

**\$7.00\* COPAY EACH COVERED SERVICE VISIT AT UFCD**  
**\*SELECTED DENTURE THERAPY SERVICES REQUIRE \$50.00 COPAY**

**NOTE: Health care services NOT listed in this Attachment are Non-Covered Oral Health Care Services. For example, Orthodontia is a Non-Covered Oral Health Care Services.**

**\$1,000.00 per Enrollee maximum per calendar year. If enrolled in CHOICES Disease Management, the maximum per calendar year is \$1,200.00.**

**Additional \$1,000.00 maximum per calendar year for Denture Therapy Services.**

<b>CHOICES Health Services Covered Dental Services</b>			
<b>CPT</b>	<b>PROCEDURE</b>	<b>SERVICE LIMIT</b>	<b>FEE</b>
<b>BASIC</b>			
0120	Periodic Exam	yearly	\$30.00
0140	Limited Exam	as needed	\$30.00
0150	Comprehensive Exam	yearly	\$58.00
0160	Detailed and Problem Focused Exam	as needed	\$35.00
0210	Full Mouth Series	1/3yrs	\$63.00
0220	X-ray (Single)	as needed	\$15.00
0230	X-ray (Each Additional)	as needed	\$10.00
0240	X-ray (Occlusal)	as needed	\$20.00
0270	X-ray (Bitewing)	as needed	\$16.00
0272	X-ray (2/3 Bitewing)	yearly	\$26.00
0274	X-ray (4 Bitewings)	yearly	\$32.00
0330	Panorex	yearly	\$53.00
0460	Pulp vitality test	as needed	\$10.00
<b>PREVENTIVE</b>			
1110	Prophylaxis (Adult)	2/year	\$45.00
1204	Topical Fluoride (adult)	2/year	\$15.00
1310	Topical Fluoride Varnish	4/year	\$15.00
1330	Oral Hygiene Instruction	2/year	\$16.00
1351	Sealant – per tooth	as needed	\$15.00
2999	Sealant – each add'l tooth, same visit	as needed	\$8.00
1310	Nutritional Counseling	2/year	\$25.00
<b>RESTORATIVE</b>			
2140	Amalgam 1 surf. (perm)	as needed	\$50.00
2150	Amalgam 2 surf. (perm)	as needed	\$70.00

2160	Amalgam 3 surf. (perm)	as needed	\$80.00
2161	Amalgam 4 surf. (perm)	as needed	\$90.00
2330	Resin/Composite 1 surf. (perm)	as needed	\$50.00
2331	Resin/Composite 2 surf. (perm)	as needed	\$60.00
2332	Resin/Composite 3 surf. (perm)	as needed	\$65.00
2335	Resin/Composite 4+ surfs. (perm)	as needed	\$80.00
2391	Resin – one surface, posterior, permanent	as needed	\$60.00
2392	Resin – two surfaces, posterior – permanent	as needed	\$80.00
2393	Resin – three or more surfaces, posterior – permanent	as needed	\$90.00
2394	Resin-based composite – 4 or more surfaces, posterior permanent	as needed	\$100.00
2920	Recement Crown	as needed	\$30.00
6930	Recement Bridge	as needed	\$45.00
2940	Sedative Filling	as needed	\$35.00
2951	Pin retention (excl. of restoration)	as needed	\$20.00
3110	Pulp Cap	as needed	\$40.00
3120	Indirect Pulp Cap	as needed	\$30.00
2950	Core Buildup	as needed	\$70.00
2954	Prefab. Post and Core	as needed	\$90.00
<b>ENDODONTICS</b>			
3310	Root Canal Therapy – anterior, single canal (excluding final restoration)	as needed	\$225.00
3320	Root Canal Therapy – bicuspid, single canal (excluding final restoration)	as needed	\$250.00
3330	Root Canal Therapy – molar (excluding final restoration)	as needed	\$350.00
3346	Retreatment – anterior	as needed	\$255.00
3347	Retreatment – premolar	as needed	\$275.00
3348	Retreatment – molar	as needed	\$350.00
<b>PERIODONTICS</b>			
4341	Scaling and Root Planing = 4+ teeth/quad.	≤4/year	\$70.00
4342	Scaling and Root Planing = ≤3 teeth/quad	≤4/year	\$50.00
4355	Full Debridement for Oral Exam	as needed	\$60.00
4380	Phase I Perio Evaluation	1/year	\$45.00

4910	Periodontal Maintenance (SPT)	≤4/year	\$50.00
<b>ORAL SURGERY</b>			
7140	Extraction (Single Tooth)	as needed	\$50.00
7210	Surgical Extraction of Erupted Tooth	as needed	\$65.00
7220	Removal of Impacted Tooth – soft tissue	as needed	\$70.00
7230	Removal of Impacted Tooth – partial bony	as needed	\$105.00
7240	Removal of Impacted Tooth – completely bony	as needed	\$140.00
7241	Removal of Impacted Tooth – completely bony with unusual surgical complications	as needed	\$380.00
7250	Surgical Removal of Residual Tooth Roots Cutting Procedure	as needed	\$190.00
7260	Oral Antral Fistula Closure	as needed	\$120.00
7285	Biopsy of Oral Tissue – hard	as needed	\$70.00
7286	Biopsy of Oral Tissue – soft	as needed	\$60.00
7310	Alveoplasty in Conjunction with Extractions – per quadrant	as needed	\$60.00
7320	Alveoplasty not in Conjunction with Extractions – per quadrant	as needed	\$75.00
7470	Removal of Exostosis	as needed	\$95.00
7471	Removal of Exostosis – per site	as needed	\$410.00
7510	Surgical Incision and Drainage	as needed	\$63.00
<b>MISCELLANEOUS</b>			
9110	Palliative Emergency Treatment	as needed	\$45.00
9230	Analgesia – inhaled (nitrous oxide)	as needed	\$30.00
9310	Consult Professional	as needed	\$80.00

**DENTURE THERAPY SERVICES**

**Additional \$1,000.00 maximum per calendar year for Denture Therapy Services.**

**\*Selected services require \$50.00 Copay**

PROCEDURE	CODE	FEES	SERVICE LIMIT
<b>DENTURE SERVICES:</b>			
Diagnostic Casts	0470	\$15.00	yearly
<b>*Complete Upper Denture - \$50.00 Copay</b>	5110	\$400.00	every 5 years
<b>*Complete Lower Denture - \$50.00 Copay</b>	5120	\$400.00	every 5 years
<b>*Immediate Upper Denture - \$50.00 Copay</b>	5130	\$450.00	initial placement limit
<b>*Immediate Lower Denture - \$50.00 Copay</b>	5140	\$450.00	initial placement limit
<b>*Overdenture – Complete - \$50.00 Copay</b>	5860	\$440.00	every 5 years
Adjust Complete Denture - upper	5410	\$35.00	as needed
Adjust Complete Denture - lower	5411	\$35.00	as needed
Repair Broken Complete Denture Base	5510	\$80.00	as needed
Replace Missing or Broken teeth - complete denture (each tooth)	5520	\$70.00	as needed
Rebase Complete Upper Denture	5710	\$250.00	yearly
Rebase Complete Lower Denture	5711	\$250.00	yearly
Reline Upper Complete Denture (chairside)	5730	\$100.00	yearly
Reline Lower Complete Denture (chairside)	5731	\$100.00	yearly
Reline Upper Complete Denture (laboratory)	5750	\$170.00	yearly
Reline Lower Complete Denture (laboratory)	5751	\$170.00	yearly
<b>*Interim Complete Denture – upper - \$50.00 Copay</b>	5810	\$250.00	Initial placement limit
<b>*Interim Complete Denture – lower - \$50.00 Copay</b>	5811	\$250.00	Initial placement limit
Tissue Conditioning - upper	5850	\$60.00	yearly
Tissue Conditioning - lower	5851	\$60.00	yearly
<b>PARTIAL DENTURE SERVICES:</b>			
<b>*Upper Partial - resin base (including clasps, rests and teeth) - \$50.00 Copay</b>	5211	\$300.00	yearly
<b>*Lower Partial - resin base (including clasps, rests and teeth) - \$50.00 Copay</b>	5212	\$300.00	yearly
<b>*Upper Partial - cast metal base with resin saddles (including clasps, rests and teeth) - \$50.00 Copay</b>	5213	\$500.00	every 5 years
<b>*Lower Partial – cast metal base with resin saddles (including clasps, rests and teeth) - \$50.00 Copay</b>	5214	\$500.00	every 5 years
<b>* Unilateral Partial Denture – cast metal (including clasps and teeth) - \$50.00 Copay</b>	5281	\$250.00	every 5 years
<b>*Interim Partial Denture – upper - \$50.00 Copay</b>	5820	\$200.00	initial placement limit
<b>*Interim Partial Denture - lower - \$50.00 Copay</b>	5821	\$200.00	initial placement limit
<b>*Overdenture – Partial - \$50.00 Copay</b>	5861	\$480.00	every 5 years

Adjust Partial Denture - upper	5421	\$35.00	as needed
Adjust Partial Denture - lower	5422	\$35.00	as needed
Repair Resin Saddle or Base	5610	\$110.00	as needed
Repair Cast Framework	5620	\$110.00	as needed
Repair or Replace Broken Clasp	5630	\$110.00	as needed
Replace Broken Tooth - partial denture per tooth	5640	\$70.00	as needed
Add Tooth to Existing Partial Denture	5650	\$110.00	as needed
Add Clasp to Existing Partial Denture	5660	\$110.00	as needed
Rebase Upper Partial Denture	5720	\$250.00	yearly
Rebase Lower Partial Denture	5721	\$250.00	yearly
Reline Upper Partial Denture (chairside)	5740	\$95.00	yearly
Reline Lower Partial Denture (chairside)	5741	\$95.00	yearly
Reline Upper Partial Denture (laboratory)	5760	\$165.00	yearly
Reline Lower Partial Denture (laboratory)	5761	\$165.00	yearly