base metal.
D2752 Crown - porcelain fused to noble metal.
D2753 Crown-porcelain fused to titanium and titanium alloys.
D2780 Crown - 3/4 cast high noble metal.
D2781 Crown - 3/4 cast predominantly base metal.
D2782 Crown - 3/4 cast noble metal.
D2783 Crown - 3/4 porcelain/ceramic.

TYPE 3 PROCEDURES

D2790 Crown - full cast high noble metal.

D2791 Crown - full cast predominantly base metal.

D2792 Crown - full cast noble metal.

D2794 Crown - titanium and titanium alloys.

CROWN: D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.
- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

D2950 Core buildup, including any pins when required.

CORE BUILDUP: D2950

- A pretreatment is strongly suggested for D2950. This is reviewed by our dental consultants and benefits are allowed when diagnostic data indicates significant tooth structure loss.

D2952 Post and core in addition to crown, indirectly fabricated.

D2954 Prefabricated post and core in addition to crown.

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.

D6980 Fixed partial denture repair necessitated by restorative material failure.

D9120 Fixed partial denture sectioning.

D4249 Clinical crown lengthening - hard tissue.

D5110 Complete denture - maxillary.

D5120 Complete denture - mandibular.

D5130 Immediate denture - maxillary.

D5140 Immediate denture - mandibular.

D5211 Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth).

D5212 Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth).

D5213 Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).

D5214 Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).

D5221 Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth).

D5222 Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth).

TYPE 3 PROCEDURES

- D5223 Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).
- D5224 Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).
- D5225 Maxillary partial denture-flexible base (including retentive/clasping materials, rests, and teeth).
- D5226 Mandibular partial denture-flexible base (including retentive/clasping materials, rests, and teeth).
- D5227 Immediate maxillary partial denture-flexible base (including any clasps, rests and teeth).
- D5228 Immediate mandibular partial denture-flexible base (including any clasps, rests and teeth).
- D5282 Removable unilateral partial denture-one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary.
- D5283 Removable unilateral partial denture-one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular.
- D5284 Removable unilateral partial denture-one piece flexible base (including retentive/clasping materials, rests, and teeth)-per quadrant.
- D5286 Removable unilateral partial denture-one piece resin (including retentive/clasping materials, rests, and teeth)-per quadrant.
- D5670 Replace all teeth and acrylic on cast metal framework (maxillary).
- D5671 Replace all teeth and acrylic on cast metal framework (mandibular).
- D5810 Interim complete denture (maxillary).
- D5811 Interim complete denture (mandibular).
- D5820 Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary.
- D5821 Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular.
- D5863 Overdenture - complete maxillary.
- D5864 Overdenture - partial maxillary.
- D5865 Overdenture - complete mandibular.
- D5866 Overdenture - partial mandibular.
- D5876 Add metal substructure to acrylic full denture (per arch).
- D6110 Implant/abutment supported removable denture for edentulous arch - maxillary.
- D6111 Implant/abutment supported removable denture for edentulous arch - mandibular.
- D6112 Implant/abutment supported removable denture for partially edentulous arch - maxillary.
- D6113 Implant/abutment supported removable denture for partially edentulous arch - mandibular.
- D6114 Implant/abutment supported fixed denture for edentulous arch - maxillary.
- D6115 Implant/abutment supported fixed denture for edentulous arch - mandibular.
- D6116 Implant/abutment supported fixed denture for partially edentulous arch - maxillary.
- D6117 Implant/abutment supported fixed denture for partially edentulous arch - mandibular.
- D6118 Implant/abutment supported interim fixed denture for edentulous arch - mandibular.
- D6119 Implant/abutment supported interim fixed denture for edentulous arch - maxillary.
- COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115
- Replacement is limited to 1 of any of these procedures per 60 month(s).
- PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117
- Replacement is limited to 1 of any of these procedures per 60 month(s).
- COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115
- Frequency is waived for accidental injury.
- PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117
- Frequency is waived for accidental injury.
- COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115
- Allowances include adjustments within 6 months after placement date. Procedures D5863, D5865, D6110, D6111, D6114 and D6115 are considered at an alternate benefit of a D5110/D5120. Benefits for procedure D5876 is contingent upon the related denture being covered.
- PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117
- Allowances include adjustments within 6 months of placement date. Procedures D5864, D5866, D6112, D6113, D6116 and D6117 are considered at an alternate benefit of a D5213/D5214.

TYPE 3 PROCEDURES

D5410 Adjust complete denture - maxillary.
D5411 Adjust complete denture - mandibular.
D5421 Adjust partial denture - maxillary.
D5422 Adjust partial denture - mandibular.

DENTURE ADJUSTMENT: D5410, D5411, D5421, D5422

- Coverage is limited to dates of service more than 6 months after placement date.

D5650 Add tooth to existing partial denture.
D5660 Add clasp to existing partial denture-per tooth.

D5850 Tissue conditioning, maxillary.
D5851 Tissue conditioning, mandibular.

D6058 Abutment supported porcelain/ceramic crown.
D6059 Abutment supported porcelain fused to metal crown (high noble metal).
D6060 Abutment supported porcelain fused to metal crown (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.
D6066 Implant supported crown - porcelain fused to high noble alloys.
D6067 Implant supported crown - high noble alloys.
D6068 Abutment supported retainer for porcelain/ceramic FPD.
D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal).
D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).
D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal).
D6072 Abutment supported retainer for cast metal FPD (high noble metal).
D6073 Abutment supported retainer for cast metal FPD (predominantly base metal).
D6074 Abutment supported retainer for cast metal FPD (noble metal).
D6075 Implant supported retainer for ceramic FPD.
D6076 Implant supported retainer for FPD - porcelain fused to high noble alloys.
D6077 Implant supported retainer for metal FPD - high noble alloy.
D6082 Implant supported crown-porcelain fused to predominantly base alloys.
D6083 Implant supported crown-porcelain fused to noble alloys.
D6084 Implant supported crown-porcelain fused to titanium and titanium alloys.
D6086 Implant supported crown-predominantly base alloys.
D6087 Implant supported crown-noble alloys.
D6088 Implant supported crown-titanium and titanium alloys.
D6094 Abutment supported crown - titanium and titanium alloys.
D6097 Abutment supported crown-porcelain fused to titanium and titanium alloys.
D6098 Implant supported retainer-porcelain fused to predominantly base alloys.
D6099 Implant supported retainer for FPD-porcelain fused to noble alloys.
D6120 Implant supported retainer-porcelain fused to titanium and titanium alloys.
D6121 Implant supported retainer for metal FPD-predominantly base alloys.
D6122 Implant supported retainer for metal FPD-noble alloys.
D6123 Implant supported retainer for metal FPD-titanium and titanium alloys.
D6194 Abutment supported retainer crown for FPD - titanium and titanium alloys.
D6195 Abutment supported retainer-porcelain fused to titanium and titanium alloys.
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 and titanium alloys.

TYPE 3 PROCEDURES

D6240 Pontic - porcelain fused to high noble metal.
D6241 Pontic - porcelain fused to predominantly base metal.
D6242 Pontic - porcelain fused to noble metal.
D6243 Pontic-porcelain fused to titanium and titanium alloys.
D6245 Pontic - porcelain/ceramic.
D6250 Pontic - resin with high noble metal.
D6251 Pontic - resin with predominantly base metal.
D6252 Pontic - resin with noble metal.
D6545 Retainer - cast metal for resin bonded fixed prosthesis.
D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis.
D6549 Resin retainer - for resin bonded fixed prosthesis.
D6600 Retainer inlay - porcelain/ceramic, two surfaces.
D6601 Retainer inlay - porcelain/ceramic, three or more surfaces.
D6602 Retainer inlay - cast high noble metal, two surfaces.
D6603 Retainer inlay - cast high noble metal, three or more surfaces.
D6604 Retainer inlay - cast predominantly base metal, two surfaces.
D6605 Retainer inlay - cast predominantly base metal, three or more surfaces.
D6606 Retainer inlay - cast noble metal, two surfaces.
D6607 Retainer inlay - cast noble metal, three or more surfaces.
D6608 Retainer onlay - porcelain/ceramic, two surfaces.
D6609 Retainer onlay - porcelain/ceramic, three or more surfaces.
D6610 Retainer onlay - cast high noble metal, two surfaces.
D6611 Retainer onlay - cast high noble metal, three or more surfaces.
D6612 Retainer onlay - cast predominantly base metal, two surfaces.
D6613 Retainer onlay - cast predominantly base metal, three or more surfaces.
D6614 Retainer onlay - cast noble metal, two surfaces.
D6615 Retainer onlay - cast noble metal, three or more surfaces.
D6624 Retainer inlay - titanium.
D6634 Retainer onlay - titanium.
D6710 Retainer crown - indirect resin based composite.
D6720 Retainer crown - resin with high noble metal.
D6721 Retainer crown - resin with predominantly base metal.
D6722 Retainer crown - resin with noble metal.
D6740 Retainer crown - porcelain/ceramic.
D6750 Retainer crown - porcelain fused to high noble metal.
D6751 Retainer crown - porcelain fused to predominantly base metal.
D6752 Retainer crown - porcelain fused to noble metal.
D6753 Retainer crown-porcelain fused to titanium and titanium alloys.
D6780 Retainer crown - 3/4 cast high noble metal.
D6781 Retainer crown - 3/4 cast predominantly base metal.
D6782 Retainer crown - 3/4 cast noble metal.
D6783 Retainer crown - 3/4 porcelain/ceramic.
D6784 Retainer crown 3/4-titanium and titanium alloys.
D6790 Retainer crown - full cast high noble metal.
D6791 Retainer crown - full cast predominantly base metal.
D6792 Retainer crown - full cast noble metal.
D6794 Retainer crown - titanium and titanium alloys.
D6940 Stress breaker.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634 also contribute(s) to this limitation.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644,

TYPE 3 PROCEDURES

D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195 also contribute(s) to this limitation.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6194, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Frequency is waived for accidental injury.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Frequency is waived for accidental injury.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Frequency is waived for accidental injury.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- Frequency is waived for accidental injury.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- Frequency is waived for accidental injury.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Frequency is waived for accidental injury.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

TYPE 3 PROCEDURES

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

TYPE 1 PROCEDURES
Plan 1 High
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

D0120 Periodic oral evaluation - established patient.

D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver.

D0150 Comprehensive oral evaluation - new or established patient.

D0180 Comprehensive periodontal evaluation - new or established patient.

COMPREHENSIVE EVALUATION: D0150, D0180

- Coverage is limited to 1 of each of these procedures per provider.

ROUTINE EVALUATION: D0120, D0145

- Coverage is limited to 2 of any of these procedures per benefit period.
- D0150, D0180 also contribute(s) to this limitation.
- An additional D0120 may be allowed if service is received during pregnancy.

COMPREHENSIVE EVALUATION: D0150, D0180

- In addition, D0150, D0180 coverage is limited to 2 of any of these procedures per benefit period.
- D0120, D0145 also contribute(s) to this limitation.
- If frequency met, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.

ROUTINE EVALUATION: D0120, D0145

- Procedure D0120 will be considered for individuals age 3 and over. Procedure D0145 will be considered for individuals age 2 and under.

D0210 Intraoral - complete series of radiographic images.

D0330 Panoramic radiographic image.

COMPLETE SERIES/PANORAMIC: D0210, D0330

- Coverage is limited to 1 of any of these procedures per 60 month(s).

D0220 Intraoral - periapical first radiographic image.

D0230 Intraoral - periapical each additional radiographic image.

D0240 Intraoral - occlusal radiographic image.

D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector.

D0251 Extra-oral posterior dental radiographic image.

PERIAPICAL: D0220, D0230

- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.

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.

BITEWINGS: D0270, D0272, D0273, D0274

- Coverage is limited to 2 of any of these procedures per benefit period.
- D0277 also contribute(s) to this limitation.

VERTICAL BITEWINGS: D0277

- Coverage is limited to 1 of any of these procedures per 3 year(s).

BITEWINGS: D0270, D0272, D0273, D0274

- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.

VERTICAL BITEWINGS: D0277

- The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.

TYPE 1 PROCEDURES

D1110 Prophylaxis - adult.
D1120 Prophylaxis - child.
D1206 Topical application of fluoride varnish.
D1208 Topical application of fluoride-excluding varnish.
D9932 Cleaning and inspection of removable complete denture, maxillary.
D9933 Cleaning and inspection of removable complete denture, mandibular.
D9934 Cleaning and inspection of removable partial denture, maxillary.
D9935 Cleaning and inspection of removable partial denture, mandibular.
FLUORIDE: D1206, D1208

- Coverage is limited to 1 of any of these procedures per benefit period.

PROPHYLAXIS: D1110, D1120

- Coverage is limited to 2 of any of these procedures per benefit period.
- D4346, D4910 also contribute(s) to this limitation.
- An additional D1110 may be allowed if service is received during pregnancy.

CLEANING AND INSPECTION OF REMOVABLE DENTURE: D9932, D9933, D9934, D9935

- Coverage is limited to 2 of any of these procedures per benefit period.

FLUORIDE: D1206, D1208

- Benefits are considered for persons age 18 and under.

PROPHYLAXIS: D1110, D1120

- An adult prophylaxis (cleaning) is considered for individuals age 14 and over. A child prophylaxis (cleaning) is considered for individuals age 13 and under. Benefits for prophylaxis (cleaning) are not available when performed on the same date as periodontal procedures.

CLEANING AND INSPECTION OF REMOVABLE DENTURE: D9932, D9933, D9934, D9935

- Benefits are not available when performed on the same date as prophylaxis (cleaning) or periodontal maintenance.

D1510 Space maintainer-fixed, unilateral-per quadrant.
D1516 Space maintainer - fixed - bilateral, maxillary.
D1517 Space maintainer - fixed - bilateral, mandibular.
D1520 Space maintainer-removable, unilateral-per quadrant.
D1526 Space maintainer - removable - bilateral, maxillary.
D1527 Space maintainer - removable - bilateral, mandibular.
D1551 Re-cement or re-bond bilateral space maintainer-maxillary.
D1552 Re-cement or re-bond bilateral space maintainer-mandibular.
D1553 Re-cement or re-bond unilateral space maintainer-per quadrant.
D1556 Removal of fixed unilateral space maintainer-per quadrant.
D1557 Removal of fixed bilateral space maintainer-maxillary.
D1558 Removal of fixed bilateral space maintainer-mandibular.
D1575 Distal shoe space maintainer - fixed, unilateral-per quadrant.

SPACE MAINTAINER: D1510, D1515, D1520, D1525

- Benefits are considered for persons age 13 and under.
- Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowances include all adjustments within 6 months of placement date.

D8210 Removable appliance therapy.

D8220 Fixed appliance therapy.

APPLIANCE THERAPY: D8210, D8220

- Coverage is limited to the correction of thumb-sucking.

TYPE 2 PROCEDURES
Plan 1 High
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

D0140 Limited oral evaluation - problem focused.

D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit).

LIMITED ORAL EVALUATION: D0140, D0170

- Coverage is allowed for accidental injury only. If not due to an accident, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.

D0472 Accession of tissue, gross examination, preparation and transmission of written report.

D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report.

D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.

ORAL PATHOLOGY LABORATORY: D0472, D0473, D0474

- Coverage is limited to 1 of any of these procedures per 12 month(s).
- Coverage is limited to 1 examination per biopsy/excision.

D1351 Sealant - per tooth.

D1352 Preventive resin restoration in a moderate to high caries risk patient-permanent.

D1353 Sealant repair - per tooth.

D1354 Application of caries arresting medicament-per tooth.

D1355 Caries preventive medicament application - per tooth.

SEALANT: D1351, D1352, D1353

- Coverage is limited to 1 of any of these procedures per 24 month(s).
- D1354, D1355 also contribute(s) to this limitation.
- Benefits are considered for persons age 15 and under.
- Benefits are considered on permanent molars only, excluding 3rd molars (wisdom teeth).
- Coverage is allowed on the occlusal surface only.

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.

AMALGAM RESTORATIONS: D2140, D2150, D2160, D2161

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990, D9911 also contribute(s) to this limitation.

D2330 Resin-based composite - one surface, anterior.

D2331 Resin-based composite - two surfaces, anterior.

D2332 Resin-based composite - three surfaces, anterior.

D2335 Resin-based composite - four or more surfaces or involving incisal angle (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.

D2990 Resin infiltration of incipient smooth surface lesions.

COMPOSITE RESTORATIONS: D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990

TYPE 2 PROCEDURES

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2140, D2150, D2160, D2161, D9911 also contribute(s) to this limitation.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

GOLD FOIL RESTORATIONS: D2410, D2420, D2430

- Gold foils are considered at an alternate benefit of an amalgam/composite restoration.

D2390 Resin-based composite crown, anterior.
D2928 Prefabricated porcelain/ceramic crown - permanent tooth.
D2929 Prefabricated porcelain/ceramic crown - primary tooth.
D2930 Prefabricated stainless steel crown - primary tooth.
D2931 Prefabricated stainless steel crown - permanent tooth.
D2932 Prefabricated resin crown.
D2933 Prefabricated stainless steel crown with resin window.
D2934 Prefabricated esthetic coated stainless steel crown - primary tooth.
STAINLESS STEEL CROWN: D2390, D2928, D2929, D2930, D2931, D2932, D2933, D2934

- Replacement is limited to 1 of any of these procedures per 12 month(s).
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.
D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core.
D2920 Re-cement or re-bond crown.
D2921 Reattachment of tooth fragment, incisal edge or cusp.
D6092 Re-cement or re-bond implant/abutment supported crown.
D6093 Re-cement or re-bond implant/abutment supported fixed partial denture.
D6930 Re-cement or re-bond fixed partial denture.

D2940 Protective restoration.
D2941 Interim therapeutic restoration - primary dentition.

D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.
D3221 Pulpal debridement, primary and permanent teeth.
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).
D3333 Internal root repair of perforation defects.
D3351 Apexification/recalcification - initial visit (apical closure/calcalcific repair of perforations, root resorption, etc.).
D3352 Apexification/recalcification - interim medication replacement (apical closure/calcalcific repair of perforations, root resorption, pulp space disinfection, etc.).
D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcalcific repair of perforations, root resorption, etc.).
D3357 Pulpal regeneration - completion of treatment.
D3430 Retrograde filling - per root.
D3450 Root amputation - per root.
D3920 Hemisection (including any root removal), not including root canal therapy.
D3921 Decoronation or submergence of an erupted tooth.

ENDODONTICS MISCELLANEOUS: D3333, D3430, D3450, D3920, D3921

- Procedure D3333 is limited to permanent teeth only.

D3310 Endodontic therapy, anterior tooth.

TYPE 2 PROCEDURES

- D3320 Endodontic therapy, premolar tooth (excluding final restorations).
- D3330 Endodontic therapy, molar tooth (excluding final restorations).
- D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.
- D3346 Retreatment of previous root canal therapy - anterior.
- D3347 Retreatment of previous root canal therapy - premolar.
- D3348 Retreatment of previous root canal therapy - molar.
- RETREATMENT OF ROOT CANAL: D3346, D3347, D3348
- Coverage is limited to 1 of any of these procedures per 12 month(s).
 - D3310, D3320, D3330 also contribute(s) to this limitation.
- ROOT CANALS: D3310, D3320, D3330, D3332
- Benefits are considered on permanent teeth only.
- RETREATMENT OF ROOT CANAL: D3346, D3347, D3348
- Benefits are considered on permanent teeth only.
- ROOT CANALS: D3310, D3320, D3330, D3332
- Allowances include intraoperative radiographic images and cultures but exclude final restoration.
- RETREATMENT OF ROOT CANAL: D3346, D3347, D3348
- Coverage is limited to service dates more than 12 months after root canal therapy. Allowances include intraoperative radiographic images and cultures but exclude final restoration.
-
- D3355 Pulpal regeneration - initial visit.
- D3356 Pulpal regeneration - interim medication replacement.
- D3410 Apicoectomy - anterior.
- D3421 Apicoectomy - premolar (first root).
- D3425 Apicoectomy - molar (first root).
- D3426 Apicoectomy (each additional root).
- D3471 Surgical repair of root resorption - anterior.
- D3472 Surgical repair of root resorption - premolar.
- D3473 Surgical repair of root resorption - molar.
- D3501 Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.
- D3502 Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.
- D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption - molar.
-
- 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.
- 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.
- D4260 Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.
- D4261 Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.
- D4263 Bone replacement graft - retained natural tooth - first site in quadrant.
- D4264 Bone replacement graft - retained natural tooth - each additional site in quadrant.
- D4265 Biologic materials to aid in soft and osseous tissue regeneration, per site.
- D4270 Pedicle soft tissue graft procedure.
- D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft.
- D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area).
- D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft.
- D4276 Combined connective tissue and pedicle graft, per tooth.
- D4277 Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth,

TYPE 2 PROCEDURES

implant, or edentulous tooth position in graft.

- D4278 Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site.
- D4283 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site.
- D4285 Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site.

BONE GRAFTS: D4263, D4264, D4265

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

GINGIVECTOMY: D4210, D4211

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

OSSEOUS SURGERY: D4240, D4241, D4260, D4261

- Each quadrant is limited to 1 of each of these procedures per 3 year(s).

TISSUE GRAFTS: D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285

- Each quadrant is limited to 2 of any of these procedures per 3 year(s).

BONE GRAFTS: D4263, D4264, D4265

- Coverage is limited to treatment of periodontal disease.

GINGIVECTOMY: D4210, D4211

- Coverage is limited to treatment of periodontal disease.

OSSEOUS SURGERY: D4240, D4241, D4260, D4261

- Coverage is limited to treatment of periodontal disease.

TISSUE GRAFTS: D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285

- Coverage is limited to treatment of periodontal disease.

D4341 Periodontal scaling and root planing - four or more teeth per quadrant.

D4342 Periodontal scaling and root planing - one to three teeth, per quadrant.

D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.

ANTIMICROBIAL AGENTS: D4381

- Each quadrant is limited to 2 of any of these procedures per 2 year(s).

PERIODONTAL SCALING & ROOT PLANING: D4341, D4342

- Each quadrant is limited to 1 of each of these procedures per 2 year(s).

D4355 Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit.

FULL MOUTH DEBRIDEMENT: D4355

- Coverage is limited to 1 of any of these procedures per 5 year(s).
- An additional D4355 may be allowed if service is received during pregnancy.

D4346 Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation.

D4910 Periodontal maintenance.

PERIODONTAL MAINTENANCE: D4346, D4910

- Coverage is limited to 2 of any of these procedures per benefit period.
- D1110, D1120 also contribute(s) to this limitation.
- An additional D4910 may be allowed if service is received during pregnancy.
- Benefits are not available if performed on the same date as any other periodontal service. Procedure D4910 is contingent upon evidence of full mouth active periodontal therapy. Procedure D4346 is limited to persons age 14 and over.

D5511 Repair broken complete denture base, mandibular.

D5512 Repair broken complete denture base, maxillary.

D5520 Replace missing or broken teeth - complete denture (each tooth).

TYPE 2 PROCEDURES

D5611 Repair resin partial denture base, mandibular.
D5612 Repair resin partial denture base, maxillary.
D5621 Repair cast partial framework, mandibular.
D5622 Repair cast partial framework, maxillary.
D5630 Repair or replace broken retentive/clasping materials per tooth.
D5640 Replace broken teeth - per tooth.

D5710 Rebase complete maxillary denture.
D5711 Rebase complete mandibular denture.
D5720 Rebase maxillary partial denture.
D5721 Rebase mandibular partial denture.
D5725 Rebase hybrid prosthesis.

D5730 Reline complete maxillary denture (direct).
D5731 Reline complete mandibular denture (direct).
D5740 Reline maxillary partial denture (direct).
D5741 Reline mandibular partial denture (direct).
D5750 Reline complete maxillary denture (indirect).
D5751 Reline complete mandibular denture (indirect).
D5760 Reline maxillary partial denture (indirect).
D5761 Reline mandibular partial denture (indirect).
D5765 Soft liner for complete or partial removable denture-indirect.
DENTURE RELINE: D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5765

- Coverage is limited to service dates more than 6 months after placement date.

D7111 Extraction, coronal remnants - primary tooth.
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal).

D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of 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 complications.
D7250 Removal of residual tooth roots (cutting procedure).
D7251 Coronectomy-intentional partial tooth removal.

D7260 Oroantral fistula closure.
D7261 Primary closure of a sinus perforation.
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.
D7272 Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization).
D7280 Exposure of an unerupted tooth.
D7282 Mobilization of erupted or malpositioned tooth to aid eruption.
D7283 Placement of device to facilitate eruption of impacted tooth.
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, per quadrant.
D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.
D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.
D7340 Vestibuloplasty - ridge extension (secondary epithelialization).
D7350 Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision

TYPE 2 PROCEDURES

of soft tissue attachment and management of hypertrophied and hyperplastic tissue).

- 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 Reduction of osseous tuberosity.
- D7490 Radical resection of maxilla or mandible.
- D7510 Incision and drainage of abscess - intraoral soft tissue.
- D7520 Incision and drainage of abscess - extraoral soft tissue.
- D7530 Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.
- D7540 Removal of reaction producing foreign bodies, musculoskeletal system.
- D7550 Partial ostectomy/sequestrectomy for removal of non-vital bone.
- D7560 Maxillary sinusotomy for removal of tooth fragment or foreign body.
- D7910 Suture of recent small wounds up to 5 cm.
- D7911 Complicated suture - up to 5 cm.
- D7912 Complicated suture - greater than 5 cm.
- D7961 Buccal/labial frenectomy (frenulectomy).
- D7962 Lingual frenectomy (frenulectomy).
- D7963 Frenuloplasty.
- D7970 Excision of hyperplastic tissue - per arch.
- D7972 Surgical reduction of fibrous tuberosity.
- D7979 Non-surgical sialolithotomy.
- D7980 Surgical sialolithotomy.
- D7983 Closure of salivary fistula.

REMOVAL OF BONE TISSUE: D7471, D7472, D7473

- Coverage is limited to 5 of any of these procedures per lifetime.

- D7285 Incisional biopsy of oral tissue - hard (bone, tooth).
- D7286 Incisional biopsy of oral tissue - soft.
- D7287 Exfoliative cytological sample collection.
- D7288 Brush biopsy - transepithelial sample collection.

D9110 Palliative (emergency) treatment of dental pain - minor procedure.

PALLIATIVE TREATMENT: D9110

- Not covered in conjunction with other procedures, except diagnostic x-ray radiographic images.

- D9219 Evaluation for moderate sedation, deep sedation or general anesthesia.
- D9222 Deep sedation/general anesthesia - first 15 minutes.
- D9223 Deep sedation/general anesthesia - each subsequent 15 minute increment.
- D9239 Intravenous moderate (conscious) sedation/analgesia - first 15 minutes.
- D9243 Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.

GENERAL ANESTHESIA: D9222, D9223, D9239, D9243

- Coverage is only available with a cutting procedure. A maximum of four (D9222, D9223, D9239 or D9243) will be considered.

TYPE 2 PROCEDURES

D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician.

D9430 Office visit for observation (during regularly scheduled hours) - no other services performed.

D9440 Office visit - after regularly scheduled hours.

D9930 Treatment of complications (post-surgical) - unusual circumstances, by report.

CONSULTATION: D9310

- Coverage is limited to 1 of any of these procedures per provider.

OFFICE VISIT: D9430, D9440

- Procedure D9430 is allowed for accidental injury only. Procedure D9440 will be allowed on the basis of services rendered or visit, whichever is greater.

D9951 Occlusal adjustment - limited.

D9952 Occlusal adjustment - complete.

OCCLUSAL ADJUSTMENT: D9951, D9952

- Coverage is considered only when performed in conjunction with periodontal procedures for the treatment of periodontal disease.

D0486 Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report.

D2951 Pin retention - per tooth, in addition to restoration.

D9911 Application of desensitizing resin for cervical and/or root surfaces, per tooth.

DESENSITIZATION: D9911

- Coverage is limited to 1 of any of these procedures per 6 month(s).
- D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2990 also contribute(s) to this limitation.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

TYPE 3 PROCEDURES
Plan 1 High
BENEFIT PERIOD - Calendar Year
For Additional Limitations - See Limitations

D2510 Inlay - metallic - one surface.
D2520 Inlay - metallic - two surfaces.
D2530 Inlay - metallic - three or more surfaces.
D2610 Inlay - porcelain/ceramic - one surface.
D2620 Inlay - porcelain/ceramic - two surfaces.
D2630 Inlay - porcelain/ceramic - three 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.

INLAY: D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652

- Inlays will be considered at an alternate benefit of an amalgam/composite restoration and only when resulting from caries (tooth decay) or traumatic injury.

D2542 Onlay - metallic - two surfaces.
D2543 Onlay - metallic - three surfaces.
D2544 Onlay - metallic - four or more surfaces.
D2642 Onlay - porcelain/ceramic - two surfaces.
D2643 Onlay - porcelain/ceramic - three surfaces.
D2644 Onlay - porcelain/ceramic - four 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.

ONLAY: D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.
- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

D2710 Crown - resin-based composite (indirect).
D2712 Crown - 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.
D2750 Crown - porcelain fused to high noble metal.
D2751 Crown - porcelain fused to predominantly base metal.
D2752 Crown - porcelain fused to noble metal.
D2753 Crown-porcelain fused to titanium and titanium alloys.
D2780 Crown - 3/4 cast high noble metal.
D2781 Crown - 3/4 cast predominantly base metal.
D2782 Crown - 3/4 cast noble metal.
D2783 Crown - 3/4 porcelain/ceramic.

TYPE 3 PROCEDURES

D2790 Crown - full cast high noble metal.

D2791 Crown - full cast predominantly base metal.

D2792 Crown - full cast noble metal.

D2794 Crown - titanium and titanium alloys.

CROWN: D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.
- Frequency is waived for accidental injury.
- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.
- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
- Coverage is limited to necessary placement resulting from caries (tooth decay) or traumatic injury.
- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

D2950 Core buildup, including any pins when required.

CORE BUILDUP: D2950

- A pretreatment is strongly suggested for D2950. This is reviewed by our dental consultants and benefits are allowed when diagnostic data indicates significant tooth structure loss.

D2952 Post and core in addition to crown, indirectly fabricated.

D2954 Prefabricated post and core in addition to crown.

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.

D6980 Fixed partial denture repair necessitated by restorative material failure.

D9120 Fixed partial denture sectioning.

D4249 Clinical crown lengthening - hard tissue.

D5110 Complete denture - maxillary.

D5120 Complete denture - mandibular.

D5130 Immediate denture - maxillary.

D5140 Immediate denture - mandibular.

D5211 Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth).

D5212 Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth).

D5213 Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).

D5214 Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).

D5221 Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth).

D5222 Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth).

TYPE 3 PROCEDURES

- D5223 Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).
- D5224 Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).
- D5225 Maxillary partial denture-flexible base (including retentive/clasping materials, rests, and teeth).
- D5226 Mandibular partial denture-flexible base (including retentive/clasping materials, rests, and teeth).
- D5227 Immediate maxillary partial denture-flexible base (including any clasps, rests and teeth).
- D5228 Immediate mandibular partial denture-flexible base (including any clasps, rests and teeth).
- D5282 Removable unilateral partial denture-one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary.
- D5283 Removable unilateral partial denture-one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular.
- D5284 Removable unilateral partial denture-one piece flexible base (including retentive/clasping materials, rests, and teeth)-per quadrant.
- D5286 Removable unilateral partial denture-one piece resin (including retentive/clasping materials, rests, and teeth)-per quadrant.
- D5670 Replace all teeth and acrylic on cast metal framework (maxillary).
- D5671 Replace all teeth and acrylic on cast metal framework (mandibular).
- D5810 Interim complete denture (maxillary).
- D5811 Interim complete denture (mandibular).
- D5820 Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary.
- D5821 Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular.
- D5863 Overdenture - complete maxillary.
- D5864 Overdenture - partial maxillary.
- D5865 Overdenture - complete mandibular.
- D5866 Overdenture - partial mandibular.
- D5876 Add metal substructure to acrylic full denture (per arch).
- D6110 Implant/abutment supported removable denture for edentulous arch - maxillary.
- D6111 Implant/abutment supported removable denture for edentulous arch - mandibular.
- D6112 Implant/abutment supported removable denture for partially edentulous arch - maxillary.
- D6113 Implant/abutment supported removable denture for partially edentulous arch - mandibular.
- D6114 Implant/abutment supported fixed denture for edentulous arch - maxillary.
- D6115 Implant/abutment supported fixed denture for edentulous arch - mandibular.
- D6116 Implant/abutment supported fixed denture for partially edentulous arch - maxillary.
- D6117 Implant/abutment supported fixed denture for partially edentulous arch - mandibular.
- D6118 Implant/abutment supported interim fixed denture for edentulous arch - mandibular.
- D6119 Implant/abutment supported interim fixed denture for edentulous arch - maxillary.
- COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115
- Replacement is limited to 1 of any of these procedures per 60 month(s).
- PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117
- Replacement is limited to 1 of any of these procedures per 60 month(s).
- COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115
- Frequency is waived for accidental injury.
- PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117
- Frequency is waived for accidental injury.
- COMPLETE DENTURE: D5110, D5120, D5130, D5140, D5863, D5865, D5876, D6110, D6111, D6114, D6115
- Allowances include adjustments within 6 months after placement date. Procedures D5863, D5865, D6110, D6111, D6114 and D6115 are considered at an alternate benefit of a D5110/D5120. Benefits for procedure D5876 is contingent upon the related denture being covered.
- PARTIAL DENTURE: D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5282, D5283, D5284, D5286, D5670, D5671, D5864, D5866, D6112, D6113, D6116, D6117
- Allowances include adjustments within 6 months of placement date. Procedures D5864, D5866, D6112, D6113, D6116 and D6117 are considered at an alternate benefit of a D5213/D5214.

TYPE 3 PROCEDURES

D5410 Adjust complete denture - maxillary.
D5411 Adjust complete denture - mandibular.
D5421 Adjust partial denture - maxillary.
D5422 Adjust partial denture - mandibular.

DENTURE ADJUSTMENT: D5410, D5411, D5421, D5422

- Coverage is limited to dates of service more than 6 months after placement date.

D5650 Add tooth to existing partial denture.
D5660 Add clasp to existing partial denture-per tooth.

D5850 Tissue conditioning, maxillary.
D5851 Tissue conditioning, mandibular.

D6058 Abutment supported porcelain/ceramic crown.
D6059 Abutment supported porcelain fused to metal crown (high noble metal).
D6060 Abutment supported porcelain fused to metal crown (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.
D6066 Implant supported crown - porcelain fused to high noble alloys.
D6067 Implant supported crown - high noble alloys.
D6068 Abutment supported retainer for porcelain/ceramic FPD.
D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal).
D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal).
D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal).
D6072 Abutment supported retainer for cast metal FPD (high noble metal).
D6073 Abutment supported retainer for cast metal FPD (predominantly base metal).
D6074 Abutment supported retainer for cast metal FPD (noble metal).
D6075 Implant supported retainer for ceramic FPD.
D6076 Implant supported retainer for FPD - porcelain fused to high noble alloys.
D6077 Implant supported retainer for metal FPD - high noble alloy.
D6082 Implant supported crown-porcelain fused to predominantly base alloys.
D6083 Implant supported crown-porcelain fused to noble alloys.
D6084 Implant supported crown-porcelain fused to titanium and titanium alloys.
D6086 Implant supported crown-predominantly base alloys.
D6087 Implant supported crown-noble alloys.
D6088 Implant supported crown-titanium and titanium alloys.
D6094 Abutment supported crown - titanium and titanium alloys.
D6097 Abutment supported crown-porcelain fused to titanium and titanium alloys.
D6098 Implant supported retainer-porcelain fused to predominantly base alloys.
D6099 Implant supported retainer for FPD-porcelain fused to noble alloys.
D6120 Implant supported retainer-porcelain fused to titanium and titanium alloys.
D6121 Implant supported retainer for metal FPD-predominantly base alloys.
D6122 Implant supported retainer for metal FPD-noble alloys.
D6123 Implant supported retainer for metal FPD-titanium and titanium alloys.
D6194 Abutment supported retainer crown for FPD - titanium and titanium alloys.
D6195 Abutment supported retainer-porcelain fused to titanium and titanium alloys.
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 and titanium alloys.

TYPE 3 PROCEDURES

D6240 Pontic - porcelain fused to high noble metal.
 D6241 Pontic - porcelain fused to predominantly base metal.
 D6242 Pontic - porcelain fused to noble metal.
 D6243 Pontic-porcelain fused to titanium and titanium alloys.
 D6245 Pontic - porcelain/ceramic.
 D6250 Pontic - resin with high noble metal.
 D6251 Pontic - resin with predominantly base metal.
 D6252 Pontic - resin with noble metal.
 D6545 Retainer - cast metal for resin bonded fixed prosthesis.
 D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis.
 D6549 Resin retainer - for resin bonded fixed prosthesis.
 D6600 Retainer inlay - porcelain/ceramic, two surfaces.
 D6601 Retainer inlay - porcelain/ceramic, three or more surfaces.
 D6602 Retainer inlay - cast high noble metal, two surfaces.
 D6603 Retainer inlay - cast high noble metal, three or more surfaces.
 D6604 Retainer inlay - cast predominantly base metal, two surfaces.
 D6605 Retainer inlay - cast predominantly base metal, three or more surfaces.
 D6606 Retainer inlay - cast noble metal, two surfaces.
 D6607 Retainer inlay - cast noble metal, three or more surfaces.
 D6608 Retainer onlay - porcelain/ceramic, two surfaces.
 D6609 Retainer onlay - porcelain/ceramic, three or more surfaces.
 D6610 Retainer onlay - cast high noble metal, two surfaces.
 D6611 Retainer onlay - cast high noble metal, three or more surfaces.
 D6612 Retainer onlay - cast predominantly base metal, two surfaces.
 D6613 Retainer onlay - cast predominantly base metal, three or more surfaces.
 D6614 Retainer onlay - cast noble metal, two surfaces.
 D6615 Retainer onlay - cast noble metal, three or more surfaces.
 D6624 Retainer inlay - titanium.
 D6634 Retainer onlay - titanium.
 D6710 Retainer crown - indirect resin based composite.
 D6720 Retainer crown - resin with high noble metal.
 D6721 Retainer crown - resin with predominantly base metal.
 D6722 Retainer crown - resin with noble metal.
 D6740 Retainer crown - porcelain/ceramic.
 D6750 Retainer crown - porcelain fused to high noble metal.
 D6751 Retainer crown - porcelain fused to predominantly base metal.
 D6752 Retainer crown - porcelain fused to noble metal.
 D6753 Retainer crown-porcelain fused to titanium and titanium alloys.
 D6780 Retainer crown - 3/4 cast high noble metal.
 D6781 Retainer crown - 3/4 cast predominantly base metal.
 D6782 Retainer crown - 3/4 cast noble metal.
 D6783 Retainer crown - 3/4 porcelain/ceramic.
 D6784 Retainer crown 3/4-titanium and titanium alloys.
 D6790 Retainer crown - full cast high noble metal.
 D6791 Retainer crown - full cast predominantly base metal.
 D6792 Retainer crown - full cast noble metal.
 D6794 Retainer crown - titanium and titanium alloys.
 D6940 Stress breaker.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634 also contribute(s) to this limitation.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644,

TYPE 3 PROCEDURES

D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794 also contribute(s) to this limitation.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195 also contribute(s) to this limitation.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6194, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Replacement is limited to 1 of any of these procedures per 60 month(s).
- D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252 also contribute(s) to this limitation.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Frequency is waived for accidental injury.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Frequency is waived for accidental injury.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Frequency is waived for accidental injury.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- Frequency is waived for accidental injury.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- Frequency is waived for accidental injury.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Frequency is waived for accidental injury.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

TYPE 3 PROCEDURES

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL PONTIC: D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

IMPLANT SUPPORTED CROWN: D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

IMPLANT SUPPORTED RETAINER: D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195

- Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

FIXED PARTIAL CROWN: D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794

- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL INLAY: D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6624

- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.

FIXED PARTIAL ONLAY: D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634

- Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.



General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number:

SOQ No. 22-032
Dental Insurance Plan
Resolution No. 139746

B. Firm Name & Address:

Standard Insurance Company
1100 SW 6th Ave
Portland, OR 97204

C. Name, title, & contact information of Firm Representative, as defined in Section 2-926 of the Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable field required for this Project:

Bob Massel
Senior Employee Benefits Consultant
Bob.Massel@standard.com
281.517.5760

D. Address of principal office where Project work will be performed:

1100 SW 6th Ave
Portland, OR 97204

E. Is this submittal by a JOINT-VENTURE? Please check:

YES _____ NO **X**

If marked "No" skip to Section H. If marked "Yes" complete Sections F-G.

F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.

1.

2.

General Professional Services Questionnaire

G. Has this JOINT-VENTURE previously worked together? Please check: YES _____ NO _____		
H. List all subcontractors anticipated for this Project. Please note that <u>all subcontractors must submit a fully completed copy of this questionnaire</u>, applicable licenses, and any other information required by the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional pages if necessary.		
Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1. Ameritas Life Insurance Corp. 5900 O Street Lincoln, NE 68510	Life and Dental Insurance The Standard and Ameritas have formed a strategic alliance partnership with group dental and group vision insurance product offerings. Ameritas provides the claims processing, member customer service, policyholder administration and the Ameritas Network.	Yes The Standard and Ameritas have partnered to provide Dental insurance since 2002
2.		
3.		
4.		
5.		

General Professional Services Questionnaire

I. Please specify the total number of support personnel that may assist in the completion of this Project: Account Service will be the responsibility of your National Accounts Consultant, Sara Hunsaker. Claims will be managed by a team of professionals in Ameritas claims management office.
J. List any professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary.
PROFESSIONAL NO. 1
Name & Title: Bob Massel, Sr. Employee Benefits Consultant
Name of Firm with which associated: Standard Insurance Company
Description of job responsibilities: Works to find a solution for the Parish's employee benefits needs, and is committed to working with underwriting and claims professionals and others to make sure that we meet our goal to provide quality products at an affordable cost, as well as outstanding customer service.
Years' experience with this Firm: Bob is a Senior Employee Benefits Consultant in our Houston office, a position he has held since 2009. He joined The Standard in 2004 as an Employee Benefits Specialist, and he has twice qualified for the Banner Achievement Conference, which recognizes the top 10 percent of Standard's sales force.
Education: Degree(s)/Year/Specialization: Prior to joining our team, Bob had more than 10 years of experience selling employee benefits in the Louisiana and Mississippi markets. Bob is a U.S. Army veteran. He was honorably discharged in 1990 but was reactivated in 1991 to serve in Operation Desert Storm.
Other experience and qualifications relevant to the proposed Project: In 2007 and also in 2013, The Standard recognized Bob as a Grand Slam Award recipient and he was also recognized as a Premium Leader for the company in 2012.

General Professional Services Questionnaire

PROFESSIONAL NO. 2
Name & Title:
Kathy Rogers, Account Manager
Name of Firm with which associated:
Standard Insurance Company
Description of job responsibilities:
Will provide assistance to the Parish on daily account management issues. The NAC works closely with the entire Home Office team. She is responsible for providing for day-to-day account management for groups with 250 or more employees.
Years' experience with this Firm:
Kahty is an Account Manager in our San Antonio Sales and Service office, a position she has held since 2012.
Education: Degree(s)/Year/Specialization:
Kathy services all accounts over 500 lives in the San Antonio Office. She originally joined The Standard in 1999 as a Sales Admin Coordinator for 2 years, then served as an Underwriter for over 7 years. She re-joined The Standard mid 2012. She has also served as a Field Service and Underwriting Manager. Kathy has been in the insurance industry since 1993.
Other experience and qualifications relevant to the proposed Project:
n/a

General Professional Services Questionnaire

PROFESSIONAL NO. 3
Name & Title:
n/a
Name of Firm with which associated:
n/a
Description of job responsibilities:
n/a
Years' experience with this Firm:
n/a
Education: Degree(s)/Year/Specialization:
n/a
Other experience and qualifications relevant to the proposed Project:
n/a

General Professional Services Questionnaire

PROFESSIONAL NO. 4
Name & Title: n/a
Name of Firm with which associated: n/a
Description of job responsibilities: n/a
Years' experience with this Firm: n/a
Education: Degree(s)/Year/Specialization: n/a
Other experience and qualifications relevant to the proposed Project: n/a

General Professional Services Questionnaire

PROFESSIONAL NO. 5
Name & Title:
n/a
Name of Firm with which associated:
n/a
Description of job responsibilities:
n/a
Years' experience with this Firm:
n/a
Education: Degree(s)/Year/Specialization:
n/a
Other experience and qualifications relevant to the proposed Project:
n/a

General Professional Services Questionnaire

K. List all prior projects that best illustrate the Firm's qualifications relevant to this Project. Please include any and all work performed for Jefferson Parish. Please attach additional pages if necessary.

PROJECT NO. 1

Project Name, Location and Owner's contact information:	Description of Services Provided:
RPC Oil and Gas 8032 Main Street Houma, LA 70360 Susan Granger, Benefits Manager 985.853.5850	Life, AD&D, STD, LTD, Dental, and Vision coverages
Length of Services Provided:	Cost of Services Provided:
In force since 2006	Premium figures are not publicly released

PROJECT NO. 2

Project Name, Location and Owner's contact information:	Description of Services Provided:
As a courtesy to our customers, The Standard does not typically provide references during the initial proposal process. We have provided the information for RPC above, and will provide additional references should we be selected as a finalist.	n/a
Length of Services Provided:	Cost of Services Provided:
n/a	n/a

General Professional Services Questionnaire

PROJECT NO. 3	
Project Name, Location and Owner's contact information:	Description of Services Provided:
n/a	n/a
Length of Services Provided:	Cost of Services Provided:
n/a	n/a

PROJECT NO. 4	
Project Name, Location and Owner's contact information:	Description of Services Provided:
n/a	n/a
Length of Services Provided:	Cost of Services Provided:
n/a	n/a

General Professional Services Questionnaire

PROJECT NO. 5	
Project Name, Location and Owner's contact information:	Description of Services Provided:
n/a	n/a
Length of Services Provided:	Cost of Services Provided:
n/a	n/a

PROJECT NO. 6	
Project Name, Location and Owner's contact information:	Description of Services Provided:
n/a	n/a
Length of Services Provided:	Cost of Services Provided:
n/a	n/a

General Professional Services Questionnaire

PROJECT NO. 7	
Project Name, Location and Owner's contact information:	Description of Services Provided:
n/a	n/a
Length of Services Provided:	Cost of Services Provided:
n/a	n/a

PROJECT NO. 8	
Project Name, Location and Owner's contact information:	Description of Services Provided:
n/a	n/a
Length of Services Provided:	Cost of Services Provided:
n/a	n/a

General Professional Services Questionnaire

PROJECT NO. 9	
Project Name, Location and Owner's contact information:	Description of Services Provided:
n/a	n/a
Length of Services Provided:	Cost of Services Provided:
n/a	n/a

PROJECT NO. 10	
Project Name, Location and Owner's contact information:	Description of Services Provided:
n/a	n/a
Length of Services Provided:	Cost of Services Provided:
n/a	n/a

General Professional Services Questionnaire

L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.		
Parties:		Status/Result of Case:
Plaintiff:	Defendant:	
1. n/a	n/a	We are currently unaware of any prior or on-going litigation between The Standard and Jefferson Parish.
2.		
3.		
4.		

M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.

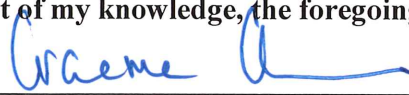
The Standard is the current carrier for Jefferson Parish's Life and LTD coverage. Our staff are familiar with the Parish's plans and needs and will continue to provide our trademark service.

The Group Division of Ameritas is an industry leader in the field of group dental, vision and hearing benefits, with a national reputation of providing top quality products and services for benefits administrators and their employees. A variety of dental products are available on a national basis, including traditional indemnity and voluntary plans, managed care plans backed by a nationwide Participation Provider Organization (PPO), as well as contracts that provide administrative service only. We also offer vision coverage, both on stand-alone basis and as an option with most dental plans. In addition, our hearing coverage gives employees a wellness benefit that helps protect and preserve their ability to hear.

Through acquisitions, strategic alliances, third-party administrators and special marketing arrangements with quality carriers, Group has had tremendous success expanding its distribution channels, growing its business, and satisfying dental and vision niche markets.

Group is responsible for all group insurance plans offered by Ameritas Life Insurance Corp. and Ameritas Life Insurance Corp. of New York. Most functions, such as designing, rating, marketing, underwriting and claims processing are handled in the Home Office. However, group sales and service offices are located nationwide in major cities to facilitate new sales and support renewal of our in-force block of business.

N. To the best of my knowledge, the foregoing is an accurate statement of facts.

Signature:  Print Name: Graeme Queen

Title: 2nd VP, Policy Admin. Transformation Date: 06.29.22

Statement of Qualifications

AFFIDAVIT

STATE OF Oregon

PARISH/COUNTY OF Multnomah

BEFORE ME, the undersigned authority, personally came and appeared: Graeme Queen
_____, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized 2nd VP, Policy Admin. Transformation of Standard Insurance Company (Entity),
the party who submitted a Statement of Qualifications (SOQ) to provide Group Dental Coverage
_____ (Briefly describe the services the SOQ
will cover), to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B X there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Affiant further said:

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B X There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

Solicitation of Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all elected officials of the Parish of Jefferson, whether still holding office at the time of the affidavit or not, where the elected official, individually, either by **telephone or by personal contact**, solicited a campaign contribution or other monetary consideration from the Entity, including the Entity's officers, directors and owners, and employees owning twenty-five percent (25%) or more of the Entity, during the two-year period immediately preceding the date the affidavit is signed. Further, to the extent known to the Affiant, the date of any such solicitation is included on the attached list.

Choice B X there are **NO** solicitations for campaign contributions which would require disclosure under Choice A of this section.

Affiant further said:

Subcontractor Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A X Affiant further said that attached is a listing of all subcontractors, excluding full time employees, who may assist in providing professional services for the aforementioned SOQ.

Choice B There are **NO** subcontractors which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

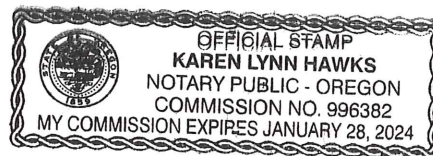
That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Graeme Queen

Signature of Affiant

Graeme Queen, 2nd VP, Policy Admin. Transformation
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 29 DAY OF June, 20 22.



Karen Lynn Hawks.
Notary Public

Karen Lynn Hawks
Printed Name of Notary

Comm # 996382
Notary/Bar Roll Number

My commission expires 01.28.24.

Statement of Qualifications

AFFIDAVIT

STATE OF Nebraska

PARISH/COUNTY OF Lancaster

BEFORE ME, the undersigned authority, personally came and appeared: Bruce E. Mith
_____, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Officer of Amvets Lk Insurance Co (Entity),
the party who submitted a Statement of Qualifications (SOQ) to _____
_____. (Briefly describe the services the SOQ
will cover), to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

**(Choose A or B, if option A is indicated please include the required
attachment):**

Choice A _____ Attached hereto is a list of all campaign contributions, including
the date and amount of each contribution, made to current or
former elected officials of the Parish of Jefferson by Entity,
Affiant, and/or officers, directors and owners, including
employees, owning 25% or more of the Entity during the two-year
period immediately preceding the date of this affidavit or the
current term of the elected official, whichever is greater. Further,
Entity, Affiant, and/or Entity Owners have not made any
contributions to or in support of current or former members of the
Jefferson Parish Council or the Jefferson Parish President through
or in the name of another person or legal entity, either directly or
indirectly.

Choice B X there are **NO** campaign contributions made which would require
disclosure under Choice A of this section.

Affiant further said:

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B X There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

Solicitation of Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all elected officials of the Parish of Jefferson, whether still holding office at the time of the affidavit or not, where the elected official, individually, either by **telephone or by personal contact**, solicited a campaign contribution or other monetary consideration from the Entity, including the Entity's officers, directors and owners, and employees owning twenty-five percent (25%) or more of the Entity, during the two-year period immediately preceding the date the affidavit is signed. Further, to the extent known to the Affiant, the date of any such solicitation is included on the attached list.

Choice B X there are **NO** solicitations for campaign contributions which would require disclosure under Choice A of this section.

Affiant further said:

Subcontractor Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Affiant further said that attached is a listing of all subcontractors, excluding full time employees, who may assist in providing professional services for the aforementioned SOQ.

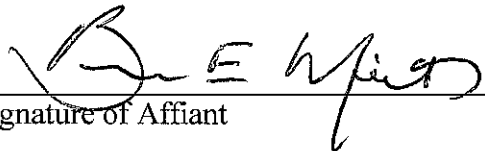
Choice B **X** There are **NO** subcontractors which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

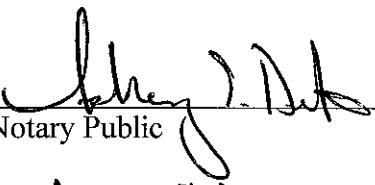
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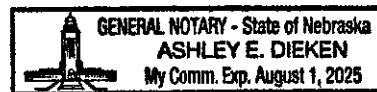
That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.


Signature of Affiant

Bruce E. Mielth
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 27th DAY OF June, 2022.


Notary Public
Ashley E. Dieken
Printed Name of Notary



Notary/Bar Roll Number

My commission expires August 1, 2025.





Dental Network Access Analysis

All Enrolled Employees
National Service Area

Created for...
Jefferson Parish Government

June 27, 2022

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Access Overview

Access Overview

June 27, 2022

Created for...
Jefferson Parish Government

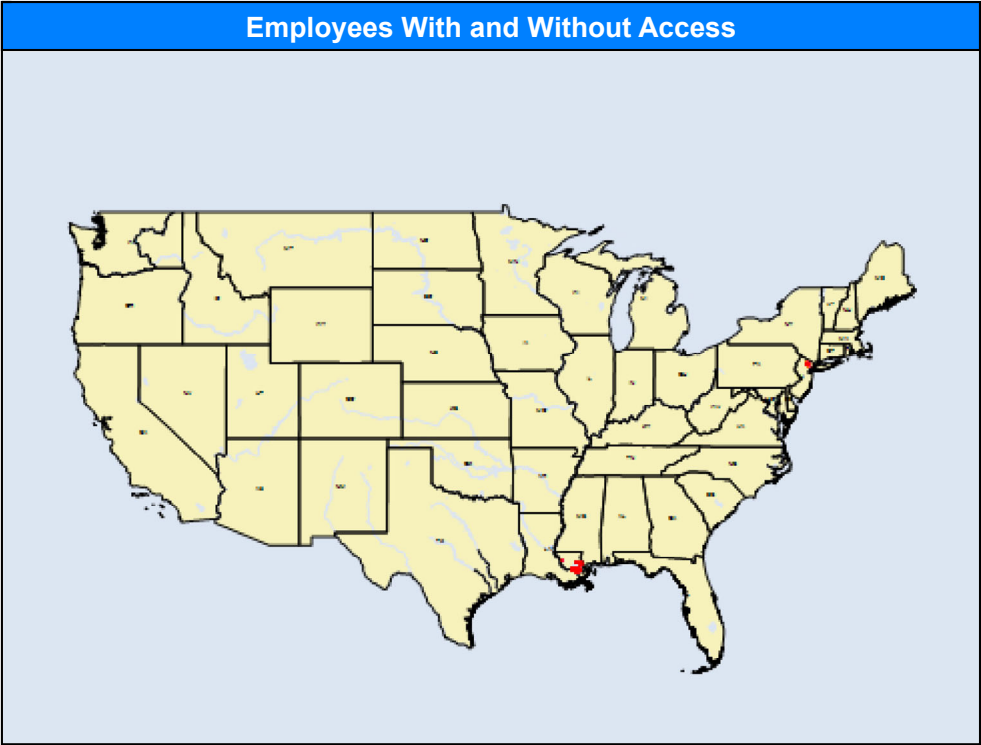
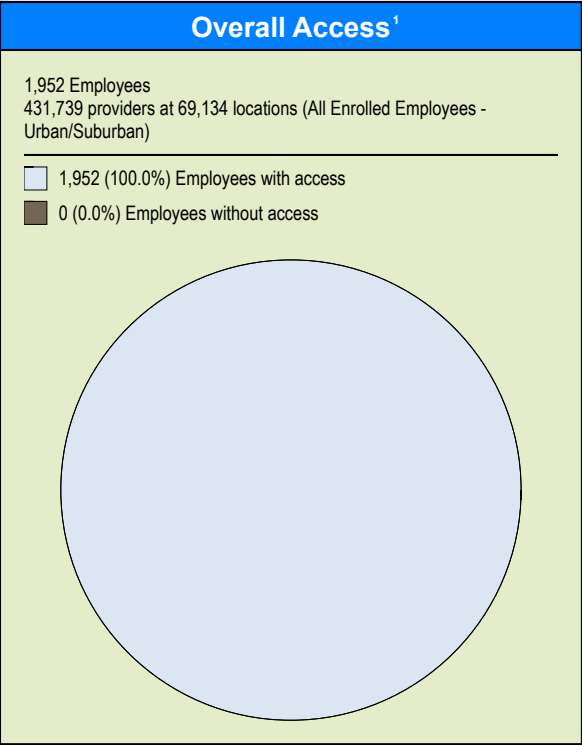
Access Analysis
General Dentists/Specialists

Employee / Provider Groups
All Enrolled Employees - Urban/Suburban
General Dentists

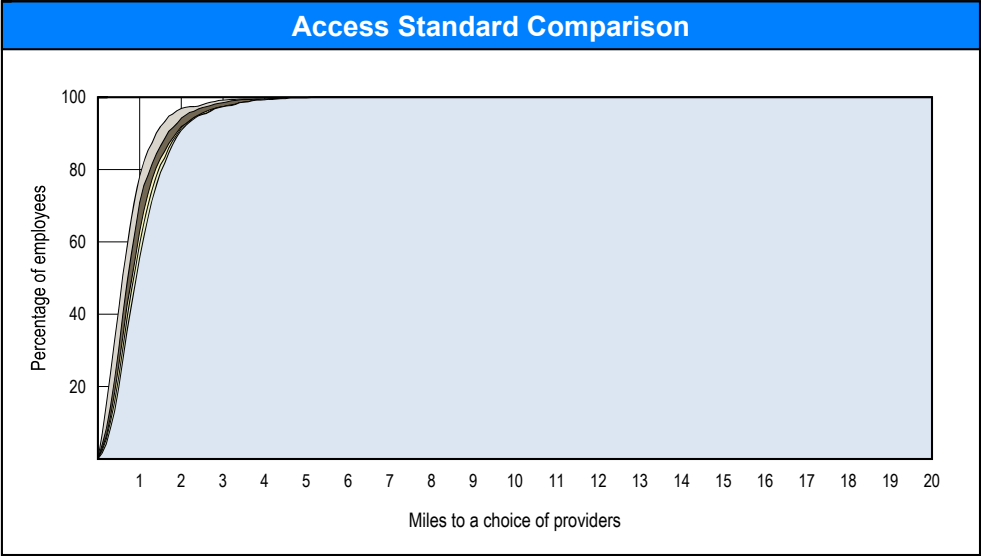
Access Map
Employee locations
● With access
● Without access

Service areas:
National Service Area
706.75 miles

Comparison Graph
Percent of employees with access to a choice of providers over miles
1st closest
2nd closest
3rd closest
4th closest
5th closest



Distances	
	Average
Distance to 1st closest provider	0.8 mile
Distance to 2nd closest provider	0.9 mile
Distance to 3rd closest provider	1.0 mile
Distance to 4th closest provider	1.1 miles
Distance to 5th closest provider	1.1 miles



¹ The Access Standard is defined as (All Enrolled Employees - Urban/Suburban) employees accessing:
2 (General Dentists) providers in 10 miles

Access Overview

June 27, 2022

Created for...
Jefferson Parish Government

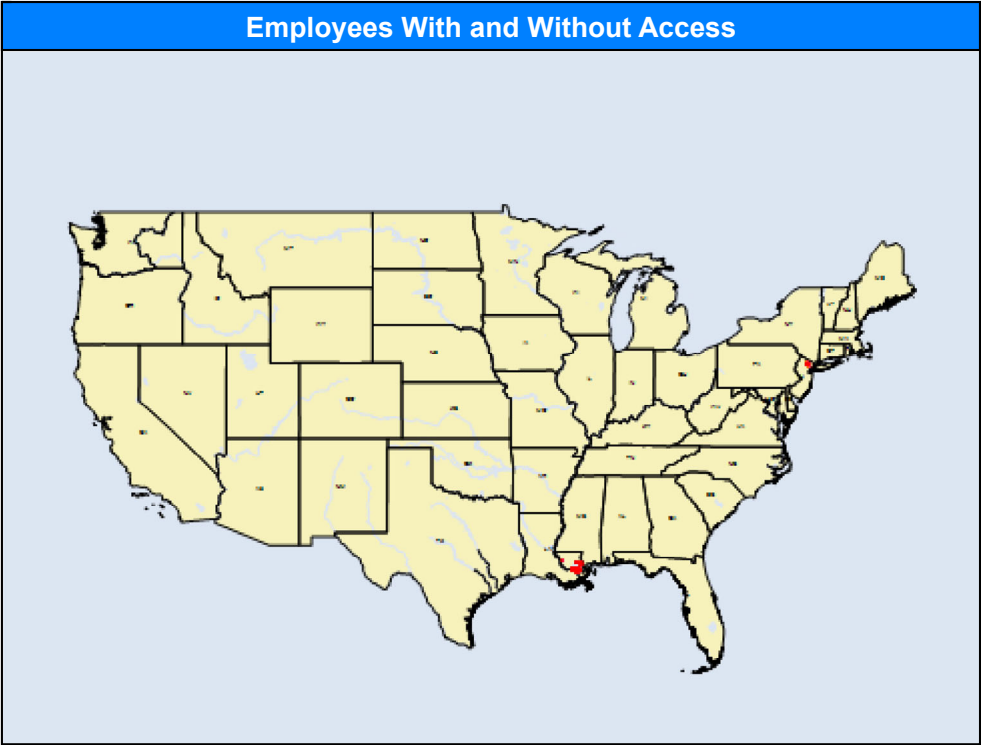
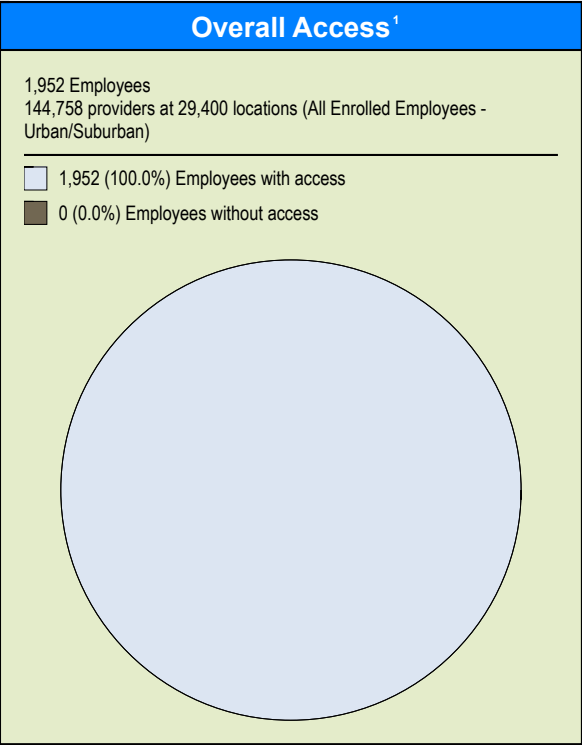
Access Analysis
General Dentists/Specialists

Employee / Provider Groups
All Enrolled Employees - Urban/Suburban
Specialists

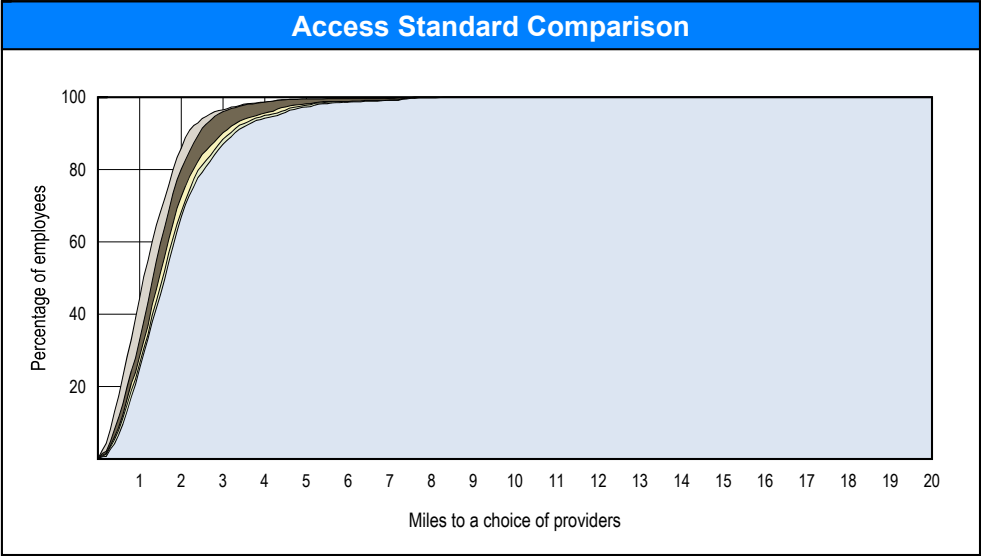
Access Map
Employee locations
● With access
● Without access

Service areas:
National Service Area
706.75 miles

Comparison Graph
Percent of employees with access to a choice of providers over miles
1st closest
2nd closest
3rd closest
4th closest
5th closest



Distances	
	Average
Distance to 1st closest provider	1.3 miles
Distance to 2nd closest provider	1.5 miles
Distance to 3rd closest provider	1.7 miles
Distance to 4th closest provider	1.8 miles
Distance to 5th closest provider	1.9 miles



¹ The Access Standard is defined as (All Enrolled Employees - Urban/Suburban) employees accessing:
2 (Specialists) providers in 10 miles

Access Overview

June 27, 2022

Created for...
Jefferson Parish Government

Access Analysis
General Dentists/Specialists

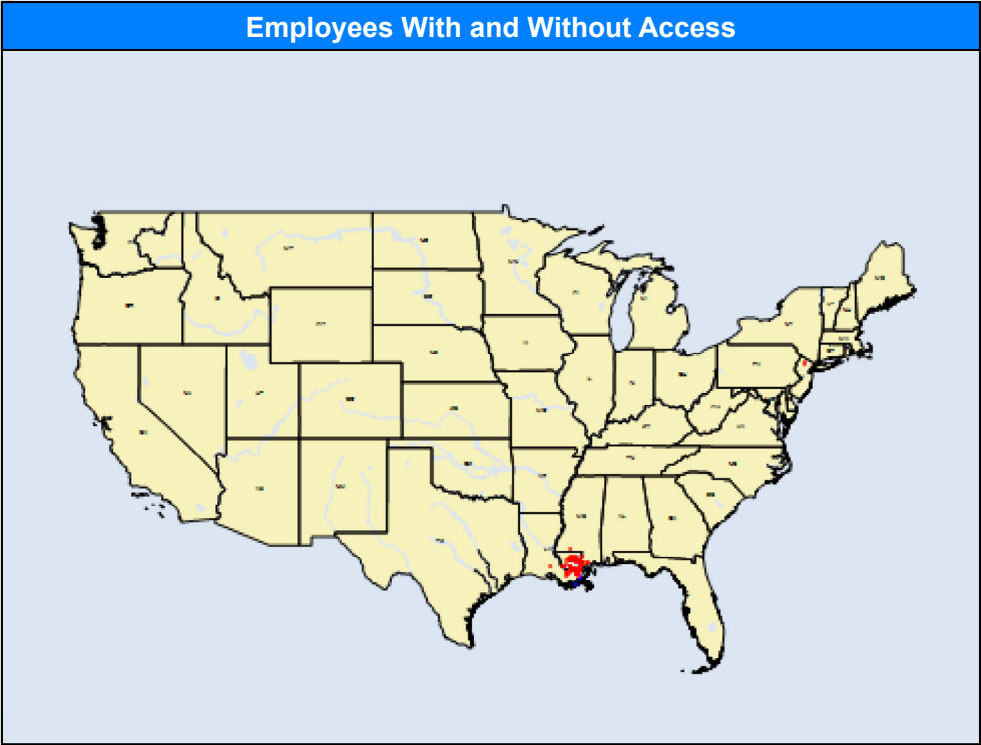
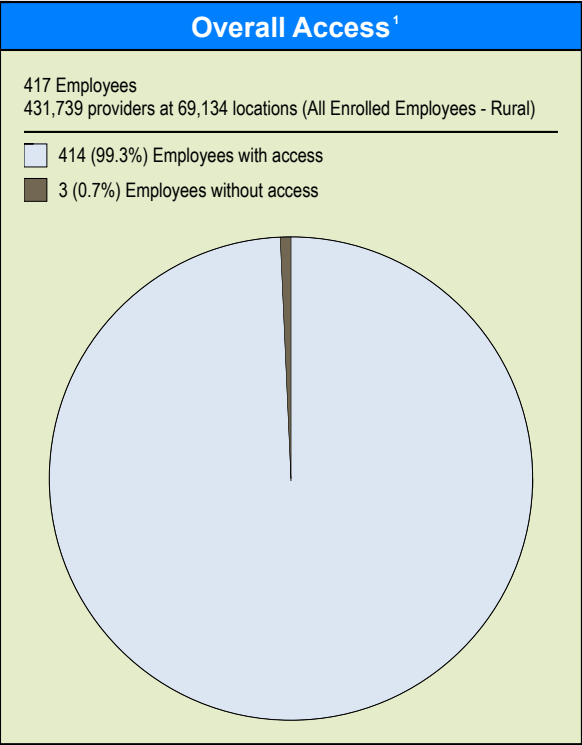
Employee / Provider Groups
All Enrolled Employees - Rural
General Dentists

Access Map
Employee locations
● With access
● Without access

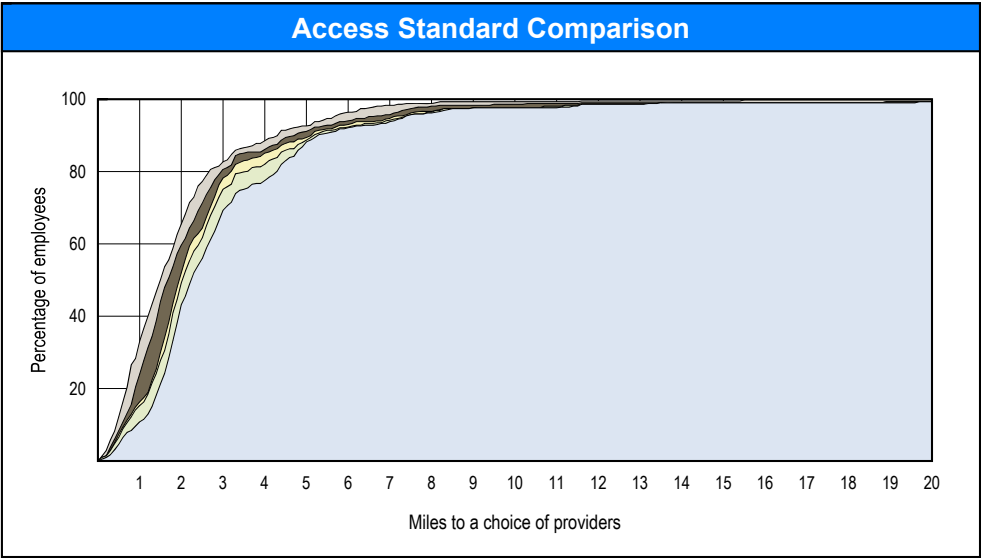
Service areas:
National Service Area
706.75 miles

Comparison Graph
Percent of employees with access to a choice of providers over miles
1st closest
2nd closest
3rd closest
4th closest
5th closest

¹ The Access Standard is defined as (All Enrolled Employees - Rural) employees accessing:
2 (General Dentists) providers in 20 miles



Distances	
	Average
Distance to 1st closest provider	2.1 miles
Distance to 2nd closest provider	2.5 miles
Distance to 3rd closest provider	2.8 miles
Distance to 4th closest provider	2.9 miles
Distance to 5th closest provider	3.1 miles



Access Overview

June 27, 2022

Created for...
Jefferson Parish Government

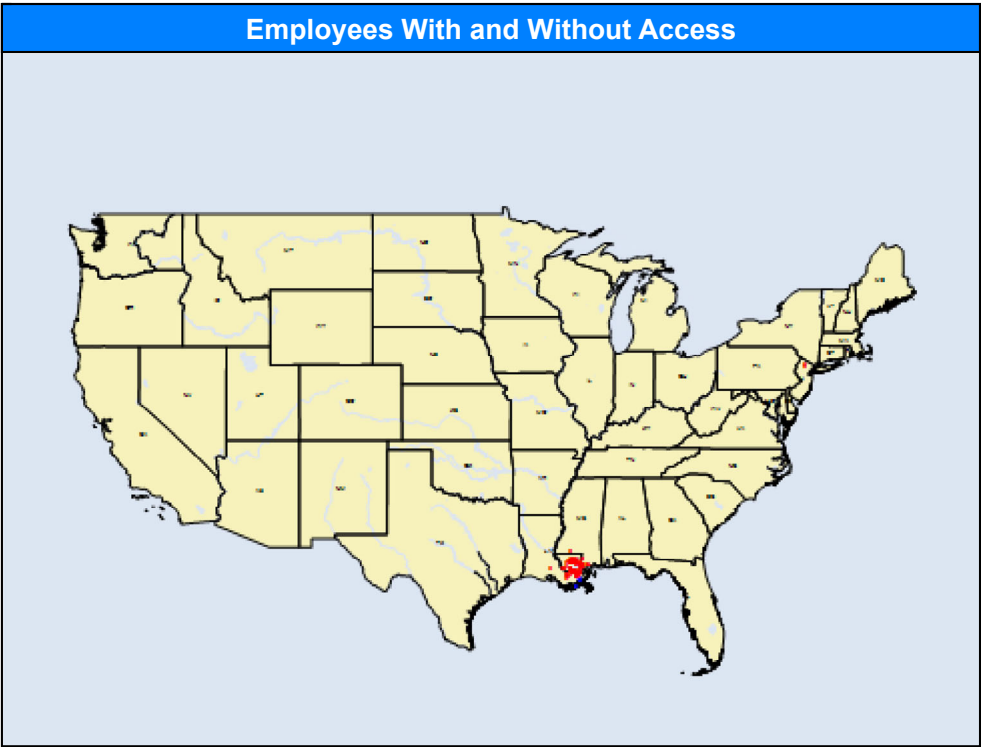
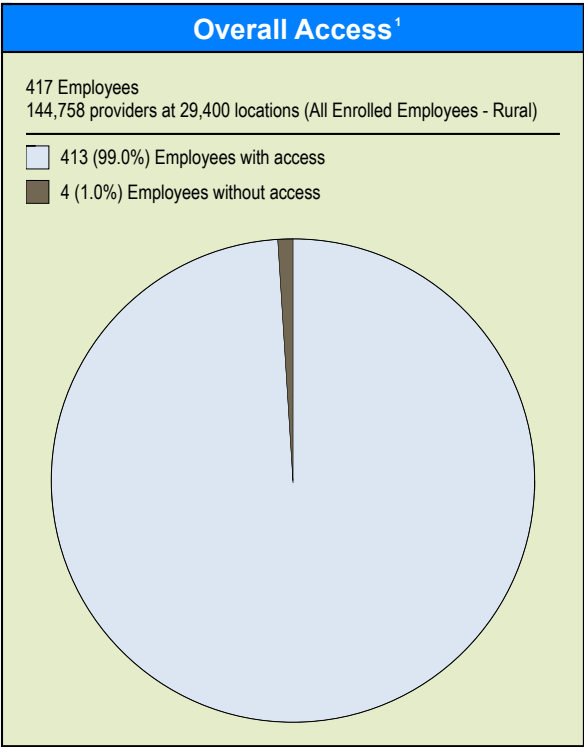
Access Analysis
General Dentists/Specialists

Employee / Provider Groups
All Enrolled Employees - Rural Specialists

Access Map
Employee locations
● With access
● Without access

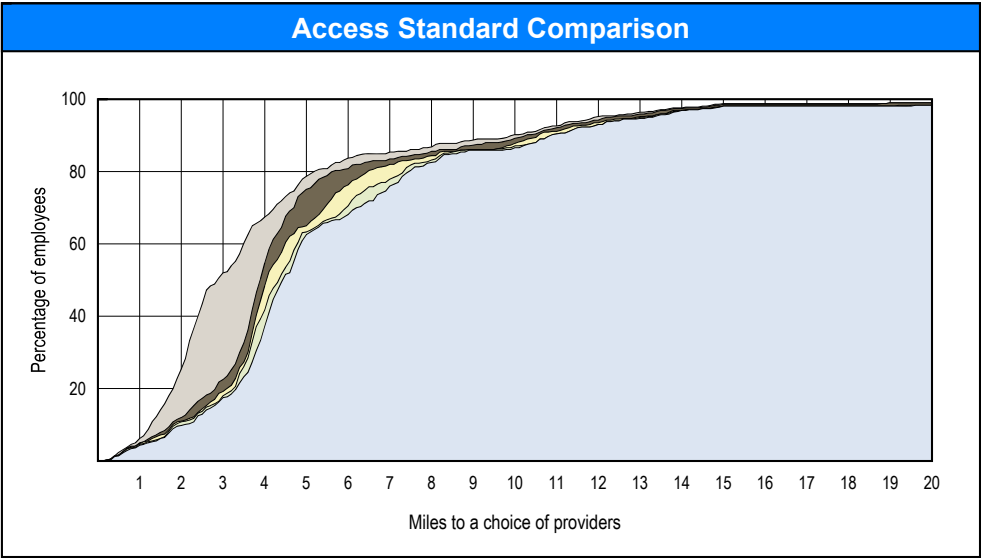
Service areas:
■ National Service Area
706.75 miles

Comparison Graph
Percent of employees with access to a choice of providers over miles
■ 1st closest
■ 2nd closest
■ 3rd closest
■ 4th closest
■ 5th closest



¹ The Access Standard is defined as (All Enrolled Employees - Rural) employees accessing:
2 (Specialists) providers in 20 miles

Distances	
	Average
Distance to 1st closest provider	4.3 miles
Distance to 2nd closest provider	5.0 miles
Distance to 3rd closest provider	5.4 miles
Distance to 4th closest provider	5.6 miles
Distance to 5th closest provider	5.8 miles





Access Summary

Access Summary By City

June 27, 2022

Created for...
Jefferson Parish Government

Access Analysis
General Dentists/Specialists

Employee Group
All Enrolled Employees -
Urban/Suburban

Provider Group
General Dentists
Specialists

¹ The Access Standard is defined as (All Enrolled Employees - Urban/Suburban) employees accessing:
2 (General Dentists) providers in 10 miles, 2 (Specialists) providers in 10 miles

² Provider counts represent:
#: Provider access points

Employees With Access							
Employee		Provider		With Access ¹		Counts ²	
Group	#	Group	#	%	#	1	2
All Enrolled Employees - Urban/Suburban	1,952	General Dentists	1,952	100.0	431,739	0.8	0.9
		Specialists	1,952	100.0	144,758	1.3	1.5

Key Geographic Areas								
City	Employee		Provider	With Access ¹		Counts ²	Average Distance	
	Group	#	Group	#	%	#	1	2
Metairie, LA	All Enrolled Employees - Urban/Suburban	461	General Dentists	461	100.0	304	0.6	0.7
			Specialists	461	100.0	46	1.1	1.2
Marrero, LA	All Enrolled Employees - Urban/Suburban	443	General Dentists	443	100.0	61	0.8	1.0
			Specialists	443	100.0	5	1.8	1.9
New Orleans, LA	All Enrolled Employees - Urban/Suburban	388	General Dentists	388	100.0	592	0.8	1.0
			Specialists	388	100.0	66	1.4	1.6
Gretna, LA	All Enrolled Employees - Urban/Suburban	218	General Dentists	218	100.0	71	0.6	0.6
			Specialists	218	100.0	8	0.8	1.1
Harvey, LA	All Enrolled Employees - Urban/Suburban	210	General Dentists	210	100.0	197	1.0	1.0
			Specialists	210	100.0	17	1.3	1.4
Kenner, LA	All Enrolled Employees - Urban/Suburban	175	General Dentists	175	100.0	224	0.9	1.1
			Specialists	175	100.0	29	0.8	1.3
Destrehan, LA	All Enrolled Employees - Urban/Suburban	15	General Dentists	15	100.0	2	1.2	1.2
			Specialists	15	100.0	2	1.6	1.6
Mandeville, LA	All Enrolled Employees - Urban/Suburban	13	General Dentists	13	100.0	85	1.6	1.6
			Specialists	13	100.0	23	2.2	2.2
Slidell, LA	All Enrolled Employees - Urban/Suburban	8	General Dentists	8	100.0	272	0.7	0.7
			Specialists	8	100.0	41	0.9	0.9
Chalmette, LA	All Enrolled Employees - Urban/Suburban	7	General Dentists	7	100.0	159	0.6	1.0
			Specialists	7	100.0	12	0.6	1.4
Caldwell, NJ	All Enrolled Employees - Urban/Suburban	6	General Dentists	6	100.0	24	0.4	0.4
			Specialists	6	100.0	14	0.4	0.8
Baton Rouge, LA	All Enrolled Employees - Urban/Suburban	2	General Dentists	2	100.0	414	0.8	0.8
Cedar Grove, NJ	All Enrolled Employees - Urban/Suburban	2	General Dentists	2	100.0	5	0.6	0.8
Clifton, NJ	All Enrolled Employees - Urban/Suburban	2	General Dentists	2	100.0	252	0.2	0.4
Baton Rouge, LA	All Enrolled Employees - Urban/Suburban	2	Specialists	2	100.0	81	1.0	1.0
Cedar Grove, NJ	All Enrolled Employees - Urban/Suburban	2	Specialists	2	100.0	3	0.2	0.3
Clifton, NJ	All Enrolled Employees - Urban/Suburban	2	Specialists	2	100.0	111	0.3	0.4
Bloomfield, NJ	All Enrolled Employees - Urban/Suburban	1	General Dentists	1	100.0	47	0.1	0.2
Lincoln Park, NJ	All Enrolled Employees - Urban/Suburban	1	General Dentists	1	100.0	6	0.3	0.3
Bloomfield, NJ	All Enrolled Employees - Urban/Suburban	1	Specialists	1	100.0	14	0.2	0.3
Lincoln Park, NJ	All Enrolled Employees - Urban/Suburban	1	Specialists	1	100.0	1	0.5	3.6

Access Summary By City

June 27, 2022

Created for...
Jefferson Parish Government

Access Analysis
General Dentists/Specialists

Employee Group
All Enrolled Employees - Rural

Provider Group
General Dentists
Specialists

¹ The Access Standard is defined as (All Enrolled Employees - Rural) employees accessing:

2 (General Dentists) providers in 20 miles, 2 (Specialists) providers in 20 miles

² Provider counts represent:
#: Provider access points

Employees With Access							
Employee		Provider		With Access ¹		Counts ²	Average Distance
Group	#	Group	#	%	#	1	2
All Enrolled Employees - Rural	417	General Dentists	414	99.3	431,739	2.0	2.2
		Specialists	413	99.0	144,758	4.0	4.7

Key Geographic Areas							
City	Employee		Provider		With Access ¹		Average Distance
	Group	#	Group	#	%	#	1 2
Westwego, LA	All Enrolled Employees - Rural	178	General Dentists	178	100.0	5	1.4 1.7
			Specialists	178	100.0	0	2.8 4.0
LA Place, LA	All Enrolled Employees - Rural	40	General Dentists	40	100.0	156	1.7 2.0
			Specialists	40	100.0	9	2.1 2.1
Lafitte, LA	All Enrolled Employees - Rural	24	General Dentists	24	100.0	6	2.7 2.7
			Specialists	24	100.0	0	11.3 11.3
Saint Rose, LA	All Enrolled Employees - Rural	21	General Dentists	21	100.0	4	1.2 1.3
			Specialists	21	100.0	0	3.8 4.4
Covington, LA	All Enrolled Employees - Rural	19	General Dentists	19	100.0	172	3.3 4.1
			Specialists	19	100.0	20	5.3 5.5
Belle Chasse, LA	All Enrolled Employees - Rural	16	General Dentists	16	100.0	3	2.6 3.2
			Specialists	16	100.0	0	5.2 5.4
Luling, LA	All Enrolled Employees - Rural	14	General Dentists	14	100.0	5	1.2 1.3
			Specialists	14	100.0	0	3.1 3.1
Madisonville, LA	All Enrolled Employees - Rural	12	General Dentists	12	100.0	7	1.9 1.9
Slidell, LA	All Enrolled Employees - Rural	12	General Dentists	12	100.0	272	1.4 1.4
Madisonville, LA	All Enrolled Employees - Rural	12	Specialists	12	100.0	7	1.9 2.9
Slidell, LA	All Enrolled Employees - Rural	12	Specialists	12	100.0	41	2.5 2.5
Barataria, LA	All Enrolled Employees - Rural	7	General Dentists	7	100.0	0	3.3 3.3
			Specialists	7	100.0	0	12.3 12.3
Hammond, LA	All Enrolled Employees - Rural	6	General Dentists	6	100.0	203	0.9 0.9
Ponchatoula, LA	All Enrolled Employees - Rural	6	General Dentists	6	100.0	5	3.8 3.8
Hammond, LA	All Enrolled Employees - Rural	6	Specialists	6	100.0	22	1.4 1.4
Ponchatoula, LA	All Enrolled Employees - Rural	6	Specialists	6	100.0	0	5.1 5.9
Hahnville, LA	All Enrolled Employees - Rural	5	General Dentists	5	100.0	0	2.7 2.7
Mandeville, LA	All Enrolled Employees - Rural	5	General Dentists	5	100.0	85	1.0 1.1
Hahnville, LA	All Enrolled Employees - Rural	5	Specialists	5	100.0	0	3.3 3.3
Mandeville, LA	All Enrolled Employees - Rural	5	Specialists	5	100.0	23	1.0 1.0
Abita Springs, LA	All Enrolled Employees - Rural	3	General Dentists	3	100.0	1	1.3 3.4
New Orleans, LA	All Enrolled Employees - Rural	3	General Dentists	3	100.0	592	4.8 4.8
Norco, LA	All Enrolled Employees - Rural	3	General Dentists	3	100.0	3	1.6 1.6
Tickfaw, LA	All Enrolled Employees - Rural	3	General Dentists	3	100.0	0	4.8 4.9
Abita Springs, LA	All Enrolled Employees - Rural	3	Specialists	3	100.0	0	3.4 3.5
New Orleans, LA	All Enrolled Employees - Rural	3	Specialists	3	100.0	66	6.5 6.5

June 27, 2022

Access Analysis
General Dentists/Specialists

Provider Group
General Dentists
Specialists

¹ The Access Standard is defined as (All Enrolled Employees - Urban/Suburban) employees accessing:
2 (General Dentists) providers in 10 miles, 2 (Specialists) providers in 10 miles

[illegible]

Access Summary By City

Provider Group
General Dentists
Specialists

² Provider counts represent:
#: Provider access points

Employees Without Access							
Employee		Provider	Without Access ¹		Counts ²	Average Distance	
Group	#	Group	#	%	#	1	2
All Enrolled Employees - Rural	417	General Dentists	3	0.7	431,739	12.9	32.6
		Specialists	4	1.0	144,758	33.8	34.6

[illegible]



Access Detail

Access Detail By City

June 27, 2022

Created for...
Jefferson Parish GovernmentAccess Analysis
General Dentists/SpecialistsEmployee / Provider Groups
All Enrolled Employees -
Urban/Suburban
General Dentists
Specialists
All Enrolled Employees - Rural
General Dentists
Specialists¹ The Access Standard is defined as (All
Enrolled Employees - Urban/Suburban)
employees accessing:
2 (General Dentists) providers in 10
miles, 2 (Specialists) providers in 10
miles¹ The Access Standard is defined as (All
Enrolled Employees - Rural) employees
accessing:
2 (General Dentists) providers in 20
miles, 2 (Specialists) providers in 20
miles

Employees With Access									
3-Digit Zip Code	City	Employee		Provider	Counts	With Access ¹		Average Distance	
		Group	#			#	%	1	2
070	Bloomfield, NJ	All Enrolled Employees - Urban/Suburban	1	General Dentists	47	1	100.0	0.1	0.2
				Specialists	14	1	100.0	0.2	0.3
	Boonton, NJ	All Enrolled Employees - Rural	2	General Dentists	5	2	100.0	0.8	0.9
				Specialists	1	2	100.0	1.0	2.8
	Caldwell, NJ	All Enrolled Employees - Urban/Suburban	6	General Dentists	24	6	100.0	0.4	0.4
				Specialists	14	6	100.0	0.4	0.8
	Cedar Grove, NJ	All Enrolled Employees - Urban/Suburban	2	General Dentists	5	2	100.0	0.6	0.8
				Specialists	3	2	100.0	0.2	0.3
	Clifton, NJ	All Enrolled Employees - Urban/Suburban	2	General Dentists	252	2	100.0	0.2	0.4
				Specialists	111	2	100.0	0.3	0.4
	Lincoln Park, NJ	All Enrolled Employees - Urban/Suburban	1	General Dentists	6	1	100.0	0.3	0.3
				Specialists	1	1	100.0	0.5	3.6
394	Carriere, MS	All Enrolled Employees - Rural	2	General Dentists	0	2	100.0	6.6	6.6
				Specialists	1	2	100.0	5.9	9.0
395	Bay Saint Louis, MS	All Enrolled Employees - Rural	1	General Dentists	2	1	100.0	4.1	4.1
				Specialists	0	1	100.0	19.0	19.0
	Pass Christian, MS	All Enrolled Employees - Rural	1	General Dentists	3	1	100.0	4.1	4.1
				Specialists	0	1	100.0	8.8	8.8
396	Magnolia, MS	All Enrolled Employees - Rural	1	General Dentists	1	1	100.0	4.3	10.3
				Specialists	0	1	100.0	8.1	11.0
700	Ama, LA	All Enrolled Employees - Rural	1	General Dentists	0	1	100.0	1.1	1.2
				Specialists	0	1	100.0	4.9	4.9
	Arabi, LA	All Enrolled Employees - Rural	1	General Dentists	0	1	100.0	2.3	2.3
				Specialists	0	1	100.0	2.2	2.3
	Barataria, LA	All Enrolled Employees - Rural	7	General Dentists	0	7	100.0	3.3	3.3
				Specialists	0	7	100.0	12.3	12.3
	Belle Chasse, LA	All Enrolled Employees - Rural	16	General Dentists	3	16	100.0	2.6	3.2
				Specialists	0	16	100.0	5.2	5.4
	Boutte, LA	All Enrolled Employees - Rural	1	General Dentists	156	1	100.0	0.9	0.9
				Specialists	10	1	100.0	1.9	1.9
	Chalmette, LA	All Enrolled Employees - Urban/Suburban	7	General Dentists	159	7	100.0	0.6	1.0
				Specialists	12	7	100.0	0.6	1.4
	Des Allemands, LA	All Enrolled Employees - Rural	1	General Dentists	0	1	100.0	5.7	5.7
				Specialists	0	1	100.0	5.7	7.6
	Destrehan, LA	All Enrolled Employees - Urban/Suburban	15	General Dentists	2	15	100.0	1.2	1.2
				Specialists	2	15	100.0	1.6	1.6
	Gretna, LA	All Enrolled Employees - Urban/Suburban	218	General Dentists	71	218	100.0	0.6	0.6
				Specialists	8	218	100.0	0.8	1.1
	Hahnville, LA	All Enrolled Employees - Rural	5	General Dentists	0	5	100.0	2.7	2.7
				Specialists	0	5	100.0	3.3	3.3

Access Detail By City

June 27, 2022

Created for...
Jefferson Parish GovernmentAccess Analysis
General Dentists/SpecialistsEmployee / Provider Groups
All Enrolled Employees -
Urban/Suburban
General Dentists
Specialists
All Enrolled Employees - Rural
General Dentists
Specialists¹ The Access Standard is defined as (All
Enrolled Employees - Urban/Suburban)
employees accessing:2 (General Dentists) providers in 10
miles, 2 (Specialists) providers in 10
miles¹ The Access Standard is defined as (All
Enrolled Employees - Rural) employees
accessing:2 (General Dentists) providers in 20
miles, 2 (Specialists) providers in 20
miles

Employees With Access									
3-Digit Zip Code	City	Employee		Provider	Counts	With Access ¹		Average Distance	
		Group	#			#	%	1	2
700	Harvey, LA	All Enrolled Employees - Urban/Suburban	210	General Dentists	197	210	100.0	1.0	1.0
				Specialists	17	210	100.0	1.3	1.4
	Kenner, LA	All Enrolled Employees - Urban/Suburban	175	General Dentists	224	175	100.0	0.9	1.1
				Specialists	29	175	100.0	0.8	1.3
	LA Place, LA	All Enrolled Employees - Rural	40	General Dentists	156	40	100.0	1.7	2.0
				Specialists	9	40	100.0	2.1	2.1
	Lafitte, LA	All Enrolled Employees - Rural	24	General Dentists	6	24	100.0	2.7	2.7
				Specialists	0	24	100.0	11.3	11.3
	Luling, LA	All Enrolled Employees - Rural	14	General Dentists	5	14	100.0	1.2	1.3
				Specialists	0	14	100.0	3.1	3.1
	Marrero, LA	All Enrolled Employees - Urban/Suburban	443	General Dentists	61	443	100.0	0.8	1.0
				Specialists	5	443	100.0	1.8	1.9
	Meraux, LA	All Enrolled Employees - Rural	2	General Dentists	0	2	100.0	2.1	3.1
				Specialists	0	2	100.0	1.8	3.9
	Metairie, LA	All Enrolled Employees - Urban/Suburban	461	General Dentists	304	461	100.0	0.6	0.7
				Specialists	46	461	100.0	1.1	1.2
	Norco, LA	All Enrolled Employees - Rural	3	General Dentists	3	3	100.0	1.6	1.6
				Specialists	0	3	100.0	5.8	5.8
	Paradis, LA	All Enrolled Employees - Rural	1	General Dentists	3	1	100.0	0.5	0.5
				Specialists	1	1	100.0	0.5	2.4
	Port Sulphur, LA	All Enrolled Employees - Rural	3	General Dentists	1	1	33.3	15.5	18.9
		All Enrolled Employees - Rural	2	General Dentists	0	2	100.0	4.0	4.4
	Saint Rose, LA	All Enrolled Employees - Rural	21	General Dentists	4	21	100.0	1.2	1.3
				Specialists	0	21	100.0	3.8	4.4
	Violet, LA	All Enrolled Employees - Rural	2	General Dentists	0	2	100.0	5.9	6.9
				Specialists	0	2	100.0	5.5	7.6
	Westwego, LA	All Enrolled Employees - Rural	178	General Dentists	5	178	100.0	1.4	1.7
				Specialists	0	178	100.0	2.8	4.0
701	New Orleans, LA	All Enrolled Employees - Urban/Suburban	388	General Dentists	592	388	100.0	0.8	1.0
				Specialists	66	388	100.0	1.4	1.6
	New Orleans, LA	All Enrolled Employees - Rural	3	General Dentists	592	3	100.0	4.8	4.8
				Specialists	66	3	100.0	6.5	6.5
703	Donaldsonville, LA	All Enrolled Employees - Rural	2	General Dentists	7	2	100.0	0.6	0.6
				Specialists	1	2	100.0	1.0	12.3
	Gray, LA	All Enrolled Employees - Rural	1	General Dentists	0	1	100.0	4.2	4.2
				Specialists	0	1	100.0	4.2	4.2
	Houma, LA	All Enrolled Employees - Rural	1	General Dentists	191	1	100.0	3.3	3.3
				Specialists	13	1	100.0	3.3	3.3
	Raceland, LA	All Enrolled Employees - Rural	1	General Dentists	157	1	100.0	2.4	2.4

Access Detail By City

June 27, 2022

Created for...
Jefferson Parish GovernmentAccess Analysis
General Dentists/SpecialistsEmployee / Provider Groups
All Enrolled Employees -
Urban/Suburban
General Dentists
Specialists
All Enrolled Employees - Rural
General Dentists
Specialists¹ The Access Standard is defined as (All
Enrolled Employees - Urban/Suburban)
employees accessing:2 (General Dentists) providers in 10
miles, 2 (Specialists) providers in 10
miles¹ The Access Standard is defined as (All
Enrolled Employees - Rural) employees
accessing:2 (General Dentists) providers in 20
miles, 2 (Specialists) providers in 20
miles

Employees With Access									
3-Digit Zip Code	City	Employee		Provider	Counts	With Access ¹		Average Distance	
		Group	#	Group	#	#	%	1	2
703	Raceland, LA	All Enrolled Employees - Rural	1	Specialists	18	1	100.0	2.4	2.4
	Thibodaux, LA	All Enrolled Employees - Rural	2	General Dentists	2	2	100.0	0.7	1.0
				Specialists	0	2	100.0	13.4	13.4
704	Abita Springs, LA	All Enrolled Employees - Rural	3	General Dentists	1	3	100.0	1.3	3.4
				Specialists	0	3	100.0	3.4	3.5
	Covington, LA	All Enrolled Employees - Rural	19	General Dentists	172	19	100.0	3.3	4.1
				Specialists	20	19	100.0	5.3	5.5
	Folsom, LA	All Enrolled Employees - Rural	1	General Dentists	2	1	100.0	3.7	4.5
				Specialists	0	1	100.0	12.7	12.9
	Hammond, LA	All Enrolled Employees - Rural	6	General Dentists	203	6	100.0	0.9	0.9
				Specialists	22	6	100.0	1.4	1.4
	Husser, LA	All Enrolled Employees - Rural	1	General Dentists	0	1	100.0	7.2	7.2
				Specialists	0	1	100.0	11.7	18.8
	Independence, LA	All Enrolled Employees - Rural	1	General Dentists	8	1	100.0	4.4	4.4
				Specialists	0	1	100.0	9.9	10.1
	Loranger, LA	All Enrolled Employees - Rural	1	General Dentists	5	1	100.0	2.6	2.6
				Specialists	0	1	100.0	12.9	13.4
	Madisonville, LA	All Enrolled Employees - Rural	12	General Dentists	7	12	100.0	1.9	1.9
				Specialists	7	12	100.0	1.9	2.9
	Mandeville, LA	All Enrolled Employees - Urban/Suburban	13	General Dentists	85	13	100.0	1.6	1.6
				Specialists	23	13	100.0	2.2	2.2
	Mandeville, LA	All Enrolled Employees - Rural	5	General Dentists	85	5	100.0	1.0	1.1
				Specialists	23	5	100.0	1.0	1.0
705	Pearl River, LA	All Enrolled Employees - Rural	2	General Dentists	1	2	100.0	4.8	6.2
				Specialists	0	2	100.0	7.6	7.6
	Ponchatoula, LA	All Enrolled Employees - Rural	6	General Dentists	5	6	100.0	3.8	3.8
				Specialists	0	6	100.0	5.1	5.9
	Slidell, LA	All Enrolled Employees - Urban/Suburban	8	General Dentists	272	8	100.0	0.7	0.7
				Specialists	41	8	100.0	0.9	0.9
707	Slidell, LA	All Enrolled Employees - Rural	12	General Dentists	272	12	100.0	1.4	1.4
				Specialists	41	12	100.0	2.5	2.5
	Tickfaw, LA	All Enrolled Employees - Rural	3	General Dentists	0	3	100.0	4.8	4.9
				Specialists	0	3	100.0	4.9	5.0
	Saint Martinville, LA	All Enrolled Employees - Rural	1	General Dentists	14	1	100.0	2.8	2.8
				Specialists	0	1	100.0	10.7	10.7
707	Darrow, LA	All Enrolled Employees - Rural	1	General Dentists	0	1	100.0	4.4	4.4
				Specialists	0	1	100.0	4.4	7.2
	Holden, LA	All Enrolled Employees - Rural	1	General Dentists	0	1	100.0	5.2	5.2
				Specialists	0	1	100.0	10.8	10.8
	Livingston, LA	All Enrolled Employees - Rural	1	General Dentists	16	1	100.0	2.4	4.2

June 27, 2022

Created for...

Jefferson Parish Government

Access Analysis

- General Dentists/Specialists

Employee / Provider Groups

- All Enrolled Employees -
Urban/Suburban
 - General Dentists
 - Specialists
- All Enrolled Employees - Rural
 - General Dentists
 - Specialists

¹ The Access Standard is defined as (All Enrolled Employees - Rural) employees accessing:
2 (General Dentists) providers in 20 miles, 2 (Specialists) providers in 20 miles

[illegible]

Access Detail By City

Created for...
Jefferson Parish Government

Employee / Provider Groups

- All Enrolled Employees - Urban/Suburban
 - General Dentists
 - Specialists
- All Enrolled Employees - Rural
 - General Dentists
 - Specialists

2 (General Dentists) providers in 20 miles, 2 (Specialists) providers in 20 miles

[illegible]



Provider Map

Provider Map

June 27, 2022

Created for...
Jefferson Parish Government

Ameritas Classic (PPO) Network
(National Service Area)

576,459 providers at 80,020 locations

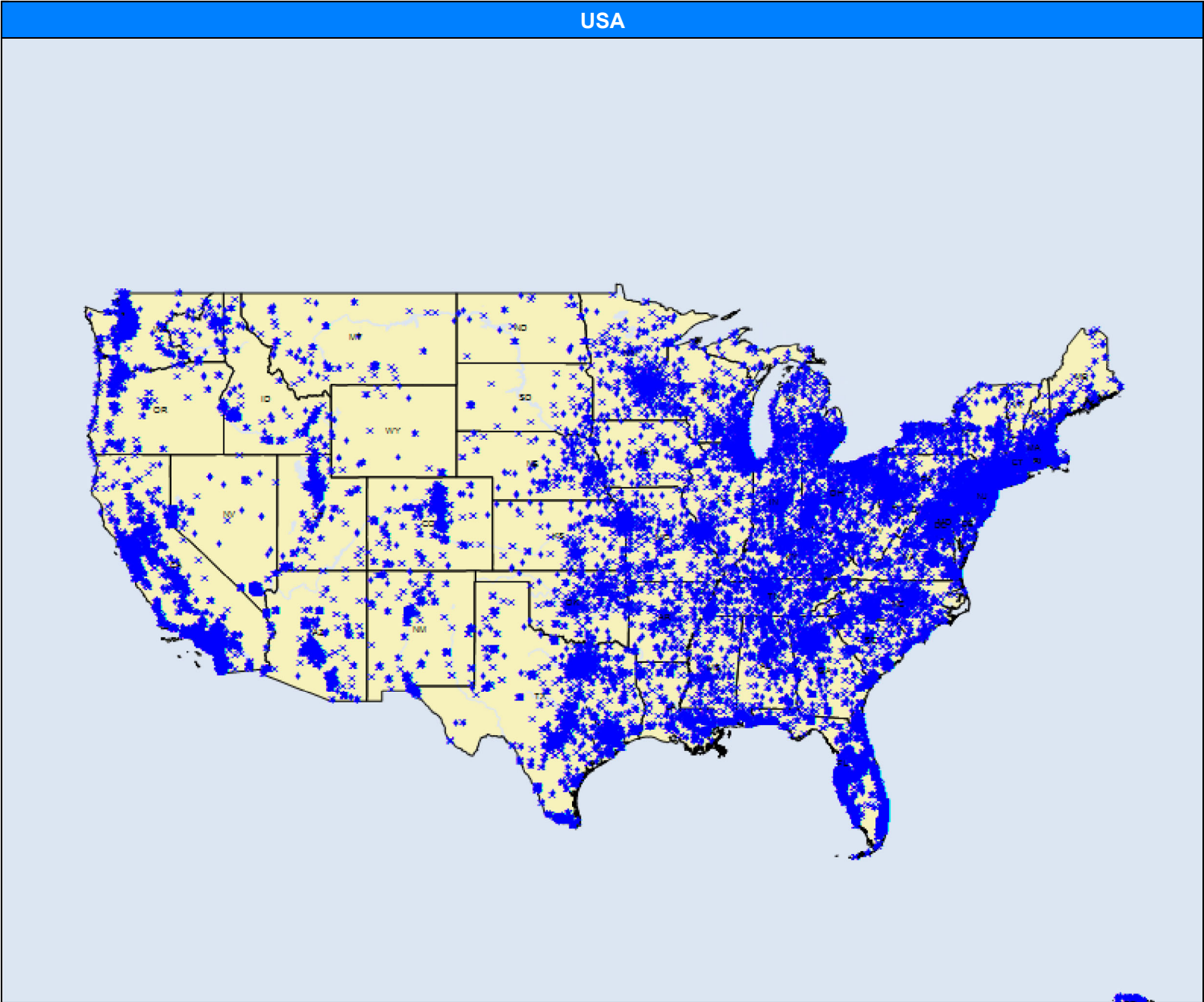
◆ Single providers (34,518)

✕ Multiple providers (45,502)

Service Areas

■ National Service Area

436.36 miles





Dental Network Access Analysis

All Enrolled Employees
National Service Area

Created for...
Jefferson Parish Government

June 27, 2022

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Access Overview

Access Overview

June 27, 2022

Created for...
Jefferson Parish Government

Access Analysis
General Dentists/Specialists

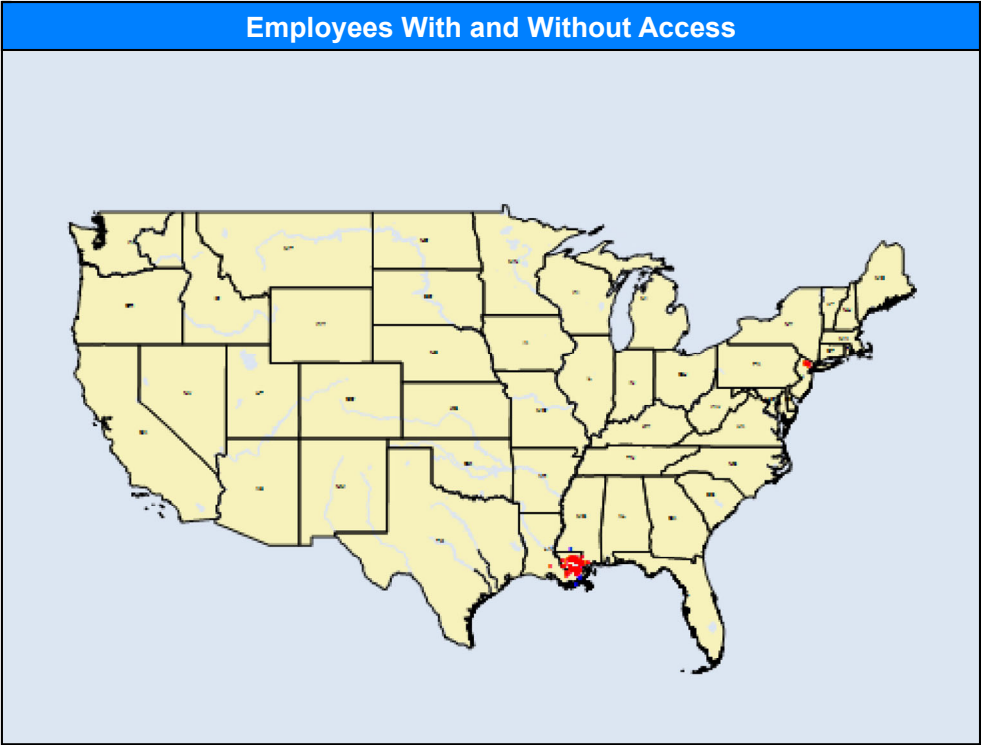
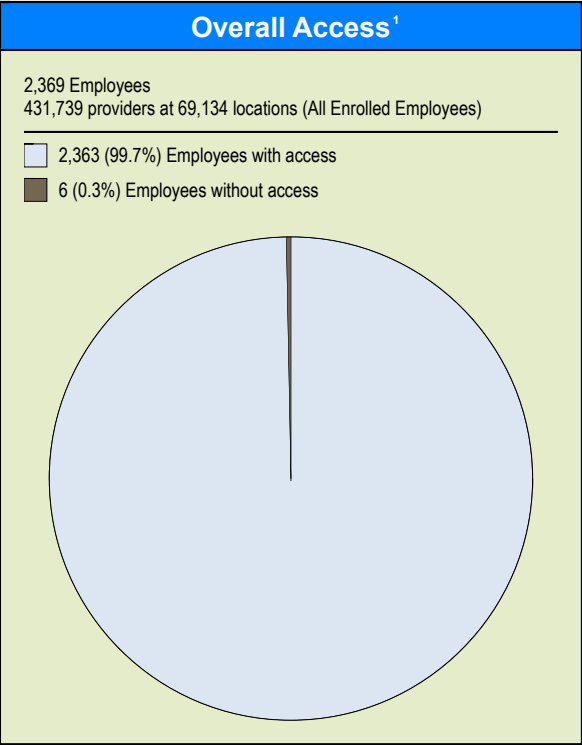
Employee / Provider Groups
All Enrolled Employees
General Dentists

Access Map
Employee locations
● With access
● Without access

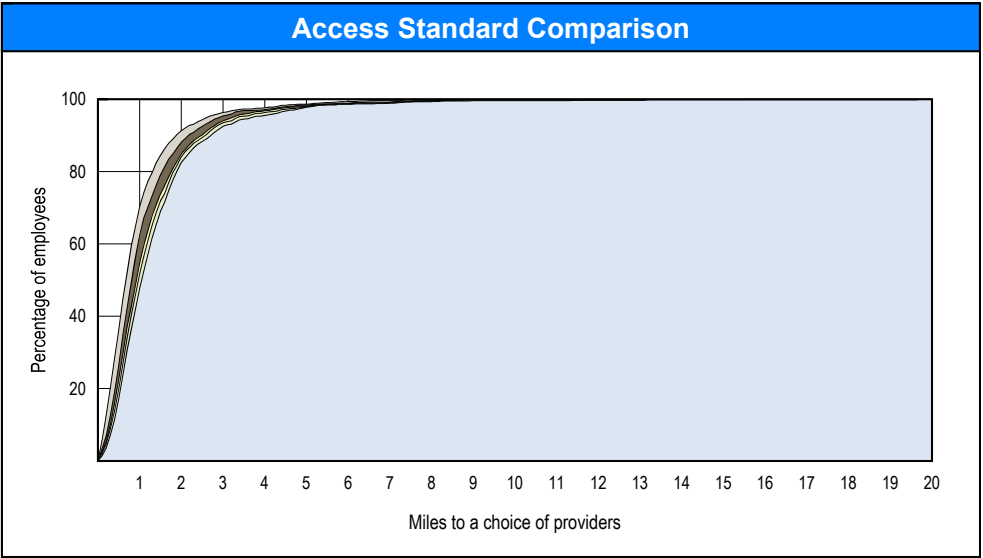
Service areas:
■ National Service Area
706.75 miles

Comparison Graph
Percent of employees with access to a choice of providers over miles
■ 1st closest
■ 2nd closest
■ 3rd closest
■ 4th closest
■ 5th closest

¹ The Access Standard is defined as (All Enrolled Employees) employees accessing:
2 (General Dentists) providers in 10 miles



Distances	
	Average
Distance to 1st closest provider	1.0 mile
Distance to 2nd closest provider	1.2 miles
Distance to 3rd closest provider	1.3 miles
Distance to 4th closest provider	1.4 miles
Distance to 5th closest provider	1.5 miles



Access Overview

June 27, 2022

Created for...
Jefferson Parish Government

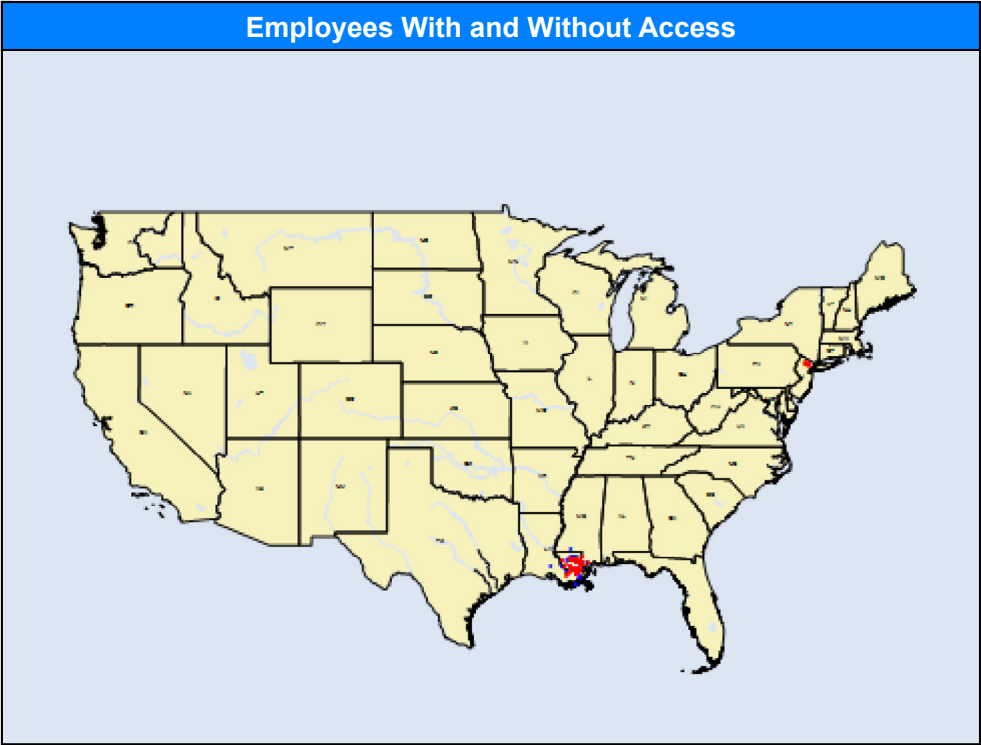
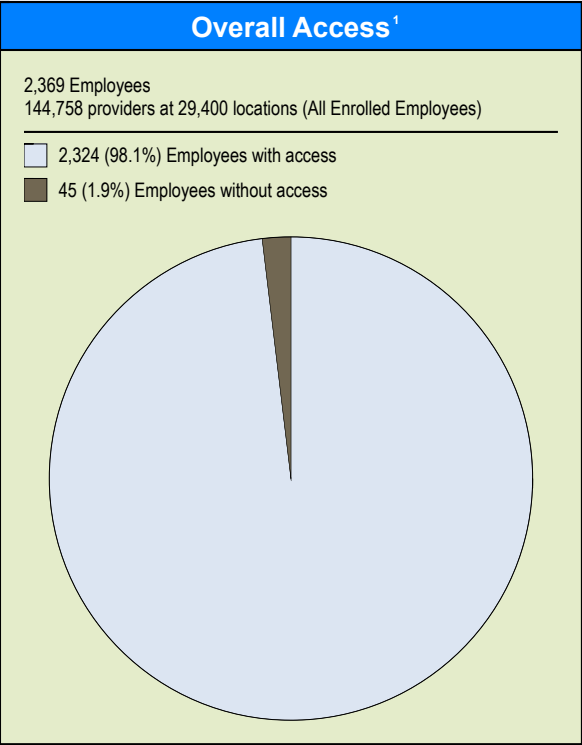
Access Analysis
General Dentists/Specialists

Employee / Provider Groups
All Enrolled Employees
Specialists

Access Map
Employee locations
● With access
● Without access

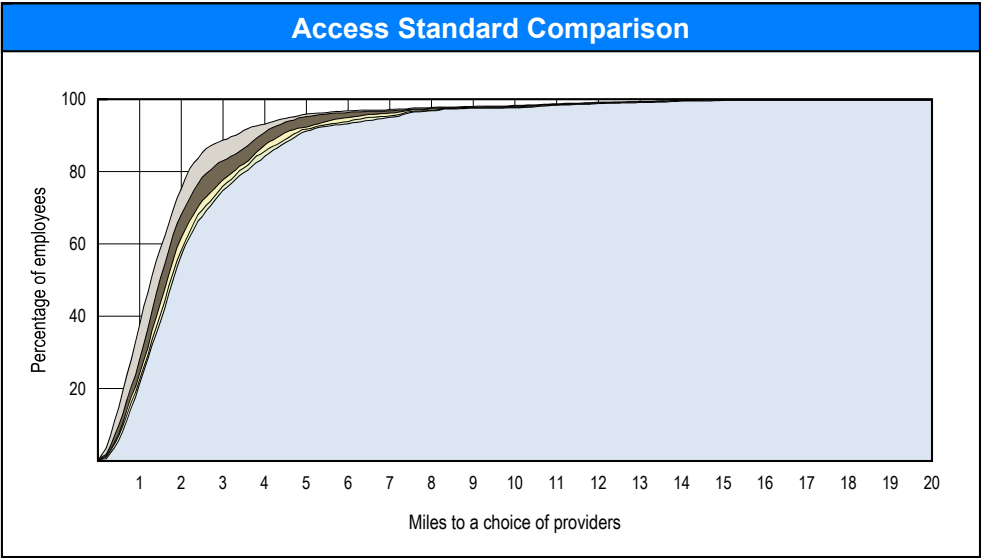
Service areas:
National Service Area
706.75 miles

Comparison Graph
Percent of employees with access to a choice of providers over miles
1st closest
2nd closest
3rd closest
4th closest
5th closest



¹ The Access Standard is defined as (All Enrolled Employees) employees accessing:
2 (Specialists) providers in 10 miles

Distances	
	Average
Distance to 1st closest provider	1.8 miles
Distance to 2nd closest provider	2.1 miles
Distance to 3rd closest provider	2.4 miles
Distance to 4th closest provider	2.5 miles
Distance to 5th closest provider	2.6 miles





Access Summary

Access Summary By City

June 27, 2022

Created for...
Jefferson Parish Government

Access Analysis
General Dentists/Specialists

Employee Group
All Enrolled Employees

Provider Group
General Dentists
Specialists

¹ The Access Standard is defined as (All Enrolled Employees) employees accessing:

2 (General Dentists) providers in 10 miles, 2 (Specialists) providers in 10 miles

² Provider counts represent:
#: Provider access points

Employees With Access							
Employee		Provider		With Access ¹		Counts ²	
Group		Group		#	%	#	Average Distance
							1 2
All Enrolled Employees		General Dentists		2,363	99.7	431,739	1.0
		Specialists		2,324	98.1	144,758	1.6

Key Geographic Areas							
City		Provider		With Access ¹		Counts ²	
		Group		#	%	#	Average Distance
							1 2
Metairie, LA	461	General Dentists		461	100.0	304	0.6
		Specialists		461	100.0	46	1.1
Marrero, LA	443	General Dentists		443	100.0	61	0.8
		Specialists		443	100.0	5	1.8
New Orleans, LA	391	General Dentists		390	99.7	592	0.8
		Specialists		390	99.7	66	1.4
Gretna, LA	218	General Dentists		218	100.0	71	0.6
		Specialists		218	100.0	8	0.8
Harvey, LA	210	General Dentists		210	100.0	197	1.0
		Specialists		210	100.0	17	1.3
Westwego, LA	178	General Dentists		178	100.0	5	1.4
		Specialists		178	100.0	0	2.8
Kenner, LA	175	General Dentists		175	100.0	224	0.9
		Specialists		175	100.0	29	0.8
LA Place, LA	40	General Dentists		40	100.0	156	1.7
		Specialists		40	100.0	9	2.1
Lafitte, LA	24	General Dentists		24	100.0	6	2.7
		Specialists		24	100.0	4	1.2
Saint Rose, LA	21	General Dentists		21	100.0	0	3.8
		Specialists		21	100.0	0	4.4
Slidell, LA	20	General Dentists		20	100.0	272	1.1
		Specialists		20	100.0	41	1.8
Covington, LA	19	General Dentists		19	100.0	172	3.3
		Specialists		18	94.7	20	4.9
Mandeville, LA	18	General Dentists		18	100.0	85	1.4
		Specialists		18	100.0	23	1.8
Belle Chasse, LA	16	General Dentists		16	100.0	3	2.6
		Specialists		15	93.8	0	4.8
Destrehan, LA	15	General Dentists		15	100.0	2	1.2
		Specialists		15	100.0	2	1.6
Luling, LA	14	General Dentists		14	100.0	5	1.2
		Specialists		14	100.0	0	3.1
Madisonville, LA	12	General Dentists		12	100.0	7	1.9
		Specialists		12	100.0	7	1.9
Barataria, LA	7	General Dentists		7	100.0	0	3.3
		Specialists		7	100.0	0	3.3



Access Detail

Access Detail By City

June 27, 2022

Created for...
Jefferson Parish GovernmentAccess Analysis
General Dentists/SpecialistsEmployee / Provider Groups
All Enrolled Employees
General Dentists
Specialists¹ The Access Standard is defined as (All Enrolled Employees) employees accessing:

2 (General Dentists) providers in 10 miles, 2 (Specialists) providers in 10 miles

Employees With Access								
3-Digit Zip Code	City	Employee	Provider	Counts	With Access ¹		Average Distance	
		#	Group	#	#	%	1	2
070	Bloomfield, NJ	1	General Dentists	47	1	100.0	0.1	0.2
			Specialists	14	1	100.0	0.2	0.3
	Boonton, NJ	2	General Dentists	5	2	100.0	0.8	0.9
			Specialists	1	2	100.0	1.0	2.8
	Caldwell, NJ	6	General Dentists	24	6	100.0	0.4	0.4
			Specialists	14	6	100.0	0.4	0.8
	Cedar Grove, NJ	2	General Dentists	5	2	100.0	0.6	0.8
			Specialists	3	2	100.0	0.2	0.3
	Clifton, NJ	2	General Dentists	252	2	100.0	0.2	0.4
			Specialists	111	2	100.0	0.3	0.4
394	Lincoln Park, NJ	1	General Dentists	6	1	100.0	0.3	0.3
			Specialists	1	1	100.0	0.5	3.6
	Carriere, MS	2	General Dentists	0	2	100.0	6.6	6.6
			Specialists	1	2	100.0	5.9	9.0
	Bay Saint Louis, MS	1	General Dentists	2	1	100.0	4.1	4.1
			Specialists	0	1	100.0	8.8	8.8
	Pass Christian, MS	1	General Dentists	3	1	100.0	4.1	4.1
			Specialists	0	1	100.0	8.8	8.8
	Ama, LA	1	General Dentists	0	1	100.0	1.1	1.2
			Specialists	0	1	100.0	4.9	4.9
700	Arabi, LA	1	General Dentists	0	1	100.0	2.3	2.3
			Specialists	0	1	100.0	2.2	2.3
	Barataria, LA	7	General Dentists	0	7	100.0	3.3	3.3
			Specialists	0	7	100.0	3.3	3.3
	Belle Chasse, LA	16	General Dentists	3	16	100.0	2.6	3.2
			Specialists	0	15	93.8	4.8	5.0
	Boutte, LA	1	General Dentists	156	1	100.0	0.9	0.9
			Specialists	10	1	100.0	1.9	1.9
	Chalmette, LA	7	General Dentists	159	7	100.0	0.6	1.0
			Specialists	12	7	100.0	0.6	1.4
	Des Allemands, LA	1	General Dentists	0	1	100.0	5.7	5.7
			Specialists	0	1	100.0	5.7	7.6
	Destrehan, LA	15	General Dentists	2	15	100.0	1.2	1.2
			Specialists	2	15	100.0	1.6	1.6
	Gretna, LA	218	General Dentists	71	218	100.0	0.6	0.6
			Specialists	8	218	100.0	0.8	1.1
	Hahnville, LA	5	General Dentists	0	5	100.0	2.7	2.7
			Specialists	0	5	100.0	3.3	3.3
	Harvey, LA	210	General Dentists	197	210	100.0	1.0	1.0
			Specialists	17	210	100.0	1.3	1.4
	Kenner, LA	175	General Dentists	224	175	100.0	0.9	1.1
			Specialists	29	175	100.0	0.8	1.3

Access Detail By City

June 27, 2022

Created for...
Jefferson Parish GovernmentAccess Analysis
General Dentists/SpecialistsEmployee / Provider Groups
All Enrolled Employees
General Dentists
Specialists¹ The Access Standard is defined as (All Enrolled Employees) employees accessing:

2 (General Dentists) providers in 10 miles, 2 (Specialists) providers in 10 miles

Employees With Access								
3-Digit Zip Code	City	Employee	Provider	Counts	With Access ¹		Average Distance	
		#	Group	#	#	%	1	2
700	LA Place, LA	40	General Dentists	156	40	100.0	1.7	2.0
			Specialists	9	40	100.0	2.1	2.1
	Lafitte, LA	24	General Dentists	6	24	100.0	2.7	2.7
			Specialists	0	6	25.0	8.9	8.9
	Luling, LA	14	General Dentists	5	14	100.0	1.2	1.3
			Specialists	0	14	100.0	3.1	3.1
	Marrero, LA	443	General Dentists	61	443	100.0	0.8	1.0
			Specialists	5	443	100.0	1.8	1.9
	Meraux, LA	2	General Dentists	0	2	100.0	2.1	3.1
			Specialists	0	2	100.0	1.8	3.9
	Metairie, LA	461	General Dentists	304	461	100.0	0.6	0.7
			Specialists	46	461	100.0	1.1	1.2
	Norco, LA	3	General Dentists	3	3	100.0	1.6	1.6
			Specialists	0	3	100.0	5.8	5.8
	Paradis, LA	1	General Dentists	3	1	100.0	0.5	0.5
			Specialists	1	1	100.0	0.5	2.4
	Reserve, LA	2	General Dentists	0	2	100.0	4.0	4.4
			Specialists	0	2	100.0	4.4	4.4
	Saint Rose, LA	21	General Dentists	4	21	100.0	1.2	1.3
			Specialists	0	21	100.0	3.8	4.4
	Violet, LA	2	General Dentists	0	2	100.0	5.9	6.9
			Specialists	0	2	100.0	5.5	7.6
	Westwego, LA	178	General Dentists	5	178	100.0	1.4	1.7
			Specialists	0	178	100.0	2.8	4.0
701	New Orleans, LA	391	General Dentists	592	390	99.7	0.8	1.0
			Specialists	66	390	99.7	1.4	1.6
703	Donaldsonville, LA	2	General Dentists	7	2	100.0	0.6	0.6
			Specialists	0	1	100.0	4.2	4.2
	Gray, LA	1	General Dentists	0	1	100.0	4.2	4.2
			Specialists	0	1	100.0	4.2	4.2
	Houma, LA	1	General Dentists	191	1	100.0	3.3	3.3
			Specialists	13	1	100.0	3.3	3.3
	Raceland, LA	1	General Dentists	157	1	100.0	2.4	2.4
			Specialists	18	1	100.0	2.4	2.4
	Thibodaux, LA	2	General Dentists	2	2	100.0	0.7	1.0
			Specialists	0	3	100.0	3.4	3.5
704	Abita Springs, LA	3	General Dentists	1	3	100.0	1.3	3.4
			Specialists	0	3	100.0	3.4	3.5
	Covington, LA	19	General Dentists	172	19	100.0	3.3	4.1
			Specialists	20	18	94.7	4.9	5.1
	Folsom, LA	1	General Dentists	2	1	100.0	3.7	4.5
			Specialists	0	1	100.0	3.7	4.5
	Hammond, LA	6	General Dentists	203	6	100.0	0.9	0.9
			Specialists	0	6	100.0	0.9	0.9

Access Detail By City

June 27, 2022

Created for...
Jefferson Parish GovernmentAccess Analysis
General Dentists/Specialists

Employee / Provider Groups

All Enrolled Employees
General Dentists
Specialists¹ The Access Standard is defined as (All Enrolled Employees) employees accessing:

2 (General Dentists) providers in 10 miles, 2 (Specialists) providers in 10 miles

Employees With Access								
3-Digit Zip Code	City	Employee	Provider	Counts	With Access ¹		Average Distance	
		#	Group	#	#	%	1	2
704	Hammond, LA	6	Specialists	22	6	100.0	1.4	1.4
	Husser, LA	1	General Dentists	0	1	100.0	7.2	7.2
	Independence, LA	1	General Dentists	8	1	100.0	4.4	4.4
	Loranger, LA	1	General Dentists	5	1	100.0	2.6	2.6
	Madisonville, LA	12	General Dentists	7	12	100.0	1.9	1.9
			Specialists	7	12	100.0	1.9	2.9
	Mandeville, LA	18	General Dentists	85	18	100.0	1.4	1.5
			Specialists	23	18	100.0	1.8	1.9
	Pearl River, LA	2	General Dentists	1	2	100.0	4.8	6.2
			Specialists	0	2	100.0	7.6	7.6
	Ponchatoula, LA	6	General Dentists	5	6	100.0	3.8	3.8
			Specialists	0	6	100.0	5.1	5.9
	Slidell, LA	20	General Dentists	272	20	100.0	1.1	1.1
			Specialists	41	20	100.0	1.8	1.9
	Tickfaw, LA	3	General Dentists	0	3	100.0	4.8	4.9
			Specialists	0	3	100.0	4.9	5.0
705	Saint Martinville, LA	1	General Dentists	14	1	100.0	2.8	2.8
707	Darrow, LA	1	General Dentists	0	1	100.0	4.4	4.4
			Specialists	0	1	100.0	4.4	7.2
	Holden, LA	1	General Dentists	0	1	100.0	5.2	5.2
	Livingston, LA	1	General Dentists	16	1	100.0	2.4	4.2
	Saint Amant, LA	1	General Dentists	0	1	100.0	4.6	4.6
			Specialists	0	1	100.0	4.6	4.6
708	Baton Rouge, LA	2	General Dentists	414	2	100.0	0.8	0.8
			Specialists	81	2	100.0	1.0	1.0
Grand Totals		2,364	General Dentists	3,857	2,363	99.9	1.0	1.1
		2,345	Specialists	575	2,324	99.1	1.6	1.9

June 27, 2022

Access Analysis
General Dentists/Specialists

All Enrolled Employees

Specialists

2 (General Dentists) providers in 10 miles, 2 (Specialists) providers in 10 miles

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Provider Map

Provider Map

June 27, 2022

Created for...
Jefferson Parish Government

Ameritas Classic (PPO) Network
(National Service Area)

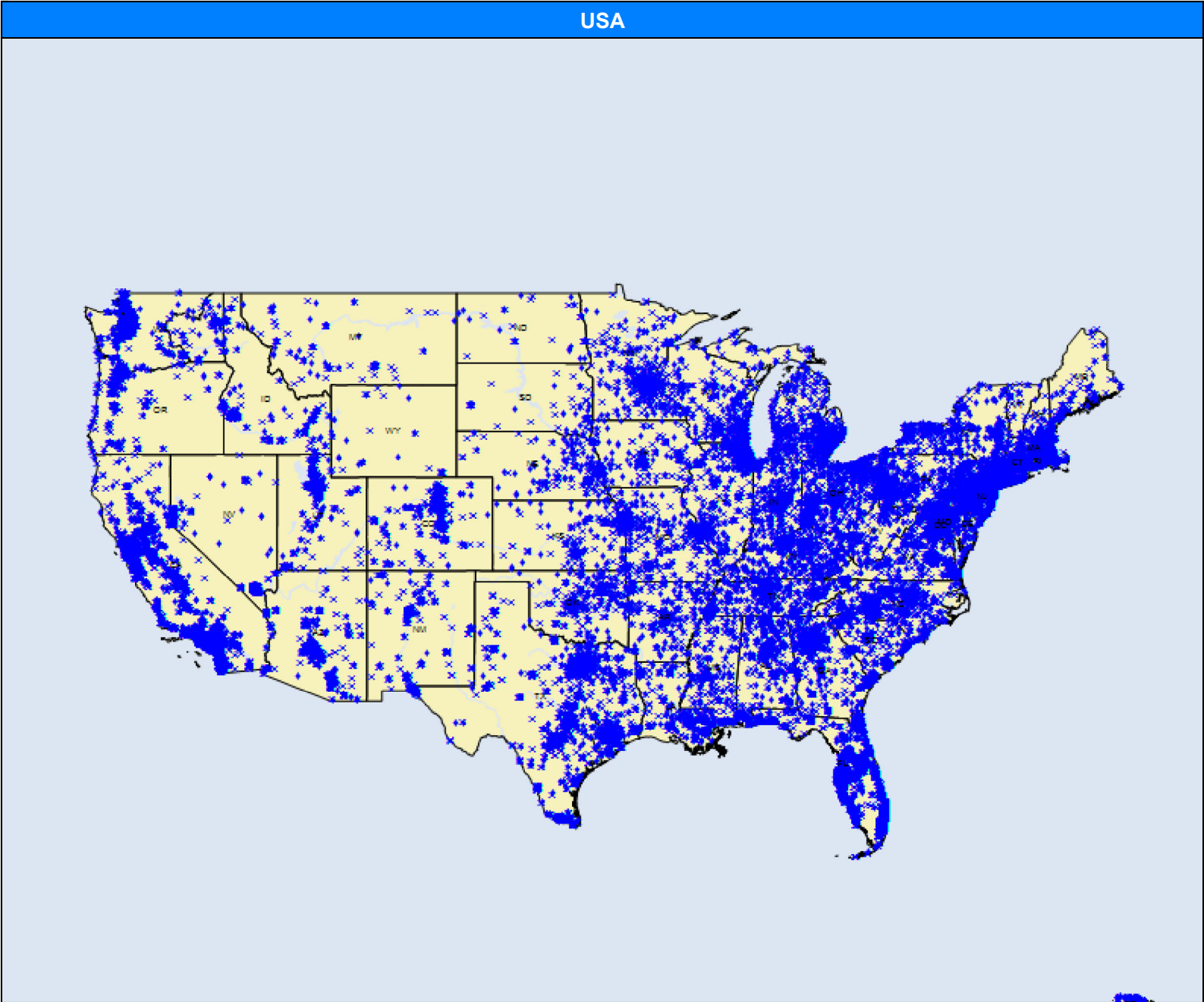
576,459 providers at 80,020 locations

◆ Single providers (34,518)
✕ Multiple providers (45,502)

Service Areas

■ National Service Area

436.36 miles





J. ROBERT WOOLEY

COMMISSIONER OF INSURANCE

CERTIFICATE OF AUTHORITY

Whereas, the Standard Insurance Company

Located at Oregon

has applied for a certificate of authority and made the filings required of such Insurer.

Therefore, I, J. Robert Wooley, the undersigned Commissioner of Insurance, do hereby certify that the said Standard Insurance Company

Is authorized to transact its appropriate business of

**LIFE
ANNUITIES**

HEALTH AND ACCIDENT

Insurance in this State, in accordance with the laws thereof. This certificate shall remain in effect until cancelled, suspended, revoked or the renewal thereof refused.

ORIGINAL

AMENDED: June 30, 2003

Original certificate effective 03-24-1988



In Testimony Whereof, I hereunto subscribe my name, and affix

the seal of my office at Baton Rouge this 30th

day of June A.D. 2003

J. Robert Wooley
Commissioner of Insurance



Group Dental Insurance

Protection For Employees' Smiles

Standard Insurance Company

The Standard Life Insurance Company of New York

TheStandard®

Standard Insurance Company is licensed to issue insurance in all states except New York.
The Standard Life Insurance Company of New York is licensed to issue insurance in only the state of New York.

Smile

(n.) A facial expression displaying amusement or pleasure, often with an upturned mouth and exposed front teeth.



Your Proposed Dental plan

The Standard[‡] appreciates the opportunity to provide you with a Group Dental plan proposal. This booklet and the dental proposal together outline the basic features of your proposed Dental plan. These documents are not a contract, and they are not part of any contract that may be issued.

Establishing Dental insurance with The Standard requires your completed, signed application for group insurance and our acceptance of it. When we approve your application, we will issue you a group policy containing our customary language. It will not duplicate the language of any existing policies you may have.

Each Dental policy with The Standard will contain provisions and defined terms not described in this booklet or your dental proposal. If any discrepancies exist between the group policy, the dental proposal and this booklet, your group policy will control.

The group policy will become effective on the date determined by The Standard. This date will be clearly stated on the policy. We will issue certificates of insurance that describe the coverage in detail. These are for you to distribute to your insured employees.

The proposed premium rate and plan design for your dental coverage are based on the underwriting data we received from you. We will determine final premium rates and plan provisions based on:

- State law
- Policyholder contributions
- Confirmation of occupations
- The composition of the group of employees you wish to insure
- Our current underwriting rules and practices

The proposal will expire on the date shown in your dental proposal.

Thank you for considering The Standard for your dental insurance needs. Should you have questions or desire any additional information, please contact your insurance advisor or your Employee Benefits Consultant.

[‡] The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by The Standard of Portland, Ore. in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of White Plains, N.Y.





Group Dental Insurance: A Vital Part Of Your Employee Benefits Package

The Standard offers a selection of flexible dental plans, each with the high level of customer service expected from a leading dental carrier. Our dental products provide a choice of plan designs and provisions that help employers find the right coverage for their employees.

Variety And Plan Flexibility

The Standard offers a wide range of dental plans to meet the needs of diverse employer groups. With variable designs ranging from traditional indemnity to voluntary, we work with employers to create dental coverage that satisfies demands for quality care as well as affordable rates. We offer a range of plan funding options, from fully voluntary plans to 100 percent employer-paid. Contributory plans must be at least 25 percent employer-paid.

For information on the dental plan or plans proposed for your group, please consult the proposal accompanying this booklet.

Procedure Classifications

Plans classify covered dental procedures in four categories – type 1, type 2, type 3 and orthodontia. Consult the proposal that accompanies this booklet for information about procedures covered under each category.

A Choice of Dentists

Our Dental insurance relies on the Ameritas PPO network – one of the largest dental networks in the nation, with more than 268,000 individual providers across the country. By visiting a dentist in our vast PPO network, employees can reduce their out-of pocket expenses and make their maximum go further.

And every three years, providers in our PPO go through a rigorous membership screening process, ensuring that your employees have access to the highest-quality dental care possible.

Members can locate and contact nearby providers using the Ameritas Provider Locator app for iPhone and Android devices. Search results include specialty, office hours and languages spoken.

Dental Plans From The Standard



Flexibility and comprehensive coverage

Optima CareSM is a highly customizable traditional indemnity plan that offers the greatest choice of claim allowances, deductibles, coinsurance options and plan maximums.



Affordability and value

Banner Dental CareSM is a comfortable, lower-cost alternative to Optima Care. It includes the most frequently used dental benefits.



PolicyLinkSM Dental + Vision Plan

Offer dental and vision benefits to your employees under one plan.¹ Dental and Vision share one plan maximum; employees can apply unused vision benefits towards dental care.

Optional Plan Enhancements



Max BuilderSM

Employees who use less than half of their annual maximum receive an increase in their maximum for the next benefit year. This allows them to save benefits to cover future procedures, potentially reducing out-of-pocket expenses.²



Max KeeperSM

With this option, preventative dental procedures (Type 1) do not count towards an employee's annual maximum benefit – saving the full benefit amount for services such as fillings, crowns, bridges, root canals and anesthesia.



LASIK AssistSM

Employees receive a benefit, which increases over time, for laser vision correction procedures. The benefit provides a lifetime flat dollar amount per eye for employees and covered dependents age 18 and older.²



High/Low CareSM

With High/Low Care, employers can provide two plans in one policy. Employees choose the level of dental insurance they need, picking from two reimbursement levels and premium options.

Discounts On Non-covered Procedures

In states where it is allowed, many of our PPO providers offer discounted fees on many non-covered procedures (as available by state law). This gives members a way to pay for treatment they might not otherwise be able to afford.

Toll-free Customer Service Numbers

The Standard makes it easy for covered employees and dentists to contact us to confirm eligibility or request information on claims. Our customer service representatives are available Monday through Thursday, 5:00 a.m. through 10 p.m. Pacific time, and Friday, 5:00 a.m. until 4:30 p.m. Pacific. An interactive voice response system for eligibility and claim information is accessible from 5:00 a.m. to midnight Pacific time Monday through Thursday, and on Fridays from 5:00 a.m. to 5:30 p.m. Pacific.

¹ The Dental portion of this plan must have Type 1, 2 or 3 coverage without limitation (internal max) on Type 3 procedures. Enrollment in the plan requires enrolling in both products. This product is not available with Standard Select or in the state of Washington.

² Not available with all Group Dental plans. Refer to the dental proposal.

Efficient Claims Handling

We handle claims with accuracy using a processing system that speeds payments. Dental providers submit approximately one-third of claims electronically, and of these, two-thirds are processed by an automatic claims adjudication system.

The Standard also uses an imaging system that provides our customer service representatives with online claims documentation and enables them to respond efficiently to customer inquiries.

Online Plan Administration Tools

Plan administrators are able to perform a number of functions online, including: enrolling members, changing enrollment records, creating and paying premium bills, viewing eligibility reports and viewing policy, certificate and amendment documents.

Cost Containment Features

The Standard delivers reduced costs for employers by using:

- Dental consultants, familiar with dental specialties, who evaluate the need for dental procedures and appropriate costs
- A claims system that automatically verifies employee and dependent eligibility, claims duplication, plan coverage or lifetime maximums and whether fees are within the range of usual, customary and reasonable (UCR) charges; calculates coordination of benefits (COB); and generates explanations of benefits (EOB)
- UCR charges that are updated based on industry standards

COBRA Administration

For an additional cost, The Standard can provide complete COBRA administration of dental insurance. The service includes notification, enrollment, billing, premium collection, eligibility maintenance, termination and reporting.

Limitations

This policy has limitations, exclusions, reductions of benefits and terms under which the policy may be continued in force or discontinued. Please consult the proposal accompanying this booklet for costs and complete details of the proposed dental plan or plans.

Employee Participation

Noncontributory dental plans require that all eligible employees receive coverage. For voluntary plans, participation levels vary based on plan design. If a voluntary plan is proposed for your group, please consult the proposal or Voluntary Dental Care insert accompanying this booklet for information on participation levels.

Thank You

We appreciate the opportunity to work with you in meeting your employees' needs for dental insurance. If you have any questions about our proposal or would like further information about our products and services, please contact your insurance advisor or your Employee Benefits Consultant.

Grin

(v.) To smile broadly in a display of laughter or amusement, often with one's mouth open and teeth exposed.





Standard Insurance Company's first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships. The Standard Life Insurance Company of New York founded in White Plains, New York in 2000 is the sister company of Standard Insurance Company founded in Portland, Oregon in 1906, a nationally recognized provider of group Disability, Life, Dental and Vision insurance.

To learn more about group Dental insurance from The Standard, contact your insurance advisor, call the Employee Benefits Sales and Service Office for your area at 800.633.8575 or visit us at standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue of Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of 333 Westchester Avenue, West Building, Suite 300, White Plains, New York. Product features and availability vary by state and company, and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.



1100 SW Sixth Avenue
Portland, OR 97204

www.standard.com

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