



**Affiliated
Workers Association**
\$1500 Indemnity Dental Plan

Administered by:
**Homeland
HealthCare** 

Underwritten by: **Republic American**
Effective June 1, 2007

This is a Limited Indemnity Dental Plan. The Plan will pay up to the Maximum Benefit Allowance amounts toward the amount billed by your Dentist for each Coded procedure. There is a maximum of \$1500 to be paid per person per Calendar Year. You may visit any Dentist you wish.

There are four levels of procedures:

Level 1: Preventative Procedures (\$50 deductible will be waived for these procedures).

Level 2: Basic Procedures (There is a \$50 deductible applied to these procedures that must be met per person per Calendar Year, and a \$150 deductible applied to Family Coverage).

Level 3: Restorative Procedures (There is a \$50 deductible applied to these procedures that must be met per person per Calendar Year, and a \$150 deductible applied to Family Coverage).

Level 4: Major Procedures (There is a \$50 deductible applied to these procedures that must be met per person per Calendar Year, and a \$150 deductible applied to Family Coverage. **There is a 12 month pre-existing condition limitation that applies to these procedures**).

The patient/member is ultimately responsible for verification as to the accuracy and appropriateness of all fees applicable to any provider. Homeland urges all of its members to verify all fees for proposed treatment via the Schedule of Benefits or with the Member Services Department (1-800-493-4240). The following reimbursement payments apply to any General Dentist or Specialist. *The Member is responsible for any balance due after reimbursement is applied.*

Plan Design Summary: \$50 deductible per person per Calendar Year/\$150 deductible per Family per Calendar Year/\$1500 maximum payout per person per Calendar Year.

No payment will be made for any expense or service not included in this list of Covered Dental Services. A Summary of the Exclusions & Limitations are listed at the end of this schedule of benefits.

Mail Claims to:
Dental Claims Services
PO BOX 831805
Richardson, TX 75083

ADA CODE	Description	Maximum Benefit Allowance	Level of Service
D0110	Initial oral examination (2 per Calendar Year)	\$15.00	1
D0120	Periodic oral evaluation (2 per Calendar Year)	\$20.00	1
D0130	Emergency oral examination	\$12.00	1
D0140	Limited oral evaluation-problem focused	\$20.00	1
D0150	Comprehensive oral evaluation–new or established patient	\$33.00	1
D0160	Detailed and extensive oral evaluation-problem focused	\$20.00	1
D0170	Re-evaluation-limited-problem focused	\$20.00	1
D0180	Comprehensive periodontal evaluation	\$10.00	1
D0210	X-Ray intraoral-complete series (including bitewings)	\$48.00	1
D0220	X-Ray intraoral-periapical first film	\$9.00	1
D0230	X-Ray intraoral-periapical each additional film	\$8.00	1
D0240	X-Ray intraoral-occlusal film	\$13.00	1
D0250	X-Ray extraoral-first film	\$15.00	1
D0260	X-Ray extraoral-each additional film	\$13.00	1
D0270	X-Ray bitewing-single film	\$12.00	1
D0272	X-Ray bitewings-two films	\$18.00	1
D0273	X-Ray bitewings-three films	\$11.00	1
D0274	X-Ray-bitewings-four films	\$26.00	1
D0277	Vertical bitewings-7 to 8 films	\$26.00	1
D0330	Panoramic film (not to replace FMX)	\$40.00	1
D0415	Benologic studies	\$8.00	1
D0460	Pulp Vitality tests	\$11.00	1
D0470	Diagnostic casts	\$32.00	1
D0472	Accession of tissue-gross exam	\$23.00	1
D0473	Accession of tissue-gross & micro	\$23.00	1
D0474	Accession of tissue-gross & micro	\$23.00	1
D0480	Processing & interpretation of cytologic	\$23.00	1
D0501	Histopathologic Exam	\$36.00	1
D1110	Routine prophylaxis-adult	\$38.00	1
D1120	Routine prophylaxis-children under the age of 16	\$28.00	1
D1201	Topical application of fluoride (including prophylaxis)	\$43.00	1
D1203	Topical application of fluoride (excluding prophylaxis)	\$16.00	1
D1204	Topical application of fluoride (excluding prophylaxis)	\$11.00	1
D1205	Topical application of fluoride (excluding prophylaxis)	\$38.00	1
D1351	Application of sealant per tooth	\$23.00	1
D1510	Space maintainer (fixed) unilateral	\$120.00	3
D1515	Space maintainer (fixed) bilateral	\$191.00	3
D1520	Space maintainer (removable) unilateral	\$115.00	3
D1525	Space maintainer (removable) bilateral	\$210.00	3
D1550	Recementation of space maintainer	\$25.00	3
D2110	Amalgam - one surface, primary	\$31.00	2
D2120	Amalgam - two surfaces, primary	\$37.00	2

ADA CODE	Description	Maximum Benefit Allowance	Level of Service
D2130	Amalgam - three surfaces, primary	\$46.00	2
D2131	Amalgam - four or more surfaces, primary	\$54.00	2
D2140	Amalgam-one surface-permanent	\$36.00	2
D2150	Amalgam-two surfaces- permanent	\$44.00	2
D2160	Amalgam-three surfaces-permanent	\$52.00	2
D2161	Amalgam-four or more surfaces-permanent	\$63.00	2
D2190	Pin retention	\$9.00	2
D2210	Silicate cement - per restoration	\$22.00	2
D2330	Resin-based composite-one surface, anterior	\$40.00	2
D2331	Resin-based composite-two surfaces, anterior	\$50.00	2
D2332	Resin-based composite-three surfaces, anterior	\$65.00	2
D2335	Resin-based composite-four or more surfaces or involving incisal angle, anterior	\$76.00	2
D2337	Resin-based composite crown, anterior - permanent	\$76.00	2
D2380	Resin-based composite-one surface, posterior - primary	\$31.00	2
D2381	Resin-based composite-two surfaces, posterior - primary	\$37.00	2
D2382	Resin-based composite-three or more surfaces, posterior - primary	\$46.00	2
D2383	Resin-four or more surfaces, posterior	\$56.00	2
D2385	Resin-one surface, posterior-permanent	\$36.00	2
D2386	Resin-two surfaces, posterior-permanent	\$44.00	2
D2387	Resin-three surfaces, posterior-permanent	\$52.00	2
D2388	Resin-four or more surfaces, posterior-permanent	\$63.00	2
D2390	Resin-based composite crown-anterior	\$56.00	2
D2391	Resin-based composite-one surface	\$28.00	2
D2392	Resin-based composite-two surfaces	\$36.00	2
D2393	Resin-based composite-three surfaces	\$46.00	2
D2394	Resin-based composite-four or more surfaces	\$56.00	2
D2510	Inlay-metallic-one surface	\$136.00	4
D2520	Inlay-metallic-two surfaces	\$164.00	4
D2525	Inlays-two surface (includes onlays)	\$177.00	4
D2530	Inlay-metallic-three or more surfaces	\$182.00	4
D2535	Inlays-three surface (includes onlays)	\$202.00	4
D2540	Onlays-metallic-per tooth in addition to inlay	\$156.00	4
D2542	Onlay-metallic-two surfaces	\$164.00	4
D2543	Onlay-metallic-three surfaces	\$197.00	4
D2544	Onlay-metallic-four or more surfaces	\$206.00	4
D2610	Inlay-porcelain/ceramic-one surface	\$162.00	4
D2620	Inlay-porcelain/ceramic-two surfaces	\$168.00	4
D2630	Inlay-porcelain/ceramic-three or more surfaces	\$189.00	4
D2642	Onlay-porcelain/ceramic-two surfaces	\$200.00	4
D2643	Onlay-porcelain/ceramic-three surfaces	\$213.00	4
D2644	Onlay-porcelain/ceramic-four or more surfaces	\$214.00	4

ADA CODE	Description	Maximum Benefit Allowance	Level of Service
D2640	Onlay	\$213.00	4
D2650	Inlay-composite/resin-one surface (laboratory processed)	\$140.00	4
D2651	Inlay-composite/resin-two surfaces (laboratory processed)	\$152.00	4
D2652	Inlay-composite/resin-three or more surfaces (laboratory processed)	\$178.00	4
D2662	Onlay-composite/resin-two surfaces (laboratory processed)	\$200.00	4
D2663	Onlay-composite/resin-three surfaces (laboratory processed)	\$213.00	4
D2664	Onlay-composite/resin-four or more surfaces (laboratory processed)	\$225.00	4
D2710	Crown-resin (laboratory)	\$79.00	4
D2720	Crown-resin with high noble metal	\$163.00	4
D2721	Crown-resin with predominantly base metal	\$163.00	4
D2722	Crown-resin with noble metal	\$163.00	4
D2740	Crown-porcelain/ceramic substrate	\$215.00	4
D2750	Crown-porcelain fused to high noble metal	\$187.00	4
D2751	Crown-porcelain fused to predominantly base metal	\$187.00	4
D2752	Crown-porcelain fused to noble metal	\$187.00	4
D2780	Crown- $\frac{3}{4}$ cast high noble metal	\$205.00	4
D2781	Crown- $\frac{3}{4}$ cast predominantly base metal	\$206.00	4
D2782	Crown- $\frac{3}{4}$ cast noble metal	\$205.00	4
D2783	Crown- $\frac{3}{4}$ porcelain/ceramic	\$205.00	4
D2790	Crown-full cast high noble metal	\$192.00	4
D2791	Crown-full cast predominantly base metal	\$192.00	4
D2792	Crown-full cast noble metal	\$192.00	4
D2810	Crown - $\frac{3}{4}$ cast metallic	\$205.00	4
D2910	Recement inlay	\$16.00	4
D2920	Recement crown	\$18.00	4
D2930	Prefabricated stainless steel crown-primary tooth	\$76.00	4
D2931	Prefabricated stainless steel crown-permanent tooth	\$97.00	4
D2932	Prefabricated resin crown	\$80.00	4
D2933	Prefabricated stainless steel crown with resin window	\$96.00	4
D2940	Sedative filling	\$32.00	4
D2950	Core buildup, including any pins	\$13.00	4
D2951	Pin retention - per tooth, in addition to restoration	\$50.00	4
D2952	Cast post and core in addition to crown	\$68.00	4
D2953	Cast post-part of crown	\$56.00	4
D2954	Prefabricated post and core in addition to crown	\$60.00	4
D2957	Each additional prefabricated post, same tooth	\$56.00	4
D2960	Labial veneer (laminare) chairside	\$119.00	4
D2961	Labial veneer (resin laminate) laboratory	\$99.00	4
D2962	Labial veneer (porcelain laminate) chairside	\$119.00	4
D2964	Prefabricated opst and core, in addition to crown	\$148.00	4
D2970	Temporary crown (fracture tooth)	\$50.00	3

ADA CODE	Description	Maximum Benefit Allowance	Level of Service
D2980	Crown repair, by report	\$36.00	3
D3110	Pulp Cap-direct	\$19.00	4
D3120	Pulp Cap-indirect	\$13.00	4
D3220	Therapeutic pulpotomy (excluding final restoration)	\$32.00	4
D3221	Gross pulpal debridement, primary and permanent teeth	\$32.00	4
D3230	Pulp therapy (resorbable filling) -anterior, primary tooth	\$43.00	4
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth	\$45.00	4
D3310	Root canal - anterior	\$147.00	4
D3320	Root canal - bicuspid	\$176.00	4
D3330	Root canal - molar	\$231.00	4
D3340	Four or more root canals	\$260.00	4
D3350	Apexification/recalcification-per treatment visit	\$50.00	4
D3351	Apexification/recalcification-initial visit	\$50.00	4
D3352	Apexification/recalcification - interim medication replacement	\$50.00	4
D3353	Apexification/recalcification-final visit	\$50.00	4
D3410	Apicoectomy/periradicular surgery-anterior	\$158.00	4
D3421	Apicoectomy/periradicular surgery-bicuspid (first root)	\$153.00	4
D3425	Apicoectomy/periradicular surgery-molar (first root)	\$160.00	4
D3426	Apicoectomy/periradicular surgery (each additional root)	\$59.00	4
D3430	Retrograde filling-per root	\$59.00	4
D3440	Apical curettage	\$52.00	4
D3450	Root amputation-per root	\$95.00	4
D3920	Hemisection (including any root removal) not including root canal	\$85.00	4
D3940	Recalcification or repair of perforation	\$35.00	4
D4210	Gingivectomy/gingivoplasty-per quadrant	\$87.00	4
D4211	Gingivectomy/gingivoplasty- per tooth	\$34.00	4
D4220	Gingival curettage, surgical, per quadrant, by report	\$47.00	4
D4240	Gingival flap procedure, including root planing - per quadrant	\$157.00	4
D4241	Gingival flap procedure, including root	\$88.00	4
D4249	Clinical crown lengthening-hard tissue	\$169.00	4
D4250	Mucogingival surgery - per quadrant	\$163.00	4
D4260	Osseous surgery - per quadrant	\$217.00	4
D4261	Osseous graft-one site-includes all procedures and materials	\$88.00	4
D4262	Osseous graft-multi site-includes all procedures and materials	\$98.00	4
D4263	Bone replacement graft-first site in quadrant	\$79.00	4
D4264	Bone replacement graft-each additional site in quadrant	\$51.00	4
D4266	Guided tissue regeneration-resorbable barrier, per site, per tooth	\$99.00	4
D4267	Guided tissue regeneration-nonresorbable barrier, per site, per tooth	\$108.00	4
D4268	Grid tissue regeneration including surgical re-entry	\$156.00	4

ADA CODE	Description	Maximum Benefit Allowance	Level of Service
D4270	Pedicle soft tissue graft procedure	\$149.00	4
D4271	Free soft tissue graft procedure (including donor site surgery)	\$188.00	4
D4273	Subepithelial connective tissue graft procedure (including donor site surgery)	\$179.00	4
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$68.00	4
D4275	Soft tissue Allograft	\$127.00	4
D4276	Combined connective tissue	\$127.00	4
D4320	Provisional splinting intracornal-per tooth	\$55.00	4
D4321	Provisional splinting extracornal-per tooth	\$50.00	4
D4341	Periodontal scaling and root planing- per quadrant	\$48.00	4
D4342	Periodontal scaling and post planning	\$45.00	4
D4345	Scaling-in presence of gingival inflammation	\$45.00	4
D4355	Full mouth debridement	\$48.00	4
D4910	Periodontal maintenance procedures (following active therapy)	\$31.00	4
D4940	Guard	\$80.00	3
D5110	Complete denture-maxillary	\$270.00	4
D5120	Complete denture - mandibular	\$258.00	4
D5130	Immediate denture-maxillary	\$270.00	4
D5140	Immediate denture - mandibular	\$241.00	4
D5211	Maxillary partial denture - resin base	\$200.00	4
D5212	Mandibular partial denture - resin base	\$235.00	4
D5213	Maxillary partial denture - cast metal framework with resin denture bases	\$266.00	4
D5214	Mandibular partial denture - cast metal framework with resin denture bases	\$272.00	4
D5281	Removable unilateral partial denture - one piece cast metal	\$149.00	4
D5410	Adjust complete denture-maxillary	\$14.00	3
D5411	Adjust complete denture-mandibular	\$12.00	3
D5415	Complete upper denture-adjustment	\$11.00	3
D5421	Adjust partial denture-maxillary	\$14.00	3
D5422	Adjust partial denture-mandibular	\$14.00	3
D5510	Repair broken complete denture base	\$25.00	3
D5520	Replace missing or broken teeth--complete denture (each tooth)	\$26.00	3
D5610	Repair resin denture base	\$32.00	3
D5620	Repair cast framework	\$30.00	3
D5630	Repair or replace broken clasp	\$31.00	3
D5640	Replace broken teeth-per tooth	\$29.00	3
D5650	Add tooth to existing partial denture	\$36.00	3
D5660	Add clasp to existing partial denture	\$35.00	3
D5670	Replace all teeth & acrylic on cast	\$20.00	3
D5671	Replace all teeth & acrylic on cast	\$20.00	3

ADA CODE	Description	Maximum Benefit Allowance	Level of Service
D5710	Rebase complete maxillary denture	\$88.00	4
D5711	Rebase complete mandibular denture	\$89.00	4
D5715	Rebase of upper or lower complete or partial denture	\$131.00	4
D5720	Rebase maxillary partial denture	\$82.00	4
D5721	Rebase mandibular partial denture	\$86.00	4
D5730	Reline complete maxillary denture (chairside)	\$50.00	3
D5731	Reline complete mandibular denture (chairside)	\$48.00	3
D5735	Reline upper or lower complete or partial denture (chairside)	\$63.00	3
D5740	Reline maxillary partial denture (chairside)	\$48.00	3
D5741	Reline mandibular partial denture (chairside)	\$48.00	3
D5750	Reline complete maxillary denture (laboratory)	\$78.00	3
D5751	Reline complete mandibular denture (laboratory)	\$71.00	3
D5755	Reline upper or lower complete or partial denture	\$94.00	3
D5760	Reline maxillary partial denture (laboratory)	\$75.00	3
D5761	Reline mandibular partial denture (laboratory)	\$73.00	3
D5810	Interim complete upper denture	\$125.00	4
D5811	Interim complete lower denture	\$125.00	4
D5850	Tissue conditioning, maxillary	\$23.00	1
D5851	Tissue conditioning, mandibular	\$24.00	1
D6010	Surgical placement of implant body: endosteal implant	\$357.00	4
D6020	Abutment placement or substitution: endosteal implant	\$168.00	4
D6100	Implant removal, by report	\$37.00	4
D6210	Pontic-cast high noble metal	\$275.00	4
D6211	Pontic-cast predominantly base metal	\$189.00	4
D6212	Pontic-cast noble metal	\$189.00	4
D6240	Pontic-porcelain fused to high noble metal	\$183.00	4
D6241	Pontic-porcelain fused to predominantly base metal	\$183.00	4
D6242	Pontic-porcelain-noble metal	\$273.00	4
D6245	Pontic-porcelain/ceramic	\$263.00	4
D6250	Pontic-resin with high noble metal	\$175.00	4
D6251	Pontic-resin with predominantly base metal	\$175.00	4
D6252	Pontic-resin with noble metal	\$177.00	4
D6253	Fixed provisional partial denture	\$155.00	4
D6519	Inlay/onlay - porcelain ceramic	\$143.00	4
D6520	Inlay - metallic - two surfaces	\$143.00	4
D6530	Inlay - metallic - three or more surfaces	\$191.00	4
D6540	Gold onlay-minimum MOD surfaces	\$34.00	4
D6543	Onlay - metallic - three surfaces	\$197.00	4
D6544	Onlay - metallic - four or more surfaces	\$206.00	4
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$81.00	3
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$81.00	3
D6602	Inlays-cast high noble metal-2 surfaces	\$119.00	4
D6603	Inlays-cast high noble metal-3 surfaces	\$154.00	4

ADA CODE	Description	Maximum Benefit Allowance	Level of Service
D6604	Inlays-predominately base metal-2 surfaces	\$119.00	4
D6605	Inlays-predominately base metal-3 or more surfaces	\$154.00	4
D6606	Inlays-cast noble metal-2 surfaces	\$119.00	4
D6607	Inlays-cast noble metal-3 or more surfaces	\$154.00	4
D6720	Crown-resin with high noble metal	\$160.00	4
D6721	Crown-resin with predominantly base metal	\$177.00	4
D6722	Crown-resin with noble metal	\$160.00	4
D6740	Crow-Porcelain/Ceramic	\$160.00	4
D6750	Crown-porcelain fused to high noble metal	\$191.00	4
D6751	Crown-porcelain fused to predominantly base metal	\$191.00	4
D6752	Crown-porcelain fused to noble metal	\$191.00	4
D6780	Crown ¾ cast high noble metal	\$189.00	4
D6781	Crown ¾ cast predominantly base metal	\$189.00	4
D6782	Crown ¾ cast noble metal	\$189.00	4
D6783	Crown ¾ porcelain/ceramic	\$189.00	4
D6790	Crown full cast high noble metal	\$189.00	4
D6791	Crown full cast predominantly base metal	\$189.00	4
D6792	Crown full cast noble metal	\$244.00	4
D6930	Recement fixed partial denture	\$25.00	3
D6970	Cast post and core in addition to fixed partial denture retainer	\$68.00	4
D6971	Cast post as part of fixed partial denture retainer	\$191.00	4
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$55.00	4
D6973	Core build up for retainer, including any pins	\$42.00	4
D6980	Fixed partial denture repair, by report	\$40.00	4
D7110	Single tooth (extraction)	\$40.00	3
D7120	Each additional tooth (extraction)	\$37.00	3
D7130	Root removal - exposed roots (extraction)	\$53.00	3
D7140	Extraction, erupted tooth or exposed root	\$29.00	3
D7210	Surgical removal of erupted tooth w/ mucoperiosteal flap	\$49.00	3
D7220	Removal of impacted tooth-soft tissue	\$64.00	3
D7230	Removal of impacted tooth-partially bony	\$89.00	4
D7240	Removal of impacted tooth-completely bony	\$121.00	4
D7241	Removal of impacted tooth - completely bony w/unusual complications	\$121.00	4
D7250	Surgical removal of residual tooth roots	\$49.00	4
D7260	Oroantral fistula closure	\$143.00	4
D7270	Tooth reimplantation/stabilization of evulsed or displaced tooth	\$75.00	3
D7272	Tooth transplantation	\$127.00	4
D7280	Surgical exposure of tooth to aid orthodontia	\$131.00	4
D7281	Surgical exposure of an impacted or unerupted tooth to aid eruption	\$80.00	4

ADA CODE	Description	Maximum Benefit Allowance	Level of Service
D7285	Biopsy of oral tissue-hard (bone tooth)	\$60.00	4
D7286	Biopsy of oral tissue-soft (all others)	\$55.00	4
D7291	Transeptal fiberotomy	\$23.00	4
D7310	Alveoloplasty with extractions-per quadrant	\$50.00	4
D7320	Alveoloplasty without extractions-per quadrant	\$61.00	4
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$104.00	4
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts muscle reattachment, revision of soft tissue attachment, & management of hypertrophied & hyperplastic tissue)	\$200.00	4
D7410	Radical excision - lesion diameter up to 1.25 cm	\$81.00	4
D7411	Excision of benign lesion	\$81.00	4
D7412	Excision of benign lesion, complicated	\$88.00	4
D7413	Excision of malignant lesion	\$81.00	4
D7414	Excision of malignant lesion	\$94.00	4
D7415	Excision of malignant lesion-complete	\$138.00	4
D7420	Radical excision of lesion over 1.25 cm	\$81.00	4
D7430	Excision of benign tumor - lesion diameter up to 1.25 cm	\$88.00	4
D7431	Excision of benign tumor - lesion diameter > 1.25 cm	\$138.00	4
D7440	Excision of malignant lesion/tumor	\$88.00	4
D7441	Excision of malignant lesion/tumor-complete	\$138.00	4
D7450	Removal of odontogenic cyst or tumor - lesion up to 1.25 cm	\$88.00	4
D7451	Removal of odontogenic cyst or tumor - lesion greater than 1.25 cm	\$144.00	4
D7460	Removal of benign nonodontogenic apt/tumor up to 1.25 cm	\$94.00	4
D7461	Removal of benign nonodontogenic apt/tumor over 1.25 cm	\$169.00	4
D7470	Removal of exostosis - maxilla or mandible	\$110.00	4
D7480	Partial ostectomy or gutter or saucerization	\$144.00	4
D7510	Incision and drainage of abscess-intraoral soft tissue	\$54.00	3
D7520	Incision and drainage of abscess - extraoral soft tissue	\$44.00	3
D7530	Removal of foreign body, skin, subcutaneous areolar tissue	\$38.00	3
D7550	Partial ostectomy/sequestrectomy	\$75.00	3
D7560	Maxillary sinusotomy for removal of tooth fragment of foreign body	\$242.00	4
D7910	Suture of recent small wounds up to 5 cm	\$19.00	2
D7911	Complicate suture up to 5 cm	\$35.00	2
D7960	Frenulectomy-separate procedure	\$79.00	4
D7970	Excision of hyperplastic tissue-per arch	\$65.00	4
D7971	Excision of pericoronal gingiva	\$35.00	4
D7980	Sialolithotomy	\$21.00	4
D8210	Removable	\$103.00	4
D8220	Fixed	\$103.00	4
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$30.00	2

ADA CODE	Description	Maximum Benefit Allowance	Level of Service
D9220	General anesthesia - first 30 minutes	\$75.00	3
D9221	General anesthesia - each additional 15 minutes	\$58.00	3
D9240	Intravenous sedation	\$78.00	4
D9241	Intravenous sedation - first 30 minutes	\$78.00	4
D9242	Intravenous sedation - each additional 15 minutes	\$58.00	4
D9248	Non-Intravenous conscious sedation	\$13.00	3
D9310	Professional consultation (diagnostic) service	\$25.00	1
D9910	Application of desensitizing medication	\$13.00	1
D9940	Occlusal guard by report	\$119.00	4
D9951	Occlusal guard adjustment-limited	\$19.00	4
D9952	Occlusal guard adjustment-complete	\$88.00	4
D9610	Therapeutic drug injection, by report	\$17.00	4

Summary of Limitations & Exclusions

- There is a \$50(per person per Calendar Year)/\$150 (per family per Calendar Year) deductible applicable to basic, restorative, and major procedures.
- \$1500 annual maximums per person per Calendar Year.
- D0210 full mouth X-Rays or D0330 Panoramic X-ray payable once every 5 years/60 months.
- Prophylaxis and exams are payable one every six months.
- Major services have a 12 month waiting period.
- Missing tooth clause does apply.
- Seven-year replacement on crowns.
- When more than one dental service could provide suitable treatment based on common dental standards, Homeland HealthCare will determine the dental service on which payment will be based and the expenses that will be included as covered expenses. Benefits will be provided for treatment rendered in accordance with accepted dental standards for adequate care. You and your dentist are free to apply this benefit payment to the treatment of your choice; however, you are responsible for the expenses incurred which exceed covered expenses. For this reason, Homeland HealthCare strongly recommends the use of predetermination of benefits when major dental services are needed, so that you and your Dentist know in advance what benefit plan will cover before any treatment begins. Have your Dentist fax a list of the ADA codes and charges to 214-953-1101 ATTN: Predetermination of Benefits.
- General anesthesia and I.V. sedation are paid as a separate benefit only when medically or dentally necessary as determined by Homeland HealthCare, and when administered in conjunction with complex oral surgical procedures which are covered under this plan.
- A complete list of all Limitations & Exclusions can be requested by calling 1-800-493-4240.