WMI MUTUAL INSURANCE COMPANY
SCHEDULE OF BENEFITS SUMMARY
Montana Silver 2 Plan

Eligible services and treatments are covered at the benefit levels shown below, and are subject to all other terms, limitations, and exclusions as set forth in the Policy.

	PPO PROVIDERS	NON-PPO PROVIDERS
This plan covers Essential Benefits. "Essential Benefits" means: 1) Ambulatory patient services; 2) Emergency services; 3) Hospitalization; 4) Maternity and newborn care; 5) Mental health and substance abuse, including behavioral health treatment; 6) Prescription drugs; 7) Rehabilitative and habilitative services and devices; 8) Laboratory services; 9) Preventive and wellness services and chronic disease management; and 10) Pediatric services, including oral and vision care. There are no annual or lifetime dollar limits applicable to essential benefits. Any benefit-specific dollar limits referenced in the Schedule of Benefits pertain only to those health care services and supplies that are not essential benefits.		
DEDUCTIBLE PER CALENDAR YEAR: Deductible does not apply to PPO preventive and wellness services.		
Per Individual	$2,500 for medical and Prescription Drug services	
Per Family	$5,000 for medical and Prescription Drug services	
MAXIMUM OUT-OF-POCKET AMOUNT PER CALENDAR YEAR: Amounts paid for non-covered care or treatment do not apply towards the Out-of-Pocket amounts.		
Per Individual	$4,000 for medical and Prescription Drug services	
Per Family	$8,000 for medical and Prescription Drug services	
The Plan will pay the designated coinsurance percentage of Covered Services until Out-of-Pocket amounts are reached, at which time the Plan will pay 100% of Covered Services during the Calendar Year.		
COVERED SERVICES	**PPO PROVIDERS (coinsurance amount paid by the Plan)**	**NON-PPO PROVIDERS (coinsurance amount paid by the Plan)**
Note: Any visit maximums listed below are the total for PPO and Non-PPO expenses combined. For example, if a maximum of 60 days is listed twice under a service, the Calendar Year maximum is 60 days total which may be split between PPO and Non-PPO providers		
Hospital Services		
• **Room and Board**	70% after Deductible, of the facility's semi-private room rate	55% after Deductible, of the facility's semi-private room rate
• **Intensive Care**	70% after Deductible, of the hospital's ICU charge	55% after Deductible, of the hospital's ICU charge
• **Skilled Nursing Facility**	70% after Deductible, of the facility's semi-private room rate, limited to 60 days per Calendar Year	55% after Deductible, of the facility's semi-private room rate, limited to 60 days per Calendar Year
Outpatient hospital and ambulatory patient services	70% after Deductible	55% after Deductible

Emergency Department Services	70% after Deductible	70% after Deductible, if services are for an Emergency* as defined below, otherwise, 55% after Deductible
***Emergency** means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) so that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: 1) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman and her unborn child) in serious jeopardy; 2) serious impairment to bodily functions; or 3) serious dysfunction of any bodily organ or part.		
Physician Services		
• **Inpatient Visits**	70% after Deductible	55% after Deductible
• **Office Visits/Specialist Visits**	70% after Deductible	55% after Deductible
• **Surgery**	70% after Deductible	55% after Deductible
Home Health Care	70% after Deductible, limited to 180 visits per Calendar Year	55% after Deductible, limited to 180 visits per Calendar Year
Laboratory tests, diagnostic x-rays, ultrasounds	70% after Deductible	55% after Deductible
Imaging (MRI, CAT/PET scans)	70% after Deductible	55% after Deductible
Hospice Care	70% after Deductible	55% after Deductible
Ambulance Service	70% after Deductible	55% after Deductible
Jaw Joint/TMJ	70% after Deductible	55% after Deductible
Physical Therapy, Occupational Therapy and Speech Therapy for Rehabilitative and Habilitative purposes	70% after Deductible	55% after Deductible
Habilitative Services	70% after Deductible	55% after Deductible
Durable Medical Equipment (Limited to no more than purchase price)	70% after Deductible	55% after Deductible
Prosthetics	70% after Deductible	55% after Deductible
Spinal Manipulation and Modalities	70% after Deductible	55% after Deductible
Mental Illness Treatment		
• **Inpatient**	70% after Deductible	55% after Deductible
• **Outpatient**	70% after Deductible	55% after Deductible
Alcohol/Drug Addiction Treatment		
• **Inpatient**	70% after Deductible	55% after Deductible
• **Outpatient**	70% after Deductible	55% after Deductible
Organ Transplants and Joint Implants (refer to Plan for specific types)	70% after Deductible	55% after Deductible
Maternity Services	70% after Deductible	55% after Deductible
Circumcisions	70% after Deductible	55% after Deductible

Sleep studies	70% after Deductible	55% after Deductible
Sleep apnea treatment	70% after Deductible	55% after Deductible
Preventive Care		
• **U.S. Preventive Services Task Force screening and tests with a rating of A or B**	100% (not subject to Deductible)	55% after Deductible
• **Routine immunizations for children, adolescents and adults**[1]	100% (not subject to Deductible)	55% after Deductible
[1]Subject to the guidelines as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control		
• **U.S. Health Resources and Services Administration screening and tests for infants, children, adolescents and women**	100% (not subject to Deductible)	55% after Deductible
• **Routine physical examinations and check-ups, including well baby/child visits**[2]	100% (not subject to Deductible)	55% after Deductible
[2]Includes office visits, influenza immunizations, gynecological exams, and lab tests required for the examination		
• **Prostate cancer screening**	100% (not subject to Deductible)	55% after Deductible
• **Colorectal cancer screening**[3]	100% (not subject to Deductible)	55% after Deductible
[3]Beginning at age 50 and subject to the U.S. Preventive Services Task Force and Centers for Disease Control and Prevention guidelines.		
• **Mammography**[4]	100% (not subject to Deductible)	55% after Deductible
[4]Frequency limits for mammogram: baseline for women ages 35-40, annually for women 40 years of age or older		
Other General Covered Services and Supplies (as set forth in the Plan)	70% after Deductible*	55% after Deductible*
*For outpatient self-management and education for the treatment of diabetes, the first $250 is paid at 100%. After the payment of $250, the deductible and coinsurance levels specified above will apply.		
Pediatric Vision (coverage is only available for Children through the age of 18)		
• **Vision screening**	70% after Deductible; limited to one test per Calendar Year	55% after Deductible; limited to one test per Calendar Year
• **Prescription lenses**	70% after Deductible; limited to one pair per Calendar Year	55% after Deductible; limited to one pair per Calendar Year
• **Frames**	70% after Deductible; limited to one pair per Calendar Year	55% after Deductible; limited to one pair per Calendar Year
• **Contacts**	70% after Deductible; limited to	55% after Deductible; limited to

	once per Calendar Year in lieu of lenses and frames	once per Calendar Year in lieu of lenses and frames
	Coinsurance amount paid by the Plan	
Pediatric Dental (coverage is only available for Children through the age of 18) (refer to the Policy and to the attached listing of ADA codes for a detailed listing of covered services)		
• **Diagnostic and Preventive Services**	70% after Deductible	
• **Restorative, Endodontic and Periodontic Services**	70% after Deductible	
• **Prosthodontic Services**	70% after Deductible	
• **Orthodontic Services** (orthodontic treatment for cosmetic purposes is not covered)	70% after Deductible	
• **General Services**	70% after Deductible	
	Coinsurance amount paid by the Plan	
Prescription Drugs – coverage is subject to all Policy guidelines. A Generic drug must be used whenever a Generic equivalent is available. If a Brand drug is purchased instead of a Generic equivalent, the Insured is responsible for the price difference.		
• Generic Drugs	75% after Deductible	
• Brand Drugs	50% after Deductible	
• Specialty Drugs	50% after Deductible	

Pediatric Dental ADA codes and descriptions

General Services

D9110 Palliative treatment of dental pain – minor procedure
D9220 Deep sedation/general anesthesia - first 30 minutes
D9221 Deep sedation/general anesthesia - each additional 15 minutes
D9241 Intravenous conscious sedation/analgesia - first 30 minutes
D9242 Intravenous conscious sedation/analgesia - each additional 15 minutes
D9310 Consultation (diagnostic services provided by a dentist or other physician other than the practitioner providing treatment)
D9610 Therapeutic drug injection, by report
D9930 Treatment of complications (post-surgical) unusual circumstances, by report

Diagnostic Services

D0120 Periodic oral evaluation - Limited to one exam every 6 months
D0140 Limited oral evaluation - problem focused - Limited to one exam every 6 months
D0150 Comprehensive oral evaluation - Limited to one exam every 6 months
D0180 Comprehensive periodontal evaluation - Limited to one exam every 6 months
D0210 Intraoral - complete set of radiographic images including bitewings limited to 1 every 60 months
D0220 Intraoral - periapical first film
D0230 Intraoral - each additional periapical film
D0240 Intraoral - occlusal radiographic image
D0270 Bitewing - single film - One set every 6 months
D0272 Bitewings - two films - One set every 6 months
D0274 Bitewings - four films - One set every 6 months
D0277 Vertical bitewings - 7 to 8 radiographic images – One set every 6 months
D0330 Panoramic radiographic image - once every 36 months
D0340 Cephalometric x-ray
D0350 Oral/Facial photographic images
D0391 Interpretation of diagnostic image
D0470 Diagnostic models

Preventive Services

D1120 Prophylaxis - Limited to once every 6 months
D1206 Topical Fluoride - Varnish - Limited to 2 every 12 months
D1208 Topical application of fluoride (excluding prophylaxis) - Limited to 2 every 12 months
D1351 Sealant - per tooth - unrestored permanent molars - 1 time per tooth every 36 months
D1352 Preventive resin restorations in a moderate to high caries risk patient - permanent tooth - 1 time per tooth every 36 months
D1510 Space maintainer - fixed - unilateral
D1515 Space maintainer - fixed - bilateral
D1520 Space maintainer - removable - unilateral
D1525 Space maintainer - removable - bilateral
D1550 Re-cementation of space maintainer

Restorative Services

D0160 Detailed and extensive oral evaluation – problem focused, by report
D2140 Amalgam – one surface, primary or permanent
D2150 Amalgam – two surfaces, primary or permanent
D2160 Amalgam – three surfaces, primary or permanent
D2161 Amalgam – four or more surfaces, primary or permanent
D2330 Resin-based composite – one surface, anterior
D2331 Resin-based composite – two surfaces, anterior
D2332 Resin-based composite – three surfaces, anterior
D2335 Resin-based composite – four or more surfaces or involving incisal angle (anterior)
D2391 Resin-based composite – one surface, posterior - an alternate benefit may be provided
D2392 Resin-based composite – two surfaces, posterior - an alternate benefit may be provided
D2393 Resin-based composite – three surfaces, posterior - an alternate benefit may be provided
D2510 Inlay - metallic - one surface - An alternate benefit may be provided
D2520 Inlay - metallic - two surfaces - An alternate benefit may be provided
D2530 Inlay - metallic - three surfaces - An alternate benefit may be provided
D2542 Onlay - metallic - two surfaces - Limited to 1 per tooth every 60 months
D2543 Onlay - metallic - three surfaces - Limited to 1 per tooth every 60 months
D2544 Onlay - metallic - four or more surfaces - Limited to 1 per tooth every 60 months
D2740 Crown - porcelain/ceramic substrate - Limited to 1 per tooth every 60 months
D2750 Crown - porcelain fused to high noble metal - Limited to 1 per tooth every 60 months
D2751 Crown - porcelain fused to predominately base metal - Limited to 1 per tooth every 60 months
D2752 Crown - porcelain fused to noble metal - Limited to 1 per tooth every 60 months
D2780 Crown - 3/4 cast high noble metal - Limited to 1 per tooth every 60 months
D2781 Crown - 3/4 cast predominately base metal - Limited to 1 per tooth every 60 months
D2782 Crown - 3/4 cast noble metal - Limited to 1 per tooth every 60 months
D2783 Crown - 3/4 porcelain/ceramic - Limited to 1 per tooth every 60 months
D2790 Crown - full cast high noble metal - Limited to 1 per tooth every 60 months
D2791 Crown - full cast predominately base metal - Limited to 1 per tooth every 60 months
D2792 Crown - full cast noble metal - Limited to 1 per tooth every 60 months
D2794 Crown - titanium - Limited to 1 per tooth every 60 months
D2950 Core buildup, including any pins - Limited to 1 per tooth every 60 months
D2954 Prefabricated post and core, in addition to crown - Limited to 1 per tooth every 60 months
D2980 Crown repair, by report
D2981 Inlay repair
D2982 Onlay repair
D2983 Veneer repair
D2990 Resin infiltration/smooth surface – limited to 1 every 36 months
D2910 Re-cement inlay
D2920 Re-cement crown
D2929 Pre-fabricated porcelain/ceramic crown – primary tooth - limited to 1 per tooth in 60 months
D2930 Pre-fabricated stainless steel crown - primary tooth - limited to 1 per tooth in 60 months
D2931 Pre-fabricated stainless steel crown – permanent tooth - limited to 1 per tooth in 60 months
D2940 Protective Restoration
D2951 Pin retention – per tooth, in addition to restoration

D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D7220 Removal of impacted tooth – soft tissue
D7230 Removal of impacted tooth – partially bony
D7240 Removal of impacted tooth – completely bony
D7241 Removal of impacted tooth – completely bony with unusual surgical complications
D7250 Surgical removal of residual tooth roots (cutting procedure)
D7251 Coronectomy - intentional partial tooth removal
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7280 Surgical access of an unerupted tooth
D7310 Alveoloplasty in conjunction with extractions – per quadrant oral surgery
D7311 Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
D7320 Alveoloplasty not in conjunction with extractions – per quadrant
D7321 Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
D7471 Removal of exostosis
D7510 Incision and drainage of abscess – intraoral soft tissue
D7910 Suture of recent small wounds up to 5 cm
D7953 Bone replacement graft for ridge preservation-per site
D7971 Excision of pericoronal gingiva

Endodontic Services

D3220 Therapeutic pulpotomy (excluding final restoration)
D3222 Partial pulpotomy for apexogenesis – permanent teeth with incomplete root development
D3230 Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)
D3240 Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)
D3310 Anterior root canal (excluding final restoration)
D3320 Bicuspid root canal (excluding final restoration)
D3330 Molar root canal (excluding final restoration)
D3346 Retreatment of previous root canal therapy – anterior
D3347 Retreatment of previous root canal therapy – bicuspid
D3348 Retreatment of previous root canal therapy - molar
D3351 Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
D3352 Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)
D3353 Apexification/recalcification – final visit (includes completed root canal therapy, apical closure/calcific repair of perforations, root resorption, etc.)
D3354 Pulpal regeneration (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp) - does not include final restoration
D3410 Apicoectomy/periradicular surgery – anterior
D3421 Apicoectomy/periradicular surgery – bicuspid (first root)
D3425 Apicoectomy/periradicular surgery – molar (first root)
D3426 Apicoectomy/periradicular surgery (each additional root)
D3450 Root amputation – per root

D3920 Hemisection (including any root removal) – not including root canal therapy

Periodontal Services

D4341 Periodontal scaling and root planning - four or more teeth per quadrant - Limited to 1 every 24 months
D4342 Periodontal scaling and root planning - one to three teeth per quadrant - Limited to 1 every 24 months
D4910 Periodontal maintenance - 4 in 12 months combined with prophylaxis after the completion of active periodontal therapy
D4210 Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces, per quadrant - Limited to 1 every 36 months
D4211 Gingivectomy or gingivoplasty – one to three teeth, per quadrant
D4212 Gingivectomy or gingivoplasty - with restorative procedures, per tooth
D4240 Gingival flap procedure, including root planning, four or more contiguous teeth or bounded teeth spaces per quadrant – Limited to 1 every 36 months
D4241 Gingival flap procedure, including root planning, one to three teeth per quadrant – Limited to 1 every 36 months
D4249 Clinical crown lengthening – hard tissue
D4260 Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant – Limited to 1 every 36 months
D4261 Osseous surgery (including flap entry and closure), one to three contiguous teeth or bounded teeth spaces per quadrant – Limited to 1 every 36 months
D4263 Bone replacement graft - first site in quadrant – limited to 1 every 36 months
D4270 Pedicle soft tissue graft procedure
D4273 Subepithelial connective tissue graft procedures (including donor site surgery)
D4275 Soft tissue allograft – limited to 1 every 36 months
D4277 Free soft tissue graft procedure (including donor site surgery) - first tooth or edentulous tooth position in graft
D4278 Free soft tissue graft procedure (including donor site surgery) – each additional tooth or edentulous tooth position in graft
D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis - Limited to 1 per lifetime
D7921 Collect – apply autologous product – limited to 1 every 36 months

Prosthodontic Services

D5110 Complete denture – maxillary – limited to 1 every 60 months
D5120 Complete denture - mandibular – limited to 1 every 60 months
D5130 Immediate denture – maxillary – limited to 1 every 60 months
D5140 Immediate denture - mandibular - limited to 1 every 60 months
D5211 Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) - limited to 1 every 60 months
D5212 Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) - limited to 1 every 60 months
D5213 Maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth) - limited to 1 every 60 months

D5214 Mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth) - limited to 1 every 60 months
D5281 Removable unilateral partial denture-one piece cast metal (including clasps and teeth) - limited to 1 every 60 months
D5410 Adjust complete denture – maxillary
D5411 Adjust complete denture – mandibular
D5421 Adjust partial denture – maxillary
D5422 Adjust partial denture – mandibular
D5510 Repair broken complete denture base
D5520 Replace missing or broken teeth – complete denture (each tooth)
D5610 Repair resin denture base
D5620 Repair cast framework
D5630 Repair or replace broken clasp
D5640 Replace broken teeth – per tooth
D5650 Add tooth to existing partial denture
D5660 Add clasp to existing partial denture
D5710 Rebase complete maxillary denture - Limited to 1 in a 36-month period 6 months after the initial installation
D5720 Rebase maxillary partial denture - Limited to 1 in a 36-month period 6 months after the initial installation
D5721 Rebase mandibular partial denture - Limited to 1 in a 36-month period 6 months after the initial installation
D5730 Reline complete maxillary denture (chairside) - Limited to 1 in a 36-month period 6 months after the initial installation
D5731 Reline complete mandibular denture (chairside) - Limited to 1 in a 36-month period 6 months after the initial installation
D5740 Reline maxillary partial denture (chairside) - Limited to 1 in a 36-month period 6 months after the initial installation
D5741 Reline mandibular partial denture (chairside) - Limited to 1 in a 36-month period 6 months after the initial installation
D5750 Reline complete maxillary denture (laboratory) - Limited to 1 in a 36-month period 6 months after the initial installation
D5751 Reline complete mandibular denture (laboratory) - Limited to 1 in a 36-month period 6 months after the initial installation
D5760 Reline maxillary partial denture (laboratory) - Limited to 1 in a 36-month period 6 months after the initial installation
D5761 Reline mandibular partial denture (laboratory) - Limited to 1 in a 36-month period 6 months after the initial installation
D5850 Tissue conditioning (maxillary)
D5851 Tissue conditioning (mandibular)
D6010 Endosteal Implant – surgical placement – limited to 1 every 60 months
D6012 Surgical Placement of Interim Implant Body – limited to 1 every 60 months
D6040 Eposteal Implant – limited to 1 every 60 months
D6050 Transosteal Implant, including hardware – limited to 1 every 60 months
D6053 Implant supported complete denture
D6054 Implant supported partial denture
D6055 Connecting bar – implant or abutment supported – limited to 1 every 60 months

D6056 Prefabricated Abutment - includes modification and placement – limited to 1 every 60 months
D6057 Custom abutment - limited to 1 every 60 months
D6058 Abutment supported porcelain ceramic crown – limited to 1 every 60 months
D6059 Abutment supported porcelain fused to metal crown - high noble metal - limited to 1 every 60 months
D6060 Abutment supported porcelain fused to metal crown - predominately base metal - limited to 1 every 60 months
D6061 Abutment supported porcelain fused to metal crown - noble metal - limited to 1 every 60 months
D6062 Abutment supported cast metal crown - high noble metal - limited to 1 every 60 months
D6063 Abutment supported cast metal crown - predominately base metal – limited to 1 every 60 months
D6064 Abutment supported cast noble metal crown - noble metal – limited to 1 every 60 months
D6065 Implant supported porcelain/ceramic crown – limited to 1 every 60 months
D6066 Implant supported porcelain fused to high metal crown - titanium, titanium alloy, high noble metal – limited to 1 every 60 months
D6067 Implant supported metal crown - titanium, titanium alloy, high noble metal – limited to 1 every 60 months
D6068 Abutment supported retainer for porcelain/ceramic FPD – limited to 1 every 60 months
D6069 Abutment supported retainer for porcelain fused to metal FPD - high noble metal – limited to 1 every 60 months
D6070 Abutment supported retainer for porcelain fused to metal FPD - predominately base metal – limited to 1 every 60 months
D6071 Abutment supported retainer for porcelain fused to metal FPD - noble metal – limited to 1 every 60 months
D6072 Abutment supported retainer for cast metal FPD - high noble metal – limited to 1 every 60 months
D6073 Abutment supported retainer for cast metal FPD - predominately base metal - limited to 1 every 60 months
D6074 Abutment supported retainer for cast metal FPD - noble metal - limited to 1 every 60 months
D6075 Implant supported retainer for ceramic FPD – limited to 1 every 60 months
D6076 Implant supported retainer for porcelain fused to metal FPD - titanium, titanium alloy, or high noble metal - limited to 1 every 60 months
D6077 Implant supported retainer for cast metal FPD - titanium, titanium alloy, or high noble metal – limited to 1 every 60 months
D6078 Implant/abutment supported fixed partial denture for completely edentulous arch – limited to 1 every 60 months
D6079 Implant/abutment supported fixed partial denture for partially edentulous arch – limited to 1 every 60 months
D6080 Implant Maintenance Procedures – limited to 1 every 60 months
D6090 Repair Implant Prosthesis – limited to 1 every 60 months
D6091 Replacement of Semi-Precision or Precision Attachment – limited to 1 every 60 months
D6095 Repair Implant Abutment – limited to 1 every 60 months
D6100 Implant Removal – limited to 1 every 60 months
D6101 Debridement periimplant defect, covered if implants are covered – limited to 1 every 60 months
D6102 Debridement and osseous periimplant defect, covered if implants are covered – limited to 1 every 60 months
D6103 Bone graft periimplant defect, covered if implants are covered

D6104 Bone graft implant replacement, covered if implants are covered
D6190 Implant Index – limited to 1 every 60 months
D6210 Pontic - cast high noble metal - limited to 1 every 60 months
D6211 Pontic - cast predominately base metal - limited to 1 every 60 months
D6212 Pontic - cast noble metal - limited to 1 every 60 months
D6214 Pontic - titanium - limited to 1 every 60 months
D6240 Pontic - porcelain fused to high noble metal - limited to 1 every 60 month
D6241 Pontic - porcelain fused to predominately base metal - limited to 1 every 60 months
D6242 Pontic - porcelain fused to noble metal - limited to 1 every 60 months
D6245 Pontic - porcelain/ceramic - limited to 1 every 60 months
D6519 Inlay/onlay – porcelain/ceramic – limited to 1 every 60 months
D6520 Inlay – metallic – two surfaces – limited to 1 every 60 months
D6530 Inlay – metallic – three or more surfaces – limited to 1 every 60 months
D6543 Onlay – metallic – three surfaces – limited to 1 every 60 months
D6544 Onlay – metallic – four or more surfaces – limited to 1 every 60 months
D6545 Retainer - cast metal for resin bonded fixed prosthesis - limited to 1 every 60 months
D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis - limited to 1 every 60 months
D6740 Crown - porcelain/ceramic – limited to 1 every 60 months
D6750 Crown - porcelain fused to high noble metal - limited to 1 every 60 months
D6751 Crown - porcelain fused to predominately base metal – limited to 1 every 60 months
D6752 Crown - porcelain fused to noble metal - limited to 1 every 60 months
D6780 Crown - 3/4 cast high noble metal - limited to 1 every 60 months
D6781 Crown - 3/4 cast predominately base metal - limited to 1 every 60 months
D6782 Crown - 3/4 cast noble metal – limited to 1 every 60 months
D6783 Crown - 3/4 porcelain/ceramic – limited to 1 every 60 months
D6790 Crown - full cast high noble metal - limited to 1 every 60 months
D6791 Crown - full cast predominately base metal - limited to 1 every 60 months
D6792 Crown - full cast noble metal - limited to 1 every 60 months D6794 Crown - Titanium - limited to 1 every 60 months
D6930 Re-cement fixed partial denture
D6980 Fixed partial denture repair, by report
D9120 Fixed partial denture sectioning
D9940 Occlusal guard, by report - 1 in 12 months for patients 13 and older

Orthodontic Services

D8010 Limited orthodontic treatment of the primary dentition
D8020 Limited orthodontic treatment of the transitional dentition
D8030 Limited orthodontic treatment of the adolescent dentition
D8050 Interceptive orthodontic treatment of the primary dentition
D8060 Interceptive orthodontic treatment of the transitional dentition
D8070 Comprehensive orthodontic treatment of the transitional dentition
D8080 Comprehensive orthodontic treatment of the adolescent dentition
D8090 Comprehensive orthodontic treatment of the adult dentition
D8210 Removable appliance therapy
D8220 Fixed appliance therapy
D8660 Pre-orthodontic treatment visit

D8670 Periodic orthodontic treatment visit (as part of contract)
D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s)