

CARPENTERS' HEALTH AND WELFARE TRUST FUND OF ST. LOUIS

DENTAL FEE SCHEDULE – Effective January 1, 2010



ADA	Description of Service	Fee	ADA	Description of Service	Fee
PREVENTIVE			D2620	Inlay porcelain/ceramic 2 su	\$206
D0120	Periodic oral evaluation	\$25	D2630	Dental onlay porc 3/more sur	\$212
D0140	Limit oral eval problm focus	\$32	D2642	Dental onlay porcelin 2 surf	\$335
D0150	Comprehensive oral evaluation	\$25	D2643	Dental onlay porcelin 3 surf	\$380
D0160	Extensv oral eval prob focus	\$62**	D2644	Dental onlay porc 4/more sur	\$444
D0170	Re-eval,est pt,problem focus	\$32	D2650	Inlay composite/resin one su	\$190
D0180	Comp periodontal evaluation	\$62	D2651	Inlay composite/resin two su	\$285
D0210	Intraor complete film series	\$70	D2652	Dental inlay resin 3/mre sur	\$373
D0220	Intraoral periapical first f	\$12	D2662	Dental onlay resin 2 surface	\$310
D0230	Intraoral periapical ea add	\$10	D2663	Dental onlay resin 3 surface	\$380
D0240	Intraoral occlusal film	\$18	D2664	Dental onlay resin 4/mre sur	\$406
D0250	Extraoral first film	\$30	D2710	Crown resin laboratory	\$125
D0260	Extraoral ea additional film	\$20	D2720	Crown resin w/ high noble me	\$264
D0270	Dental bitewing single film	\$15	D2721	Crown resin w/ base metal	\$235
D0272	Dental bitewings two films	\$20	D2722	Crown resin w/ noble metal	\$235
D0274	Dental bitewings four films	\$36	D2740	Crown porcelain/ceramic subs	\$272
D0277	Vert bitewings-sev to eight	\$36	D2750	Crown porcelain w/ h noble m	\$302
D0290	Dental film skull/facial bon	\$35	D2751	Crown porcelain fused base m	\$264
D0310	Dental saligraphy	\$40	D2752	Crown porcelain w/ noble met	\$264
D0320	Dental tmj arthrogram incl l	\$193	D2780	Crown 3/4 cast hi noble met	\$275
D0321	Dental other tmj films	\$28	D2781	Crown 3/4 cast base metal	\$199
D0322	Dental tomographic survey	\$140	D2782	Crown 3/4 cast noble metal	\$229
D0330	Dental panoramic film	\$50	D2783	Crown 3/4 porcelain/ceramic	\$290
D0340	Dental cephalometric film	\$68	D2790	Crown full cast high noble m	\$240
D0350	Oral/facial images	\$21	D2791	Crown full cast base metal	\$198
D0360	Cone Beam CT	N/C	D2792	Crown full cast noble metal	\$198
D0415	Bacteriologic study	\$61**	D2799	Provisional crown	\$153
D0425	Caries susceptibility test	\$10	D2910	Dental recement inlay	\$26
D0460	Pulp vitality test	\$15	D2920	Dental recement crown	\$28
D0431	Adjunctive pre-diagnostic test	N/C	D2930	Prefab stnlss steel crwn pri	\$86
D0470	Diagnostic casts	\$35	D2931	Prefab stnlss steel crown pe	\$86
D0472	Gross exam, prep & report	\$53	D2932	Prefabricated resin crown	\$70
D0473	Micro exam, prep & report	\$63	D2933	Prefab stainless steel crown	\$100
D0474	Micro w exam of surg margins	\$73	D2940	Dental sedative filling	\$25
D0480	Cytopath smear prep & report	\$108	D2950	Core build-up incl any pins	\$70
D0502	Other oral pathology procedu	BR	D2951	Tooth pin retention	\$12
D0999	Unspecified diagnostic proce	BR	D2952	Post and core cast + crown	\$87
D1110	Dental prophylaxis adult	\$51	D2953	Each addtnl cast post	\$98
D1120	Dental prophylaxis child	\$31	D2954	Prefab post/core + crown	\$87
D1201	Topical fluor w prophy child	\$45	D2955	Post removal	\$360
D1203	Topical fluor w/o prophy chi	\$12	D2957	Each addtnl prefab post	\$56
D1204	Topical fluor w/o prophy adu	Not Covered	D2960	Laminate labial veneer	\$110**
D1205	Topical fluoride w/ prophy a	\$51	D2961	Lab labial veneer resin	\$161**
D1310	Nutri counsel-control caries	\$24	D2962	Lab labial veneer porcelain	\$265**
D1320	Tobacco counseling	Not Covered	D2970	Temporary- fractured tooth	\$61
D1330	Oral hygiene instruction	Not Covered	D2980	Crown repair	\$76**
D1351	Dental sealant per tooth	\$24	D2999	Dental unspc restorative pr	BR
RESTORATIVE			D3110	Pulp cap direct	\$22 D3120
D1510	Space maintainer fxd unilat	\$126	D3220	Pulp cap indirect	\$22
D1515	Fixed bilat space maintainer	\$140	D3221	Therapeutic pulpotomy	\$47
D1520	Remove unilat space maintan	\$141	D3221	Gross pulpal debridement	\$64
D1525	Remove bilat space maintan	\$170	D3230	Pulpal therapy anterior prim	\$116
D1550	Recement space maintainer	\$25	D3240	Pulpal therapy posterior pri	\$116
D2140	Amalgam one surface permanen	\$30	D3310	Anterior	\$249
D2150	Amalgam two surfaces permane	\$45	D3320	Root canal therapy 2 canals	\$306
D2160	Amalgam three surfaces perma	\$65	D3330	Root canal therapy 3 canals	\$390
D2161	Amalgam 4 or > surfaces perm	\$72	D3331	Non-surg tx root canal obs	\$90
D2330	Resin one surface-anterior	\$36	D3332	Incomplete endodontic tx	\$97
D2331	Resin two surfaces-anterior	\$51	D3333	Internal root repair	\$47
D2332	Resin three surfaces-anterio	\$80	D3346	Retreat root canal anterior	\$241**
D2335	Resin 4/> surf or w incis an	\$82	D3347	Retreat root canal bicuspid	\$281**
D2390	Ant resin-based cmpst crown	\$46	D3348	Retreat root canal molar	\$346**
D2391	Post 1 srfc resinbased cmpst	\$36	D3351	Apexification/recalc initial	\$84
D2392	Post 2 srfc resinbased cmpst	\$45	D3352	Apexification/recalc interim	\$94
D2393	Post 3 srfc resinbased cmpst	\$60	D3353	Apexification/recalc final	\$189
D2394	Post >=4srfc resinbase cmpst	\$89	D3410	Apicoect/perirad surg anter	\$174
D2410	Dental gold foil one surface	\$45	D3421	Root surgery bicuspid	\$177
D2420	Dental gold foil two surface	\$60	D3425	Root surgery molar	\$189
D2430	Dental gold foil three surfa	\$60	D3426	Root surgery ea add root	\$70
D2510	Dental inlay metallic 1 surf	\$95	D3430	Retrograde filling	\$81
D2520	Dental inlay metallic 2 surf	\$173	D3450	Root amputation	\$151
D2530	Dental inlay metl 3/more sur	\$212	D3460	Endodontic endosseous implan	\$279**
D2542	Dental onlay metallic 2 surf	\$263	D3470	Intentional replantation	\$180**
D2543	Dental onlay metallic 3 surf	\$375	D3910	Isolation- tooth w rubb dam	Not Covered
D2544	Dental onlay metl 4/more sur	\$385	D3920	Tooth splitting	\$54
D2610	Inlay porcelain/ceramic 1 su	\$212	D3950	Canal prep/fitting of dowel	Not Covered
			D3999	Endodontic procedure	BR
			D4210	Gingivectomy/plasty per quad	\$180
			D4211	Gingivectomy/plasty per toot	\$54

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D4240	Gingival flap proc w/ planin	\$172	D5982	Surgical stent	\$203
D4241	Gngvl flap w rootplan 1-3 th	\$86	D5983	Radiation applicator	BR
D4245	Apically positioned flap	\$231	D5984	Radiation shield	BR
D4249	Crown lengthen hard tissue	\$329	D5985	Radiation cone locator	\$474
D4260	Osseous surgery per quadrant	\$342	D5986	Fluoride applicator	\$50**
D4261	Osseous surgery one to three	\$114	D5987	Commissure splint	BR
D4263	Bone replce graft first site	\$114	D5988	Surgical splint	\$177**
D4264	Bone replce graft each add	\$88**	D5999	Maxillofacial prosthesis	BR
D4265	Bio mtrls to aid soft/os reg	BR	D6010	Odontics endosteal implant (single)	\$440**
D4266	Guided tiss regen resorb	\$125**	D6010	Odontics endosteal implant (double)	\$645**
D4267	Guided tiss regen nonresorb	\$287**	D6010	Odontics endosteal implant (three+)	\$850**
D4268	Guided tissue regeneration	\$238	D6020	Odontics abutment placement	BR
D4270	Pedicle soft tissue graft pr	\$86	D6040	Odontics eosteal implant (single)	\$440**
D4271	Free soft tissue graft proc	\$171	D6040	Odontics eosteal implant (double)	\$645**
D4273	Subepithelial tissue graft	\$210**	D6040	Odontics eosteal implant (three+)	\$850**
D4274	Distal/proximal wedge proc	\$145**	D6050	Odontics transosteal implant (single)	\$440**
D4275	Soft tissue allograft	\$193**	D6050	Odontics transosteal implant (double)	\$645**
D4276	Con tissue w dble ped graft	BR	D6050	Odontics transosteal implant (three+)	\$850**
D4320	Provision splnt intracoronal	\$26	D6053	Implnt/abtmnt spprt remv dnt	\$311**
D4321	Provisional splint extracoro	\$26	D6054	Implnt/abtmnt spprt remvprtl	\$311**
D4341	Periodontal scaling & root	\$52	D6055	Implant connecting bar	BR
D4342	Periodontal scaling 1-3teeth	\$39	D6056	Prefabricated abutment	BR
D4355	Full mouth debridement	\$84	D6057	Custom abutment	BR
D4381	Localized chemo delivery	\$7	D6058	Abutment supported crown	\$302**
D4910	Periodontal maint procedures	\$41	D6059	Abutment supported mtl crown	\$302**
D4920	Unscheduled dressing change	\$46	D6060	Abutment supported mtl crown	\$302**
D4999	Unspecified periodontal proc	BR	D6061	Abutment supported mtl crown	\$302**
			D6062	Abutment supported mtl crown	\$302**
			D6063	Abutment supported mtl crown	\$302**
			D6064	Abutment supported mtl crown	\$302**
			D6065	Implant supported crown	\$302**
			D6066	Implant supported mtl crown	\$302**
			D6067	Implant supported mtl crown	\$302**
			D6068	Abutment supported retainer	BR
			D6069	Abutment supported retainer	BR
			D6070	Abutment supported retainer	BR
			D6071	Abutment supported retainer	BR
			D6072	Abutment supported retainer	BR
			D6073	Abutment supported retainer	BR
			D6074	Abutment supported retainer	BR
			D6075	Implant supported retainer	BR
			D6076	Implant supported retainer	BR
			D6077	Implant supported retainer	BR
			D6078	Implnt/abut suprted fixd dent	\$311**
			D6079	Implnt/abut suprted fixd dent	\$311**
			D6080	Implant maintenance	BR
			D6090	Repair implant	BR
			D6095	Odontics repr abutment	BR
			D6100	Removal of implant	BR
			D6199	Implant procedure	BR
			D6210	Prosthodont high noble metal	\$186
			D6211	Bridge base metal cast	\$151
			D6212	Bridge noble metal cast	\$151
			D6240	Bridge porcelain high noble	\$239
			D6241	Bridge porcelain base metal	\$214
			D6242	Bridge porcelain nobel metal	\$214
			D6245	Bridge porcelain/ceramic	\$153
			D6250	Bridge resin w/high noble	\$204
			D6251	Bridge resin base metal	\$153
			D6252	Bridge resin w/noble metal	\$153
			D6545	Dental retainr cast metl	\$118**
			D6548	Porcelain/ceramic retainer	\$226**
			D6600	Porcelain/ceramic inlay 2srf	BR
			D6601	Porc/ceram inlay >= 3 surfac	BR
			D6602	Cst hgh nble mtl inlay 2 srf	BR
			D6603	Cst hgh nble mtl inlay >=3sr	BR
			D6604	Cst bse mtl inlay 2 surfaces	BR
			D6605	Cst bse mtl inlay >= 3 surfa	BR
			D6606	Cast noble metal inlay 2 sur	BR
			D6607	Cst noble mtl inlay >=3 surf	BR
			D6608	Onlay porc/crmc 2 surfaces	BR
			D6609	Onlay porc/crmc >=3 surfaces	BR
			D6610	Onlay cst hgh nbl mtl 2 srfc	BR
			D6611	Onlay cst hgh nbl mtl >=3srf	BR
			D6612	Onlay cst base mtl 2 surface	BR
			D6613	Onlay cst base mtl >=3 surfa	BR
			D6614	Onlay cst nbl mtl 2 surfaces	BR
			D6615	Onlay cst nbl mtl >=3 surfac	BR
			D6720	Retain crown resin w hi noble	\$220
MAJOR RESTORATIVE					
D5110	Dentures complete maxillary	\$311			
D5120	Dentures complete mandible	\$311			
D5130	Dentures immediat maxillary	\$311			
D5140	Dentures immediat mandible	\$311			
D5211	Dentures maxill part resin	\$217			
D5212	Dentures mand part resin	\$217			
D5213	Dentures maxill part metal	\$353			
D5214	Dentures mandibl part metal	\$353			
D5281	Removable partial denture	\$154			
D5410	Dentures adjust cmplt maxil	\$13			
D5411	Dentures adjust cmplt mand	\$13			
D5421	Dentures adjust part maxill	\$13			
D5422	Dentures adjust part mandbl	\$13			
D5510	Dentur repr broken compl bas	\$46			
D5520	Replace denture teeth complt	\$19			
D5610	Dentures repair resin base	\$46			
D5620	Rep part denture cast frame	\$64			
D5630	Rep partial denture clasp	\$19			
D5640	Replace part denture teeth	\$19			
D5650	Add tooth to partial denture	\$56			
D5660	Add clasp to partial denture	\$81			
D5670	Re;c tth & acrlc on mtl frmwk	BR			
D5710	Dentures rebase cmplt maxil	\$175			
D5711	Dentures rebase cmplt mand	\$175			
D5720	Dentures rebase part maxill	\$140			
D5721	Dentures rebase part mandbl	\$140			
D5730	Denture reln cmplt maxil chr	\$43			
D5731	Denture reln cmplt mand chr	\$86			
D5740	Denture reln part maxil chr	\$43			
D5741	Denture reln part mand chr	\$72			
D5750	Denture reln cmplt max lab	\$82			
D5751	Denture reln cmplt mand lab	\$82			
D5760	Denture reln part maxil lab	\$82			
D5761	Denture reln part mand lab	\$126			
D5810	Denture interm cmplt maxill	Not Covered			
D5811	Denture interm cmplt mandbl	Not Covered			
D5820	Denture interm part maxill	\$159**			
D5821	Denture interm part mandbl	\$162**			
D5850	Denture tiss conditn maxill	\$27			
D5851	Denture tiss conditn mandbl	\$34			
D5860	Overdenture complete	BR			
D5861	Overdenture partial	BR			
D5862	Precision attachment	BR			
D5867	Replacement of precision att	\$39**			
D5875	Prosthesis modification	\$77**			
D5899	Removable prosthodontic proc	BR			
D5911	Facial moulage sectional	\$68			
D5912	Facial moulage complete	\$102			

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ADA	Description of Service	Fee	ADA	Description of Service	Fee
D6721	Crown resin w/base metal	\$196	D9110	Tx dental pain minor proc	\$89
D6722	Crown resin w/noble metal	\$196	D9210	Dent anesthesia w/o surgery	\$55
D6740	Crown porcelain/ceramic	\$200	D9211	Regional block anesthesia	\$70
D6750	Crown porcelain high noble	\$252	D9212	Trigeminal block anesthesia	\$178
D6751	Crown porcelain base metal	\$220	D9215	Local anesthesia	\$31
D6752	Crown porcelain noble metal	\$220	D9220	General anesthesia	\$302
D6780	Crown 3/4 high noble metal	\$168	D9221	General anesthesia ea ad 15m	\$126
D6781	Crown 3/4 cast based metal	\$159	D9230	Analgesia	\$54
D6782	Crown 3/4 cast noble metal	\$160	D9241	Intravenous sedation	\$339
D6783	Crown 3/4 porcelain/ceramic	\$161	D9242	IV sedation ea ad 30 m	\$120
D6790	Crown full high noble metal	\$200	D9248	Sedation (non-iv)	\$272
D6791	Crown full base metal cast	\$165	D9310	Dental consultation	\$108
D6792	Crown full noble metal cast	\$165	D9410	Dental house call	\$30
D6793	Provisional retainer crown	\$80	D9420	Hospital call	\$50
D6920	Dental connector bar	\$339	D9430	Office visit during hours	\$17
D6930	Dental recement bridge	\$30	D9440	Office visit after hours	\$47
D6940	Stress breaker	\$51	D9450	Case presentation tx plan	N/C
D6950	Precision attachment	\$115	D9610	Dent therapeutic drug inject	\$8
D6970	Post & core plus retainer	\$72	D9630	Other drugs/medications	\$15**
D6971	Cast post bridge retainer	\$136	D9910	Dent appl desensitizing med	\$15
D6972	Prefab post & core plus reta	\$102	D9911	Appl desensitizing resin	\$11
D6973	Core build up for retainer	\$136	D9920	Behavior management	Not Covered
D6975	Coping metal	\$21**	D9930	Treatment of complications	\$24**
D6976	Each addtl cast post	\$84	D9940	Dental occlusal guard	\$167**
D6977	Each addtl prefab post	\$45	D9941	Fabrication athletic guard	\$45
D6980	Bridge repair	\$94**	D9950	Occlusion analysis	Not Covered
D6985	Pediatric partial denture fx	BR	D9951	Limited occlusal adjustment	Not Covered
D6999	Fixed prosthodontic proc	BR	D9952	Complete occlusal adjustment	Not Covered
D7111	Coronal remnants deciduous t	\$25	D9970	Enamel microabrasion	Not Covered
D7140	Extraction erupted tooth/exr	\$29	D9971	Odontoplasty 1-2 teeth	Not Covered
D7210	Rem imp tooth w mucoper flap	\$186	D9972	Extrnl bleaching per arch	Not Covered
D7220	Impact tooth remov soft tiss	\$226	D9973	Extrnl bleaching per tooth	Not Covered
D7230	Impact tooth remov part bony	\$301	D9974	Intrnl bleaching per tooth	Not Covered
D7240	Impact tooth remov comp bony	\$371	D9999	Adjunctive procedure	BR
D7241	Impact tooth rem bony w/comp	\$457			
D7250	Tooth root removal	\$194			
D7260	Oral antral fistula closure	\$561			
D7261	Primary closure sinus perf	\$655			
D7270	Tooth reimplantation	\$78			
D7272	Tooth transplantation	\$155			
D7280	Exposure impact tooth orthod	\$390			
D7281	Exposure tooth aid eruption	\$258			
D7282	Mobilize erupted/malpos tooth	\$46			
D7285	Biopsy of oral tissue hard	\$42			
D7286	Biopsy of oral tissue soft	\$42			
D7287	Cytology sample collection	\$30			
D7290	Repositioning of teeth	\$23			
D7291	Transseptal fibrotomy	\$37			
D7310	Alveoplasty w/ extraction	\$26			
D7320	Alveoplasty w/o extraction	\$70			
D7340	Vestibuloplasty ridge extens	\$170			
D7350	Vestibuloplasty exten graft	\$344			
D7510	I&d absc intraoral soft tiss	\$48			
D7520	I&d abscess extraoral	\$105			
D7530	Removal fb skin/areolar tiss	\$74			
D7540	Removal of fb reaction	\$108			
D7550	Removal of sloughed off bone	\$89**			
D7880	Occlusal orthotic appliance	\$167**			
D7953	Bone Replacement graft ridge	Not Covered			
D7960	Frenulectomy/frenulotomy	\$112			
D7971	Excision pericoronar gingiva	\$58			
D7972	Surg redct fibrous tuberosit	\$45			
D7995	Synthetic graft facial bones	BR			
D7996	Implant mandible for augment	BR			
D7997	Appliance removal	BR			
D7999	Oral surgery procedure	BR			
			ORTHODONTICS		
			D8010	Limited dental tx primary	\$135
			D8020	Limited dental tx transition	\$161
			D8030	Limited dental tx adolescent	\$258
			D8040	Limited dental tx adult	\$271
			D8050	Intercep dental tx primary	\$211
			D8060	Intercep dental tx transitn	\$305
			D8070	Compre dental tx transition	\$1,500
			D8080	Compre dental tx adolescent	\$1,500
			D8090	Compre dental tx adult	\$1,500
			D8210	Orthodontic rem appliance tx	\$111
			D8220	Fixed appliance therapy habt	\$129
			D8660	Preorthodontic tx visit	\$51**
			D8670	Periodic orthodontic tx visit	\$1,500
			D8680	Orthodontic retention	\$106
			D8690	Orthodontic treatment	\$64**
			D8691	Repair ortho appliance	\$62**
			D8692	Replacement retainer	Not Covered
			D8999	Orthodontic procedure	BR

** or BR (By Report) -- may require clinical report to determine medical appropriateness.

Orthodontia services and services related to orthodontia are subject to the \$1,500 lifetime maximum. Initial placement of orthodontia appliances and ongoing adjustments are paid on a per month basis up to \$125 per month until treatment is completed or the lifetime maximum is reached, whichever occurs first.

DENTAL CARE BENEFITS

SCHEDULE OF BENEFITS

SERVICE	AMOUNT PAID BY THE PLAN
Deductible	\$25
Annual Benefit Maximum	\$2,000
Lifetime Benefit Maximum for Orthodontia	\$1,500

The dental plan is designed to help you maintain your own and your family's dental health by providing coverage for a wide range of dental expenses. The Plan encourages preventive and ongoing maintenance care, and also provides financial assistance in case you have large dental bills.

THE DEDUCTIBLE

The deductible is the amount of covered dental expenses you must pay each year before you receive dental benefits from the Plan. The deductible is the first \$25 of covered expenses for preventive, basic and major care incurred in a calendar year. There is no deductible for orthodontic care.

BENEFITS PAID BY THE PLAN

Subject to all other provisions of this Plan, dental benefits are payable at 100% up to the maximum fee shown in the Dental Fee Schedule. The dental plan is not designed to cover all of your dental expenses. The Dental Fee Schedule is detailed on the attached dental fee schedule.

MAXIMUM BENEFIT

The maximum benefit for all covered dental services for each covered individual per calendar year is shown in the Schedule of Benefits. The maximum benefit for covered orthodontia expenses for each covered individual's lifetime is shown in the Schedule of Benefits.

ALTERNATE TREATMENT PLANS

Situations frequently arise where there are two or more possible methods of treating a particular dental condition. In these situations, the amount included as covered dental expenses will be limited to the reasonable and customary charges for services that are customarily employed nationwide in the treatment of that condition and recognized by the dental profession to be appropriate in accordance with broadly accepted nationwide standards of dental practice, taking into account the total current oral condition of the covered individual.

PREDETERMINATION OF BENEFITS

Whenever the charges of a dentist for a proposed course of treatment are expected to be \$300 or more, a predetermination of benefits is advised. By using this procedure, you will have an advance estimate of what portion of the cost will be covered.

The dentist's treatment program is filed with the Fund Office for review before beginning the course of treatment. This treatment program details the condition of the patient's mouth, the dentist's proposed services and the charges for those services. The Fund Office will then determine whether the treatment and the related expenses are appropriate, and will notify you and your dentist of the estimated benefits payable based on the planned course of treatment. If a description of the procedures to be performed and an estimate of the dentist's charges are not submitted in advance, benefits will be payable in accordance with the standard features of the Plan and may be less than you expect.

Predetermination of benefits is not intended to interfere with your relationship with your dentist. Rather, it is intended to provide useful information to you and your dentist. You are both informed, in advance of the treatment, of the estimated benefits payable for the proposed course of treatment and of the expenses that will remain your full responsibility.

DENTAL EXCLUSIONS AND LIMITATIONS

No benefits are provided under these Dental Care Provisions for any of the following:

1. Charges for services not specified in the Dental Fee Schedule shown in Appendix C. However, if a charge for a particular service is not included in the Dental Fee Schedule, but the Schedule contains one or more services which, according to customary dental practices, are separately suitable for the dental care of that condition, then a charge will be considered to have been incurred for a service listed in the Schedule that would have produced a professionally satisfactory result.
2. Anything not furnished by a dentist, except X-rays ordered by a dentist and services by a licensed dental hygienist under the dentist's supervision.
3. Charges that are not reasonably necessary or customarily provided for the covered individual's dental condition.
4. Services furnished by or for the U.S. government or any other government unless payment is legally required, or to the extent provided under any governmental program or law under which the individual is, or could be, covered.
5. Services due to an injury or sickness arising out of or in the course of any employment.
6. A denture or fixed bridgework or adding teeth thereto, or a crown or gold restoration, if the denture, fixed bridge, crown or gold restoration is a replacement or modification of one installed less than five years previously.
7. Duplication or replacement of lost or stolen appliances.
8. A portion of a charge for a service in excess of the fixed schedule amount detailed in Appendix C.
9. Any dental services to the extent that benefits are payable under the medical benefits of this Plan.
10. Charges for services or supplies that do not meet accepted standards or dental practice or that are experimental or investigative in nature.
11. Oral hygiene and dietary instruction or plaque control programs.
12. Failure to keep a scheduled appointment with the dentist.
13. Completion of claim forms.
14. Charges for personalization or characterization of dentures.
15. Charges for services or supplies that are cosmetic or reconstructive in nature, unless required as a result of an accidental injury and provided as soon as medically appropriate. Generally, cosmetic and reconstructive procedures alter appearance but do not restore or improve impaired physical function. Facings on crowns, or pontics, posterior to the second bicuspid will always be considered cosmetic.
16. Charges for medications, infection control or medical waste disposal.
17. Injury or sickness resulting from participation in, or as a consequence of having participated in, any criminal or illegal conduct or enterprise.
18. More than two routine examinations and cleanings per calendar year.
19. Treatment, services or supplies received as a result of any injury or sickness sustained due to the act or omission of a third party, unless the covered individual has fully complied with the reimbursement and subrogation provisions of this Plan.
20. Charges for the treatment of any sickness or injury arising from service in the uniformed services of any country.
21. Charges associated with dental implants are limited to the alternate treatment allowable (usually fixed bridge) that would be performed in place of the dental implant treatment.
22. Charges for fluoride or sealants are limited to dependents up to the 16th birthday.