

# *Federal Employees' Supplemental Dental Plan*



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

## **SOUTHERN NEVADA & MOHAVE COUNTY, AZ**

***Member Responsibility for the Services Listed\****  
(\*Member Costs for out of pocket services are subject to change)  
**Effective January 1, 2022**

### **LIMITED DENTAL CARE SERVICES RIDER**

The limited supplemental dental benefit offers the following services to Federal Employees, at a \$5 copay cost per procedure, when accessing a participating provider:

- **Examinations**
- **X-rays**
- **Cleanings and Fluoride Treatments**
- **Amalgam Fillings**
- **Pulp Caps**
- **Denture Adjustments**

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As an added value to the *Limited Dental Care Services Rider*, participating providers offer the following additional services to Federal Employees:

- **Sealants**
- **Oral Surgery**
- **Resin/Composite Fillings**
- **Periodontal Treatment**
- **Root Canals**
- **Crowns and Bridges**
- **Dentures and Partial**
- **Repairs**
- **Re-cementations**

\*Please discuss the given procedure and your cost from the enclosed list with your selected dentist office prior to having the procedure done.

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Participating providers render the services listed above without limitations. There are:

- **No Calendar Year Maximums**
- **No Frequency Limitations for Crowns, Bridges, Dentures or Partial**
- **No Missing Tooth Exclusion for Bridges, Dentures or Partial**
- **No Pre-determination Requirements**

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**Effective January 1, 2022**

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**SERVICES PROVIDED BY A PARTICIPATING PROVIDER  
(General Dentist)**

**MEMBER PAYS**

0120	PERIODIC ORAL EVALUATION	5.00
0140	LIMITED EMERGENCY ORAL EVALUATION - PROBLEM FOCUSED	5.00
0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND CONSELLING WITH PRIMARY CAREGIVER	5.00
0150	COMPREHENSIVE ORAL EVALUATION – NEW OR ESTABLISHED PATIENT	5.00
0160	DETAILED AND EXTENSIVE ORAL EVALUATION – PROBLEM FOCUSED	5.00
0170	RE-EVALUATION – LIMITED, PROBLEM FOCUSED ( <i>ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT</i> )	5.00
0210	INTRA ORAL – COMPLETE SERIES ( <i>INCLUDING BITEWINGS</i> )	5.00
0220	INTRA ORAL – PERIAPICAL – FIRST FILM	5.00
0230	INTRA ORAL – PERIAPICAL – EACH ADDITIONAL FILM ( <i>ALLOWABLE OF THREE (3) PER DATE OF SERVICE</i> )	5.00
0240	INTRA ORAL – OCCLUSAL FILM	5.00
0272	BITEWINGS – TWO FILMS	5.00
0273	BITEWINGS – THREE FILMS	5.00
0274	BITEWINGS – FOUR FILMS	5.00
0330	PANORAMIC FILM	5.00
0460	PULP VITALITY TESTS	5.00
0470	DIAGNOSTIC CASTS	5.00
1110	PROPHYLAXIS – ADULT ( <i>TWO PER CALENDAR YEAR</i> )	5.00
1120	PROPHYLAXIS – CHILD ( <i>TWO PER CALENDAR YEAR</i> )	5.00
1203	TOPICAL APPLICATION OF FLUORIDE – CHILD ( <i>EXCLUDING PROPHYLAXIS</i> ) ( <i>UNDER AGE 18, TWO PER CALENDAR YEAR</i> )	5.00
1204	TOPICAL APPLICATION OF FLUORIDE – ADULT ( <i>EXCLUDING PROPHYLAXIS</i> ) ( <i>UNDER AGE 18, TWO PER CALENDAR YEAR</i> )	5.00
1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARRIES RISK PATIENTS ( <i>UNDER AGE 18, TWO PER CALENDAR YEAR</i> )	5.00
2140	AMALGAM – ONE SURFACE, PRIMARY OR PERMANENT	5.00
2150	AMALGAM – TWO SURFACES, PRIMARY OR PERMANENT	5.00
2160	AMALGAM – THREE SURFACES, PRIMARY OR PERMANENT	5.00
2161	AMALGAM – FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	5.00

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**SERVICES PROVIDED BY A PARTICIPATING PROVIDER  
(General Dentist)**

**MEMBER PAYS**

3110	PULP CAP – DIRECT <i>(EXCLUDING FINAL RESTORATION)</i>	<b>5.00</b>
3120	PULP CAP – INDIRECT <i>(EXCLUDING FINAL RESTORATION)</i>	<b>5.00</b>
5410	ADJUST COMPLETE DENTURE – MAXILLARY	<b>5.00</b>
5411	ADJUST COMPLETE DENTURE – MANDIBULAR	<b>5.00</b>
5421	ADJUST PARTIAL DENTURE – MAXILLARY	<b>5.00</b>
5422	ADJUST PARTIAL DENTURE – MANDIBULAR	<b>5.00</b>
9440	OFFICE VISIT <i>(AFTER REGULARLY SCHEDULED HOURS)</i>	<b>5.00</b>

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**MEMBER PAYS**

		<b>NO CLAIMS BILLED</b>
0250	EXTRAORAL - FIRST FILM	10.00
0260	EXTRAORAL – EACH ADDITIONAL FILM	11.00
0270	BITEWING– SINGLE FILM	11.00
0277	VERTICAL BITEWINGS – 7 to 8 FILMS	11.00
0350	ORAL/ FACIAL IMAGES <i>(INCLUDES INTRA AND EXTRAORAL IMAGES)</i>	10.00
1351	SEALANT – PER TOOTH	18.00
1510	SPACE MAINTAINER – FIXED - UNILATERAL	100.00
1515	SPACE MAINTAINER – FIXED - BILATERAL	150.00
1520	SPACE MAINTAINER – REMOVABLE - UNILATERAL	140.00
1525	SPACE MAINTAINER – REMOVABLE - BILATERAL	175.00
1550	RECEMENTATION OF SPACE MAINTAINER	20.00
1555	REMOVAL OF FIXED SPACE MAINTAINER	20.00
2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	58.00
2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	71.00
2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	85.00
2335	RESIN-BASED COMPOSITE - FOUR SURFACES OR INVOLVING INCISAL ANGLE, ANTERIOR	101.00
2391	RESIN-BASED COMPOSITE – ONE SURFACE, POSTERIOR	70.00
2392	RESIN-BASED COMPOSITE – TWO SURFACES, POSTERIOR	96.00
2393	RESIN-BASED COMPOSITE – THREE SURFACES, POSTERIOR	113.00
2394	RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES, POSTERIOR	113.00
2510	INLAY – METALLIC - ONE SURFACE	202.00
2520	INLAY – METALLIC - TWO SURFACES	245.00
2530	INLAY – METALLIC – THREE OR MORE SURFACES	275.00
2542	ONLAY – METALLIC – TWO SURFACES	245.00
2543	ONLAY – METALLIC – THREE SURFACES	275.00
2544	ONLAY – METALLIC – FOUR OR MORE SURFACES	290.00
2610	INLAY – PORCELAIN / CERAMIC - ONE SURFACE	255.00
2620	INLAY – PORCELAIN / CERAMIC - TWO SURFACES	300.00
2630	INLAY – PORCELAIN / CERAMIC - THREE OR MORE SURFACES	325.00
2642	ONLAY – PORCELAIN / CERAMIC – TWO SURFACES	300.00

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		<b>NO CLAIMS BILLED</b>
2643	ONLAY – PORCELAIN / CERAMIC – THREE SURFACES	325.00
2644	ONLAY – PORCELAIN / CERAMIC – FOUR OR MORE SURFACES	325.00
2650	INLAY – RESIN-BASED COMPOSITE – ONE SURFACE (LAB PROCESSED)	202.00
2651	INLAY – RESIN-BASED COMPOSITE – TWO SURFACES (LAB PROCESSED)	245.00
2652	INLAY – RESIN-BASED COMPOSITE – THREE OR MORE SURFACES (LAB PROCESSED)	275.00
2662	ONLAY – RESIN-BASED COMPOSITE – TWO SURFACES (LAB PROCESSED)	300.00
2663	ONLAY – RESIN-BASED COMPOSITE – THREE SURFACES (LAB PROCESSED)	325.00
2664	ONLAY – RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES (LAB PROCESSED)	325.00
2740	CROWN – PORCELAIN / CERAMIC SUBSTRATE	410.00
2750	CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	430.00
2751	CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	368.00
2752	CROWN – PORCELAIN FUSED TO NOBLE METAL	415.00
2780	CROWN – ¾ CAST HIGH NOBLE METAL	368.00
2781	CROWN – ¾ CAST PREDOMINANTLY BASE METAL	368.00
2782	CROWN – ¾ CAST NOBLE METAL	368.00
2783	CROWN – ¾ PORCELAIN / CERAMIC	368.00
2790	CROWN - FULL CAST HIGH NOBLE METAL	440.00
2791	CROWN – FULL CAST PREDOMINANTLY BASE METAL	368.00
2792	CROWN – FULL CAST NOBLE METAL	415.00
2799	PROVISIONAL CROWN	85.00
2910	RECEMENT INLAY	25.00
2920	RECEMENT CROWN	26.00
2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	84.00
2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	90.00
2932	PREFABRICATED RESIN CROWN - TEMPORARY	85.00
2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW, ANTERIOR - PRIMARY	109.00
2940	SEDA TIVE FILLING	25.00
2950	CORE BUILD-UP, INCLUDING ANY PINS	66.00

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		<b>NO CLAIMS BILLED</b>
2951	PIN RETENTION - PER TOOTH, IN ADDITION TO CROWN	16.00
2952	CAST POST AND CORE IN ADDITION TO CROWN	112.00
2953	EACH ADDITIONAL CAST POST – SAME TOOTH	112.00
2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	96.00
2957	EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH	96.00
2960	LABIAL VENEER ( <i>RESIN LAMINATE</i> ) CHAIRSIDE	220.00
2970	TEMPORARY CROWN ( <i>FRACTURED TOOTH</i> )	82.00
2980	CROWN REPAIR, BY REPORT	80.00
3220	THERAPEUTIC PULPOTOMY ( <i>EXCLUDING FINAL RESTORATION</i> )	48.00
3221	PULPAL DEBRIDEMENT, PRIMARY & PERMANENT TOOTH ( <i>INCLUDED WITH ROOT CANAL THERAPY UNLESS DONE ON SEPARATE DATE OF SERVICE</i> )	48.00
3230	PULPAL THERAPY ( <i>RESORBABLE FILLING</i> ) ANTERIOR – PRIMARY TOOTH ( <i>EXCLUDING FINAL RESTORATION</i> )	88.00
3240	PULPAL THERAPY ( <i>RESORBABLE FILLING</i> ) POSTERIOR - PRIMARY TOOTH ( <i>EXCLUDING FINAL RESTORATION</i> )	88.00
3310	ROOT CANAL THERAPY – ANTERIOR	260.00
3320	ROOT CANAL THERAPY – BICUSPID	300.00
3330	ROOT CANAL THERAPY – MOLAR	435.00
3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE OR FRACTURED TOOTH	35.00
3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	80.00
3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	291.00
3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - BICUSPID	341.00
3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	435.00
3410	APICOECTOMY/ PERIRADICULAR SURGERY - ANTERIOR	210.00
3421	APICOECTOMY/ PERIRADICULAR SURGERY - BICUSPID ( <i>FIRST ROOT</i> )	236.00
3425	APICOECTOMY/ PERIRADICULAR SURGERY – MOLAR ( <i>FIRST ROOT</i> )	274.00
3426	APICOECTOMY/ PERIRADICULAR SURGERY ( <i>EACH ADDITIONAL ROOT</i> )	78.00
3430	RETROGRADE FILLING ( <i>PER ROOT</i> )	80.00
3920	HEMISECTION ( <i>INCLUDING ROOT REMOVAL</i> ) NOT INCLUDING RCT	140.00

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		<b>NO CLAIMS BILLED</b>
4210	GINGIVECTOMY OR GINGIVOPLASTY – FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	<b>200.00</b>
4211	GINGIVECTOMY OR GINGIVOPLASTY – ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	<b>64.00</b>
4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING– FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	<b>284.00</b>
4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING– ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	<b>284.00</b>
4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	<b>200.00</b>
4260	OSSEOUS SURGERY, INCLUDING FLAP ENTRY AND CLOSURE – FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	<b>400.00</b>
4261	OSSEOUS SURGERY, INCLUDING FLAP ENTRY AND CLOSURE - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	<b>400.00</b>
4271	FREE SOFT TISSUE GRAFT <i>(INCLUDING DONOR SITE SURGERY)</i>	<b>300.00</b>
4341	PERIODONTAL SCALING AND ROOT PLANING– FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	<b>88.00</b>
4342	PERIODONTAL SCALING AND ROOT PLANING– ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	<b>88.00</b>
4355	FULL MOUTH DEBRIDEMENT – TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	<b>47.00</b>
4910	PERIODONTAL MAINTENANCE PROPHYLAXIS	<b>42.00</b>
5110	COMPLETE DENTURE – MAXILLARY	<b>580.00</b>
5120	COMPLETE DENTURE – MANDIBULAR	<b>580.00</b>
5130	IMMEDIATE DENTURE – MAXILLARY	<b>630.00</b>
5140	IMMEDIATE DENTURE – MANDIBULAR	<b>630.00</b>
5211	MAXILLARY PARTIAL DENTURE – RESIN BASE <i>(INCLUDING CLASPS, RESTS &amp; TEETH)</i>	<b>402.00</b>
5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE <i>(INCLUDING CLASPS, RESTS &amp; TEETH)</i>	<b>402.00</b>
5213	MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES <i>(INCLUDING CLASPS, RESTS &amp; TEETH)</i>	<b>630.00</b>

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		<b>NO CLAIMS BILLED</b>
5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES ( <i>INCLUDING CLASPS, RESTS &amp; TEETH</i> )	630.00
5510	REPAIR BROKEN COMPLETE DENTURE BASE	55.00
5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE, PER TOOTH	50.00
5610	REPAIR RESIN DENTURE BASE	70.00
5620	REPAIR CAST FRAMEWORK	80.00
5630	REPAIR OR REPLACE BROKEN CLASP	75.00
5640	REPLACE BROKEN TEETH - PER TOOTH	50.00
5650	ADD TOOTH TO EXISTING PARTIAL DENTURE ( <i>REPLACES EXTRACTED TOOTH</i> )	70.00
5660	ADD CLASP TO EXISTING PARTIAL DENTURE	75.00
5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK - MAXILLARY	166.00
5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK - MANDIBULAR	166.00
5710	REBASE COMPLETE MAXILLARY DENTURE	166.00
5711	REBASE COMPLETE MANDIBULAR DENTURE	166.00
5720	REBASE MAXILLARY PARTIAL DENTURE	164.00
5721	REBASE MANDIBULAR PARTIAL DENTURE	164.00
5730	RELINE COMPLETE MAXILLARY DENTURE ( <i>CHAIRSIDE</i> )	90.00
5731	RELINE COMPLETE MANDIBULAR DENTURE ( <i>CHAIRSIDE</i> )	90.00
5740	RELINE MAXILLARY PARTIAL DENTURE ( <i>CHAIRSIDE</i> )	80.00
5741	RELINE MANDIBULAR PARTIAL DENTURE ( <i>CHAIRSIDE</i> )	80.00
5750	RELINE COMPLETE MAXILLARY DENTURE ( <i>LABORATORY</i> )	145.00
5751	RELINE COMPLETE MANDIBULAR DENTURE ( <i>LABORATORY</i> )	145.00
5760	RELINE MAXILLARY PARTIAL DENTURE ( <i>LABORATORY</i> )	145.00
5761	RELINE MANDIBULAR PARTIAL DENTURE ( <i>LABORATORY</i> )	145.00
5820	INTERIM PARTIAL DENTURE - MAXILLARY	150.00
5821	INTERIM PARTIAL DENTURE - MANDIBULAR	150.00
5850	TISSUE CONDITIONING, MAXILLARY - PER DENTURE UNIT	35.00
5851	TISSUE CONDITIONING, MANDIBULAR - PER DENTURE UNIT	35.00
5860	OVERDENTURE - COMPLETE, BY REPORT	690.00

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		<b>NO CLAIMS BILLED</b>
5861	OVERDENTURE – PARTIAL, BYREPORT	<b>690.00</b>
5862	PRECISION ATTACHMENT	<b>140.00</b>
5899	REMOVABLE PROSTHETIC IDENTIFICATION, PER APPLIANCE - (DENTURE / PARTIAL)	<b>30.00</b>
6210	PONTIC – CAST HIGH NOBLE METAL	<b>325.00</b>
6211	PONTIC - CAST PREDOMINANTLY BASE METAL	<b>315.00</b>
6212	PONTIC – CAST NOBLE METAL	<b>320.00</b>
6240	PONTIC – PORCELAIN FUSED TO HIGH NOBLE METAL	<b>430.00</b>
6241	PONTIC – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	<b>368.00</b>
6242	PONTIC – PORCELAIN FUSED TO NOBLE METAL	<b>415.00</b>
6245	PONTIC – PORCELAIN / CERAMIC	<b>430.00</b>
6545	RETAINER – CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	<b>145.00</b>
6548	RETAINER – PORCELAIN / CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	<b>145.00</b>
6600	INLAY – PORCELAIN / CERAMIC, TWO SURFACES	<b>300.00</b>
6601	INLAY – PORCELAIN / CERAMIC, THREE OR MORE SURFACES	<b>325.00</b>
6602	INLAY – CAST HIGH NOBLE METAL, TWO SURFACED	<b>307.00</b>
6603	INLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	<b>337.00</b>
6604	INLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	<b>245.00</b>
6605	INLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	<b>275.00</b>
6606	INLAY – CAST NOBLE METAL, TWO SURFACES	<b>292.00</b>
6607	INLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	<b>322.00</b>
6608	ONLAY – PORCELAIN / CERAMIC, TWO SURFACES	<b>300.00</b>
6609	ONLAY – PORCELAIN / CERAMIC, THREE OR MORE SURFACES	<b>325.00</b>
6610	ONLAY – CAST HIGH NOBLE METAL, TWO SURFACES	<b>307.00</b>
6611	ONLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	<b>337.00</b>
6612	ONLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	<b>245.00</b>
6613	ONLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	<b>275.00</b>
6614	ONLAY – CAST NOBLE METAL, TWO SURFACES	<b>292.00</b>
6615	ONLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	<b>322.00</b>
6740	CROWN – PORCELAIN / CERAMIC	<b>430.00</b>

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**MEMBER PAYS**

		<b>NO CLAMS BILLED</b>
6750	CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	430.00
6751	CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	368.00
6752	CROWN – PORCELAIN FUSED TO NOBLE METAL	415.00
6780	CROWN – ¾ CAST HIGH NOBLE METAL	325.00
6781	CROWN – ¾ CAST PREDOMINANTLY BASE METAL	325.00
6782	CROWN – ¾ CAST NOBLE METAL	325.00
6783	CROWN – ¾ PORCELAIN / CERAMIC	325.00
6790	CROWN – FULL CAST HIGH NOBLE METAL	430.00
6791	CROWN – FULL CAST PREDOMINANTLY BASE METAL	322.00
6792	CROWN – FULL CAST NOBLE METAL	322.00
6930	RECEMENT FIXED PARTIAL DENTURE ( <i>PERMANENT BRIDGE</i> )	34.00
6940	STRESS BREAKER	125.00
6950	PRECISION ATTACHMENT	175.00
6970	CAST POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER ( <i>PERMANENT BRIDGE</i> )	112.00
6971	CAST POST AS PART OF FIXED PARTIAL DENTURE RETAINER ( <i>PERMANENT BRIDGE</i> )	102.00
6972	PREFABRICATED POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER ( <i>PERMANENT BRIDGE</i> )	85.00
6973	CORE BUILD-UP FOR RETAINER, INCLUDING ANY PINS	77.00
6976	EACH ADDITIONAL CAST POST – SAME TOOTH	112.00
6977	EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH	85.00
7111	CORONAL REMNANTS – DECIDUOUS TOOTH	47.00
7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT – ELEVATION AND/OR FORCEPS REMOVAL	47.00
7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP & REMOVAL OF BONE AND/OR SECTION OF TOOTH	70.00
7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	98.00
7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	118.00
7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	168.00
7241	REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY WITH UNUSUAL SURGICAL COMPLICATIONS	168.00
7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS ( <i>CUTTING PROCEDURE</i> )	62.00

*\*The Member Responsibility and costs reflected in this document are available from participating general dentists only for the services listed. All charges are subject to increases and provider participation changes.*

**HEALTH PLAN OF NEVADA, INC.  
SOUTHERN NEVADA & MOHAVE COUNTY, AZ**

*Federal Employees' Supplemental Dental Plan  
Member Responsibility for the Services Listed\**

(\*member costs for out of pocket services are subject to change)

**Effective January 1, 2022**

**ADA  
CODES**

**SERVICES PROVIDED BY A PARTICIPATING PROVIDER  
(General Dentist)**

**MEMBER PAYS**

		<b>NO CLAIMS BILLED</b>
7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	<b>68.00</b>
7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	<b>109.00</b>
7471	REMOVAL OF LATERAL EXOSTOSIS – MAXILLA OR MANDIBLE	<b>130.00</b>
7472	REMOVAL OF TORUS PALATINUS	<b>130.00</b>
7473	REMOVAL OF TORUS MANDIBULARIS	<b>130.00</b>
7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	<b>130.00</b>
7510	INCISION AND DRAINAGE OF ABSCESS – INTRAORAL SOFT TISSUE	<b>45.00</b>
7520	INCISION AND DRAINAGE OF ABSCESS – EXTRAORAL SOFT TISSUE	<b>56.00</b>
7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN OR SUBCUTANEOUS ALVEOLAR TISSUE	<b>86.00</b>
7960	FRENULECTOMY ( <i>FRENECTOMY OR FRENOTOMY</i> ) – SEPARATE PROCEDURE	<b>175.00</b>
7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	<b>130.00</b>
9110	PALLIATIVE ( <i>EMERGENCY</i> ) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	<b>35.00</b>
9120	FIXED PARTIAL DENTURE SECTIONING	<b>25.00</b>
9220	DEEP SEDATION / GENERAL ANESTHESIA – FIRST 30 MINUTES	<b>100.00</b>
9221	DEEP SEDATION / GENERAL ANESTHESIA – EACH ADDITIONAL 15 MINUTES	<b>20.00</b>
9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	<b>25.00</b>
9241	INTRAVENOUS CONSCIOUS SEDATION / ANALGESIA – FIRST 30 MINUTES	<b>60.00</b>
9242	INTRAVENOUS CONSCIOUS SEDATION / ANALGESIA – EACH ADDITIONAL 15 MINUTES	<b>12.00</b>
9910	APPLICATION OF DESENSITIZING MEDICAMENTS	<b>20.00</b>
9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH	<b>20.00</b>

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