

Federal Employees' Supplemental Dental Plan



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

SOUTHERN NEVADA

*Co-payments & Discounted Services**
(*Rates for discounted services are subject to change)
Effective January 1, 2016

LIMITED DENTAL CARE SERVICES RIDER

The limited supplemental dental benefit offers the following services to Federal Employees, at a \$5 co-payment 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 discounted 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 from the enclosed list, along with the applicable discount, 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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ADA CODES	SERVICES PROVIDED BY A PARTICIPATING PROVIDER (General Dentist)	MEMBER PAYS*
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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	INTRAORAL – COMPLETE SERIES (<i>INCLUDING BITEWINGS</i>)	5.00
0220	INTRAORAL – PERIAPICAL – FIRST FILM	5.00
0230	INTRAORAL – PERIAPICAL – EACH ADDITIONAL FILM (<i>ALLOWABLE OF THREE (3) PER DATE OF SERVICE</i>)	5.00
0240	INTRAORAL – 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
1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS (<i>UNDER AGE 18, TWO PER CALENDAR YEAR</i>)	5.00
1208	TOPICAL APPLICATION OF FLUORIDE – EXCLUDING VARNISH (<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
3110	PULP CAP – DIRECT (<i>EXCLUDING FINAL RESTORATION</i>)	5.00
3120	PULP CAP – INDIRECT (<i>EXCLUDING FINAL RESTORATION</i>)	5.00
5410	ADJUST COMPLETE DENTURE – MAXILLARY	5.00

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5411	ADJUST COMPLETE DENTURE – MANDIBULAR	5.00
5421	ADJUST PARTIAL DENTURE – MAXILLARY	5.00
5422	ADJUST PARTIAL DENTURE – MANDIBULAR	5.00
9440	OFFICE VISIT <i>(AFTER REGULARLY SCHEDULED HOURS)</i>	5.00
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

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2940	SEDATIVE FILLING	25.00
2950	CORE BUILD-UP, INCLUDING ANY PINS	66.00
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

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3920	HEMISECTION (<i>INCLUDING ANY ROOT REMOVAL</i>), NOT INCLUDING ROOT CANAL THERAPY	140.00
4210	GINGIVECTOMY OR GINGIVOPLASTY – FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	200.00
4211	GINGIVECTOMY OR GINGIVOPLASTY – ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	64.00
4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	284.00
4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	284.00
4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	200.00
4260	OSSEOUS SURGERY, INCLUDING FLAP ENTRY AND CLOSURE – FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	400.00
4261	OSSEOUS SURGERY, INCLUDING FLAP ENTRY AND CLOSURE - ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	400.00
4271	FREE SOFT TISSUE GRAFT (<i>INCLUDING DONOR SITE SURGERY</i>)	300.00
4341	PERIODONTAL SCALING AND ROOT PLANING – FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	88.00
4342	PERIODONTAL SCALING AND ROOT PLANING – ONE TO THREE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES, PER QUADRANT	88.00
4355	FULL MOUTH DEBRIDEMENT – TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	47.00
4910	PERIODONTAL MAINTENANCE PROPHYLAXIS	42.00
5110	COMPLETE DENTURE – MAXILLARY	580.00
5120	COMPLETE DENTURE – MANDIBULAR	580.00
5130	IMMEDIATE DENTURE – MAXILLARY	630.00
5140	IMMEDIATE DENTURE – MANDIBULAR	630.00
5211	MAXILLARY PARTIAL DENTURE – RESIN BASE (<i>INCLUDING CLASPS, RESTS & TEETH</i>)	402.00
5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (<i>INCLUDING CLASPS, RESTS & TEETH</i>)	402.00
5213	MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (<i>INCLUDING CLASPS, RESTS &</i>	630.00

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	<i>TEETH)</i>	
5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (<i>INCLUDING CLASPS, RESTS & 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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5861	OVERDENTURE – PARTIAL, BY REPORT	690.00
5862	PRECISION ATTACHMENT	140.00
5899	REMOVABLE PROSTHETIC IDENTIFICATION, PER APPLIANCE - (DENTURE / PARTIAL)	30.00
6210	PONTIC – CAST HIGH NOBLE METAL	325.00
6211	PONTIC - CAST PREDOMINANTLY BASE METAL	315.00
6212	PONTIC – CAST NOBLE METAL	320.00
6240	PONTIC – PORCELAIN FUSED TO HIGH NOBLE METAL	430.00
6241	PONTIC – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	368.00
6242	PONTIC – PORCELAIN FUSED TO NOBLE METAL	415.00
6245	PONTIC – PORCELAIN / CERAMIC	430.00
6545	RETAINER – CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	145.00
6548	RETAINER – PORCELAIN / CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	145.00
6600	INLAY – PORCELAIN / CERAMIC, TWO SURFACES	300.00
6601	INLAY – PORCELAIN / CERAMIC, THREE OR MORE SURFACES	325.00
6602	INLAY – CAST HIGH NOBLE METAL, TWO SURFACED	307.00
6603	INLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	337.00
6604	INLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	245.00
6605	INLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	275.00
6606	INLAY – CAST NOBLE METAL, TWO SURFACES	292.00
6607	INLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	322.00
6608	ONLAY – PORCELAIN / CERAMIC, TWO SURFACES	300.00
6609	ONLAY – PORCELAIN / CERAMIC, THREE OR MORE SURFACES	325.00
6610	ONLAY – CAST HIGH NOBLE METAL, TWO SURFACES	307.00
6611	ONLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	337.00
6612	ONLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	245.00
6613	ONLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	275.00
6614	ONLAY – CAST NOBLE METAL, TWO SURFACES	292.00
6615	ONLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	322.00
6740	CROWN – PORCELAIN / CERAMIC	430.00
6750	CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	430.00

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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
7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	68.00

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7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	109.00
7471	REMOVAL OF LATERAL EXOSTOSIS – MAXILLA OR MANDIBLE	130.00
7472	REMOVAL OF TORUS PALATINUS	130.00
7473	REMOVAL OF TORUS MANDIBULARIS	130.00
7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	130.00
7510	INCISION AND DRAINAGE OF ABSCESS – INTRAORAL SOFT TISSUE	45.00
7520	INCISION AND DRAINAGE OF ABSCESS – EXTRAORAL SOFT TISSUE	56.00
7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN OR SUBCUTANEOUS ALVEOLAR TISSUE	86.00
7960	FRENULECTOMY (<i>FRENECTOMY OR FRENOTOMY</i>) – SEPARATE PROCEDURE	175.00
7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	130.00
9110	PALLIATIVE (<i>EMERGENCY</i>) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	35.00
9120	FIXED PARTIAL DENTURE SECTIONING	25.00
9220	DEEP SEDATION / GENERAL ANESTHESIA – FIRST 30 MINUTES	100.00
9221	DEEP SEDATION / GENERAL ANESTHESIA – EACH ADDITIONAL 15 MINUTES	20.00
9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	25.00
9241	INTRAVENOUS CONSCIOUS SEDATION / ANALGESIA – FIRST 30 MINUTES	60.00
9242	INTRAVENOUS CONSCIOUS SEDATION / ANALGESIA – EACH ADDITIONAL 15 MINUTES	12.00
9910	APPLICATION OF DESENSITIZING MEDICAMENTS	20.00
9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH	20.00

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