



# 2008 DENTAL PLAN COMPARISON CHART



Code	Procedure Description	SILVER		GOLD "MEDIUM"		GOLD "HIGH"		PLATINUM	
		Annual Deductible	Annual Coverage Maximum	In-Network / General Dentist Member Copayment	Out-of-Network Maximum Payment by Dental Select	In-Network / General Dentist Member Copayment	Out-of-Network Maximum Payment by Dental Select	In-Network / General Dentist Member Coinsurance	Out-of-Network Member Coinsurance
<b>PREVENTATIVE</b>									
D120	Periodic oral exam	\$16.00		\$0.00		\$0.00	\$16.00	Services covered at 80%	Services covered at 80%
D150	Comprehensive exam	\$14.00		\$0.00		\$0.00	\$15.00	Services covered at 80%	Services covered at 80%
D170	Re-evaluation	\$10.00		\$0.00		\$0.00	\$10.00	Services covered at 80%	Services covered at 80%
D210	Intraoral Compl. ser. including bitewings	\$34.00		\$0.00		\$0.00	\$35.00	Services covered at 80%	Services covered at 80%
D220	Intraoral - periapical - first film	\$8.00		\$0.00		\$0.00	\$7.00	Services covered at 80%	Services covered at 80%
D230	Intraoral - periapical - each add film	\$5.00		\$0.00		\$0.00	\$5.00	Services covered at 80%	Services covered at 80%
D240	Intraoral - occlusal film	\$4.00		\$0.00		\$0.00	\$4.00	Services covered at 80%	Services covered at 80%
D250	Extraoral - first film	\$3.00		\$0.00		\$0.00	\$3.00	Services covered at 80%	Services covered at 80%
D260	Extraoral - each additional	\$3.00		\$0.00		\$0.00	\$3.00	Services covered at 80%	Services covered at 80%
D272	Bitewings - two films	\$10.00		\$0.00		\$0.00	\$12.00	Services covered at 80%	Services covered at 80%
D330	Panoramic film	\$36.00		\$0.00		\$0.00	\$36.00	Services covered at 80%	Services covered at 80%
D1110	Prophylaxis - adults	\$36.00		\$0.00		\$0.00	\$36.00	Services covered at 80%	Services covered at 80%
D1120	Prophylaxis - child	\$24.00		\$0.00		\$0.00	\$24.00	Services covered at 80%	Services covered at 80%
<b>BASIC</b>									
D140	Limited oral examination	\$10.00		\$0.00		\$0.00	\$10.00	Services covered at 70%	Services covered at 60%
D1351	Sealant - per tooth (14 & under)	\$17.00		\$11.00		\$11.00	\$7.00	Services covered at 70%	Services covered at 60%
<b>AMALGAM (Silver) FILLINGS</b>									
D2140	Amalgam - 1 surf. primary or permanent	\$36.00		\$9.00		\$9.00	\$31.00	Services covered at 70%	Services covered at 60%
D2150	Amalgam - 2 surf. primary or permanent	\$47.00		\$17.00		\$17.00	\$34.00	Services covered at 70%	Services covered at 60%
D2160	Amalgam - 3 surf. primary or permanent	\$57.00		\$23.00		\$23.00	\$38.00	Services covered at 70%	Services covered at 60%
D2161	Amalgam - 4 surf. primary or permanent	\$63.00		\$32.00		\$32.00	\$39.00	Services covered at 70%	Services covered at 60%
<b>ANTERIOR COMPOSITE (White) FILLINGS</b>									
D2330	Resin - 1 surf. anterior	\$56.00		\$33.00		\$33.00	\$31.00	Services covered at 70%	Services covered at 60%
D2331	Resin - 2 surf. anterior	\$68.00		\$36.00		\$36.00	\$39.00	Services covered at 70%	Services covered at 60%
D2332	Resin - 3 surf. anterior	\$79.00		\$39.00		\$39.00	\$43.00	Services covered at 70%	Services covered at 60%
D2335	Resin - 4 surf. or involving incis. Angle	\$90.00		\$46.00		\$46.00	\$50.00	Services covered at 70%	Services covered at 60%
<b>POSTERIOR COMPOSITE (White) FILLINGS</b>									
D2391	Resin - 1 surf. posterior prim. or perm.	\$59.00		\$32.00		\$32.00	\$31.00	Services covered at 70%	Services covered at 60%
D2392	Resin - 2 surf. posterior prim. or perm.	\$75.00		\$44.00		\$44.00	\$38.00	Services covered at 70%	Services covered at 60%
D2393	Resin - 3 surf. posterior prim. or perm.	\$91.00		\$55.00		\$55.00	\$44.00	Services covered at 70%	Services covered at 60%
D2394	Resin - 4+ surf. post. prim. or post.	\$98.00		\$61.00		\$61.00	\$47.00	Services covered at 70%	Services covered at 60%
<b>INLAYS / ONLAYS</b>									
D2642	Onlay - porc./ceram. - 2 surfaces	\$288.00		\$320.00		\$200.00	\$120.00	Services covered at 40%	Services covered at 40%
D2643	Onlay - porc./ceram. - 3 surfaces	\$340.00		\$363.00		\$230.00	\$133.00	Services covered at 40%	Services covered at 40%
D2644	Onlay - porc./ceram. - 4 surfaces	\$365.00		\$410.00		\$265.00	\$145.00	Services covered at 40%	Services covered at 40%
<b>CROWNS</b>									
D2740	Crown - porc./ceram. substrate	\$387.00		\$418.00		\$269.00	\$149.00	Services covered at 40%	Services covered at 40%
D2750	Crown - porc. fused to high noble metal	\$428.00		\$444.00		\$282.00	\$162.00	Services covered at 40%	Services covered at 40%
D2751	Crown - porc. fused to predom base metal	\$429.00		\$432.00		\$285.00	\$147.00	Services covered at 40%	Services covered at 40%
D2752	Crown - porc. fused to noble metal	\$430.00		\$440.00		\$288.00	\$152.00	Services covered at 40%	Services covered at 40%
D2790	Crown - full cast high noble metal	\$390.00		\$405.00		\$250.00	\$155.00	Services covered at 40%	Services covered at 40%
D2791	Crown - full cast predom. base metal	\$340.00		\$350.00		\$210.00	\$140.00	Services covered at 40%	Services covered at 40%
D2792	Crown - full cast noble metal	\$345.00		\$355.00		\$210.00	\$145.00	Services covered at 40%	Services covered at 40%
D2930	Prefab stainl. stl. crown - primary tooth	\$63.00		\$63.00		\$63.00	\$0.00	Services covered at 40%	Services covered at 40%
D2931	Prefab stainl. stl. crown - perm tooth	\$65.00		\$65.00		\$65.00	\$0.00	Services covered at 40%	Services covered at 40%

CONTINUED ON REVERSE SIDE →

ENDODONTICS (ROOT CANALS)	
D3110 Pulp cap - direct excl. final rest.	\$18.00
D3120 Pulp cap - indirect excl. final rest.	\$15.00
D3220 Therapeutic pulpotomy	\$47.00
D3310 Root Canal therapy - anterior	\$235.00
D3320 Root Canal therapy - bicuspid	\$290.00
D3330 Root Canal therapy - molar	\$365.00
D3346 Retreatment root canal - anterior	\$205.00
D3347 Retreatment root canal - bicuspid	\$263.00
D3348 Retreatment root canal - molar	\$334.00

\$19.00
\$15.00
\$49.00
\$245.00
\$304.00
\$388.00
\$218.00
\$268.00
\$340.00

\$19.00	\$0.00
\$15.00	\$0.00
\$49.00	\$0.00
\$165.00	\$80.00
\$217.00	\$87.00
\$298.00	\$90.00
\$168.00	\$50.00
\$202.00	\$66.00
\$257.00	\$83.00

Services covered at 40%	Services covered at 40%
Services covered at 40%	Services covered at 40%
Services covered at 40%	Services covered at 40%
Services covered at 40%	Services covered at 40%
Services covered at 40%	Services covered at 40%
Services covered at 40%	Services covered at 40%
Services covered at 40%	Services covered at 40%
Services covered at 40%	Services covered at 40%
Services covered at 40%	Services covered at 40%
Services covered at 40%	Services covered at 40%

PERIODONTICS	
D4341 Perio - root planing - per quad	20% discount
D4355 Full mouth debridement	\$59.00
D4910 Perio. Maint. proc. after active therapy	\$67.00

\$97.00
\$62.00
\$71.00

\$79.00	\$18.00
\$54.00	\$8.00
\$55.00	\$16.00

Services covered at 40%	Services covered at 40%
Services covered at 40%	Services covered at 40%
Services covered at 40%	Services covered at 40%

PROSTHODONTICS (DENTURES)	
D5110 Complete denture - upper	\$502.00
D5120 Complete denture - lower	\$510.00
D5130 Immediate denture - upper	\$526.00
D5140 Immediate denture - lower	\$526.00
D5211 Maxil. part. denture - resin base	20% discount
D5212 Mand. part. denture - resin base	20% discount

\$510.00
\$510.00
\$530.00
\$530.00
\$417.00
\$417.00

\$401.00	\$109.00
\$401.00	\$109.00
\$421.00	\$109.00
\$421.00	\$109.00
\$326.00	\$91.00
\$326.00	\$91.00

Services covered at 40%	Services covered at 40%
Services covered at 40%	Services covered at 40%
Services covered at 40%	Services covered at 40%
Services covered at 40%	Services covered at 40%
Services covered at 40%	Services covered at 40%
Services covered at 40%	Services covered at 40%

ORAL SURGERY	
D7111 Extraction primary tooth	\$32.00
D7140 Extraction erupted tooth	\$43.00
D7210 Surgical removal of erupted tooth	\$77.00
D7220 Removal impacted tooth - soft tissue	\$92.00
D7230 Remov. Impacted tooth - partial bony	20% discount
D7240 Remov. Impacted tooth - complete bony	20% discount
D7510 Incision & drainage intraoral abscess	20% discount

\$20.00
\$26.00
\$57.00
\$76.00
\$98.00
\$114.00
\$60.00

\$20.00	\$15.00
\$26.00	\$18.00
\$57.00	\$24.00
\$76.00	\$27.00
\$98.00	\$33.00
\$114.00	\$33.00
\$60.00	\$0.00

Services covered at 70%	Services covered at 60%
Services covered at 70%	Services covered at 60%
Services covered at 70%	Services covered at 60%
Services covered at 70%	Services covered at 60%
Services covered at 70%	Services covered at 60%
Services covered at 70%	Services covered at 60%
Services covered at 70%	Services covered at 60%

ORTHODONTIA	
D8010 Children and Adults	20% discount
through Additional In-Network Discount	n/a
D8680 Lifetime Maximum	No Maximum

50%
20% discount
1,000.00

50%	\$0.00
20% discount	n/a
1,000.00	n/a

Services covered at 40%	Services covered at 40%
20% discount	n/a
\$1,000.00	\$1,000.00

MISCELLANEOUS	
D0999 OSHA infection and sterilization	\$10.00
D9110 Palliative Treatment	\$29.00
D2940 Sedative Fillings	\$30.00
D9430 Office visit - no other services	\$25.00
D9440 Office visit - after hours	\$36.00
D9972 External bleaching per arch	20% discount

\$10.00
\$29.00
\$30.00
\$25.00
\$36.00
\$100.00

\$10.00	\$0.00
\$29.00	\$0.00
\$30.00	\$0.00
\$25.00	\$0.00
\$36.00	\$0.00
\$100.00	\$0.00

n/a	n/a
Services covered at 70%	Services covered at 60%
Services covered at 70%	Services covered at 60%
Services covered at 70%	Services covered at 60%
Services covered at 70%	Services covered at 60%
20% discount	20% discount

## HOW TO FIND A PARTICIPATING DENTAL PROVIDER

	SILVER	GOLD "MEDIUM"	GOLD "HIGH"	PLATINUM
Member Services	495-3000	495-3000	495-3000	495-3000
Web Site Address	www.dentalselect.com	www.dentalselect.com	www.dentalselect.com	www.dentalselect.com
Provider Network Lookup	S = Silver	G = Gold	G = Gold	P = Platinum
			n/a	n/a
			n/a	n/a
			n/a	n/a

## 2008 MONTHLY DENTAL PREMIUM RATES

	SILVER	GOLD "MEDIUM"	GOLD "HIGH"	PLATINUM
Single Coverage	\$1.00	\$13.11	\$17.26	\$30.28
Two-Party Coverage	\$3.00	\$23.87	\$31.42	\$54.63
Family Coverage	\$4.00	\$37.45	\$49.30	\$96.40

**THE BENEFITS LISTED ARE IN SUMMARY FORM ONLY.** The above should not be construed to be a complete list of procedures. Copayments and coinsurance percentages listed will be paid according to Dental Select's fee schedules outlined for the 2008 plan year. The summary of fees above are valid through December 31, 2008.