



**Value Discount Plan
2012 Schedule of Member Fees**

Code	Code Name	Member Fee
D0120	Periodic oral evaluation	15
D0140	Limited oral evaluation - problem focused	10
D0145	Oral evaluation - patient under 3 years of age	12
D0150	Comprehensive oral evaluation - new or established patient	15
D0160	Detailed and extensive oral evaluation - problem focused, by report	20
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	15
D0180	Comprehensive periodontal evaluation - new or established patient	18
D0210	Intraoral - complete series (including bitewings)	32
D0220	Intraoral - periapical first film	6
D0230	Intraoral - periapical each additional film	5
D0240	Intraoral - occlusal film	5
D0250	Extraoral - first film	4
D0270	Bitewing - single film	6
D0272	Bitewings - two films	10
D0273	Bitewings - three films	11
D0274	Bitewings - four films	12
D0277	Vertical bitewings - 7 to 8 films	10
D0330	Panoramic film	35
D0340	Cephalometric film	20% Disc
D1110	Prophylaxis - adult	35
D1120	Prophylaxis - child	20
D1203	Topical application of fluoride (prophylaxis not included) - child	3
D1206	Topical fluoride varnish - therapeutic application for moderate to high caries risk patients	3
D1351	Sealant - per tooth	15
D1510	Space maintainer - fixed - unilateral	80
D1515	Space maintainer - fixed - bilateral	120
D1520	Space maintainer - removable - unilateral	90
D1525	Space maintainer - removable - bilateral	140
D1550	Re-cementation of space maintainer	18
D2140	Amalgam - one surface, primary or permanent	35
D2150	Amalgam - two surfaces, primary or permanent	45
D2160	Amalgam - three surfaces, primary or permanent	60
D2161	Amalgam - four or more surfaces, primary or permanent	65
D2330	Resin-based composite - one surface, anterior	50
D2331	Resin-based composite - two surfaces, anterior	65
D2332	Resin-based composite - three surfaces, anterior	76
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	86
D2390	Resin-based composite crown, anterior	80
D2391	Resin-based composite - one surface, posterior	55
D2392	Resin-based composite - two surfaces, posterior	70
D2393	Resin-based composite - three surfaces, posterior	90
D2394	Resin-based composite - four or more surfaces, posterior	95
D2542	Onlay - metallic - two surfaces	135
D2543	Onlay - metallic - three surfaces	250
D2544	Onlay - metallic - four or more surfaces	295
D2642	Onlay - porcelain/ceramic - two surfaces	285
D2643	Onlay - porcelain/ceramic - three surfaces	330
D2644	Onlay - porcelain/ceramic - four or more surfaces	350
D2663	Onlay - resin-based composite - three surfaces	330
D2710	Crown - resin (indirect)	115
D2720	Crown - resin with high noble metal	395
D2721	Crown - resin with predominantly base metal	390
D2722	Crown - resin with noble metal	390
D2740	Crown - porcelain/ceramic substrate	390
D2750	Crown - porcelain fused to high noble metal	420
D2751	Crown - porcelain fused to predominantly base metal	420

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Code	Code Name	Member Fee
D2752	Crown - porcelain fused to noble metal	420
D2780	Crown - 3/4 cast high noble metal	390
D2781	Crown - 3/4 cast predominantly base metal	390
D2782	Crown - 3/4 cast noble metal	390
D2783	Crown - 3/4 porcelain/ceramic	395
D2790	Crown - full cast high noble metal	390
D2791	Crown - full cast predominantly base metal	340
D2792	Crown - full cast noble metal	340
D2915	Recement cast or prefabricated post and core	25
D2920	Recement crown	25
D2930	Prefabricated stainless steel crown - primary tooth	62
D2931	Prefabricated stainless steel crown - permanent tooth	65
D2932	Prefabricated resin crown	85
D2933	Prefabricated stainless steel crown with resin window	100
D2934	Prefabricated esthetic coated stainless steel crown- primary tooth	62
D2940	Sedative filling	30
D2950	Core buildup, including any pins	75
D2951	Pin retention - per tooth, in addition to restoration	15
D2952	Cast post and core in addition to crown	100
D2953	Each additional cast post - same tooth	44
D2954	Prefabricated post and core in addition to crown	81
D2955	Post removal (not in conjunction with endodontic therapy)	80
D2957	Each additional prefabricated post - same tooth	37
D2960	Labial veneer (resin laminate) - chairside	20% Disc
D2961	Labial veneer (resin laminate) - laboratory	20% Disc
D2962	Labial veneer (porcelain laminate) - laboratory	20% Disc
D2980	Crown repair, by report	45
D3110	Pulp cap - direct (excluding final restoration)	20
D3120	Pulp cap - indirect (excluding final restoration)	16
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	45
D3221	Pulpal debridement, primary and permanent teeth	45
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)	220
D3320	Bicuspid (excluding final restoration)	280
D3330	Molar (excluding final restoration)	350
D3331	Treatment of root canal obstruction; non-surgical access	80
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	140
D3346	Retreatment of previous root canal therapy - anterior	215
D3347	Retreatment of previous root canal therapy - bicuspid	265
D3348	Retreatment of previous root canal therapy - molar	335
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	60
D3410	Apicoectomy/periradicular surgery - anterior	20% Disc
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	20% Disc
D3425	Apicoectomy/periradicular surgery - molar (first root)	20% Disc
D3426	Apicoectomy/periradicular surgery (each additional root)	20% Disc
D3430	Retrograde filling - per root	20% Disc
D3450	Root amputation - per root	20% Disc
D3920	Hemisection (including any root removal), not including root canal therapy	20% Disc
D3950	Canal preparation and fitting of preformed dowel or post	20% Disc
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	20% Disc
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	20% Disc
D4240	Gingival flap procedure, incl root planing - four or more contiguous teeth or bounded teeth spaces/quad	20% Disc
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	20% Disc
D4245	Apically positioned flap	20% Disc
D4249	Clinical crown lengthening - hard tissue	20% Disc

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D4260	Osseous surgery (incl flap entry & closure) - four or more contiguous teeth or bounded teeth spaces/quad	20% Disc
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	20% Disc
D4263	Bone replacement graft - first site in quadrant	20% Disc
D4264	Bone replacement graft - each additional site in quadrant	20% Disc
D4265	Biologic materials to aid in soft and osseous tissue regeneration	20% Disc
D4266	Guided tissue regeneration - resorbable barrier, per site	20% Disc
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	20% Disc
D4268	Surgical revision procedure, per tooth	20% Disc
D4270	Pedicle soft tissue graft procedure	20% Disc
D4271	Free soft tissue graft procedure (including donor site surgery)	20% Disc
D4273	Subepithelial connective tissue graft procedures	20% Disc
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	20% Disc
D4275	Soft tissue allograft	20% Disc
D4276	Combined connective tissue and double pedicle graft	20% Disc
D4320	Provisional splinting - intracoronal	20% Disc
D4321	Provisional splinting - extracoronal	20% Disc
D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant	20% Disc
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	20% Disc
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	57
D4381	Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	20% Disc
D4910	Periodontal maintenance	60
D5110	Complete denture - maxillary	495
D5120	Complete denture - mandibular	495
D5130	Immediate denture - maxillary	515
D5140	Immediate denture - mandibular	515
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	20% Disc
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	20% Disc
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	20% Disc
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	20% Disc
D5225	Maxillary partial denture- flexible base (including any clasps, rests and teeth)	20% Disc
D5226	Mandibular partial denture- flexible base (including any clasps, rests and teeth)	20% Disc
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	20% Disc
D5410	Adjust complete denture - maxillary	25
D5411	Adjust complete denture - mandibular	25
D5421	Adjust partial denture - maxillary	25
D5422	Adjust partial denture - mandibular	24
D5510	Repair broken complete denture base	42
D5520	Replace missing or broken teeth - complete denture (each tooth)	25
D5610	Repair resin denture base	30
D5620	Repair cast framework	28
D5630	Repair or replace broken clasp	35
D5640	Replace broken teeth - per tooth	26
D5650	Add tooth to existing partial denture	30
D5660	Add clasp to existing partial denture	20% Disc
D5710	Rebase complete maxillary denture	20% Disc
D5711	Rebase complete mandibular denture	20% Disc
D5720	Rebase maxillary partial denture	20% Disc
D5721	Rebase mandibular partial denture	20% Disc
D5730	Reline complete maxillary denture (chairside)	20% Disc
D5731	Reline complete mandibular denture (chairside)	20% Disc
D5740	Reline maxillary partial denture (chairside)	20% Disc
D5741	Reline mandibular partial denture (chairside)	20% Disc
D5750	Reline complete maxillary denture (laboratory)	20% Disc

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Code	Code Name	Member Fee
D5751	Reline complete mandibular denture (laboratory)	20% Disc
D5760	Reline maxillary partial denture (laboratory)	20% Disc
D5761	Reline mandibular partial denture (laboratory)	20% Disc
D5810	Interim complete denture (maxillary)	20% Disc
D5811	Interim complete denture (mandibular)	20% Disc
D5820	Interim partial denture (maxillary)	20% Disc
D5821	Interim partial denture (mandibular)	20% Disc
D5850	Tissue conditioning, maxillary	20% Disc
D5851	Tissue conditioning, mandibular	20% Disc
D5860	Overdenture - complete, by report	20% Disc
D5861	Overdenture - partial, by report	20% Disc
D5899	Unspecified removable prosthodontic procedure, by report	20% Disc
D6000-D6199	Unspecified implant procedure, by report	20% Disc
D6205	Pontic - indirect resin based composite	200
D6210	Pontic - cast high noble metal	395
D6211	Pontic - cast predominantly base metal	330
D6212	Pontic - cast noble metal	335
D6240	Pontic - porcelain fused to high noble metal	395
D6241	Pontic - porcelain fused to predominantly base metal	380
D6242	Pontic - porcelain fused to noble metal	395
D6245	Pontic - porcelain/ceramic	395
D6250	Pontic - resin with high noble metal	380
D6251	Pontic - resin with predominantly base metal	375
D6252	Pontic - resin with noble metal	385
D6608	Onlay - porcelain/ceramic, two surfaces	275
D6609	Onlay - porcelain/ceramic, three or more surfaces	320
D6610	Onlay - cast high noble metal, two surfaces	220
D6611	Onlay - cast high noble metal, three or more surfaces	230
D6612	Onlay - cast predominantly base metal, two surfaces	220
D6613	Onlay - cast predominantly base metal, three or more surfaces	230
D6614	Onlay - cast noble metal, two surfaces	220
D6615	Onlay - cast noble metal, three or more surfaces	230
D6720	Crown - resin with high noble metal	385
D6721	Crown - resin with predominantly base metal	395
D6722	Crown - resin with noble metal	385
D6740	Crown - porcelain/ceramic	395
D6750	Crown - porcelain fused to high noble metal	395
D6751	Crown - porcelain fused to predominantly base metal	395
D6752	Crown - porcelain fused to noble metal	390
D6780	Crown - 3/4 cast high noble metal	390
D6781	Crown - 3/4 cast predominantly base metal	375
D6782	Crown - 3/4 cast noble metal	375
D6783	Crown - 3/4 porcelain/ceramic	395
D6790	Crown - full cast high noble metal	385
D6791	Crown - full cast predominantly base metal	340
D6792	Crown - full cast noble metal	340
D6930	Recement fixed partial denture	33
D6970	Cast post and core in addition to fixed partial denture retainer	110
D6972	Prefabricated post and core in addition to fixed partial denture retainer	81
D6973	Core build up for retainer, including any pins	20% Disc
D6976	Each additional cast post - same tooth	20% Disc
D6977	Each additional prefabricated post - same tooth	20% Disc
D7111	Coronal remnants - deciduous tooth	30
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	75
D7220	Removal of impacted tooth - soft tissue	90
D7230	Removal of impacted tooth - partially bony	20% Disc
D7240	Removal of impacted tooth - completely bony	20% Disc

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Code	Code Name	Member Fee
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	20% Disc
D7250	Surgical removal of residual tooth roots (cutting procedure)	20% Disc
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	20% Disc
D7280	Surgical access of an unerupted tooth	20% Disc
D7283	Placement of device to facilitate eruption of impacted tooth	20% Disc
D7285	Biopsy of oral tissue - hard (bone, tooth)	100
D7286	Biopsy of oral tissue - soft (all others)	120
D7287	Cytology sample collection	56
D7288	Brush biopsy- transepithelial sample collection	56
D7290	Surgical repositioning of teeth	20% Disc
D7310	Alveoloplasty in conjunction with extractions - per quadrant	20% Disc
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	20% Disc
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	20% Disc
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	20% Disc
D7410	Excision of benign lesion diameter up to 1.25 cm	20% Disc
D7411	Excision of benign lesion greater than 1.25 cm	20% Disc
D7471	Removal of lateral exostosis (maxilla or mandible)	20% Disc
D7510	Incision and drainage of abscess - intraoral soft tissue	20% Disc
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (incl drainage of mult fascial spaces)	72
D7810-D7899	Unspecified TMD therapy, by report	20% Disc
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	95
D7971	Excision of pericoronal gingiva	20% Disc
D8010-D8999	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	25% Disc
D9110	Palliative (emergency) treatment of dental paid - minor procedure	30
D9120	Fixed partial denture sectioning	20% Disc
D9210	Local anesthesia not in conjunction with operative or surgical procedures	15
D9215	Local anesthesia	9
D9220	Deep sedation/general anesthesia - first 30 minutes	150
D9221	Deep sedation/general anesthesia - each additional 15 minutes	50
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	18
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	100
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	40
D9248	Non-intravenous conscious sedation	130
D9310	Consultation (diagnostic service by dentist or physician other than practitioner providing treatment)	30
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	20
D9440	Office visit - after regularly scheduled hours	40
D9610	Therapeutic parenteral drug, single administration	20% Disc
D9612	Therapeutic parenteral drug, two or more administrations, different medications	20% Disc
D9940	Occlusal guard, by report	160
D9951	Occlusal adjustment - limited	30
D9972	External bleaching- per arch	20% Disc
D9973	External bleaching- per tooth	20% Disc

Benefits illustrated are in summary only. Refer to your Group Certificate booklet for a complete description of benefits, limitations and exclusions.
Administered by: Educators Health Plans Life, Accident, and Health or Educators Mutual Insurance Association