Diagnostics—100% of the negotiated charge or the reasonable and customary charge, as applicable
D0150 Comprehensive oral evaluation
D0120 Periodic oral evaluation

Dental Prophylaxis—100% of the negotiated charge or the reasonable and customary charge, as applicable
D1110 Prophylaxis adult
D1120 Prophylaxis child—under 14 years of age

Fluoride Treatment/Sealants—100% of the negotiated charge or the reasonable and customary charge, as applicable
D1203 Topical application of fluoride (excluding prophylaxis)—child
D1351 Sealant—per tooth

Radiographs—100% of the negotiated charge or the reasonable and customary charge, as applicable
D0210 Intraoral radiographs (x-rays)—complete series (including bitewings)
D0220 Intraoral periapical radiograph (x-ray)—first film
D0230 Intraoral periapical radiograph (x-ray)—each additional film
D0270 Bitewing radiograph (x-ray)—single film
D0272 Bitewing radiograph (x-ray)—two films
D0274 Bitewing radiograph (x-ray)—four films
D0330 Panoramic radiograph (x-ray)—film

Space Maintenance—80% of the negotiated charge or the reasonable and customary charge, as applicable
D1510 Space maintainer—fixed—unilateral
D1515 Space maintainer—fixed—bilateral
D1550 Recementation of space maintainer

Emergency Oral Examination—80% of the negotiated charge or the reasonable and customary charge, as applicable
D0140 Emergency oral evaluation (limited to one per calendar year)
D9110 Emergency palliative (pain relief) treatment

Restorative—80% of the negotiated charge or the reasonable and customary charge, as applicable
D2140 Amalgam—one surface, permanent tooth
D2150 Amalgam—two surfaces, permanent tooth
D2160 Amalgam—three surfaces, permanent tooth
D2330 Resin—one surface, anterior
D2331 Resin—two surfaces, anterior
D2335 Resin—four or more surfaces, or involving the incisal angle, anterior
D2910 Recement inlay
D2920 Recement crown
D2940 Sedative filling
D2951 Pin retention
D2980 Crown repair, by report
Endodontics—80% of the negotiated charge or the reasonable and customary charge, as applicable

D3110 Direct pulp cap
D3220 Therapeutic pulpotomy on primary teeth. Pre-operative and post-operative x-rays are required at time of submission.
D3221 Pulpal debridement
D3310 Anterior endodontics
D3320 Bicuspide endodontics
D3330 Molar endodontics
D3346 Re-treatment of root canal—anterior tooth
D3347 Re-treatment of root canal—bicuspid
D3348 Re-treatment of root canal—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.)
D3410 Apicoectomy/periradicular surgery—anterior
D3421 Apicoectomy/periradicular surgery—bicuspid
D3425 Apicoectomy/periradicular surgery—molar
D3450 Root amputation—per root

Periodontics—80% of the negotiated charge or the reasonable and customary charge, as applicable

D4210 Gingivectomy or gingivoplasty—per quadrant
D4240 Gingival flap procedure, including root planing—per quadrant
D4249 Crown lengthening—hard tissue
D4260 Osseous surgery (including flap entry and closure)—per quadrant
D4261 Bone replacement graft—single site (including flap entry and closure). Pre-operative and post-operative x-rays will be required at the time of submission for benefits.
D4270 Pedical graft
D4271 Free soft tissue graft
D4273 Subepithelial connective tissue graft
D4341 Periodontal scaling and root planing (four or more teeth per quadrant)
D4342 Scaling and root planing (one to three teeth)
D4381 Localized delivery of antimicrobial agents
D4910 Periodontal maintenance following active periodontal therapy, limited to two treatments per Plan Year

Prosthodontic Repairs—80% of the negotiated charge or the reasonable and customary charge, as applicable

D5510 Repair broken complete denture base
D5520 Replace missing or broken teeth—complete denture—each tooth
D5610 Repair resin saddle or base
D5620 Repair cast framework
D5630 Repair or replace broken clasp
D5640 Replace broken teeth—partial denture—each tooth
D5650 Add tooth to existing partial denture
D5660 Add clasp to existing partial denture
D5710 Rebase complete upper denture
D5711 Rebase complete lower denture
D5720 Rebase upper partial denture
D5721 Rebase lower partial denture
D5750 Reline complete upper denture (laboratory)
D5751 Reline complete lower denture (laboratory)
D5760 Reline upper partial denture (laboratory)
D5761 Reline lower partial denture (laboratory)
D6930 Recement bridge, by report
Oral Surgical Procedures—80% of the negotiated charge or the reasonable and customary charge, as applicable

D7140  Extraction—erupted tooth or exposed root
D7210  Surgical extraction
D7220  Surgical removal of impacted tooth—soft tissue
D7230  Surgical removal of impacted tooth—partially bony
D7240  Surgical removal of impacted tooth—complete bony
D7280  Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including the orthodontic attachments)
D7320  Alveoloplasty not in conjunction with extraction
D7471  Removal of exostosis—per arch
D7960  Frenulectomy (frenectomy or frenotomy)—separate procedure
D7970  Excision of hyperplastic tissue—per arch
D7971  Excision of pericoronal gingiva

Restorative—60% of the negotiated charge or the reasonable and customary charge, as applicable

D2543  Onlay, metallic—three surfaces
D2544  Onlay, metallic—four surfaces
D2722  Crown—resin with noble metal
D2751  Crown—porcelain
D2752  Crown—porcelain fused to noble metal
D2781  Crown—3/4 cast predominantly base metal
D2782  Crown—3/4 cast noble metal
D2791  Crown—cast metal
D2792  Crown—full cast noble metal
D2930  Prefabricated stainless steel crown
D2950  Crown build-up
D2952  Cast post and core in addition to crown
D2954  Prefabricated post and core in addition to crown
D2960  Labial veneer (chairside)
D2961  Labial veneer—resin (laboratory)
D2962  Labial veneer—porcelain (laboratory)
D9940  Occlusal guard for bruxism, limited to one every three Plan Years

Prosthodontics—60% of the negotiated charge or the reasonable and customary charge, as applicable

D5110  Complete upper denture
D5120  Complete lower denture
D5130  Immediate upper denture
D5140  Immediate lower denture
D5211  Upper partial—resin base (including any conventional clasps, rests and teeth)
D5212  Lower partial—resin base (including any conventional clasps, rests and teeth)
D5213  Upper partial—cast metal base with resin saddles (including any conventional clasps, rests and teeth)
D5214  Lower partial—cast metal base with resin saddles (including any conventional clasps, rests and teeth)
D5225  Maxillary partial denture—flexible base
D5226  Mandibular partial denture—flexible base
D5281  Removable unilateral partial denture—one piece cast metal (including clasps and pontics)
D5860  Overdenture—complete, by report
D5861  Overdenture—partial, by report
### Prosthodontics—Fixed—60% of the negotiated charge or the reasonable and customary charge, as applicable

- **D6010** Endosteal implant
- **D6211** Pontic—cast predominantly base metal
- **D6212** Pontic—cast noble metal
- **D6241** Pontic—porcelain fused to predominantly base metal
- **D6242** Pontic—porcelain fused to noble metal
- **D6251** Pontic—resin with predominantly base metal
- **D6252** Pontic—resin with noble metal
- **D6721** Crown—resin with predominantly base metal
- **D6722** Crown—resin with noble metal
- **D6751** Crown—porcelain fused to predominantly base metal
- **D6752** Bridge retainer crown—porcelain fused to noble metal
- **D6781** Crown—3/4 cast predominantly base metal
- **D6782** Crown—3/4 cast noble metal
- **D6791** Crown—3/4 full cast predominantly base metal
- **D6792** Bridge retainer crown—full cast noble metal

### Orthodontia Services—50% of the negotiated charge or the reasonable and customary charge, as applicable

- **D8010** Limited orthodontic treatment of the primary dentition
- **D8020** Limited orthodontic treatment of the transitional dentition
- **D8030** Limited orthodontic treatment of the adolescent dentition
- **D8040** Limited orthodontic treatment of the adult 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)

*When you use PPO providers, fees for these services are included in the total case fee.
What’s Not Covered

This is a representative list of dental expenses the Plan does not cover in any circumstance. To find out whether an unlisted dental procedure is excluded, contact Aetna Member Services.

- coinsurance and deductibles a covered person is required to pay
- any cosmetic treatment
- temporary crowns, if billed separately
- temporary partial dentures, if billed separately
- any surgical or non-surgical treatment of a temporomandibular joint disorder (TMJ)
- hospitalization (inpatient or outpatient) for the treatment of teeth, gums and bone, including removal of covered impactions
- local anesthesia, if billed separately and not as part of the charge for the actual service rendered
- analgesia for the treatment of teeth, gums and bone, including the removal of a covered impaction, alveoloplasty, exostosis, hyperplastic tissue removal, surgical endodontics, surgical periodontics, restorative, and/or prosthetic treatment of teeth
- any type of splinting of teeth
- osteotomies or orthognathic surgery, even when necessary to correct a functional problem
- topical application of fluoride for anyone over age 14
- consultations (procedure code D9310)
- pulp vitality tests (procedure code D0460)
- the insertion of fixed bridgework, denture, implant or implant prosthetic for a tooth or teeth that were extracted before coverage was in place
- orthodontia treatment rendered before coverage was in place
- services or supplies to repair or replace an orthodontic appliance
- procedures to change vertical dimension, even when necessary to correct a functional problem
- dentistry (including procedures, services, drugs or other supplies) Aetna determines experimental or still under clinical investigation
- dental expenses for treatment of accidental injury to sound, natural teeth. These may be covered under your medical plan; see your medical plan SPD for details.
- dental services and supplies entirely or partially covered by any other group benefit plan provided by L-3
- treatment by someone other than a dentist, except for a licensed dental hygienist cleaning teeth under the supervision and guidance of a dentist
- charges for services and supplies that any school system is required by law to provide
- acupuncture therapy
- services of a resident physician or intern rendered in that capacity
- charges that are made only because this coverage exists
- charges for missed dental appointments
- charges that a covered person is not legally obligated to pay
- charges that are excluded from payment because of the Plan’s frequency limitations
charges over the amount Aetna determines is the reasonable and customary charge

services furnished, paid for or for which benefits are provided or required under any governmental law

services furnished, paid for or for which benefits are provided or required because of a covered person’s past or present service in the armed forces or government

services furnished in connection with any condition arising out of, or in the course of, employment compensable under a Workers’ Compensation or Employers’ Liability Law

detailed and extensive oral evaluation (procedure code D0160)

re-evaluation—limited, problem focused (procedure code D0170)

comprehensive periodontal evaluation—new or established patient (procedure code D0180)

pulp caps (procedure code D3120)

periodontal grafting procedures (procedure codes D4274/D4275)

full mouth debridement

other drugs and/or medicaments (procedure code D9630)

high noble crowns (crowns Aetna determines essential will be paid at the applicable crown allowance)

composite fillings on posterior teeth (these will only be paid up to the benefit for an amalgam filling)

removal of non-diseased impacted teeth—e.g., wisdom teeth