

SCHEDULE OF DENTAL PROCEDURES

This schedule accompanies Plan 3 Brochure A82375FL.

TERMS YOU NEED TO KNOW

COVERED PERSON: Any person insured under the coverage type you applied for: individual (named insured listed in the Policy Schedule), named insured/Spouse only (named insured and Spouse), one-parent family (named insured and Dependent Children), or two-parent family (named insured, Spouse, and Dependent Children). *Spouse* is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/Spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age 26 and while covered under the policy. *Dependent Children* are your natural children, stepchildren, legally adopted children, foster children, or children in your custodial care who are under age 26.

EFFECTIVE DATE: The *Effective Date* is the date coverage begins, as shown in the Policy Schedule. It is not the date you signed the application for coverage.

WHAT IS NOT COVERED

Aflac will not pay benefits for losses caused by or resulting from:

- Replacement prosthetics within five years of last placement.
- Treatment involving crowns for a given tooth within five years of last placement, regardless of the type of crown.
- Replacement for inlays or onlays for a given tooth within five years of last placement.
- A dentist's or dental practice's failure to comply with the current ADA coding* convention, including but not limited to upcoding, the overutilization of certain codes, and/or the misrepresentation of services (e.g., unbundling).

Benefits for sealants are limited to secondary molars for Dependent Children under age 16 and will not be payable more often than every five years.

Aflac will not pay benefits for services rendered by you or a member of the immediate family of a Covered Person.

WHAT WE WILL PAY

Aflac will pay the following benefits when a charge is incurred for covered dental treatment that is received while coverage is in force. If a covered ADA code is revised or replaced by the American Dental Association, Aflac will pay the amount shown in the Schedule of Dental Procedures for the code most comparable to the revised or replaced code. Benefits will be paid based on the current ADA coding convention.

A. PREVENTIVE BENEFITS

1. **Dental Wellness Benefit:** This benefit is payable for you or any Covered Person for any one treatment listed below per visit. This benefit is payable once per visit, regardless of the number of treatments received. To be payable, dental wellness visits must be separated by 150 days or more. This benefit is payable twice per policy year, per Covered Person. The treatment must be performed by a dentist or dental hygienist. There is no Waiting Period for this benefit.

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**THIS SCHEDULE OF DENTAL PROCEDURES IS FOR ILLUSTRATIVE PURPOSES ONLY.
REFER TO THE POLICY FOR COMPLETE DEFINITIONS, DETAILS, LIMITATIONS, AND EXCLUSIONS.**

**Underwritten by:
American Family Life Assurance Company of Columbus**

1. Dental Wellness Benefit – continued

| ADA Code | Description | Amount |
|----------|--|--------|
| D0120 | Periodic Oral Evaluation | \$90 |
| D0145 | Oral Evaluation for Patient Wellness | 90 |
| D0150 | Comprehensive Oral Evaluation (new or established patient) | 90 |
| D0160 | Detailed and Extensive Oral Evaluation (problem focused, by report) | 90 |
| D0170 | Re-Evaluation – Limited, Problem (established patient; not postoperative visit) | 90 |
| D0180 | Comprehensive Periodontal Evaluation (new or established patient) | 90 |
| D0425 | Caries Susceptibility Tests | 90 |
| D1110 | Prophylaxis (adult) | 90 |
| D1120 | Prophylaxis (child) | 90 |
| D1203 | Topical Application of Fluoride (child, prophylaxis not included) | 90 |
| D1204 | Topical Application of Fluoride (adult, prophylaxis not included) | 90 |
| D1206 | Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients | 90 |
| D1310 | Nutritional Counseling for Control of Dental Disease | 90 |
| D1320 | Tobacco Counseling for the Control and Prevention of Oral Disease | 90 |
| D1330 | Oral Hygiene Instructions | 90 |
| D4910 | Periodontal Maintenance | 90 |
| D9430 | Office Visit for Observation (during regularly scheduled hours, no other services performed) | 90 |
| D9910 | Application of Desensitizing Medicament | 90 |

- 2. X-Ray Benefit:** This benefit is payable for you or any Covered Person for any one X-ray procedure listed below per visit. This benefit is payable once per visit, regardless of the number of X-rays received. This benefit is payable only once per policy year, per Covered Person. The treatment must be performed by a dentist or dental hygienist. There is no Waiting Period for this benefit.

| ADA Code | Description | Amount |
|----------|--|--------|
| D0210 | Intraoral (complete series, including bitewings) | \$35 |
| D0220 | Intraoral (periapical, first film) | 35 |
| D0230 | Intraoral (periapical, each additional film) | 35 |
| D0240 | Intraoral (occlusal film) | 35 |
| D0250 | Extraoral (first film) | 35 |
| D0260 | Extraoral (each additional film) | 35 |
| D0270 | Bitewing (single film) | 35 |
| D0272 | Bitewings (two films) | 35 |
| D0273 | Bitewings (three films) | 35 |
| D0274 | Bitewings (four films) | 35 |
| D0277 | Vertical Bitewings (seven to eight films) | 35 |
| D0330 | Panoramic Film | 35 |
| D0340 | Cephalometric Film | 35 |

The benefits below are subject to the Waiting Period shown in the Policy Schedule and a Policy Year Maximum of \$2,100 per Covered Person. The benefits listed are per Covered Person. All treatments must be performed by a dentist.

- B. ANNUAL MAXIMUM BUILDING BENEFIT:** Aflac will increase each Covered Person's Policy Year Maximum by \$100 after each 12 consecutive months of the policy's being in force. This benefit builds to a maximum of \$500 per Covered Person.
- C. FILLINGS AND BASIC SERVICES:** Benefits in this category are subject to a three-month Waiting Period. Benefit D0140 is payable only for visits where no other covered services are performed.

C. FILLINGS AND BASIC SERVICES – continued

| ADA Code | Description | Amount |
|----------|--|--------|
| D0140 | Limited Oral Evaluation | \$45 |
| D0290 | Posterior/Anterior or Lateral Skull and Facial Bone Survey Film | 95 |
| D0310 | Sialography | 230 |
| D0415 | Bacteriologic Studies for Determination of Pathologic Agents | 20 |
| D0416 | Viral Culture | 20 |
| D0417 | Collection and Preparation of Saliva Sample for Lab Diagnostic Testing | 20 |
| D0418 | Analysis of Saliva Sample | 20 |
| D0421 | Genetic Test for Susceptibility to Oral Diseases | 20 |
| D0431 | Adjunctive Prediagnostic Test That Aids in Detection of Mucosal Abnormalities, Including Premalignant and Malignant Lesions, Not to Include Cytology or Biopsy | 20 |
| D0460 | Pulp Vitality Tests | 25 |
| D0470 | Diagnostic Casts | 45 |
| D2140 | Amalgam (one surface) | |
| | Primary | 75 |
| | Permanent | 100 |
| D2150 | Amalgam (two surfaces) | |
| | Primary | 90 |
| | Permanent | 110 |
| D2160 | Amalgam (three surfaces) | |
| | Primary | 90 |
| | Permanent | 115 |
| D2161 | Amalgam (four or more surfaces) | |
| | Primary | 100 |
| | Permanent | 130 |
| D2330 | Resin-Based Composite (one surface, anterior) | 100 |
| D2331 | Resin-Based Composite (two surfaces, anterior) | 115 |
| D2332 | Resin-Based Composite (three surfaces, anterior) | 140 |
| D2335 | Resin-Based Composite (four or more surfaces or involving incisal angle, anterior) | 165 |
| D2390 | Resin-Based Composite Crown (anterior) | 165 |
| D2391 | Resin-Based Composite (one surface, posterior) | |
| | Primary | 95 |
| | Permanent | 100 |
| D2392 | Resin-Based Composite (two surfaces, posterior) | |
| | Primary | 110 |
| | Permanent | 115 |
| D2393 | Resin-Based Composite (three surfaces, posterior) | |
| | Primary | 140 |
| | Permanent | 140 |
| D2394 | Resin-Based Composite (four or more surfaces, posterior) | |
| | Primary | 140 |
| | Permanent | 140 |
| D2410 | Gold Foil (one surface) | 320 |
| D2420 | Gold Foil (two surfaces) | 375 |

D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES: Benefits in this category are subject to a three-month Waiting Period. Benefits D9220 and D9230 are not payable for the same surgery.

| ADA Code | Description | Amount |
|----------|---|--------|
| D9110 | Palliative (emergency) Treatment of Dental Pain (minor procedure) | \$45 |
| D9220 | Deep Sedation/General Anesthesia (first 30 minutes) | 115 |
| D9221 | Deep Sedation/General Anesthesia (each additional 15 minutes) | 115 |

D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES – continued

| | | |
|-------|--|-------|
| D9230 | Analgesia, Anxiolysis, Inhalation of Nitrous Oxide | \$115 |
| D9241 | Intravenous Conscious Sedation/Analgesia (first 30 minutes) | 175 |
| D9310 | Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment) | 50 |
| D9410 | House/Extended-Care Facility Call | 50 |
| D9420 | Hospital Call | 50 |
| D9440 | Office Visit (after regularly scheduled hours) | 50 |
| D9450 | Case Presentation, Detailed and Extensive Treatment Planning | 50 |

E. OTHER PREVENTIVE SERVICES: Benefits in this category are subject to a six-month Waiting Period.

| ADA Code | Description | Amount |
|----------|--|--------|
| D1351 | Sealant (per tooth) | \$35 |
| D1510 | Space Maintainer (fixed, unilateral) | 115 |
| D1515 | Space Maintainer (fixed, bilateral) | 150 |
| D1520 | Space Maintainer (removable, unilateral) | 115 |
| D1525 | Space Maintainer (removable, bilateral) | 150 |
| D1550 | Recementation of Space Maintainer | 60 |
| D1555 | Removal of Fixed Space Maintainer | 115 |

F. ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR: Benefits in this category are subject to a six-month Waiting Period.

| ADA Code | Description | Amount |
|----------|--|--------|
| D4210 | Gingivectomy or Gingivoplasty (four or more contiguous teeth or bounded teeth spaces per quadrant) | \$200 |
| D4211 | Gingivectomy or Gingivoplasty (one to three teeth per quadrant) | 65 |
| D4230 | Anatomical Crown Exposure (four or more contiguous teeth per quadrant) | 200 |
| D4231 | Anatomical Crown Exposure (one to three teeth per quadrant) | 65 |
| D4240 | Gingival Flap Procedure, Including Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant) | 345 |
| D4241 | Gingival Flap Procedure, Including Root Planing (one to three teeth per quadrant) | 345 |
| D4249 | Clinical Crown Lengthening (hard tissue) | 375 |
| D4260 | Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant) | 435 |
| D4261 | Osseous Surgery (including flap entry and closure; one to three teeth per quadrant) | 435 |
| D4263 | Bone Replacement Graft (first site in quadrant) | 435 |
| D4264 | Bone Replacement Graft (each additional site in quadrant) | 320 |
| D4270 | Pedicle Soft Tissue Graft Procedure | 435 |
| D4271 | Free Soft Tissue Graft Procedure (including donor site surgery) | 435 |
| D4273 | Subepithelial Connective Tissue Graft Procedures | 460 |
| D4275 | Soft Tissue Allograft | 435 |
| D4320 | Provisional Splinting (intracoronal) | 230 |
| D4321 | Provisional Splinting (extracoronal) | 200 |
| D4341 | Periodontal Scaling and Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant) | 100 |
| D4342 | Periodontal Scaling and Root Planing (one to three teeth per quadrant) | 100 |
| D4355 | Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis | 90 |
| D5410 | Adjust Complete Denture (maxillary) | 45 |
| D5411 | Adjust Complete Denture (mandibular) | 45 |

F. ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR – continued

| | | |
|-------|--|------|
| D5421 | Adjust Partial Denture (maxillary) | \$45 |
| D5422 | Adjust Partial Denture (mandibular) | 45 |
| D5510 | Repair Broken Complete Denture Base | 65 |
| D5520 | Replace Missing or Broken Teeth (complete denture; each tooth) | 60 |
| D5610 | Repair Resin Denture Base | 65 |
| D5620 | Repair Cast Framework | 100 |
| D5630 | Repair or Replace Broken Clasp | 75 |
| D5640 | Replace Broken Teeth (per tooth) | 60 |
| D5650 | Add Tooth to Existing Partial Denture | 70 |
| D5660 | Add Clasp to Existing Partial Denture | 95 |
| D5710 | Rebase Complete Maxillary Denture | 200 |
| D5711 | Rebase Complete Mandibular Denture | 260 |
| D5720 | Rebase Maxillary Partial Denture | 260 |
| D5721 | Rebase Mandibular Partial Denture | 260 |
| D5730 | Reline Complete Maxillary Denture (chairside) | 115 |
| D5731 | Reline Complete Mandibular Denture (chairside) | 115 |
| D5740 | Reline Maxillary Partial Denture (chairside) | 140 |
| D5741 | Reline Mandibular Partial Denture (chairside) | 140 |
| D5750 | Reline Complete Maxillary Denture (laboratory) | 175 |
| D5751 | Reline Complete Mandibular Denture (laboratory) | 175 |
| D5760 | Reline Maxillary Partial Denture (laboratory) | 200 |
| D5761 | Reline Mandibular Partial Denture (laboratory) | 200 |
| D5850 | Tissue Conditioning (maxillary) | 60 |
| D5851 | Tissue Conditioning (mandibular) | 65 |
| D6090 | Repair of Implanted Supported Prosthetic, by Report | 175 |
| D6091 | Replacement of Semiprecision or Precision Attachment (male or female component) of Implant/ Abutment-Supported Prosthesis (per attachment) | 175 |
| D6092 | Recement Implant/Abutment-Supported Crown | 175 |
| D6093 | Recement Implant/Abutment-Supported Fixed Partial Denture | 175 |
| D6095 | Repair of Implanted Abutment, by Report | 175 |
| D6100 | Implant Removal, by Report | 55 |
| D6930 | Recement Fixed Partial Denture | 55 |
| D7111 | Coronal Remnants (deciduous tooth) | 85 |
| D7140 | Extraction, Erupted Tooth, or Exposed Root (elevation and/or forceps removal) | 60 |
| D7210 | Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth | 140 |
| D7220 | Removal of Impacted Tooth (soft tissue) | 165 |
| D7230 | Removal of Impacted Tooth (partially bony) | 200 |
| D7240 | Removal of Impacted Tooth (completely bony) | 230 |
| D7241 | Removal of Impacted Tooth (completely bony, with unusual surgical complications) | 260 |
| D7250 | Surgical Removal of Residual Tooth Roots (cutting procedure) | 105 |
| D7260 | Oroantral Fistula Closure | 290 |
| D7270 | Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth and/or Alveolus | 290 |
| D7280 | Surgical Access of an Unerupted Tooth | 290 |
| D7282 | Mobilization of Erupted or Malpositioned Tooth to Aid Eruption | 100 |
| D7283 | Placement of Device to Facilitate Eruption of Impacted Tooth | 100 |
| D7285 | Biopsy of Oral Tissue – Hard (bone, tooth) | 575 |
| D7286 | Biopsy of Oral Tissue – Soft (all others) | 230 |
| D7310 | Alveoloplasty in Conjunction With Extractions (per quadrant) | 95 |
| D7311 | Alveoloplasty in Conjunction With Extractions (one to three teeth or tooth spaces, per quadrant) | 95 |
| D7320 | Alveoloplasty Not in Conjunction With Extractions (per quadrant) | 110 |

F. ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR – continued

| | | |
|-------|--|-------|
| D7321 | Alveoloplasty Not in Conjunction With Extractions (one to three teeth or tooth spaces, per quadrant) | \$115 |
| D7340 | Vestibuloplasty – Ridge Extension (secondary epithelialization) | 1,265 |
| D7350 | Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue) | 1,180 |
| D7410 | Excision of Benign Lesion (up to 1.25 cm) | 835 |
| D7411 | Excision of Benign Lesion (greater than 1.25 cm) | 835 |
| D7412 | Excision of Benign Lesion (complicated) | 835 |
| D7413 | Excision of Malignant Lesion (up to 1.25 cm) | 980 |
| D7414 | Excision of Malignant Lesion (greater than 1.25 cm) | 980 |
| D7415 | Excision of Malignant Lesion (complicated) | 980 |
| D7440 | Excision of Malignant Tumor (lesion diameter up to 1.25 cm) | 980 |
| D7441 | Excision of Malignant Tumor (lesion diameter greater than 1.25 cm) | 980 |
| D7450 | Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm) | 835 |
| D7451 | Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm) | 835 |
| D7460 | Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm) | 835 |
| D7461 | Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm) | 835 |
| D7471 | Removal of Lateral Exostosis (maxilla or mandible) | 605 |
| D7472 | Removal of Torus Palatinus | 605 |
| D7473 | Removal of Torus Mandibularis | 605 |
| D7485 | Surgical Reduction of Osseous Tuberosity | 665 |
| D7510 | Incision and Drainage of Abscess (intraoral soft tissue) | 150 |
| D7511 | Incision and Drainage of Abscess (intraoral soft tissue – complicated; includes drainage of multiple fascial spaces) | 690 |
| D7520 | Incision and Drainage of Abscess (extraoral soft tissue) | 690 |
| D7521 | Incision and Drainage of Abscess (extraoral soft tissue – complicated; includes drainage of multiple fascial spaces) | 690 |
| D7530 | Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue | 260 |
| D7540 | Removal of Reaction-Producing Foreign Bodies (musculoskeletal system) | 290 |
| D7550 | Partial Osteotomy/Sequestrectomy for Removal of Nonvital Bone | 185 |
| D7560 | Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body | 1,180 |
| D7610 | Maxilla (open reduction; teeth immobilized, if present) | 1,180 |
| D7620 | Maxilla (closed reduction; teeth immobilized, if present) | 1,180 |
| D7630 | Mandible (open reduction; teeth immobilized, if present) | 95 |
| D7640 | Mandible (closed reduction; teeth immobilized, if present) | 130 |
| D7650 | Malar and/or Zygomatic Arch (open reduction) | 1,180 |
| D7660 | Malar and/or Zygomatic Arch (closed reduction) | 835 |
| D7670 | Alveolus (closed reduction, may include stabilization of teeth) | 1,095 |
| D7671 | Alveolus (open reduction, may include stabilization of teeth) | 665 |
| D7710 | Maxilla (open reduction) | 1,180 |
| D7720 | Maxilla (closed reduction) | 1,180 |
| D7730 | Mandible (open reduction) | 115 |
| D7740 | Mandible (closed reduction) | 115 |
| D7750 | Malar and/or Zygomatic Arch (open reduction) | 520 |
| D7760 | Malar and/or Zygomatic Arch (closed reduction) | 520 |
| D7770 | Alveolus (open reduction stabilization of teeth) | 665 |
| D7771 | Alveolus (closed reduction stabilization of teeth) | 1,095 |
| D7960 | Frenulectomy (frenectomy or frenotomy; separate procedure) | 115 |
| D7963 | Frenuloplasty | 100 |
| D7970 | Excision of Hyperplastic Tissue (per arch) | 115 |
| D7971 | Excision of Pericoronal Gingiva | 105 |
| D9120 | Fixed Partial Denture Sectioning | 55 |

G. CROWNS AND MAJOR SERVICES: Benefits in this category are subject to a 12-month Waiting Period.

| ADA Code | Description | Amount |
|----------|---|--------|
| D2510 | Inlay (metallic, one surface) | \$290 |
| D2520 | Inlay (metallic, two surfaces) | 320 |
| D2530 | Inlay (metallic, three or more surfaces) | 520 |
| D2542 | Onlay (metallic, two surfaces) | 375 |
| D2543 | Onlay (metallic, three surfaces) | 405 |
| D2544 | Onlay (metallic, four or more surfaces) | 435 |
| D2610 | Inlay (porcelain/ceramic, one surface) | 320 |
| D2620 | Inlay (porcelain/ceramic, two surfaces) | 375 |
| D2630 | Inlay (porcelain/ceramic, three or more surfaces) | 520 |
| D2642 | Onlay (porcelain/ceramic, two surfaces) | 405 |
| D2643 | Onlay (porcelain/ceramic, three surfaces) | 435 |
| D2644 | Onlay (porcelain/ceramic, four or more surfaces) | 490 |
| D2650 | Inlay (resin-based composite, one surface) | 260 |
| D2651 | Inlay (resin-based composite, two surfaces) | 320 |
| D2652 | Inlay (resin-based composite, three or more surfaces) | 405 |
| D2662 | Onlay (resin-based composite, two surfaces) | 375 |
| D2663 | Onlay (resin-based composite, three surfaces) | 405 |
| D2664 | Onlay (resin-based composite, four or more surfaces) | 405 |
| D2710 | Crown (resin, indirect) | 230 |
| D2712 | Crown (3/4 resin-based composite, indirect) | 230 |
| D2720 | Crown (resin with high noble metal) | 520 |
| D2721 | Crown (resin with predominantly base metal) | 520 |
| D2722 | Crown (resin with noble metal) | 520 |
| D2740 | Crown (porcelain/ceramic substrate) | 520 |
| D2750 | Crown (porcelain fused to high noble metal) | 520 |
| D2751 | Crown (porcelain fused to predominantly base metal) | 520 |
| D2752 | Crown (porcelain fused to noble metal) | 520 |
| D2780 | Crown (3/4-cast high noble metal) | 520 |
| D2781 | Crown (3/4-cast predominantly base metal) | 520 |
| D2782 | Crown (3/4-cast noble metal) | 520 |
| D2783 | Crown (3/4-porcelain/ceramic) | 520 |
| D2790 | Crown (full-cast high noble metal) | 520 |
| D2791 | Crown (full-cast predominantly base metal) | 520 |
| D2792 | Crown (full-cast noble metal) | 520 |
| D2794 | Crown (titanium) | 520 |
| D2910 | Recement Inlay | 50 |
| D2915 | Recement Cast or Prefabricated Post and Core | 50 |
| D2920 | Recement Crown | 50 |
| D2930 | Prefabricated Stainless Steel Crown (primary tooth) | 100 |
| D2931 | Prefabricated Stainless Steel Crown (permanent tooth) | 110 |
| D2932 | Prefabricated Resin Crown | 165 |
| D2933 | Prefabricated Stainless Steel Crown With Resin Window | 175 |
| D2934 | Prefabricated Esthetic-Coated Stainless Steel Crown (primary tooth) | 100 |
| D2940 | Sedative Filling | 45 |
| D2950 | Core Buildup (including any pins) | 100 |
| D2951 | Pin Retention (per tooth, in addition to restoration) | 30 |
| D2952 | Cast Post and Core (in addition to crown) | 150 |
| D2954 | Prefabricated Post and Core (in addition to crown) | 165 |
| D2955 | Post Removal (not in conjunction with endodontic therapy) | 115 |
| D2970 | Temporary Crown (fractured tooth) | 110 |
| D2980 | Crown Repairs, by Report | 260 |
| D3110 | Pulp Cap (direct, excluding final restoration) | 35 |

G. CROWNS AND MAJOR SERVICES – continued

| | | |
|-------|--|------|
| D3120 | Pulp Cap (indirect, excluding final restoration) | \$35 |
| D3220 | Therapeutic Pulpotomy (excluding final restoration) Removal of Pulp Coronal to the Dentinoce-mental Junction and Application of Medicament | 60 |
| D3222 | Partial Pulpotomy for Apexogenesis (perm tooth with incomplete root development) | 60 |
| D3230 | Pulpal Therapy (resorbable filling; anterior, primary tooth, excluding final restoration) | 65 |
| D3240 | Pulpal Therapy (resorbable filling; posterior, primary tooth, excluding final restoration) | 65 |
| D3310 | Anterior (excluding final restoration, root canal) | 320 |
| D3320 | Bicuspid (excluding final restoration, root canal) | 375 |
| D3330 | Molar (excluding final restoration, root canal) | 490 |
| D3346 | Retreatment of Previous Root Canal Therapy (anterior) | 290 |
| D3347 | Retreatment of Previous Root Canal Therapy (bicuspid) | 345 |
| D3348 | Retreatment of Previous Root Canal Therapy (molar) | 460 |
| D3351 | Apexification/Recalcification (initial visit; apical closure/calcific repair of perforations, root resorption, etc.) | 200 |
| D3352 | Apexification/Recalcification (interim medication replacement; apical closure/calcific repair of perforations, root resorption, etc.) | 55 |
| D3353 | Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/ calcific repair of perforations, root resorption, etc.) | 100 |
| D3410 | Apicoectomy/Periradicular Surgery (anterior) | 210 |
| D3421 | Apicoectomy/Periradicular Surgery (bicuspid; first root) | 435 |
| D3425 | Apicoectomy/Periradicular Surgery (molar; first root) | 490 |
| D3426 | Apicoectomy/Periradicular Surgery (each additional root) | 165 |
| D3430 | Retrograde Filling (per root) | 115 |
| D3450 | Root Amputation (per root) | 230 |
| D3920 | Hemisection (including any root removal; not including root canal therapy) | 185 |
| D3950 | Canal Preparation and Fitting of Preformed Dowel or Post | 90 |

H. MAJOR PROSTHETIC SERVICES: Benefits in this category are subject to a 24-month Waiting Period.

| ADA Code | Description | Amount |
|----------|---|--------|
| D5110 | Complete Denture (maxillary) | \$665 |
| D5120 | Complete Denture (mandibular) | 665 |
| D5130 | Immediate Denture (maxillary) | 665 |
| D5140 | Immediate Denture (mandibular) | 665 |
| D5211 | Maxillary Partial Denture (resin base, including any conventional clasps, rests, and teeth) | 575 |
| D5212 | Mandibular Partial Denture (resin base, including any conventional clasps, rests, and teeth) | 575 |
| D5213 | Maxillary Partial Denture (cast metal framework with resin denture bases, including any conventional clasps, rests, and teeth) | 805 |
| D5214 | Mandibular Partial Denture (cast metal framework with resin denture bases, including any conventional clasps, rests, and teeth) | 805 |
| D5225 | Maxillary Partial Denture (flexible base, including any clasps, rests, and teeth) | 805 |
| D5226 | Mandibular Partial Denture (flexible base, including any clasps, rests, and teeth) | 805 |
| D5281 | Removable Unilateral Partial Denture (one-piece cast metal, including clasps and teeth) | 435 |
| D5670 | Replace All Teeth and Acrylic on Cast Metal Framework (maxillary) | 60 |
| D5671 | Replace All Teeth and Acrylic on Cast Metal Framework (mandibular) | 60 |
| D5810 | Interim Complete Denture (maxillary) | 345 |
| D5811 | Interim Complete Denture (mandibular) | 345 |
| D5820 | Interim Partial Denture (maxillary) | 260 |
| D5821 | Interim Partial Denture (mandibular) | 260 |
| D6010 | Surgical Placement of Implant Body: Endosteal Implant | 920 |
| D6012 | Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant | 920 |

H. MAJOR PROSTHETIC SERVICES – continued

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|-------|---|-------|
| D6040 | Surgical Placement: Eposteal Implant | \$920 |
| D6050 | Surgical Placement: Transosteal Implant | 920 |
| D6056 | Prefabricated Abutment (includes placement) | 920 |
| D6057 | Custom Abutment (includes placement) | 920 |
| D6058 | Abutment-Supported Porcelain/Ceramic Crown | 575 |
| D6059 | Abutment-Supported Porcelain Fused to Metal Crown (high noble metal) | 575 |
| D6060 | Abutment-Supported Porcelain Fused to Metal Crown (predominantly base metal) | 575 |
| D6061 | Abutment-Supported Porcelain Fused to Metal Crown (noble metal) | 575 |
| D6062 | Abutment-Supported Cast Metal Crown (high noble metal) | 575 |
| D6063 | Abutment-Supported Cast Metal Crown (predominantly base metal) | 575 |
| D6064 | Abutment-Supported Cast Metal Crown (noble metal) | 575 |
| D6065 | Implant-Supported Porcelain/Ceramic Crown | 575 |
| D6066 | Implant-Supported Porcelain Fused to Metal Crown (titanium, titanium alloy, high noble metal) | 575 |
| D6067 | Implant-Supported Metal Crown (titanium, titanium alloy, high noble metal) | 575 |
| D6068 | Abutment-Supported Retainer for Porcelain/Ceramic FPD | 575 |
| D6069 | Abutment-Supported Retainer for Porcelain Fused to Metal FPD (high noble metal) | 575 |
| D6070 | Abutment-Supported Retainer for Porcelain Fused to Metal FPD (predominantly base metal) | 575 |
| D6071 | Abutment-Supported Retainer for Porcelain Fused to Metal FPD (noble metal) | 575 |
| D6072 | Abutment-Supported Retainer for Cast Metal FPD (high noble metal) | 575 |
| D6073 | Abutment-Supported Retainer for Cast Metal FPD (predominantly base metal) | 575 |
| D6074 | Abutment-Supported Retainer for Cast Metal FPD (noble metal) | 575 |
| D6075 | Implant-Supported Retainer for Ceramic FPD | 575 |
| D6076 | Implant-Supported Retainer for Porcelain Fused to Metal FPD (titanium, titanium alloy, or high noble metal) | 575 |
| D6077 | Implant-Supported Retainer for Cast Metal FPD (titanium, titanium alloy, or high noble metal) | 575 |
| D6078 | Implant/Abutment-Supported Fixed Denture for Completely Edentulous Arch | 575 |
| D6079 | Implant/Abutment-Supported Fixed Denture for Partially Edentulous Arch | 575 |
| D6080 | Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis | 320 |
| D6094 | Abutment-Supported Crown (titanium) | 575 |
| D6194 | Abutment-Supported Retainer Crown for FPD (titanium) | 575 |
| D6205 | Pontic (indirect resin-based composite) | 575 |
| D6210 | Pontic (cast high noble metal) | 520 |
| D6211 | Pontic (cast predominantly base metal) | 520 |
| D6212 | Pontic (cast noble metal) | 520 |
| D6214 | Pontic (titanium) | 575 |
| D6240 | Pontic (porcelain fused to high noble metal) | 520 |
| D6241 | Pontic (porcelain fused to predominantly base metal) | 520 |
| D6242 | Pontic (porcelain fused to noble metal) | 520 |
| D6245 | Pontic (porcelain/ceramic) | 520 |
| D6250 | Pontic (resin with high noble metal) | 520 |
| D6251 | Pontic (resin with predominantly base metal) | 520 |
| D6252 | Pontic (resin with noble metal) | 520 |
| D6253 | Provisional Pontic | 520 |
| D6545 | Retainer (cast metal for resin-bonded fixed prosthesis) | 220 |
| D6548 | Retainer (porcelain/ceramic for resin-bonded fixed prosthesis) | 220 |
| D6600 | Inlay (porcelain/ceramic, two surfaces) | 375 |
| D6601 | Inlay (porcelain/ceramic, three or more surfaces) | 520 |
| D6602 | Inlay (cast high noble metal, two surfaces) | 460 |
| D6603 | Inlay (cast high noble metal, three or more surfaces) | 490 |
| D6604 | Inlay (cast predominantly base metal, two surfaces) | 460 |

H. MAJOR PROSTHETIC SERVICES – continued

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|-------|---|-------|
| D6605 | Inlay (cast predominantly base metal, three or more surfaces) | \$490 |
| D6606 | Inlay (cast noble metal, two surfaces) | 460 |
| D6607 | Inlay (cast noble metal, three or more surfaces) | 490 |
| D6608 | Onlay (porcelain/ceramic, two surfaces) | 405 |
| D6609 | Onlay (porcelain/ceramic, three or more surfaces) | 435 |
| D6610 | Onlay (cast high noble metal, two surfaces) | 490 |
| D6611 | Onlay (cast high noble metal, three or more surfaces) | 520 |
| D6612 | Onlay (cast predominantly base metal, two surfaces) | 490 |
| D6613 | Onlay (cast predominantly base metal, three or more surfaces) | 520 |
| D6614 | Onlay (cast noble metal, two surfaces) | 490 |
| D6615 | Onlay (cast noble metal, three or more surfaces) | 520 |
| D6624 | Inlay (titanium) | 490 |
| D6634 | Onlay (titanium) | 520 |
| D6710 | Crown (indirect resin-based composite) | 520 |
| D6720 | Crown (resin with high noble metal) | 520 |
| D6721 | Crown (resin with predominantly base metal) | 520 |
| D6722 | Crown (resin with noble metal) | 520 |
| D6740 | Crown (porcelain/ceramic) | 520 |
| D6750 | Crown (porcelain fused to high noble metal) | 520 |
| D6751 | Crown (porcelain fused to predominantly base metal) | 520 |
| D6752 | Crown (porcelain fused to noble metal) | 520 |
| D6780 | Crown (3/4-cast high noble metal) | 520 |
| D6781 | Crown (3/4-cast predominantly base metal) | 520 |
| D6782 | Crown (3/4-cast noble metal) | 520 |
| D6783 | Crown (3/4-porcelain/ceramic) | 520 |
| D6790 | Crown (full-cast high noble metal) | 520 |
| D6791 | Crown (full-cast predominantly base metal) | 520 |
| D6792 | Crown (full-cast noble metal) | 520 |
| D6793 | Provisional Retainer Crown | 520 |
| D6794 | Crown (titanium) | 520 |
| D6970 | Cast Post and Core (in addition to fixed partial denture retainer) | 200 |
| D6972 | Prefabricated Post and Core (in addition to fixed partial denture retainer) | 165 |
| D6973 | Core Buildup for Retainer (including any pins) | 130 |
| D6975 | Coping (metal) | 375 |

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