

# **Aflac Benefits for Hyde Park**

(Scroll down to see the benefits for each plan.)

## **Plan Options:**

- Short Term Disability**
- Accident Plan**
- Hospital Plan**
- Cancer Plan**
- Heart & Kidney Rider**
- Dental Supplemental**
- Life Insurance**

# AFLAC ACCIDENT ADVANTAGE BENEFIT OVERVIEW

BENEFIT NAME	BENEFIT AMOUNT																																										
INITIAL ACCIDENT HOSPITALIZATION BENEFIT	\$1,950 when admitted for a hospital confinement of at least 18 hours or \$3,250 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person																																										
ACCIDENT HOSPITAL CONFINEMENT BENEFIT	\$215 per day, up to 365 days per covered accident, per covered person																																										
INTENSIVE CARE UNIT CONFINEMENT BENEFIT	\$800 per day for up to 15 days, per covered accident, per covered person																																										
ACCIDENT TREATMENT BENEFIT	Payable once per 24-hour period and only once per covered accident, per covered person Hospital emergency room with X-ray: \$220 Hospital emergency room without X-ray: \$170 Office or facility (other than a hospital emergency room) with X-ray: \$170 Office or facility (other than a hospital emergency room) without X-ray: \$120																																										
AMBULANCE BENEFIT	\$250 ground ambulance transportation or \$1,875 air ambulance transportation																																										
BLOOD/PLASMA/PLATELETS BENEFIT	\$300 once per covered accident, per covered person																																										
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT	\$375 per calendar year, per covered person																																										
ACCIDENT FOLLOW-UP TREATMENT BENEFIT	\$65 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person																																										
THERAPY BENEFIT	\$65 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person																																										
APPLIANCES BENEFIT	Benefits are payable for the medical appliances listed below: Back brace: \$350      Wheelchair: \$350      Walker: \$120 Body jacket: \$350      Leg brace: \$150      Walking boot: \$120 Knee scooter: \$350      Crutches: \$120      Cane: \$25 Payable once per covered accident, per covered person																																										
PROSTHESIS BENEFIT	\$1,000 once per covered accident, per covered person																																										
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT	\$1,000 once per covered person, per lifetime																																										
REHABILITATION FACILITY BENEFIT	\$200 per day																																										
HOME MODIFICATION BENEFIT	\$4,000 once per covered accident, per covered person																																										
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS	<p>Pays benefits for the treatments listed below:</p> <table border="0"> <tr> <td><b>DISLOCATIONS</b>.....</td> <td>\$120–\$4,500</td> <td><b>EMERGENCY DENTAL WORK</b></td> </tr> <tr> <td><b>BURNS</b> .....</td> <td>\$135–\$13,000</td> <td>Broken tooth repaired with crown.....</td> </tr> <tr> <td><b>SKIN GRAFTS</b>.....</td> <td>50% of the burns benefit</td> <td>Broken tooth resulting in extraction.....</td> </tr> <tr> <td>.....amount paid for the burn involved</td> <td></td> <td><b>PARALYSIS</b></td> </tr> <tr> <td><b>EYE INJURIES</b></td> <td></td> <td>Quadriplegia.....</td> </tr> <tr> <td>Surgical repair .....</td> <td>\$350</td> <td>Paraplegia.....</td> </tr> <tr> <td>Removal of foreign body by a physician .....</td> <td>\$75</td> <td>Hemiplegia .....</td> </tr> <tr> <td><b>LACERATIONS</b></td> <td></td> <td><b>SURGICAL PROCEDURES</b>.....</td> </tr> <tr> <td>Not requiring sutures.....</td> <td>\$40</td> <td><b>MISCELLANEOUS SURGICAL PROCEDURES</b>.....</td> </tr> <tr> <td>Less than 5 centimeters.....</td> <td>\$90</td> <td><b>PAIN MANAGEMENT (NON-SURGICAL)</b></td> </tr> <tr> <td>At least 5 cm but not more than 15 cm .....</td> <td>\$300</td> <td>Epidural.....</td> </tr> <tr> <td>Over 15 centimeters.....</td> <td>\$600</td> <td></td> </tr> <tr> <td><b>FRACTURES</b> .....</td> <td>\$150–\$4,000</td> <td></td> </tr> <tr> <td><b>CONCUSSION (BRAIN)</b> .....</td> <td>\$150</td> <td></td> </tr> </table>	<b>DISLOCATIONS</b> .....	\$120–\$4,500	<b>EMERGENCY DENTAL WORK</b>	<b>BURNS</b> .....	\$135–\$13,000	Broken tooth repaired with crown.....	<b>SKIN GRAFTS</b> .....	50% of the burns benefit	Broken tooth resulting in extraction.....	.....amount paid for the burn involved		<b>PARALYSIS</b>	<b>EYE INJURIES</b>		Quadriplegia.....	Surgical repair .....	\$350	Paraplegia.....	Removal of foreign body by a physician .....	\$75	Hemiplegia .....	<b>LACERATIONS</b>		<b>SURGICAL PROCEDURES</b> .....	Not requiring sutures.....	\$40	<b>MISCELLANEOUS SURGICAL PROCEDURES</b> .....	Less than 5 centimeters.....	\$90	<b>PAIN MANAGEMENT (NON-SURGICAL)</b>	At least 5 cm but not more than 15 cm .....	\$300	Epidural.....	Over 15 centimeters.....	\$600		<b>FRACTURES</b> .....	\$150–\$4,000		<b>CONCUSSION (BRAIN)</b> .....	\$150	
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ACCIDENTAL-DISEMBLEMENT BENEFIT	\$300–\$50,000																																										
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to two months, if conditions are met																																										
WAIVER OF PREMIUM BENEFIT	Yes																																										
TRANSPORTATION BENEFIT	\$700 per round trip, up to 3 round trips per calendar year, per covered person																																										
FAMILY LODGING BENEFIT	\$150 per night, up to 30 days per covered accident																																										

BENEFIT DETAILS, DEFINITIONS, LIMITATIONS, AND EXCLUSIONS ARE IN THE FULL BROCHURE.

## HOSPITAL CHOICE BENEFIT OVERVIEW

BENEFIT	DESCRIPTION
DAILY HOSPITAL CONFINEMENT	Pays \$50 per day, per covered person, for up to 365 days.
ANNUAL HOSPITAL ADMISSION	Pays \$500; \$1,000; \$1,500; or \$2,000. You choose the benefit amount at the time of application. Payable once per period of hospital confinement, per calendar year, per covered person.
REHABILITATION FACILITY	Pays \$100 per day; limited to 15 days per confinement. Limited to 30 days per calendar year, per covered person.
HOSPITAL EMERGENCY ROOM	Pays \$150 per day for treatment in a hospital emergency room. Limited to 2 payments per calendar year, per covered person.
HOSPITAL SHORT-STAY	Pays \$100 for hospital stays of less than 23 hours. Limited to 2 payments per calendar year, per policy.
WAIVER OF PREMIUM	Yes
CONTINUATION OF COVERAGE	Yes

OPTIONAL RIDERS	DESCRIPTION
EXTENDED BENEFITS RIDER	<p><b>Physician Visit Benefit:</b> Pays \$25 per day for visits to a physician, psychologist or urgent care center.</p> <p><b>Individual Coverage:</b> Limited to 3 visits per calendar year, per policy.</p> <p><b>Insured/Spouse &amp; Family Coverage:</b> Limited to 6 visits per calendar year, per policy.</p> <p><b>Laboratory Test and X-Ray Benefit:</b> Pays \$35 per day; limited to 2 payments per covered person, per calendar year.</p> <p><b>Medical Diagnostic and Imaging Exams Benefit:</b> Pays \$150 per day for a covered exam, limited to 2 exams per covered person, per calendar year. Benefits payable for a variety of medical diagnostic and imaging exams, including sleep studies.</p> <p><b>Ambulance Benefit:</b> Pays \$200 per day (ground) or \$2,000 per day (air) for transportation to or from a hospital. The benefit is limited to two trips, per calendar year, per covered person.</p>
<p><b>HOSPITAL STAY AND SURGICAL CARE RIDER</b></p> <p>This rider is not included in the rates on the rate sheet.</p>	<p><b>Surgery Benefit:</b> Pays \$50-\$1,000 for a covered surgery. Limited to one payment per 24-hour period, per covered person.</p> <p><b>Invasive Diagnostic Exams Benefit:</b> Pays \$100 per day for one covered exam, per covered person, per 24-hour period.</p> <p><b>Hospital Intensive Care Unit Confinement Benefit:</b> Pays \$500 per confinement, per covered person, for up to 30 days.</p> <p><b>Daily Hospital Confinement Benefit:</b> Pays \$100 per day, per covered person, for up to 365 days.</p> <p><b>Second Surgical Opinion Benefit:</b> Pays \$50 once per covered person, per calendar year.</p>

BENEFIT DETAILS, DEFINITIONS, LIMITATIONS, AND EXCLUSIONS ARE IN THE FULL BROCHURE.

# CLASSIC CANCER CARE BENEFIT OVERVIEW

BENEFIT NAME	BENEFIT AMOUNT
Cancer Wellness Benefit	\$75 per year, per Covered Person
<b>Cancer Diagnosis Benefits:</b>	
Initial Diagnosis Benefit	Insured/Spouse: \$4,000; Dependent Child: \$8,000; payable once per Covered Person
Medical Imaging With Diagnosis Benefit	\$135; two payments per year, per Covered Person; no lifetime max
NCI Evaluation/Consultation Benefit	\$500 payable only once per Covered Person
<b>Cancer Treatment Benefits:</b>	
Injected Chemotherapy Benefit	\$600 per day; limited to one payment per week; no lifetime max
Oral Chemotherapy Benefit	\$250 per day up to \$750 max per month for Oral/Topical Benefit <sup>2</sup>
Topical Chemotherapy Benefit	\$150 per prescription, per month up to \$750 max per month for Oral/Topical Benefit <sup>2</sup>
Radiation Therapy Benefit	\$350 per day; limited to one payment per week; no lifetime max
Experimental Treatment Benefit	\$350 per week outside of a clinical trial; \$100 per week as part of a clinical trial; no lifetime max
Immunotherapy Benefit	\$350 once per month; \$1,750 lifetime max per Covered Person
Antinausea Benefit	\$100 per month; no lifetime max
Stem Cell Transplantation Benefit	\$7,000; lifetime max \$7,000 per Covered Person
Bone Marrow Transplantation Benefit	\$7,000; \$7,000 lifetime max per Covered Person; \$750 to donor
Blood and Plasma Benefit	Inpatient: \$100 times the number of days paid under the Hospital Confinement Benefit; Outpatient: \$175 per day; no lifetime max
Surgical/Anesthesia Benefit	\$100–\$3,400 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$4,250; no lifetime max on number of operations
Skin Cancer Surgery Benefit	\$35–\$400; no lifetime max on number of operations
Additional Surgical Opinion Benefit	\$200 per day; no lifetime max
<b>Hospitalization Benefits:</b>	
Hospital Confinement Benefit	\$200 per day; no lifetime max
Outpatient Hospital Surgical Room Benefit	\$200 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations
<b>Continuing Care Benefits:</b>	
Extended-Care Facility Benefit	\$100 a day, limited to 30 days per year, per Covered Person
Home Health Care Benefit	\$100 per day; lifetime max of 100 days per Covered Person
Hospice Care Benefit	\$1,000 for the 1st day; \$50 per day thereafter; \$12,000 lifetime max per Covered Person
Nursing Services Benefit	\$100 per day; no lifetime max
Surgical Prosthesis Benefit	\$2,000; lifetime max \$4,000 per Covered Person
Nonsurgical Prosthesis Benefit	\$175 per occurrence; lifetime max \$350 per Covered Person
Reconstructive Surgery Benefit	\$220–\$2,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations
Egg Harvesting and Storage (Cryopreservation) Benefit	\$1,000 to have oocytes extracted; \$350 for storage; \$1,350 lifetime max per Covered Person
<b>Ambulance, Transportation, Lodging, and Other Benefits:</b>	
Ambulance Benefit	\$250 ground or \$2,000 air; no lifetime max
Transportation Benefit	\$.40 per mile; max \$1,200 per round trip; no lifetime max
Lodging Benefit	\$65 per day; limited to 90 days per year
Bone Marrow Donor Screening Benefit	\$40; limited to one benefit per Covered Person, per lifetime

BENEFIT DETAILS, DEFINITIONS, LIMITATIONS, AND EXCLUSIONS ARE IN THE FULL BROCHURE.

## SPECIFIED HEALTH EVENT BENEFITS OVERVIEW

*The rider becomes part of the policy and is subject to all policy provisions, unless modified herein.*

### SPECIFIED HEALTH EVENTS COVERED BY THE SPECIFIED HEALTH EVENT WITH FIRST-OCCURRENCE BUILDING BENEFIT AND RECOVERY BENEFIT RIDER INCLUDE:

- End-Stage Renal Failure
- Heart Attack
- Stroke
- Sudden Cardiac Arrest

### WHAT WE WILL PAY

#### FIRST-OCCURRENCE BENEFIT

*Aflac will pay \$5,000 for the insured, \$5,000 for the Spouse, or \$7,500 for Dependent Children* when a Covered Person is first diagnosed as having had a Specified Health Event. This benefit is payable only once for each Covered Person and will be paid in addition to any other benefit in the rider. Lifetime maximum is \$5,000 per Covered Person for the named insured/Spouse. Lifetime maximum is \$7,500 per Covered Person for Dependent Children.

#### FIRST-OCCURRENCE BUILDING BENEFIT

The First-Occurrence Benefit will be increased by \$500 on each rider anniversary date while the rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the First-Occurrence Benefit. This benefit will cease to build for each Covered Person on the anniversary date of the rider following the Covered Person's 65th birthday or at the time of a Specified Health Event, subject to the limitations and exclusions of the rider, for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of the rider, this benefit will accrue for a period of at least five years unless a Specified Health Event is diagnosed prior to the fifth year of coverage.

#### REOCCURRENCE BENEFIT

*Aflac will pay \$2,500* if such Covered Person is later diagnosed as having had a subsequent Specified Health Event. For the Reoccurrence Benefit to be payable, the Specified Health Event must occur more than 180 days after the date the First-Occurrence Benefit or Reoccurrence Benefit became payable. No lifetime maximum.

#### HOSPITAL CONFINEMENT BENEFIT

*Aflac will pay \$240 per day* for each day a Covered Person is confined and requires hospital confinement for the treatment of a covered Specified Health Event. This benefit is limited to confinements for the treatment of a covered Specified Health Event that occur within 500 days following the occurrence of the most recent covered Specified Health Event. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable. No lifetime maximum.

Hospital Confinement Benefits are payable for only one covered Specified Health Event at a time per Covered Person.

Benefits are not payable on the same day as the Continuing Care Benefit. If the Hospital Confinement Benefit and the Continuing Care Benefit are payable on the same day, only the highest eligible benefit will be paid.

#### CONTINUING CARE BENEFIT

*Aflac will pay \$125 each day* a Covered Person receives any of the following treatments from a licensed Physician as the result of a covered Specified Health Event:

- Dialysis
- Dietary Therapy/Consultation
- Extended Care
- Home Health Care
- Hospice Care
- Nursing Home Care
- Occupational Therapy
- Physical Therapy
- Physician Visits
- Rehabilitation Therapy
- Respiratory Therapy
- Speech Therapy

Treatment is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered Specified Health Event. Daily maximum for this benefit is \$125 regardless of the number of treatments received.

Benefits are not payable on the same day as the Hospital Confinement Benefit. If the Hospital Confinement Benefit and the Continuing Care Benefit are payable on the same day, only the highest eligible benefit will be paid. No lifetime maximum.

The Ambulance Benefit, Transportation Benefit, and Lodging Benefit will be paid for care received within 180 days following the occurrence of a covered Specified Health Event. Benefits are payable for only one covered Specified Health Event at a time per Covered Person. If a Covered Person is eligible to receive benefits for more than one covered Specified Health Event, we will pay benefits only for care received within the 180 days following the occurrence of the most recent event.

#### AMBULANCE BENEFIT

*Aflac will pay \$250* if, due to a covered Specified Health Event a Covered Person requires ground ambulance transportation to or from a hospital. *Aflac will pay \$2,000* if, due to a covered Specified Health Event, a Covered Person requires air ambulance transportation. A licensed professional or licensed volunteer ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a Specified Health Event. Ambulance benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. No lifetime maximum.

### **TRANSPORTATION BENEFIT**

*Aflac will pay 50 cents per mile* for transportation of a Covered Person for the round-trip distance between the hospital or medical facility and the residence of the Covered Person if a Covered Person requires special medical treatment that has been prescribed by the local attending Physician for a covered Specified Health Event. This benefit is not payable for transportation by ambulance or air ambulance to the hospital. This benefit will be paid only for the Covered Person for whom the special treatment is prescribed. If the special treatment is for a covered Dependent Child and commercial travel is necessary, we will pay this benefit for up to two adults to accompany the covered Dependent Child. The benefit amount payable is limited to \$1,500 per occurrence of a covered Specified Health Event. Transportation benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. This benefit is not payable for transportation to any hospital located within a 50-mile radius of the residence of the Covered Person. No lifetime maximum.

### **LODGING BENEFIT**

*Aflac will pay \$60 per day* for lodging for you or any one adult family member when a Covered Person receives special medical treatment for a covered Specified Health Event at a hospital or medical facility. The hospital, medical facility, and lodging must be more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 15 days per occurrence of a covered Specified Health Event. Lodging benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. No lifetime maximum.

### **SPECIFIED HEALTH EVENT RECOVERY BENEFIT**

*Aflac will pay \$500 per month* while a Covered Person remains in specified health event recovery upon receipt of written proof of loss from that person's Physician. For periods of specified health event recovery less than one month, we will pay a pro rata benefit. Lifetime maximum of six months per Covered Person.

A Covered Person will be considered in specified health event recovery if he or she continues to be under the active care and treatment by a Physician for a covered Specified Health Event or if he or she is unable to engage in the duties of his or her regular occupation due to a covered Specified Health Event. Specified Health Event includes Heart Attack, Stroke, End-Stage Renal Failure, or Sudden Cardiac Arrest occurring after the Effective Date of the rider.

### **WAIVER OF PREMIUM BENEFIT**

**EMPLOYED:** If you, due to a Specified Health Event, are completely unable to do all of the usual and customary duties of your occupation for a period of 90 continuous days, Aflac will waive, from month to month, any premiums for the rider falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement and a Physician's statement

of your inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

**NOT EMPLOYED:** If you, due to a Specified Health Event, are completely unable to perform two or more of the Activities of Daily Living (ADLs) without the assistance of another person for a period of 90 continuous days, Aflac will waive, from month to month, any premiums, for the rider, falling due during your continued inability. For premiums to be waived, Aflac will require a Physician's statement of your inability to perform said activities, and may each month thereafter require a Physician's statement that total inability continues.

## SCHEDULE OF DENTAL PROCEDURES

This schedule accompanies Essentials Plan Brochure NY82ES75.

### TERMS YOU NEED TO KNOW

**COVERED PERSON:** Any person insured under the coverage type you applied for: individual (named insured listed in the Policy Schedule), named insured/Spouse only (named insured and Spouse), one-parent family (named insured and Dependent Children), or two-parent family (named insured, Spouse, and Dependent Children). *Spouse* is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/Spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation (as defined in the mental hygiene law), or physical handicap and who became so incapacitated prior to age 26 and while covered under the policy. *Dependent Children* are your natural children, stepchildren, or legally adopted children who are under age 26.

**EFFECTIVE DATE:** The *Effective Date* is the date coverage begins, as shown in the Policy Schedule. It is not the date you signed the application for coverage.

### WHAT IS NOT COVERED

Aflac will not pay benefits for losses caused by or resulting from:

- Replacement prosthetics within five years of last placement.
- Treatment involving crowns for a given tooth within five years of last placement, regardless of the type of crown.
- Replacement for inlays or onlays for a given tooth within five years of last placement.
- A dentist's or dental practice's failure to comply with the current ADA coding\* convention, including but not limited to upcoding, the overutilization of certain codes, and/or the misrepresentation of services (e.g., unbundling).

Benefits for sealants are limited to secondary molars for Dependent Children under age 16 and will not be payable more often than every five years.

Aflac will not pay benefits for services rendered by you or a member of the immediate family of a Covered Person.

### WHAT WE WILL PAY

Aflac will pay the following benefits when a charge is incurred for covered dental treatment that is received while coverage is in force. If a covered ADA code is revised or replaced by the American Dental Association, Aflac will pay the amount shown in the Schedule of Dental Procedures for the code most comparable to the revised or replaced code. Benefits will be paid based on the current ADA coding convention.

#### A. PREVENTIVE BENEFITS

1. **Dental Wellness Benefit:** This benefit is payable for you or any Covered Person for any one treatment listed below per visit. This benefit is payable once per visit, regardless of the number of treatments received. To be payable, dental wellness visits must be separated by 150 days or more. This benefit is payable twice per policy year, per Covered Person. The treatment must be performed by a dentist or dental hygienist. There is no Waiting Period for this benefit.

**1. Dental Wellness Benefit – continued**

ADA Code	Description	Amount
D0120	Periodic Oral Evaluation	\$25
D0145	Oral Evaluation for Patient Wellness	25
D0150	Comprehensive Oral Evaluation (new or established patient)	25
D0160	Detailed and Extensive Oral Evaluation (problem focused, by report)	25
D0170	Re-Evaluation – Limited, Problem (established patient; not postoperative visit)	25
D0180	Comprehensive Periodontal Evaluation (new or established patient)	25
D0425	Caries Susceptibility Tests	25
D1110	Prophylaxis (adult)	25
D1120	Prophylaxis (child)	25
D1203	Topical Application of Fluoride (child, prophylaxis not included)	25
D1204	Topical Application of Fluoride (adult, prophylaxis not included)	25
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients	25
D1310	Nutritional Counseling for Control of Dental Disease	25
D1320	Tobacco Counseling for the Control and Prevention of Oral Disease	25
D1330	Oral Hygiene Instructions	25
D4910	Periodontal Maintenance	25
D9430	Office Visit for Observation (during regularly scheduled hours, no other services performed)	25
D9910	Application of Desensitizing Medicament	25

- 2. X-Ray Benefit:** This benefit is payable for you or any Covered Person for any one X-ray procedure listed below per visit. This benefit is payable once per visit, regardless of the number of X-rays received. This benefit is payable only once per policy year, per Covered Person. The treatment must be performed by a dentist or dental hygienist. There is no Waiting Period for this benefit.

ADA Code	Description	Amount
D0210	Intraoral (complete series, including bitewings)	\$15
D0220	Intraoral (periapical, first film)	15
D0230	Intraoral (periapical, each additional film)	15
D0240	Intraoral (occlusal film)	15
D0250	Extraoral (first film)	15
D0260	Extraoral (each additional film)	15
D0270	Bitewing (single film)	15
D0272	Bitewings (two films)	15
D0273	Bitewings (three films)	15
D0274	Bitewings (four films)	15
D0277	Vertical Bitewings (seven to eight films)	15
D0330	Panoramic Film	15
D0340	Cephalometric Film	15

The benefits below are subject to the Waiting Period shown in the Policy Schedule and a Policy Year Maximum of \$1,200 per Covered Person. The benefits listed are per Covered Person. All treatments must be performed by a dentist.

- B. ANNUAL MAXIMUM BUILDING BENEFIT:** Aflac will increase each Covered Person's Policy Year Maximum by \$100 after each 12 consecutive months of the policy's being in force. This benefit builds to a maximum of \$500 per Covered Person.
- C. FILLINGS AND BASIC SERVICES:** Benefits in this category are subject to a three-month Waiting Period. Benefit D0140 is payable only for visits where no other covered services are performed.

**C. FILLINGS AND BASIC SERVICES – continued**

ADA Code	Description	Amount
D0140	Limited Oral Evaluation	\$20
D0290	Posterior/Anterior or Lateral Skull and Facial Bone Survey Film	60
D0310	Sialography	160
D0415	Bacteriologic Studies for Determination of Pathologic Agents	10
D0416	Viral Culture	10
D0417	Collection and Preparation of Saliva Sample for Lab Diagnostic Testing	10
D0418	Analysis of Saliva Sample	10
D0421	Genetic Test for Susceptibility to Oral Diseases	10
D0431	Adjunctive Prediagnostic Test That Aids in Detection of Mucosal Abnormalities, Including Premalignant and Malignant Lesions, Not to Include Cytology or Biopsy	10
D0460	Pulp Vitality Tests	15
D0470	Diagnostic Casts	20
D2140	Amalgam (one surface)	
	Primary	30
	Permanent	45
D2150	Amalgam (two surfaces)	
	Primary	30
	Permanent	50
D2160	Amalgam (three surfaces)	
	Primary	40
	Permanent	55
D2161	Amalgam (four or more surfaces)	
	Primary	45
	Permanent	60
D2330	Resin-Based Composite (one surface, anterior)	40
D2331	Resin-Based Composite (two surfaces, anterior)	50
D2332	Resin-Based Composite (three surfaces, anterior)	55
D2335	Resin-Based Composite (four or more surfaces or involving incisal angle, anterior)	60
D2390	Resin-Based Composite Crown (anterior)	60
D2391	Resin-Based Composite (one surface, posterior)	
	Primary	30
	Permanent	40
D2392	Resin-Based Composite (two surfaces, posterior)	
	Primary	45
	Permanent	50
D2393	Resin-Based Composite (three surfaces, posterior)	
	Primary	50
	Permanent	55
D2394	Resin-Based Composite (four or more surfaces, posterior)	
	Primary	50
	Permanent	55
D2410	Gold Foil (one surface)	200
D2420	Gold Foil (two surfaces)	225

**D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES:** Benefits in this category are subject to a three-month Waiting Period. Benefits D9220 and D9230 are not payable for the same surgery.

ADA Code	Description	Amount
D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure)	\$30
D9220	Deep Sedation/General Anesthesia (first 30 minutes)	75
D9221	Deep Sedation/General Anesthesia (each additional 15 minutes)	75

**D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES – continued**

D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	\$75
D9241	Intravenous Conscious Sedation/Analgesia (first 30 minutes)	120
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	25
D9410	House/Extended-Care Facility Call	25
D9420	Hospital Call	25
D9440	Office Visit (after regularly scheduled hours)	25
D9450	Case Presentation, Detailed and Extensive Treatment Planning	25

**E. OTHER PREVENTIVE SERVICES:** Benefits in this category are subject to a six-month Waiting Period.

ADA Code	Description	Amount
D1351	Sealant (per tooth)	\$15
D1510	Space Maintainer (fixed, unilateral)	80
D1515	Space Maintainer (fixed, bilateral)	100
D1520	Space Maintainer (removable, unilateral)	80
D1525	Space Maintainer (removable, bilateral)	100
D1550	Recementation of Space Maintainer	35
D1555	Removal of Fixed Space Maintainer	80

**F. ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR:** Benefits in this category are subject to a six-month Waiting Period.

ADA Code	Description	Amount
D4210	Gingivectomy or Gingivoplasty (four or more contiguous teeth or bounded teeth spaces per quadrant)	\$130
D4211	Gingivectomy or Gingivoplasty (one to three teeth per quadrant)	45
D4230	Anatomical Crown Exposure (four or more contiguous teeth per quadrant)	130
D4231	Anatomical Crown Exposure (one to three teeth per quadrant)	45
D4240	Gingival Flap Procedure, Including Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	225
D4241	Gingival Flap Procedure, Including Root Planing (one to three teeth per quadrant)	225
D4249	Clinical Crown Lengthening (hard tissue)	250
D4260	Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant)	250
D4261	Osseous Surgery (including flap entry and closure; one to three teeth per quadrant)	250
D4263	Bone Replacement Graft (first site in quadrant)	275
D4264	Bone Replacement Graft (each additional site in quadrant)	225
D4270	Pedicle Soft Tissue Graft Procedure	275
D4271	Free Soft Tissue Graft Procedure (including donor site surgery)	275
D4273	Subepithelial Connective Tissue Graft Procedures	300
D4275	Soft Tissue Allograft	275
D4320	Provisional Splinting (intracoronal)	150
D4321	Provisional Splinting (extracoronal)	110
D4341	Periodontal Scaling and Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	60
D4342	Periodontal Scaling and Root Planing (one to three teeth per quadrant)	60
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	55
D5410	Adjust Complete Denture (maxillary)	20
D5411	Adjust Complete Denture (mandibular)	20

**F. ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR – continued**

D5421	Adjust Partial Denture (maxillary)	\$20
D5422	Adjust Partial Denture (mandibular)	20
D5510	Repair Broken Complete Denture Base	45
D5520	Replace Missing or Broken Teeth (complete denture; each tooth)	40
D5610	Repair Resin Denture Base	45
D5620	Repair Cast Framework	60
D5630	Repair or Replace Broken Clasp	50
D5640	Replace Broken Teeth (per tooth)	40
D5650	Add Tooth to Existing Partial Denture	45
D5660	Add Clasp to Existing Partial Denture	60
D5710	Rebase Complete Maxillary Denture	130
D5711	Rebase Complete Mandibular Denture	170
D5720	Rebase Maxillary Partial Denture	170
D5721	Rebase Mandibular Partial Denture	170
D5730	Reline Complete Maxillary Denture (chairside)	80
D5731	Reline Complete Mandibular Denture (chairside)	80
D5740	Reline Maxillary Partial Denture (chairside)	90
D5741	Reline Mandibular Partial Denture (chairside)	90
D5750	Reline Complete Maxillary Denture (laboratory)	110
D5751	Reline Complete Mandibular Denture (laboratory)	110
D5760	Reline Maxillary Partial Denture (laboratory)	130
D5761	Reline Mandibular Partial Denture (laboratory)	130
D5850	Tissue Conditioning (maxillary)	40
D5851	Tissue Conditioning (mandibular)	40
D6090	Repair of Implanted Supported Prosthetic, by Report	110
D6091	Replacement of Semiprecision or Precision Attachment (male or female component) of Implant/ Abutment-Supported Prosthesis (per attachment)	110
D6092	Recement Implant/Abutment-Supported Crown	110
D6093	Recement Implant/Abutment-Supported Fixed Partial Denture	110
D6095	Repair of Implanted Abutment, by Report	110
D6100	Implant Removal, by Report	35
D6930	Recement Fixed Partial Denture	35
D7111	Coronal Remnants (deciduous tooth)	35
D7140	Extraction, Erupted Tooth, or Exposed Root (elevation and/or forceps removal)	40
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	70
D7220	Removal of Impacted Tooth (soft tissue)	85
D7230	Removal of Impacted Tooth (partially bony)	120
D7240	Removal of Impacted Tooth (completely bony)	130
D7241	Removal of Impacted Tooth (completely bony, with unusual surgical complications)	150
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	70
D7260	Oroantral Fistula Closure	180
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth and/or Alveolus	180
D7280	Surgical Access of an Unerupted Tooth	200
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	65
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	65
D7285	Biopsy of Oral Tissue – Hard (bone, tooth)	375
D7286	Biopsy of Oral Tissue – Soft (all others)	150
D7310	Alveoloplasty in Conjunction With Extractions (per quadrant)	65
D7311	Alveoloplasty in Conjunction With Extractions (one to three teeth or tooth spaces, per quadrant)	65
D7320	Alveoloplasty Not in Conjunction With Extractions (per quadrant)	80

**F. ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR – continued**

D7321	Alveoplasty Not in Conjunction With Extractions (one to three teeth or tooth spaces, per quadrant)	\$80
D7340	Vestibuloplasty – Ridge Extension (secondary epithelialization)	750
D7350	Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)	700
D7410	Excision of Benign Lesion (up to 1.25 cm)	525
D7411	Excision of Benign Lesion (greater than 1.25 cm)	525
D7412	Excision of Benign Lesion (complicated)	525
D7413	Excision of Malignant Lesion (up to 1.25 cm)	650
D7414	Excision of Malignant Lesion (greater than 1.25 cm)	650
D7415	Excision of Malignant Lesion (complicated)	650
D7440	Excision of Malignant Tumor (lesion diameter up to 1.25 cm)	650
D7441	Excision of Malignant Tumor (lesion diameter greater than 1.25 cm)	650
D7450	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	525
D7451	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	525
D7460	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	525
D7461	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	525
D7471	Removal of Lateral Exostosis (maxilla or mandible)	375
D7472	Removal of Torus Palatinus	375
D7473	Removal of Torus Mandibularis	375
D7485	Surgical Reduction of Osseous Tuberosity	425
D7510	Incision and Drainage of Abscess (intraoral soft tissue)	100
D7511	Incision and Drainage of Abscess (intraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	450
D7520	Incision and Drainage of Abscess (extraoral soft tissue)	450
D7521	Incision and Drainage of Abscess (extraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	450
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	170
D7540	Removal of Reaction-Producing Foreign Bodies (musculoskeletal system)	180
D7550	Partial Osteotomy/Sequestrectomy for Removal of Nonvital Bone	120
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	700
D7610	Maxilla (open reduction; teeth immobilized, if present)	700
D7620	Maxilla (closed reduction; teeth immobilized, if present)	700
D7630	Mandible (open reduction; teeth immobilized, if present)	65
D7640	Mandible (closed reduction; teeth immobilized, if present)	80
D7650	Malar and/or Zygomatic Arch (open reduction)	700
D7660	Malar and/or Zygomatic Arch (closed reduction)	550
D7670	Alveolus (closed reduction, may include stabilization of teeth)	725
D7671	Alveolus (open reduction, may include stabilization of teeth)	350
D7710	Maxilla (open reduction)	700
D7720	Maxilla (closed reduction)	700
D7730	Mandible (open reduction)	80
D7740	Mandible (closed reduction)	80
D7750	Malar and/or Zygomatic Arch (open reduction)	300
D7760	Malar and/or Zygomatic Arch (closed reduction)	300
D7770	Alveolus (open reduction stabilization of teeth)	350
D7771	Alveolus (closed reduction stabilization of teeth)	725
D7960	Frenulectomy (frenectomy or frenotomy; separate procedure)	80
D7963	Frenuloplasty	80
D7970	Excision of Hyperplastic Tissue (per arch)	80
D7971	Excision of Pericoronal Gingiva	70
D9120	Fixed Partial Denture Sectioning	35

**G. CROWNS AND MAJOR SERVICES:** Benefits in this category are subject to a 12-month Waiting Period.

ADA Code	Description	Amount
D2510	Inlay (metallic, one surface)	\$190
D2520	Inlay (metallic, two surfaces)	225
D2530	Inlay (metallic, three or more surfaces)	350
D2542	Onlay (metallic, two surfaces)	225
D2543	Onlay (metallic, three surfaces)	250
D2544	Onlay (metallic, four or more surfaces)	275
D2610	Inlay (porcelain/ceramic, one surface)	200
D2620	Inlay (porcelain/ceramic, two surfaces)	225
D2630	Inlay (porcelain/ceramic, three or more surfaces)	350
D2642	Onlay (porcelain/ceramic, two surfaces)	250
D2643	Onlay (porcelain/ceramic, three surfaces)	275
D2644	Onlay (porcelain/ceramic, four or more surfaces)	325
D2650	Inlay (resin-based composite, one surface)	180
D2651	Inlay (resin-based composite, two surfaces)	200
D2652	Inlay (resin-based composite, three or more surfaces)	250
D2662	Onlay (resin-based composite, two surfaces)	225
D2663	Onlay (resin-based composite, three surfaces)	250
D2664	Onlay (resin-based composite, four or more surfaces)	250
D2710	Crown (resin, indirect)	150
D2712	Crown (3/4 resin-based composite, indirect)	150
D2720	Crown (resin with high noble metal)	250
D2721	Crown (resin with predominantly base metal)	250
D2722	Crown (resin with noble metal)	250
D2740	Crown (porcelain/ceramic substrate)	250
D2750	Crown (porcelain fused to high noble metal)	250
D2751	Crown (porcelain fused to predominantly base metal)	250
D2752	Crown (porcelain fused to noble metal)	250
D2780	Crown (3/4-cast high noble metal)	250
D2781	Crown (3/4-cast predominantly base metal)	250
D2782	Crown (3/4-cast noble metal)	250
D2783	Crown (3/4-porcelain/ceramic)	250
D2790	Crown (full-cast high noble metal)	250
D2791	Crown (full-cast predominantly base metal)	250
D2792	Crown (full-cast noble metal)	250
D2794	Crown (titanium)	250
D2910	Recement Inlay	30
D2915	Recement Cast or Prefabricated Post and Core	30
D2920	Recement Crown	30
D2930	Prefabricated Stainless Steel Crown (primary tooth)	65
D2931	Prefabricated Stainless Steel Crown (permanent tooth)	75
D2932	Prefabricated Resin Crown	100
D2933	Prefabricated Stainless Steel Crown With Resin Window	110
D2934	Prefabricated Esthetic-Coated Stainless Steel Crown (primary tooth)	65
D2940	Sedative Filling	25
D2950	Core Buildup (including any pins)	65
D2951	Pin Retention (per tooth, in addition to restoration)	15
D2952	Cast Post and Core (in addition to crown)	95
D2954	Prefabricated Post and Core (in addition to crown)	100
D2955	Post Removal (not in conjunction with endodontic therapy)	75
D2970	Temporary Crown (fractured tooth)	75
D2980	Crown Repairs, by Report	125
D3110	Pulp Cap (direct, excluding final restoration)	15

**G. CROWNS AND MAJOR SERVICES – continued**

D3120	Pulp Cap (indirect, excluding final restoration)	\$15
D3220	Therapeutic Pulpotomy (excluding final restoration) Removal of Pulp Coronal to the Dentino- mental Junction and Application of Medicament	40
D3222	Partial Pulpotomy for Apexogenesis (perm tooth with incomplete root development)	40
D3230	Pulpal Therapy (resorbable filling; anterior, primary tooth, excluding final restoration)	45
D3240	Pulpal Therapy (resorbable filling; posterior, primary tooth, excluding final restoration)	45
D3310	Anterior (excluding final restoration, root canal)	150
D3320	Bicuspid (excluding final restoration, root canal)	200
D3330	Molar (excluding final restoration, root canal)	250
D3346	Retreatment of Previous Root Canal Therapy (anterior)	130
D3347	Retreatment of Previous Root Canal Therapy (bicuspid)	180
D3348	Retreatment of Previous Root Canal Therapy (molar)	225
D3351	Apexification/Recalcification (initial visit; apical closure/calcific repair of perforations, root resorption, etc.)	130
D3352	Apexification/Recalcification (interim medication replacement; apical closure/calcific repair of perforations, root resorption, etc.)	30
D3353	Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/ calcific repair of perforations, root resorption, etc.)	65
D3410	Apicoectomy/Periradicular Surgery (anterior)	140
D3421	Apicoectomy/Periradicular Surgery (bicuspid; first root)	275
D3425	Apicoectomy/Periradicular Surgery (molar; first root)	300
D3426	Apicoectomy/Periradicular Surgery (each additional root)	110
D3430	Retrograde Filling (per root)	80
D3450	Root Amputation (per root)	160
D3920	Hemisection (including any root removal; not including root canal therapy)	120
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	55

**H. MAJOR PROSTHETIC SERVICES:** Benefits in this category are subject to a 24-month Waiting Period.

ADA Code	Description	Amount
D5110	Complete Denture (maxillary)	\$350
D5120	Complete Denture (mandibular)	350
D5130	Immediate Denture (maxillary)	350
D5140	Immediate Denture (mandibular)	350
D5211	Maxillary Partial Denture (resin base, including any conventional clasps, rests, and teeth)	250
D5212	Mandibular Partial Denture (resin base, including any conventional clasps, rests, and teeth)	250
D5213	Maxillary Partial Denture (cast metal framework with resin denture bases, including any conventional clasps, rests, and teeth)	375
D5214	Mandibular Partial Denture (cast metal framework with resin denture bases, including any conventional clasps, rests, and teeth)	375
D5225	Maxillary Partial Denture (flexible base, including any clasps, rests, and teeth)	375
D5226	Mandibular Partial Denture (flexible base, including any clasps, rests, and teeth)	375
D5281	Removable Unilateral Partial Denture (one-piece cast metal, including clasps and teeth)	300
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (maxillary)	40
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (mandibular)	40
D5810	Interim Complete Denture (maxillary)	225
D5811	Interim Complete Denture (mandibular)	225
D5820	Interim Partial Denture (maxillary)	170
D5821	Interim Partial Denture (mandibular)	180
D6010	Surgical Placement of Implant Body: Endosteal Implant	450
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant	450

## H. MAJOR PROSTHETIC SERVICES – continued

D6040	Surgical Placement: Eposteal Implant	\$450
D6050	Surgical Placement: Transosteal Implant	450
D6056	Prefabricated Abutment (includes placement)	450
D6057	Custom Abutment (includes placement)	450
D6058	Abutment-Supported Porcelain/Ceramic Crown	250
D6059	Abutment-Supported Porcelain Fused to Metal Crown (high noble metal)	250
D6060	Abutment-Supported Porcelain Fused to Metal Crown (predominantly base metal)	250
D6061	Abutment-Supported Porcelain Fused to Metal Crown (noble metal)	250
D6062	Abutment-Supported Cast Metal Crown (high noble metal)	250
D6063	Abutment-Supported Cast Metal Crown (predominantly base metal)	250
D6064	Abutment-Supported Cast Metal Crown (noble metal)	250
D6065	Implant-Supported Porcelain/Ceramic Crown	250
D6066	Implant-Supported Porcelain Fused to Metal Crown (titanium, titanium alloy, high noble metal)	250
D6067	Implant-Supported Metal Crown (titanium, titanium alloy, high noble metal)	250
D6068	Abutment-Supported Retainer for Porcelain/Ceramic FPD	250
D6069	Abutment-Supported Retainer for Porcelain Fused to Metal FPD (high noble metal)	250
D6070	Abutment-Supported Retainer for Porcelain Fused to Metal FPD (predominantly base metal)	250
D6071	Abutment-Supported Retainer for Porcelain Fused to Metal FPD (noble metal)	250
D6072	Abutment-Supported Retainer for Cast Metal FPD (high noble metal)	250
D6073	Abutment-Supported Retainer for Cast Metal FPD (predominantly base metal)	250
D6074	Abutment-Supported Retainer for Cast Metal FPD (noble metal)	250
D6075	Implant-Supported Retainer for Ceramic FPD	250
D6076	Implant-Supported Retainer for Porcelain Fused to Metal FPD (titanium, titanium alloy, or high noble metal)	250
D6077	Implant-Supported Retainer for Cast Metal FPD (titanium, titanium alloy, or high noble metal)	250
D6078	Implant/Abutment-Supported Fixed Denture for Completely Edentulous Arch	250
D6079	Implant/Abutment-Supported Fixed Denture for Partially Edentulous Arch	250
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis	150
D6094	Abutment-Supported Crown (titanium)	250
D6194	Abutment-Supported Retainer Crown for FPD (titanium)	250
D6205	Pontic (indirect resin-based composite)	250
D6210	Pontic (cast high noble metal)	250
D6211	Pontic (cast predominantly base metal)	250
D6212	Pontic (cast noble metal)	250
D6214	Pontic (titanium)	250
D6240	Pontic (porcelain fused to high noble metal)	250
D6241	Pontic (porcelain fused to predominantly base metal)	250
D6242	Pontic (porcelain fused to noble metal)	250
D6245	Pontic (porcelain/ceramic)	250
D6250	Pontic (resin with high noble metal)	250
D6251	Pontic (resin with predominantly base metal)	250
D6252	Pontic (resin with noble metal)	250
D6253	Provisional Pontic	250
D6545	Retainer (cast metal for resin-bonded fixed prosthesis)	140
D6548	Retainer (porcelain/ceramic for resin-bonded fixed prosthesis)	140
D6600	Inlay (porcelain/ceramic, two surfaces)	225
D6601	Inlay (porcelain/ceramic, three or more surfaces)	350
D6602	Inlay (cast high noble metal, two surfaces)	300
D6603	Inlay (cast high noble metal, three or more surfaces)	325
D6604	Inlay (cast predominantly base metal, two surfaces)	300

**H. MAJOR PROSTHETIC SERVICES – continued**

D6605	Inlay (cast predominantly base metal, three or more surfaces)	\$325
D6606	Inlay (cast noble metal, two surfaces)	300
D6607	Inlay (cast noble metal, three or more surfaces)	325
D6608	Onlay (porcelain/ceramic, two surfaces)	250
D6609	Onlay (porcelain/ceramic, three or more surfaces)	275
D6610	Onlay (cast high noble metal, two surfaces)	325
D6611	Onlay (cast high noble metal, three or more surfaces)	350
D6612	Onlay (cast predominantly base metal, two surfaces)	325
D6613	Onlay (cast predominantly base metal, three or more surfaces)	350
D6614	Onlay (cast noble metal, two surfaces)	325
D6615	Onlay (cast noble metal, three or more surfaces)	350
D6624	Inlay (titanium)	325
D6634	Onlay (titanium)	350
D6710	Crown (indirect resin-based composite)	250
D6720	Crown (resin with high noble metal)	250
D6721	Crown (resin with predominantly base metal)	250
D6722	Crown (resin with noble metal)	250
D6740	Crown (porcelain/ceramic)	250
D6750	Crown (porcelain fused to high noble metal)	250
D6751	Crown (porcelain fused to predominantly base metal)	250
D6752	Crown (porcelain fused to noble metal)	250
D6780	Crown (3/4-cast high noble metal)	250
D6781	Crown (3/4-cast predominantly base metal)	250
D6782	Crown (3/4-cast noble metal)	250
D6783	Crown (3/4-porcelain/ceramic)	250
D6790	Crown (full-cast high noble metal)	250
D6791	Crown (full-cast predominantly base metal)	250
D6792	Crown (full-cast noble metal)	250
D6793	Provisional Retainer Crown	250
D6794	Crown (titanium)	250
D6970	Cast Post and Core (in addition to fixed partial denture retainer)	130
D6972	Prefabricated Post and Core (in addition to fixed partial denture retainer)	100
D6973	Core Buildup for Retainer (including any pins)	85
D6975	Coping (metal)	225